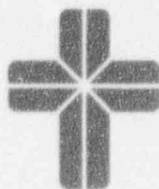


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Good Samaritan Medical Center

Sponsored by the Franciscan Sisters of Christian Charity

February 18, 1994

Mr. B.J. Holt, Chief
Nuclear Materials Inspection
Section I
United States
Nuclear Regulatory Commission
Region III
801 Warrenville Road
Lisle, Illinois 60532-4351

Dear Mr. Holt:

Enclosed you will find the information requested of Good Samaritan Medical Center in the conference call regarding NRC Inspection Report No. 030-30954/94001 (DRSS). I would just like to thank you, not only for explaining the information that was presented, but also for your staffs time to help educate us on the expectations set forth by the Nuclear Regulatory Commission.

Enclosed you will find oncology procedures 76.14.62 also identified as Item A and procedure 76.14.62.1 also identified as Item B. The first procedure which I will refer to as Item A was the procedure that was in place prior to Mr Cameron's visit. This procedure under the nursing care considerations explains the requirement that radiation training and its safety was part of the nurse care considerations.

Procedure 76.14.62.1 or Item B is the policy that was written by nursing at the directive of the Radiology/Radioisotope Committee meeting. I have been informed that this policy is in effect and that nursing staff has operated under this policy and procedure on all implants since Mr. Cameron's visit of January 19, 1994. The quality management of this policy and procedure will be reviewed for its effectiveness by the Radiology/Radioisotope Committee at its next session as I mentioned in our telephone conversation. In my discussion with the nurse manager she also informed me of the following:

- The posting of the NRC mandatory material in the nursing unit was completed immediately after Mr. Cameron's visit.

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300 Forest Avenue, Zanesville, Ohio 43701-2881 (614) 454-5000

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- She contacted the University of Cincinnati regarding their educational and training video at the suggestion of Mr. Cameron.
- At Mr. Cameron's suggestion, the education and training inservice video will be redone in an effort to simplify its presentation to the nursing staff by April 30, 1994.
- The nursing department is developing a radiation bulletin board for awareness within their unit.
- A self study module on radiation therapy is being created and its intended completion date is March 31, 1994.

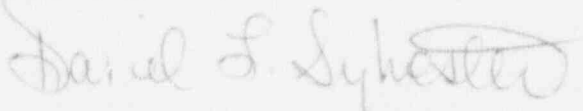
Enclosure C is a card placed in patient charts notifying the nursing staff that the patient is a radiation therapy patient. Please note that it is a requirement that all nursing staff wear a radiation badge or monitor when entering the room. The only way a nursing employee can receive a monitor is after being inserviced and trained in the appropriate care of the radiation patient.

With regards to the April 13, 1993, NRC information notice # 93-31, I was unable to find documentation that we received this notice from the NRC. However, Good Samaritan Medical Center's Radiation Therapy staff and Nursing staff were made aware of this information through our consulting physics group.

I apologize for not having the above information available at the time of our conference call but having not gone through a process of this nature before, I was unprepared.

Upon your review of our policy and procedure regarding nursing staff education and training, if you have any recommendations they would be appreciated. If I can forward any additional information as you review this incident, please feel free to contact me at (614)454-5499.

Sincerely,



Daniel L. Sylvester, FACHE
Vice President
Professional Services

DLS:clh

Enclosures

GOOD SAMARITAN MEDICAL CENTER
Zanesville, Ohio

A.

DEPT: Oncology SECTION: 76.14.62	Policy/Procedure Applicable to:
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SUBJECT: Intracavity Cesium Implants - Care of Patient With

	DATE	DEPARTMENT HEAD	MEDICAL STAFF (if applicable)
PREPARED:	4/88	Linda Bacon, RN	
APPROVED:	8/93	Cherie Fisher, RN	
EFFECTIVE:	8/93	Shellie Heagen, RN	
REVIEWED:			

PURPOSE

To maintain proper placement of the cesium source and institute appropriate environmental precautions to protect the staff, while providing safe and effective care for the patient.

NURSING CARE CONSIDERATIONS

To provide appropriate and safe nursing care to the patient with an intracavity cesium implant. Any employee coming into direct care of the patient is required to have special training in radiation therapy and safety. The employee needs to have a basic knowledge of radiation physics, mechanisms of exposure, dosimeter readings and care of badges, concerns involving time, distance shield, sources, cesium applicators, room set up, visitor regulations, emergency care, nursing care of the patient and where to channel questions.

DEFINITIONS:

BRACHYTHERAPY

Refers to the administration of a radioactive source in close proximity to the patient. Can be permanent or temporary.

INTRACAVITY IMPLANTS

Involves the placement of a radioactive source into a body cavity. Generally 226 Ra (radium) or 137 CS (Cesium).

CESIUM APPLICATORS (FLETCHER - SUITE)

Two-piece metal apparatus designed to contain the cesium source while resting within the vaginal vault and uterus. The tip of the tandem is inserted into the uterus, while the voids remain within the vagina.

AFTERLOADING

Procedure of inserting an empty cesium applicator in surgery and later loading or inserting the actual cesium source in the recovery room, radiation therapy or the patient's room.

INDICATIONS/DURATION OF TREATMENT

Cesium implants therapy may be considered for patients with cervical cancer, cancer of the vagina and/or endometrial cancer. The implant usually stays in place for 48 to 72 hours.

GOOD SAMARITAN MEDICAL CENTER
Zanesville, Ohio

B

DEPT: Oncology SECTION: 76.14.62.1	Policy/Procedure Applicable to:
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SUBJECT: Staff Education and Training Involving Intracavity Cesium Implants

	DATE	DEPARTMENT HEAD	MEDICAL STAFF (if applicable)
PREPARED:	1/94	Donna Porter	
APPROVED:	1/94	Shellie Heagen	
EFFECTIVE:	1/94	Shellie Heagen	
REVIEWED:			

PURPOSE

To maintain consistent and appropriate training of staff involved in direct care of the patient with intracavity cesium implants. Provided will be an outline of the topics covered in the training.

DEFINITIONS:

BRACHYTHERAPY

Refers to the administration of a radioactive source in close proximity to the patient.

TIME

A short exposure time involves a small amount of radiation.

DISTANCE

Radiation exposure can be reduced by increasing the distance between the source of radiation and the caregiver.

SHIELD

Proper shielding from radiation prevents exposure.

INTRACAVITY IMPLANTS

Involves the placement of a radioactive source into a body cavity.

CESIUM APPLICATORS (COLPOSTATS, TANDEMS)

Two-piece metal apparatus designed to contain the cesium source while resting within the vaginal vault and uterus.

IRIDIUM-192 RIBBON

Thin nylon tube designed to contain Iridium-192 seeds/sources while in an intracavity.

SOURCES

Actual radioactive isotopes.

SUBJECT: Staff Education and Training
Involving Intracavity Cesium Implants

SECTION: 76.14.62.1

PROCEDURE

Staff assigned to provide direct care to the patient during the administration of intracavity cesium implants will be required to have annual training involving the following material:

- Basic knowledge of radiation physics
- Methods of exposure
- Radiation safety
- Time distance shield
- Sources
- Cesium applicators (Examples shown)
- Dosimetry readings
- Care and use of radiation badges
- Room set up
- Visitor regulations
- Nursing care of the patient
- Emergency care
- Preop and postop care
- Directions for questions or concerns

RADIATION REMINDERS

STAFF MUST WEAR A RADIATION BADGE WHEN IN ROOM
VISITORS MUST SIGN IN AND OUT AT DESK
ALL LINENS MUST REMAIN IN ROOM (UNTIL IT HAS BEEN SURVIVED)
HEAD OF BED NO HIGHER THAN 10 DEGREES (UNLESS CHECKED)
MAY TILT PATIENT SIDE TO SIDE
LET RESISTOR FINGER FOOD DIET
CHECK PLACEMENT OF COLPOCRAT AND TANNER EVERY SHIFT. DOCUMENT
APPEARANCE
MAY HAVE SOME VAGINAL DRAINAGE - TX TO CHANGE V-DAD AND/OR DRAIN
SHEET
SIDE NAILS MUST BE UP AT ALL TIMES
CHECK ON PATIENT EVERY HOUR - DRINK IN ROOM OR USE CALL SYSTEM
NO DRG PREGNANT OR BREAST IS ALLOWED IN ROOM

RADIATION REMINDERS

STAFF MUST WEAR A RADIATION BADGE WHEN IN ROOM
VISITORS MUST SIGN IN AND OUT AT DESK
ALL LINES MUST REMAIN IN ROOM (UNTIL IT HAS BEEN SURVEYED)
HEAD OF BED NO HIGHER THAN 10 DEGREES (UNLESS ORDERED)
MAY TILT PATIENT SIDE TO SIDE
LOW RESIDUE FINGER FOOD DIET
CHECK PLACEMENT OF COLPOSTAT AND TAMPON EVERY SHIFT. DOCUMENT
APPEARANCE
MAY HAVE SOME VAGINAL DRAINAGE - OR TO CHANGE V-PAD AND/OR DRAIN
SHEET
SIDE RAILS MUST BE UP AT ALL TIMES
CHECK ON PATIENT EVERY HOUR - PEER IN DOOR OR USE CALL SYSTEM
NO ONE PREGNANT OR UNDER 18 ALLOWED IN ROOM