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Southern Region
1461 Lakeover Road
Jackson, Mississippi 39213

Department of Veterans Affairs

March 15, 1994

In Reply Refer To: 133

U. S. Nuclear Regulatory Commission, Region IV
Attn: Ms. Linda Kasner, Acting Chief
Nuclear Materials Inspection Section
611 Ryan Plaza Dr., Suite 400
Arlington, TX 76011-8064

Dear Ms. Kasner:

During February 16-18, 1994, Dr. Johnson D. Choppala , Regional Radiation Safety Program Manager, had performed an audit of the Radiation Safety Program at VA Medical Center, Houston, Texas, as required by NRC.

Enclosed is a report of that audit. If you need additional information, pleas? contact Dr. Choppala at (601) 364-7863.

Sincerely yours,

for Richard P. Miller
Regional Director

Enclosure

94-0654

DMB (IE-07)
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Radiation Safety Audit
Houston VA Medical Center

Dates: February 16-18, 1994

Auditor: Johnson D. Choppala, Ph.D.
Regional Radiation Safety Program Manager
Veterans Health Affairs,
Southern Region
Jackson, Ms 39213

Scope of Audit:

This is the sixth and final audit required by NRC. The audit included the following:

- Review of corrective actions and their effectiveness, in response to previous NRC notice of violations, previous audit by NAGORS (February 23-25, 1993).
- Review of records.
- Discussion with select members of Nuclear Medicine, Oncology and Research Staff.
- Discussions with members of Management and Radiation Safety Staff.
- Review of minutes of RSC.

Persons Contacted:

Management: Robert Stott, Medical Center Director
Adam Walmus, Associate Medical Center Director,
Staff: Chief and staff of Nuclear Medicine, Radiation Safety Staff, Chief Medical Physicist, and Research Investigators.

Evaluation Of responses to recommendations of previous audit by NAGORS:

1. Brachytherapy source should be assayed before and after treatment in a Dose Calibrator.

This recommendation is being actively discussed. The Medical Physicist of Oncology Service indicated that the ongoing discussions are addressing questions such as: (1) Why is it necessary to assay after traetment if all the implant seeds are accounted for and the calculated dose is delivered per treatment plan? (2) Will the geometry considerations of Dose Calibrator be influenced by the configuration of seeds in the ribbon? (3) Will the benefit justify the effort and additional handling of radioactive material?

Since the last audit, only one therapy procedure was performed without implementing the recommendation due to on going discussions.

2. Start annual review of Nuclear Medicine Therapies by identifying patients with therapeutic CPT codes.

This recommendation is implemented.

3. Dose calibrator constancy limits are tending towards the lower limit. These limits should be recalculated annually at the time a satisfactory accuracy test is performed followed by the measurement of the Cs-137 Constancy Source at the Clinical Settings.

This recommendation is implemented.

4. Excessive response to minor incidents: Evaluation of this observation and proposed solutions appears to be an ongoing responsibility of the RSO.

Labeling the trash can has been done.

Evaluation of corrective actions taken in response to NRC Notice of Violations (NOV) dated 12-8-93.

1. Licensed material unsecured against unauthorized removal.

During the audit the research facilities were inspected. No security violations were noted. All unattended laboratories were well secured (locked).

2. Failure to provide radiation safety training to all personnel caring for a patient undergoing implant therapy

Training material prepared in response to this citation was reviewed during this audit and found to be adequate. Also a suggestion was made to consider producing a video instruction tailored specifically to the patient (case) in question. Since only small number of pro-procedures are performed annually, such a video production would not be costly. This video may be viewed by nursing staff and physicians at the beginning of each shift.

3. Failure to read dedicated check source at time of Calibration.

It is now being done.

Audits of the following areas was performed.

1. Research Facilities:

Audit of this area included evaluation of security of Licensed Material, review of survey records, discussion with principal investigators and

laboratory personnel, and observation of activities involving use of Licensed Material.

No significant deficiencies were noted. However, the following recommendations/suggestions are made for program improvement:

a. Remove "Caution Radioactive Materials" labels from those labs which no longer posses radioactive material.
b. Account for 40 hours minimum training for authorized users.
c. Obtain a Master Key for all laboratories which use radioactive material. RSO should have ready access to any area where licensed material is present.
d. After consultation with fire and safety, explore the possibility of securing the research building's main entrance with push button combination locks, providing the combination only to those who are authorized to enter. This may solve the security problem.

2. Nuclear Medicine:

An examination of records and interviews with clinical and technical staff were conducted. Five therapy procedures were performed since the last NRC inspection. Three of these five were reviewed for compliance with QM rule. Although all information was recorded, the needed information was not on the same form i.e. prescribed dose and delivered dose. No violation was noted. However suggestion was made to include all information on the same form if possible.

No significant deficiencies were noted. However the following recommendation/suggestion is offered for program improvement:

Attach wipe test results (print out) to the form containing the record.

3. Implementation of revised 10 CFR Part 20:

Dose limits to members of public:

Measurements of dose rates in waiting rooms, areas (corridors etc.) adjoining restricted areas and break rooms are being done to demonstrate that exposure levels in these areas do not exceed the regulatory limits.

Declared Pregnant Woman Policy:

Policy in place

Procedures for receipt and safety opening packages containing Radioactive Material :

Written procedures are in place.

Recommendations for program improvement:

a. Conduct air monitoring to demonstrate that air borne contamination is well below regulatory limits.
b. In order to satisfy annual review requirement, schedule a meeting with the management addressing such questions as: (1) How did we do this year? (2) What are our accomplishments? (3) What do we need to change if any? (4) Are the allocated resources adequate to do the job? (5) How do we grade ourselves for our performance this year? (6) What measures should we institute to improve our program etc.

General Comments:

VAMC Houston's Radiation Safety program is in excellent condition. This is mainly due to the commitment of the management and the radiation safety staff. Research staff appear to be very cooperative.

Submitted: Date: March 14, 1994

Johnson D. Choppala
Regional Radiation Safety Program Manager
VHA Southern Region
Jackson, MS 39213

Distribution:

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