



Holy Family Hospital
and Medical Center

70 East Street, Methuen, Massachusetts 01844 (508) 607-0151
Fax (508) 688-7689

Docket No. 030-13728

License No. 20-13916-02

United States Regulatory Commission
ATTN: Regional Administrator, Region I
475 Allendale Road
King of Prussia, Pennsylvania 19406-1415

4/4/94

Dear Sir,

SUBJECT: REPLY TO A NOTICE OF VIOLATION

This is in response to a letter dated 3/9/94 and postmarked 3/28/94 regarding our recent routine inspection and containing a Notice of Violation.

- A. 1. In the past, we have misinterpreted 10 CFR 35-315(a)(7) as accepting survey meter readings as proof that a room was void of removable contamination.
2. We have performed no inpatient I-131 therapy since the date of our inspection and have not had an opportunity to test our new procedure for releasing rooms.
3. However, following our review of the noncompliance regarding 10 CFR 35.315(a)(7), we have revised our room releasing policy to include the performing of wipe tests. The results of these wipes will be less than 200 DPM per 100 square centimeters before the room is reassigned.
4. Date of compliance will be effective as of this date, 4/4/94.

- B. 1. The violation of 10CFR 35.59(g) was due to a lack of attention to detail and double checking the basic schedule for quarterly physical brachytherapy source inventory.
2. To ensure that this error will not continue, a new source inventory schedule form will be used (see attached "Sealed Source Report") outlining each month that the inventory needs to be done. An additional reminder on the monthly work schedule will guarantee timely consideration to the brachytherapy source inventory.

110017. Full compliance can be expected as of this date, 4-4-94.

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PDR ADOCK 03013728
C PDR

A division of Valley Regional Health System, Inc.



Member hospital, Caritas Christi, a Catholic health care system

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If any other information is required, please contact me and it will be forwarded to you promptly.

Sincerely,

William L. Lane
President and
Chief Executive Officer



EXHIBIT 18

RADIATION SAFETY CHECKLIST FOR
IODINE THERAPY OVER 30 MILLICURIES

Patient: _____ Room: _____ Date: _____

PREPARATION

- Schedule a private room, with private sanitary facilities and without carpet, in a low traffic area.
- Cover large room surfaces with absorbent paper and small surfaces with absorbent paper or plastic bags.
- Prepare labeled boxes for used linen, disposable waste, and nondisposable contaminated items.
- Prepare urine collection containers if urine will be collected.
- Stock room with disposable gloves, absorbent paper, and "radioactive waste" labels.
- Mark a visitors' "safe line" on the floor.
- Order disposable table service.
- Notify housekeeping to not clean the room until further notice.
- Brief the nursing staff on radiation safety measures.
- Supply the nursing staff with personnel radiation dosimeters.

ADMINISTRATION

- Clear the room of unneeded personnel.
- Brief the patient on the clinical procedure.
- Administer the dosage.
- Measure dose rates at bedside, 1 meter from bedside, visitors' "safe line," and surrounding hallways and rooms.
- Post the room with a "Radioactive Materials" sign.

FOLLOWUP

- Measure the thyroid burden of all personnel who were present for the administration.
- Pick up waste for decay-in-storage or decontamination.
- Release the patient.
- Decontaminate, wipe, and survey room. Remove "RADIOACTIVE MATERIAL" signs.
- Call the Housekeeping Office to clean the room.

SEALED SOURCE REPORT

Quarterly Brachytherapy Radionuclide Inventory

MARCH

Radionuclide _____

Date ___/___/___

model # mg RA eq.

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____

total _____

Performed by _____

RSO _____

JUNE

Radionuclide _____

Date ___/___/___

model # mg RA eq.

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____

total _____

Performed by _____

RSO _____

SEPTEMBER

Radionuclide _____

Date ___/___/___

model # mg RA eq.

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____

total _____

Performed by _____

RSO _____

DECEMBER

Radionuclide _____

Date ___/___/___

model # mg RA eq.

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____

total _____

Performed by _____

RSO _____