

FEB - 9 1994

Docket No. 030-01239

License No. 06-00253-04

Hartford Hospital
ATTN: Peter J. Mas, M.S.
Radiation Safety Officer
80 Seymour Street
Hartford, Connecticut 06115

Dear Mr. Mas:

Subject: Routine Inspection No. 030-01239/93-001

This letter refers to your December 16, 1993 correspondence, in response to our December 1, 1993 letter.

Thank you for informing us of the corrective and preventive actions documented in your letter. These actions will be examined during a future inspection of your licensed program. However, you did not address our concerns with regards to incident response and radiation safety oversight. Please describe the steps that you will take to ensure that radiation safety incidents are responded to expeditiously and that adequate radiation safety oversight is provided.

Your cooperation with us is appreciated.

Sincerely,

Original Signed By:
Jenny M. Johansen

Jenny M. Johansen, Chief
Medical Inspection Section
Division of Radiation Safety
and Safeguards

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cc:
Public Document Room (PDR)
Nuclear Safety Information Center (NSIC)
State of Connecticut

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Hartford Hospital

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Johansen
[Signature]
2/9/94



80 SEYMOUR STREET
HARTFORD, CT 06115-2700
203/524-3011

To: U. S. Nuclear Regulatory Commission
Document Control Desk
Washington, D. C. 20555

December 16, 1993

From: Mr. Peter J. Mas, M. S., Health Physicist & RSO

Re: Reply to a Notice of Violation; Routine Inspection # 030-01239/93-001

The following is Hartford Hospital's reply to the Notice of Violation transmitted by your offices:

Item A. Radioactive waste had been sent for disposal as normal trash.

Reason: The excreta, the food, the linens, and, other general household wastes of patients having undergone routine diagnostic procedures may contain small amounts of radioactive material.

The non-therapy patient wastes are monitored if the items are considered "biomedical" waste. Not all biological patient waste meets the criteria for disposal as biomedical waste. By definition, if the item is "soaked, saturated, &/or, dripping" must be disposed of as biomedical waste, and, if radioactively contaminated the biomedical waste container will sound the alarm presently installed in the biomedical waste processing area. If the patient waste does not qualify as biomedical waste it is disposed of as normal trash, and, if radioactively contaminated the compacted trash container will sound the alarm located in the disposal facility for the city of Hartford. It must be clarified that the initial and only telephone report of radioactivity present in the compacted "normal" waste was made by a representative of the waste hauling company, not the State of CT.

It is believed that the compacted, normal trash container held some non-biomedical waste, from a routine diagnostic application on a patient. Nurses commonly employ disposable absorbent pads on patients without full bladder or rectal control. Possibly, one of these partially contaminated items was discarded into the normal trash. Due to the rapid decay to background levels (within a 3 day period) the radioactive material present in the waste was very likely Tc-99m.

Corrective steps/results achieved: We will install another alarming ratemeter with a sodium iodide probe for the monitoring of routine wastes that exit via the main (High Bldg.) corridor.

Avoidance of further violations: It is anticipated that this device will allow us to examine any suspect normal wastes prior to disposal into the trash compactor.

Item B. A representative from management was not present at two of the Radiation Safety Committee meetings.

Reason: Scheduling conflicts or absent from the institution.

Corrective steps/results achieved: Following the inspector's comments on this issue, the management member is acutely aware of the requirement and has made arrangements to keep this scheduled commitment. In the event of his absence, an alternate will be available for the meeting.

Avoidance of further violations: The meeting announcements will be distributed by both the Staff Office and the Radiation Safety Office. Via these 2 reminders, we anticipate the management (and other members) will be able to coordinate and attend these meetings.

Item C. Weekly contamination surveys were not performed adequately.

Reason: Although this problem had been addressed twice in the past two years, it still was a source of human error.

Corrective steps/results achieved: A single individual is now assigned the responsibility for assuring (not performing) that the weekly contamination surveys are performed by the scheduled technologist.

Avoidance of further violations: The failure to perform the wipe tests is brought to the attention of the supervisors and they will pursue the issue.

Date for Full Compliance: Item A requires non-budgeted capital purchase approval, the installation and the training of personnel. Expected completion March 1, 1994. For Items B & C, the corrective steps have already been put into place.

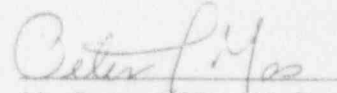
We will be undertaking a review of the responsibilities and the time constraints upon our Radiation Safety Officer, in order to assess the coverage we need for our program. Efforts will be made to have external, and not just the internal, radiation safety incidents investigated in a timely manner.

If you should have any further questions, please do not hesitate to contact us. We appreciate your efforts and we look forward to a safe and effective program with radioactive materials.

Respectfully submitted,



Mr. John Panicek
Vice President



Mr. Peter J. Mas, M. S.
Health Physicist & RSO

cc: USNRC, Region I Administrator, 475 Allendale Road, King of Prussia, PA 19406

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