Fletcher Allen HEALTH CARE

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OFFICE OF SECRETARY
RULEMAKINGS AND
ADJUDICATIONS STAFF

Secretary, Nuclear Regulatory Commission
Washington, D.C. 20555-0001
Attention: Rulemakings and Adjudications Staff

November 6, 1998

Sirs:

This is to comment on the proposed changes in 10CFR Part 35. As practicing nuclear medicine technologists, we feel that the following proposed changes may be detrimental to patient safety.

Elimination of the need for a dose calibrator when utilizing a commercial radiopharmacy. There are instances where assaying the dose prior to administration provides a necessary double check. This practice prevents accidental switching of doses when a patient is receiving two doses on the same day, as with cardiac studies. The assay in the department provides the only confirmation of the dose of radionuclide, assuring that the correct amount has been sent by the radiopharmacy.

Elimination of the requirement for a Radiation Safety Committee at multiuse sites may result in less communication amongst users and less understanding on the part of administration of radiation safety issues. The Committee provides an opportunity for all involved to discuss radiation issues. Without a mandate, it is likely that administration would not support even the minimal time and involvement necessary.

Elimination of the 10 half life decay time could lead to problems with the public. The use of both a meter and decay helps to assure that no radioactivity will be detected when waste then is transported to a landfill or other disposal process. If only the meter is relied on, a malfunctioning meter or insufficient time spent in the survey process may result in waste that then goes on to trigger a more sensitive meter at a waste station, leading to a public relations problem for all users of radioactive material.

Reduction in the number of hours for training of physicians as authorized users could also seriously impact the training requirements for technologists. When observed that the requirement for a physician is significantly less than for a technologist, the training requirements for the technologist may be questioned. As exams and technology become even more sophisticated, a reduction in training could lead to poor quality studies, resulting in wasted radiation dose to the patient.

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We do support the changes that result in a lower time commitment with what we feel is no lowering of safety standards. These include changing the wipe test and inventory to a six month frequency and changing the linearity test of the dose calibrator to annually.

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