

Chapter 246-240 WAC

RADIATION PROTECTION—MEDICAL USE OF RADIOACTIVE MATERIAL

Last Update: 9/20/22

WAC

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246-240-015 Policy and procedures for therapy administration.

[Statutory Authority: RCW 70.98.050. WSR 98-13-037, § 246-240-015, filed 6/8/98, effective 7/9/98; WSR 95-01-108, § 246-240-015, filed 12/21/94, effective 1/21/95.] Repealed by WSR 06-05-019, filed 2/6/06,

effective 3/9/06. Statutory Authority: RCW

70.98.050.

246-240-020 Interstitial, intracavitary and superficial applications. [Statutory Authority: RCW 70.98.050. WSR 98-13-037, § 246-240-020, filed 6/8/98, effective 7/9/98; WSR 94-06-017, § 246-240-020, filed 2/22/94, effective 3/25/94. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 91-15-112 (Order 184), § 246-240-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-240-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. WSR 87-01-031 (Order 2450), § 402-32-020, filed 12/11/86; WSR 83-19-050 (Order 2026), § 402-32-020, filed 9/16/83. Statutory Authority: RCW 70.98.050. WSR 81-01-011 (Order 1570), § 402-32-020, filed 12/8/80; Order 1084, § 402-32-020, filed 1/14/76; Order 1, § 402-

32-020, filed 1/8/69; Rules (part), filed 10/26/66.]

Repealed by WSR 06-05-019, filed 2/6/06, effective
3/9/06. Statutory Authority: RCW 70.98.050.

246-240-030 Teletherapy. [Statutory Authority: RCW 70.98.050
and 70.98.080. WSR 91-15-112 (Order 184), § 246-240-
030, filed 7/24/91, effective 8/24/91. Statutory
Authority: RCW 43.70.040. WSR 91-02-049 (Order 121),
recodified as § 246-240-030, filed 12/27/90,
effective 1/31/91. Statutory Authority: RCW
70.98.080. WSR 83-19-050 (Order 2026), § 402-32-030,
filed 9/16/83. Statutory Authority: RCW 70.98.050.
WSR 81-01-011 (Order 1570), § 402-32-030, filed
12/8/80; Order 1084, § 402-32-030, filed 1/14/76;
Order 1, § 402-32-030, filed 1/8/69; Rules (part),
filed 10/26/66.] Repealed by WSR 06-05-019, filed
2/6/06, effective 3/9/06. Statutory Authority: RCW
70.98.050.

246-240-040 Special requirements for teletherapy licensees.

[Statutory Authority: RCW 70.98.050 and 70.98.080.
WSR 91-15-112 (Order 184), § 246-240-040, filed
7/24/91, effective 8/24/91. Statutory Authority: RCW
43.70.040. WSR 91-02-049 (Order 121), recodified as
§ 246-240-040, filed 12/27/90, effective 1/31/91.
Statutory Authority: RCW 70.98.080. WSR 87-01-031
(Order 2450), § 402-32-100, filed 12/11/86; WSR 83-
19-050 (Order 2026), § 402-32-100, filed 9/16/83.
Statutory Authority: RCW 70.98.050. WSR 81-01-011
(Order 1570), § 402-32-100, filed 12/8/80.] Repealed
by WSR 06-05-019, filed 2/6/06, effective 3/9/06.
Statutory Authority: RCW 70.98.050.

246-240-050 Notifications, records, and reports of therapy
misadministrations. [Statutory Authority: RCW
70.98.050. WSR 98-13-037, § 246-240-050, filed
6/8/98, effective 7/9/98. Statutory Authority: RCW
70.98.050 and 70.98.080. WSR 92-06-008 (Order 245),

§ 246-240-050, filed 2/21/92, effective 3/23/92.]

Repealed by WSR 06-05-019, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 70.98.050.

246-240-451 Radiation safety officer. [Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-451, filed 2/6/06, effective 3/9/06.] Repealed by WSR 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050.

246-240-454 Training for uptake, dilution, and excretion studies. [Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-454, filed 2/6/06, effective 3/9/06.] Repealed by WSR 07-14-131, filed 7/3/07, effective 8/3/07. Statutory Authority: RCW 70.98.050.

246-240-457 Training for imaging and localization studies. [Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-457, filed 2/6/06, effective 3/9/06.]

Repealed by WSR 07-14-131, filed 7/3/07, effective
8/3/07. Statutory Authority: RCW 70.98.050.

246-240-460 Training for therapeutic use of unsealed
radioactive material. [Statutory Authority: RCW
70.98.050. WSR 06-05-019, § 246-240-460, filed
2/6/06, effective 3/9/06.] Repealed by WSR 07-14-
131, filed 7/3/07, effective 8/3/07. Statutory
Authority: RCW 70.98.050.

246-240-463 Training for treatment of hyperthyroidism.
[Statutory Authority: RCW 70.98.050. WSR 06-05-019,
§ 246-240-463, filed 2/6/06, effective 3/9/06.]
Repealed by WSR 07-14-131, filed 7/3/07, effective
8/3/07. Statutory Authority: RCW 70.98.050.

246-240-466 Training for treatment of thyroid carcinoma.
[Statutory Authority: RCW 70.98.050. WSR 06-05-019,
§ 246-240-466, filed 2/6/06, effective 3/9/06.]
Repealed by WSR 07-14-131, filed 7/3/07, effective
8/3/07. Statutory Authority: RCW 70.98.050.

246-240-469 Training for use of brachytherapy sources.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019,
§ 246-240-469, filed 2/6/06, effective 3/9/06.]

Repealed by WSR 07-14-131, filed 7/3/07, effective
8/3/07. Statutory Authority: RCW 70.98.050.

246-240-472 Training for ophthalmic use of strontium-90.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019,
§ 246-240-472, filed 2/6/06, effective 3/9/06.]

Repealed by WSR 07-14-131, filed 7/3/07, effective
8/3/07. Statutory Authority: RCW 70.98.050.

246-240-475 Training for use of sealed sources for diagnosis.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019,
§ 246-240-475, filed 2/6/06, effective 3/9/06.]

Repealed by WSR 07-14-131, filed 7/3/07, effective
8/3/07. Statutory Authority: RCW 70.98.050.

246-240-478 Training for use of therapeutic medical devices.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019,
§ 246-240-478, filed 2/6/06, effective 3/9/06.]

Repealed by WSR 07-14-131, filed 7/3/07, effective
8/3/07. Statutory Authority: RCW 70.98.050.

246-240-481 Training for authorized medical physicist.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019,
§ 246-240-481, filed 2/6/06, effective 3/9/06.]

Repealed by WSR 07-14-131, filed 7/3/07, effective
8/3/07. Statutory Authority: RCW 70.98.050.

246-240-484 Training for an authorized nuclear pharmacist.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019,
§ 246-240-484, filed 2/6/06, effective 3/9/06.]

Repealed by WSR 07-14-131, filed 7/3/07, effective
8/3/07. Statutory Authority: RCW 70.98.050.

246-240-487 Training for experienced nuclear pharmacists.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019,
§ 246-240-487, filed 2/6/06, effective 3/9/06.]

Repealed by WSR 07-14-131, filed 7/3/07, effective
8/3/07. Statutory Authority: RCW 70.98.050.

WAC 246-240-001 Purpose and scope. This chapter contains the requirements and provisions for the medical use of radioactive material and for issuance of specific licenses authorizing the medical use of this material. These requirements and provisions provide for the radiation safety of workers, the general public, patients, and human research subjects. The requirements and provisions of chapters 246-220, 246-221, 246-222, 246-232, 246-235, and 246-254 WAC, apply to applicants and licensees subject to this chapter unless specifically exempted. [Statutory Authority: RCW 70.98.050. WSR 11-03-068, § 246-240-001, filed 1/18/11, effective 2/18/11; WSR 06-05-019, § 246-240-001, filed 2/6/06, effective 3/9/06. Statutory Authority: RCW 43.70.040. WSR 91-02-049 (Order 121), recodified as § 246-240-001, filed 12/27/90, effective 1/31/91; Order 1084, § 402-32-010, filed 1/14/76; Order 1, § 402-32-010, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-240-004 Other federal and state requirements.

Nothing in this chapter relieves the licensee from complying with applicable FDA, or other federal and state requirements governing radioactive drugs or devices.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-004, filed 2/6/06, effective 3/9/06.]

WAC 246-240-007 Provisions for the protection of human research subjects. (1) A licensee may conduct research involving human research subjects only if it uses the radioactive materials specified on its license for the uses authorized on its license.

(2) If the research is conducted, funded, supported, or regulated by another federal agency that has implemented the Federal Policy for the Protection of Human Subjects (federal policy), the licensee shall, before conducting research:

(a) Obtain review and approval of the research from an "institutional review board," as defined and described in the federal policy; and

(b) Obtain "informed consent," as defined and described in the federal policy, from the human research subject.

(3) If the research will not be conducted, funded, supported, or regulated by another federal agency that has implemented the federal policy, the licensee shall, before

conducting research, apply for and receive a specific amendment to its medical use license. The amendment request must include a written commitment that the licensee will, before conducting research:

(a) Obtain review and approval of the research from an "institutional review board," as defined and described in the federal policy; and

(b) Obtain "informed consent," as defined and described in the federal policy, from the human research subject.

(4) Nothing in this section relieves licensees from complying with the other requirements in this chapter.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-007, filed 2/6/06, effective 3/9/06.]

GENERAL PROVISIONS

WAC 246-240-010 Definitions, abbreviations, and acronyms.

The definitions, abbreviations, and acronyms in this section and in WAC 246-220-010 apply throughout this chapter unless the context clearly indicates otherwise.

(1) "Address of use" means the building or buildings that are identified on the license and where radioactive material may be received, prepared, used, or stored.

(2) "Area of use" means a portion of an address of use that has been set aside for the purpose of receiving, preparing, using, or storing radioactive material.

(3) "Associate radiation safety officer" means an individual who:

(a) Meets the requirements in WAC 246-240-069 and 246-240-081; and

(b) Is currently identified as an associate radiation safety officer for the types of use of radioactive material for which the individual has been assigned duties and tasks by the radiation safety officer on:

(i) A specific medical use license issued by the department, NRC, or an agreement state; or

(ii) A medical use permit issued by an NRC master material licensee.

(4) "Attestation" means written certification under oath.

(5) "Authorized medical physicist" means an individual who:

(a) Meets the requirements in WAC 246-240-072 and 246-240-081; or

(b) Is identified as an authorized medical physicist or teletherapy physicist on:

(i) A specific medical use license issued by the department, NRC, or an agreement state;

(ii) A medical use permit issued by an NRC master material licensee;

(iii) A permit issued by an NRC or agreement state broad scope medical use licensee; or

(iv) A permit issued by an NRC master material license broad scope medical use permittee.

(6) "Authorized nuclear pharmacist" means a pharmacist who:

(a) Meets the requirements in WAC 246-240-075 and 246-240-081; or

(b) Is identified as an authorized nuclear pharmacist on:

(i) A specific license issued by the department, NRC, or an agreement state, that authorizes medical use or the practice of nuclear pharmacy;

(ii) A permit issued by an NRC master material licensee that authorizes medical use or the practice of nuclear pharmacy;

(iii) A permit issued by an NRC or agreement state broad scope medical use licensee that authorizes medical use or the practice of nuclear pharmacy; or

(iv) A permit issued by an NRC master material license broad scope medical use permittee that authorizes medical use or the practice of nuclear pharmacy; or

(c) Is identified as an authorized nuclear pharmacist by a commercial nuclear pharmacy that has been authorized to identify authorized nuclear pharmacists; or

(d) Is designated as an authorized nuclear pharmacist in accordance with WAC 246-235-100(2).

(7) "Authorized user" means a physician, dentist, or podiatrist who:

(a) Meets the requirements in WAC 246-240-081 and 246-240-154, 246-240-163, 246-240-210, 246-240-213, 246-240-216, 246-240-278, 246-240-301, or 246-240-399; or

(b) Is identified as an authorized user on:

(i) A department, NRC, or agreement state license that authorizes the medical use of radioactive material; or

(ii) A permit issued by an NRC master material licensee that is authorized to permit the medical use of radioactive material; or

(iii) A permit issued by a department, NRC, or agreement state specific licensee of broad scope that is authorized to permit the medical use of radioactive material; or

(iv) A permit issued by an NRC master material license broad scope permittee that is authorized to permit the medical use of radioactive material.

(8) "Brachytherapy" means a method of radiation therapy in which sources are used to deliver a radiation dose at a distance of up to a few centimeters by surface, intracavitary, intraluminal, or interstitial application.

(9) "Brachytherapy source" means a radioactive source or a manufacturer-assembled source train or a combination of these sources that is designed to deliver a therapeutic dose within a distance of a few centimeters.

(10) "Client's address" means the area of use or a temporary job site for the purpose of providing mobile medical service in accordance with WAC 246-240-125.

(11) "Cyclotron" means a particle accelerator in which the charged particles travel in an outward spiral or circular path. A cyclotron accelerates charged particles at energies usually in excess of 10 mega-electron volts and is commonly used for production of short half-life radionuclides for medical use.

(12) "Dedicated check source" means a radioactive source that is used to assure the constant operation of a radiation detection or measurement device over several months or years.

(13) "Dentist" means an individual licensed by a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to practice dentistry.

(14) "FDA" means the U.S. Food and Drug Administration.

(15) "High dose-rate remote afterloader" means a brachytherapy device that remotely delivers a dose rate in excess of 12 gray (1200 rads) per hour at the point or surface where the dose is prescribed.

(16) "Low dose-rate remote afterloader" means a brachytherapy device that remotely delivers a dose rate of less than or equal to two gray (200 rads) per hour at the point or surface where the dose is prescribed.

(17) "Management" means the chief executive officer or other individual having the authority to manage, direct, or administer the licensee's activities, or that person's delegate or delegates.

(18) "Manual brachytherapy" means a type of brachytherapy in which the brachytherapy sources (e.g., seeds, ribbons) are manually placed topically on or inserted either into the body cavities that are in close proximity to a treatment site or directly into the tissue volume.

(19) "Medical event" means an event that meets the criteria in WAC 246-240-651.

(20) "Medical institution" means an organization in which more than one medical discipline is practiced.

(21) "Medical use" means the intentional internal or external administration of radioactive material or the radiation

from radioactive material to patients or human research subjects under the supervision of an authorized user.

(22) "Medium dose-rate remote afterloader" means a brachytherapy device that remotely delivers a dose rate of greater than two gray (200 rads), but less than or equal to 12 grays (1200 rads) per hour at the point or surface where the dose is prescribed.

(23) "Mobile medical service" means the transportation of radioactive material to and its medical use at the client's address.

(24) "Ophthalmic physicist" means an individual who:

(a) Meets the requirements in WAC 246-240-272 (1) (b) and 246-240-081; and

(b) Is identified as an ophthalmic physicist on a:

(i) Specific medical use license issued by the NRC or an agreement state;

(ii) Permit issued by an NRC or agreement state broad scope medical use licensee;

(iii) Medical use permit issued by an NRC master material licensee; or

(iv) Permit issued by an NRC master material licensee broad scope medical use permittee.

(25) "Output" means the exposure rate, dose rate, or a quantity related in a known manner to these rates from a brachytherapy source or a teletherapy, remote afterloader, or gamma stereotactic radiosurgery unit for a specified set of exposure conditions.

(26) "Patient intervention" means actions by the patient or human research subject, whether intentional or unintentional, such as dislodging or removing treatment devices or prematurely terminating the administration.

(27) "Podiatrist" means an individual licensed by a state or territory of the United States, the District of Columbia, or the Commonwealth of Puerto Rico to practice podiatry.

(28) "Positron emission tomography (PET) radionuclide production facility" means a facility operating an accelerator for the purpose of producing positron emission tomography radionuclides.

(29) "Preceptor" means an individual who provides, directs, or verifies training and experience required for an individual

to become an authorized user, an authorized medical physicist, an authorized nuclear pharmacist, an authorized radiation safety officer, or an associate radiation safety officer.

(30) "Prescribed dosage" means the specified activity or range of activity of unsealed radioactive material as documented:

(a) In a written directive; or

(b) In accordance with the directions of the authorized user for procedures performed under WAC 246-240-151 and 246-240-157.

(31) "Prescribed dose" means:

(a) For gamma stereotactic radiosurgery, the total dose as documented in the written directive;

(b) For teletherapy, the total dose and dose per fraction as documented in the written directive;

(c) For manual brachytherapy, either the total source strength and exposure time or the total dose, as documented in the written directive; or

(d) For remote brachytherapy afterloaders, the total dose and dose per fraction as documented in the written directive.

(32) "Pulsed dose-rate remote afterloader" means a special type of remote afterloading brachytherapy device that uses a single source capable of delivering dose rates in the "high dose-rate" range, but:

(a) Is approximately one-tenth of the activity of typical high dose-rate remote afterloader sources; and

(b) Is used to simulate the radiobiology of a low dose-rate treatment by inserting the source for a given fraction of each hour.

(33) "Sealed source and device registry" means the national registry that contains all the registration certificates, generated by NRC and the agreement states, that summarize the radiation safety information for the sealed sources and devices and describe the licensing and use conditions approved for the product.

(34) "Stereotactic radiosurgery" means the use of external radiation in conjunction with a stereotactic guidance device to very precisely deliver a therapeutic dose to a tissue volume.

(35) "Structured educational program" means an educational program designed to impart particular knowledge and practical education through interrelated studies and supervised training.

(36) "Teletherapy" means a method of radiation therapy in which collimated gamma rays are delivered at a distance from the patient or human research subject.

(37) "Temporary job site" means a location where mobile medical services are conducted at other than those fixed locations of use authorized by the license.

(38) "Therapeutic dosage" means a dosage of unsealed radioactive material that is intended to deliver a radiation dose to a patient or human research subject for palliative or curative treatment.

(39) "Therapeutic dose" means a radiation dose delivered from a source containing radioactive material to a patient or human research subject for palliative or curative treatment.

(40) "Treatment site" means the anatomical description of the tissue intended to receive a radiation dose, as described in a written directive.

(41) "Type of use" means use of radioactive material under WAC 246-240-151, 246-240-157, 246-240-201, 246-240-251, 246-240-301, 246-240-351, or 246-240-501.

(42) "Unit dosage" means a dosage prepared for medical use for administration as a single dosage to a patient or human research subject without any further manipulation of the dosage after it is initially prepared.

(43) "Written directive" means an authorized user's written order for the administration of radioactive material or radiation from radioactive material to a specific patient or human research subject, as specified in WAC 246-240-060.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-010, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-010, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-010, filed 1/18/11, effective 2/18/11. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-010, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 07-14-131, § 246-240-010, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-010, filed 2/6/06, effective 3/9/06; WSR 98-13-037, § 246-240-010, filed 6/8/98, effective 7/9/98.

Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 92-06-008 (Order 245), § 246-240-010, filed 2/21/92, effective 3/23/92.]

WAC 246-240-013 Maintenance of records. Each record required by this chapter must be legible throughout the retention period specified by each department regulation. The record may be the original or a reproduced copy or a microform provided that the copy or microform is authenticated by authorized personnel and that the microform is capable of producing a clear copy throughout the required retention period. The record may also be stored in electronic media with the capability for producing legible, accurate, and complete records during the required retention period. Records such as letters, drawings, and specifications, must include all pertinent information such as stamps, initials, and signatures. The licensee shall maintain adequate safeguards against tampering with and loss of records.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-013, filed 2/6/06, effective 3/9/06.]

WAC 246-240-016 License required. (1) A person may manufacture, produce, acquire, receive, possess, prepare, use,

or transfer radioactive material for medical use only in accordance with a specific license issued by the department, NRC, or an agreement state, or as allowed in subsection (2)(a) or (b) of this section.

(2) A specific license is not needed for an individual who:

(a) Receives, possesses, uses, or transfers radioactive material in accordance with these rules under the supervision of an authorized user under WAC 246-240-057, unless prohibited by license condition; or

(b) Prepares unsealed radioactive material for medical use in accordance with these rules under the supervision of an authorized nuclear pharmacist or authorized user under WAC 246-240-057, unless prohibited by license condition.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-016, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-016, filed 5/7/13, effective 6/7/13; WSR 06-05-019, § 246-240-016, filed 2/6/06, effective 3/9/06.]

WAC 246-240-019 Application for license, amendment, or renewal. (1) An application must be signed by the applicant's or licensee's management.

(2) An application for a license for medical use of radioactive material as described in WAC 246-240-151, 246-240-157, 246-240-201, 246-240-251, 246-240-301, 246-240-351, and 246-240-501 must be made by:

(a) Filing the original "Application for Radioactive Material License Medical," with the department that includes the facility diagram, equipment, and training and experience qualifications of the radiation safety officer, associate radiation safety officers, authorized users, authorized medical physicists, ophthalmic physicists, and authorized nuclear pharmacists; and

(b) Submitting applicable procedures required by WAC 246-240-360, 246-240-378, 246-240-381, and 246-240-384.

(3) A request for a license amendment or renewal must be made by:

(a) Submitting an original of either to the department:

(i) "Application for Radioactive Material License Medical";

or

(ii) A letter requesting the amendment or renewal with all information required by license application; and

(b) Submitting applicable procedures required by WAC 246-240-360, 246-240-378, 246-240-381, and 246-240-384.

(4) In addition to the requirements in subsections (2) and (3) of this section, an application for a license or amendment for medical use of radioactive material as described in WAC 246-240-501 must also include information regarding any radiation safety aspects of the medical use of the material that is not addressed in this chapter.

(a) The applicant shall also provide specific information on:

(i) Radiation safety precautions and instructions;

(ii) Methodology for measurement of dosages or doses to be administered to patients or human research subjects; and

(iii) Calibration, maintenance, and repair of instruments and equipment necessary for radiation safety.

(b) The applicant or licensee shall also provide any other information requested by the department in its review of the application.

(c) The applicant shall provide identification of and commitment to follow the applicable radiation safety program requirements in WAC 246-240-151 through 246-240-399 of this chapter that are appropriate for the specific medical use under WAC 246-240-501.

(5) An applicant that satisfies the requirements specified in WAC 246-235-090(2) may apply for a Type A specific license of broad scope.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-019, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-019, filed 2/6/06, effective 3/9/06.]

WAC 246-240-022 License amendments. A licensee shall apply for and must receive a license amendment before the licensee:

(1) Receives, prepares, or uses radioactive material for a type of use that is permitted under this chapter, but that is

not authorized on the licensee's current license issued under this chapter;

(2) Permits anyone to work as an authorized user, ophthalmic physicist, authorized nuclear pharmacist, or authorized medical physicist under the license, except:

(a) For an authorized user, an individual who meets the requirements in WAC 246-240-154, 246-240-163, 246-240-210, 246-240-213, 246-240-216, 246-240-278, or 246-240-399;

(b) For an authorized nuclear pharmacist, an individual who meets the requirements in WAC 246-240-075 and 246-240-081;

(c) For an authorized medical physicist, an individual who meets the requirements in WAC 246-240-072 and 246-240-081; or

(d) An individual who is identified as an authorized user, an authorized nuclear pharmacist, authorized medical physicist, or ophthalmic physicist:

(i) On an agreement state or NRC license or other equivalent license recognized by the department that authorizes the use of radioactive material in medical use or in the practice of nuclear pharmacy; or

(ii) On a permit issued by NRC or an agreement state specific license of broad scope which is licensed to authorize the use of radioactive material in medical use or in the practice of nuclear pharmacy;

(iii) On a permit issued by NRC master material licensee that is licensed to authorize the use of radioactive material in medical use or in the practice of nuclear pharmacy; or

(iv) By a commercial nuclear pharmacy that has been licensed to authorize nuclear pharmacists.

(3) Changes radiation safety officers, except as provided in WAC 246-240-051;

(4) Permits anyone to work as an associate radiation safety officer, or before the radiation safety officer assigns duties and tasks to an associate radiation safety officer that differ from those for which this individual is authorized on the license;

(5) Receives radioactive material in excess of the amount or in a different form, or receives a different radionuclide than is authorized on the license;

(6) Adds to or changes the areas of use identified in the application or on the license, including areas used in accordance with either WAC 246-240-151 or 246-240-157 if the change includes the addition or relocation of either an area where PET radionuclides are produced or a PET radioactive drug delivery line from the PET radionuclide or PET radioactive drug production area. Other areas of use where radioactive material is used only in accordance with either WAC 246-240-151 or 246-240-157 are exempt;

(7) Changes the address(es) of use identified in the application or on the license;

(8) Revises procedures required by WAC 246-240-360, 246-240-378, 246-240-381, and 246-240-384, as applicable, where the revision reduces radiation safety; and

(9) Receives a sealed source from a different manufacturer or of a different model number than authorized by its license unless the sealed source is used for manual brachytherapy, is listed in the sealed source and device registry, and is in a quantity and for an isotope authorized by the license.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-022, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-022, filed 5/7/13, effective 6/7/13; WSR 06-05-019, § 246-240-022, filed 2/6/06, effective 3/9/06.]

WAC 246-240-025 Notifications. (1) A licensee shall notify the department no later than 30 days after:

(a) An authorized user, an authorized nuclear pharmacist, a radiation safety officer, an associate radiation safety officer, ophthalmic physicist, or an authorized medical physicist permanently discontinues performance of duties under the license or has a name change;

(b) The licensee's mailing address changes;

(c) The licensee's name changes, but the name change does not constitute a transfer of control of the license as described in WAC 246-232-050(2);

(d) The licensee has added to or changed the areas of use identified in the application or on the license where radioactive material is used under either WAC 246-240-151 or 246-240-157 if the change does not include the addition or

relocation of either an area where PET radionuclides are produced or a PET radioactive drug delivery line from the PET radionuclide or PET radioactive drug production area;

(e) The licensee obtains a sealed source for use in manual brachytherapy from a different manufacturer or with a different model number than authorized by its license for which it did not require a license amendment as provided in WAC 246-240-022(9). The notification must include the manufacturer and model number of the sealed source, the isotope, and the quantity per sealed source; or

(f) The licensee permits an authorized user or an individual qualified to be a radiation safety officer, under WAC 246-240-069 and 246-240-081, to function as a temporary radiation safety officer and to perform the functions of a radiation safety officer in accordance with WAC 246-240-051(3).

(2) The licensee shall send the documents required in this section to the department at P.O. Box 47827, Olympia WA 98504-7827.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-025, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 07-14-131, § 246-240-

025, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-025, filed 2/6/06, effective 3/9/06; WSR 98-13-037, § 246-240-025, filed 6/8/98, effective 7/9/98.]

WAC 246-240-028 Exemptions regarding Type A specific licenses of broad scope. A licensee possessing a Type A specific license of broad scope for medical use, issued under WAC 246-235-090, is exempt from the provisions of:

(1) WAC 246-240-019 regarding the need to file an amendment to the license for medical use of radioactive material, as described in WAC 246-240-501;

(2) WAC 246-240-022(2);

(3) WAC 246-240-022 (6) regarding additions to or changes in the areas of use at the addresses identified in the application or on the license;

(4) WAC 246-240-025 (1)(a) for an authorized user, an authorized nuclear pharmacist, or an authorized medical physicist, or an ophthalmic physicist;

(5) WAC 246-240-025 (1)(d) regarding additions to or changes in the areas of use identified in the application or on

the license where radioactive material is used in accordance with either WAC 246-240-151 or 246-240-157;

(6) WAC 246-240-066.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-028, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 14-01-077, § 246-240-028, filed 12/16/13, effective 1/16/14; WSR 06-05-019, § 246-240-028, filed 2/6/06, effective 3/9/06.]

WAC 246-240-031 License issuance and specific exemptions.

(1) The department shall issue a license for the medical use of radioactive material if:

(a) The applicant has filed "Application for Radioactive Material License Medical" in accordance with the instructions in WAC 246-240-019;

(b) The applicant has paid applicable fee under chapter 246-254 WAC;

(c) The department finds the applicant equipped and committed to observe the safety standards established by the department in these regulations for the protection of the public health and safety; and

(d) The applicant meets the requirements of chapter 246-232 WAC.

(2) The department shall issue a license for mobile medical service if the applicant:

(a) Meets the requirements in subsection (1) of this section; and

(b) Assures that individuals or human research subjects to whom unsealed radioactive material, or radiation from implants containing radioactive material, will be administered may be released following treatment in accordance with WAC 246-240-122.

(3) The department may, upon application of any interested person or upon its own initiative, grant exemptions from this chapter that it determines are authorized by law and will not endanger life or property or the common defense and security and are otherwise in the public interest.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-031, filed 2/6/06, effective 3/9/06.]

GENERAL ADMINISTRATIVE REQUIREMENTS

WAC 246-240-051 Authority and responsibilities for the radiation protection program. (1) In addition to the radiation

protection program requirements of WAC 246-221-005, a licensee's management shall approve in writing:

(a) Requests for a license application, renewal, or amendment before submittal to the department;

(b) Any individual before allowing that individual to work as an authorized user, authorized nuclear pharmacist, or authorized medical physicist; and

(c) Radiation protection program changes that do not require a license amendment and are permitted under WAC 246-240-054;

(2) A licensee's management shall appoint a radiation safety officer, who agrees, in writing, to be responsible for implementing the radiation protection program. The licensee, through the radiation safety officer, shall ensure that radiation safety activities are being performed in accordance with licensee-approved procedures and regulatory requirements. A licensee's management may appoint, in writing, one or more associate radiation safety officers to support the radiation safety officer. The radiation safety officer, with the written agreement of the licensee's management, must assign the specific

duties and tasks to each associate radiation safety officer. These duties and tasks are restricted to the types of use for which the associate radiation safety officer is listed on a license. The radiation safety officer may delegate duties and tasks to the associate radiation safety officer but shall not delegate the authority or responsibilities for implementing the radiation protection program.

(3) For up to 60 days each year, a licensee may permit an authorized user or an individual qualified to be a radiation safety officer, under WAC 246-240-069 and 246-240-081, to function as a temporary radiation safety officer and to perform the functions of a radiation safety officer, under subsection (7) of this section, if the licensee takes the actions required in subsections (2), (5), (7), and (8) of this section and notifies the department in accordance with WAC 246-240-025(1).

(4) A licensee may simultaneously appoint more than one temporary radiation safety officer under subsection (3) of this section, if needed to ensure that the licensee has a temporary radiation safety officer that satisfies the requirements to be a

radiation safety officer for each of the different types of uses of radioactive material permitted by the license.

(5) A licensee shall establish the authority, duties, and responsibilities of the radiation safety officer in writing.

(6) Licensees that are authorized for two or more different types of use of radioactive material under WAC 246-240-201, 246-240-251, or 246-240-351, shall establish a radiation safety committee to oversee all uses of radioactive material permitted by the license. The committee must include an authorized user of each type of use permitted by the license, the radiation safety officer, a representative of the nursing service, and a representative of management who is neither an authorized user nor a radiation safety officer. The committee may include other members the licensee considers appropriate.

(7) A licensee shall provide the radiation safety officer sufficient authority, organizational freedom, time, resources, and management prerogative, to:

- (a) Identify radiation safety problems;
- (b) Initiate, recommend, or provide corrective actions;
- (c) Stop unsafe operations; and

(d) Verify implementation of corrective actions.

(8) A licensee shall retain a record of actions taken under subsections (1), (2), and (5) of this section in accordance with WAC 246-240-551.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-051, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-051, filed 5/7/13, effective 6/7/13; WSR 06-05-019, § 246-240-051, filed 2/6/06, effective 3/9/06.]

WAC 246-240-054 Radiation protection program changes. (1)

A licensee may revise its radiation protection program without department approval if:

(a) The revision does not require a license amendment under WAC 246-240-022;

(b) The revision is in compliance with this chapter and the license;

(c) The revision has been reviewed and approved by the radiation safety officer and licensee management; and

(d) The affected individuals are instructed on the revised program before the changes are implemented.

(2) A licensee shall retain a record of each change in accordance with WAC 246-240-554.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-054, filed 2/6/06, effective 3/9/06.]

WAC 246-240-057 Supervision. (1) A licensee that permits the receipt, possession, use, or transfer of radioactive material by an individual under the supervision of an authorized user, as allowed by WAC 246-240-016, shall in addition to the requirements in WAC 246-222-030:

(a) Instruct the supervised individual in the licensee's written radiation protection procedures, written directive procedures, this chapter, and license conditions with respect to the use of radioactive material; and

(b) Require the supervised individual to follow the instructions of the supervising authorized user for medical uses of radioactive material, written radiation protection procedures established by the licensee, written directive procedures, regulations of these regulations, and license conditions with respect to the medical use of radioactive material.

(2) A licensee that permits the preparation of radioactive material for medical use by an individual under the supervision of an authorized nuclear pharmacist or physician who is an authorized user, as allowed by WAC 246-240-016, shall:

(a) In addition to the requirements in WAC 246-222-030, instruct the supervised individual in the preparation of radioactive material for medical use, as appropriate to that individual's involvement with radioactive material; and

(b) Require the supervised individual to follow the instructions of the supervising authorized user or authorized nuclear pharmacist regarding the preparation of radioactive material for medical use, written radiation protection procedures established by the licensee, this chapter, and license conditions.

(c) A licensee that permits supervised activities under subsections (1) and (2) of this section is responsible for the acts and omissions of the supervised individual.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-057, filed 2/6/06, effective 3/9/06.]

WAC 246-240-060 Written directives. (1) A written directive must be dated and signed by an authorized user before the administration of I-131 sodium iodide greater than 1.11 megabecquerels (30 microcuries), any therapeutic dosage of unsealed radioactive material or any therapeutic dose of radiation from radioactive material.

If, because of the emergent nature of the patient's condition, a delay in order to provide a written directive would jeopardize the patient's health, an oral directive is acceptable. The information contained in the oral directive must be documented as soon as possible in writing in the patient's record. A written directive must be prepared within 48 hours of the oral directive.

(2) The written directive must contain the patient or human research subject's name and the following information:

(a) For any administration of quantities greater than 1.11 megabecquerels (30 microcuries) of sodium iodide I-131: The dosage;

(b) For an administration of a therapeutic dosage of unsealed radioactive material other than sodium iodide I-131: The radioactive drug, dosage, and route of administration;

(c) For gamma stereotactic radiosurgery: The total dose, treatment site, and values for the target coordinate settings per treatment for each anatomically distinct treatment site;

(d) For teletherapy: The total dose, dose per fraction, number of fractions, and treatment site;

(e) For high dose-rate remote afterloading brachytherapy: The radionuclide, treatment site, dose per fraction, number of fractions, and total dose;

(f) For permanent implant brachytherapy:

(i) Before implantation: The treatment site, the radionuclide, and the total source strength; and

(ii) After implantation but before the patient leaves the post-treatment recovery area: The treatment site, the number of sources implanted, the total source strength implanted, and the date; or

(g) For all other brachytherapy, including low, medium, and pulsed dose rate remote afterloaders:

(i) Before implantation: The treatment site, the radionuclide, and dose; and

(ii) After implantation but before completion of the procedure: The radionuclide, treatment site, number of sources, and total source strength and exposure time (or the total dose), and date.

(3) (a) A written revision to an existing written directive may be made if the revision is dated and signed by an authorized user before the administration of the dosage of unsealed radioactive material, the brachytherapy dose, the gamma stereotactic radiosurgery dose, the teletherapy dose, or the next fractional dose.

(b) If, because of the patient's condition, a delay in order to provide a written revision to an existing written directive would jeopardize the patient's health, an oral revision to an existing written directive is acceptable. The oral revision must be documented as soon as possible in the patient's record. A revised written directive must be signed by the authorized user within 48 hours of the oral revision.

(4) The licensee shall retain a copy of the written directive in accordance with WAC 246-240-557.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-060, filed 9/20/22, effective 10/21/22. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-060, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-060, filed 2/6/06, effective 3/9/06.]

WAC 246-240-063 Procedures for administrations requiring a written directive. (1) For any administration requiring a written directive, the licensee shall develop, implement, and maintain written procedures to provide high confidence that:

(a) The patient's or human research subject's identity is verified before each administration; and

(b) Each administration is in accordance with the written directive.

(2) At a minimum, the procedures required by subsection (1) of this section must address the following items that are applicable to the licensee's use of radioactive material:

(a) Verifying the identity of the patient or human research subject;

(b) Verifying that the administration is in accordance with the treatment plan, if applicable, and the written directive;

(c) Checking both manual and computer-generated dose calculations;

(d) Verifying that any computer-generated dose calculations are correctly transferred into the consoles of therapeutic medical units authorized by WAC 246-240-351 or 246-240-501;

(e) Determining if a medical event, as defined in WAC 246-240-651, has occurred; and

(f) Determining, for permanent implant brachytherapy, within 60 calendar days from the date the implant was performed, the total source strength administered outside of the treatment site compared to the total source strength documented in the post-implantation portion of the written directive, unless a written justification of patient unavailability is documented.

(3) A licensee shall retain a copy of the procedures required under subsection (1) of this section in accordance with WAC 246-240-560.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-063, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-063, filed 2/6/06, effective 3/9/06.]

WAC 246-240-066 Suppliers for sealed sources or devices

for medical use. For medical use, a licensee may only use:

(1) Sealed sources or devices manufactured, labeled, packaged, and distributed in accordance with a license issued under WAC 246-235-102.

(2) Sealed sources or devices noncommercially transferred from NRC or an agreement state medical use licensee; or

(3) Teletherapy sources manufactured and distributed in accordance with a license issued under chapter 246-232 WAC.

[Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-066, filed 5/7/13, effective 6/7/13; WSR 07-14-131, § 246-240-066, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-066, filed 2/6/06, effective 3/9/06.]

WAC 246-240-069 Training for radiation safety officer and

associate radiation safety officer. Except as provided in WAC 246-240-078, the licensee shall require an individual fulfilling

the responsibilities of the radiation safety officer or an individual assigned duties and tasks as an associate radiation safety officer under WAC 246-240-051 to be an individual who:

(1) Is certified by a specialty board whose certification process has been recognized by the department, NRC, or an agreement state, and who meets the requirements of subsection (4) of this section. The names of board certifications that have been recognized by the department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page. To have its certification process recognized, a specialty board shall require all candidates for certification to:

(a) (i) Hold a bachelor's or graduate degree from an accredited college or university in physical science or engineering or biological science with a minimum of 20 college credits in physical science;

(ii) Have five or more years of professional experience in health physics (graduate training may be substituted for no more than two years of the required experience) including at least three years in applied health physics; and

(iii) Pass an examination administered by diplomates of the specialty board, which evaluates knowledge and competence in radiation physics and instrumentation, radiation protection, mathematics pertaining to the use and measurement of radioactivity, radiation biology, and radiation dosimetry; or

(b) (i) Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university;

(ii) Have two years of full-time practical training or supervised experience in medical physics:

(A) Under the supervision of a medical physicist who is certified in medical physics by a specialty board recognized by NRC or an agreement state; or

(B) In clinical nuclear medicine facilities providing diagnostic or therapeutic services under the direction of physicians who meet the requirements for authorized users in WAC 246-240-078, 246-240-163 or 246-240-210; and

(iii) Pass an examination, administered by diplomates of the specialty board, that assesses knowledge and competence in

clinical diagnostic radiological or nuclear medicine physics and
in radiation safety; or

(2) (a) Has completed a structured educational program
consisting of both:

(i) Two hundred hours of classroom and laboratory training
in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of
radioactivity;

(D) Radiation biology; and

(E) Radiation dosimetry; and

(ii) One year of full-time radiation safety experience
under the supervision of the individual identified as the
radiation safety officer on a department, NRC, or an agreement
state license or permit issued by an NRC master material
licensee that authorizes similar types of uses of radioactive
material. An associate radiation safety officer may provide
supervision for those areas for which the associate radiation
safety officer is authorized on a department, NRC, or an

agreement state license or permit issued by an NRC master material licensee. The full-time radiation safety experience must involve the following:

(A) Shipping, receiving, and performing related radiation surveys;

(B) Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and instruments used to measure radionuclides;

(C) Securing and controlling radioactive material;

(D) Using administrative controls to avoid mistakes in the administration of radioactive material;

(E) Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures;

(F) Using emergency procedures to control radioactive material; and

(G) Disposing of radioactive material; and

(b) This individual must obtain a written attestation, signed by a preceptor radiation safety officer or associate radiation safety officer who has experience with the radiation safety aspects of similar types of use of radioactive material

for which the individual is seeking approval as a radiation safety officer or an associate radiation safety officer. The written attestation must state that the individual has satisfactorily completed the requirements in (a) of this subsection and subsection (4) of this section, and is able to independently fulfill the radiation safety-related duties as a radiation safety officer or as an associate radiation safety officer for a medical use license; or

(3) (a) Is a medical physicist who has been certified by a specialty board whose certification process has been recognized by the department, NRC, or an agreement state under WAC 246-240-072 and has experience in radiation safety for similar types of use of radioactive material for which the licensee is seeking the approval of the individual as radiation safety officer or associate radiation safety officer, and who meets the requirements in subsection (4) of this section; or

(b) Is an authorized user, authorized medical physicist, or authorized nuclear pharmacist identified on a department, NRC, or an agreement state license, a permit issued by an NRC master material licensee, a permit issued by the department, NRC, or an

agreement state licensee of broad scope, or an NRC master material license broad scope permittee, has experience with the radiation safety aspects of similar types of use of radioactive material for which the licensee seeks the approval of the individual as the radiation safety officer or associate radiation safety officer and meets the requirements in subsection (4) of this section; or

(c) Has experience with the radiation safety aspects of the types of use of radioactive material for which the individual is seeking simultaneous approval both as the radiation safety officer and the authorized user on the same new medical use license or new medical use permit issued by an NRC master material licensee. The individual must also meet the requirements in subsection (4) of this section.

(4) Has training in the radiation safety, regulatory issues, and emergency procedures for the types of use for which a licensee seeks approval. This training requirement may be satisfied by completing training that is supervised by an authorized medical physicist, authorized user, authorized nuclear pharmacist, radiation safety officer, or an associate

radiation safety officer, as appropriate, who is authorized for the types of use for which the licensee is seeking approval.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-069, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-069, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-069, filed 1/18/11, effective 2/18/11; WSR 07-14-131, § 246-240-069, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-069, filed 2/6/06, effective 3/9/06.]

WAC 246-240-072 Training for an authorized medical

physicist. Except as provided in WAC 246-240-078, the licensee shall require the authorized medical physicist to be an individual who:

(1) Is certified by a specialty board whose certification process has been recognized by the department, NRC, or an agreement state and who meets the requirements in subsection (3) of this section. The names of board certifications that have been recognized by the department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page. To have its certification process recognized, a specialty board shall require all candidates for certification to:

(a) Hold a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university;

(b) Have two years of full-time practical training and/or supervised experience in medical physics:

(i) Under the supervision of a medical physicist who is certified in medical physics by a specialty board recognized by the department, NRC, or an agreement state; or

(ii) In clinical radiation facilities providing high energy, external beam therapy (photons and electrons with energies greater than or equal to one million electron volts) and brachytherapy services under the direction of physicians who meet the requirements for authorized users in WAC 246-240-078, 246-240-278 or 246-240-399;

(c) Pass an examination, administered by diplomates of the specialty board, which assesses knowledge and competence in clinical radiation therapy, radiation safety, calibration, quality assurance, and treatment planning for external beam therapy, brachytherapy, and stereotactic radiosurgery; or

(2) (a) Holds a master's or doctor's degree in physics, medical physics, other physical science, engineering, or applied mathematics from an accredited college or university; and has completed one year of full-time training in medical physics and an additional year of full-time work experience under the supervision of an individual who meets the requirements for an authorized medical physicist for the types of use for which the individual is seeking authorization. This training and work experience must be conducted in clinical radiation facilities that provide high energy, external beam therapy (photons and electrons with energies greater than or equal to 1,000,000 electron volts) and brachytherapy services and must include:

(i) Performing sealed source leak tests and inventories;

(ii) Performing decay corrections;

(iii) Performing full calibration and periodic spot checks of external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and

(iv) Conducting radiation surveys around external beam treatment units, stereotactic radiosurgery units, and remote afterloading units as applicable; and

(b) Has obtained written attestation that the individual has satisfactorily completed the requirements in (a) of this subsection and subsection (3) of this section, and is able to independently fulfill the radiation safety-related duties as an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status. The written attestation must be signed by a preceptor authorized medical physicist who meets the requirements in WAC 246-240-072, 246-240-078, or equivalent NRC or agreement state requirements for an authorized medical physicist for each type of therapeutic medical unit for which the individual is requesting authorized medical physicist status.

(3) Has training for the types of use for which authorization is sought that includes hands-on device operation, safety procedures, clinical use, and the operation of a treatment planning system. This training requirement may be satisfied by satisfactorily completing either a training program provided by the vendor or by training supervised by an

authorized medical physicist authorized for the types of use for which the individual is seeking authorization.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-072, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-072, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-072, filed 1/18/11, effective 2/18/11; WSR 07-14-131, § 246-240-072, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-072, filed 2/6/06, effective 3/9/06.]

WAC 246-240-075 Training for an authorized nuclear

pharmacist. Except as provided in WAC 246-240-078, the licensee shall require the authorized nuclear pharmacist to be a pharmacist who:

(1) Is certified by a specialty board whose certification process has been recognized by the department, NRC, or an agreement state. The names of board certifications that have been recognized by the department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page. To have its certification process recognized, a specialty board shall require all candidates for certification to:

(a) Have graduated from a pharmacy program accredited by the Accreditation Council for Pharmacy Education (ACPE) American Council on Pharmaceutical Education or have passed the Foreign Pharmacy Graduate Examination Committee (FPGEC) examination;

(b) Hold a current, active license to practice pharmacy;

(c) Provide evidence of having acquired at least 4,000 hours of training/experience in nuclear pharmacy practice. Academic training may be substituted for no more than 2,000 hours of the required training and experience; and

(d) Pass an examination in nuclear pharmacy administered by diplomates of the specialty board, which assesses knowledge and competency in procurement, compounding, quality assurance, dispensing, distribution, health and safety, radiation safety, provision of information and consultation, monitoring patient outcomes, research and development; or

(2) (a) Has completed 700 hours in a structured educational program consisting of both:

(i) Two hundred hours of classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

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(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity;

(D) Chemistry of radioactive material for medical use; and

(E) Radiation biology; and

(ii) Supervised practical experience in a nuclear pharmacy involving:

(A) Shipping, receiving, and performing related radiation surveys;

(B) Using and performing checks for proper operation of instruments used to determine the activity of dosages, survey meters, and, if appropriate, instruments used to measure alpha- or beta-emitting radionuclides;

(C) Calculating, assaying, and safely preparing dosages for patients or human research subjects;

(D) Using administrative controls to avoid medical events in the administration of radioactive material; and

(E) Using procedures to prevent or minimize radioactive contamination and using proper decontamination procedures; and

(b) Has obtained written attestation, signed by a preceptor authorized nuclear pharmacist, that the individual has satisfactorily completed the requirements in (a) of this subsection and is able to independently fulfill the radiation safety-related duties as an authorized nuclear pharmacist. [Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-075, filed 9/20/22, effective 10/21/22. Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-075, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-075, filed 1/18/11, effective 2/18/11; WSR 06-05-019, § 246-240-075, filed 2/6/06, effective 3/9/06.]

WAC 246-240-078 Training for experienced radiation safety officer, teletherapy or medical physicist, authorized medical physicist, authorized user, nuclear pharmacist, and authorized nuclear pharmacist. (1)(a) An individual identified on a department, NRC, or an agreement state license; or a permit issued by a department, NRC, or an agreement state broad scope licensee or master material license permit; or by a master material license permittee of broad scope as a radiation safety officer, a teletherapy or medical physicist, an authorized

medical physicist, a nuclear pharmacist or authorized nuclear pharmacist on or before January 14, 2019, need not comply with the training requirements of WAC 246-240-069, 246-240-072, or 246-240-075, respectively except the radiation safety officers and authorized medical physicists identified in this subsection must meet the training requirements in WAC 246-240-069(4) or 246-240-072(3), as appropriate, for any material or uses for which they were not authorized prior to this date.

(b) Any individual certified by the American Board of Health Physics in Comprehensive Health Physics; American Board of Radiology; American Board of Nuclear Medicine; American Board of Science in Nuclear Medicine; Board of Pharmaceutical Specialties in Nuclear Pharmacy; American Board of Medical Physics in radiation oncology physics; Royal College of Physicians and Surgeons of Canada in nuclear medicine; American Osteopathic Board of Radiology; or American Osteopathic Board of Nuclear Medicine on or before October 24, 2005, need not comply with the training requirements of WAC 246-240-069 to be identified as a radiation safety officer or as an associate radiation safety officer on a department, NRC, or an agreement

state license or NRC master material license permit for those materials and uses that these individuals performed on or before October 24, 2005.

(c) Any individual certified by the American Board of Radiology in therapeutic radiological physics, Roentgen ray and gamma ray physics, X-ray and radium physics, or radiological physics, or certified by the American Board of Medical Physics in radiation oncology physics, on or before October 24, 2005, need not comply with the training requirements for an authorized medical physicist described in WAC 246-240-072, for those materials and uses that these individuals performed on or before October 24, 2005.

(d) A radiation safety officer, a medical physicist, or a nuclear pharmacist, who used only accelerator-produced radioactive materials, discrete sources of radium-226, or both, for medical uses or in the practice of nuclear pharmacy at a government agency or federally recognized Indian tribe before November 30, 2007, or at all other locations of use before August 8, 2009, or an earlier date as noticed by the NRC, need not comply with the training requirements of WAC 246-240-069,

246-240-072 or 246-240-075, respectively, when performing the same uses. A nuclear pharmacist, who prepared only radioactive drugs containing accelerator-produced radioactive materials, or a medical physicist, who used only accelerator-produced radioactive materials, at the locations and during the time period identified in this subsection, qualifies as an authorized nuclear pharmacist or an authorized medical physicist, respectively, for those materials and uses performed before these dates, for the purposes of this chapter.

(2) (a) Physicians, dentists, or podiatrists identified as authorized users for the medical use of radioactive material on a license issued by the department, NRC, or an agreement state, a permit issued by an NRC master material license, a permit issued by a department, NRC, or an agreement state broad scope licensee, or permit issued by an NRC master material license broad scope permittee on or before January 14, 2019, who perform only those medical uses for which they were authorized on or before that date need not comply with the training requirements of WAC 246-240-151 through 246-240-399.

(b) Physicians, dentists, or podiatrists not identified as authorized users for the medical use of radioactive material on a license issued by the department, NRC, or an agreement state, a permit issued by an NRC master material licensee, a permit issued by the department, NRC, or an agreement state broad scope licensee, or a permit issued in accordance with ~~an~~ a Commission ~~NRC~~ master material broad scope license on or before October 24, 2005, need not comply with the training requirements of WAC 246-240-151 through 246-240-399 for those materials and uses that these individuals performed on or before October 24, 2005, as follows:

(i) For uses authorized under WAC 246-240-151 or 246-240-157, or oral administration of sodium iodide I-131 requiring a written directive for imaging and localization purposes, a physician who was certified on or before October 24, 2005, in nuclear medicine by the American Board of Nuclear Medicine; diagnostic radiology by the American Board of Radiology; diagnostic radiology or radiology by the American Osteopathic Board of Radiology; nuclear medicine by the Royal College of

Physicians and Surgeons of Canada; or American Osteopathic Board of Nuclear Medicine in nuclear medicine;

(ii) For uses authorized under WAC 246-240-201, a physician who was certified on or before October 24, 2005, by the American Board of Nuclear Medicine; the American Board of Radiology in radiology, therapeutic radiology, or radiation oncology; nuclear medicine by the Royal College of Physicians and Surgeons of Canada; or the American Osteopathic Board of Radiology after 1984;

(iii) For uses authorized under WAC 246-240-251 or 246-240-351, a physician who was certified on or before October 24, 2005, in radiology, therapeutic radiology or radiation oncology by the American Board of Radiology; radiation oncology by the American Osteopathic Board of Radiology; radiology, with specialization in radiotherapy, as a British "Fellow of the Faculty of Radiology" or "Fellow of the Royal College of Radiology"; or therapeutic radiology by the Canadian Royal College of Physicians and Surgeons; and

(iv) For uses authorized under WAC 246-240-301, a physician who was certified on or before October 24, 2005, in radiology,

diagnostic radiology, therapeutic radiology, or radiation oncology by the American Board of Radiology; nuclear medicine by the American Board of Nuclear Medicine; diagnostic radiology or radiology by the American Osteopathic Board of Radiology; or nuclear medicine by the Royal College of Physicians and Surgeons of Canada.

(c) Physicians, dentists, or podiatrists who used only accelerator-produced radioactive materials, discrete sources of radium-226, or both, for medical uses performed at a government agency or federally recognized Indian tribe before November 30, 2007, or at all other locations of use before August 8, 2009, or an earlier date as noticed by the NRC, need not comply with the training requirements of WAC 246-240-151 through 246-240-399 of this chapter when performing the same medical uses. A physician, dentist, or podiatrist, who used only accelerator-produced radioactive materials, discrete sources of radium-226, or both, for medical uses at the locations and time period identified in this subsection, qualifies as an authorized user for those materials and uses performed before these dates, for the purposes of this chapter.

(3) Individuals who need not comply with training requirements as described in this section may serve as preceptors for, and supervisors of, applicants seeking authorization on state of Washington radioactive materials licenses for the same uses for which these individuals are authorized.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-078, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-078, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-078, filed 1/18/11, effective 2/18/11; WSR 06-05-019, § 246-240-078, filed 2/6/06, effective 3/9/06.]

WAC 246-240-081 Recentness of training. Training and experience specified in WAC 246-240-069, 246-240-072, 246-240-075, 246-240-078, 246-240-154, 246-240-163, 246-240-210, 246-240-213, 246-240-216, 246-240-278, 246-240-281, and 246-240-399, must have been obtained within the seven years preceding the date of application or the individual must have had related continuing education and experience since the required training and experience was completed.

[Statutory Authority: RCW 70.98.050. WSR 07-14-131, § 246-240-081, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-081, filed 2/6/06, effective 3/9/06.]

WAC 246-240-101 Possession, use, and calibration of instruments used to measure the activity of unsealed radioactive material. (1) For direct measurements performed in accordance with WAC 246-240-107, a licensee shall possess and use instrumentation to measure the activity of unsealed radioactive material before it is administered to each patient or human research subject.

(2) A licensee shall calibrate the instrumentation required in subsection (1) of this section in accordance with nationally recognized standards or the manufacturer's instructions.

(3) A licensee shall retain a record of each instrument calibration required by this section in accordance with WAC 246-240-563.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-101, filed 2/6/06, effective 3/9/06.]

GENERAL TECHNICAL REQUIREMENTS

WAC 246-240-104 Calibration of survey instruments. (1) A

licensee shall calibrate the survey instruments used to show compliance with this section and WAC 246-240-587 before first use, annually, and following a repair that affects the calibration. A licensee shall:

(a) Calibrate all scales with readings up to 10 mSv (1000 mrem) per hour with a radiation source;

(b) Calibrate two separated readings on each scale or decade that will be used to show compliance; and

(c) Conspicuously note on the instrument the date of calibration.

(2) A licensee may not use survey instruments if the difference between the indicated exposure rate and the calculated exposure rate is more than 20 percent.

(3) A licensee shall retain a record of each survey instrument calibration in accordance with WAC 246-240-566. [Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-104, filed 9/20/22, effective 10/21/22. Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-104, filed 2/6/06, effective 3/9/06.]

WAC 246-240-107 Determination of dosages of unsealed

radioactive material for medical use. (1) A licensee shall determine and record the activity of each dosage before medical use.

(2) For a unit dosage, this determination must be made by:

(a) Direct measurement of radioactivity; or

(b) A decay correction, based on the activity or activity concentration determined by:

(i) A manufacturer, producer, or preparer licensed under WAC 246-235-100 or equivalent NRC or agreement state requirements; or

(ii) An agreement state or NRC licensee for use in research in accordance with a radioactive drug research committee-approved protocol or an investigational new drug protocol accepted by FDA.

(3) For other than unit dosages, this determination must be made by:

(a) Direct measurement of radioactivity;

(b) Combination of measurement of radioactivity and mathematical calculations; or

(c) Combination of volumetric measurements and mathematical calculations, based on the measurement made by a manufacturer, producer, or preparer licensed under WAC 246-235-100 or equivalent agreement state requirements.

(4) Unless otherwise directed by the authorized user, a licensee may not use a dosage if the dosage does not fall within the prescribed dosage range or if the dosage differs from the prescribed dosage by more than 20 percent.

(5) A licensee shall retain a record of the dosage determination required by this section in accordance with WAC 246-240-569.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-107, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-107, filed 5/7/13, effective 6/7/13. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-107, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-107, filed 2/6/06, effective 3/9/06.]

WAC 246-240-110 Authorization for calibration, transmission, and reference sources. (1) Any person authorized by WAC 246-240-016 for medical use of radioactive material may

receive, possess, and use any of the following radioactive material for check, calibration, transmission, and reference use:

(a) Sealed sources, not exceeding 1.11 gigabecquerels (30 millicuries) each, manufactured and distributed by a person licensed under WAC 246-235-102 or equivalent agreement state or NRC regulations;

(b) Sealed sources, not exceeding 1.11 gigabecquerels (30 millicuries) each, redistributed by a licensee authorized to redistribute the sealed sources manufactured and distributed by a person licensed under WAC 246-235-102, or equivalent agreement state or NRC regulations, provided the redistributed sealed sources are in the original packaging and shielding and are accompanied by the manufacturer's approved instructions;

(c) Any radioactive material with a half-life not longer than 120 days in individual amounts not to exceed 0.56 gigabecquerels (15 millicuries);

(d) Any radioactive material with a half-life longer than 120 days in individual amounts not to exceed the smaller of 7.4

megabecquerels (200 microcuries) or 1,000 times the quantities in Schedule B of WAC 246-232-120; or

(e) Technetium-99m in amounts as needed.

(2) Radioactive material in sealed sources authorized by this provision shall not be:

(a) Used for medical use as defined in WAC 246-240-010, except in accordance with the requirements in WAC 246-240-301; or

(b) Combined, such as bundled or aggregated, to create an activity greater than the maximum activity of any single sealed source authorized under this section.

(3) A licensee using calibration, transmission, and reference sources in accordance with the requirements in subsection (1) or (2) of this section need not list these sources on a specific medical use license.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-110, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-110, filed 5/7/13, effective 6/7/13. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-110, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050.

WSR 07-14-131, § 246-240-110, filed 7/3/07, effective 8/3/07;
WSR 06-05-019, § 246-240-110, filed 2/6/06, effective 3/9/06.]

WAC 246-240-113 Requirements for possession of sealed sources and brachytherapy sources. (1) A licensee in possession of any sealed source or brachytherapy source shall follow the radiation safety and handling instructions supplied by the manufacturer.

(2) A licensee in possession of a sealed source shall:

(a) Test the source for leakage before its first use unless the licensee has a certificate from the supplier indicating that the source was tested within six months before transfer to the licensee; and

(b) Test the source for leakage at intervals not to exceed six months or at other intervals approved by the department, NRC, or an agreement state in the sealed source and device registry.

(3) To satisfy the leak test requirements of this section, the licensee shall ensure the sample is analyzed by such method

that the leak test can detect the presence of 185 becquerels (0.005 microcuries) of radioactive material in the sample.

(4) A licensee shall retain leak test records in accordance with WAC 246-240-572(1).

(5) If the leak test reveals the presence of 185 becquerels (0.005 microcurie) or more of removable contamination, the licensee shall:

(a) Immediately withdraw the sealed source from use and store, dispose, or cause it to be repaired in accordance with the requirements in chapters 246-221 and 246-232 WAC; and

(b) File a report within five days of the leak test in accordance with WAC 246-240-657.

(6) A licensee need not perform a leak test on the following sources:

(a) Sources containing only radioactive material with a half-life of less than 30 days;

(b) Sources containing only radioactive material as a gas;

(c) Sources containing 3.7 megabecquerels (100 microcuries) or less of beta- or gamma-emitting material or 0.37

megabecquerel (10 microcuries) or less of alpha-emitting material;

(d) Seeds of iridium-192 encased in nylon ribbon; and

(e) Sources stored and not being used. However, the licensee shall test each source for leakage before any use or transfer unless it has been leak tested within six months before the date of use or transfer.

(7) A licensee in possession of sealed sources or brachytherapy sources, except for gamma stereotactic radiosurgery sources, shall conduct a physical inventory of all the sources in its possession at intervals not to exceed six months. The licensee shall retain each inventory record in accordance with WAC 246-240-572.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-113, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-113, filed 5/7/13, effective 6/7/13. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-113, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-113, filed 2/6/06, effective 3/9/06.]

WAC 246-240-116 Labeling of vials and syringes. Each syringe and vial that contains unsealed radioactive material must be labeled to identify the radioactive drug. Each syringe shield and vial shield must also be labeled unless the label on the syringe or vial is visible when shielded.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-116, filed 2/6/06, effective 3/9/06.]

WAC 246-240-119 Surveys of ambient radiation exposure rate. (1) In addition to the surveys required by chapter 246-221 WAC, a licensee shall survey with a radiation detection survey instrument at the end of each day of use. A licensee shall survey all areas where unsealed radioactive material requiring a written directive was prepared for use or administered.

(2) A licensee does not need to perform the surveys required by subsection (1) of this section in areas where patients or human research subjects are confined when they cannot be released under WAC 246-240-122.

(3) A licensee shall retain a record of each survey in accordance with WAC 246-240-575.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-119, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-119, filed 2/6/06, effective 3/9/06.]

WAC 246-240-122 Release of individuals containing unsealed radioactive material or implants containing radioactive

material. (1) A licensee may authorize the release from its control of any individual who has been administered unsealed radioactive material or implants containing radioactive material if the total effective dose equivalent to any other individual from exposure to the released individual is not likely to exceed five mSv (0.5 rem).

(2) A licensee shall provide the released individual, or the individual's parent or guardian, with instructions, including written instructions, on actions recommended to maintain doses to other individuals as low as is reasonably achievable if the total effective dose equivalent to any other individual is likely to exceed one mSv (0.1 rem). If the total

effective dose equivalent to a nursing infant or child could exceed one mSv (0.1 rem) assuming there were no interruption of breast-feeding, the instructions must also include:

(a) Guidance on the interruption or discontinuation of breast-feeding; and

(b) Information on the potential consequences, if any, of failure to follow the guidance.

(3) A licensee shall maintain a record of the basis for authorizing the release of an individual in accordance with WAC 246-240-578(1).

(4) The licensee shall maintain a record of instructions provided to a breast-feeding female in accordance with WAC 246-240-578(2). NUREG-1556, Vol. 9, "*Consolidated Guidance About Materials Licenses: Program-Specific Guidance About Medical Licenses*," describes methods for calculating doses to other individuals and contains tables of activities not likely to cause doses exceeding five mSv (0.5 rem).

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-122, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-122, filed 2/6/06, effective 3/9/06.]

WAC 246-240-125 Provision of mobile medical service. (1)

A licensee who provides mobile medical service shall:

(a) Obtain a letter signed by the management of each client to whom services are rendered that permits the use of radioactive material at the client's address and clearly delineates the authority and responsibility of the licensee and the client;

(b) Check instruments used to measure the activity of unsealed radioactive material for proper function before medical use at each client's address or on each day of use, whichever is more frequent. At a minimum, the check for proper function required by this section must include a constancy check;

(c) Check survey instruments for proper operation with a dedicated check source before use at each client's address; and

(d) Before leaving a client's address, survey all areas of use to ensure compliance with chapter 246-221 WAC.

(2) A mobile medical service may not have radioactive material delivered from the manufacturer or the distributor to the client unless the client has a license allowing possession

of the radioactive material. Radioactive material delivered to the client must be received and handled in conformance with the client's license.

(3) A licensee providing mobile medical services shall retain the letter required in subsection (1) (a) of this section and the record of each survey required in subsection (1) (d) of this section in accordance with WAC 246-240-581.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-125, filed 2/6/06, effective 3/9/06.]

WAC 246-240-128 Decay-in-storage. (1) A licensee may hold radioactive material with a physical half-life of less than 120 days for decay-in-storage before disposal without regard to its radioactivity if it:

(a) Monitors radioactive material at the surface before disposal and determines that its radioactivity cannot be distinguished from the background radiation level with an appropriate radiation detection survey meter set on its most sensitive scale and with no interposed shielding; and

(b) Removes or obliterates all radiation labels, except for radiation labels on materials that are within containers and that will be managed as biomedical waste after they have been released from the licensee.

(2) A licensee shall retain a record of each disposal permitted under subsection (1) of this section in accordance with WAC 246-240-584.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-128, filed 9/20/22, effective 10/21/22.
Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-128, filed 2/6/06, effective 3/9/06.]

WAC 246-240-151 Use of unsealed radioactive material for uptake, dilution, and excretion studies for which a written directive is not required. Except for quantities that require a written directive under WAC 246-240-060(2), a licensee may use any unsealed radioactive material prepared for medical use for uptake, dilution, or excretion studies that is:

(1) Obtained from a manufacturer, producer, or preparer licensed under WAC 246-235-100(1) or equivalent NRC or agreement state requirements; or

(2) Prepared by an authorized nuclear pharmacist, or a physician who is an authorized user and who meets the requirements specified in WAC 246-240-163, or 246-240-210 and 246-240-163 (3) (a) (ii) (G), or an individual under the supervision of either as specified in WAC 246-240-057; or

(3) Obtained from and prepared by an agreement state or NRC licensee for use in research in accordance with a radioactive drug research committee-approved protocol or an investigational new drug protocol accepted by FDA; or

(4) Prepared by the licensee for use in research in accordance with a radioactive drug research committee-approved application or an investigational new drug protocol accepted by FDA.

[Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-151, filed 5/7/13, effective 6/7/13. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-151, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 07-14-131, § 246-240-151, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-151, filed 2/6/06, effective 3/9/06.]

**UNSEALED RADIOACTIVE MATERIAL - WRITTEN DIRECTIVE NOT
REQUIRED**

WAC 246-240-154 Training for uptake, dilution, and excretion studies. Except as provided in WAC 246-240-078, the licensee shall require an authorized user of unsealed radioactive material for the uses authorized under WAC 246-240-151 to be a physician who:

(1) Is certified by a medical specialty board whose certification process has been recognized by the department, NRC, or an agreement state. The names of board certifications that have been recognized by the department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page. To have its certification process recognized, a specialty board shall require all candidates for certification to:

(a) Complete 60 hours of training and experience in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed radioactive material for uptake, dilution, and excretion studies as described in subsection (3)(a)(i) through (ii)(F) of this section; and

(b) Pass an examination, administered by diplomates of the specialty board, which assesses knowledge and competence in radiation safety, radionuclide handling, and quality control; or

(2) Is an authorized user under WAC 246-240-163 or 246-240-210 or equivalent agreement state or NRC requirements; or

(3) (a) Has completed 60 hours of training and experience, including a minimum of eight hours of classroom and laboratory training, in basic radionuclide handling techniques applicable to the medical use of unsealed radioactive material for uptake, dilution, and excretion studies. The training and experience must include:

(i) Classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity;

(D) Chemistry of radioactive material for medical use; and

(E) Radiation biology; and

(ii) Work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-078, 246-240-154, 246-240-163, or 246-240-210 or equivalent NRC or agreement state requirements, involving:

(A) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(B) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

(C) Calculating, measuring, and safely preparing patient or human research subject dosages;

(D) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;

(E) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures; and

(F) Administering dosages of radioactive drugs to patients or human research subjects; and

(b) Has obtained written attestation that the individual has satisfactorily completed the requirements in (a) of this subsection and is able to independently fulfill the radiation

safety-related duties as an authorized user for the medical uses authorized under WAC 246-240-151. The attestation must be obtained from either:

(i) A preceptor authorized user who meets the requirements in WAC 246-240-078, 246-240-154, 246-240-163, or 246-240-210, or equivalent NRC or agreement state requirements; or

(ii) A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in WAC 246-240-078, 246-240-154, 246-240-163, or 246-240-210, or equivalent NRC or agreement state requirements, and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in (a) of this subsection.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-154, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-154, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-154, filed 1/18/11, effective 2/18/11; WSR 07-14-131, § 246-240-154, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-154, filed 2/6/06, effective 3/9/06.]

WAC 246-240-157 Use of unsealed radioactive material for imaging and localization studies for which a written directive is not required. Except for quantities that require a written directive under WAC 246-240-060(2), a licensee may use any unsealed radioactive material prepared for medical use for imaging and localization studies that is:

(1) Obtained from a manufacturer, producer, or preparer licensed under WAC 246-235-100(1) or equivalent agreement state or NRC requirements; or

(2) Prepared by an authorized nuclear pharmacist, a physician who is an authorized user and who meets the requirements specified in WAC 246-240-163, or 246-240-210 and 246-240-163 (3) (a) (ii) (G), or an individual under the supervision of either as specified in WAC 246-240-057;

(3) Obtained from and prepared by an agreement state or NRC licensee for use in research in accordance with a radioactive drug research committee-approved protocol or an investigational new drug protocol accepted by FDA; or

(4) Prepared by the licensee for use in research in accordance with a radioactive drug research committee-approved application or an investigational new drug protocol accepted by FDA.

[Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-157, filed 5/7/13, effective 6/7/13. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-157, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 07-14-131, § 246-240-157, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-157, filed 2/6/06, effective 3/9/06.]

WAC 246-240-160 Permissible molybdenum-99, strontium-82, and strontium-85 concentrations. (1) A licensee may not administer to humans a radiopharmaceutical that contains more than:

(a) 0.15 kilobecquerel of molybdenum-99 per megabecquerel of technetium-99m (0.15 microcurie of molybdenum-99 per millicurie of technetium-99m); or

(b) 0.02 kilobecquerel of strontium-82 per megabecquerel of rubidium-82 chloride injection, (0.02 microcurie of strontium-82 per millicurie of rubidium-82 chloride); or

(c) 0.2 kilobecquerel of strontium-85 per megabecquerel of rubidium-82 chloride injection (0.2 microcurie of strontium-85 per millicurie of rubidium-82).

(2) A licensee that uses molybdenum-99/technetium-99m generators for preparing a technetium-99m radiopharmaceutical shall measure the molybdenum-99 concentration in each elute from a generator to demonstrate compliance with subsection (1) of this section.

(3) A licensee that uses a strontium-82/rubidium-82 generator for preparing a rubidium-82 radiopharmaceutical shall, before the first patient use of the day, measure the concentration of strontium-82 and strontium-85 to demonstrate compliance with subsection (1) of this section.

(4) If a licensee is required to measure the molybdenum-99 concentration, or strontium-82 and strontium-85 concentrations the licensee shall retain a record of each measurement in accordance with WAC 246-240-587.

(5) The licensee shall report any measurement that exceeds the limits in subsection (1) of this section at the time of generator elution, in accordance with WAC 246-240-660.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-160, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-160, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-160, filed 2/6/06, effective 3/9/06.]

WAC 246-240-163 Training for imaging and localization

studies. Except as provided in WAC 246-240-078, the licensee shall require an authorized user of unsealed radioactive material for the uses authorized under WAC 246-240-157 to be a physician who:

(1) Is certified by a medical specialty board whose certification process has been recognized by the department,

NRC, or an agreement state. The names of board certifications that have been recognized by the department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page. To have its certification process recognized, a specialty board shall require all candidates for certification to:

(a) Complete 700 hours of training and experience in basic radionuclide handling techniques and radiation safety applicable to the medical use of unsealed radioactive material for imaging and localization studies as described in subsection (3) (a) (i) through (ii) (G) of this section; and

(b) Pass an examination, administered by diplomates of the specialty board, which assesses knowledge and competence in radiation safety, radionuclide handling, and quality control; or

(2) Is an authorized user under WAC 246-240-210 and meets the requirements in subsection (3) (a) (ii) (G) of this section, or equivalent agreement state or NRC requirements; or

(3) (a) Has completed 700 hours of training and experience, including a minimum of 80 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable

to the medical use of unsealed radioactive material for imaging and localization studies. The training and experience must include, at a minimum:

(i) Classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity;

(D) Chemistry of radioactive material for medical use;

(E) Radiation biology; and

(ii) Work experience, under the supervision of an authorized user, who meets the requirements in WAC 246-240-078, 246-240-163, or 246-240-210 and (a)(ii)(G) of this subsection, or equivalent agreement state or NRC requirements. An authorized nuclear pharmacist who meets the requirements in WAC 246-240-075 or 246-240-078 may provide the supervised work experience for (a)(ii)(G) of this subsection. Work experience must involve:

(A) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(B) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

(C) Calculating, measuring, and safely preparing patient or human research subject dosages;

(D) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;

(E) Using procedures to safely contain spilled radioactive material and using proper decontamination procedures;

(F) Administering dosages of radioactive drugs to patients or human research subjects; and

(G) Eluting generator systems appropriate for preparation of radioactive drugs for imaging and localization studies, measuring and testing the eluate for radionuclidic purity, and processing the eluate with reagent kits to prepare labeled radioactive drugs; and

(b) Has obtained written attestation that the individual has satisfactorily completed the requirements in (a) of this subsection and is able to independently fulfill the radiation safety-related duties as an authorized user for the medical uses

authorized under WAC 246-240-151 and 246-240-157. The attestation must be obtained from either:

(i) A preceptor authorized user who meets the requirements in WAC 246-240-078, 246-240-163, or 246-240-210 and (a) (ii) (G) of this subsection, or equivalent NRC or agreement state requirements; or

(ii) A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in WAC 246-240-078, 246-240-163, or 246-240-210 and (a) (ii) (G) of this subsection or equivalent NRC or agreement state requirements, and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in (a) of this subsection.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-163, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-163, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-163, filed 1/18/11, effective 2/18/11; WSR 07-14-131, § 246-240-163, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-163, filed 2/6/06, effective 3/9/06.]

UNSEALED RADIOACTIVE MATERIAL - WRITTEN DIRECTIVE REQUIRED

WAC 246-240-201 Use of unsealed radioactive material for which a written directive is required. A licensee may use any unsealed radioactive material identified in WAC 246-240-210 (2)(a)(ii)(G) prepared for medical use and for which a written directive is required that is:

(1) Obtained from a manufacturer, producer, or preparer licensed under WAC 246-235-100(1) or equivalent agreement state or NRC requirements; or

(2) Prepared by an authorized nuclear pharmacist, a physician who is an authorized user and who meets the requirements specified in WAC 246-240-163 or 246-240-210, or an individual under the supervision of either as specified in WAC 246-240-057; or

(3) Obtained from and prepared by an agreement state or NRC licensee for use in research in accordance with an investigational new drug protocol accepted by FDA; or

(4) Prepared by the licensee for use in research in accordance with an investigational new drug protocol accepted by FDA.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-201, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-201, filed 5/7/13, effective 6/7/13. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-201, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-201, filed 2/6/06, effective 3/9/06.]

WAC 246-240-204 Safety instruction. In addition to the requirements of WAC 246-222-030:

(1) A licensee shall provide radiation safety instruction, initially and at least annually, to personnel caring for patients or human research subjects who cannot be released under WAC 246-240-122. To satisfy this requirement, the instruction must be commensurate with the duties of the personnel and include:

(a) Patient or human research subject control;

(b) Visitor control, including:

(i) Routine visitation to hospitalized individuals in accordance with WAC 246-221-060 (1)(a); and

(ii) Visitation authorized in accordance with WAC 246-221-060(2);

(c) Contamination control;

(d) Waste control; and

(e) Notification of the radiation safety officer, or their designee, and the authorized user if the patient or the human research subject has a medical emergency or dies.

(2) A licensee shall retain a record of individuals receiving instruction in accordance with WAC 246-240-590.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-204, filed 2/6/06, effective 3/9/06.]

WAC 246-240-207 Safety precautions. (1) For each patient or human research subject who cannot be released under WAC 246-240-122, a licensee shall:

(a) Quarter the patient or the human research subject either in:

(i) A private room with a private sanitary facility; or

(ii) A room, with a private sanitary facility, with another individual who also has received therapy with unsealed radioactive material and who also cannot be released under WAC 246-240-122;

(b) Visibly post the patient's or the human research subject's room with a "Caution-Radioactive Materials" sign.

(c) Note on the door or in the patient's or human research subject's chart where and how long visitors may stay in the patient's or the human research subject's room; and

(d) Either monitor material and items removed from the patient's or the human research subject's room to determine that their radioactivity cannot be distinguished from the natural background radiation level with a radiation detection survey instrument set on its most sensitive scale and with no interposed shielding, or handle the material and items as radioactive waste.

(2) A licensee shall notify the radiation safety officer, or their designee, and the authorized user as soon as possible if the patient or human research subject has a medical emergency or dies.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-207, filed 2/6/06, effective 3/9/06.]

WAC 246-240-210 Training for use of unsealed radioactive material for which a written directive is required. Except as provided in WAC 246-240-078, the licensee shall require an authorized user of unsealed radioactive material for the uses authorized under WAC 246-240-201 to be a physician who:

(1) Is certified by a medical specialty board whose certification process has been recognized by the department, NRC, or an agreement state and who meets the requirements in subsection (2) (a) (ii) (G) of this section. The names of board certifications that have been recognized by the department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page. To have its certification process

recognized, a specialty board shall require all candidates for certification to:

(a) Successfully complete a residency training in a radiation therapy or nuclear medicine training program or a program in a related medical specialty that includes 700 hours of training and experience as described in subsection (2) (a) (i) through (ii) (E) of this section. Eligible training programs must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the ~~((Committee))~~ Council on ~~((Postgraduate-))~~ Postdoctoral Training of the American Osteopathic Association; and

(b) Pass an examination, administered by diplomates of the specialty board, which tests knowledge and competence in radiation safety, radionuclide handling, quality assurance, and clinical use of unsealed radioactive material for which a written directive is required; or

(2) (a) Has completed 700 hours of training and experience, including a minimum of 200 hours of classroom and laboratory training, in basic radionuclide handling techniques applicable

to the medical use of unsealed radioactive material requiring a written directive. The training and experience must include:

(i) Classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity;

(D) Chemistry of radioactive material for medical use; and

(E) Radiation biology; and

(ii) Work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-078, or this section, or equivalent NRC or agreement state requirements. A supervising authorized user, who meets the requirements in this subsection, must also have experience in administering dosages in the same dosage category or categories (as in (a) (ii) (G) of this subsection) as the individual requesting authorized user status. The work experience must involve:

(A) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(B) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

(C) Calculating, measuring, and safely preparing patient or human research subject dosages;

(D) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;

(E) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures;

(F) (Reserved);

(G) Administering dosages of radioactive drugs to patients or human research subjects from the three categories in this subsection. Radioactive drugs containing radionuclides in categories not included in this subsection are regulated under WAC 246-240-501. This work experience must involve a minimum of three cases in each of the following categories for which the individual is requesting authorized user status:

(I) Oral administration of less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131 for which a written directive is required;

(II) Oral administration of greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131. Experience with at least three cases in this also satisfies the requirement in (a) (ii) (G) (I) of this subsection;

(III) Parenteral administration of any radioactive drug that contains a radionuclide that is primarily used for its electron emission, beta radiation characteristics, alpha radiation characteristics, or photon energy less than 150 keV for which a written directive is required; and

(b) Has obtained written attestation that the individual has satisfactorily completed the requirements in (a) of this subsection, and is able to independently fulfill all radiation safety-related duties as an authorized user for the medical uses authorized under WAC 246-240-201 for which the individual is requesting authorized user status. The written attestation must be obtained from either:

(i) A preceptor authorized user who meets the requirements in this section, WAC 246-240-078, 246-240-210, or equivalent NRC or agreement state requirements, and has experience in administering dosages in the same dosage category or categories (as in (a)(ii)(G) of this subsection) as the individual requesting authorized user status; or

(ii) A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in WAC 246-240-078, 246-240-210, or equivalent NRC or agreement state requirements, has experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status, and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic

Association and must include training and experience specified in (a) of this subsection.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-210, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 14-09-017, § 246-240-210, filed 4/7/14, effective 5/8/14; WSR 13-11-021, § 246-240-210, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-210, filed 1/18/11, effective 2/18/11; WSR 07-14-131, § 246-240-210, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-210, filed 2/6/06, effective 3/9/06.]

WAC 246-240-213 Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries).

Except as provided in WAC 246-240-078, the licensee shall require an authorized user for the oral administration of sodium iodide I-131 requiring a written directive in quantities less than or equal to 1.22 gigabecquerels (33 millicuries), to be a physician who:

(1) Is certified by a medical specialty board whose certification process includes all of the requirements in subsection (3)(a) and (b) of this section and whose

certification has been recognized by the department, NRC, or an agreement state. The names of board certifications that have been recognized by the department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page; or

(2) Is an authorized user under WAC 246-240-210 for uses listed in WAC 246-240-210 (2) (a) (ii) (G) (I) or (II), 246-240-216, or equivalent agreement state or NRC requirements; or

(3) (a) Has successfully completed 80 hours of classroom and laboratory training, applicable to the medical use of sodium iodide I-131 for procedures requiring a written directive. The training must include:

(i) Radiation physics and instrumentation;

(ii) Radiation protection;

(iii) Mathematics pertaining to the use and measurement of radioactivity;

(iv) Chemistry of radioactive material for medical use; and

(v) Radiation biology; and

(b) Has work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-078,

246-240-210, 246-240-213, 246-240-216, or equivalent agreement state or NRC requirements. A supervising authorized user who meets the requirements in WAC 246-240-210(2), must also have experience in administering dosages as specified in WAC 246-240-210 (2) (a) (ii) (G) (I) or (II). The work experience must involve:

(i) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(ii) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

(iii) Calculating, measuring, and safely preparing patient or human research subject dosages;

(iv) Using administrative controls to prevent a medical event involving the use of radioactive material;

(v) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures; and

(vi) Administering dosages to patients or human research subjects, that includes at least three cases involving the oral administration of less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131; and

(c) Has obtained written attestation that the individual has satisfactorily completed the requirements in (a) and (b) of this subsection and is able to independently fulfill the radiation safety-related duties as an authorized user for oral administration of less than or equal to 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131 for medical uses authorized under WAC 246-240-201. The written attestation must be obtained from either:

(i) A preceptor authorized user who meets the requirements in WAC 246-240-078, 246-240-210, 246-240-213, 246-240-216, or equivalent agreement state or NRC requirements, and has experience in administering dosages as specified in WAC 246-240-210 (2) (a) (ii) (G) (I) or (II); or

(ii) A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in WAC 246-240-078, 246-240-210, 246-240-213, 246-240-216, or equivalent NRC or agreement state requirements, has experience in administering dosages as specified in WAC 246-240-210 (2) (a) (ii) (G) (I) or

(II), and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in (a) and (b) of this subsection.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-213, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-213, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-213, filed 1/18/11, effective 2/18/11; WSR 07-14-131, § 246-240-213, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-213, filed 2/6/06, effective 3/9/06.]

WAC 246-240-216 Training for the oral administration of sodium iodide I-131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries). Except as provided in WAC 246-240-078, the licensee shall require an authorized user for the oral administration of sodium iodide I-

131 requiring a written directive in quantities greater than 1.22 gigabecquerels (33 millicuries), to be a physician who:

(1) Is certified by a medical specialty board whose certification process includes all of the requirements in subsection (3)(a) and (b) of this section and whose certification has been recognized by the department, NRC, or an agreement state. The names of board certifications that have been recognized by the department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page; or

(2) Is an authorized user under WAC 246-240-210 for uses listed in WAC 246-240-210 (2)(a)(ii)(G)(II), or equivalent agreement state or NRC requirements; or

(3)(a) Has successfully completed 80 hours of classroom and laboratory training, applicable to the medical use of sodium iodide I-131 for procedures requiring a written directive. The training must include:

- (i) Radiation physics and instrumentation;
- (ii) Radiation protection;

(iii) Mathematics pertaining to the use and measurement of radioactivity;

(iv) Chemistry of radioactive material for medical use; and

(v) Radiation biology; and

(b) Has work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-078, 246-240-210, 246-240-216, or equivalent agreement state or NRC requirements. A supervising authorized user, who meets the requirements in WAC 246-240-210(2), must also have experience in administering dosages as specified in WAC 246-240-210

(2) (a) (ii) (G) (II) .

The work experience must involve:

(i) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(ii) Performing quality control procedures on instruments used to determine the activity of dosages and performing checks for proper operation of survey meters;

(iii) Calculating, measuring, and safely preparing patient or human research subject dosages;

(iv) Using administrative controls to prevent a medical event involving the use of radioactive material;

(v) Using procedures to contain spilled radioactive material safely and using proper decontamination procedures; and

(vi) Administering dosages to patients or human research subjects, that includes at least three cases involving the oral administration of greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131; and

(c) Has obtained written attestation that the individual has satisfactorily completed the requirements in (a) and (b) of this subsection and is able to independently fulfill the radiation safety-related duties as an authorized user for oral administration of greater than 1.22 gigabecquerels (33 millicuries) of sodium iodide I-131 for medical uses authorized under WAC 246-240-201. The written attestation must be obtained from either:

(i) A preceptor authorized user who meets the requirements in WAC 246-240-078, 246-240-210, 246-240-216, or equivalent agreement state or NRC requirements, and has experience in

administering dosages as specified in WAC 246-240-210

(2) (a) (ii) (G) (II); or

(ii) A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in WAC 246-240-078, 246-240-210, 246-240-216, or equivalent NRC or agreement state requirements, has experience in administering dosages as specified in WAC 246-240-210 (2) (a) (ii) (G) (II), and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in (a) and (b) of this subsection.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-216, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-216, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-216, filed 1/18/11, effective 2/18/11; WSR 07-14-131, § 246-240-

216, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-216, filed 2/6/06, effective 3/9/06.]

WAC 246-240-219 Training for the parenteral administration of unsealed radioactive material requiring a written directive.

(1) Except as provided in WAC 246-240-078, the licensee shall require an authorized user for the parenteral administration requiring a written directive, to be a physician who:

(a) Is an authorized user under WAC 246-240-210 for uses listed in WAC 246-240-210 (2) (a) (ii) (G) (III), or equivalent agreement state or NRC requirements; or

(b) Is an authorized user under WAC 246-240-278 or 246-240-399, or equivalent agreement state or NRC requirements and who meets the requirements in subsection (2) of this section; or

(c) Is certified by a medical specialty board whose certification process has been recognized by the NRC or an agreement state under WAC 246-240-278 or 246-240-399, and who meets the requirements in subsection (2) of this section.

(2) The physician:

(a) Has successfully completed 80 hours of classroom and laboratory training, applicable to parenteral administrations listed in WAC 246-240-210 (2) (a) (ii) (G) (III). The training must include:

(i) Radiation physics and instrumentation;

(ii) Radiation protection;

(iii) Mathematics pertaining to the use and measurement of radioactivity;

(iv) Chemistry of radioactive material for medical use; and

(v) Radiation biology; and

(b) Has work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-078, 246-240-210, 246-240-219, or equivalent agreement state or NRC requirements, in the parenteral administrations listed in WAC 246-240-210 (2) (a) (ii) (G) (III). A supervising authorized user who meets the requirements in WAC 246-240-210, 246-240-219, or equivalent agreement state or NRC requirements, must have experience in administering dosages in the same category or categories as the individual requesting authorized user status. The work experience must involve:

(i) Ordering, receiving, and unpacking radioactive materials safely, and performing the related radiation surveys;

(ii) Performing quality control procedures on instruments used to determine the activity of dosages, and performing checks for proper operation of survey meters;

(iii) Calculating, measuring, and safely preparing patient or human research subject dosages;

(iv) Using administrative controls to prevent a medical event involving the use of unsealed radioactive material;

(v) Using procedures to contain spilled radioactive material safely, and using proper decontamination procedures;
and

(vi) Administering dosages to patients or human research subjects, that include at least three cases involving the parenteral administrations as specified in WAC 246-240-210

(2) (a) (ii) (G) (III); and

(c) Has obtained written attestation that the individual has satisfactorily completed the requirements in (a) and (b) of this subsection, and is able to independently fulfill the radiation safety-related duties as an authorized user for the

parenteral administration of unsealed radioactive material requiring a written directive. The written attestation must be obtained from either:

(i) A preceptor authorized user who meets the requirements in WAC 246-240-078, 246-240-210, 246-240-219, or equivalent agreement state or NRC requirements. A preceptor authorized user, who meets the requirements in WAC 246-240-210, 246-240-219, or equivalent agreement state or NRC requirements, must have experience in administering dosages in the same category or categories as the individual requesting authorized user status; or

(ii) A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in WAC 246-240-078, 246-240-210, 246-240-219, or equivalent NRC or agreement state requirements, has experience in administering dosages in the same dosage category or categories as the individual requesting authorized user status, and concurs with the attestation provided by the residency program director. The residency

training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in (a) and (b) of this subsection.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-219, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-219, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-219, filed 1/18/11, effective 2/18/11; WSR 07-14-131, § 246-240-219, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-219, filed 2/6/06, effective 3/9/06.]

MANUAL BRACHYTHERAPY

WAC 246-240-251 Use of sources for manual brachytherapy.

A licensee shall use only brachytherapy sources for therapeutic medical uses:

(1) As approved in the sealed source and device registry for manual brachytherapy medical use. The manual brachytherapy sources may be used for manual brachytherapy uses that are not explicitly listed in the sealed source and device registry, but

must be used in accordance with the radiation safety conditions and limitations described in the sealed source and device registry; or

(2) In research to deliver therapeutic doses for medical use in accordance with an active investigational device exemption (IDE) application accepted by the FDA provided the requirements of WAC 246-240-066(1) are met.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-251, filed 9/20/22, effective 10/21/22.
Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-251, filed 2/6/06, effective 3/9/06.]

WAC 246-240-254 Surveys after source implant and removal.

(1) Immediately after implanting sources in a patient or a human research subject, the licensee shall make a survey to locate and account for all sources that have not been implanted.

(2) Immediately after removing the last temporary implant source from a patient or a human research subject, the licensee shall make a survey of the patient or the human research subject with a radiation detection survey instrument to confirm that all sources have been removed.

(3) A licensee shall retain a record of the surveys required by subsections (1) and (2) of this section in accordance with WAC 246-240-593.
[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-254, filed 2/6/06, effective 3/9/06.]

WAC 246-240-260 Brachytherapy source accountability. (1)

A licensee shall maintain accountability at all times for all brachytherapy sources in storage, transport, or use.

(2) As soon as possible after removing sources from a patient or a human research subject, a licensee shall return brachytherapy sources to a secure storage area.

(3) A licensee shall maintain a record of the brachytherapy source accountability in accordance with WAC 246-240-596.
[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-260, filed 2/6/06, effective 3/9/06.]

WAC 246-240-263 Safety instruction. In addition to the requirements of WAC 246-222-030:

(1) The licensee shall provide radiation safety instruction, initially and at least annually, to personnel

caring for patients or human research subjects who are receiving brachytherapy and cannot be released under WAC 246-240-122. To satisfy this requirement, the instruction must be commensurate with the duties of the personnel and include the:

- (a) Size and appearance of the brachytherapy sources;
- (b) Safe handling and shielding instructions;
- (c) Patient or human research subject control;
- (d) Visitor control, including both:

(i) Routine visitation of hospitalized individuals in accordance with WAC 246-221-060 (1) (a); and

(ii) Visitation authorized in accordance with WAC 246-221-060(2); and

(e) Notification of the radiation safety officer, or their designee, and an authorized user if the patient or the human research subject has a medical emergency or dies.

(2) A licensee shall retain a record of individuals receiving instruction in accordance with WAC 246-240-590.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-263, filed 2/6/06, effective 3/9/06.]

WAC 246-240-266 Safety precautions. (1) For each patient or human research subject who is receiving brachytherapy and cannot be released under WAC 246-240-122, a licensee shall:

(a) Not quarter the patient or the human research subject in the same room as an individual who is not receiving brachytherapy;

(b) Visibly post the patient's or human research subject's room with a "Caution-Radioactive Materials" sign; and

(c) Note on the door or in the patient's or human research subject's chart where and how long visitors may stay in the patient's or human research subject's room.

(2) A licensee shall have applicable emergency response equipment available near each treatment room to respond to a source:

(a) Dislodged from the patient; and

(b) Lodged within the patient following removal of the source applicators.

(3) A licensee shall notify the radiation safety officer, or their designee, and an authorized user as soon as possible if

the patient or human research subject has a medical emergency or dies.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-266, filed 2/6/06, effective 3/9/06.]

WAC 246-240-269 Calibration measurements of brachytherapy

sources. (1) Before the first medical use of a brachytherapy source on or after March 9, 2006, a licensee shall have:

(a) Determined the source output or activity using a dosimetry system that meets the requirements of WAC 246-240-366(1);

(b) Determined source positioning accuracy within applicators; and

(c) Used published protocols currently accepted by nationally recognized bodies to meet the requirements of (a) and (b) of this subsection.

(2) A licensee may use measurements provided by the source manufacturer or by a calibration laboratory accredited by the American Association of Physicists in Medicine that are made in accordance with subsection (1) of this section.

(3) A licensee shall mathematically correct the outputs or activities determined in subsection (1) of this section for physical decay at intervals consistent with one percent physical decay.

(4) A licensee shall retain a record of each calibration in accordance with WAC 246-240-599.

[Statutory Authority: RCW 70.98.050. WSR 07-14-131, § 246-240-269, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-269, filed 2/6/06, effective 3/9/06.]

WAC 246-240-272 Strontium-90 sources for ophthalmic

treatments. (1) Licensees who use strontium-90 for ophthalmic treatments must ensure that certain activities as specified in subsection (2) of this section are performed by either:

(a) An authorized medical physicist; or

(b) An individual who:

(i) Is identified as an ophthalmic physicist on a specific medical use license issued by a department, NRC, or an agreement state; permit issued by a department, NRC, or an agreement state broad scope medical use licensee; medical use permit issued by

an NRC master material licensee; or permit issued by an NRC master material licensee broad scope medical use permittee; and

(ii) Holds a master's or doctor's degree in physics, medical physics, other physical sciences, engineering, or applied mathematics from an accredited college or university; and

(iii) Has successfully completed one year of full-time training in medical physics and an additional year of full-time work experience under the supervision of a medical physicist; and

(iv) Has documented training in:

(A) The creation, modification, and completion of written directives;

(B) Procedures for administrations requiring a written directive; and

(C) Performing the calibration measurements of brachytherapy sources as detailed in WAC 246-240-269.

(2) The individuals who are identified in subsection (1) of this section must:

(a) Calculate the activity of each strontium-90 source that is used to determine the treatment times for ophthalmic treatments. The decay must be based on the activity determined under WAC 246-240-269; and

(b) Assist the licensee in developing, implementing, and maintaining written procedures to provide high confidence that the administration is in accordance with the written directive. These procedures must include the frequencies that the individual meeting the requirements in subsection (1) of this section will observe treatments, review the treatment methodology, calculate treatment time for the prescribed dose, and review records to verify that the administrations were in accordance with the written directives.

(3) A licensee shall retain a record of the activity of each strontium-90 source in accordance with WAC 246-240-602. [Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-272, filed 9/20/22, effective 10/21/22. Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-272, filed 2/6/06, effective 3/9/06.]

WAC 246-240-275 Therapy-related computer systems. The licensee shall perform acceptance testing on the treatment planning system of therapy-related computer systems in accordance with published protocols accepted by nationally recognized bodies. At a minimum, the acceptance testing must include, as applicable, verification of:

(1) The source-specific input parameters required by the dose calculation algorithm;

(2) The accuracy of dose, dwell time, and treatment time calculations at representative points;

(3) The accuracy of isodose plots and graphic displays; and

(4) The accuracy of the software used to determine sealed source positions from radiographic images.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-275, filed 2/6/06, effective 3/9/06.]

WAC 246-240-278 Training for use of manual brachytherapy sources. Except as provided in WAC 246-240-078, the licensee shall require an authorized user of a manual brachytherapy

source for the uses authorized under WAC 246-240-251 to be a physician who:

(1) Is certified by a medical specialty board whose certification process has been recognized by the department, NRC, or an agreement state. The names of board certifications that have been recognized by the department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page. To have its certification process recognized, a specialty board shall require all candidates for certification to:

(a) Successfully complete a minimum of three years of residency training in a radiation oncology program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the ~~((Committee on Postgraduate Training))~~Council on Postdoctoral Training of the American Osteopathic Association; and

(b) Pass an examination, administered by diplomates of the specialty board, which tests knowledge and competence in

radiation safety, radionuclide handling, treatment planning, quality assurance, and clinical use of manual brachytherapy; or

(2) (a) Has completed a structured educational program in basic radionuclide handling techniques applicable to the use of manual brachytherapy sources that includes:

(i) Two hundred hours of classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity; and

(D) Radiation biology; and

(ii) Five hundred hours of work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-078, 246-240-278 or equivalent agreement state or NRC requirements at a medical institution authorized to use radioactive materials under WAC 246-240-251, involving:

(A) Ordering, receiving, and unpacking radioactive materials safely and performing the related radiation surveys;

(B) Checking survey meters for proper operation;

(C) Preparing, implanting, and removing brachytherapy sources;

(D) Maintaining running inventories of material on hand;

(E) Using administrative controls to prevent a medical event involving the use of radioactive material;

(F) Using emergency procedures to control radioactive material; and

(b) Has completed three years of supervised clinical experience in radiation oncology, under an authorized user who meets the requirements in WAC 246-240-078, 246-240-278, or equivalent NRC or agreement state requirements, as part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council~~Committee~~ on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by (a) (ii) of this subsection; and

(c) Has obtained written attestation that the individual has satisfactorily completed the requirements in (a) and (b) of

this subsection and is able to independently fulfill the radiation safety-related duties as an authorized user of manual brachytherapy sources for the medical uses authorized under WAC 246-240-251. The attestation must be obtained from either:

(i) A preceptor authorized user who meets the requirements in WAC 246-240-078, 246-240-278, or equivalent agreement state or NRC requirements; or

(ii) A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in WAC 246-240-078, 246-240-278, or equivalent NRC or agreement state requirements, and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in (a) and (b) of this subsection.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-278, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-278, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-278, filed 1/18/11, effective 2/18/11; WSR 07-14-131, § 246-240-278, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-278, filed 2/6/06, effective 3/9/06.]

WAC 246-240-281 Training for ophthalmic use of strontium-

90. Except as provided in WAC 246-240-078, the licensee shall require the authorized user of strontium-90 for ophthalmic radiotherapy to be a physician who:

(1) Is an authorized user under WAC 246-240-278 or equivalent agreement state or NRC requirements; or

(2) (a) Has completed 24 hours of classroom and laboratory training applicable to the medical use of strontium-90 for ophthalmic radiotherapy. The training must include:

(i) Radiation physics and instrumentation;

(ii) Radiation protection;

(iii) Mathematics pertaining to the use and measurement of radioactivity; and

(iv) Radiation biology; and

(b) Supervised clinical training in ophthalmic radiotherapy under the supervision of an authorized user at a medical institution that includes the use of strontium-90 for the ophthalmic treatment of five individuals.

This supervised clinical training must involve:

- (i) Examination of each individual to be treated;
- (ii) Calculation of the dose to be administered;
- (iii) Administration of the dose; and
- (iv) Follow up and review of each individual's case

history; and

(c) Has obtained written attestation, signed by a preceptor authorized user who meets the requirements in WAC 246-240-078, 246-240-278, 246-240-281, or equivalent agreement state or NRC requirements, that the individual has satisfactorily completed the requirements in (a) and (b) of this subsection and is able to independently fulfill the radiation safety-related duties as an authorized user of strontium-90 for ophthalmic use.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-281, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-281, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-

281, filed 1/18/11, effective 2/18/11; WSR 06-05-019, § 246-240-281, filed 2/6/06, effective 3/9/06.]

SEALED SOURCES FOR DIAGNOSIS

WAC 246-240-301 Use of sealed sources and medical devices for diagnosis. (1) A licensee shall use only sealed sources that are not in medical devices for diagnostic medical uses if the sealed sources are approved in the sealed source and device registry for diagnostic medicine. The sealed sources may be used for diagnostic medical uses that are not explicitly listed in the sealed source and device registry but must be used in accordance with the radiation safety conditions and limitations described in the sealed source and device registry.

(2) A licensee must only use medical devices containing sealed sources for diagnostic medical uses if both the sealed sources and medical devices are approved in the sealed source and device registry for diagnostic medical uses. The diagnostic medical devices may be used for diagnostic medical uses that are not explicitly listed in the sealed source and device registry but must be used in accordance with the radiation safety

conditions and limitations described in the sealed source and device registry.

(3) Sealed sources and devices for diagnostic medical uses may be used in research in accordance with an active IDE application accepted by the FDA provided the requirements of WAC 246-240-066(1) are met.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-301, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-301, filed 2/6/06, effective 3/9/06.]

WAC 246-240-304 Training for use of sealed sources and medical devices for diagnosis. Except as provided in WAC 246-240-078, the licensee shall require the authorized user of a diagnostic sealed source a device authorized under WAC 246-240-301 to be a physician, dentist, or podiatrist who:

(1) Is certified by a specialty board whose certification process includes all of the requirements in subsections (3) and (4) of this section and whose certification has been recognized by the department, NRC, or an agreement state. The names of board certifications that have been recognized by the

department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page; or

(2) Is an authorized user for uses listed in WAC 246-240-157 or equivalent NRC or agreement state requirements; or

(3) Has completed eight hours of classroom and laboratory training in basic radionuclide handling techniques specifically applicable to the use of the device. The training must include:

(a) Radiation physics and instrumentation;

(b) Radiation protection;

(c) Mathematics pertaining to the use and measurement of radioactivity;

(d) Radiation biology; and

(4) Has completed training in the use of the device for the uses requested.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-304, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-304, filed 5/7/13, effective 6/7/13; WSR 06-05-019, § 246-240-304, filed 2/6/06, effective 3/9/06.]

**PHOTON EMITTING REMOTE AFTERLOADER UNITS, TELETHERAPY
UNITS, AND GAMMA STEREOTACTIC RADIOSURGERY UNITS**

WAC 246-240-351 Use of a sealed source in a remote afterloader unit, teletherapy unit, or gamma stereotactic radiosurgery unit. (1) A licensee shall use sealed sources:

(a) Approved and as provided for in the sealed source and device registry in photon emitting remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units to deliver therapeutic doses for medical uses; or

(b) In research involving photon-emitting remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units in accordance with an active IDE application accepted by the FDA provided the requirements of WAC 246-240-066(1) are met.

(2) A licensee shall use photon-emitting remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units:

(a) Approved in the sealed source and device registry to deliver a therapeutic dose for medical use. These devices may be used for therapeutic medical treatments that are not explicitly provided for in the sealed source and device registry, but must be used in accordance with radiation safety conditions and

limitations described in the sealed source and device registry;

or

(b) In research in accordance with an active IDE application accepted by the FDA provided the requirements of WAC 246-240-066(1) are met.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-351, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-351, filed 2/6/06, effective 3/9/06.]

WAC 246-240-354 Surveys of patients and human research subjects treated with a remote afterloader unit. (1) Before releasing a patient or a human research subject from licensee control, a licensee shall survey the patient or the human research subject and the remote afterloader unit with a portable radiation detection survey instrument to confirm that the sources has [have] been removed from the patient or human research subject and returned to the safe shielded position.

(2) A licensee shall retain a record of these surveys in accordance with WAC 246-240-593.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-354, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-354, filed 2/6/06, effective 3/9/06.]

WAC 246-240-357 Installation, maintenance, adjustment, and repair. (1) Only a person specifically licensed by the department, NRC, or an agreement state shall install, maintain, adjust, or repair a remote afterloader unit, teletherapy unit, or gamma stereotactic radiosurgery unit that involves work on the sources shielding, the sources driving unit, or other electronic or mechanical component that could expose the sources, reduce the shielding around the sources, or compromise the radiation safety of the unit or the sources.

(2) Except for low dose-rate remote afterloader units, only a person specifically licensed by the department, NRC, or an agreement state shall install, replace, relocate, or remove a sealed source or source contained in other remote afterloader units, teletherapy units, or gamma stereotactic radiosurgery units.

(3) For a low dose-rate remote afterloader unit, only a person specifically licensed by the department, NRC, or an agreement state or an authorized medical physicist shall install, replace, relocate, or remove a sealed sources contained in the unit.

(4) A licensee shall retain a record of the installation, maintenance, adjustment, and repair of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units in accordance with WAC 246-240-605.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-357, filed 9/20/22, effective 10/21/22.
Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-357, filed 5/7/13, effective 6/7/13; WSR 06-05-019, § 246-240-357, filed 2/6/06, effective 3/9/06.]

WAC 246-240-360 Safety procedures and instructions for remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units. (1) A licensee shall:

(a) Secure the unit, the console, the console keys, and the treatment room when not in use or unattended;

(b) Permit only individuals approved by the authorized user, radiation safety officer, or authorized medical physicist to be present in the treatment room during treatment with the sources;

(c) Prevent dual operation of more than one radiation producing device in a treatment room if applicable; and

(d) Develop, implement, and maintain written procedures for responding to an abnormal situation when the operator is unable to place the sources in the shielded position, or remove the patient or human research subject from the radiation field with controls from outside the treatment room. These procedures must include:

(i) Instructions for responding to equipment failures and the names of the individuals responsible for implementing corrective actions;

(ii) The process for restricting access to and posting of the treatment area to minimize the risk of inadvertent exposure; and

(iii) The names and telephone numbers of the authorized users, the authorized medical physicist, and the radiation

safety officer to be contacted if the unit or console operates abnormally.

(2) A copy of the procedures required by subsection (1) (d) of this section must be physically located at the unit console.

(3) A licensee shall post instructions at the unit console to inform the operator of:

(a) The location of the procedures required by subsection (1) (d) of this section; and

(b) The names and telephone numbers of the authorized users, the authorized medical physicist, and the radiation safety officer to be contacted if the unit or console operates abnormally.

(4) (a) Prior to the first use for patient treatment of a new unit or an existing unit with a manufacturer upgrade that affects the operation and safety of the unit, a licensee shall ensure that vendor operational and safety training is provided to all individuals who will operate the unit. The vendor operational and safety training must be provided by the device manufacturer or by an individual certified by the device manufacturer to provide the operational and safety training.

(b) A licensee shall provide operational safety instructions, initially and at least annually, to all individuals who operate the unit at the facility, as appropriate to the individual's assigned duties. The instructions shall include instruction in:

(i) The procedures identified in subsection (1)(d) of this section; and

(ii) The operating procedures for the unit.

(5) A licensee shall ensure that operators, authorized medical physicists, and authorized users participate in drills of the emergency procedures, initially and at least annually.

(6) A licensee shall retain a record of individuals receiving instruction required by subsection (4) of this section, in accordance with WAC 246-240-590.

(7) A licensee shall retain a copy of the procedures required by subsections (1)(d) and (4)(b)(ii) of this section in accordance with WAC 246-240-608.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-360, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-360, filed 2/6/06, effective 3/9/06.]

WAC 246-240-363 Safety precautions for remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units.

(1) A licensee shall control access to the treatment room by a door at each entrance.

(2) A licensee shall equip each entrance to the treatment room with an electrical interlock system that will:

(a) Prevent the operator from initiating the treatment cycle unless each treatment room entrance door is closed;

(b) Cause the sources to be shielded when an entrance door is opened; and

(c) Prevent the sources from being exposed following an interlock interruption until all treatment room entrance doors are closed and the sources on-off control is reset at the console.

(3) A licensee shall require any individual entering the treatment room to assure, through the use of appropriate radiation monitors, that radiation levels have returned to ambient levels.

(4) Except for low-dose remote afterloader units, a licensee shall construct or equip each treatment room with viewing and intercom systems to permit continuous observation of the patient or the human research subject from the treatment console during irradiation.

(5) For licensed activities where sources are placed within the patient's or human research subject's body, a licensee shall only conduct treatments which allow for expeditious removal of a decoupled or jammed source.

(6) In addition to the requirements specified in subsections (1) through (5) of this section, a licensee shall:

(a) For *medium dose-rate and pulsed dose-rate remote afterloader units*, require:

(i) An authorized medical physicist and either an authorized user or a physician, under the supervision of an authorized user, who has been trained in the operation and emergency response for the unit to be physically present during the initiation of all patient treatments involving the unit; and

(ii) An authorized medical physicist and either an authorized user or an individual, under the supervision of an

authorized user, who has been trained to remove the source applicators in the event of an emergency involving the unit, to be immediately available during continuation of all patient treatments involving the unit.

(b) For *high dose-rate remote afterloader units*, require:

(i) An authorized user and an authorized medical physicist to be physically present during the initiation of all patient treatments involving the unit; and

(ii) An authorized medical physicist and either an authorized user or a physician, under the supervision of an authorized user, who has been trained in the operation and emergency response for the unit, to be physically present during continuation of all patient treatments involving the unit.

(c) For *gamma stereotactic radiosurgery units*, require an authorized user and an authorized medical physicist to be physically present throughout all patient treatments involving the unit.

(d) Notify the radiation safety officer, or their designee, and an authorized user as soon as possible if the patient or human research subject has a medical emergency or dies.

(7) A licensee shall have applicable emergency response equipment available near each treatment room to respond to a source:

(a) Remaining in the unshielded position; or

(b) Lodged within the patient following completion of the treatment.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-363, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-363, filed 2/6/06, effective 3/9/06.]

WAC 246-240-366 Dosimetry equipment. (1) Except for low dose-rate remote afterloader sources where the source output or activity is determined by the manufacturer, a licensee shall have a calibrated dosimetry system available for use. To satisfy this requirement, one of the following two conditions must be met:

(a) The system must have been calibrated using a system or source traceable to the National Institute of Science and Technology (NIST) and published protocols accepted by nationally recognized bodies; or by a calibration laboratory accredited by

the American Association of Physicists in Medicine (AAPM). The calibration must have been performed within the previous two years and after any servicing that may have affected system calibration; or

(b) The system must have been calibrated within the previous four years. Eighteen to 30 months after that calibration, the system must have been intercompared with another dosimetry system that was calibrated within the past 24 months by NIST or by a calibration laboratory accredited by the AAPM. The results of the intercomparison must indicate that the calibration factor of the licensee's system had not changed by more than two percent. The licensee may not use the intercomparison result to change the calibration factor. When intercomparing dosimetry systems to be used for calibrating sealed sources for therapeutic units, the licensee shall use a comparable unit with beam attenuators or collimators, as applicable, and sources of the same radionuclide as the source used at the licensee's facility.

(2) The licensee shall have a dosimetry system available for use for spot-check output measurements, if applicable. To

satisfy this requirement, the system may be compared with a system that has been calibrated in accordance with subsection (1) of this section. This comparison must have been performed within the previous year and after each servicing that may have affected system calibration. The spot-check system may be the same system used to meet the requirement in subsection (1) of this section.

(3) The licensee shall retain a record of each calibration, intercomparison, and comparison in accordance with WAC 246-240-611.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-366, filed 9/20/22, effective 10/21/22.
Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-366, filed 2/6/06, effective 3/9/06.]

WAC 246-240-369 Full calibration measurements on teletherapy units. (1) A licensee authorized to use a teletherapy unit for medical use shall perform full calibration measurements on each teletherapy unit:

- (a) Before the first medical use of the unit; and
- (b) Before medical use under the following conditions:

(i) Whenever spot-check measurements indicate that the output differs by more than five percent from the output obtained at the last full calibration corrected mathematically for radioactive decay;

(ii) Following replacement of the source or following reinstallation of the teletherapy unit in a new location;

(iii) Following any repair of the teletherapy unit that includes removal of the source or major repair of the components associated with the source exposure assembly; and

(c) At intervals not exceeding one year.

(2) To satisfy the requirement of subsection (1) of this section, full calibration measurements must include determination of:

(a) The output within \pm three percent for the range of field sizes and for the distance or range of distances used for medical use;

(b) The coincidence of the radiation field and the field indicated by the light beam localizing device;

(c) The uniformity of the radiation field and its dependence on the orientation of the useful beam;

(d) Timer accuracy and linearity over the range of use;

(e) On-off error; and

(f) The accuracy of all distance measuring and localization devices in medical use.

(3) A licensee shall use the dosimetry system described in WAC 246-240-366(1) to measure the output for one set of exposure conditions. The remaining radiation measurements required in subsection (2)(a) of this section may be made using a dosimetry system that indicates relative dose rates.

(4) A licensee shall make full calibration measurements required by subsection (1) of this section in accordance with published protocols accepted by nationally recognized bodies.

(5) A licensee shall mathematically correct the outputs determined in subsection (2)(a) of this section for physical decay for intervals not exceeding one month for cobalt-60, six months for cesium-137, or at intervals consistent with one percent decay for all other nuclides.

(6) Full calibration measurements required by subsection (1) of this section and physical decay corrections required by

subsection (5) of this section must be performed by the authorized medical physicist.

(7) A licensee shall retain a record of each calibration in accordance with WAC 246-240-614.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-369, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-369, filed 2/6/06, effective 3/9/06.]

WAC 246-240-372 Full calibration measurements on remote afterloader units. (1) A licensee authorized to use a remote afterloader unit for medical use shall perform full calibration measurements on each unit:

(a) Before the first medical use of the unit;

(b) Before medical use under the following conditions:

(i) Following replacement of the source or following reinstallation of the unit in a new location outside the facility; and

(ii) Following any repair of the unit that includes removal of the source or major repair of the components associated with the source exposure assembly; and

(c) At intervals not exceeding one calendar quarter for high dose-rate, medium dose-rate, and pulsed dose-rate remote afterloader units with sources whose half-life exceeds 75 days; and

(d) At intervals not exceeding one year for low dose-rate remote afterloader units.

(2) To satisfy the requirement of subsection (1) of this section, full calibration measurements must include, as applicable, determination of:

(a) The output within \pm five percent;

(b) Source positioning accuracy to within \pm one millimeter;

(c) Source retraction with backup battery upon power failure;

(d) Length of the source transfer tubes;

(e) Timer accuracy and linearity over the typical range of use;

(f) Length of the applicators; and

(g) Function of the source transfer tubes, applicators, and transfer tube-applicator interfaces.

(3) A licensee shall use the dosimetry system described in WAC 246-240-366(1) to measure the output.

(4) A licensee shall make full calibration measurements required by subsection (1) of this section in accordance with published protocols accepted by nationally recognized bodies.

(5) In addition to the requirements for full calibrations for low dose-rate remote afterloader units in subsection (2) of this section, a licensee shall perform an autoradiograph of the sources to verify inventory and sources arrangement at intervals not exceeding one calendar quarter.

(6) For low dose-rate remote afterloader units, a licensee may use measurements provided by the source manufacturer that are made in accordance with subsections (1) through (5) of this section.

(7) A licensee shall mathematically correct the outputs determined in subsection (2)(a) of this section for physical decay at intervals consistent with one percent physical decay.

(8) Full calibration measurements required by subsection (1) of this section and physical decay corrections required by

subsection (7) of this section must be performed by the authorized medical physicist.

(9) A licensee shall retain a record of each calibration in accordance with WAC 246-240-614.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-372, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-372, filed 2/6/06, effective 3/9/06.]

WAC 246-240-375 Full calibration measurements on gamma stereotactic radiosurgery units. (1) A licensee authorized to use a gamma stereotactic radiosurgery unit for medical use shall perform full calibration measurements on each unit:

(a) Before the first medical use of the unit;

(b) Before medical use under the following conditions:

(i) Whenever spot-check measurements indicate that the output differs by more than five percent from the output obtained at the last full calibration corrected mathematically for radioactive decay;

(ii) Following replacement of the sources or following reinstallation of the gamma stereotactic radiosurgery unit in a new location; and

(iii) Following any repair of the gamma stereotactic radiosurgery unit that includes removal of the sources or major repair of the components associated with the source assembly; and

(c) At intervals not exceeding one year, with the exception that relative helmet factors need only be determined before the first medical use of a helmet and following any damage to a helmet.

(2) To satisfy the requirement of subsection (1) of this section, full calibration measurements must include determination of:

- (a) The output within \pm three percent;
- (b) Relative helmet factors;
- (c) Isocenter coincidence;
- (d) Timer accuracy and linearity over the range of use;
- (e) On-off error;
- (f) Trunnion centricity;

(g) Treatment table retraction mechanism, using backup battery power or hydraulic backups with the unit off;

(h) Helmet microswitches;

(i) Emergency timing circuits; and

(j) Stereotactic frames and localizing devices (trunnions).

(3) A licensee shall use the dosimetry system described in WAC 246-240-366(1) to measure the output for one set of exposure conditions. The remaining radiation measurements required in subsection (2)(a) of this section may be made using a dosimetry system that indicates relative dose rates.

(4) A licensee shall make full calibration measurements required by subsection (1) of this section in accordance with published protocols accepted by nationally recognized bodies.

(5) A licensee shall mathematically correct the outputs determined in subsection (2)(a) of this section at intervals not exceeding one month for cobalt-60 and at intervals consistent with one percent physical decay for all other radionuclides.

(6) Full calibration measurements required by subsection (1) of this section and physical decay corrections required by

subsection (5) of this section must be performed by the authorized medical physicist.

(7) A licensee shall retain a record of each calibration in accordance with WAC 246-240-614.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-375, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-375, filed 2/6/06, effective 3/9/06.]

WAC 246-240-378 Periodic spot-checks for teletherapy

units. (1) A licensee authorized to use teletherapy units for medical use shall perform output spot-checks on each teletherapy unit once in each calendar month that include determination of:

(a) Timer accuracy, and timer linearity over the range of use;

(b) On-off error;

(c) The coincidence of the radiation field and the field indicated by the light beam localizing device;

(d) The accuracy of all distance measuring and localization devices used for medical use;

(e) The output for one typical set of operating conditions measured with the dosimetry system described in WAC 246-240-366(2); and

(f) The difference between the measurement made in (e) of this subsection and the anticipated output, expressed as a percentage of the anticipated output (such as the value obtained at last full calibration corrected mathematically for physical decay).

(2) A licensee shall perform measurements required by subsection (1) of this section in accordance with written procedures established by the authorized medical physicist. That individual need not actually perform the spot-check measurements.

(3) A licensee shall have the authorized medical physicist review the results of each spot-check within 15 days. The authorized medical physicist shall notify the licensee as soon as possible in writing of the results of each spot-check.

(4) A licensee authorized to use a teletherapy unit for medical use shall perform safety spot-checks of each teletherapy

facility once in each calendar month and after each source installation to assure proper operation of:

(a) Electrical interlocks at each teletherapy room entrance;

(b) Electrical or mechanical stops installed for the purpose of limiting use of the primary beam of radiation (restriction of source housing angulation or elevation, carriage or stand travel and operation of the beam on-off mechanism);

(c) Source exposure indicator lights on the teletherapy unit, on the control console, and in the facility;

(d) Viewing and intercom systems;

(e) Treatment room doors from inside and outside the treatment room; and

(f) Electrically assisted treatment room doors with the teletherapy unit electrical power turned off.

(5) If the results of the checks required in subsection (4) of this section indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.

(6) A licensee shall retain a record of each spot-check required by subsections (1) and (4) of this section, and a copy of the procedures required by subsection (2) of this section, in accordance with WAC 246-240-617.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-378, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-378, filed 2/6/06, effective 3/9/06.]

WAC 246-240-381 Periodic spot-checks for remote

afterloader units. (1) A licensee authorized to use a remote afterloader unit for medical use shall perform spot-checks of each remote afterloader facility and on each unit:

(a) Before the first use of a high dose-rate, medium dose-rate, or pulsed dose-rate remote afterloader unit on a given day;

(b) Before each patient treatment with a low dose-rate remote afterloader unit; and

(c) After each source installation.

(2) A licensee shall perform the measurements required by subsection (1) of this section in accordance with written

procedures established by the authorized medical physicist. That individual need not actually perform the spot check measurements.

(3) A licensee shall have the authorized medical physicist review the results of each spot-check within 15 days. The authorized medical physicist shall notify the licensee as soon as possible in writing of the results of each spot-check.

(4) To satisfy the requirements of subsection (1) of this section, spot-checks must, at a minimum, assure proper operation of:

(a) Electrical interlocks at each remote afterloader unit room entrance;

(b) Source exposure indicator lights on the remote afterloader unit, on the control console, and in the facility;

(c) Viewing and intercom systems in each high dose-rate, medium dose-rate, and pulsed dose-rate remote afterloader facility;

(d) Emergency response equipment;

(e) Radiation monitors used to indicate the source position;

(f) Timer accuracy;

(g) Clock (date and time) in the unit's computer; and

(h) Decayed sources activity in the unit's computer.

(5) If the results of the checks required in subsection (4) of this section indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.

(6) A licensee shall retain a record of each check required by subsection (4) of this section and a copy of the procedures required by subsection (2) of this section in accordance with WAC 246-240-620.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-381, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-381, filed 2/6/06, effective 3/9/06.]

WAC 246-240-384 Periodic spot-checks for gamma

stereotactic radiosurgery units. (1) A licensee authorized to use a gamma stereotactic radiosurgery unit for medical use shall

perform spot-checks of each gamma stereotactic radiosurgery facility and on each unit:

(a) Monthly;

(b) Before the first use of the unit on a given day; and

(c) After each source installation.

(2) A licensee shall:

(a) Perform the measurements required by subsection (1) of this section in accordance with written procedures established by the authorized medical physicist. That individual need not actually perform the spot check measurements.

(b) Have the authorized medical physicist review the results of each spot-check within 15 days. The authorized medical physicist shall notify the licensee as soon as possible in writing of the results of each spot-check.

(3) To satisfy the requirements of subsection (1) (a) of this section, spot-checks must, at a minimum:

(a) Assure proper operation of:

(i) Treatment table retraction mechanism, using backup battery power or hydraulic backups with the unit off;

(ii) Helmet microswitches;

(iii) Emergency timing circuits; and

(iv) Stereotactic frames and localizing devices

(trunnions).

(b) Determine:

(i) The output for one typical set of operating conditions measured with the dosimetry system described in WAC 246-240-366(2);

(ii) The difference between the measurement made in (b)(i) of this subsection and the anticipated output, expressed as a percentage of the anticipated output (such as the value obtained at last full calibration corrected mathematically for physical decay);

(iii) Source output against computer calculation;

(iv) Timer accuracy and linearity over the range of use;

(v) On-off error; and

(vi) Trunnion centricity.

(4) To satisfy the requirements of subsection (1)(b) and (c) of this section, spot-checks must assure proper operation of:

(a) Electrical interlocks at each gamma stereotactic radiosurgery room entrance;

(b) Source exposure indicator lights on the gamma stereotactic radiosurgery unit, on the control console, and in the facility;

(c) Viewing and intercom systems;

(d) Timer termination;

(e) Radiation monitors used to indicate room exposures; and

(f) Emergency off buttons.

(5) A licensee shall arrange for the repair of any system identified in subsection (3) of this section that is not operating properly as soon as possible.

(6) If the results of the checks required in subsection (4) of this section indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.

(7) A licensee shall retain a record of each check required by subsections (3) and (4) of this section and a copy of the

procedures required by subsection (2) of this section in accordance with WAC 246-240-623.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-384, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-384, filed 2/6/06, effective 3/9/06.]

WAC 246-240-387 Additional technical requirements for mobile remote afterloader units. (1) A licensee providing mobile remote afterloader service shall:

(a) Check survey instruments before medical use at each address of use or on each day of use, whichever is more frequent; and

(b) Account for all sources before departure from a client's address of use.

(2) In addition to the periodic spot-checks required by WAC 246-240-381, a licensee authorized to use mobile afterloaders for medical use shall perform checks on each remote afterloader unit before use at each address of use. At a minimum, checks must be made to verify the operation of:

(a) Electrical interlocks on treatment area access points;

(b) Source exposure indicator lights on the remote afterloader unit, on the control console, and in the facility;

(c) Viewing and intercom systems;

(d) Applicators, source transfer tubes, and transfer tube-applicator interfaces;

(e) Radiation monitors used to indicate room exposures;

(f) Source positioning (accuracy); and

(g) Radiation monitors used to indicate whether the source has returned to a safe shielded position.

(3) In addition to the requirements for checks in subsection (2) of this section, a licensee shall ensure overall proper operation of the remote afterloader unit by conducting a simulated cycle of treatment before use at each address of use.

(4) If the results of the checks required in subsection (2) of this section indicate the malfunction of any system, a licensee shall lock the control console in the off position and not use the unit except as may be necessary to repair, replace, or check the malfunctioning system.

(5) A licensee shall retain a record of each check required by subsection (2) of this section in accordance with WAC 246-240-626.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-387, filed 2/6/06, effective 3/9/06.]

WAC 246-240-390 Radiation surveys. (1) In addition to the survey requirement in WAC 246-221-110(1), a person licensed under this chapter shall make surveys to ensure that the maximum radiation levels and average radiation levels from the surface of the main source safe with the sources in the shielded position do not exceed the levels stated in the sealed source and device registry.

(2) The licensee shall make the survey required by subsection (1) of this section at installation of a new source and following repairs to the sources shielding, the sources driving unit, or other electronic or mechanical component that could expose the source, reduce the shielding around the sources, or compromise the radiation safety of the unit or the sources.

(3) A licensee shall retain a record of the radiation surveys required by subsection (1) of this section in accordance with WAC 246-240-629.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-390, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-390, filed 2/6/06, effective 3/9/06.]

WAC 246-240-393 Full-inspection servicing for teletherapy and gamma stereotactic radiosurgery units. (1) A licensee shall have each teletherapy unit and gamma stereotactic radiosurgery unit fully inspected and serviced during each source replacement to assure proper functioning of the source exposure mechanism and other safety components. The interval between each full-inspection servicing shall not exceed five years for each teletherapy unit and shall not exceed seven years for each gamma stereotactic radiosurgery unit.

(2) This inspection and servicing may only be performed by persons specifically licensed to do so by the department, NRC, or an agreement state.

(3) A licensee shall keep a record of the inspection and servicing in accordance with WAC 246-240-632.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-393, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-393, filed 5/7/13, effective 6/7/13; WSR 06-05-019, § 246-240-393, filed 2/6/06, effective 3/9/06.]

WAC 246-240-396 Therapy-related computer systems. The licensee shall perform acceptance testing on the treatment planning system of therapy-related computer systems in accordance with published protocols accepted by nationally recognized bodies. At a minimum, the acceptance testing must include, as applicable, verification of:

(1) The source-specific input parameters required by the dose calculation algorithm;

(2) The accuracy of dose, dwell time, and treatment time calculations at representative points;

(3) The accuracy of isodose plots and graphic displays;

(4) The accuracy of the software used to determine sealed source positions from radiographic images; and

(5) The accuracy of electronic transfer of the treatment delivery parameters to the treatment delivery unit from the treatment planning system.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-396, filed 2/6/06, effective 3/9/06.]

WAC 246-240-399 Training for use of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units. Except as provided in WAC 246-240-078, the licensee shall require an authorized user of a sealed source for a use authorized under WAC 246-240-351 to be a physician who:

(1) Is certified by a medical specialty board whose certification process has been recognized by the department, NRC, or an agreement state and meets the requirements in subsection (3) of this section. The names of board certifications that have been recognized by the department, NRC, or an agreement state are posted on the NRC's medical uses licensee toolkit web page. To have its certification process recognized, a specialty board shall require all candidates for certification to:

(a) Successfully complete a minimum of three years of residency training in a radiation therapy program approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the Council of Postdoctoral Training of the American Osteopathic Association; and

(b) Pass an examination, administered by diplomates of the specialty board, which tests knowledge and competence in radiation safety, radionuclide handling, treatment planning, quality assurance, and clinical use of stereotactic radiosurgery, high and low dose-rate brachytherapy, and external beam therapy; or

(2) (a) Has completed a structured educational program in basic radionuclide techniques applicable to the use of a sealed source in a therapeutic medical unit that includes:

(i) Two hundred hours of classroom and laboratory training in the following areas:

(A) Radiation physics and instrumentation;

(B) Radiation protection;

(C) Mathematics pertaining to the use and measurement of radioactivity; and

(D) Radiation biology; and

(ii) Five hundred hours of work experience, under the supervision of an authorized user who meets the requirements in WAC 246-240-078, 246-240-399, or equivalent agreement state or NRC requirements, at a medical institution that is authorized to use radioactive materials in WAC 246-240-351 involving:

(A) Reviewing full calibration measurements and periodic spot-checks;

(B) Preparing treatment plans and calculating treatment doses and times;

(C) Using administrative controls to prevent a medical event involving the use of radioactive material;

(D) Implementing emergency procedures to be followed in the event of the abnormal operation of the medical unit or console;

(E) Checking and using survey meters; and

(F) Selecting the proper dose and how it is to be administered; and

(b) Has completed three years of supervised clinical experience in radiation therapy, under an authorized user who meets the requirements in WAC 246-240-078, 246-240-399 or equivalent NRC or agreement state requirements, as part of a formal training program approved by the Residency Review Committee for Radiation Oncology of the Accreditation Council for Graduate Medical Education or Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association. This experience may be obtained concurrently with the supervised work experience required by (a) (ii) of this subsection; and

(c) Has obtained written attestation that the individual has satisfactorily completed the requirements in (a) and (b) of this subsection, and subsection (3) of this section and is able to independently fulfill the radiation safety-related duties as an authorized user of each type of therapeutic medical unit for which the individual is requesting authorized user status. The written attestation must be obtained from either:

(i) A preceptor authorized user who meets the requirements in WAC 246-240-078, 246-240-399, or equivalent NRC or agreement

state requirements for an authorized user for each type of therapeutic medical unit for which the individual is requesting authorized user status; or

(ii) A residency program director who affirms in writing that the attestation represents the consensus of the residency program faculty where at least one faculty member is an authorized user who meets the requirements in WAC 246-240-078, 246-240-399, or equivalent NRC or agreement state requirements, for the types of therapeutic medical unit for which the individual is requesting authorized user status, and concurs with the attestation provided by the residency program director. The residency training program must be approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education or the Royal College of Physicians and Surgeons of Canada or the Council on Postdoctoral Training of the American Osteopathic Association and must include training and experience specified in (a) and (b) of this subsection.

(3) Has received training in device operation, safety procedures, and clinical use for the types of use for which authorization is sought. This training requirement may be

satisfied by satisfactory completion of a training program provided by the vendor for new users or by receiving training supervised by an authorized user or authorized medical physicist, as appropriate, who is authorized for the types of use for which the individual is seeking authorization.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-399, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-399, filed 5/7/13, effective 6/7/13; WSR 11-03-068, § 246-240-399, filed 1/18/11, effective 2/18/11; WSR 07-14-131, § 246-240-399, filed 7/3/07, effective 8/3/07; WSR 06-05-019, § 246-240-399, filed 2/6/06, effective 3/9/06.]

WAC 246-240-501 Other medical uses of radioactive material or radiation from radioactive material. A licensee may use radioactive material or a radiation source approved for medical use which is not specifically addressed in WAC 246-240-251 through 246-240-399 (inclusive) if:

(1) The applicant or licensee has submitted the information required by WAC 246-240-019; and

(2) The applicant or licensee has received written approval from the department in a license or license amendment and uses

the material in accordance with the regulations and specific conditions the department considers necessary for the medical use of the material.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-501, filed 2/6/06, effective 3/9/06.]

**OTHER MEDICAL USES OF RADIOACTIVE MATERIAL OR RADIATION
FROM RADIOACTIVE MATERIAL**

RECORDS

WAC 246-240-551 Records of authority and responsibilities for radiation protection programs. (1) A licensee shall retain a record of actions taken by the licensee's management in accordance with WAC 246-240-051(1) for five years. The record must include a summary of the actions taken and a signature of licensee management.

(2) The licensee shall retain a copy of both authority, duties, and responsibilities of the radiation safety officer as required by WAC 246-240-051(5), and a signed copy of each radiation safety officer's agreement to be responsible for implementing the radiation safety program, as required by WAC

246-240-051(2), for the duration of the license. The records must include the signature of the radiation safety officer and licensee management.

(3) For each associate radiation safety officer appointed under WAC 246-240-051(2), the licensee shall retain, for five years after the associate radiation safety officer is removed from the license, a copy of the written document appointing the associate radiation safety officer signed by the licensee's management.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-551, filed 9/20/22, effective 10/21/22.
Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-551, filed 2/6/06, effective 3/9/06.]

WAC 246-240-554 Records of radiation protection program changes. A licensee shall retain a record of each radiation protection program change made in accordance with WAC 246-240-054(1) for five years. The record must include a copy of the old and new procedures; the effective date of the change; and the signature of the licensee management that reviewed and approved the change.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-554, filed 2/6/06, effective 3/9/06.]

WAC 246-240-557 Records of written directives. A licensee shall retain a copy of each written directive as required by WAC 246-240-060 for three years.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-557, filed 2/6/06, effective 3/9/06.]

WAC 246-240-560 Records for procedures for administrations requiring a written directive. A licensee shall retain a copy of the procedures required by WAC 246-240-063(1) for the duration of the license.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-560, filed 2/6/06, effective 3/9/06.]

WAC 246-240-563 Records of calibrations of instruments used to measure the activity of unsealed radioactive material. A licensee shall maintain a record of instrument calibrations required by WAC 246-240-101 for three years. The records must include the model and serial number of the instrument, the date

of the calibration, the results of the calibration, and the name of the individual who performed the calibration.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-563, filed 2/6/06, effective 3/9/06.]

WAC 246-240-566 Records of radiation survey instrument

calibrations. A licensee shall maintain a record of radiation survey instrument calibrations required by WAC 246-240-104 for three years. The record must include the model and serial number of the instrument, the date of the calibration, the results of the calibration, and the name of the individual who performed the calibration.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-566, filed 2/6/06, effective 3/9/06.]

WAC 246-240-569 Records of dosages of unsealed radioactive

material for medical use. (1) A licensee shall maintain a record of dosage determinations required by WAC 246-240-107 for three years.

(2) The record must contain:

(a) The radiopharmaceutical;

(b) The patient's or human research subject's name, or identification number if one has been assigned;

(c) The prescribed dosage, the determined dosage, or a notation that the total activity is less than 1.1 megabecquerels (30 microcuries);

(d) The date and time of the dosage determination; and

(e) The name of the individual who determined the dosage.
[Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-569, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-569, filed 2/6/06, effective 3/9/06.]

WAC 246-240-572 Records of leak tests and inventory of sealed sources and brachytherapy sources. (1) A licensee shall retain records of leak tests required by WAC 246-240-113 for three years. The records must include the model number, and serial number if one has been assigned, of each source tested; the identity of each source by radionuclide and its estimated activity; the results of the test; the date of the test; and the name of the individual who performed the test.

(2) A licensee shall retain records of the semiannual physical inventory of sealed sources and brachytherapy sources required by WAC 246-240-113 for three years. The inventory records must contain the model number of each source, and serial number if one has been assigned, the identity of each source by radionuclide and its nominal activity, the location of each source, and the name of the individual who performed the inventory.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-572, filed 2/6/06, effective 3/9/06.]

WAC 246-240-575 Records of surveys for ambient radiation exposure rate. A licensee shall retain a record of each survey required by WAC 246-240-119 for three years. The record must include the date of the survey, the results of the survey, the instrument used to make the survey, and the name of the individual who performed the survey.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-575, filed 2/6/06, effective 3/9/06.]

WAC 246-240-578 Records of the release of individuals containing unsealed radioactive material or implants containing radioactive material. (1) A licensee shall retain a record of the basis for authorizing the release of an individual in accordance with WAC 246-240-122, if the total effective dose equivalent is calculated by:

(a) Using the retained activity rather than the activity administered;

(b) Using an occupancy factor less than 0.25 at one meter;

(c) Using the biological or effective half-life; or

(d) Considering the shielding by tissue.

(2) A licensee shall retain a record that the instructions required by WAC 246-240-122(2) were provided to a breast-feeding female if the radiation dose to the infant or child from continued breast-feeding could result in a total effective dose equivalent exceeding five mSv (0.5 rem).

(3) The records required by subsections (1) and (2) of this section must be retained for three years after the date of release of the individual.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-578, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-578, filed 2/6/06, effective 3/9/06.]

WAC 246-240-581 Records of mobile medical services. (1) A licensee shall retain a copy of each letter that permits the use of radioactive material at a client's address, as required by WAC 246-240-125. Each letter must clearly delineate the authority and responsibility of the licensee and the client and must be retained for three years after the last provision of service.

(2) A licensee shall retain the record of each survey required by WAC 246-240-125 (1) (d) for three years. The record must include the date of the survey, the results of the survey, the instrument used to make the survey, and the name of the individual who performed the survey.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-581, filed 2/6/06, effective 3/9/06.]

WAC 246-240-584 Records of decay-in-storage. A licensee shall maintain records of the disposal of licensed materials, as required by WAC 246-240-128, for three years. The record must include the date of the disposal, the survey instrument used, the background radiation level, the radiation level measured at the surface of each waste container, and the name of the individual who performed the survey.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-584, filed 2/6/06, effective 3/9/06.]

WAC 246-240-587 Records of molybdenum-99, strontium-82, and strontium-85 concentrations. A licensee shall maintain a record of the molybdenum-99, strontium-82, or strontium-85 concentration tests required by WAC 246-240-160(2) for three years.

(1) The record must include, for each measured elution of technetium-99m, the ratio of the measures expressed as kilobecquerels of molybdenum-99 per megabecquerel of technetium-99m (or microcuries of molybdenum per millicurie of technetium),

the time and date of the measurement, and the name of the individual who made the measurement.

(2) For each measured elution of rubidium-82, the ratio of the measures expressed as kilobecquerels of strontium-82 per megabecquerel of rubidium-82 (or microcuries of strontium-82 per millicurie of rubidium), or kilobecquerels of strontium-85 per megabecquerel of rubidium-82 (or microcuries of strontium-85 per millicurie of rubidium), the time and date of the measurement, and the name of the individual who made the measurement.

[Statutory Authority: RCW 70.98.050. WSR 13-11-021, § 246-240-587, filed 5/7/13, effective 6/7/13. Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-587, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-587, filed 2/6/06, effective 3/9/06.]

WAC 246-240-590 Records of safety instruction. A licensee shall maintain a record of safety instructions required by WAC 246-240-204, 246-240-263, and the operational and safety instructions required by WAC 246-240-360 for three years. The record must include a list of the topics covered, the date of

the instruction, the names of the attendees, and the names of the individuals who provided the instruction.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-590, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-590, filed 2/6/06, effective 3/9/06.]

WAC 246-240-593 Records of surveys after source implant and removal. A licensee shall maintain a record of the surveys required by WAC 246-240-354 and 246-240-593 for three years. Each record must include the date and results of the survey, the survey instrument used, and the name of the individual who made the survey.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-593, filed 2/6/06, effective 3/9/06.]

WAC 246-240-596 Records of brachytherapy source accountability. (1) A licensee shall maintain a record of brachytherapy source accountability required by WAC 246-240-260 for three years.

(2) For temporary implants, the record must include:

(a) The number and activity of sources removed from storage, the time and date they were removed from storage, the name of the individual who removed them from storage, and the location of use; and

(b) The number and activity of sources returned to storage, the time and date they were returned to storage, and the name of the individual who returned them to storage.

(3) For permanent implants, the record must include:

(a) The number and activity of sources removed from storage, the date they were removed from storage, and the name of the individual who removed them from storage;

(b) The number and activity of sources not implanted, the date they were returned to storage, and the name of the individual who returned them to storage; and

(c) The number and activity of sources permanently implanted in the patient or human research subject.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-596, filed 2/6/06, effective 3/9/06.]

WAC 246-240-599 Records of calibration measurements of brachytherapy sources. (1) A licensee shall maintain a record of the calibrations of brachytherapy sources required by WAC 246-240-269 for three years after the last use of the source.

(2) The record must include:

(a) The date of the calibration;

(b) The manufacturer's name, model number, and serial number for the source and the instruments used to calibrate the source;

(c) The source output or activity;

(d) The source positioning accuracy within the applicators;
and

(e) The name of the individual, the source manufacturer, or the calibration laboratory that performed the calibration.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-599, filed 2/6/06, effective 3/9/06.]

WAC 246-240-602 Records of decay of strontium-90 sources for ophthalmic treatments. (1) A licensee shall maintain a

record of the activity of a strontium-90 source required by WAC 246-240-272 for the life of the source.

(2) The record must include:

(a) The date and initial activity of the source as determined under WAC 246-240-269; and

(b) For each decay calculation, the date and the source activity as determined under WAC 246-240-272.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-602, filed 2/6/06, effective 3/9/06.]

WAC 246-240-605 Records of installation, maintenance, adjustment, and repair of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units. A licensee shall retain a record of the installation, maintenance, adjustment, and repair of remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units as required by WAC 246-240-357 for three years. For each installation, maintenance, adjustment and repair, the record must include the date, description of the service, and names of the individuals who performed the work.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-605, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-605, filed 2/6/06, effective 3/9/06.]

WAC 246-240-608 Records of safety procedures. A licensee shall retain a copy of the procedures required by WAC 246-240-360 (1) (d) and (4) (b) until the licensee no longer possesses the remote afterloader, teletherapy unit, or gamma stereotactic radiosurgery unit.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-608, filed 2/6/06, effective 3/9/06.]

WAC 246-240-611 Records of dosimetry equipment used with remote afterloader units, teletherapy units, and gamma stereotactic radiosurgery units. (1) A licensee shall retain a record of the calibration, intercomparison, and comparisons of its dosimetry equipment done in accordance with WAC 246-240-366 for the duration of the license.

(2) For each calibration, intercomparison, or comparison, the record must include:

(a) The date;

(b) The manufacturer's name, model numbers and serial numbers of the instruments that were calibrated, intercompared, or compared as required by WAC 246-240-366;

(c) The correction factor that was determined from the calibration or comparison or the apparent correction factor that was determined from an intercomparison; and

(d) The names of the individuals who performed the calibration, intercomparison, or comparison.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-611, filed 2/6/06, effective 3/9/06.]

WAC 246-240-614 Records of teletherapy, remote afterloader, and gamma stereotactic radiosurgery full calibrations. (1) A licensee shall maintain a record of the teletherapy unit, remote afterloader unit, and gamma stereotactic radiosurgery unit full calibrations required by WAC 246-240-369, 246-240-372, and 246-240-375 for three years.

(2) The record must include:

(a) The date of the calibration;

(b) The manufacturer's name, model number, and serial number of the teletherapy, remote afterloader, and gamma stereotactic radiosurgery units, the sources, and the instruments used to calibrate the units;

(c) The results and an assessment of the full calibrations;

(d) The results of the autoradiograph required for low dose-rate remote afterloader units; and

(e) The signature of the authorized medical physicist who performed the full calibration.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-614, filed 9/20/22, effective 10/21/22.
Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-614, filed 2/6/06, effective 3/9/06.]

WAC 246-240-617 Records of periodic spot-checks for teletherapy units. (1) A licensee shall retain a record of each periodic spot-check for teletherapy units required by WAC 246-240-378 for three years.

(2) The record must include:

(a) The date of the spot-check;

(b) The manufacturer's name, model number, and serial number of the teletherapy unit, source and instrument used to measure the output of the teletherapy unit;

(c) An assessment of timer linearity and constancy;

(d) The calculated on-off error;

(e) A determination of the coincidence of the radiation field and the field indicated by the light beam localizing device;

(f) The determined accuracy of each distance measuring and localization device;

(g) The difference between the anticipated output and the measured output;

(h) Notations indicating the operability of each entrance door electrical interlock, each electrical or mechanical stop, each source exposure indicator light, and the viewing and intercom system and doors; and

(i) The name of the individual who performed the periodic spot-check and the signature of the authorized medical physicist who reviewed the record of the spot-check.

(3) A licensee shall retain a copy of the procedures required by WAC 246-240-378(2) until the licensee no longer possesses the teletherapy unit.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-617, filed 2/6/06, effective 3/9/06.]

WAC 246-240-620 Records of periodic spot-checks for remote afterloader units. (1) A licensee shall retain a record of each spot-check for remote afterloader units required by WAC 246-240-381 for three years.

(2) The record must include, as applicable:

(a) The date of the spot-check;

(b) The manufacturer's name, model number, and serial number for the remote afterloader unit and source;

(c) An assessment of timer accuracy;

(d) Notations indicating the operability of each entrance door electrical interlock, radiation monitors, source exposure indicator lights, viewing and intercom systems, and clock and decayed source activity in the unit's computer; and

(e) The name of the individual who performed the periodic spot-check and the signature of the authorized medical physicist who reviewed the record of the spot-check.

(3) A licensee shall retain a copy of the procedures required by WAC 246-240-381(2) until the licensee no longer possesses the remote afterloader unit.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-620, filed 2/6/06, effective 3/9/06.]

WAC 246-240-623 Records of periodic spot-checks for gamma stereotactic radiosurgery units. (1) A licensee shall retain a record of each spot-check for gamma stereotactic radiosurgery units required by WAC 246-240-384 for three years.

(2) The record must include:

(a) The date of the spot-check;

(b) The manufacturer's name, model number, and serial number for the gamma stereotactic radiosurgery unit and the instrument used to measure the output of the unit;

(c) An assessment of timer linearity and accuracy;

(d) The calculated on-off error;

(e) A determination of trunnion centricity;

(f) The difference between the anticipated output and the measured output;

(g) An assessment of source output against computer calculations;

(h) Notations indicating the operability of radiation monitors, helmet microswitches, emergency timing circuits, emergency off buttons, electrical interlocks, source exposure indicator lights, viewing and intercom systems, timer termination, treatment table retraction mechanism, and stereotactic frames and localizing devices (trunnions); and

(i) The name of the individual who performed the periodic spot-check and the signature of the authorized medical physicist who reviewed the record of the spot-check.

(3) A licensee shall retain a copy of the procedures required by WAC 246-240-384(2) until the licensee no longer possesses the gamma stereotactic radiosurgery unit.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-623, filed 2/6/06, effective 3/9/06.]

WAC 246-240-626 Records of additional technical requirements for mobile remote afterloader units. (1) A licensee shall retain a record of each check for mobile remote afterloader units required by WAC 246-240-387 for three years.

(2) The record must include:

(a) The date of the check;

(b) The manufacturer's name, model number, and serial number of the remote afterloader unit;

(c) Notations accounting for all sources before the licensee departs from a facility;

(d) Notations indicating the operability of each entrance door electrical interlock, radiation monitors, source exposure indicator lights, viewing and intercom system, applicators, source transfer tubes, and transfer tube applicator interfaces, and source positioning accuracy; and

(e) The signature of the individual who performed the check.

[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-626, filed 2/6/06, effective 3/9/06.]

WAC 246-240-629 Records of surveys of therapeutic

treatment units. (1) A licensee shall maintain a record of radiation surveys of treatment units made in accordance with WAC 246-240-390 for the duration of use of the unit.

(2) The record must include:

(a) The date of the measurements;

(b) The manufacturer's name, model number and serial number of the treatment unit, source, and instrument used to measure radiation levels;

(c) Each dose rate measured around the source while the unit is in the off position and the average of all measurements; and

(d) The signature of the individual who performed the test.
[Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-629, filed 2/6/06, effective 3/9/06.]

WAC 246-240-632 Records of full-inspection servicing for

teletherapy and gamma stereotactic radiosurgery units. (1) A licensee shall maintain a record of the full-inspection servicing for teletherapy and gamma stereotactic radiosurgery

units required by WAC 246-240-393 for the duration of use of the unit.

(2) The record must contain:

(a) The inspector's radioactive materials license number;

(b) The date of inspection;

(c) The manufacturer's name and model number and serial number of both the treatment unit and source;

(d) A list of components inspected and serviced, and the type of service; and

(e) The signature of the inspector.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-632, filed 9/20/22, effective 10/21/22.

Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-632, filed 2/6/06, effective 3/9/06.]

REPORTS

WAC 246-240-651 Report and notification of a medical event. (1) A licensee shall report any event as a medical event, except for an event that results from patient intervention, in which:

(a) The administration of radioactive material or radiation from radioactive material, except permanent implant brachytherapy, results in:

(i) A dose that differs from the prescribed dose or dose that would have resulted from the prescribed dosage by more than 0.05 Sv (five rem) effective dose equivalent, 0.5 Sv (50 rem) to an organ or tissue, or 0.5 Sv (50 rem) shallow dose equivalent to the skin; and

(A) The total dose delivered differs from the prescribed dose by 20 percent or more;

(B) The total dosage delivered differs from the prescribed dosage by 20 percent or more or falls outside the prescribed dosage range; or

(C) The fractionated dose delivered differs from the prescribed dose, for a single fraction, by 50 percent or more.

(ii) A dose that exceeds 0.05 Sv (five rem) effective dose equivalent, 0.5 Sv (50 rem) to an organ or tissue, or 0.5 Sv (50 rem) shallow dose equivalent to the skin from any of the following:

(A) An administration of a wrong radioactive drug containing radioactive material or the wrong radionuclide for a brachytherapy procedure;

(B) An administration of a radioactive drug containing radioactive material by the wrong route of administration;

(C) An administration of a dose or dosage to the wrong individual or human research subject;

(D) An administration of a dose or dosage delivered by the wrong mode of treatment; or

(E) A leaking sealed source.

(iii) A dose to the skin or an organ or tissue other than the treatment site that exceeds by:

(A) 0.5 Sv (50 rem) or more the expected dose to that site from the procedure if the administration had been given in accordance with the written directive prepared or revised before administration; and

(B) Fifty percent or more the expected dose to that site from the procedure if the administration had been given in accordance with the written directive prepared or revised before administration.

(b) For permanent implant brachytherapy, the administration of radioactive material or radiation from radioactive material (excluding sources that were implanted in the correct site but migrated outside the treatment site) that results in:

(i) The total source strength administered differing by 20 percent or more from the total source strength documented in the post-implantation portion of the written directive;

(ii) The total source strength administered outside of the treatment site exceeding 20 percent of the total source strength documented in the post-implantation portion of the written directive; or

(iii) An administration that includes any of the following:

(A) The wrong radionuclide;

(B) The wrong individual or human research subject;

(C) Sealed sources implanted directly into a location discontiguous from the treatment site, as documented in the post-implantation portion of the written directive; or

(D) A leaking sealed source resulting in a dose that exceeds 0.5 Sv (50 rem) to an organ or tissue.

(2) A licensee shall report any event resulting from intervention of a patient or human research subject in which the administration of radioactive material or radiation from radioactive material results or will result in unintended permanent functional damage to an organ or a physiological system, as determined by a physician.

(3) The licensee shall notify by telephone (360-236-3300) the department no later than the next calendar day after discovery of the medical event.

(4) By an appropriate method listed in WAC 246-221-250, the licensee shall submit a written report to the department at P.O. Box 47827, Olympia WA 98504-7827 within 15 days after discovery of the medical event.

(a) The written report must include:

(i) The licensee's name;

(ii) The name of the prescribing physician;

(iii) A brief description of the event;

(iv) Why the event occurred;

(v) The effect, if any, on the individuals who received the administration;

(vi) What actions, if any, have been taken or are planned to prevent recurrence; and

(vii) Certification that the licensee notified the individual (or the individual's responsible relative or guardian), and if not, why not.

(b) The report may not contain the individual's name or any other information that could lead to identification of the individual.

(5) The licensee shall provide notification of the event to the referring physician and also notify the individual who is the subject of the medical event no later than 24 hours after its discovery, unless the referring physician personally informs the licensee either that they will inform the individual or that, based on medical judgment, telling the individual would be harmful. The licensee is not required to notify the individual without first consulting the referring physician. If the referring physician or the affected individual cannot be reached within 24 hours, the licensee shall notify the individual as soon as possible thereafter. The licensee may not delay any appropriate medical care for the individual, including any

necessary remedial care as a result of the medical event, because of any delay in notification. To meet the requirements of this subsection, the notification of the individual who is the subject of the medical event may be made instead to that individual's responsible relative or guardian. If a verbal notification is made, the licensee shall inform the individual, or appropriate responsible relative or guardian, that a written description of the event can be obtained from the licensee upon request. The licensee shall provide a written description if requested.

(6) Aside from the notification requirement, nothing in this section affects any rights or duties of licensees and physicians in relation to each other, to individuals affected by the medical event, or to that individual's responsible relatives or guardians.

(7) A licensee shall:

(a) Annotate a copy of the report provided to the department with the:

(i) Name of the individual who is the subject of the event;

and

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(ii) Identification number or if no other identification number is available, the social security number ((~~Social Security number or other identification number, if one has been assigned,~~)) of the individual who is the subject of the event; and

(b) Provide a copy of the annotated report to the referring physician, if other than the licensee, no later than 15 days after the discovery of the event.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-651, filed 9/20/22, effective 10/21/22.
Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-651, filed 2/6/06, effective 3/9/06.]

WAC 246-240-654 Report and notification of a dose to an embryo/fetus or a nursing child. (1) A licensee shall report to the department at P.O. Box 47827, Olympia WA 98504-7827, (phone 360-236-3300), any dose to an embryo/fetus that is greater than 50 mSv (five rem) dose equivalent that is a result of an administration of radioactive material or radiation from radioactive material to a pregnant individual unless the dose to the embryo/fetus was specifically approved, in advance, by the authorized user.

(2) A licensee shall report any dose to a nursing child that is a result of an administration of radioactive material to a breast-feeding individual that:

(a) Is greater than 50 mSv (five rem) total effective dose equivalent; or

(b) Has resulted in unintended permanent functional damage to an organ or a physiological system of the child, as determined by a physician.

(3) The licensee shall notify by telephone the department no later than the next calendar day after discovery of a dose to the embryo/fetus or nursing child that requires a report in subsection (1) or (2) of this section.

(4) By an appropriate method listed in WAC 246-221-250, the licensee shall submit a written report to the department within 15 days after discovery of a dose to the embryo/fetus or nursing child that requires a report in subsection (1) or (2) of this section.

(a) The written report must include:

(i) The licensee's name;

(ii) The name of the prescribing physician;

(iii) A brief description of the event;

(iv) Why the event occurred;

(v) The effect, if any, on the embryo/fetus or the nursing child;

(vi) What actions, if any, have been taken or are planned to prevent recurrence; and

(vii) Certification that the licensee notified the pregnant individual or mother (or the mother's or child's responsible relative or guardian), and if not, why not.

(b) The report must not contain the individual's or child's name or any other information that could lead to identification of the individual or child.

(5) The licensee shall provide notification of the event to the referring physician and also notify the pregnant individual or mother, both hereafter referred to as the mother, no later than 24 hours after discovery of an event that would require reporting under subsection (1) or (2) of this section, unless the referring physician personally informs the licensee either that they will inform the mother or that, based on medical judgment, telling the mother would be harmful. The licensee is

not required to notify the mother without first consulting with the referring physician. If the referring physician or mother cannot be reached within 24 hours, the licensee shall make the appropriate notifications as soon as possible thereafter. The licensee may not delay any appropriate medical care for the embryo/fetus or for the nursing child, including any necessary remedial care as a result of the event, because of any delay in notification. To meet the requirements of this subsection, the notification may be made to the mother's or child's responsible relative or guardian instead of the mother. If a verbal notification is made, the licensee shall inform the mother, or the mother's or child's responsible relative or guardian, that a written description of the event can be obtained from the licensee upon request. The licensee shall provide a written description if requested.

(6) A licensee shall:

(a) Annotate a copy of the report provided to the department with the:

(i) Name of the pregnant individual or the nursing child who is the subject of the event; and

(ii) Identification number or if no other identification number is available, the social security number of the individual who is the subject of the event (~~(Social Security number or other identification number, if one has been assigned, of the pregnant individual or the nursing child who is the subject of the event))~~; and

(b) Provide a copy of the annotated report to the referring physician, if other than the licensee, no later than 15 days after the discovery of the event.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-654, filed 9/20/22, effective 10/21/22.
Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-654, filed 2/6/06, effective 3/9/06.]

WAC 246-240-657 Report of a leaking source. A licensee shall file a report within five days if a leak test required by WAC 246-240-113 reveals the presence of 185 becquerels (0.005 microcuries) or more of removable contamination. The report must be filed with the department, and sent to the department at P.O. Box 47827, Olympia WA 98504-7827, (phone 360-236-3300). The written report must include the model number and serial number

if assigned, of the leaking source; the radionuclide and its estimated activity; the results of the test; the date of the test; and the action taken.

[Statutory Authority: RCW 70.98.050 and 70.98.080. WSR 09-06-003, § 246-240-657, filed 2/18/09, effective 3/21/09. Statutory Authority: RCW 70.98.050. WSR 06-05-019, § 246-240-657, filed 2/6/06, effective 3/9/06.]

WAC 246-240-660 Report and notification for an eluate exceeding permissible molybdenum-99, strontium-82, and strontium-85 concentrations. (1) The licensee shall notify by telephone the department and the distributor of the generator within seven calendar days after discovery that an eluate exceeded the permissible concentration listed in WAC 246-240-160(1) at the time of generator elution. The telephone report to the department must include the manufacturer, model number, and serial number (or lot number) of the generator; the results of the measurement; the date of the measurement; whether dosages were administered to patients or human research subjects, when the distributor was notified, and the action taken.

(2) By an appropriate method listed in WAC 246-221-250, the licensee shall submit a written report to the department at P.O. Box 47827, Olympia WA 98504-7827 within 30 days after discovery of an eluate exceeding the permissible concentration at the time of generator elution. The written report must include the action taken by the licensee; the patient dose assessment; the methodology used to make this dose assessment if the eluate was administered to patients or human research subjects; and the probable cause and an assessment of failure in the licensee's equipment, procedures or training that contributed to the excessive readings if an error occurred in the licensee's breakthrough determination; and the information in the telephone report as required by subsection (1) of this section.

[Statutory Authority: RCW 70A.388.040 and 70A.388.110. WSR 22-19-084, § 246-240-660, filed 9/20/22, effective 10/21/22.]