


Name of Policy: Waste Disposal of Radiopharmaceuticals Policy Number: 3364-106-N07 Approving Officer: Chief Executive Officer Responsible Agent: Director of Cardiovascular Services, Medical Director, Non-Invasive Cardiac Imaging Scope: University of Toledo Medical Center		 Effective date: 3/24/2025 Original effective date: 10/1990	
Key words: Radiation, Nuclear Testing, Stress Test, Radiopharmaceuticals, Safety Procedures			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy Statement

Only Licensed, Registered Nuclear Medicine Technologists are authorized to dispose of radioactive materials according to the rules and regulations of the Ohio Department of Health-Bureau of Radiation Protection, the Nuclear Regulatory Commission, and the University of Toledo Medical Center Radiation Safety Office.

(B) Purpose of Policy

To ensure that proper safety procedures and regulations are followed to eliminate the possibility of unnecessary radiation exposure to patients, visitors, or personnel.

(C) Procedure

1. All needles and syringes used in the injection of Radiopharmaceuticals will be returned to the nuclear pharmacy of origin in the labeled lead lined containers (“PIGS”) which the Radiopharmaceuticals were delivered in.
2. The cases holding the lead “PIGS” will be surveyed at the surface and at 1 meter with a Geiger-Mueller Tube (Geiger Counter).
3. The cases and the “PIGS” will be visually checked for leakage.
4. The outside of the cases and the “PIGS” will be swiped with a Q-Tip and checked for contamination using a Well Counter.
5. All other needles, syringes, IV sets, band aids, or other materials that may be contaminated with radioactive waste are to be deposited into properly labeled lead lined sharps containers or in the red biohazard bag lined trash container located inside the labeled Caution Radioactive Materials lead cabinet.
6. Once a container is full or at weeks end, the red biohazard bag will be closed for 10 half-lives and survey readings have reached background reading mR/hr. prior to disposal.
7. The radioactive waste will then be transferred to the properly labeled area designated by the Radiation Safety Office and stored until the required amount of time has passed according to ODH-BRP and or NRC regulations.

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8. All survey, swipe, and waste disposal results will be properly recorded in the appropriate logbook or computer file to include isotope name, date container closed, date container disposed, technologist initials, and date new bag is opened.
9. All calibration sources, QC phantoms containing radioactive compounds, and extra doses, will be kept in a lead lined storage decay module located in the Heart Station Hot Lab.
10. The Heart Station Hot Lab will be locked at all times.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Todd Korzec, RN, BSN Director, Cardiovascular Services</p> <p>1/31/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Samer Khouri, MD Medical Director, Non-Invasive Cardiac Imaging</p> <p>3/7/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Christine Stesney-Ridenour, FACHE Chief Operating Officer</p> <p>3/24/2025</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Director, Cardiovascular Services</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none">• <i>None</i> <p>Initial effective date: 10/1990</p> <p>Review/Revision Date:</p> <p>9/92 12/95 7/97 8/99 7/01 5/04 7/07 8/10 6/13 3/16 3/19 2/22 3/24/2025</p> <p>Next review date: 3/24/2028</p>
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