UNIVERSITY OF TOLEDO HEALTH SCIENCE CAMPUS

SUBJECT: RADIOIODINE BIOASSAY Procedure No: HM-08-006

PROCEDURE STATEMENT

Employees using liquid radioiodines above listed limits must be assayed for radioiodine uptake.

PURPOSE OF PROCEDURE

To ensure that any uptake of any radioiodines is monitored and recorded to ensure compliance with regulatory limits.

PROCEDURE

1. Persons directly handling therapeutic radioiodines in capsule form >33 mCi in clinical areas are no longer required to have a bioassay completed..

2. Persons directly handling liquid therapeutic radioiodines >33 mCi in clinical areas must be bioassayed within 72 hours of the administration.

3. All persons required to be bioassayed will report to the Nuclear Medicine division of the Department of Radiology at a time appointed by the Radiation Safety Officer.

4. While still in the department, a patient who vomits after a radioiodine therapy should do so into a container or directly into the toilet if possible, which must be flushed clean.

5. If the patient vomits while in the department after a radioiodine therapy, anyone who is present or participates in the clean-up and/or decontamination will be required to be bioassayed within 72 hours.

5. Nuclear Medicine or Radiation Safety personnel will perform the bioassay and record the data.

6. Bioassay data will be filed in the Radiation Safety Office, or be available to Radiation Safety personnel.

Source: Radiation Safety Office Effective Date: 1/1/94

Review/Revision Date: 3/21/95
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1/27/99
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