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| Name of Policy: <u>Waste Disposal of Radiopharmaceuticals</u> Policy Number: 3364-106-N07 Department: Heart Station Approving Officer: Chief Operating Officer - UTMC Responsible Agent: Director Cardiovascular Services Scope: University of Toledo Medical Center Heart Station |  Effective Date: 2/1/2022 Initial Effective Date: 10/1990 |
| <input type="checkbox"/> New policy proposal <input type="checkbox"/> Major revision of existing policy | <input type="checkbox"/> Minor/technical 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 in order 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 company of origin in the labeled lead lined containers (“PIGS”) that 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 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 containers (SHARPS SHIELDS).
6. At the proper time these lead lined containers will be emptied, and the radioactive waste will be identified, dated and checked for radiation reading (mR/hr).
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.
8. All survey, swipe, and waste disposal results will be properly recorded in the appropriate logbook or computer file.
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.

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| <u>/s/</u> Todd Korzec, RN, BSN Director Cardiovascular Services | <u>03/16/2022</u> Date | 9/92 12/95 7/97 8/99 7/01 5/04 7/07 8/10 6/13 3/16 3/19 2/22 |
| <u>/s/</u> Samer J. Khouri, MD Director, Non-Invasive Cardiac Imaging | <u>03/16/2022</u> Date | |
| <u>/s/</u> Christine Stesney-Ridenour, FACHE Chief Operating Officer- UTMC | <u>03/16/2022</u> Date | |
| <i>Review/Revision Completed By: Todd Korzec, RN, BSN Heart Station</i> | | Next Review Date: 2/1/2025 |
| Policies Superseded by This Policy: | | |