


Name of Policy: <u> Nuclear Diagnostic Instrumentation </u> Policy Number: 3364-106-N12 Department: Heart Station Approving Officer: Chief Operation Officer - UTMC Responsible Agent: Director Cardiovascular Services Scope: University of Toledo Medical Center Heart Station	 Effective Date: 2/1/2022 Initial Effective Date: 7/1/1990
<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

All diagnostic instrumentation associated with Nuclear Medicine procedures shall be inspected and checked according to the manufacturer’s recommendations, the Ohio Department of Health-Bureau of Radiation Protection guidelines and the Nuclear Regulatory Commission (NRC) guidelines.

(B) Purpose of Policy

To insure that all equipment is calibrated and operating within specified parameters as stated by the manufacturer, the State of Ohio, and the NRC.

(C) Procedure

1. Perform a daily flood test on each nuclear gamma camera.
2. Perform energy and/or flood calibration on gamma cameras when stipulated by the manufacturer.
3. Perform monthly center of rotation calibration on gamma cameras.
4. Perform daily constancy checks on dose calibrators and well counters.
5. Perform linearity checks quarterly on dose calibrators.
6. Perform accuracy checks on dose calibrators yearly.
7. Perform geometry dependence checks on dose calibrators at installation and after repairs.
8. Perform daily battery and source checks on all Geiger Mueller tubes.
9. Perform annual calibration checks on all Geiger Mueller tubes.
10. Perform annual checks on ECG gate modules.
11. Where applicable, check interface between gamma camera and computer.
12. Record all tests and checks in the proper logbook or computer file.
13. Record all Quality Control, Service calls and Repairs made on equipment in the proper logbook or computer file.
14. Perform any and all calibration or constancy checks when and where applicable according to the manufacturer or supplier’s recommendations.
15. All equipment will be checked by UTMC Technology Support Services on an annual or semi-annual basis according to a preventative maintenance program developed by the vendor and or Technology Support Services.

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