


Name of Policy: Radiation Safety Policy Number: 3364-106-N25 Approving Officer: Chief Operating 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: 7/1990	
Key words: Radiation, Nuclear Testing, Stress Test, 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

As prescribed by the Ohio Administrative Code, Radiation Safety Policies and Safe Operating procedures shall be developed which are specific to the facilities and equipment at the University of Toledo Medical Center.

(B) Purpose of Policy

To provide Radiation Safety policies and procedures to minimize the possibility of radiation exposures to personnel and patients.

(C) Procedure

1. Nuclear Medicine procedures are to be performed only at the request of a physician using the appropriate requisition.
2. Procedures shall be performed only by licensed UTMC staff. Students undergoing Nuclear Medicine training may perform procedures after having been instructed in Radiation Safety and only under the direct supervision of licensed personnel.
3. The Ohio Radiation Protection Rules are located in the office of the Radiation Safety Officer and can be found online under Ohio Administrative Code number 3701:1 Radiation Control.
4. The Radiation Safety manual is located in the HSC Radiation Safety Department Room UMC 0259.
5. The Radiation Safety Manual can also be found online on the University of Toledo Radiation Safety Website.
6. All Nuclear Medicine staff shall attend annual Radiation Safety training provided by the Radiation Safety Officer. Changes in radiation safety policies will be communicated at that time or by memorandum.
7. All hospital personnel will receive basic radiation safety training as part of their orientation.
8. In case of any unusual event or incident involving the use of radioactive materials a cardiology or radiology supervisor should be notified. If deemed appropriate the RSO should be notified as well.
9. Nuclear Medicine procedure rooms and control areas shall have the appropriate signage for radioactive materials use and storage and are restricted for use by authorized personnel.
10. No staff personnel shall physically hold or restrain a patient during a Nuclear Medicine procedure. All other means of patient restraint should be used first. If holding by physical means is necessary than only for the shortest possible time and using any and all protective devices.
11. All employees should keep their radiation exposure As Low As Reasonably Achievable (ALARA). This means that, even for exposures well below limits, personnel should minimize their exposure consistent with providing quality patient care. Techniques for reducing exposure include maximizing distance from a source, minimizing time near the source and employing appropriate shielding.

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12. Exposure records are maintained in the files of the Radiation Safety Office. They are reviewed after each wear period. Readings that exceed 10% of the quarterly Maximum Permissible Dose (MPD) are noted and their appropriateness is considered. Exposures exceeding 30% of the MPD are investigated. Recommendations for reducing exposures are made.
13. The maximum permissible whole body radiation dose to employees in restricted areas is 1250 mRem/calendar quarter. Exposure to minor employees is limited to 125 mRem/quarter. The dose to the fetus of an employee is limited to 500 mRem during pregnancy.
14. Any exposure to personnel which exceeds the limits set down in the Ohio Administrative Code will be reported to the Director of Health in writing within 30 days, as is required by Chapter 3701-38-34. Any exposure exceeding the limits given in Chapter 3701-38-32 will be reported to the Director of Health within 24 hours.
15. All patients shall be provided with an explanation of the procedure before any Nuclear Medicine procedure is performed to inform, alleviate anxiety and enlist the cooperation of the patient. Any questions the patient may have should be addressed at this time.
16. The identity of the patient will be confirmed prior to performing the procedure, for outpatients check their full name and birthday, for inpatients check their name and medical record number on their ID bracelet.
17. All female patients of child-bearing age must be questioned as to their pregnancy status. This must be documented on the pregnancy form. If the status is in doubt, a negative pregnancy test is required, and the procedure is deferred. A Nuclear Medicine physician may override this requirement if the procedure is deemed necessary.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Todd Korzec, RN, BSN Director, Cardiovascular Services</p> <p>3/6/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Samer Khouri, MD Medical Director, Non-Invasive Cardiac Imaging</p> <p>3/6/2025</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:</i> <i>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: 7/1990</p> <p>Review/Revision Date:</p> <p>9/92 12/95 7/97 8/99 7/01 5/04 7/07 10/10 6/13 3/16 2/22 3/24/2025</p> <p>Next review date: 3/24/2028</p>
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