



# Mercy Hospital

25 Church Street  
P.O. Box 650  
Wilkes-Barre, Pennsylvania 18765  
717-826-3100

MAY 17, 1985

MS 16  
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JOHN D. KINNEMAN, CHIEF  
NUCLEAR MATERIALS SAFETY SECTION A  
DIVISION OF RADIATION SAFETY  
AND SAFEGUARDS  
U.S. NUCLEAR REGULATORY COMMISSION  
REGION I  
631 PARK AVENUE  
KING OF PRUSSIA, PA 19406

DEAR SIR,

WE REFER TO MAIL CONTROL NO. 03565 IN REGARD TO THE CONTINUED REVIEW  
OF OUR LICENSE NO. 37-00897-01.

WE WILL ADDRESS YOUR QUESTIONS AS THEY APPEAR IN YOUR LETTER OF APRIL 30,  
1985.

1. WE ARE CURRENTLY UTILIZING THE SERVICES OF A CENTRALIZED RADIO-  
PHARMACY, SYNCORE, INC., ALLENTOWN, PENNSYLVANIA, FOR OUR RADIONUCLIDE  
DOSES. HOWEVER, WE DO NOT WISH TO RULE OUT THE USE OF Tc-99M GENERATORS  
IN THE FUTURE. WE WILL, THEREFORE, CONFIRM THE PURCHASE OF A SURVEY  
METER CAPABLE OF READINGS UP TO 1 ROENTGEN PER HOUR. WE CANNOT CONFIRM  
WHICH METER WE WILL OBTAIN AT THIS TIME AS WE AWAIT THE RECOMMENDATION  
FROM OUR CONSULTANT RADIATION PHYSICIST AS TO THE MAKE AND MODEL TO  
PURCHASE.

2. A) PLEASE SEE OUR PROCEDURE ATTACHED FOR THE HOSPITALIZATION  
OF PATIENTS WHO HAVE RECEIVED RADIOACTIVE MATERIAL LISTED  
IN LOCFR 35.100, SCHEDULE A, GROUP IV.
- B) WE WILL CONFIRM THAT IODINE-131 WILL ONLY BE RECEIVED AND  
ADMINISTERED AS CAPSULES.
- C) WE WISH TO DELETE OUR REQUEST FOR THE USE OF 30.0 MC OF IODINE-131  
AS IODIDE FOR THE TREATMENT OF THYROID CARCINOMA. WE DO NOT  
WISH AUTHORIZATION FOR GROUP V OF LOCFR 35.100.

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REG1 LIC30  
37-00897-01 PDR

SO & NJ 6Z MAY 29 1985

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RECEIVED-REGION 1

"OFFICIAL RECORD COPY"



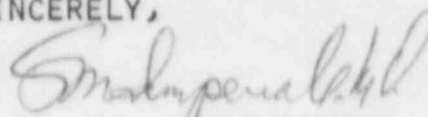
A SISTERS OF MERCY HOSPITAL - PROVINCE OF SCRANTON

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MAY 29 1985

WE HOPE WE HAVE ANSWERED THESE QUESTIONS TO YOUR SATISFACTION AND  
WILL AWAIT YOUR RESPONSE.

SINCERELY,

A handwritten signature in cursive script, appearing to read "S. M. Imperiale".

S. M. IMPERIALE, M.D.  
RADIATION SAFETY OFFICER

ENCLOSURES: HOSPITAL PROCEDURE: "THERAPEUTIC USE OF RADIOPHARMACEUTICALS".

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As per Item 19, Regulatory Guide 10.8:

1. A private room will be provided for therapy patients who receive I-131, as they may constitute an external radiation hazard to roommates. This private room will have a private toilet. The room will be posted in accordance with 20.203 or 20.204 of 10 CFR Part 20.

2. In dealing with therapy patients, good housekeeping methods will be maintained. The large surfaces in the room and toilet areas that are more likely to be contaminated will be covered with absorbent pads or protective material as appropriate to the amounts of contamination to be expected. Attention will be given to objects likely to be touched by the patient, e.g., telephones, doorknobs, and other items difficult to decontaminate. Plastic bags or wrappings that are waterproof and easily disposable will be used on these items. Disposable dishes and utensils shall be used. The patient will be instructed to double flush the toilet after each use.

3. Surveys of the patient's room and surrounding areas will be conducted as soon as practicable after administration of the treatment dose. Exposure rates will be measured at the patient's bedside and 1 meter from the patient after administration and at the entrance to the room. The Radiation Safety Officer or his designee will then determine how long a person may remain at these positions and will post these times on the patient's chart and on his door. The results of daily surveys will be used to recalculate permitted times, which will be posted on the patient's chart and on his door.

As we shall only use I-131 in its capsular form, bioassays of personnel will not be required.

Radiation levels in unrestricted areas will be maintained at levels less than or equal to the limits specified in paragraph 20.105 b of 10 CFR Part 20.

All linens will be surveyed for contamination before being removed from the patient's room and, if necessary, will be held for decay.

Disposable plates, cups, eating utensils, tissue, surgical dressings, and other similar waste items will be placed in a specially designated container. The material will be collected daily by the RSO or his designee, and checked for contamination, and disposed of as normal or radioactive waste, as appropriate.

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Item 19 cont.

Nondisposable items used for these patients will be held in plastic bags in the patient's room and will be checked for contamination by the RSO or his designee. Items may be returned for normal use, held for decay, or decontaminated, as appropriate.

4. The results of daily surveys will be posted on the patients chart and in the RSO's report as well as the determination of how long a person may remain at designated areas.

5. Nursing instructions as per Appendix K, Regulatory Guide 10.8 shall be placed on the patient's chart and on the patients door.

6. Film badges shall be worn by the RSO and his designee, pocket chambers will be worn for supplementary personnel monitoring of individual tasks as deemed necessary by the RSO.

7. All contaminated wastes and vomitus (excreta) shall be maintained in plastic bags in the patient's room for disposal by the RSO or his designee. Feces will not be routinely saved unless ordered on the chart. The same toilet will be used by the patient at all times and will be doubled flushed.

Surgical dressings and other disposable items will be placed in designated waste containers and shall be disposed of by the RSO or his designee.

8. Procedures for emergency surgery or death will be as per NCRP Report No. 37.

9. Patients shall be permitted discharge as long as they contain no more than 30 mCi's of I-131. The family shall be instructed as to special considerations in the patients care by the RSO or his designee.

Every effort shall be made to maintain radiation exposures to hospital personnel, the patient, the patient's family and to the general public to As Low As Reasonably Achievable (ALARA).