

Nuclear Hot Lab

QC Handbook

Location:

Start Date:

End Date:

DISCLAIMER

| | |
|----|--|
| 1. | These guidelines are not all-inclusive |
| 2. | Guidelines must be modified as necessary to address the unique needs of the specific nuclear medicine clinic |
| 3. | All protocols and procedures must be approved by the clinic's radiation safety officer and by the medical director |
| 4. | Guidelines may be modified at any time by the supervising physician |
| 5. | Use at your own risk and responsibility |

KEY PERSONNEL

| Position | Name | Phone 1 | Phone 2 |
|------------------|-------------|----------------|----------------|
| Medical Director | | | |
| Chief Tech | | | |
| RSO | | | |
| Backup RSO | | | |
| Authorized User | | | |
| Authorized User | | | |
| Authorized User | | | |
| Practice Manager | | | |
| Secretary | | | |

_____ Practice Manager Signature & Date

_____ Medical Director Signature & Date

SIGNAGE

The following is posted in each clinic location

| | |
|--|---|
| | RAM License |
| | Radioactive Materials Sign(s) Where Appropriate |
| | NRC Form 3 – Notice to Employees |
| | Workers Compensation Form |
| | Physicians' Medical Licenses |
| | ACLS Cards |
| | Dipyridamole Dosing Chart |
| | Adenosine Dosing Chart |
| | CCK Dosing Chart |
| | Pregnancy Warning Sign |

_____ Chief Tech Signature & Date

_____ RSO Signature & Date

BASELINE REPORTS FOLDER

| | |
|--|--|
| | RAM License |
| | Hot Lab Floor Diagram |
| | Wipe and Survey Locations |
| | Purchase Certificates for Sources |
| | Medical Licenses for Physicians and Nurses |
| | ACLS Certification Cards |
| | Dose Calibrator Geometry on Installation |
| | Dose Calibratory Accuracy on Installation |
| | Dose Calibrator Linearity on Installation |
| | Survey Meter Calibration on Installation |

_____ Chief Tech Signature & Date

_____ RSO Signature & Date

DAILY ROUTINE PROCEDURES

AM

| |
|-----------------------------|
| Survey Meter Check |
| Package Survey and Check-In |
| Dose Calibrator Constancy |
| Peak & Tune Camera |
| Camera Flood |
| Check Defibrillator / AED |

PRIOR TO EACH PATIENT PROCEDURE

| |
|---|
| Check Label to Ensure Proper Radiopharmaceutical and Time |
| Check and Record Activity in Log Book or Computer |
| Verify Correct Patient & Correct Procedure (twice) |

PM

| |
|-------------------------------|
| Area Survey |
| Area Wipes (weekly) |
| Bars (weekly) |
| Verify Log Book is Up-to-Date |
| Secure Lab and Radioisotopes |

Initial and date below to confirm the above procedures were followed during routine clinic operation

| Date | Initials | Date | Initials | Date | Initials | Date | Initials |
|------|----------|------|----------|------|----------|------|----------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

MONTHLY ROUTINE PROCEDURES

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|--|--|
| | Center of Rotation * |
| | High Count Flood |
| | Camera Uniformity |
| | Print out monthly reports and file a hard copy |

MONTHLY REPORTS

| | |
|--|--|
| | Patient Study Summary: # of procedures, etc. |
| | Survey Meter Tests |
| | Dose Calibrator Constancy Tests |
| | Area Surveys |
| | Area Wipes |
| | Camera QC Report |
| | Medications Checklist (ensure crashcart is up-to-date) |
| | Floods |
| | Bars |
| | Camera Uniformity |
| | Camera Sensitivity |
| | Monthly Brief Audit With Corrective Action(s) as Necessary |

* COR frequency depends upon camera specifications, varies from weekly to monthly

_____ Chief Tech Signature & Date

MONTHLY AUDIT

check if item was performed satisfactorily; circle if item needs to be addressed

Audit Date:

EQUIPMENT

| | |
|--|---|
| | Floods acceptable quality |
| | Bars acceptable quality |
| | COR acceptable per camera recommendations |
| | Survey meter calibration up-to-date |
| | Dose calibrator constancy acceptable |

RADIATION SAFETY

| | |
|--|--|
| | Radioisotope security: all isotopes locked & secure |
| | Personnel: badge monitoring up-to-date |
| | Surveys: daily surveys & weekly wipes all acceptable |

LICENSURE

| | |
|--|--|
| | RAM License up-to-date |
| | Physician, nurse, & tech licenses up-to-date |
| | ACLS Training up-to-date |

CORRECTIVE ACTIONS

| |
|--|
| If any deficiencies are noted, list corrective actions here: |
| |
| |

_____ Chief Tech Signature & Date

QUARTERLY ROUTINE PROCEDURES

| | |
|--|--|
| | Dose Calibrator Linearity * |
| | Dose Calibrator Accuracy |
| | Source Inventory |
| | Badges ** |
| | Audit With Corrective Action(s) as Necessary |
| | Radiation Safety Meeting |
| | HIPAA Compliance Review |
| | Quality Assurance Project |
| | Patient and/or Referring Clinician Satisfaction Report |
| | Business Review Performed |

* Linearity must done by by decay at least once yearly; calicheck ok at other times.

** Depending upon clinic volume, badges may need to be checked monthly

_____ Chief Tech Signature & Date

_____ RSO Signature & Date

QUARTERLY AUDIT

check if item was performed satisfactorily; circle if item needs to be addressed

Audit Date:

QUALITY CONTROL

| | |
|--|---|
| | Monthly Audits: any deficiencies satisfactorily addressed |
| | All quarterly routine tasks performed |

RADIATION SAFETY

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|--|--|
| | All routine quarterly meetings held |
| | Dosimetry records up-to-date & acceptable |
| | Misadministrations: either none, or NRC notified |

RECORD KEEPING

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|--|--|
| | Radiopharmaceutical records maintained & backed up |
| | Patient reports maintained & backed up |
| | Scan data maintained & backed up |

CORRECTIVE ACTIONS

| |
|--|
| If any deficiencies are noted, list corrective actions here: |
| |
| |

_____ Chief Tech Signature & Date

_____ RSO Signature & Date

RADIATION SAFETY MEETING

| |
|------------------|
| Date: |
| Attendees: |
| |
| Old Business: |
| |
| |
| New Business: |
| |
| |
| Recommendations: |
| |
| |

_____ Chief Tech Signature & Date

_____ RSO Signature & Date

HIPPA COMPLIANCE REVIEW

| |
|---|
| Date: |
| Attendees: |
| |
| Continuing Education Performed: |
| |
| Electronic Data Security: |
| |
| Privacy: |
| |
| Data Security: |
| |
| Corrective Actions to Implement (as necessary): |
| |
| |

_____ Chief Tech Signature & Date

_____ RSO Signature & Date

QUALITY ASSURANCE PROJECT

| |
|------------------|
| Date: |
| Goal: |
| |
| Measurements: |
| |
| Action Levels: |
| |
| Findings: |
| |
| Conclusion: |
| |
| Recommendations: |
| |
| |

_____ Chief Tech Signature & Date

_____ Medical Director Signature & Date

QUARTERLY SATISFACTION SURVEY*

| |
|--|
| Date: |
| Area of Satisfaction Evaluated: |
| |
| Measurement Method (circle): qualitative -or- quantitative |
| |
| Results: |
| |
| |
| Conclusion: |
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| |
| Recommendation: |
| |
| |

* alternate referring physician satisfaction with patient satisfaction surveys

_____ Chief Tech Signature & Date

_____ Medical Director Signature & Date

QUARTERLY BUSINESS REVIEW

| |
|-----------------------------|
| Date: |
| Taxes paid and up-to-date: |
| Employee Reviews Performed: |
| Outstanding Receivables: |
| |
| Balance Sheet Summary: |
| |
| Recommendations: |
| |
| |
| |

_____ Practice Manager Signature & Date

_____ Medical Director Signature & Date

BIANNUAL ROUTINE PROCEDURES

| | |
|--|--|
| | Source Leak Tests |
| | Photomultiplier Tube Service |
| | Check Survey Meter Calibration Status |
| | Review and Update Baseline Reports Folder |
| | Ensure the following is all up-to-date: |
| | - RAM License |
| | - Physician Medical Licenses & Malpractice Insurance |
| | - DEA Licenses |
| | - ACLS Certification |
| | - Board Certification Status of Physicians |
| | - Tech Certification Status |
| | - Tech Licensure Status |
| | - Nurse Licensure Status |
| | - Business License & Corporation Compliance |
| | - ICANL Accreditation |

_____ Chief Tech Signature & Date

_____ RSO Signature & Date

_____ Practice Manager Signature & Date

_____ Medical Director Signature & Date

YEARLY ROUTINE PROCEDURES

| | |
|--|---|
| | Radiation Safety Training |
| | Survey Meter Calibration |
| | Collimator Integrity |
| | Yearly Patient Study Summary |
| | Update Protocols |
| | Update Written Directives as Necessary |
| | Continuing Education: Physicians, Nurses, Techs |
| | Review and Update Authorized Users |
| | NRC Form 5 / Annual Badge Report |

_____ Chief Tech Signature & Date

_____ RSO Signature & Date

_____ Medical Director Signature & Date

RADIATION SAFETY TRAINING

| |
|------------------|
| Date: |
| Attendees: |
| |
| |
| Instructor: |
| |
| Topics Covered: |
| |
| |
| |
| |
| Recommendations: |
| |
| |

_____ Chief Tech Signature & Date

_____ RSO Signature & Date