

Medical Administration of Radiation and Radioactive Materials

(60 FR 48623) RATS ID 1995-7 Effective October 20, 1995

Change to NRC Section	Title	State Section	Compatibility Category	Summary of Change	Difference Yes/No	Significant Yes/No	If Difference, Why or Why Not Was a Comment Generated
§20.1003	Definitions		A	<p>Amended Definition: Occupational Dose: means the dose received by an individual in the course of employment in which the individual's assigned duties involve exposure to radiation or to radioactive material from licensed and unlicensed sources of radiation, whether in the possession of the licensee or other person. Occupational dose does not include doses received from background radiation, from any medical administration the individual has received, from exposure to individuals administered radioactive material and released under §35.75, from voluntary participation in medical research programs, or as a member of the public.</p>			
§20.1003	Definitions		A	<p>Amended Definition: Public dose: means the dose received by a member of the public from exposure to radiation and/or radioactive material released by a licensee, or to any other source of radiation under the control of the licensee. Public dose does not include occupational dose or doses received from background radiation, from any medical administration the individual has received, or from voluntary participation in medical research programs.</p>			

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§20.1301 (a)	Dose limits for individual members of the public.		A	<p>In Sec. 20.1301, paragraph (a)(1) is revised to read as follows:</p> <p>(a) * * *</p> <p>(1) The total effective dose equivalent to individual members of the public from the licensed operation does not exceed 0.1 rem (1millisievert) in a year, exclusive of the dose contributions from background radiation, any medical administration the individual has received, voluntary participation in medical research programs, and the licensee's disposal of radioactive material into sanitary sewerage in accordance with Sec. 20.2003.</p>			
§35.2	Definitions		C	<p>Amended Definition: The definition for misadministration is amended by removing the term "patient or human research subject" and inserting the word "individual."</p>			

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§35.33	Notifications, reports, and records of mis-administrations		C	<p>In Sec. 35.33, paragraphs (a)(2), (a)(3), (a)(4), (b), and (c) are revised to read as follows:</p> <p>(a) * * *</p> <p>(2) The licensee shall submit a written report to the appropriate NRC Regional Office listed in 10 CFR 30.6 within 15 days after discovery of the misadministration. The written report must include the licensee's name; the prescribing physician's name; a brief description of the event; why the event occurred; the effect on the individual who received the misadministration; what improvements are needed to prevent recurrence; actions taken to prevent recurrence; whether the licensee notified the individual (or the individual's responsible relative or guardian), and if not, why not; and if there was notification, what information was provided. The report must not contain the individual's name or any other information that could lead to identification of the individual. To meet the requirements of this section, the notification of the individual receiving the misadministration may be made instead to that individual's responsible relative or guardian, when appropriate.</p> <p>(3) The licensee shall notify the referring physician and also notify the individual receiving the misadministration of the misadministration no later than 24 hours after its discovery, unless the referring physician personally informs the licensee either that he will inform the individual or that, based on medical judgement, telling the individual would be harmful. The licensee is not required to notify the individual without first consulting the referring physician. If the referring physician or the individual</p>			

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§35.33 (Cont'd)			C	<p>the individual would be harmful. The licensee is not required to notify the individual without first consulting the referring physician. If the referring physician or the individual receiving the misadministration cannot be reached within 24 hours, the licensee shall notify the individual as soon as possible thereafter. The licensee may not delay any appropriate medical care for the individual, including any necessary remedial care as a result of the misadministration, because of any delay in notification.</p> <p>(4) If the individual was notified, the licensee shall also furnish, within 15 days after discovery of the misadministration, a written report to the individual by sending either:</p> <ul style="list-style-type: none"> (i) A copy of the report that was submitted to the NRC; or (ii) A brief description of both the event and the consequences as they may affect the individual, provided a statement is included that the report submitted to the NRC can be obtained from the licensee. <p>(b) Each licensee shall retain a record of each misadministration for 5 years. The record must contain the names of all individuals involved (including the prescribing physician, allied health personnel, the individual who received the misadministration, and that individual's referring physician, if applicable), the individual's social security number or other identification number if one has been assigned, a brief description of the misadministration, why it occurred, the effect on the individual, improvements needed to prevent recurrence, and the actions taken to prevent recurrence.</p>			

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§35.33 (Cont'd)				<p>recurrence, and the actions taken to prevent recurrence.</p> <p>(c) Aside from the notification requirement, nothing in this section affects any rights or duties of licensees and physicians in relation to each other, to individuals receiving misadministrations, or to that individual's responsible relatives or guardians.</p>			