Australasian Association of Nuclear Medicine Specialists

AANMS NUCLEAR MEDICINE STANDARDS

1 Definition

For the purposes of these Standards, the terms “Nuclear Medicine” and “Nuclear Medicine service” encompass:

- General Nuclear Medicine services involving single photon emitting radionuclides.
- Positron Emission Tomography (PET) services.
- Radionuclide therapy services, encompassing the term “Theranostics”.
- Any imaging and therapeutic modalities utilising unsealed radionuclide sources.
- “AANMS” refers to the Australasian Association of Nuclear Medicine Specialists.

2 Nuclear Medicine facilities

Nuclear Medicine facilities shall be designed to enable the delivery of safe and high quality services as defined in 1, to ensure patient comfort and privacy, and to accommodate special needs.

INDICATORS

i. The facility complies with specific legislative requirements for the provision of Nuclear Medicine services as defined in 1.

ii. Access to, and use of, areas that may affect the quality of Nuclear Medicine services or the safety of patients, carers and personnel is controlled.

iii. There is effective separation between areas where Nuclear Medicine services are performed and other areas of the facility.

iv. The facility maintains safety practices appropriate to the handling of radioactive substances.

v. The facility demonstrates compliance with work safety and other regulatory requirements concerning employment.

vi. The facility maintains cleanliness.

vii. The facility assures patient and carer safety and privacy.

viii. The facility provides appropriate patient, visitor and staff amenities.

3 Nuclear Medicine equipment

A facility providing Nuclear Medicine services must have equipment suitable for safe and high-quality delivery of all the Nuclear Medicine services specified as available at the facility.

INDICATORS

i. The facility’s equipment inventory demonstrates that appropriate equipment for Nuclear Medicine services is present and available for use.

ii. The facility’s equipment inventory demonstrates that all equipment:

- is regularly serviced according to the manufacturers’ specifications,
- is upgraded as per the manufacturer’s or service provider’s recommendation,
- is not operated outside the manufacturer’s specifications,
- does not exceed the asset’s recommended useful life.

Where procedures with higher clinical risk are performed (for example cardiac stress testing or sedation/general anaesthesia), the facility must have readily accessible equipment for advanced life support that complies with the Guidelines of the Australian and New Zealand Committee on Resuscitation (ANZCOR), Section 7 and 11 (reference: https://resus.org.au/the-arc-guidelines).

4 Nuclear Medicine personnel

4.1 Nuclear Medicine Specialist

In order to practise Nuclear Medicine, a Nuclear Medicine Specialist (NMS) must:

- have successfully completed all the requirements for training in Nuclear Medicine specified by the relevant governing professional body,
- be registered as a specialist medical practitioner by the relevant regulatory authority,
- be credentialled, as required, as a Nuclear Medicine Specialist, including credentialling for specific modalities encompassed by Nuclear Medicine as defined in 1,
- be licensed for the use of unsealed sources for the purpose of provision of Nuclear Medicine services by the relevant radiation protection agency with jurisdiction over the facility's location,
- maintain continuing professional development (CPD) and meet the requirements as specified by the relevant governing professional body.

INDICATORS

i. The facility's Nuclear Medicine services are provided by a Nuclear Medicine Specialist (NMS) who:
   a. is recognised as a specialist in Nuclear Medicine and currently registered by the Australian Health Practitioner Regulatory Agency (AHPRA) or the equivalent authority in New Zealand; and
   b. is credentialled as a Nuclear Medicine Specialist, and:
      1. if providing PET services, the NMS is credentialled in PET by the Joint Nuclear Medicine Specialist Credentialling Program,
      2. if providing radionuclide therapy services, the NMS provides these services in accordance with the requirements set out in the most recent AANMS Position Statement on the Practice of Theranostics in Australia.

ii. The Nuclear Medicine Specialist holds a current radiation license issued by the agency with jurisdiction over the facility's location applicable to the handling of unsealed sources for the purpose of provision of Nuclear Medicine services.

iii. The Nuclear Medicine Specialist maintains a record of CPD activity (which may include RACP/RANZCR program records) with specific details of Nuclear Medicine activities.

iv. Where cardiac stress testing is performed, the NMS performs these tests in accordance with the Cardiac Society of Australia and New Zealand Safety Position Statement for Clinical Exercise Stress Testing (reference: https://www.csanz.edu.au/wp-content/uploads/2014/08/Clinical_Exercise_Stress_Testing_2014-August.pdf) and the American Society of Nuclear Cardiology Imaging Guidelines for Nuclear Cardiology Procedures: SPECT: Stress, Protocols, and Tracers – 2016 (reference: https://asnc.membershipsoftware.org/files/Guidelines%20and%20Quality/ASNC%20SPECT%20ProtocolsTracers%20Guidelines2016.pdf).

4.2 Nuclear Medicine Technologist / Medical Radiation Scientist

In order to provide Nuclear Medicine services, a Nuclear Medicine Technologist (NMT) / Medical Radiation Scientist (MRS) must:

- possess a relevant professional degree from a recognised tertiary education institution,
- where applicable, possess additional training required for operating equipment containing sealed sources, for example computerised tomography (CT) equipment,
- be registered by the relevant regulatory authority,
- be licensed for the use of unsealed sources and, if required, sealed sources for the purpose of provision of Nuclear Medicine services by the relevant radiation protection agency with jurisdiction over the facility's location,

- maintain continuing professional development (CPD) and meet the requirements as specified by the relevant governing professional body.

INDICATORS

i. The facility's Nuclear Medicine Technologist / Medical Radiation Scientist holds current registration with AHPRA.

ii. The facility's Nuclear Medicine Technologist / Medical Radiation Scientist holds a current radiation licence issued by the agency with jurisdiction over the facility's location applicable to the handling of unsealed sources and, if required, to operating equipment containing sealed sources for the purpose of provision of Nuclear Medicine services.

iii. The Nuclear Medicine Technologist / Medical Radiation Scientist demonstrates evidence of active participation in Nuclear Medicine continuing professional development (CPD) activities.

iv. The Nuclear Medicine Technologists/Medical Radiation Scientists demonstrate evidence of appropriate training in operating a CT scanner or MRI scanner for the purposes of provision of Nuclear Medicine services using hybrid technology.

4.3 Advanced Trainee in Nuclear Medicine

All Advanced Trainees (AT) in Nuclear Medicine must have supervision by a Nuclear Medicine Specialist at all times during provision of Nuclear Medicine services. Nuclear Medicine facilities that provide AT training must be accredited for training by the AANMS Training Site Accreditation Committee (TSAC).

INDICATORS

i. The facility holds current AANMS TSAC accreditation for the training of Advanced Trainees at the facility.

ii. The facility's rosters demonstrate that the Advanced Trainee is supervised while working at the facility by a Nuclear Medicine Specialist with qualifications as defined in 4.1.

4.4 Trainee Nuclear Medicine Technologist / Medical Radiation Scientist

All NMT/MRS trainees must have on-site supervision by a Nuclear Medicine Technologist / Medical Radiation Scientist at all times during the provision of Nuclear Medicine services. Nuclear Medicine facilities that provide Nuclear Medicine Technologist / Medical Radiation Scientist training must be accredited for training by the Australian and New Zealand Society for Nuclear Medicine (ANZSNM).

INDICATORS

i. The facility holds a current ANZSNM accreditation certificate for training of Nuclear Medicine Technologists / Medical Radiation Scientists at the facility.

ii. The facility's rosters demonstrate that the trainee Nuclear Medicine Techologist / Medical Radiation Scientist is supervised while working at the facility by a Nuclear Medicine Technologist / Medical Radiation Scientist with qualifications as defined in 4.2.

4.4 Nuclear Medicine Scientist (Medical Physicist / Radiopharmaceutical Scientist)

The Nuclear Medicine Scientist (Medical Physicist / Radiopharmaceutical Scientist) must:

- possess a relevant professional degree from a recognised tertiary education institution,
- be licensed for the use of unsealed sources and, if required, sealed sources for the purpose of provision of Nuclear Medicine services by the relevant radiation protection agency with jurisdiction over the facility's location,

INDICATORS

i. The Nuclear Medicine Scientist participating in the facility's provision of Nuclear Medicine services is accredited or eligible to be accredited by the Australasian College of Physical Scientists and Engineers in Medicine (ACPSEM), or the relevant authority with jurisdiction over the facility's location.

ii. The facility's Nuclear Medicine Scientist holds a current radiation licence issued by the agency with jurisdiction over the facility's location, applicable to the handling of unsealed sources and, if required, to operating equipment containing sealed sources for the purpose of participating in provision of Nuclear Medicine services.

5 Professional Supervision of Nuclear Medicine Services

5.1 Responsibility of the Nuclear Medicine Specialist

The Nuclear Medicine Specialist shall comply with the Responsibility of the Nuclear Medicine Specialist section of the AANMS Nuclear Medicine Standards.

INDICATORS

i. The Nuclear Medicine Specialist at the facility is responsible for the quality and safety of Nuclear Medicine services provided by them or by personnel under their supervision at the facility.

ii. The Nuclear Medicine Specialist assures that the Nuclear Medicine service provided to the patient by them or under their supervision is appropriate for the clinical indication, based on the supplied referral or request for the service and the clinical assessment of the patient.

iii. The Nuclear Medicine Specialist ensures that personnel providing Nuclear Medicine services under their supervision are properly trained, qualified and competent to perform each service that they are directed to perform.

iv. Where a radionuclide therapy service (encompassing radionuclide therapies described as "Theranostics") is provided at the facility, the Nuclear Medicine Specialist is responsible for ensuring that all aspects of this service are carried out in accordance with the most recent Theranostics Position Statement issued by the AANMS. In particular, the Nuclear Medicine Specialist is responsible for ensuring that patients and carers are appropriately counselled in relation to the benefits of radionuclide therapy and the potential risks of radiation exposure and organ damage, prior to the provision of the service.

v. The Nuclear Medicine Specialist interacts directly with the referring medical practitioner or their delegate as required and, where applicable, participates in multidisciplinary team meetings. The Nuclear Medicine Specialists addresses clinical and medicolegal requirements by formal preparation for review, display and discusson of pertinent findings. The Nuclear Medicine Specialist may delegate these duties to an Advanced Trainee in Nuclear Medicine, as appropriate, with consideration of level of training and experience.

5.2 Responsibility of the Nuclear Medicine Technologist / Medical Radiation Scientist

A Nuclear Medicine Technologist / Medical Radiation Scientist shall comply with the Responsibility of the Nuclear Medicine Technologist / Medical Radiation Scientist section of the AANMS Nuclear Medicine Standards.

INDICATORS

i. The facility's records demonstrate that the Nuclear Medicine Technologist's / Medical Radiation Scientist's responsibilities include, but are not limited to, radiopharmaceutical preparation and administration, imaging and data processing. Additional tasks may include aspects of patient care within appropriate qualifications and training, quality and safety procedures, teaching and mentoring, research, and participation in facility-specific tasks required for ongoing provision of Nuclear Medicine services.

ii. The facility's records demonstrate that the Nuclear Medicine Technologist's / Medical Radiation Scientist's responsibilites include ensuring that the Nuclear Medicine services (as defined in 1) provided by the Nuclear Medicine Technologist /Medical Radiation Scientist are only carried out under the supervision of the Nuclear Medicine Specialist with qualifications as defined in 4.1 (unless a special exemption applies).

5.3 Supervision of Nuclear Medicine Service

The facility and personnel shall comply with the Supervision of Nuclear Medicine Service section of the AANMS Nuclear Medicine Standards.

INDICATORS

i. The facility's professional supervision policies ensure that the Nuclear Medicine Specialist is available to personally attend the patient during the conduct of the Nuclear Medicine service unless a special exemption applies.

ii. The facility's professional supervision policies ensure that the Nuclear Medicine Specialist determines the appropriateness of, and monitors the qualityof, the Nuclear Medicine service.

iii. The facility's professional supervision policies ensure that the Nuclear Medicine Specialist is able to assess and influence the outcome of the Nuclear Medicine service.

iv. The facility's professional supervision policy extends to any out-of-hours service provision arrangements at the facility.

5.4 Nuclear Medicine Service Protocol and Procedure Manual

The facility shall prepare and maintain a Nuclear Medicine service protocol and procedure manual and comply with this section of the AANMS Nuclear Medicine Standards.

INDICATORS

i. The facility maintains a Nuclear Medicine service protocol and procedure manual which has been established and is maintained under the supervision of the Nuclear Medicine Specialist.

ii. The facility's Nuclear Medicine service protocol and procedure manual includes for each service performed by the facility:

- A brief description of the service and a list of common indications for this service.
- A summary of factors, such as additional patient conditions, that should be considered prior to commencement of Nuclear Medicine service or that may affect the Nuclear Medicine Specialist's interpretation of the findings.
- A description of patient preparation procedures, applicable radiotracers, preparation and quality control, administration techniques, instruments and equipment used, the control settings, and the technical and analytic steps followed in performing the service.
- A description and instruction on the use of any other materials or substances required for the performance of the Nuclear Medicine service, including a listing of any special precautions for the use of such materials or substances, and any restrictions on the source of supply.
- A description of any quality assurance measures specific to the service and definitions of quality control limits, if appropriate.
- Instructions on any preliminary actions to be taken in case of deviation from acceptable limits before referring the problem to the Nuclear Medicine Specialist.
- Medical literature citations used for creation of the Nuclear Medicine service protocol and procedure manual and additional references for more thorough understanding of the service.

iii. The facility's Nuclear Medicine service protocol and procedure manual is to be reviewed periodically (at least biennially) by the Nuclear Medicine Specialist or designated workgroup.

iv. Superseded Nuclear Medicine services are identified, with justification for service cessation and recommendations for alternative service options.

5.5 Modification to Nuclear Medicine Service

Where a modification to a Nuclear Medicine service is required and can be clinically justified, this modification and the justification shall be noted in the patient records as well as in the consultation and/or imaging report as determined by the reporting Nuclear Medicine Specialist. Where appropriate, as determined by the Nuclear Medicine Specialist, the modification to the service may require consultation with the referring medical practitioner and/or with the patient or the carer.

INDICATORS

i. The facility notates both in the patient records and the consultation and/or imaging report (as determined by the Nuclear Medicine Specialist) for any Nuclear Medicine service where a service is modified, including justification. Details of any consultation with the referring medical practitioner or patient/carer should be recorded.

5.6 Interpretation and Timeliness of Reporting of Results of Nuclear Medicine service

The facility shall comply with this section of the AANMS Nuclear Medicine Standards.

INDICATORS

i. The Nuclear Medicine Specialist ensures that the provision of the Nuclear Medicine service reports to the referring medical practitioners meet the requirements of the AANMS Nuclear Medicine Standards.

ii. The facility rosters demonstrate that the Nuclear Medicine Specialist complies with the reporting requirements applicable to the jurisdiction of the facility.

iii. The facility sets Key Performance Indicators (KPIs), specifying the goals for timely provision of service reports to the referring medical practitioners and ensures that KPIs are measured, met and regularly reviewed.

iv. Where the Nuclear Medicine service demonstrates clinically significant or unexpected findings requiring urgent attention, verbal communication of the results between the reporing Nuclear Medicine Specialist or Advanced Trainee and the referring medical practitioner or a suitable appropriate delegate is undertaken in a timeframe that is appropriate to allow timely medical intervention where required.

v. A record of verbal communications is made at the facility, either in the service report or in the patient's notes or in the facility's record for the patient, including the name of the person with whom results were discussed and the date and time of the verbal communication.

6 Nuclear Medicine Facility Safety

6.1 Hazardous materials

The facility shall comply with the safety standards for hazardous, toxic or biological materials contained within the facility as set out in this section of the AANMS Nuclear Medicine Standards, in addition to compliance with any local, state/territory or national regulatory requirements.

INDICATORS

i. The facility ensures that all toxic, irritant or caustic chemicals are appropriately labelled, and personnel are trained in use and storage of such materials and in the use of appropriate personal protective equipment.

ii. The facility has readily available suitable personal protective equipment, such as eye protection devices, gloves, impervious aprons, and other equipment required for the handling and storage of hazardous materials.

iii. Materials presenting biological or other hazards are handled with care and in accordance with a documented protocol to minimise risks to personnel, patients/carers and visitors.

iv. Noxious, toxic or volatile materials presenting a hazard of airborne transport are handled in correctly maintained fume hoods providing adequate and safe venting to the atmosphere.

v. Aseptic technique is used when penetrating the patient's skin.

vi. The facility prohibits eating and drinking in patient care, laboratory and radiation areas.

vii. The facility provides readily accessible first aid and decontamination equipment, for example means for rapidly flushing materials from the skin or eyes in the event of accidental exposure.

6.2 Radiation Safety

The facility shall comply with the radiation safety standards contained in this section of the AANMS Nuclear Medicine Standards, as well as all local, state/territory or national radiation safety regulations.

INDICATORS

i. The facility retains at the site all applicable radiation licenses pertaining to provision of Nuclear Medicine services and mandates ongoing compliance.

ii. The facility maintains a radiation safety manual containing radiation safety policies which are specific to the facility's Nuclear Medicine services and which comply with all the relevant radiation safety regulations, including mandatory notification of maladministrations and significant variations to standard radiation exposures.

iii. The facility nominates a Radiation Safety Officer who is appropriately trained in radiation safety and who is responsible for compliance with the Radiation Safety section of the AANMS Nuclear Medicine Standards.

iv. Facility personnel are trained in radiation safety principles and techniques according to the manual and have periodic in-service reviews.

v. The facility records confirm that personnel are monitored by TLD badges (or other regulation-compliant dosimeters).

vi. The facility records demonstrate that a comprehensive program of radiation monitoring is followed and that radiation monitoring equipment is maintained and available for the detection of contamination and radiation exposure levels.

vii. Services and resources have been implemented which ensure the correct handling of accidents involving radioactive materials and subsequent decontamination which complies with the relevant jurisdiction regulations.

viii. A CTDI (milliGrays) and DLP (dose length product – milliGrays per centimetre) value for each CT component of a hybrid Nuclear Medicine study is recorded and is available with the patient's images.

ix. The facility undertakes dose calibration surveys with regular assessment of prescribed radiopharmaceutical doses.

x. The facility ensures that administered activity for diagnostic and therapeutic procedures complies (generally within +/- 10%) with what has been prescribed.

xi. Radioactive waste materials are appropriately stored or disposed of according to regulatory requirements.

xii. Appropriate warning signage is installed in areas where radiation exposure is likely to occur.

xiii. The facility observes precautions for children, pregnant and breastfeeding patients, including posting warning signs, verbal enquiry by facility personnel at the time the patient attends for the service, obtaining consent for radiation exposure and the provision of special instructions to the patient as required.

xiv. For persons undergoing radionuclide therapy (for example I-131 thyroid cancer therapy), the facility ensures that radiation exposure to carers and members of the public is minimised, which may necessitate an inpatient admission to the hopital for isolation purposes until legally mandated radiation exposure limits are achieved.

xv. For persons undergoing radionuclide therapy as an outpatient or following discharge from the hospital, the facility provides written information and instruction that provides practical advice on precautions that must be taken to minimise their own radiation dose and to reduce radiation exposure of others (carers or members of the public).

6.3 Preparation, Handling and Administration of Radiopharamaceuticals

Facilities providing Nuclear Medicine services and their personnel shall comply with the safety standards contained within this section of the AANMS Nuclear Medicine Standards.

INDICATORS

i. One month of the facility's records of radiopharmaceutical receipt, preparation, storage and disposition demonstrates that appropriate measures are maintained for the receipt, storage, and disposal of radioactive substances.

ii. The facility ensures that the dose of radiopharmaceutical dispensed for administration to the patient is calculated according to established protocols.

iii. The facility ensures the radiopharmaceutical activity is measured and recorded in the patient's record and/or within the facility's own reporting system.

iv. The facility ensures that the radiopharmaceutical dispensed for patient administration is prepared and undergoes appropriate quality control procedures as specified by the manufacturer or the facility protocol.

v. Where the radiopharmaceutical is manufactured on-site by a Radiopharmaceutical Scientist or other appropriately trained personnel, the processes are carried out in accordance with the principles and standards of Good Manufacturing Practice (GMP).

vi. Radiopharmaceuticals are handled and administered only by personnel with the appropriate radiation licence.

vii. Prior to administration, the correct radiopharmaceutical and dose for the patient is confirmed by the administering person.

viii. Externally supplied radiopharmaceuticals are not administered until relevant quality control certification is obtained or ensured.

ix. Patient identification procedures are performed prior to tracer administration and a record of correct patient identification must be made and kept in the facilty's record for the patient.

x. Radiopharmaceutical administration is performed using aseptic technique.

xi. Any errors in radiopharmacetuical preparation, handling or administration, including aberrant or unusual Nuclear Medicine scan appearances, are immediately notified to the Nuclear Medicine Specialist and the nominated Radiation Safety Officer. Incident reporting procedures, including mandatory radiation exposure reports, are made within the specified time periods. Significant errors are reported to the patient/carer and the referring medical practitioner.

xii. Any adverse reactions are reported to the Nuclear Medicine Specialist for appropriate management. Urgent/immediate action is required in case of life-threatening adverse reactions.

6.4 Blood and Blood Products

The facility providing Nuclear Medicine services shall comply with the Blood and Blood Products section of the AANMS Nuclear Medicine Standards.

INDICATORS

i. The facility performs labelling of blood and/or blood products in-house, and has established a blood-labelling protocol which is adhered to by all applicable personnel under the professional supervision of the Nuclear Medicine Specialist;

ii. The facility ensures the correct re-administration of the blood/blood products to the correct patient, including repeated identification of the patient and the blood/blood product prior to administration.

iii. Blood products are prepared in aseptic conditions using at least a Class II enclosed system.

iv. Externally supplied blood and/or blood products are verified for:

a. patient identification upon receipt, and again immediately prior to administration; and

b. radioactivity, with any discrepancy of more than 50% from the prescribed activity for diagnostic procedures is reported to the Nuclear Medicine Specialist prior to administration.

v. Blood and blood products are handled using standard bodily fluid precautions and personal protective equipment.

vi. Any adverse reaction is immediately notified to the Nuclear Medicine Specialist for further management.

vii. Any errors in blood/blood product preparation, handling or administration are immediately notified to the Nuclear Medicine Specialist for further management. Incident reporting procedures are made within the specified time periods. Clinically significant errors are reported to the patient/carer and the referring medical practitioner.

6.5 Handling of Biological Materials

The facility shall follow the requirements contained within the Handling of Biological Materials section of the AANMS Nuclear Medicine Standards.

INDICATORS

i. The facility ensures that glassware contaminated with toxic or biologic materials is made safe as soon as practicable after use.

ii. Bench-tops and area surfaces subject to substantial contamination risk should be covered with disposable protective materials when feasible which are discarded in a safe manner according to waste management protocols.

iii. The facility has protocols to ensure that appropriate care is exercised in handling blood and blood products, body fluids and other biological materials.

iv. The facility's protocols ensure that due care is taken to avoid uncontrolled release of any potentially infectious material.

v. The facility provides appropriate personal protective equipment to prevent potential infectious exposure.

vi. Depending on the agent, surface and/or air decontamination or terminal cleaning is carried out following exposure to potentially infectious patients or materials.

6.6 Cardiopulmonary Resuscitation and Basic Life Support

All personnel involved in direct patient care as part of the provision of Nuclear Medicine services shall be trained and retain competency in cardiopulmonary resuscitation services appropriate to the level of services provided by the facility.

INDICATORS

i. The facility ensures that all personnel involved in the provision of nuclear medicine services can administer basic or advanced life support in accordance with ANZCOR Guidelines, sections 7, 8, 11 and for paediatric patients section 12 (reference: https://resus.org.au/the-arc-guidelines).

7 Management of Patient Records

The facility shall comply with the requirements specified within the Management of Patient Records section of the AANMS Nuclear Medicine Standards.

INDICATORS

i. The facility ensures that the patient record identifies:

- Patient name, date of birth and unique identifier.
- Name of the requesting medical practitioner.
- Request date.
- Name of the responsible Nuclear Medicine Specialist.
- The Nuclear Medicine Service is performed as it is identified in the facility service manual, with notation and explanation of any special modifications of this service.
- Type, activity, route and injection site for any radioactive or non-radioactive substances administered to the patient.
- The name of the Nuclear Medicine Technologist / Medical Radiation Scientist performing the service (where applicable).
- The date that the service was performed.

- A description of findings of any services performed, with interpretive information, including background information on the predictive value of the service or expected values on a reference population to inform referring practitioners.

ii. The facility ensures that all Nuclear Medicine service reports contain:

- Patient name, date of birth and unique identifier.
- Name of the requesting medical practitioner.
- Name and signature (or electronic signature) of the responsible Nuclear Medicine Specialist.
- The Nuclear Medicine service performed as it is identified in the facility service manual, with notation and explanation of any special modifications of this service.
- The date and description of findings of any services performed, with interpretive information, including background information on the predictive value of the service or expected values on a reference population to inform referring practitioners.

iii. The facility ensures that patient confidentiality is maintained in regard to all patient information contained within the physical or electronic documentation.

iv. The facility retains all patient records pertaining to the Nuclear Medicine service until such time as the legally madated retention period has expired.

References:
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