

University Hospitals Bristol NHS Foundation Trust Bristol Haematology and Oncology Centre

Out-of-hours guidance for Phosphorus-32

You may have been directed to this page as you are caring for a patient who has had Phosphorus-32 treatment.

The guidance below is relevant for patients wearing a purple wristband with 'P-32 – search 'Molecular Radiotherapy Bristol'' on it, or are carrying a card with the same search direction or QR code.

Contents of guidance

- 1 How to use this guidance
- 2 For further advice – contact details
- 3 P-32 treatment information
- 4 Care of a patient attending for emergency, or in-patient care
Includes
 - Contact with patient
 - Bodily fluids and radioactive contamination
 - Surgery advice
- 5 Death of patient
- 6 Legislative requirements

1 How to use this guidance

All patients will have received an instruction card which gives details about the date of their last administration of P-32. This should be on their person, or a relative or patient themselves may be able to advise. This information is important as advice for handling the patient varies depending on the length of time since treatment. If unsure follow the guidance below for 'Day 0 – Day 3 since administration'.

This advice has been written for health professionals across the UK.

For UHBristol staff consulting this guidance. This guidance is only applicable for patients that have returned to hospital after their discharge. Please also see 'Local Rules for Ward and other Department Staff (including ED)', on DMS. Other nursing guidance applies when they are an inpatient in the radiation isolation rooms on D603: 'Nursing Protocol WI 844' on DMS <http://nww.avon.nhs.uk/dms/download.aspx?did=8847>.

2 For further advice

The guidance below provides initial guidance on how to safely treat P-32 patients. **For further advice please contact your local Nuclear Medicine or Molecular Therapy department**, Radiation Protection Adviser or Molecular Radiotherapy Bristol on 0117 3422694 during working hours.

Filename: P32 emergency out of hours guidance	Page 1 of 4	Issue date: 31 Jan 2020
Issue No: 1A	Authorised: Electronic	Issued: S.Namatati

3 P-32 treatment information

P-32 treatment is a radioactive treatment. It is a beta emitter, so almost all the radiation will be absorbed locally in the patient's body so does not present an external radiation hazard to people around the patient. However, the patient's urine will be radioactive so there is an external radiation hazard from handling urine (e.g. in a catheter bag) and an internal radiation hazard from ingesting radioactive contamination (e.g. from handling urine spills without gloves and inadequately washing hands). The radiation collects in the bone/bone marrow as well, so there is a potential radiation hazard from bone surgery.

The radiation risk reduces as time elapses after treatment.

Bristol Molecular Radiotherapy treats patients across the UK so a patient may attend another hospital for further care.

4 Care of a patient attending for emergency care or requiring in-patient care

Immediate emergency care of the patient should not be compromised because of the radiation hazard.

Day 0 – Day 4 since administration

Contact with patient:

It is safe for staff to have a normal level of close contact with the patient. Standard hygiene precautions should be followed as normal, including use of PPE.

- Standard nursing hygiene precautions should be followed as normal, including use of Personal Protective Equipment (PPE) (e.g. gloves, apron)
- Wash hands well with soap and water after any contact with the patient
- Consider keeping pregnant staff from nursing the patient if possible (for peace of mind, rather than because of significant radiation risk)

Bodily fluids:

Urine is particularly radioactive and should be handled and disposed of with care. **When dealing with urine wear standard PPE including double gloves and remove and replace outer gloves if contaminated with urine.** Faeces, blood and vomit may be slightly radioactive and are less of a concern.

- If patient is able, encourage them to use the toilet rather than a bed pan. They should sit to urinate. The toilet should be flushed twice after use.
- If a bed pan is used, dispose of carefully down a toilet or sluice, flushing twice.
- If a catheter is used, empty bag frequently using the valve on the bag, disposing of urine as above. Avoid direct handling of a full catheter bag.
- Any waste that is collected should be kept separately, labelled as 'Radioactive, not for disposal'. Contact your local Molecular Therapy or Nuclear Medicine department for advice on local practice for disposal.

Filename: P32 emergency out of hours guidance	Page 2 of 4	Issue date: 31 Jan 2020
Issue No: 1A	Authorised: Electronic	Issued: S.Namatati

- Any linen that is contaminated with bodily fluids should be bagged and kept separately, labelled as 'Radioactive, not for disposal'. Contact your local Molecular Therapy or Nuclear Medicine department for advice on local practice for disposal/laundrying.
- Avoid taking urine samples if possible (although this should not be detrimental to patient's treatment). If necessary label as 'Radioactive' and alert pathology in advance for them to follow safe handling techniques (using appropriate PPE). The sample may need to be disposed of as radioactive waste so again follow local practice.
- Blood and faecal samples are only mildly radioactive and can be handled as normal.

Contamination of an area with bodily fluids:

If a large area (e.g. floor) becomes contaminated with bodily fluids (particularly urine) use double gloves, sleeves/gowns with arms, overshoes, while clearing up and bag all waste separately. Cover the area e.g. with incontinence pads taped to the floor and seek advice from your local Molecular Therapy or Nuclear Medicine department.

Surgery:

For surgery of a pathologic fracture after P-32 treatment:

For any surgical intervention where bone dust may be generated (e.g. bone sawing/drilling) – there is a potential radiation hazard from inhaling radioactive bone dust. There is also a contamination risk from drilling into radioactive bone marrow.

- An approved orthopaedic theatre with adequate functioning ventilation (preferably laminar flow) should be used
- Theatre staff should wear well-fitting face masks, including during clearing up post-procedure. A Stryker mask may be appropriate.
- standard PPE/universal hygiene precautions must be used
- Care should be taken to avoid spreading blood generated by drilling into bone marrow around theatre area. Cleaning of the theatre may need to be supervised by a radiation professional if there is widespread contamination.
- waste should be bagged and labelled as above, and disposed of as per local protocols – contact your local Nuclear Medicine or Molecular Therapy department

Any other surgical procedure carries minimal risk and universal precautions should suffice.

Death of patient: See below

Day 5 – Day 30 since administration

Contact with patient: It is safe for staff to have a normal level of close contact with the patient. Standard nursing hygiene precautions should be followed as normal, including use of PPE.

- Wash hands well with soap and water after any contact with the patient.

Bodily fluids: All bodily fluids can be handled as normal.

Surgery: See 'Surgery' above for advice.

Filename: P32 emergency out of hours guidance	Page 3 of 4	Issue date: 31 Jan 2020
Issue No: 1A	Authorised: Electronic	Issued: S.Namatati

Death of patient: See 'Death of Patient' below

5 Death of patient:

- Burial: There are no restrictions on **burial** of a patient at any time after treatment.
- Cremation: There may be restrictions on cremation. **Please contact your local Radiation Protection Adviser or contact the Molecular Therapy Department, Bristol** who will be able to advise on a suitable delay period. There may be a delay of 4 or 5 weeks from time of death if patient dies shortly after administration, although likely to be less than that.
- Handling and storage of body: There are no restrictions on handling or storing the body as long as no invasive procedures are carried out. Universal hygiene precautions provide sufficient protection.
- Post-mortem/embalming: For up to 4 weeks post administration, contact a Radiation Protection Adviser or the Molecular Therapy Department, Bristol, for advice as they will be able to provide advice specific to the procedure being carried out.

6 Legislative requirements

As you are now working with radioactive materials you may need to register with, or notify, the Health and Safety Executive that you are doing so. Please contact your local Radiation Protection Adviser, Nuclear Medicine/Molecular Radiotherapy department or Bristol Molecular Radiotherapy on 0117 3422694 during working hours for advice. (Not applicable to UHBristol).

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Authorised by:

Signed by: Fletcher, Sally

Filename: P32 emergency out of hours guidance	Page 4 of 4	Issue date: 31 Jan 2020
Issue No: 1A	Authorised: Electronic	Issued: S.Namatati