**COVID Procedures for Referral and Consent for Radioactive Iodine for Benign Thyroid Disease**

RAI treatment for benign thyroid disease was suspended during the height of the initial COVID outbreak because the risks of managing an in-patient with severe COVID who was radioactive were (and remain) very substantial, both for the patient and healthcare professionals. With the successful roll-out of COVID vaccination and the suspension of PCR testing prior to elective admission to hospital, we are now able to further relax our COVID procedures.

* The maximum prescribed dose now returns to 800 MBq. Higher doses are associated with more prolonged residual radioactivity in the patient and given the relative lack of additional clinical efficacy, the risks of higher doses should be carefully considered. Updated guidance for patients receiving 800 MBq is attached.
* Patients must be assessed and consented for RAI by a **Consultant Endocrinologist** and not a trainee.

It is very important that the consent process for RAI includes an assessment of any health issues and non-medical factors that may affect the safety of administration of the treatment. These now require documentation on the consent form, but it is best practice to also email the Medical Physics team ([MPtechs@nhslothian.scot.nhs.uk](mailto:MPtechs@nhslothian.scot.nhs.uk)) to advise them of any issues that have been identified, so that a formal risk assessment and plan can be put in place. A revised consent form is attached, which should be used from now on for all cases.

Assessment of risk of severe COVID

* On the consent form, you are asked to document the vaccination status of the individual and if they are at high risk of severe COVID
* In all patients, the risk/benefit of RAI with respect to COVID infection in the post-treatment period must be carefully considered. For example, if a patient is in a high risk category for severe COVID and is not fully vaccinated, RAI should only be given if there is **not a good alternative treatment**, e.g. someone who is not fit for surgery and who has been neutropenic on ATDs.
* For fully vaccinated individuals **or** those not at high risk of severe COVID, there is no longer a requirement for self-isolation before or after treatment.
* Individuals who are **both** unvaccinated and at high risk of severe COVID will be required to self-isolate for 14 days prior to RAI and for 7 days afterwards. Please see the attached guidance sheet. This must be discussed with the patient as part of the consent process and they must agree to adhere to this.
* For partially vaccinated individuals, at high risk of severe COVID, clinical judgment will need to be made regarding the need for self-isolation, weighing up the risk of contracting COVID at the time, the disruption caused to the individual by self-isolation, the number and timing of previous COVID vaccinations, and their actual risk of severe COVID.

For **all** patients

* Document in the case records the justification for the requirement /non-requirement for self-isolation and the justification for radioactive iodine therapy.
* Patients must be advised to inform Medical Physics in advance if they develop COVID or have suggestive symptoms. They should not attend for treatment if they have symptoms.
* The ARSAC licence holder signing the form should ensure that the relevant procedures have been followed **at the time of counter-signing the form** and must be satisfied that the risks of RAI are outweighed by the benefits.
* On the day of RAI treatment, Medical Physics will carry out a COVID symptom assessment. If a patient has symptoms suggestive of COVID the treatment will be postponed.

Attached Documents:

* 800MBq information for patients
* Revised consent form for RAI treatment

Professor Mark Strachan

18th August 2023