


Name of Policy: Radiopharmaceutical Medical Event Policy Number: 3364-135-092 Approving Officer: Assistant Professor & Deputy Clinical Service Chief, Director, Radiology Responsible Agent: Director, Radiology Scope: University of Toledo Medical Center Radiology		 Effective date: 12/1/2024 Original effective date: 9/24/1990	
Key words: Radiopharmaceutical, Medical Event, Safety, Radiation, Exposure			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

All medical events involving radiopharmaceuticals as defined by OAC 3701:1-58-101 must be treated as a serious breach of policy

(B) Purpose of policy

To ensure the highest standards of safety are established and enforced to reduce unnecessary radiation exposure to patients undergoing routine nuclear medicine procedures and to comply with Ohio Department of Health (ODH) rules and radioactive materials (RAM) license conditions.

(C) Procedure

In the event of a radiopharmaceutical administration involving the wrong radiopharmaceutical, wrong radioactive dose, wrong route of administration, wrong patient, failure to properly screen or identify a pregnant/breastfeeding patient that was dosed, or failure to properly execute a written directive where required, the Technologist involved, or anyone aware of the event must:

1. Immediately notify his/her supervisor
2. Enter the occurrence details in the Patient Safety Net, which will automatically send notification of the policy breach to Quality Management and the Radiation Safety Office.

The supervisor must:

1. Immediately notify and include the Radiation Safety Officer (RSO) in all communications regarding the event. The RSO, Certified Radiation Expert (CRE), and Authorized User (AU), will investigate the occurrence to determine if it meets the criteria of a medical event, and follow the notification and reporting requirements detailed in the OAC .

2. Present information regarding the event and all pertinent documentation to the Radiology Manager. The Radiology Manager will forward the information to Human Resources for ruling on any further action to be taken and/or inclusion of the event in the employee’s personnel file.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Nathan Egbert, MD Assistant Professor & Deputy Clinical Service Chief</p> <p>12/1/2024</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Ryan Landis BSRT (R)(CT) Director, Radiology</p> <p>12/1/2024</p> <hr/> <p>Date</p> <p><i>Review/Revision Completed by: Director, Radiology</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • <i>None</i> <p>Initial effective date: 9/24/1990</p> <p>Review/Revision Date:</p> <p>9/24/1990 7/1/1993 10/1/1996 8/27/1999 9/1/2005 5/28/2008 5/20/2011 6/3/2014 6/1/2017 6/1/2020 12/1/2021 12/1/2024</p> <p>Next review date: 12/1/2027</p>
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