


Name of Policy:	<u>Radiopharmaceutical Medical Event</u>	 Effective Date: Initial Effective Date: 9/24/1990
Policy Number:	3364-135-092	
Department:	Radiology	
Approving Officer:	Director, Radiology - UTMC	
Responsible Agent:	Assistant Professor & Deputy Clinical Service Chief	
Scope:	Radiology	
<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 ~~and/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 ~~guidelines~~requirements detailed in ~~described 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.

Approved by:		Review/Revision Date: 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
_____ Nathan Egbert, MD Assistant Professor & Deputy Clinical Service Chief	_____ Date	
_____ Ryan Landis, BSRT (R)(CT) Director, Radiology	_____ Date	
Review/Revision Completed By: Ryan Landis, BSRT (R)(CT)		
		Next Review Date:
Policies Superseded by This Policy:		