

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Primary Health Policy and Procedure</p>	Policy Issuer (Unit/Program)	JCH
	Policy Number	B02-1403b
	Effective Date	05-16
	Revision Date	07-19
Title: Dental Radiology Incident Reporting		Functional Area: Safety
Approved By: Pamela Gandy-Rosemond, MSN RN CCHP Health Administrator		
Approved By: Scarlett Ong, BSN RN Clinic Manager		

Definitions:

The purpose of this policy and procedure is to establish guidelines for identification and reporting of any occupational and/or public exposures to radiation does above the regulated limits, following established regulations and policies.

Policy:

When any non-preventable exposure to radiation or radioactive materials occurs, Juvenile Correctional Health (JCH) dental staff members are required to thoroughly complete each step of the reporting process, as soon as possible.

Procedures:

- A. Dental staff, reports the following events:
 - 1. Any non-preventable exposure to radiation or radioactive materials, that could Supervising exceed regulatory limits is reported to the California Department of Public Health Radiation Health Branch by telephone, as soon as possible, but no later than four hours after the discovery.
 - 2. Any of the following events involving radiation or radioactive materials are reported to the RHB within 24 hours after the discovery.
 - a. Unplanned contamination event involving licensed radioactive material
 - 1. Requiring access to the contaminated area by workers or the public to be restricted for more than 24 hours
 - 2. Involves a quantity of material greater than five times the lowest annual limit.
 - 3. Has access to the area restricted for a reason other than to allow isotopes with a half-life of less than 24 hours to decay prior to decontamination.
 - b. Failed or disabled equipment
 - 1. Equipment is required to prevent released exceeding regulatory limits, to prevent exposures to radiation and radioactive materials, or to mitigate the consequences of an accident.
 - 2. The equipment is required to be available and operable when it is disabled or fails to function; and
 - 3. No redundant equipment is available and operable to perform the required safety function.

- c. Unplanned medical treatment at a medical facility for an individual with spreadable radioactive contamination on the individual's clothing or body
 - d. Unplanned fire or explosion damaging any licensed material, device, container or equipment
 - 1. Quantity of material involved is greater than five times the lower annual limit
 - 2. The damage affects the integrity of the licensed material or its container
- B. Report shall be made by telephone to:
- California Department of Public Health
Radiologic Health Branch, Sacramento
(916) 327-5106
- C. Report shall include:
- 1. Caller's name and call back telephone number
 - 2. Description of the event, including date and time
 - 3. Exact location of the event
 - 4. Isotopes, quantities, and chemical and physical form of the licensed material involved
 - 5. Any personnel radiation exposure available
- D. Dental staff onsite during the incident completes a Juvenile Medical Services Incident Report (attachment 1)

References:

NCCHC Y-B-02

Title 15, Article 8, Section 1403

Title 17, Public Health Division 1, Chapter 5, Sanitation (Environmental), Subchapter 4, Radiation (commencing at Section 30100)

Title 10, Code of Federal Regulations, part 20, (10 CFR 20) sections 20.1001 through 20.2402 and Appendices A through G, (January 1, 2013) are incorporated by reference. (§30295)

Attachments:

JMS Incident Report Form



JMS Incident
Report_Health Service

Contact:

**JUVENILE CORRECTIONAL HEALTH
INCIDENT REPORT**

SECTION A

Select a site

YDF Clinic Unit Other:

SECTION B

Date of incident (MM/DD/YY): [Click here to enter a date.](#) Time:

Name of Employee:

Please list employees/witnesses involved

Were there any patients involved? Yes No

X-REF#:

SRN Notified? Yes No Name: Date: [Click here to enter a date.](#) Time:

DPO Notified? Yes No Name: Date: [Click here to enter a date.](#) Time:

Check the appropriate severity level, type, cause and contributing factors of the incident

Check	DEFINITION OF INCIDENT
<input type="checkbox"/>	Patient, visitor or staff injury
<input type="checkbox"/>	Falls, with or without injury
<input type="checkbox"/>	Medical emergency or death
<input type="checkbox"/>	Threats of violence or physical assaults
<input type="checkbox"/>	Prevalence of communicable disease
<input type="checkbox"/>	Physical plant safety/environmental hazard
<input type="checkbox"/>	Equipment malfunction or failure
<input type="checkbox"/>	Property damage or loss
<input type="checkbox"/>	Fire/Flooding
<input type="checkbox"/>	Threat or pursuing a claim/litigation
<input type="checkbox"/>	Interruption of services
<input type="checkbox"/>	Diagnostic testing error/problem
<input type="checkbox"/>	Medical treatment error
<input type="checkbox"/>	Other occurrences deemed reportable by supervisor/manager

