



LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
HARBOR-UCLA MEDICAL CENTER

SUBJECT: RADIOGRAPHY AND FLUOROSCOPY X-RAY SUPERVISOR AND OPERATOR PERMIT **POLICY NO.** 470D

CATEGORY: Administration	EFFECTIVE DATE: 4/19
POLICY CONTACT: Yvette Ruiz	UPDATE/REVISION DATE:
REVIEWED BY COMMITTEE(S):	

PURPOSE:

To comply with the California Code of Regulations Title 17, Subchapter 4.5 and other Titles or regulatory agencies, ensuring all workforce members operating radiography and fluoroscopy equipment have a supervisor and operator certificate and/or a supervisor and operator permit.

POLICY:

At Harbor-UCLA Medical Center, all workforce members operating radiography and fluoroscopy equipment must have a current supervisor and operator certificate and/or a supervisor and operator permit by the California Department of Public Health Radiologic Health Branch (CDPH-RHB). If a workforce member does not have a current certificate or a supervisor and operator permit, the workforce member is **NOT** to operate this equipment under any conditions.

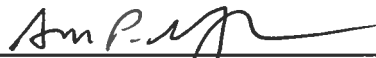
PROCEDURE:


All operators and/or departments with a workforce member that possess a current supervisor and operator certificate and/or a supervisor and operator permit must work closely with the Environmental Health and Safety Department to comply with California Code of Regulations Title 17, Subchapter 4.5 and hospital standards. Physicians who wish to utilize fluoroscopy during a procedure will be required to obtain certification and/or a supervisor and operator permit granted by the California Department of Public Health – Radiologic Health Branch (refer to Hospital Policy No. 470 C - Fluoroscopy Supervision).

I. HOSPITAL ADMINISTRATION

The Hospital Administration designee must work closely with the identified departments and/or operators to obtain a scanned copy of the actual supervisor and operator certificate and/or supervisor and operator permit. The designee will maintain a master “wash list” and departmental “wash list” and update them monthly.

REVISED: 3/22
REVIEWED: 4/19, 3/22

APPROVED BY: 
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It is the responsibility of the designee to distribute monthly an updated departmental “wash list” and place it in the area binder. The departmental “wash list” will be distributed to the Catheterization Laboratory, Endoscopy Procedure Area, Urology Clinic, and the Orthopedic Surgery Clinic, and these area binders updated monthly. The Perioperative Services scheduling staff will have access to the master “wash list” and departmental “wash lists” by placing a current copy of these lists in a binder (maintained at the Operating Room front desk).

The Radiologic Technologists will have access to the master “wash list” and departmental “wash lists” at the Operating Room front desk, and the Radiologic Technologist main workroom in the Radiology Department to view before a procedure is conducted.

All these binders/postings shall undergo monthly documented updates.

The designee must do the following:

1. Prepare department-specific “wash lists” monthly based on the master “wash list” and distribute to the departments with instructions to review the “wash list”.
2. Sort the master “wash list” by expiration date, update monthly and forward the department’s monthly “wash list” for the department’s coordinator, or designee, to review and provide any updates (additions/deletions) to the “wash list”.
3. Request from each department an actual scanned copy of the X-ray Supervisor/Operator Permit of any member in the department whose permit will expire that month in order to maintain a current list, and to forward copies to the Radiation Safety Office or Coordinator within **three (3) business days**. If the operator is in the process of taking the examination or renewing their certificate or permit, the department must obtain from the operator documentation (such as a copy of the scheduled examination date or proof of renewal).
4. Verify if Supervisor/Operator certificates and Supervisor/Operator permits are current by viewing the California Department Public Health online system at: <https://rhbxray.cdph.ca.gov>
5. Print a copy of the primary source verification, initial, date and file with the actual scanned copy of the original certificate and permit obtained from the department or operator, and insert and/or replace in the departmental binder to include with the “wash list” monthly.
6. Remove outdated “wash list”, certificates, and permits from each departmental binder, and update monthly or as needed.
7. Update monthly the front log sheet each time you remove or replace the wash list, certificate and/or permit in each departmental binder to confirm the date of entry.

Note: The master “wash list” of operators must have the name of the operator, department, and the Supervisor/Operator Permit number and expiration. This list shall be sorted by expiration date and updated monthly. The Department-specific “wash lists” shall be prepared monthly, based on the master “wash list”, and distributed to departments with instructions to review the “wash list”, provide any



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updates (additions/deletions) to the “wash list”, and provide a copy of the X-ray Supervisor and Operator Permit of any member of the department whose permits expire that month.

If the designee cannot obtain the certificate or permit from the department or operator, s/he must:

1. Inform the Radiation Safety Officer immediately before the expiration date and cc: Department Chair, Department Chief, and Safety Officer for assistance. If the certificate and permit expire, the Safety Officer will contact the Radiation Safety Officer and cc: Chief Operations Officer, Chief Medical Officer and Chief of Radiology to inform the operator to immediately stop the use of radiography and fluoroscopy equipment until a current certificate or a supervisor/operator permit is confirmed and obtained to ensure compliance is maintained at all times.

The designee must maintain a current “wash list” in a binder with the certificates and permits for each department, current and ready for inspection at all times.

II. DEPARTMENTS

The following departments must work closely with the designee to adhere to Title 17:

1. Anesthesiology – Pain Management
2. Cardiology
3. Colorectal Surgery
4. Emergency Medicine
5. Gastroenterology
6. General Surgery
7. Neurosurgery
8. Orthopedic
9. Radiology
10. Respiratory Medicine
11. Surgery
12. Urology
13. Vascular Surgery

These department coordinators and/or designees will work closely with Hospital Administration, Radiation Safety and/or designee(s) to provide information on all workforce members (operators) with a radiography and/or fluoroscopy operation certificate or permit by:

1. Reviewing the monthly departmental “wash list” provided by the area’s Radiation Safety Coordinator, or designees and updating it by adding new operators and/or deleting those operators no longer in the department to maintain the “wash list” list current for compliance purposes.
2. Requesting from the operator an actual scanned copy of their new or current operator certificate or supervisor and operator permit before the expiration date in order to forward the scanned copy to the designees within **three (3) business days**. If the operator is in the process of taking the examination or renewing their certificate or permit, the department must obtain from the operator documentation, such as a copy of the scheduled examination date or proof of renewal, and forward it to the designee.
3. Forward the updated monthly “wash list” to the designee with the scanned copies of the actual permit/certificate for each operator and/or the document verification.



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If the department's coordinator, or designee, does not receive a copy of the certificate or permit from the operator, they must follow their chain of command to obtain the requested actual copy of the Supervisor and Operator Certificate and/or Permit before the expiration date.

Note: For these two certificates/permits to be valid, the workforce member's medical license must be current.

REFERENCES:

Joint Commission Standards Revisions for Organizations Providing Fluoroscopy Services.
California Code of Regulations Title 17, Subchapter 4.5, Group 5: Certification of Licentiates, Article 1:
Licentiate Certificates and Permits
Hospital Policy No. 470 C, Fluoroscopy Supervision