Employers Procedure 1

Ramsay IR(ME)R Employers Procedure

Employers Procedure Number: IR-001 / Employers Procedure 1

Employers Procedure Title: Correctly identify individuals exposed to Ionising Radiation Schedule 2(a)

1. Governing Policy

- IR-001 Employers Procedure – Employer statement

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2. The Procedure

2.1. Introduction

2.1.1. Ramsay Health Care has adopted the Society and College of Radiographers 'Pause and Check' Procedures. The following posters have been updated and must be in use within controlled areas and consulting rooms.

- Have you paused and checked? A clinical imaging examination IR(ME)R Operator checklist (2019)
- https://www.sor.org/sites/default/files/document-versions/sor_pause_check_2019.pdf
- Have you paused and checked? IR(ME)R Referrers (2017)
- https://www.sor.org/learning/document-library/have-you-paused-and-checked-irmer-referrers

2.1.2. The Pause and Check' posters for MRI and Ultrasound have also been adopted for use within Ramsay Health Care for reference purposes. The hyperlinks are available in (Appendix A)

2.2. Identification Checks

2.2.1. Correct identification of the patient always begins with the Referrer. The Referrer is responsible for ensuring that the correct patient is sent for imaging, as this information is the basis on which all subsequent checks will be based.

2.2.2. Correct patient identification involves multiple staff concerned with a patient's care, and this information may be checked many times during the pathway.

2.2.3. Patient identification (ID) will always be checked before,
- the start of all procedures/examinations
- the administration of all medicines and contrast agents.

2.2.4. The correct identification of the patient, or individual to be exposed, is an Operator task. Training on the correct identification procedure must be completed before the Operator can be entitled, and should be updated as part of the annual mandatory training cycle to ensure ongoing competency. All operators must complete relevant IR(ME)R training every 2 years via e-learning or Ramsay approved course.

2.2.5. Patients will be identified upon arrival at the Radiology department by reception staff (where possible). They will confirm, with the patient, information provided on the referral form to ensure that the correct patient has arrived;
- Name
- Date of Birth
- Address
- Examination

2.2.6. Patient confidentiality will be considered by the Reception staff at all times

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2.2.7.   Patients will be called from the waiting area, using their full name, by a member of the clinical team

2.2.8.   The responsible member of staff will check the following details with the patient in a confidential area before proceeding with any examination

- Full name including correct spelling
- Date of Birth
- Address
- Type of examination – patient's reason for attendance
- Timing of examination
- Body part
- Side to be examined (if applicable)
- Pregnancy status (if applicable)
- Previous imaging

2.2.9.   The patient must actively provide the requested information, and should not be asked to only to confirm or deny identity. For example – '**Please tell me your name, DOB and address',** is correct. 'Are you Mr Jones?' is incorrect.

2.2.10.   Where there is any doubt over identification, this must be investigated and if necessary the examination must be delayed. *It is the responsibility of the operator to check with the referrer in cases of doubt about the patient's identification or the examination requested*

2.2.11.   The operator undertaking the individual ID check must be identifiable on the paper referral or electronically on the Radiology Information System (RIS).

2.2.12.   On RIS the 'Patient ID checked by Operator' box must be completed. On the paper referral the operator must sign or initial against the identification checks listed in section 5.3 and complete Radiographer details section. Where possible the same operator performing the exposure should confirm the individuals' identification.

2.2.13.   Operators using an electronic signature are personally responsible and accountable for all activities carried out under their user name, according to the Ramsay IS-002 - Information Security - All Users policy.

2.2.14.   Where there are multiple operators involved in the exposure, the Operator performing the ID check should clearly communicate the individual's identification with the Operator undertaking the exposure. Particular attention should be made to checking and confirming the pregnancy status before the exposure takes place.

2.2.15.   Where direct questioning of the patient is not possible, either because of the age, state of consciousness or mental capacity of the patient, special precautions shall be taken to ensure that the patient is identified correctly before the examination. See sections 2 – 4 in this Employer's Procedure.

2.3. Alternative Language or sensory Impairment

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2.3.1. Ramsay Healthcare will provide appropriate translation services, hearing assistance, sign language interpreter or other assistance as required in order to confirm identity. Corporate Language line documents and information available here

2.3.2. Any change to the method of identification (example: use of sign language etc.) must be recorded in the patient record

2.3.3. For patients with sensory impairment, alternative forms of ID can be used such as Photo ID and driving license and visual verification be made (e.g. a thumbs-up action is the usual sign language verification).

2.3.4. It is not appropriate for family members to interpret for patients who do not speak English, please refer to **CN-004 Ramsay Consent policy**. Further information is also available in **CN-018 - Patients who Require Additional Support to Access Information and Services policy**

2.4. Children

2.4.1. Where the child is too young to confirm ID details, or understand the examination being undertaken, the ID confirmation must be sought from the responsible adult. This will be the parent or guardian or other health care professional responsible for the child at that time.

2.5. Unconscious/Lacks Capacity Patients

2.5.1. Where the patient is unconscious or unable to confirm identity for any reason, identity must be sought from the medical team in attendance or patient identification band (if available). This type of confirmation must be documented in the patient comments box in the RIS record.

2.5.2. Patients requiring imaging in theatre or Interventional diagnostic procedures, where general anaesthesia or conscious sedation has been induced, will be identified using the patient identification band (this can be confirmed by theatre staff if access is not possible) and patient case notes. Where possible, the Radiographers must be present for the NATSSIP/ WHO checklist procedures during the initial theatre/interventional 'huddle'.

2.5.3. In a medical emergency, where ID cannot be obtained, the patient should be given a unique number. This will be used on all hospital documentation until identification can be formally made. This is unlikely to occur for Ramsay patients as admittance is always pre-planned. All hospital sites have service level agreements with their local Trust to manage patient transfers in the event of medical emergencies.

2.6. Patients with the Same or Similar Name

2.6.1. Where it is noticed that two patients with the same (or similar) names are attending on the same day, then all relevant staff should be alerted. The person noticing the similarity (admin staff/ radiology manager/ radiographer/ Healthcare assistant) will take responsibility for marking the referral forms/day sheets in order to continue to alert staff to the potential for an error.

2.6.2. This alert must be continued through all stages of the patient pathway, until the report and verification has been completed i.e. by placing a 'sticky note' on the PACS image for the reporting Radiologist's attention.

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2.7. Errors in Identification

2.7.1.   If at any stage of an examination, it is realised that there has been an error in the identification of the patient, the error must be reported to the Radiology Manager and recorded on RiskMan immediately.

2.7.2.   If the error has not been rectified before the images have been sent to PACS, all appropriate parties must be informed of the error, for example the Referrer and/or reporting radiologist. Where the error has involved ionising radiation, the correct process for informing all relevant parties, and the regulator, must be followed. Please refer to Employer Procedure 12 Schedule 2 (k) and (l) Accidental and unintended exposures.

2.7.3.   The patient must also be informed of the error and the (potential) consequence of this. For example; increased radiation dose, incorrect drug given etc.

2.7.4.   Images obtained in error must never be deleted. A radiology report must be generated and the patient, their GP and/or Consultant made aware of the result.

2.7.5.   If there are incorrectly labelled, or incorrectly assigned, images stored on PACS, the PACS team must be notified immediately in order to resolve the issue.

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2.8. Appendix A

2.8.1. Pause and Check posters

- Have you paused and checked? A clinical imaging examination IR(ME)R Operator checklist (2019)
- https://www.sor.org/sites/default/files/document-versions/sor_pause_check_2019.pdf
- Have you paused and checked? IR(ME)R Referrers (2017)
- https://www.sor.org/learning/document-library/have-you-paused-and-checked-irmer-referrers
- Have you 'paused and checked'? Practitioner Checklist for Ultrasound Examinations
- https://www.sor.org/getmedia/6ec0954d-4bcb-435d-a8b0-f07407b9c24e/sor_pause_check_2016_a4.pdf_2
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- Have you 'paused and checked'? Practitioner Checklist for MRI Examinations
- https://www.sor.org/getmedia/b776fd2c-842d-4854-a73a-b3136662e521/pause_check_practitioner_checklist_for_mri_examinations_a4.pdf
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- Have you paused and checked? IR(ME)R Operator checklist for Molecular Imaging Procedures: Image acquisition (2019)
- https://www.sor.org/sites/default/files/document-versions/irmer_operator_checklist_for_molecular_2019.pdf
-
- Have you paused and checked? IR(ME)R Operator checklist for Administration of Radioisotopes for Molecular Imaging Procedures (2019)
- https://www.sor.org/sites/default/files/document-versions/irmer_operator_checklist_for_administration_2019.pdf

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3. Approval

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name	Abiola Adebayo	**Date**	28/07/2021
Signature			

Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward electronic copies to the Integrated Governance Assistant who has responsibility for disseminating and implementing the document and for maintaining the organisation's database of approved policies and procedural documents.			
Name	Viv Heckford	**Date**	25.08.21
Signature			

4. References

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