

Ionising Radiation (Medical Exposure) Regulations 2017

Procedure 1: To identify correctly the individual to be exposed to ionising radiation

Required under IR(ME)R 2017 Regulation 6 & Schedule 2 (a)

CATEGORY:	Procedure
CLASSIFICATION:	Health & Safety, Clinical Governance
PURPOSE:	To identify correctly the individual to be exposed to ionising radiation.
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<ul style="list-style-type: none"> • Essential Reading for: 	<p>Staff who are designated as an IR(ME)R duty holder, defined as referrer, practitioner and/or operator.</p> <p>Staff in training to become an IR(ME)R duty holder</p> <p>Managers of IR(ME)R duty holders</p> <p>General managers of departments and areas that refer for or perform procedures involving ionising radiation</p>
<ul style="list-style-type: none"> • Information for: 	<p>All staff working in departments that perform procedures involving ionising radiation.</p>

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1 Procedure Statement

- 1.1 The purpose of this procedure is to correctly identify individuals prior to medical and non-medical imaging exposures.

This procedure should be used in conjunction with UHB Policy for identification of patients (CD382)

2 Scope

- 2.1 All medical exposures (excluding those to carers and comforters) and non-medical imaging exposures carried out by the Trust.
- 2.2 Arrangements for exposures to carers and comforters are described in IR(ME)R Employer' Procedure 14.

3 Responsibility

- 3.1 The referrer is responsible for ensuring that sufficient details are included on the request form to enable the individual to be unambiguously identified by the practitioner, operator, and other relevant members of staff. These details must include, as a minimum, the individual's name, date of birth and either address or hospital ID / NHS number.
- 3.2 The operator initiating the exposure, or administering a radioactive substance is responsible for ensuring that the final check on identifying the individual has been carried out before proceeding and recorded. They are responsible for reporting any incidences of incorrect identification to their line manager and raise as a DATIX incident.
- 3.3 Student Radiographers and Trainee Assistant Practitioners are required to make a positive identification check on the individual in the presence of a supervising operator i.e. a radiographer, prior to imaging the individual.
- 3.4 Line managers are responsible for ensuring that all staff who may be required to identify an individual, including temporary staff, are made aware of this procedure.

4 Practice: Consent

- 4.1 IR(ME)R Employer's Procedure 12 describes the provision of adequate information relating to the benefits and risks associated with the radiation dose from the exposure prior to the exposure taking place.
- 4.2 Where a patient refuses the examination, they will be referred back to the referrer.

5 Practice: General

- 5.1 Prior to the individual's exposure, all referrals should be reviewed against the individual's previous exposures on the relevant information systems to avoid the risk of duplicate exposure. Any queries should be brought to the attention of a practitioner who will decide if the procedure is necessary.
- 5.2 Referrals for exposures should be made by one of the following options:
- Electronic Requesting systems
 - Imaging department's paper request form – during downtime procedure only
 - Breast Service Fast Track Request Form
 - Appropriately signed clinic letter
 - Research request form for imaging
 - Radiotherapy department's Mosaiq system
- 5.3 The referrer must ensure that the correct individual is selected prior to the submission of the electronic referral.
- 5.4 The referrer must ensure that sufficient details are included on the request to enable the individual to be unambiguously identified by the practitioner, operator, and other relevant members of staff.
- 5.5 Identifying the patient should be an active rather than passive procedure and will be carried out upon an individual's arrival at reception and prior to undergoing the exposure requested. It should include 3 forms of identity check plus pause and check questions as relevant
- 5.6 Where there is doubt in the area to be exposed, re-check that the clinical details are appropriate for the examination requested. If the patient is wearing an identification band this should also be read. These details should be checked against the request.
- 5.7 All responses must match the information provided on the request.
- 5.8 If a referral is received that is missing one item of demographic data, the referrer should be contacted if possible and asked to re-refer. If this is not practical – e.g., for walk-in patients – the operator must determine whether the individual can be identified. For example, if the referral includes the individual's NHS or hospital number, the missing data can be looked up, verified and added to the request form. The exposure must not proceed if the operator is not certain that they have the correct individual.
- 5.9 For in-patients; If the individual cannot identify themselves verbally and their identification band does not match the details in the request then the ward must be contacted. A member of ward staff must positively ID the individual and put a correct identification band on the patient.
- 5.10 If one aspect of the demographic details does not correspond with what the individual says, but the operator initiating the exposure is sure it is the correct

person e.g. one digit different in DOB or old address then the examination may proceed but appropriate staff must be asked to change the details on the electronic patient information system. For in-patients, the referring ward/department should be informed of the change for future reference. For Breast Screening Unit (BSU) patients, a substantive change in details must be made through the Shared Services Agency, St Chads Way, Birmingham.

- 5.11 If several demographic details and/or clinical history are different then the exposure should not proceed and the patient should be returned to the relevant ward/department for verification. This should be recorded on the electronic patient information system. The referrer should be contacted and asked to re-refer. An incident should be recorded on the Trust's Datix system.
- 5.12 If following discussion with the individual, any aspect of the clinical information is clearly incorrect i.e., "Left" written instead of "Right", the senior member of staff responsible for the service at this time may authorise the exposure with the amendment noted on the electronic patient information system. If there is any ambiguity around the error, the referrer **MUST** be contacted and an incident should be recorded on the Trust's Datix system.
- 5.13 If the individual is unable to respond to the above questions because they are too ill, too young, have language or hearing difficulties etc., the following special practice should be followed:
 - 5.13.1 **If an inpatient:** the required details should be ascertained from the patient's identification band. If this is not possible, they must be accompanied by a nurse, escort or relative who is able to verify the individual's identity. The method by which the individual is identified should be noted on the electronic patient information system.
 - 5.13.2 **Children under 16 years:** Where the operator judges the child capable of confirming their identity then follow the protocol for an adult. For other children the accompanying parent, guardian or hospital staff responsible for the individual should verify the identity in accordance with local procedures. The method by which the individual is identified should be noted on the electronic patient information system.
 - 5.13.3 **Individuals with communication problems:** In these circumstances the ID check can be carried out with the accompanying person or by an appropriate communication method with the individual, e.g., written communication. The method by which the individual is identified should be noted on the electronic patient information system.
 - 5.13.4 **Unconscious Patients:** Nurses who can positively ID the individual must accompany any unconscious patient in addition to the details on the patient identification band being checked. In the event of a trauma alert, the hospital number will serve as ID where no other details are available. The method by which the individual is identified should be noted on the electronic patient information system.
 - 5.13.5 **Anaesthetised patients:** The identity of the individual must be sought from the Anaesthetist/ Doctor who has administered the anaesthetic. This must

then be documented within the Event Comments on the Radiology Information System (RIS).

- 5.13.6 **Individuals with mental capacity issues:** The operator should check the ID with the patient's advocate. This must then be documented on the relevant electronic patient information system.
- 5.13.7 **Individuals under the influence of drugs or unable to respond:** The operator should check the ID with the patient's advocate. This must then be documented on the relevant electronic patient information system.
- 5.13.8 **Speakers of other languages or individuals with inadequate command of English:** UHB Interpreters can provide an in-house service for interpreting needs for some languages. For other languages the team can co-ordinate and arrange external bookings as required. In the case of clinical urgency an accompanying person or member of staff can be considered according to the judgement of the Operator.
- The operator should check the ID with the interpreter. This must then be documented in the relevant electronic patient information system.
- 5.13.9 **Neonatal & Special Care Baby Unit:** Babies on the Neonatal or Special Care Baby Units will be identified by both the Operator and the Nurse in attendance. The name of the nurse should be documented in Event Comments in RIS.
- 5.14 Particular care needs to be taken in correctly identifying individuals with the same or similar names. If the operator has any doubt regarding the identity of an individual the referrer should be contacted for clarification before the exposure(s) is undertaken.
- 5.15 For non-medical imaging please refer to IR(ME)R Employer's Procedure 3.
- 5.16 In Nuclear Medicine, details of the radiopharmaceutical must be checked. This includes chemical form, quantity and expiry as per local protocol.

6 Practice: Responsibility where several operators initiate exposures

- 6.1 If two or more persons are performing a medical exposure, the person who actually presses the button or foot pedal or administers the radioactive material is the operator under IR(ME)R
- 6.2 The exposure must not be undertaken if the individual's identification cannot be verified.

7 Contingencies

- 7.1 Any failure in compliance with this procedure must be reported to the relevant Divisional General Managers or Medical Physics Expert in their absence. Failure to comply with the above procedure may result in the Trust's Disciplinary Policy being invoked.