

**SUNY DOWNSTATE MEDICAL CENTER
UNIVERSITY HOSPITAL OF BROOKLYN
POLICY AND PROCEDURE**

No: CT-1

Subject: COMPUTED TOMOGRAPHY QA
& PHYSICIST TESTING

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T. J.C. Standards: **EC. 02.04.03 (EP.1)** Before initial use of medical equipment on the medical equipment inventory, the hospital performs safety, operational, and functional checks.
EP.2.The hospital inspects, tests, and maintains all high-risk equipment. These activities are documented.

EC. 02.04.01 (EP10). The hospital identifies quality control and maintenance activities to maintain the quality of the diagnostic computed tomography (CT), images produced.

_Related Policies: (RAD- 6) Radiology Patient Safety

Issued by: Radiology Department

I. PURPOSE

To ensure Computerized Axial Tomography (CT) equipment is maintained properly and checked before a patient is exposed to radiation. To ensure equipment receives Daily & Monthly QA/ PM and Physicists testing procedure performed according to manufactures and regulatory recommendations.

II. DEFINITION

CT: Computerized Axial Tomography (CT)

III. POLICY

Technologist will complete **Tube Warm- Up** procedures and perform daily QA before scanning patients. PM's will be scheduled according to manufacturer's recommendations. Physicists testing will be scheduled according to all regulatory requirements. The goal is to maintain the equipment with at least 95% up time.

IV. PROCEDURE /GUIDELINES

Technologist will check the following

1. X-Ray Tube is warmed up
2. CT table is working
3. CT Gantry is working
4. Safely Straps
5. Head Rest
6. Intercom is working
7. Daily QA using Water phantom is completed daily at 8:00am on all CT units
8. Physicists to do annual and semiannual test on all CT units
9. Technologist will keep all equipment and Room in clean and safe condition throughout their shift.
10. Technologists will maintain supplies as necessary to perform procedures
11. Technologist will place service calls for malfunctioning equipment & make note of the ticket #.
12. Monthly Qa will be performed in accordance the guidelines and standards set forth in RAD policy # 17- X-Ray equipment Quality Assurance Program .

V. ATTACHMENT

NONE

VI. REASON FOR REVISION

Review

VII. REFERENCES:

- *TJC Standards*
- *UHB Policy (RAD-6) Radiology Patient Safety*

Date Reviewed	Revision Required (Check One)		Responsible Staff Name and Title
	Yes	No	
12/2001	Yes	No	James Shanahan, Director Radiology Department
10/2013	(Yes)	No	James Shanahan, Director Radiology Department
2/2015	(Yes)	No	Vincent Monte, Assoc. Director Radiology Department
5/2018		(No)	Vincent Monte, Assoc. Director Radiology Department
1/2019		(NO)	Vincent Monte, Assoc. Director Radiology Department