

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

RAD-6

**Subject:** RADIOLOGY PATIENT SAFETY

**Prepared by:** Vincent Monte

**Reviewed by:** Donna McKenzie, EMBA.,

**Approved by:**

Hyman schwarzberg, M.D.\_

Harry Zinn, M.D.\_\_\_\_\_

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**T.J.C. Standards** **NPSG.01.01.01** Use at least two patient identifiers when administering medications; and when providing treatments or procedures. The patient's room number or physical location is not used

**EC.04.01.01** hospital reports and investigates the following: Hazardous materials and waste spills and exposures. (**EP.8**

**EC.01.01.01** The hospital has a written plan for managing the following: Medical equipment

**Issued by:** Radiology Department  
Regulatory Affairs

**I. PURPOSE**

To establish a system in the Department of Radiology to ensure the safety of all patients.

**II. POLICY**

The Radiology Department will make every effort to ensure patient safety and to enhance the patient's sense of security while in our care. Radiology Department staff will watch for potentially hazardous situations which may pose a threat to patients and will physically assist, provide appropriate explanations, and reassure patients whenever necessary.

**III. DEFINITION (s )**

None

**III. RESPONSIBILITIES**

All Radiology Staff

- Faculty and House Staff
- Imaging 'Staff
- Nursing
- Clerical Staff Scheduling

- Hospital Admitting Office

#### IV. PROCEDURES/GUIDELINES:

##### A. Patient Identification

1. **A tamperproof, nontransferable identification band** will be prepared and affixed to each inpatient in the Admitting Office. Patient identification will be verified with the use of a picture ID whenever possible. If not available, then the Admitting Office will use two other forms of identification such as a birth date, and/or home address.
2. **Outpatients reporting for imaging procedures** which require injection of contrast or radio pharmaceutical will be given a tamper-proof, non-transferable identification band in the Radiology Scheduling Office before the procedure is begun. Verification of identification will be done verbally and, if possible, by picture I.D.
3. **If in-patient arrives in Radiology without an ID band** in place, the following process will be used to place the ID band:
  - a. Verify the patient's identification verbally and by checking the birth date and medical record number on the admitting paperwork.
  - b. Call the Nursing Station to properly identify the patient and attach an identification band before the procedure is begun.
  - c. **The in-patient identification band** will include the patient's full name, medical record hospital identification number (date of birth, age, sex and attending physician).
4. **The Radiology outpatient I.D. will include the patient's name, date of birth, address and medical record number as generated by the *RIS barcode printer*.**
5. **If the patient is an Emergency Department admission**, an Emergency Department identification band will be prepared immediately upon patient entry to the Emergency Department treatment area. The identification band will be affixed to the patient and will list the patient's full name, medical record number, sex and date of birth.
6. **Newborns may have the identification** mounted to the bassinet or crib if it is not feasible to attach it to the patient's extremity.

##### B. Before Any Procedure Is Carried Out

1. **Before any procedure is carried out**, the identification band will be on the patient and will be checked by the imaging technologist for at least two of the following identifiers to ensure that the right patient is involved:
  - Patient name
  - Patient date of birth
  - Patient medical record number
2. Verify the patient's identification verbally and matching the verbal confirmation to the written information on the identification bracelet prior to:
  - Administering medication
  - Performing procedures/diagnostic tests

- Obtaining blood or other specimens from the patient
- Performing treatments
- Administering blood and blood products
- Transporting patient to other areas of the hospital
- Distributing a diet tray

3. *No procedure will be conducted when the patient's identity cannot be verified because the imprinted band is illegible or missing.*

- a. Defective or missing bracelets will be replaced immediately with new identification bracelets by Nursing Station, ER or Scheduling Office staff.
- b. Each healthcare provider conducting assessments on the patient will include a check of the patient's identification band to assure the band is present and legible, as a routine component of the patient assessment process.

4. **Examination Request**

- a. Examination request will be read carefully.
- b. Questionable requests will be reviewed with the Radiology attending.
- c. Appropriate views will be determined prior to the start of the study.
- d. Special attention will be paid with regard to laterality of imaging requirements.
- e. Special conditions or circumstances which would alter the routine protocol will be noted on the request.
- f. The clinical history will be a guide in moving and positioning the patient.

5. **Explanation of Procedure**

- a. The procedure will be explained to the patient in understandable terms.
- b. Positions and movements will be explained before altering the patient's position.
- c. The patient will be assisted and guided into position while being given verbal directions and reassurance.
- d. Necessary supports and immobilization will be provided to ensure safety.
- e. Table pad with clean sheet will be provided.
- f. Undue delays or waiting time will be explained to the patient so he/she will not feel forgotten and can understand the situation in the Department at that time.

C. **Monitoring Patient**

- a. Infants and children must never be placed on the x-ray table until they have been immobilized.
- b. Senile, psychiatric, sedated, epileptic or intoxicated patients require constant attention to ensure their safety and will be constantly monitored.
- c. Patients escorted to a bathroom must be checked often by verbal communication.
- d. Weak patients will be attended in the bathroom. Nurse call systems exist in the patient bathrooms.

D. **Environment**

1. **Clean Environment**

- a. Table surface will be cleaned with a suitable disinfectant after each use.
- b. Accessories and equipment will be kept clean. **See Infection Control Manual.**

- c. Clean sheets, pillowcases, blankets and gowns will be used for each patient.
- d. Hands will be washed after each patient. Hand sanitizer solution is available in all imaging rooms that do not have a sink. It will be used in these areas in lieu of soap and water.

## **2. Safe Use of Equipment**

- a. Check pediatric immobilizer (Piggostat) chest unit before each use for proper function.
- b. Heavy objects, such as a cassette, will not be positioned above the patient.
- c. Whenever a footboard or shoulder brace is placed on a table, check same with own weight first.
- d. The patient will be warned before table is returned up or down.
- e. Equipment will be checked for safe operation prior to study.
- f. Overhead tube will be moved for maximum clearance before getting patient off table.
- g. Weighted sandbags will be used when doing weight-bearing examinations.
- h. Equipment will be kept clear of traffic lanes.
- i. Watch for cable, fluoroscopy tower and television clearance while moving overhead tube and fluoroscopy tower or turning table.

## **3. Warnings of Hazardous Equipment**

- a. Patient will be prepared for tabletop and bucky tray movement, and fingers and hands will be kept away from the table edges.
- b. Cords and lines on floor will be kept clear of traffic.

## **E. Safe Patient Transportation Within Radiology**

### **1. Safe Patient Transportation Within Radiology**

- a. Wheelchair/stretchers will be pushed, not pulled.
- b. Right side of corridors will be followed, and corners rounded cautiously.
- c. Wheelchair will be locked directly behind the patient to diminish chance for injury from sudden fall or faint.
- d. Running with chair or stretcher is prohibited.
- e. Weak, elderly or unsteady patients will be assisted from the wheelchair onto the table.
- f. When transporting a patient with IV in place, tubing and bottles/bags will be protected from bumping or catching.
- g. Bottles/bags will remain above level of the patient's heart, and any interruptions of flow will be quickly reported to physician, nurse or supervisor for immediate attention.

### **2. Safe Patient Transportation Between Departments**

- a. Patients will be escorted by escort personnel assigned to Radiology. If necessary, METS escorts will be used.
- b. When a critically ill patient must be transported to Radiology, a qualified Nurse and /or Physician (i.e., one familiar with the care of the patient and the use of any support equipment) must be in attendance at all times.
- c. ER personnel will accompany ER patients at all times the patient is in the Department of Radiology.

- d. The Imaging Division of Radiology requiring transport of a non-critical inpatient will send the escort to the Nursing Station to get the patient when the imaging facilities are imminently available.
- e. The escort will inform the Nursing Station that the patient is leaving the floor for an imaging procedure.
- f. Escort personnel or volunteers will not be responsible for escorting patients whose illness requires the presence of a nurse.
- g. Patients are usually returned to the place of referral after imaging. They may be taken to another location (i.e., physical therapy) if necessary, using escorts assigned to Radiology.

**F. Safety and Portable Radiography**

**1. Safety and Portable Radiography**

- a. Portable x-ray equipment must not be left in patient's room or obstructing corridor.
- b. Always check with Nurse's Station, explain the procedure to the patient, arrange furniture and safeguard all medical equipment before bringing in portable x-ray machine into patient's room.
- c. The x-ray machine should not be touching the patient during the exposure.
- d. The technologist will follow guidelines for radiation safety as per the Diagnostic X-ray manual.

**2. Side Rails**

Side rails will be raised at all times except when transporting the patient on or off of the bed/stretcher or when working directly with the patient.

**3. Patient Safety on the Procedure Table**

- a. Velcro straps will be placed before the procedure and immediately after the procedure while awaiting transfer to crib/stretcher.
- b. During patient transfer to the crib/stretcher, two persons must be present at the procedure table; one on each side of the table.

**V. ATTACHMENTS**

None

**VI. REASON FOR REVISION:**

Review

**VII. REFERENCES:**

Joint commission Standards

Date Review	Revision Required (Circle One)		Responsible Staff Name and Title
4/03	<b>Yes</b>		James Shanahan, Administrator, Radiology Department
6/05	(Yes)	<b>No</b>	Maria Mendez, Administrator Ancillary Services
12/08	(Yes)		James Shanahan, Administrator, Radiology Department
2/2012	<b>(Yes)</b>	<b>No</b>	James Shanahan, Associate Administrator, Radiology Department
8/2016	<b>(Yes)</b>	<b>No</b>	Donna McKenzie Administrator, Radiology Department

