Title of Document:	IR(ME)R PROCEDURE (A) : To identify correctly the individual to be exposed to ionising radiation;
Directorate:	RADIOLOGY DIRECTORATE
Document type & number:	IRMPR 1
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Key amendments:	Date:
P3/4 removal of nurse to id patients /patients should always wear an identification band	04.11.2020
Amalgamation of procedure and patient ID SOP and update	23.06.2021
Refers to updated Trust policy and reference to Radiation Incident Flowchart	12.06.2024
Wording amendment post annual IRS survey Added addition NM specific PAUSE and check info. Following further review from RPA, added addition NM specific PAUSE and check info	14.01.2026
Individuals involved in developing / reviewing / amending this document: (titles only)	
Radiology Clinical Services Manager	
Radiation Protection Advisor	
Quality Governance Lead Radiographer	
Nuclear Medicine Lead	
Radiation Protection Supervisors	
Key staff responsibilities	Post:
Responsible for ensuring that the SOP is followed on all sites and CD	Radiology Clinical Services Manager
Responsible for the day to day implementation of the SOP	Lead Superintendent Radiographers for each site
To comply with this SOP	Radiographers / Assistant Practitioners /Radiologists / Sonographers /RDAs /Receptionists

AIM AND SCOPE OF PROCEDURE:

In-line with schedule 2 requirements within IRMER 2017, the purpose of this procedure is to ensure staff correctly identify individuals prior to being exposed to ionising radiation. The procedure describes the required process for radiology staff to follow in order to correctly identify patients prior to imaging within all imaging modalities at WAHT.

This procedure follows nationally recognised guidance for patient identification procedures according to IR(ME)R procedures, The Society of Radiographers' (professional body) and CIB (clinical imaging board; SoR & RCR) guidelines.

This procedure is in place to provide reassurance that should staff be unable to correctly identify the patient in-line with the below requirements, they must not proceed with the examination. This will also ensure that there is a standardised process in place to confirm it is the correct patient that receives the correct examination, undertaken by the correct imaging modality at the correct point in time, selecting the correct patient details and exposure factors.

PROCEDURE:

➢ Identifying a patient should be an active process rather than passive. Staff should ask open questions as opposed to closed questions i.e. can you please tell me your name, DOB and Address as opposed to are you Mr XXXXX and live at XXXXXXXX.
➢ The patient should be asked a minimum of 3 point ID check i.e. to provide their full name, date of birth, and address. If they are wearing a wrist band this should also be correlated with the request as per trust policy - POLICY TO IDENTIFY ALL PATIENTS - available on Key Documents site.
➢ In addition, as part of the "Pause and Check" process, the patient must also confirm the area under examination and any relevant previous imaging examinations. These details should be correlated against those recorded on the request.
➢ We ask that ID checks are correlated against the relevant Radiology request or other available documentation/systems on a patient's arrival by the receiving individual, i.e. administrative staff, Radiology Department Assistants or equivalent Radiology representative.

The Operator:

The Operator is responsible for initiating the radiation exposure or performing the exam and is the person undertaking the eventual examination (i.e. Radiologist, Radiographer, Sonographer, Assistant Practitioner). For Nuclear Medicine procedures, the Operator is the person responsible for administering the radioisotope. Where multiple operators are involved, the responsibility for administering the radioisotope should be delegated prior to patient contact.

They are ultimately responsible for checking the identity of the patient by checking the information against CRIS and/or other available documentation, this should be performed prior to any radiological procedure, including the administration of the radioisotope.

Radiology Department Assistants:

The Radiology Department Assistant (RDA) may support with the ID process by asking the required open questions to determine patient's identity prior to an exam being undertaken, however, this must be performed with the

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responsible individual (Operator) present, so they can correlate responses at the same time. It is not acceptable for RDAs to perform an ID check which is not then correlated by the responsible Operator.

Post Examination:

- ➢ The person completing the ID check must complete the ID box (in green).
- ➢ The RDA can complete the required mandatory details on CRIS.
  - ▪ In cases where the identification check is completed by a student or RDA the Operator must be documented (in red) with an associated 'I' (blue box) as they are the responsible Operator for this exam.

- • Particular care needs to be taken when correctly identifying patients with the same or similar names to others on the exam list.
- • For any exam, when taking over from another Operator, you must ensure that patient specific details and the associated request card correlate as you become the responsible Operator for the exam.

In-Patients:

- ➢ Where possible, the previously identified procedure for identification should be adopted. Where inpatients are being examined, it is also required, as per the trust policy (Policy To Identify All Patients) for staff to confirm the correct details on the patient's wrist band in addition to the standard ID checks.
- ➢ If the patient has no or an incorrect ID band, the relevant ward must be contacted. A registered healthcare professional that can positively ID the patient must be asked to attend the Radiology department where they must place a correct ID band on the patient's wrist.
  - ▪ In this instance an incident report should be entered on DATIX.
  - ▪ Only once the patient's ID can correctly be confirmed should the Operator continue with the exam.

Unknown identity patients:

- ➢ Patients with an unknown identity will be given a unique 'Unknown Person' number (UP number) by the referring department. This number will be used as the patient's identity for all investigations until a positive ID can be made. This should be the **ONLY** instance where the full pause and check is not completed and it is accepted that Radiology staff will only confirm the unique UP number prior to imaging.
- ➢ Once the correct identity has been established, the Radiology Information System will be amended with the correct patient demographics and where required record merged.

Theatre, Interventional Radiology and Cardiac catheter laboratory patients:

- ➢ Where possible, the Radiographer will ascertain the patient's ID prior to being anaesthetised as part of the WHO/LocSSIP, however as on occasions the Radiographer may not be present for these safety checks. Therefore, it is also appropriate for the Radiographer to confirm the identity of the patient using the patient's notes and verifying with the responsible anaesthetist, theatre nurse or surgeon.

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Young Persons (i.e. patients under 16 years):

➢ Where the patient can provide informed consent, correctly identify themselves and provide appropriate answers to relevant questions, follow the previously identified procedure.
➢ For young people who cannot identify themselves, it is appropriate to refer to the accompanying individual/ responsible person who can verify the patient's identity.

Patients with Communication Problems:

➢ In these circumstances, the ID check can be carried out with an accompanying individual, who can provide accurate details or via an alternative appropriate communication method.
  o e.g. use of trust recognised interpreter service or language line.

Unconscious Patients:

➢ The patient must have an ID band in place and be accompanied by a registered Healthcare professional who can positively identify the patient by providing matching demographics to the ID bracelet. The exposure must not be undertaken if the patient identification cannot be accurately verified.
➢ MRI: There are additional requirements for MRI exams the MRI safety questions **MUST** be completed prior to entering the scan room. For these patients refer to 'Guideline MRI patients – Unconscious/ confused/ lack metal capacity', which can be found via the following link.

  o SOP MRI PATIENTS - UNCONCIOUS -CONFUSED - LACK MENTAL CAPACITY.pdf

Contingencies:

➢ Any failure in compliance with this procedure must be reported to the line manager and recorded on the Trust incident reporting system (Datix).

Comments:

➢ Any relevant comments / information should be recorded in the event comments box on CRIS.

Incorrect referrals:

➢ If during the patient ID check it is confirmed that the patient attending for the exam is the 'wrong patient', the exam must not be performed and the referrer must be contacted.
➢ An incident form must be entered onto the Datix system.
➢ If an incorrect referral results in a radiation incident, please follow the Radiation Incident Flowchart (A*ppendix A*)

PAUSE & CHECK

The Society and College of Radiographers provides guidance on 'Pause and Check' (*Appendix B*). The Radiology Directorate require radiography staff to adhere to the 'Pause and Check' prior to undertaking a medical exposure or any imaging examination.

There is a specific Nuclear Medicine Pause and Check poster which includes a check that the correct Radiopharmaceuticals are used. This is also included in Appendix B.

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Appendix A:

Radiation Incident Flowchart

[M:\Acute\Radiology\Radiology Team Share Point\RADIATION PROTECTION inc LOCAL RULES\RADIATION INCIDENT FLOWCHART.pdf](M:\Acute\Radiology\Radiology Team Share Point\RADIATION PROTECTION inc LOCAL RULES\RADIATION INCIDENT FLOWCHART.pdf)

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Have you 'paused and checked'?
A clinical imaging examination IR(ME)R Operator checklist

P	**Patient**	Check the exam is justified Check examination history for recent studies and duplication **Confirm patient ID, always use unique identifiers** Confirm pregnancy status Confirm the patient expected the exam Confirm the patient has not had a similar exam recently
A	**Anatomy**	Select the correct anatomical area Select the correct laterality Place the correct anatomical marker within the primary beam
U	**User checks**	Confirm the exam is being completed at the right date and time Confirm the exposure has been authorised Confirm the correct modality Check radiation safety measures for staff and/or carers Communicate appropriate instructions to patient, carer and team
S	**Systems & Settings**	Select correct patient (unique ID) and exam date/time Select correct imaging protocol / technique Select optimal exposure factors (ALARP) (and adjust if required) Select correct detector/bucky, AEC & grid as appropriate
E	**Exposure**	Confirm there is no clinical reason this exposure should not proceed **Expose** Record dose and reference DRL Evaluate images, confirm necessity for repeat or additional views
D	**Draw to a close**	Add image comments or flags as appropriate Complete RIS record Confirm PACS images are stored accurately Tell patient how to get results and where to go next

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"It is your legal responsibility as the IR(ME)R operator to ensure that these checks are carried out BEFORE (and after) an exposure is undertaken"

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Have you 'paused and checked'?

Practitioner Checklist for Ultrasound Examinations

P	**Patient**	Confirm patient ID. **Always use unique identifiers** Check that the examination is justified Check examination history for other relevant recent imaging studies Check available notes and referral documentation Discuss clinical history and context with patient as appropriate Confirm the patient expected the examination, understands and has consented Consider chaperone requirements
A	**Anatomy**	Plan the examination so as to address the clinical question. Be prepared to amend and extend the examination as necessary.
U	**User checks**	Confirm the correct modality Provide clear information and instructions to all involved
S	**Systems & Settings**	Select correct patient (unique ID) Confirm correct exam date/time are displayed Select correct pre-set for the examination, adjusting imaging parameters as necessary Select appropriate transducer Prepare equipment as necessary Start with as low a power setting as possible
E	**Exposure**	Follow British Medical Ultrasound Society safety guidelines[1] Monitor displayed thermal and mechanical indices
D	**Draw to a close**	Add image annotation and comments as appropriate to stored images Report the examination Complete all computer records as per department protocol Confirm PACS images selected and stored Inform patient of results appropriate to findings, situation and local guidelines Inform the patient where to go to obtain results relevant to referral source. Inform referrer of any urgent or significant findings

Reference 1: https://www.bmus.org/policies-statements-guidelines/safety-statements/
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Have you 'paused and checked'?
Practitioner Checklist for MRI Examinations

P	**Patient**	Check the examination is justified Check exam history for recent studies and duplication Confirm Patient ID, using at least 3 unique identifiers Check the Pre MRI Safety Screening Questionnaire Confirm the patient expected the exam, understands and has consented Consider Patient Preparation appropriate to the examination and patient condition (e.g. removal of loose metallic objects, clothing, manual handling)
A	**Anatomy**	Select the correct coil and position correctly according to the anatomical area Confirm patient has been positioned safely within the bore, that coils do not directly touch the patient's skin and that cables are positioned according to manufacturers' instructions Select the correct imaging protocol appropriate to the anatomical area
U	**User checks**	Check the examination is vetted and protocoled accordingly Check the requirements for intravenous gadolinium and/or buscopan including type of contrast agent prescribed, dose and renal function Confirm patient has been provided with a buzzer and appropriate ear protection Confirm two way intercom is working *The remote removal function should not be routinely used in MRI for any patient. The function may be required during the course of some examinations (for example vascular scanning) and possibly in an emergency. If remote moving during the scan is required, ensure that the patient's limbs, the coils and the accessories are positioned appropriately so that they do not become trapped. Maintain visual and verbal contact with the patient throughout the examination.* Provide clear information and instructions to the patient, carers and team as appropriate
S	**Systems & Settings**	Select correct patient (unique ID) and confirm correct date and time are displayed Enter patient's weight (and height if required) Confirm correct protocol and coil selection
E	**Exposure**	Visually monitor the patient throughout the examination Ensure appropriate operating mode selected according to patient condition Follow the MHRA Safety Guidelines for Magnetic Resonance Imaging Equipment in Clinical Use https://www.gov.uk/government/.../MRI_guidance_2015_-_4-02d1.pdf
D	**Draw to a close**	Confirm Image Quality -consider image artefacts and the need to repeat a sequence or the need for additional sequences Perform post processing tasks and archive as required Confirm examination images are archived and stored as appropriate Complete RIS record as per department protocol Confirm patient well being after the scan Ensure the patient knows how when and where to obtain results Inform radiologist (or other clinician) of any urgent or significant findings as per department protocol

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Have you "Paused & Checked"?

IR(ME)R Operator checklist for Administration of Radioisotopes for Molecular Imaging Procedures

P	**Patient**	Check the procedure is justified Check patient records for recent studies, duplication or cancellation requests Confirm patient ID, always use a minimum of 3 unique identifiers Establish pregnancy and/or breast feeding status as appropriate; issue written information about breast feeding if required Confirm the anticipated procedure with the patient and ensure they understand it Confirm preparation compliance and any relevant medical history, including any contraindications Confirm the patient has not had a similar procedure recently Confirm patients weight and height as appropriate
A	**Anatomy**	Select the correct anatomical area Ensure the patient is comfortable
U	**User Checks**	Confirm all relevant equipment has passed the daily QA tests Confirm the imaging procedure is being completed at the correct date and time Confirm the exposure has been authorised Check the requirements for the correct Radiopharmaceutical/Radioactive Medicinal Product (RMP) selection and activity (DRL) required for administration Check the exposure to the carer / comforter is appropriately justified (separately) or authorised according to local written procedures Check radiation safety measures for carers/comforters Ensure patients, carers have been given clear information relating to the benefits and risks prior to the exposure Provide clear information and instructions regarding patient aftercare
S	**System & Settings**	Check correct isotope setting for the dose calibrator REMEMBER as a final check, immediately prior to RMP administration confirm: (1) patient identity (2) correct protocol (3) RMP (4) activity or DRL required [1]
E	**Exposure**	Confirm there is no clinical reason the exposure should not proceed Visually monitor the patient throughout Record dose and reference DRL for radiation procedure
D	**Draw to a Close**	Complete records as per department protocol

(1) IR(ME)R annual report 2017/18 CQC's enforcement of the Ionising Radiation (Medical Exposure) Regulations page 32 https://www.cqc.org.uk/sites/default/files/20181115-IRMER-annual-report-2017-18-FINAL..pdf accessed 27/02/19

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"It is your legal responsibility as the IR(ME)R operator to ensure that these checks are carried out BEFORE (and after) an exposure is undertaken"

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REFERENCES:

Paused & Checked – operator checklist Paused & Checked Operator/ US/ MRI practitioner checklist	Society of Radiographers
IPEM Clinical imaging board / patient identification & advice medical Ultrasound examinations	(SoR / RCR) https://www.rcr.ac.uk/clinical-radiology/service-delivery/clinical-imaging-board/clinical-imaging-board-projects
WAHT Policy to identify all patients	POLICY TO IDENTIFY ALL PATIENTS

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