Immer 17 compliance Grid - Hand Clinic - Mini C Arm Image itensifier

Regulation	Requirement	Self Assessmant of Compliance			Comment	Potential Evidence & any plans in place for improvement
		Compliant	Partial	Non-Compliant		
2	**Procedures for Comforters and Carers**	n/a to hand clinic				
6,1	**Written employers procedures from schedule 2:**		Yes		Working arrangements for Fluroscopic use in place in hand clinic, local rules in place and still relevant but need to be updated by replacement of Simon Evans	
2a	Identification of patients	yes			patient identiifcation performed at the start of the consulatation and again when procedding into Fluroscan room	
2b	Identification of Referrers, Practitioners and Operators		Yes		**Referrers** - Hand Consultants , Hand fellows **Practitioners** - Hand Consultants and fellows **Operators** - As above	
2c	Making enquiries of persons of childbearing potential regarding possible pregnancy or breast feeding		Yes		not formally checked unless patient offers information, patients and staff wear lead apron, & justification for image is decided by Operator	Do we need to formally ask this?
2d	Quality Assurance Programs including equipment	yes			Q & A is assessmend weekly by a X-ray Phantom TOR	Date record available
2e	Assessment of patient dose / administered activity	Yes			Dose is recorded is a register held in the procedure Room and kept within retention guidleines with DAP and DT times, with patients details	We are not connected to PACS/CRIS, where this inforamtion would be automatically stored, issues with risk assesing who requests the scan on CRIS
2f	Use of Diagnostic Reference Levels			unsure		not used
2g	Procedures for conducting Research Programmes	n/ato hand OPD				
2i	Provision of information realating to the risks and benefits of the radiation dose			no	verbal consent is obtained and recored in the notes, I am unsure as to how much information is given on radiation dose, other than minimal	Consent Need to add radiation risk info to patient info leaflets
2j	For the recording and evaluation of medical exposures including factors relevant to patient dose	Yes			Dose is recorded electronically on both sites	CRIS
2k	For reducing the probability and magnitude of accidental or unintended doses and for informing the referrer, practitioner and individual of the outcome	Yes			the opertor controsl level of exposure and dose	

2l	For ensuring the referrer, practitioner and the individual exposed is informed of any significant unintended or accidental exposure.	Yes			Trust Incident reporting Policy	Trust Incident reporting Policy
2m	For non-medical Imaging	n/a to hand opd				
2n	for establishing dose constraints and guidance for the exposure of carers and comforters.	n/a to hand clinic				
6,3	The employer ensures that Referrers, Operators and Practitioners are adequately trained and undertake continuing education and training		Yes		Hardcopy records of initial and follow up training for Consultants should be available in personal files. Some within the department. No Follow up training has been provided in house and records kept. The Pulvertaft Hand Unit provides national training for use of the mini c-arm on line and staff cannot use the equipment until this has been verfified We have a list of delegates who have undertaken the course, copies if certificates held locally. The current expectation is that staff are expectyed to keep their knowledge or Radiation Protection / IRMER up to date via CPD, to my knowledge there is no formal updates for mini c- arm use	need to be more vigilent on ontaining evidence of training, set up a data base on training records, nominate a consultant as a lead operator to show safe working arrangements and then evidence this with local procedures sign off
6,4	Writen protocols are in place for every type of standard practice.	n/a				
6.5a	Guidelines are available to all entitled referrers	Yes			National guidelines are followed	BSSH
6.5b	Quality Assurance procedures are in place for written guidelines and procedures (document management)		Yes		Q & A is performed weekly by phantom tor and recored in the department	QA documents
6.5c	Local diagnostic referenec levels are available and regularly reviewed			no		
6.5di	Dose constraints for research protocols where there is no health benefit to the individual exposed.	n/a				

6.5dii	Dose constraints for comforteres and carers.	/a for hand clinic				
6,7	Procedure for local reviews when diagnostic reference levels are consistently exceeded.	not required			Process stated on DRL document. Audit of Operator dose carried out	DRL document Operator Radiation dose audit
6,8	Steps to raise awareness of the effects of ionising radiation amongst individuals of child bearing potential; in addition to the enquiries made by Operators			Yes		Need to put up postsers and look at patient info - is this relevant for hand images low doses
7	Clinical Audit - relating to healthcare involving exposures to ionising radiation	n/a to hand opd				
8	**Procedures in the event of accidental or unintended exposure**					
8,1	to ensure that the appropriate professionals involved with the care of the patient are aware of a significant unintended or accidental exposure, that the patient is informed and approprioate care provided in future.	Yes			Trust Incident reporting Policy followed	
8,3	System for the recording and analysis of such events is in place and comensurate with the risk of the practice. This should address near misses as well as errors in addition to those notifiable to the CQC.	Yes			trust Incident reporting Policy followed	DATIX
8,4	Investigation process for such events	Yes			Incidents recorded on DATIX and relevent managers informed who follow Trust processes for investigation	DATIX
10	**Responsibilities of Duty Holders**					
10,1	Pratitioners and Operators must comply with employers procedures	yes			follow exiisting safety standards	
10,3	Allocation of responsibility for practical aspects of an exposure to specific individuals					

10,5	The referrer plays a role in justification by providing relevant medical data to the practitioner, including previous diagnostics, medical records and the clinical question to be answered by the examination	Yes			Patient notes are available prior to consent of patient and procedure being carried out. Care pathway followed by team members.	Trust Clinical Guideline for Referrers Trust 'Investigations' management Policy Care pathway
11	**Justyification of Exposures**					
11.1b	Exposures must be Justified by a Practitioner before they take place.	Yes			All exposures are justfied by a practitioner and this is documented in CRIS. Complex devices procedures are vetted and justified by specialist Consultants. Complex coronary cases are discussed and justified at MDT	MDT minutes referral forms
11.1c	Authorisation process by which it can be demonstrated that Justification has been caried out (if not individual Justification by a Practitioner.	Yes			All exposures are justfied directly via a practitioner.	
11.1d	Ethics committee and processes for the Justification and Authorisation of research exposures.	Yes			Research trials are under the Trust research Team and cardiology is represented by a Consultant and all trailas discussed at monthly Cardiology Consutant Meeting and info circulated	Research Team info emails and CMT minutes
11,2	Non-medical exposures	Yes			QA and testing of equipment only	QA documents and MPE documents
11.3a	health screening	N/A to cardio				
11.3b	Comforteres and Carers	N/A to cardio				
11.3c	Asymtomatic individuals	Yes			All patients reviewed and clinical assessed by Consultant Cardiologist and other tests reviewed etc before being referred to Cath Lab	
11.3d	Exposures where pregnancy cannot be excluded	Yes			Done via individual practitioner review	Pregnacy checking procedures Care pathway
11,4	for the consideration of information provided in the referral before justification	Yes			Standardised referral process. MDT meetings for complex cases.	
12	**Optimisation**					
12,1	Exposures must be as low as reasonably practicable	Yes			Nothing specific documented for ALARP under IRMER	DRL's are in place for standard procedres on 'average' patients. Procedures for dose recording Incident Reporting

12,3	For individual patients diagnostic criteria should be applied even if this exceeds the DRL	Yes			Operator decision based on individual case. Operator dose audit carried out for steroid injection and fracture manipulation	
12..4c	dose constraints for research exposures where there is no direct benefit to the individual must be adhered to.	n/a for hand opd				
12.4d	planing of individual target doses for experimental procedures where there may be some benefit to the individual	n/a for hand opd				
12,5	Procedures to ensure the dose to comforters and carers is ALARP	n/a for hand opd				
12,8	due regard to certain factors including high dose (in Interventional Radiology, and CT) and potential pregnancy		Yes		Pregnancy and high dose are factors which influence practitioner justification decisions but there is nothing to document this. High dose procedure and patient info leaflet in place	High dose documentation process to be reviewed and standardised
12,9	clinical evaluation of each exposure (except those to comforters and carers)	Yes			All procedures have a letter dictated, typed and recorded in notes and copies sent to relevent people.	
13	**Provision of dose estimates to the SoS for Health when requested for the purpose of calulating estimates of population dose**	Yes	yes		Patient info held on register in department	
14	**Apointment of an Medical Physics Expert**		Yes		But Interim. Procurement process for long term provision underway	
15	**General requirements**					
15.1b	Equipment inventry	Yes			Trust have copies as assets	
15,3	Equipment testing prior to clinical use (installation tests)	Yes			Clinical Engineering	clinical engineering has records, none supplied to department

15,6	Equipment performance testing		Yes		Routine QA in line with Imaging Dept and regular maintenance under MES Annual Surveys / Level B tests were identified as being significantly behind schedule when the previous MPE left the Trust. A recovery plan is inplace with tests being done by the interim MPE provider. This acytion plan has been adversly impacted by the withdrawal of the other Medical Physics service who originally agreed to provide testing services. For Imaging, 1 IR Room is overdue testing, but only by a couple of months, the other is now due.	
16	**Equipment Installed on or after 06/02/18**					
16,3	features to transfer specified information including dose	Yes			All equipment installed after 06/02/2018 is DICOM compliant	issues with getting attached to CRIS/PAC's ongoing
17	**Training**					
17,3	trainees participating in the practical aspects of dose administration must be operators or under supervision	n/a			no trainee's use this equipment	
17,4	Registers of Practitioners and Operators including the date of training and updates		yes		Hardcopy available of training programme for all staff. Monitored by Superintendent Radiographer	since Simon Evans left no support from radiology or elsewhere
17,5	Entitlement to act as a duty holder including arrangements for locum and agency staff	n/a			Locum / agency Consultants recruited via medical staffing	