

PATIENT AND STAFF SAFETY POLICY FRAMEWORK.

Resource mobilization and work allocation.

Postings:-

All faculties under Monthly Rotation.

All Radiographers under daily rotational three shift postings.

Restricted Working Hours for all Radiation Staff, with PostDuty Offs and Week-Offs.

Protective Legislation:

AERB monitored Radiation Safety.

1. All radiation equipments are Type approved to get Operating license.
2. AERB Operating License issued ONLY after Installation Report with Quality Assurance Test approval for all X-ray and CT equipments.
3. All equipments under CMC, with periodic servicing.
4. Biannual Quality Assurance test reports uploaded to. E- LORA.
5. Radiation Safety Officer monitored
6. Maintenance of Logbooks and Equipment breakdown Registers as per NABH guidelines.
7. Lead aprons and hangers in all X-ray & CT rooms.
8. TLD badges for all staff and faculty, serviced by Authorized Agencies, with Quarterly Dosage Reading.
9. All safety incidents are to be recorded and reported.

10. PCPNDT Act 2005 Registration of all Qualified Doctors performing USG and all USG/Doppler Equipments.
11. Separate Nominal Registers maintained for all AnteNatal cases scanned in the Department.
12. Filling up of Form F for all AnteNatal cases with patient Details and procedure undertaken Patient's and performing Doctor's signature obtained before the study.

Emergency settings.

1. Code Blue Training for all Radiation Staff.
2. Mobilization of Additional staff at times of mass casualty using Departmental Social Media groups.
3. Reporting of Emergency CT scan 24 x7.
4. All Critical Cases diagnosed on Xray, USG and CT are immediately intimated to the concerned Referring Doctor, and reports are fast-tracked.

Routine setting:

1. Calibration of all CT & X-ray equipments with test exposure at 8:00 AM.
2. Maintenance of a Common complaint book.
3. Maintenance of Service log book for every Equipment separately.
4. All room spaces are cleaned and swept every six hours.
5. Provision of dress change rooms in both CT scan and USG Rooms.
6. All ultrasound and CT reports to be issued in printed format with full signature and seal of the faculty.
7. Regular updates and training of Staffs.
8. Providing lead apron to patient attenders.
9. Information, education and communication to patients and attending public.

10. Common Radiology Request Forms.
11. Consent forms for Contrast and Interventional procedures.
12. Appropriate sign boards in both Tamil and English in every part of the department.
13. Display boards with information on Faculty and Staff, Staff on Duty, Departmental Statistics, Required Documents for Insurance, Ongoing Research Projects, Working Hours, Turn Around Time.
14. Department website provides patients with information on the tests available, and preparation needed.
15. Maintenance of All faculty and radiographers Duty and Leave Registers.
16. Maintenance of Incident Register related to any avoidable /unexpected Incidents, including Emergencies in the department.
17. Maintenance of Staff Profile with a short C.V., Updated Training records, Radiation professional Registration number for all Faculties & Radiographers, ABHA & Yearly health records.
18. Display of GO related to Payment process in the department for record of Xray Films. XRay Services are FREE.
19. CMCHIS Information display
20. Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) Display. Documents needed for PreAuth Approval are displayed.
21. Provision of Safe Drinking Water in the Corridor of the Department, with access for the Staff and attending Public.
22. Integrated CT scan Reporting.
23. PACS facility provided to Emergency Department for immediate access to all Emergency cases.