

PATIENT AND STAFF SAFETY POLICY FRAMEWORK

Department of Radiology

1. Resource Mobilization and Work Allocation
2. Shift postings — All faculties under Monthly Rotation.
3. All Radiographers under daily rotational three-shift postings.

Protective Registration

AERB Institution Registration:	63030
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1. All Faculty and Staff registered in the e-LoRA website of AERB as Radiation Professionals, for which their certificates of Academic & Technical Qualifications and Experience are scrutinised and approved by AERB.
2. Thermo Luminescent Dosimetry (TLD) badges for all staff and faculty, to monitor periodical Radiation Exposure.
3. AERB Type approval for all X-ray and CT equipments.
4. Biannual Quality Assurance test reports uploaded to e-LoRA.
5. All Radiation Equipments under CMC, with periodic servicing.
6. The Designs of all Radiation Facility Rooms are to conform to Specifications laid down by AERB, and are pre-approved by a Qualified Physicist and Head of Dept of Radiology.
7. The Design of all Radiation Facility Rooms are uploaded to the e-LoRA website for issue of Approval prior to Installation of Equipment.
8. Post Installation, all Radiology rooms are checked for any potential Radiation leakages through QA testing, and uploaded to e-LoRA website, before AERB issues an Operating License for 5 years.
9. The Operating Licenses of all Radiation Equipments are renewed after QA testing.
10. Lead Apron and hangers provided in all X-ray & CT rooms.

PCPNDT Act 2005 Registration

Registration No.:	PNB/839/2018
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1. All Doctors who use the USG facility and all existing USG Equipments are registered under the PCPNDT Act by the State PCPNDT Authority at the Office of the Director of Medical Services, Teynampet, Chennai.
2. All Obstetric patients who undergo USG have to sign their Consent in Form F Register, providing their Profile, Aadhar and Phone number, as well as their Address.

3. All doctors performing Obstetric USG have to sign a Declaration in Form F agreeing not to disclose the Fetal Sex to anyone concerned.
4. All Obstetric Case Request forms are stored for two years.
5. A separate Nominal Register is maintained for the Cases.
6. No USG images are communicated by the Radiology Department.

Emergency Settings

1. All Staff receive training for Code Blue.
2. Mobilization of additional staff for mass casualty.
3. Reporting of emergency CT scan 24 x 7.
4. All Emergency Dept images of CT scan are communicated by PACS to the ED ward.
5. Resuscitation facility available at Radiology CT scan room, with Drug Cart, ET, Laryngoscope, Stethoscope, BP Apparatus, IV drug stand, Syringes and Cannulas available.
6. Oxygen Cylinder available.
7. Stretchers with Restrainers available.
8. Wheelchairs exclusive to Radiology use available in the Department.

Routine Setting

1. Calibration of all CT and X-ray equipment with test exposure at 8:00 AM.
2. Maintenance of complaint log book.
3. Maintenance of service log book.
4. All room spaces to be cleaned and swept every six hours.
5. All radiology work limited to 42 hours per week.
6. All TLD badges are screened for radiation dosages once every Quarter, and scrutinised by the Radiation Safety Officer and HoD, and communicated to the Staff in Dept meetings.
7. All safety incidents are recorded and reported.
8. Regular updates and training of Staff.
9. Provision of dress change rooms in both CT scan areas.
10. Providing lead apron to patient attenders.
11. All ultrasound and CT reports to be issued in printed format with full signature and seal of the faculty.
12. Information, education and communication to patients.
13. Department website provides patients with information on the tests available, and preparation needed.
14. Consent and History Taking forms available in CT scan Facility.
15. Display boards.
16. Audio visual media.
17. Radiation Professional number for all Faculties & Radiographers, with updated profile of all Staff.

18. ABHA Registrations for all faculties.
19. Maintenance of all faculty and radiographers leave record.
20. Maintenance of duty swap record.
21. Maintenance of record related to any unavoidable/unexpected Emergencies in the department.
22. Yearly maintenance of staff health record.
23. Appropriate sign boards in every part of the department.
24. Detailed Charges List for the CT scan facility maintained by TNMSC.
25. Digital Payment facility through GPay and Cards.
26. Payment process in compliance with the GO, for patients desiring a copy of the X-ray study.
27. CMCHIS Information display.
28. Pradhan Mantri Jeevan Jyoti Bima Yojana (PMJJBY) display.
29. Fire Extinguishers available in both X-ray Rooms, Dept Corridor and CT scan areas.
30. Drinking Water facility available.
31. Toilet facility available separately for both Staff and Patients.