

IR(ME)R 2017 Employers Procedures

DCHFT EP1 CORRECT IDENTIFICATION OF THE INDIVIDUAL TO BE EXPOSED TO IONISING RADIATION

Policy Title	IR(ME)R 2017 Employers Procedures - DCHFT EP1 Correct Identification of the Individual to be Exposed to Ionising Radiation		
Policy Number	2131	Policy Version Number	2
Applicable to	All Trust staff.		
Aim of the Policy	Compliance with the Ionising Radiation (Medical Exposure) Regulations 2017 - to ensure that all individuals are correctly identified prior to an exposure of ionising radiation.		
Next Review Due Date	01 February 2026		
Author/ Reviewer	James Thurston, Lead Healthcare Scientist to the Trust & Head of Medical Physics & Healthcare Technology		
Policy Sponsor	Dr Rajintha Malavige, Consultant Radiologist		
Expert Group	Trust Medical Exposures Group		
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Primary Specialties	Trustwide; Medical Physics		

Document Version Management			
Version	Date	Reviewer	Description of Change(s)
1	Feb-2024	J Thurston	Change to requirement for ID of patient undergoing radiological examination in Theatres.

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DCHFT EP1 - Correct Identification of the Individual to be Exposed to Ionising Radiation

IRMER17^[1], Regulation 6, Employer's Procedures, Schedule 2, 1.(a):

The Employer's Procedures for ionising radiation exposures must include a procedure to correctly identify the individual to be exposed to ionising radiation.

This procedure is intended to ensure that all patients undergoing any diagnostic investigation involving ionising radiation are correctly identified at each visit prior to being exposed to ionising radiation. This procedure is to be used in conjunction with the DCHFT Trust Policy, "Number 0703-9 - Patient Identification Policy".

This procedure **MUST** be followed by staff for ALL patients undergoing ionising radiation diagnostic investigations or interventional procedures using static or mobile equipment.

It is the responsibility of the IR(ME)R Operator who directly exposes the patient to ionising radiation to ensure that the patient has been correctly identified. If the Operator cannot satisfy themselves as to the identity of the patient, they should not proceed with the examination / treatment.

The local procedure for carrying out and recording patient identification checks may be different between departments, however the IR(ME)R Operator who directly exposes the patient must comply with the following general procedures:

- Identification is verified using a three-point ID check to include the patient's name, date of birth (DoB) and address or other unique identifier. These identifiers must be confirmed before proceeding with the diagnostic investigation.
- The patient must be asked to give these details, rather than be asked to confirm them.
- The patient's details must correspond with the details on the referral before the investigation proceeds.
- Operators should question the patient to correlate the patient's symptoms with the examination requested and information on the imaging referral.
- Departments must detail at what point(s) in the procedure the ID should be checked.
- There must be a record that this patient ID procedure has been completed satisfactorily before the investigation proceeds. All identification procedures and outcomes must be fully documented. If multiple staff have been involved in the ID procedure, the names of all staff involved must be recorded.
- If the patient is incapable of confirming their own identity (e.g. unconscious, incoherent, language or learning difficulties, patients with dementia) then an accompanying responsible adult must answer on their behalf. This must be appropriately documented.
- If an in-patient or their escort is unable to provide sufficient identification information, patient identification must be obtained from the patient's wristband identification. If an

inpatient is not wearing a wristband and is unable to identify themselves then a ward staff member, who can identify the patient, will supply and fit a wristband. If no ward staff member is available, the patient will be returned and the nurse in charge informed.

- For unknown and unconscious patients such as trauma cases, the patient must be physically labelled with a unique identifier until their real name can be established.
- When a radiological examination is required in Theatres for a patient who is already sedated or under GA, the wristband identification should be checked (if this is possible without interfering with the surgical procedure). Alternatively, the surgeon, anaesthetist or lead nurse may provide confirmation that the patient was correctly identified following operating theatre procedures prior to being anaesthetised. If this procedure has been followed, it should be recorded appropriately.
- If staff are unable to understand both patient and escort, the Trust's translation service must be used.
- Children too young to identify themselves must be accompanied by a parent / guardian / member of staff and should be identified by that person.
- Porters, reception staff, radiology assistants and other staff members required to identify patients should carry out identity checking procedures as per Operators.

The Trust's Radiation Incident procedure must be followed for any unintended medical exposure with ionising radiation due to incorrect patient identification.

Display of Pause and Check posters are recommended to remind staff of their responsibilities.

[1] The Ionising Radiation (Medical Exposure) Regulations 2017, IRMER17

The IR(ME)R 2017 Employers Procedures – Identification of a Patient, will be brought to the attention of all employees working with ionising radiation and will be reviewed biennially by the Medical Exposures Group (MEG).

Signed:  _____ Date: 20.02.2024 _____

Chair of the MEG, Dorset County Hospital NHS Foundation Trust