

THE COLLEGE OF
RADIOGRAPHERS



RADIOGRAPHY

**Patient
Identification
Protocols**

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THE SOCIETY OF
RADIOGRAPHERS



Patient identification protocols

The Secretary of State for Health enforces Regulation 4 of The Ionising Radiation (Protection of Persons Undergoing Examination or Treatment) Regulations 1988 (POPUMET) as detailed below.

'Regulation 4 requirement for medical exposure

4.1) Every medical exposure shall be carried out under the responsibility of a person who is clinically directing it and who shall see to it that the requirements of this regulation are satisfied.

4.2) No person shall clinically or physically direct a medical exposure except in accordance with-accepted diagnostic or therapeutic practice.

4.3) Persons physically directing a medical exposure shall select procedures such as to ensure a dose of ionising radiation to the patient as low as reasonably practicable in order to achieve the required diagnostic or therapeutic purpose.'

Regulation 4 is intended to prevent unnecessary or excessive radiation exposures and although there is no provision for mandatory reporting of possible breaches a few incidents are reported to the Department of Health each year.

Over the past 12 months, 13 incidents have been reported; six of these involved the diagnostic irradiation (four by X-ray, two by radioactive isotopes) of persons misidentified. Only one of the six was intended to have a diagnostic exposure. In three cases the wrong person was brought from the ward and in the other three the wrong person was collected from the waiting room.

Although these six are a very small proportion of the many thousands of ionising radiation exposures which take place each year, because there is no mandatory reporting, there is no way of knowing whether this is just the tip of the iceberg.

The Department of Health has asked The Society of Radiographers to bring this problem to the attention of its members. Exposing a person who is not intended to receive that exposure is a breach of POPUMET Regulation 4(2).

Radiographers have both a legal and a professional obligation to ensure that the appropriate examination is performed on the correct patient. To this end The Society and The College of Radiographers wish to draw your attention to the following:

- (i) Each department or Trust should draw up its own protocol for patient identification.
- (ii) The protocol should be cross departmental i.e. it should set out the responsibility of nurses and porters to ensure that the correct patient is identified on the ward and taken to the Radiology /Radiotherapy Department. It should include:
 - (a) the procedure for highlighting the notes and request forms of patients with similar names;
 - (b) the procedure for transferring responsibility for a patient on the ward to a porter.
- (iii) Within the Radiology/Radiotherapy Department the protocol should include the method of identification to be used at all stages i.e. at reception, when a patient is collected from the waiting room, prior to the examination being performed and when

an in-patient is handed over from porter to radiographer, from radiographer to porter, or from the radiographer to other staff. It must be recognized that often ward patients are taken to the waiting room by porters and are identified later.

(iv) There should be clear specification of the staff member responsible for making the final check immediately prior to the irradiation of the patient or administration of a radioactive substance. The Society and The College of Radiographers recommend that this should normally be the person who is physically directing the exposure i.e. the radiographer or the radiologist.

When a radiographer is working as part of a team one member of the team must assume responsibility for patient identification. This may be on a case by case basis. However, the ultimate responsibility remains with the healthcare professional who is physically directing the exposure.

(v) The protocol must include the exact method of identification to be used e.g. ask the patient to give their name, date of birth and address.
In-patient wrist bands must be checked and escorts provided for patients who are not able to identify themselves.

(vi) The protocol must include procedures for identification of, and communication with, patients with language or learning difficulties or hearing or sensory impairment.

Although all radiographers have an individual responsibility to ensure that they do not breach Regulation 4, the Departmental Management are responsible for ensuring safe working practices. The Society and The College of Radiographers would like to draw the attention of their members who are in senior management positions to the following points.

Managerial Responsibilities

(i) To ensure safe working practices.

(ii) To ensure that all members of staff are familiar with procedures and that they are followed.

(iii) To ensure that appropriate protocols are in place and that they are reviewed at regular intervals.

(iv) To ensure that there are safe staffing levels within the department.

If any member needs any further advice please contact The Society of Radiographers on 020 7391 4500.

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