**Chapter B12 – Nuclear Medicine Service**

1. **Basic Information**

|  |  |
| --- | --- |
| Name of Service |       |
| Location of Service |       |
| Operating hours |       |
| 24-hour emergency service is available | Choose an item. |
| **Scope of Service**  | **Number of rooms for diagnostic procedures / interventional radiology procedures** *(please specify)* | **Number of uptake rooms** *(please indicate if shared use with other service)* | **Age range of patients** |
|
| 1. CT Scan service

Please specify:       |       |       |       |
| 1. MRI service

Please specify:       |       |       |       |
| 1. Others (e.g. aseptic preparation of radiopharmaceuticals), please specify:

     *(Note: Please also complete Chapter B4 for any service involving aseptic preparation of radiopharmaceuticals)* |       |       |       |

1. **Medical Practitioner-in-charge**

|  |  |
| --- | --- |
| Name in English |       |
| Name in Chinese |       |
| Post Title |       |
| Qualifications |       |

1. **Radiographer-in-charge**

|  |  |
| --- | --- |
| Name in English |       |
| Name in Chinese |       |
| Post Title |       |
| Qualifications |       |

1. **Staffing**
	1. Manpower\* (including the Radiographer-in-charge)

|  | **Rank** | **No.** |
| --- | --- | --- |
| Resident medical practitioner |       |       |
|  |       |       |
| Nurse |       |       |
|  |       |       |
| Radiographer |       |       |
|  |       |       |
|  |       |       |
| Others |       |       |
|  |       |       |
|  |       |       |
|  |       |       |

*\* “Proposed manpower” for new hospital*

* 1. Other requirements

|  |  |
| --- | --- |
| 1. A Part I radiographer is on duty during the operating hours
 | Choose an item. |
| 1. A registered nurse is available, where necessary, to provide support such as administration of medicine or assisting interventional procedures under the supervision of the specialist in nuclear medicine
 | Choose an item. |
| 1. The staff use the irradiating apparatuses and radioactive substances under and in accordance with licences issued under the Radiation Ordinance (Cap 303) and the conditions attached to the licences
 | Choose an item. |

1. **Critical or Major Equipment**
	1. Equipment list *(e.g. CT Scan machine, MRI machine, defibrillator etc.)*

| **Type of equipment** | **Quantity** | **Schedule of maintenance as per the manufacturer’s recommendation** | **Date of last service / maintenance#** |
| --- | --- | --- | --- |
|       |       |       |       |
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*# Not applicable for new hospital*

* 1. Other requirements

|  |  |
| --- | --- |
| 1. All equipment is installed, operated, maintained and calibrated according to manufacturer’s recommendation
 | Choose an item. |
| 1. There are operating manuals and procedures for use of equipment
 | Choose an item. |
| 1. There are procedures and schedules for cleaning, disinfection and decontamination of equipment
 | Choose an item. |
| 1. Staff using equipment have completed training in the safe and proper use of the equipment
 | Choose an item. |
| 1. There is preventive maintenance schedule established for all critical or major equipment
 | Choose an item. |
| 1. All relevant staff must be provided with dosimeter to continuously monitor their radiation exposure level according to the Radiation Ordinance (Cap. 303) while engaging in radiation work or handling of radioactive substances
 | Choose an item. |

1. **Service Delivery and Care Process**

|  |
| --- |
| 1. There are written policies and procedures on service delivery and care process which include:
 |
| 1. obtaining detailed clinical history such as history of allergy
 | Choose an item. |
| 1. provision of thorough explanation before written consent is sought from the patient
 | Choose an item. |
| 1. steps to be taken during the procedure and preparation
 | Choose an item. |
| 1. possible occurrence of allergic reaction(s) after administration of contrast medium
 | Choose an item. |
| 1. accurate labelling of all films / imaging records with the patient’s name, date of test performed and other identifiers
 | Choose an item. |
| 1. safety procedures
 | Choose an item. |
| 1. management of accident, emergency, or other adverse event
 | Choose an item. |
| 1. incident reporting
 | Choose an item. |
| 1. application of infection control measures
 | Choose an item. |
| 1. There are written policies and procedures on the following:
 |
| 1. safe handling of radionuclides, preparation of patients for imaging and emergency situations
 | Choose an item. |
| 1. correct identification of the patient before each imaging
 | Choose an item. |
| 1. ensuring that the correct radiopharmaceutical of the correct radioactivity is administered to the correct patient
 | Choose an item. |
| 1. Handling, storage and disposal of radionuclides are complied with the Radiation Ordinance (Cap 303)
 | Choose an item. |
| 1. If the service is operated by a separate entity in the hospital, mechanism exists to monitor the quality of services provided by the entity
 | Choose an item. |