**Chapter B18 – Radiology 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 / interventional radiology procedures** *(please specify)* | **Number of recovery beds / chairs** *(please indicate if shared use with other service)* | **Age range of patients** |
| 1. X-ray service

Please specify:       |       |       |       |
| 1. Ultrasound service

Please specify:       |       |       |       |
| 1. CT Scan service

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

Please specify:       |       |       |       |
| 1. Lithotripsy service
 |       |       |       |
| 1. Others, please specify:

      |       |       |       |

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

|  |  |
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| 1. A Part I diagnostic radiographer is put on duty during the operating hours of the service
 | 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 a radiologist
 | 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**

5.1 EquipmentList

*(e.g. X-ray machine, fluoroscopy system, 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*

5.2 Other requirements

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| 1. The provision and use of facilities using ionising radiation are covered by valid licences issued under the Radiation Ordinance (Cap 303) and comply with Cap. 303 and the conditions attached to the licences. This also applies to the transporting, keeping, storage and disposal of radioactive waste
 | Choose an item. |
| 1. Proper radiation safety precautions, including adequate shielding and protective clothing, are available for staff, patient and accompanying person
 | Choose an item. |
| 1. Specific devices for safety and health protection are provided for specific imaging procedures, for example, hearing protection device is provided for patient undergoing the magnetic resonance imaging procedure
 | Choose an item. |
| 1. All equipment used to conduct radiology and diagnostic imaging studies are regularly inspected, maintained, and calibrated by qualified persons, and appropriate records are kept
 | Choose an item. |
| 1. There are written procedures for use of different equipment and its precautions and contraindications
 | Choose an item. |
| 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. **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. Precautions for accidental release of radiation are taken if irradiating apparatus is on standby mode
 | Choose an item. |
| 1. Precautions for, and procedure to deal with, accidental spillage are taken if unsealed radioactive substance is used
 | Choose an item. |
| 1. All relevant staff are 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. There are written policies for identifying patients with pacemakers and metallic implants for specific imaging procedures
 | Choose an item. |
| 1. The disposal of the film developer and film fixer follows relevant regulations and requirements as promulgated from time to time by the Environmental Protection Department
 | 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. |

1. **Requirements for Magnetic Resonance Imaging (MRI)**

*(If no MRI Service, please choose “NA” for items (a) to (e))*

|  |  |
| --- | --- |
| 1. The MRI facility is designed, installed, operated and maintained according to manufacturer’s recommendation. There is defined area to contain the magnetic resonance environment. Access to the defined area is restricted and suitable warning signs are displayed at all entrances
 | Choose an item. |
| 1. There are written policies and procedures to control access of patient, personnel and equipment to the defined area, including but not limited to screening a person for any biomedical implants and ferromagnetic objects before he or she being allowed to enter the controlled access area of the MRI facility
 | Choose an item. |
| 1. There are induction and regular refresher trainings on MRI safety for staff working in the MRI facility and staff who would have an opportunity to enter the defined area (e.g. staff responsible for escort / transfer of patients to the MRI service, housekeeping etc)
 | Choose an item. |
| 1. All medical equipment or accessory items brought into and used within the defined area is safe under the magnetic resonance environment
 | Choose an item. |
| 1. There is contingency plan for medical emergency. Drills are conducted at regular intervals with records
 | Choose an item. |