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IR(ME)R Employers Procedures Dentistry

January 2024



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| EP10 Incident Reporting | [Name of NHS Dental Practice/Independent Clinic] |

### Accidental/Unintended Exposures

The individual who identifies an accidental or unintended exposure is responsible for recording all available data concerning the incident or near miss and inform the *[Employer/MPE]* within one working day. Contact details for the MPE are [*insert telephone/email*]. The patient will be informed of the exposure unless, in exceptional circumstances, it is deemed not to be in their best interests. This decision will be taken by the Practitioner with support of the Employer and will be documented in the patient’s notes. The MPE is responsible for assessing the patient’s dose and for advising the Employer whether an incident needs to be reported to Healthcare Improvement Scotland or if any other steps need to be taken.

### Recording of Accidental/Unintended Exposures

In the event that an accidental or unintended exposure of a patient, or near miss, the Operator will record on an *[incident form/other recording method]* and provide the following information to the *[Employer/MPE]:*

* The age and demographic details of the patient
* The x-ray/CT settings, the kilovolts (kVp) and milliamperes (mA) and DAP (if known)
* Any other relevant information such as error codes, time for which the exposure appeared to continue or unusual signals
* What happened and why, and
* Any other relevant information.

### Equipment

If suspected that the incident was due to an equipment malfunction, the equipment must be withdrawn from use, warning signs placed on it and not used until the reason for the incident has been clarified and any faults rectified. Incident Reporting and Investigation Centre (IRIC) should be informed of equipment failures, which either have caused harm to a patient or staff member or had the potential to do so. Further information about contacting IRIC is in [Appendix 5](#_Appendix_5).

### Learning from Incidents

Any lessons arising or changes to practice following the investigation will be implemented to ensure future risks are minimised. Relevant staff will be informed of all incidents, any lessons arising from the investigation and any changes to practice.

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| EP11 Reducing the Probability and Magnitude of Unintentional Exposures | [Name of NHS Dental Practice/Independent Clinic] |

### Audit

Regular audit will be carried out at intervals set by the Employer. Audits of compliance with IR(ME)R will include topics such as the recording of dose, and Operator training records. Clinical audits will also be conducted. These will include reviewing and improving healthcare outcomes and ensuring patient care is provided in line with best practice standards. For further information about these audits, please see [Appendix 6](#_Appendix_6) for more detail and [Appendix 7](#_Appendix_7) for a sample template.

### Equipment

Regular quality assurance is conducted of all equipment to ensure correct functioning. The Employer is responsible for ensuring that an equipment inventory is kept for all radiation equipment and that the equipment is maintained in accordance with manufacturer’s instructions.

### Training

Training and competence assessments will be undertaken for all Operators, including when new equipment and procedures are introduced.

### Incidents

Learning should be shared with all relevant staff, along with any changes implemented following incidents and near misses.

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| EP12 Document Control | [Name of NHS Dental Practice/Independent Clinic] |

All Employer’s Procedures and written protocols are held on the *[NHS Dental Practice/Independent Clinic intranet/other digital location]* and are available to all practice staff. These electronic documents are watermarked ’Uncontrolled when printed’ to indicate that these are the only controlled versions of these documents.

In this NHS Dental Practice/Independent Clinic, the procedures and protocols are reviewed [*every year]* andif there are practical changes or new equipment is installed. The revised documents are shared by [*email/staff meetings/portal].*

If a procedure or protocol changes it is the responsibility of the Authoriser to inform all relevant staff. The Author of a document is responsible for the content whilst the Authoriser is responsible for ensuring the document is in place.

Version information (for example) date of issue, version number, authoriser and date of next review is included in each document so that the current version can be easily identified and it is clear when it was last reviewed.

# Appendix 5

### EP10 Incident Reporting and Investigation Centre (IRIC)

The Incident Reporting and Investigation Centre (IRIC) is Scotland's specialist national safety and risk management unit. Our purpose is to improve the safety of equipment and facilities in Scotland's health and social care services. Further information about IRIC can be found at: <https://www.nss.nhs.scot/browse/health-facilities/incidents-and-alerts>

If you have an equipment incident which did or could have caused harm then please email IRIC at [nss.iric@nhs.scot](mailto:nss.iric@nhs.scot). They will be able to provide advice, and if you need to complete report on the incident they will give you login details to do so.

Once you have your login details you can report the incident here: [https://www.nss.nhs.scot/health-facilities/incidents-and-alerts/report-an-incident/](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.nss.nhs.scot%2Fhealth-facilities%2Fincidents-and-alerts%2Freport-an-incident%2F&data=05%7C01%7Ccatriona.hutcheson1%40nhs.scot%7Ca8f8ba131c8a4ab3612208dbb37e2d6b%7C10efe0bda0304bca809cb5e6745e499a%7C0%7C0%7C638301126729856483%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Tm6vFKJf3CDGWPQ%2F8tnlSRw59umghWEjtEzgjnY3Gwg%3D&reserved=0)

# Appendix 6

### EP 11 Quality Assurance versus Audit

An underpinning theme runs through the Employers Procedures (EPs) that of ensuring that the process’ that are in place, are up to date, and achieving their intended purpose, reviewed, and updated regularly and a record that this has been checked exists. This is not just best practice this is a requirement of the legislation; your records need to be available if required.

Your Employers Procedures cannot be properly “audited” by simply assessing the quality of the images provided. Each element of your Employers Procedures needs to be quality assured. For many parts of your Employers Procedures may be a simple tick box list. A sample audit template is included in [Appendix 7](#_Appendix_7).

The legislation uses the word “audit” to describe both the process of having a checklist and completing that check itself. This word audit has acquired a particular meaning in dentistry which is not that intended in this legislation.

“Clinical Audit” and its associated methodology requires a process, which has demonstrably room for improvement, a formulated remediation exercise and a second cycle post remediation cycle of data collection. This is not what is required to satisfy IR(ME)R requirements. A simple checklist of a process, when it was carried out and by whom and a review date will suffice in most instances.

# Appendix 7

### EP11

| **QA item/process** | **What to audit**  [e.g. QA record] | **Audit considerations**  [e.g. are items up to date and satisfactory] | **Outcome/ comments/ actions required** | **Carried out by** | **Date** | **Next review due** |
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| **QA of Image Quality** | | | | | | |
| Quality ratings of radiographs | Image quality ratings record/log | Are up-to-date records of image quality ratings held? |  |  |  |  |
| Analysis of radiograph quality | Image quality analysis record [e.g. [Quality Assessment of Radiographic Images template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/)] | Is analysis current?  Is radiograph quality satisfactory?  Has reject image analysis been carried out?  Has corrective action been taken if required? |  |  |  |  |
| **QA of Patient Dose & Equipment** | | | | | | |
| Equipment inventory | Inventory document [e.g. [X-ray Machine Inventory template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/), ancillary equipment template] | Is inventory complete and up to date? |  |  |  |  |
| Equipment testing and maintenance | Records and reports  [e.g. [X-ray Machine Routine Testing and Maintenance Record template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/), [X-ray Machine Routine Surveillance Record template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/), external reports [from engineer, MPE, RPA]] | Is there a schedule for equipment testing and maintenance?  [e.g. dates when next tests due indicated in test records]  Have appropriate tests and maintenance been carried out [i.e. critical exam, acceptance test, routine and safety tests, maintenance, routine surveillance] at appropriate frequency?  Are reports available?  Have recommendations been actioned? |  |  |  |  |
| Assessment of dose | Reports of representative patient dose from routine testing  Local DRLs | Are local DRLs in place?  Have the representative patient doses for each machine and type of exposure been monitored and compared to the local DRLs?  If consistently higher, has an investigation been carried out and action taken? |  |  |  |  |
| **QA of Image Processing and Viewing Facilities** | | | | | | |
| Digital Imaging | External servicing/maintenance reports  Records of QA checks and tests [e.g. [Digital Detector Check Record template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/), [Digital Monitor Check Record template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/)] | Has servicing/maintenance of digital imaging system been carried out at appropriate frequency?  Is there a recorded assessment of phosphor plate/digital sensor condition and performance?  Is there a recorded assessment of monitors used for viewing digital images?  Has corrective action been taken if required? |  |  |  |  |
| Film Imaging | External servicing/maintenance reports for automatic processor  QA records [e.g. [X-ray Film Stock Record template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/), [Developer & Fixer Changing Record template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/), [Radiograph Processing Unit Cleaning Record template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/)]  Records of QA tests [e.g. [Radiograph Processing Unit/ Darkroom Light Test Record template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/)] | Has servicing/maintenance of automatic processor been carried out at appropriate frequency?  Are there up-to-date records of film & chemical stocks, developer & fixer changing and processor cleaning?  Have processing units/darkrooms been checked regularly to ensure they are light tight? [at least annually recommended]  Is there a recorded assessment of performance [e.g. step-wedge tests]?  Has corrective action been taken if required? |  |  |  |  |
| **QA of Training** | | | | | | |
| Staff training | Staff training records | Are there up-to-date records of training and CPD for each staff member involved in radiography?  Are these regularly reviewed? |  |  |  |  |
| **Employer’s Procedures** | | | | | | |
| Document QA | Master copy of the practice’s Employer’s Procedures | Are there practice specific Employer’s Procedures in place?  Are these reviewed regularly? [annual review recommended]  Are document control measures in place? [e.g. version no., authorisation, page numbers]  Are all duty holders aware of current version? |  |  |  |  |
| QA of compliance with the Employer’s Procedures | Relevant records and logs, observation of practice | Are the practice’s Employer’s Procedures followed by all relevant duty holders? E.g. may include audits[[1]](#footnote-2) of:   * entitlements, to ensure that duty holders’ competencies for their scope of duties have been assessed and are supported by appropriate training * referrals, justifications, authorisations and clinical evaluations * incident reporting and outcomes * research and non-medical exposures [if applicable] * any other processes specified in the procedures |  |  |  |  |
| **Employer’s Protocols** | | | | | | |
| QA of protocols | Master copy of the practice’s Employer’s Protocols | Are there practice specific Employer’s Protocols in place?  Are these being reviewed regularly? [annual review recommended]  Are document control measures in place?  [e.g. version no., authorisation, page numbers]  Are all duty holders aware of current version? |  |  |  |  |
| **Radiation Risk Assessment** | | | | | | |
| QA of Risk Assessment | Practice’s radiation risk assessment | Is there a practice specific radiation risk assessment in place?  Is this reviewed regularly [3-yearly recommended]? |  |  |  |  |
| **Local Rules** | | | | | | |
| QA of Local Rules | Master copy of the practice’s Local Rules [e.g. [Local Rules template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/)] | Are there practice specific Local Rules in place?  Are these reviewed regularly? [annual review recommended]  Are document control measures in place?  [e.g. version no., authorisation, page numbers]  Are all duty holders aware of current version? |  |  |  |  |

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1. More detailed records of each of the audits should be held. A [Record of Audit template](http://www.psm.sdcep.org.uk/content/radiation-protection/templates-for-radiation-protection/) can be downloaded from SDCEP’s Practice Support Manual. [↑](#footnote-ref-2)