





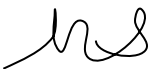









# X - R A Y ASSOCIATES

## SIGN OFF SHEET MASTER - Main Policy & Procedure Manual

LORI MYERS	2022-01-31	
ANNE MYERS	2022-02-07	
VASILY SHUGAEV	2023-01-09	
Vijay Mehta	2022 02 07	VM
Kianoush Soudmand	2022-02-07	KS
Alona Aizenshted	2022-02-07	AA
Sue Kotsopoulos	2022-02-07	
Sabrina Yang	2023-01-09	SY
Yun Feng	2022-02-07	YF
Tatiana O'Connor	2022-02-07	TO
Noushin Feyzian	2022-02-07	NF
Larisa Ghenrihson	2023-01-16	LG
Anoush Aghaian	2022-02-07	
Lucy D'Amario	2022-02-07	
Yulia Ticker	2022-02-07	YT
Rosalba Simone	2022-02-07	RS
Sharon Swider	2022-02-07	SS
Pan Tran	2022-02-07	
Gedi Qian	2022-02-07	

Marlene Ricketts	2022-02-08	MR
Arine Ghazarians	2022-02-08	AGh
Milana Stojanovich	2022-02-08	
Bana Raoofi	2022-02-08	Bana Raoofi
	2022-02-08	
Mabel Tang	2022-02-08	
Fatemeh Fasihy	2022-02-08	F.F
Vicki Goard	2022-02-08	VG
Jamie Shi	2022-02-09	JS
Si han lin	2022-02-11	
Lena Aghaian	2022-02-11	LA
Sathana Surendran	2022-02-15	SS
Maral Almassi	2022-02-26	MA
Milana Stojanovich	2022-03-03	MS
Chris Lo	2022-03-03	
Janice Maltby	2022-03-03	JM
Jennifer Butuk	2022-03-03	
Elham Shahabi	2022-03-03	E.SH
Sarina D'Alessandro	2022-03-03	
Zahra Lotafzar	2022-03-03	Z.L
Begum hirji	2022-03-04	BH
Nathan Grossi	2022-03-06	NG
Arian Moazeni	2022-03-06	A.M

Azita Tour Savadkouhi	2022/03/06	A.T.S
Olga Nash	2022-03-06	ON
Meghan Kennedy	2022-03-06	MK
Gail Svenson	2022-03-06	G.S
Lynne Kalelis	2022-03-06	L.K
Maggie Pallotta	2022-03-06	M.P
Nicole Tenuta	2022-03-06	N.T
Nikka Aquino	2022-03-06	N.A
Rosalba Simone	2022-03-06	R.S
Fatemeh Nazari	2022-03-06	F.N
Nathan Grossi	2022-03-06	N.G
Jamie Shi	2022-03-06	J.S
Yao Yue	2022-03-06	Y.Y
Colin Cole	2022-03-06	C.C
Emily Yam	2022-03-06	E.Y
Maryam Azizi	2022-03-06	A.A
Marina Bibik	2022-03-06	M.B
Lisa Burke	2022-03-06	L.B
Alex Bibik	2022-05-10	A.B
Lelia Yam	2022-05-10	L.Y
<b>2023</b>		
Mahsa Rezazadeh-Shahi	2023-01-09	M.R
Fatemeh Nazari	2023-01-09	FN
Anne Myers	2023-01-09	A.M
Susan Mootoo	2023-01-09	S.M
Marlene Ricketts	2023-01-09	M.R

zahra Lotafazar	2023-01-09	Z.L
Yun Feng	2023-01-09	Y.F
Noushin Feyzian	2023-01-09	N.F
Anoush Aghaian	2023-01-09	A.A
Tatiana O'Connor	2023-01-09	T.O.
Melinda Filice	2023-01-09	MF
Kianoush Soudmand	2023 - 01 - 09	KS
Yulia Ticker	2023 - 01 - 09	YT
Jamie Shi	2023-01-09	JS
Lucy D'Amario	2023-01-10	L.D.
Gedi Qian	2023-01-10	G Q
Rosalba simone	2023-01-11	RS
Lena Aghaian	2023-01-11	L.A
Larisa Ghenrihson	2023-01-16	LG
Vicki Goard	2023-01-17	VG
Lori Myers	2023-01-09	LM
Arine Ghazarians	2023-02-10	AGh
Gail Svenson	2023-02-10	G.S
Lelia Yam	2023-03-10	L.Y
Lynne Kalelis	2023-02-06	L.K
Mabel Tang	2023-02-08	MT
Maggie Pallotta	2023-03-06	M.P
Milana Stojanovich	2023-02-03	MS
Nicole Tenuta	2022-03-06	N.T
Nikka Aquino	2023-03-06	N.A
Sarina D'Alessandro	2023-03-03	
Sharon Swider	2023-03-07	SS
Sue Kotsopoulos	2023-02-08	



Zenyep Tour	2023-02-08	Z.T
Rosalba Simone	2023-04-04	RS
Breanne Baird	2023-04-04	B.B
Chris Lo	2023-02-08	C.L
Dave Nelson	2023-01-08	D.N
Elham Shahabi	2023-03-03	E.SH
Jennifer Covino	2023-03-03	J.C
Maral Almassi	2023-02-26	MA
Meghan Kennedy	2023-03-06	MK
Natalie Kurasz	2023-03-06	N.K
Nathan Grossi	2023-03-06	N.G
Olga Nash	2023-03-06	O.N
Pan Tran	2023-03-02	P.T
Veronica Levin	2023-03-02	V.L
Yao Yue	2023-02-02	Y.Y
Clarence Yam	2023-03-02	C.Y
Maryam Azizi	2023-03-06	A.A
Alex Bibik	2023-04-10	A.B
Marina Bibik	2023-03-06	M.B
Fatemeh Fasihy	2023-02-08	F.F
Larissa Ghenrihson	2023-02-08	L.G
Yun Feng	2023-02-08	Y.F
Si han lin	2023-02-11	
Vijay Mehta	2023 02 07	VM
Bana Raoofi	2023-02-08	B.R
Azita Tour Savadkouhi	2023/03/06	A.T.S
Shirley Mui	2023-04-19	S.M



## X-RAY ASSOCIATES INC.

All manuals and protocols are reviewed and revised at least annually by the General Manager with input from department leads and final approval by the Quality Advisor.

It is the responsibility of all staff to notify the Lead or General Manager of any error or omissions in any manual. Staff must review all manuals and sign off annually. Staff are notified of updates as they occur, either via email, staff memos or in person.

Effective this revision, all older versions of manuals will be filed for 6 years. All revisions are dated.

It is expected that all policies and procedures are followed. They have been written to ensure client and staff safety and support our Goals and Objectives.



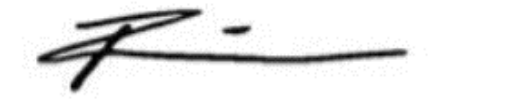
**IF any part of any manual has been printed for posting, it MUST state that it is ABRIDGED from \_\_\_\_\_ (name the manual it was taken from.)**

All written policies, procedures and protocols are proprietary of X-Ray Associates. They cannot be copied or shared without written permission of the General Manager.

### Policy and Procedure Manual

<u>Revised and/or Reviewed</u>	<u>Date</u>	<u>Name</u>
Revised	February 2018	Marlene McCarthy
Reviewed	February 2018	Dr. Peter Zia
Revised	January 2019	Marlene McCarthy
Revised	April 2020	Marlene McCarthy
Revised	March 2021	Marlene McCarthy
Revised	January 2022	Marlene McCarthy
Revised	January 2023	Marlene McCarthy
Revised	April 2023	Marlene McCarthy

### **ALL MANUALS HAVE BEEN REVIEWED AND REVISED FOR 2022**

<b>Marlene McCarthy</b>	<b>General Manager</b>	
<b>Dr. Phil Mok</b>	<b>Quality Advisor</b>	
<b>Dr. Peter Zia</b>	<b>President</b>	

## **TABLE OF CONTENTS**

### **MISSION STATEMENT/GOALS & OBJECTIVES**

#### **ORGANIZATIONAL RELATIONSHIP**

- Human Rights Code
- Removing Barriers
- People Centred Care
- Patient Ombudsman Disclosure of Harm
- Organization Chart
- Job Descriptions Including Quality Advisor/RPO, Medical Director of Nuclear Medicine, RSO
- Training lists for all staff
- Students in the workplace (high school etc.)
- Standard Hours of Operation
- Reaching a Radiologist, including after hours, ER Cases, Clients sent to ER
- Dress Code
- Employment Standards of Ontario
- Meetings/Cell phone use
- Telephone and Network use

#### **CLIENT CONFIDENTIALITY and SECURITY**

- Client Confidentiality Security and Confidentiality
- Confidentiality Agreement Staff and Physicians
- External Users sign off sheet
- X-Ray Associates Privacy Policy
- Confidentiality of Personnel Health Information
- PACS passwords
- X-Ray Associates Consent Policy
- CMRITO What you must know about consent
- Health Care Consent Act
- Bill 31 Health Information Protection Act, 2004

#### **Health and Safety: EMERGENCY RESPONSE/SAFETY PRECAUTIONS**

- Risk Management
- Smoking Food Drink Language
- IPAC Updates 2019
- Health & Safety/Infection Control
- JH&S
- Safety Code 35
- Workplace Violence Prevention
- Workplace Harassment
- Harassment by Clients
- Personal Harassment
- Domestic Violence
- Incident / Non Conformance Reporting
- WSIB Employee Incident Reporting
- WHMIS/SDS
- Electrical, Mechanical and Radiation Hazards
- Radiation Safety
- Disaster Emergency Procedures
- Fire
- CPR/First Aid
- Latex Free
- Fragrance Policy

- Employee Impairment (mental health, wellness, stress)
- Alcohol/Drugs in the Workplace
- Employee Impairment
- Animals in the Workplace
- Infection Control
- Hand washing, ABHR/PPE
- Cleaning and disinfecting of floors
- STOP sign
- Routine Infection Control Practices
- Respiratory & Contact Precautions
- Universal Body Substance Precautions
- SARS
- COVID 19
- Sharps Policy

## **QUALITY ASSURANCE PROGRAM**

- Section 1 Quality Advisory Committee/Agenda
- Section 2 Quality Management Program
- Section 3 Monitoring the QM Program
- Section 4 New Staff Orientation
- Section 5 Continuing Professional Development
- Section 6 Staff Performance Reviews
- Section 7 PACS Administration
- Section 8 Modalities
- Section 9 Quality Assurance Folder
- Section 10 In Service Education (Interesting Cases)
- Section 11 Radiologist Peer Review
- Section 12 Quality Control Notes
- Section 13 Radiologists
- Section 14 Reports
- Section 15 Errors and Omissions
- Section 16 Billing Clerk
- Section 17 Radiation Safety Officer
- Section 18 Staff Sign off Sheet
- Section 19 Equipment
- Section 20 Client and Physician Surveys
- Section 21 Quality Advisor visit log
- Section 22 Client Care/Contact
- Section 23 Technical Leads

## **SEPARATE MANUALS ARE AVAILABLE FOR THE FOLLOWING:**

- Employee Handbook (includes workplace discipline)
- Bound book: Infection Control in the Physician's office
- Office Policy and Procedure Manual
- PACS Policy and Procedure Manual
- Radiography Policy and Procedure Manual
- BMD Policy and Procedure Manual
- Ultrasound Policy and Procedure Manual
- Nuclear Medicine Policy and Procedure Manual
- Radiation Safety Manual

**MEETINGS AND MINUTES** See XRA Staff Website

**FORMS:** See XRA website

## **MISSION STATEMENT**

X-Ray Associates Inc.'s Code of Ethics requires that staff shall provide services in a professional manner, maintaining public trust, and confidence with full respect for their dignity, privacy and without discrimination.

Every person has a right to equal treatment with respect to services, goods and facilities without discrimination because of race, religion, ancestry, place of origin, color, ethnic origin, citizenship, creed, sex orientation, age, marital status or handicap.

We have a no tolerance policy regarding harassment for clients and employees. We will provide many avenues for all stakeholders to give feedback to help with quality improvement to provide exceptional care. We are people focused. Acknowledging the land becomes a small act of resistance against this continued erasure of Indigenous people and their rights.

Aurora: the **Wendat, the Haudenosaunee, and the Anishinaabe peoples.**

Vaughan: The traditional territories of the **Haudenosaunee and the Huron-Wendat peoples.**

Newmarket: The traditional territories of the **Wendat, Haudeno-saunee and the Anishinaab peoples.**

Richmond Hill: The **Treaty Lands and Territory of the Mississaugas of the Credit First Nation and the Mississauga and Chippewa Nations of the Williams Treaty.**

## **GOAL AND OBJECTIVES**

It is our intention to provide prompt and accurate imaging services as requested by the physician, while remaining at all times sensitive to the physical and mental conditions of the client in a professional manner and with the utmost respect.

A diagnostic radiology facility provides consultative physician services rendered by qualified specialists who have completed an accredited residency program in diagnostic radiology, which includes the utilization of all modalities in medical diagnosis.

The guiding principles of this practice are to provide a safe humane environment for our clients and their families.

To produce diagnostic examinations with the lowest risk to the client with optimal utilization of resources while ensuring our staff feel valued and are active stakeholders in all processes and procedures.

To use only procedures of proven medical value.

To interpret these studies with the highest degree of competency and communicate the findings to the referring physician in a prompt and efficient manner.

## **HUMAN RIGHTS (see Human Rights Code Posted on Joint H&S board)**

At X-Ray Associates, every person has a right to freedom from discrimination. X-Ray Associates is an equal opportunity employer and prohibits discrimination based on any of the following grounds:

Race; Religion, Ancestry; Place of origin; Colour; Ethnic origin; Citizenship; Creed; Marital status; Sex; Sexual orientation; Family status; Handicap; Age (when 18 or older); Record of offenses or Same-sex partnership. The racism that the First Nations, Mets and Inuit have endured cannot continue. The past helps us do better.

Actions, words, jokes, or comments based on any of the above legally protected grounds will not be tolerated.

If you believe you have been the victim of harassment or discrimination, or know of another employee who has, report it to management immediately. Employees can raise concerns and make reports without fear of reprisal. All reports will be handled in a timely and confidential manner.

## **REMOVING BARRIERS**

X-Ray Associates also has a duty to accommodate disabled or handicapped persons, and shall endeavor to do so. All facilities meet AODA standards. Ideally, patients who require accommodation have discussed this at the time of booking to ensure our patients needs are met with dignity before they arrive for their appointment. We must do our best to get the exam done and if necessary use extra staff to accomplish this. At times, if the exam cannot be done, then the hospital will be recommended.

## **PEOPLE CENTRED CARE**

X-Ray Associates is committed to providing people centred care. What does that mean? Each patient is treated as an individual upon arrival to ensure their needs are met. This may include their support team, family or service animal. We must ensure the importance of respecting the rights and responsibilities of patients and their essential care partners. We give our patients a voice to improve our services. You, as an XRA employee are the source of this care. Your needs are important to ensure that you have the resources and support to provide this service to your community. Your insights on all policies, procedures and day to day operation of our program is important. Contact the General Manager or Administrative Services Manager anytime. We want to hear from you.

How do we provide People Centred Care: WE LISTEN

1. Patient surveys on the day of exam
2. On line patient surveys
3. Cell phone surveys via code
4. Website: Patient Ombudsman, email info
5. Each complaint, no matter the source must go through the Patient Ombudsman to ensure proper follow up
6. Staff training in people centred care and antiracism and discrimination
7. Create policies and procedures and ensure they are followed
8. Keep our facilities clean, tidy and organized for that great first impression
9. Our staff and friendly and kind and treat all with respect and dignity
10. Patient safety
11. Adapt to each patient and their needs to complete their exam
12. Patients and their support team are included in the treatment

## **PATIENT OMBUDSMAN: Marlene McCarthy**

Responsible for all complaint reviews. Also posted on the website

This manual outlines the philosophy and practices of the facility and is designed to assist each employee to perform his/her duties. It must not be copied without permission. Electronic copy is available on every computer. Our policies and procedures are not immutable. Any suggestions for improvement are welcomed at all times. The General Manager is responsible for all updates and at least annual review. Staff will sign off on all manuals annually. Updates are emailed.

## **DISCLOSURE OF HARM**

Patients and staff must be made aware of any possibility of harm. This could be an error in a report found through peer review, high radiation level on TLD etc. Sometimes outside agencies may need to be informed. (CMRITO, MOHLTC, CPSO) If in doubt, contact the General Manager.

# ORGANIZATIONAL CHART

<b>PRESIDENT</b>	DR. PETER ZIA
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<b>QUALITY ADVISOR/ RPO</b>	<b>DR. PHILIP MOK</b>
<b>MEDICAL DIRECTOR NUCLEAR</b>	<b>DR. YIN HUI SIOW</b>
<b>INTERPRETING RADIOLOGISTS</b>	<b>RADIOLOGISTS</b>

<b>ADMINISTRATIVE OFFICE</b>
------------------------------

<b>GENERAL MANAGER, PATIENT OMBUDSMAN</b>	<b>MARLENE MCCARTHY</b>
<b>ADMINISTRATIVE SERVICES MANAGER</b>	<b>ROSALBA SIMONE</b>

<b>PACS/IT ADMINISTRATOR</b>	VICKI GOARD
<b>BOOKKEEPER</b>	MELINDA FILICE BEGUM HIRJI
<b>SENIOR BILLING CLERK</b>	LELIA YAM, BEGUM HIRJI
<b>RECEPTIONISTS</b>	AURORA, NEWMARKET, VAUGHAN & RICHMOND HILL
<b>LEAD ULTRASOUND SONOGRAPHER</b>	VICKI GOARD
<b>LEAD X-RAY TECHNOLOGIST</b>	Marlene McCarthy
<b>LEAD BMD</b>	Marlene McCarthy
<b>LEAD CLERICAL</b>	SHARON SWIDER
<b>FACILITY SENIOR ADMINISTRATORS</b>	MARLENE R, NOUSHIN, SUSAN K.
<b>RADIATION SAFETY OFFICER (RSO)</b>	Gentian Cermjani
<b>LEAD NUCLEAR</b>	Gentian Cermjani Marlene McCarthy
<b>CARDIAC TECHNICIAN</b>	YUE YAO



## **JOB DESCRIPTIONS:**

### **JOB TITLE: PRESIDENT, X-Ray Associates Inc.**

DEPARTMENT: Head Office

REPORTS TO: Board of Directors

MAJOR RESPONSIBILITIES: Directs specific and general policies on a day to day basis for and on behalf of the Company (X-Ray Associates Inc.)

They work closely with the General Manager, Bookkeeper, and Quality Advisor to ensure a high standard of services to the community.

The President also liaisons with the Accountant and the Lawyer to ensure the financial and legal responsibilities with respect to the Company are maintained.

BUDGET: Prepares budgets for all the Offices and Consults with the other members of the Board of Directors. Controls and monitors expenditures for all the offices to ensure they are operating within budget guidelines.

REPORTS: Reports, Statistics and Office Policies. Develops with the Quality Advisor and the manager, policies and procedures for all the offices, prepares and submits reports, statistics and other data required by others.

Qualifications: Actively reporting in all facilities. F.R.C.P. (C)

Current Incumbent: Dr. Peter Zia

**JOB TITLE: QUALITY ADVISOR- RADIOLOGIST** QUALIFICATIONS: F.R.C.P.(C)

Actively reporting for all facilities.

- Follow-up of interesting cases
- Follow-up of patient and/or medical and technical staff incidents
- Continuing education for medical and technical staff
- Ensuring certificates of registration, BCLS etc are current
- Regular medical and technical staff performance appraisals
- Patient and referring physician satisfaction surveys

The Quality Advisor will advise the licensee, and document the provision of such advice, in connection with the following:

- **Health professional staff hiring decisions**, in order to ensure that potential candidates have the appropriate knowledge, skills and competency required to provide the types of services provided in the facility.
- **Continuing education** for all health professional staff members employed in the facility, as may be required by their respective regulatory Colleges or associations.
- **Appropriate certification** for all health professional staff members employed in the facility with the respective regulatory Colleges or associations.
- **Leadership**, as may be required to address and resolve any care-related disputes that may arise between patients and health professional staff.
- **Appropriate resources** for health professional staff members employed in the facility.
- **Formal performance appraisals** for all health professional staff.
- **Technology** used in the facility, in order to ensure it meets the current standard(s) and is maintained through a service program to deliver optimal performance.
- **Establishment and/or updating of medical policies and procedures** for the facility, eg., consultation requests, performance protocols, infection control, and standardized reports, and other issues as may be appropriate.
- **Equipment and other purchases** as may be related to patient care.
- **Issues or concerns** identified by any staff member, if related to conditions within the facility that may affect the quality of any aspect of patient care.
- **Establishing and/or updating system(s)** for monitoring the results of the service(s) provided in the facility.

If the Quality Advisor has reasonable grounds to believe the licensee is not complying with the licensee's obligation to ensure that services are being provided in accordance with the generally accepted standards and to ensure that the persons who provide services in the facility are qualified to provide those services, the Quality Advisor must inform the Director of Independent Health Facilities forthwith in accordance with the provisions and Regulations under the *Independent Health Facilities Act*.

The Quality Advisor should acknowledge, in writing, his/her role in connection with Quality Assurance.

Current Incumbent: Dr. Philip Mok

## **JOB TITLE: RADIATION PROTECTION OFFICER (RPO)**

The minimum roles and responsibilities of the RPO are indicated in O. Reg. 543 the X-ray Safety Code under the Healing Arts Radiation Protection Act (HARP Act). According to Section 8 of the HARP Act, the RPO's responsibilities include, but are not limited to:

- Ensuring that every person who operates an x-ray machine in the facility is qualified to operate the machine;
- Establishing and maintaining procedures and tests for the x-ray machine (s) and x-ray equipment to ensure compliance with the Regulation;
- Ensuring that protective accessories of prescribed parameters are available for use by persons who may be exposed to x-rays;
- Providing the Director of X-ray Safety with written results of certain tests conducted on the x-ray machine (s) and maintaining records of such tests;
- Ensuring that certain procedures and tests as prescribed in the Regulation are conducted on a periodic basis; and ensuring that the entrance exposure of certain parts of the client do not exceed the prescribed exposure limits; and
- Notifying the Director of the occurrence of an accident involving an x-ray machine or an overexposure to radiation involving one or more clients. The RPO plays an important role in ensuring that the safe operation of x-ray equipment in the facility, and ensuring that clients who receive x-rays are adequately protected and are not subject to unnecessary risk of overexposure to radiation. The American College of Radiology-American Association of Physicists in Medicine (ACR-AAPM) also has a document "ACR-AAPM Radiation Safety Officer Resources" which contains numerous x-ray safety activities that the RPO may choose to implement. These activities, which are outlined below, coincide with some of the requirements under the HARP Act: 1. Radiation Protection (ALARA) Program

To the extent practical, the RPO should assure that the facility uses procedures and engineering controls based on sound radiation protection principles to achieve ICHSC Clinical Practice Parameters and Facility Standards for Diagnostic Imaging – July 2018

occupational doses and doses to members of the public that are in line with ALARA.

1. Radiation Dose Limits Radiation dose limits are specified by the X-ray Safety Code
2. Personal Radiation Monitors
  - a. Who must be monitored?
  - b. Adults likely to receive greater than 5 mSv/year Minors (less than 18-year-old) likely to receive greater than 1 mSv/year or a lens dose equivalent in excess of 1.5 mSv
  - c. Declared pregnant women. The fetus must not receive more than 5 mSv during the entire pregnancy
  - d. Individuals working with medical fluoroscopic equipment. b. Where must monitors be worn?
  - e. For the dose to an embryo/fetus of a declared pregnant woman, under the protective apron at the waist.
  - f. For the lens dose, at the neck (collar) or an unshielded location closer to the eye, outside the protective apron.
  - g. When only one individual monitoring device is used to determine the effective dose equivalent, at the neck (collar) outside the protective apron.
  - h. If a second individual monitoring device is used for the same purpose, under the protective apron at the waist. The second individual monitoring device is required for a declared pregnant woman.
  - i. Occupational Dose Limits
  - j. Adults i. Annual limit of adults
  - k. 50 mSv, however 20 mSv is recommended averaged over 5 years, with no single year exceeding 50 mSv. ii. Annual limits to tissues/organs include the following: Lens: 150 mSv; Skin or extremities: 500 mSv

- l. Dose limits for individual members of the public
- m. Whole-body effective dose of 5 mSv/year. However, a maximum of 1 mSv per year is recommended.

5. General X-ray Safety Policies  
Policies and procedures are required for protection of staff, as well as clients and other visitors/persons, including monitoring of X-ray utilization.

### 3. Registration of Radiation Machine Facilities

Initial: New X-ray equipment must be registered with the X-ray Inspection Service (XRIS). Changes: Changes made to equipment (such as replacement of a non-OEM (original equipment manufacturer) X-ray tube, CR to DR upgrade) require a new submission and approval to the XRIS.

### 4. Equipment Surveys

The RPO must have certain tests of equipment performed according to the X-ray Safety Code requirements. It is the responsibility of the RPO to ensure that competent and qualified individuals are utilized.

### 5. X-ray Room Shielding

New or remodeled facilities or facilities whose use changes in a way that may change radiation exposure levels must have a shielding plan developed by a qualified expert (e.g. qualified medical physicist) and approved by the XRIS. Records related to shielding should be maintained for inspection, including lead equivalent-thickness of shielding, machine characteristics, and measurements of radiation behind shielding materials. It is important to keep these records to verify current shielding in case a future shielding plan indicates a need to change the shielding. Signage: As per the X-ray Safety Code, where doors are accessible to the public, a warning sign sufficient to alert persons to the presence of the x-ray equipment must be posted. Radiation Protection Surveys may be performed and should adhere to the standards in NCRP 147 (i.e. shielding integrity and shielding adequacy evaluations).

### 6. X-ray Equipment Servicing and Services

Ensure the individuals who install, repair, or test X-ray equipment are qualified to perform these tasks.

### 7. Records

The RPO is responsible for maintaining all records required by the XRIS. Records of personnel exposure and records verifying exposure levels to the general public must be kept indefinitely. Records of surveys, calibrations, maintenance, and modifications performed on the X-ray systems are required to be kept for six years.

### 8. Quality Assurance Program

A quality management (QM) program typically includes the following:

- Written standard operating procedures on radiation protection and the practice of radiologic technology reviewed and updated annually by management;
- Employee review and written acknowledgement of standard operating procedures and policies on radiation protection and the practice of radiologic technology;
- Credentialing of practitioners, medical physicists, and X-ray equipment operators;
- Record retention in accordance with the HARP Act requirements

### 9. Research Involving Radiation

Any research that uses radiation machines on humans must be approved by the Quality Advisor, and if appropriate, by an institutional review board.

QUALIFICATIONS: F.R.C.P.(C)

CURRENT INCUMBENT: Dr. Philip Mo

## **JOB TITLE: RADIATION SAFETY OFFICER (RSO)**

The facility must have a designated radiation safe workplace is everyone's responsibility. Be informed. Marlene and Rosalba can be approached at any time if there are any problems or questions. The radiation safety quiz will be done annually.

The RSO must be:

- A Fellow of the Royal College of Physicians and Surgeons of Canada (Nuclear Medicine Specialty), or • A Member of the Professional Corporation of Physicians of Quebec certified as a specialist in nuclear medicine, or
- A Member or Fellow of the Canadian College of Physicists in Medicine, or • A registered technologist certified in nuclear medicine by the Canadian Association of Medical Radiation Technologists (CAMRT) or CMRITO or by the Ordre des Techniciens en Radiologie du Québec, or
- A person approved in writing by the CNSC. Submission of Request to Appoint a New Radiation Safety Officer Nuclear Substances and Radiation Devices Licence is required acknowledging his/her willingness to be designated as the applicant's RSO and acceptance of the responsibilities described in the submitted job description. For additional information, please access the following sites:
- Canadian Nuclear Safety Commission (CNSC)
- CNSC Nuclear Substances and Radiation Devices Licence Application Guide: Nuclear Substances and Radiation Devices

### **Duties and Responsibilities of the RSO**

The person occupying the position of RSO has several responsibilities, including mainly ensuring that all CNSC requirements are followed whenever the activities authorized under the facility's license are performed. RSO's responsibilities will include those duties listed in the facility's Radiation Safety Manual (RSM) and must also satisfy the CNSC regulatory requirements.

- Duties may include, but are not necessarily limited, to the following:
- ensuring the health and safety of personnel, the public and the environment
- managing the daily aspects of the Radiation Safety Program
- acting as the primary contact with the CNSC for licensing and compliance matters
- identifying radiation safety problems
- implementing corrective actions for identified concerns
- ensuring compliance with the CNSC regulatory requirements
- reporting regulatory non-compliances to the CNSC
- holding the authority to stop any activity that might result in a regulatory non-compliance
- developing procedures and policies related to radiation safety and training
- acting as the signing authority for CNSC licenses.

Incumbent: Genti Cermjani

## **JOB TITLE: GENERAL MANAGER**

**Reports to:** President

### **RESPONSIBILITIES:**

- **ACTIVELY:** Participates as a member of the Joint Health and Safety Committee and the Quality Control
- **ACTS:** As an advisor to the staff when problems arise.
- **APPRAISAL:** Consults with and assists the Quality Advisor- Radiologist in performance appraisals of the technical staff. Evaluates and assesses the performance of all clerical and technical staff.
- **ASSUMES:** Accountability for day-to-day operation of the office.
- **CO-ORDINATES:** Purchasing needs and maintains an adequate inventory of stock for all offices. e.g. transfers, salary increments, promotions and disciplines with the President and Quality Control Officer.
- **EMPLOYMENT:** Interviews and evaluates prospective staff members, in consultation with the President and hires the best qualified applicants.
- **INTERPRETS:** and administers policies and procedures. Recommends personnel changes and or actions in accordance with approved X-Ray Associates Inc. Policies
- **IDENTIFIES:** The educational needs of the offices and implements programs to meet these needs.
- **KEEPS:** Accurate records of all tests carried out in the performance of quality control.
- **REPORTS:** To the President of X-Ray Associates Inc. And the Quality Control Officer.
- **RESPONSIBILITY:** For the maintenance and general upkeep of the equipment in all offices and when necessary, makes arrangements for any repairs needed in any of the offices.
- **DEVELOPS:** Develops and maintains schedules of hours of work for all technical and clerical staff. Ensures that there is adequate staff to provide proper services to the offices.

**Current Incumbent: Marlene McCarthy**

## **JOB TITLE: Bookkeeper**

**Reports to:** General Manager

**RESPONSIBILITIES:** The key role of the Bookkeeper is to ensure that all facilities are monitored for profitability. Any fluctuations are to be brought to the attention of the General Manager to review. Close working relationship with the President, Scheduler and Billing clerk.

### **Key Responsibilities are:**

- Accounts Payable
- Accounts Receivable
- Bank Reconciliation
- Payroll processing / HR files
- Supplies (monitor orders)
- Monitor Cash Flow
- Financial Statistics (interim Financial Statements) (third party) (receipts)
- (for cash and cheques self-paid)
- Facility statistics
- Banking
- Preparation of year end working papers (schedules) for auditors

### **Additional Responsibilities:**

- remain current with all WHMIS, AODA and all other online courses as mandated by XRA. • Responsible to act in a professional, courteous manner to clients, clients, colleagues and management as deemed acceptable by the corporate policies.
- Responsible to work in accordance with the company's mission, values, policies and procedures. • To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.
- Responsible to ensure confidentiality at all times

**Reports to:** General Manager

### **Education:**

- Bookkeeper certification
- Efficient in Excel

**Current Incumbent:** Melinda Filice Begum Hirji

## **JOB TITLE: ADMINISTRATIVE SERVICES MANAGER**

ACCOUNTABLE TO: General Manager

RESPONSIBILITIES: As integral members of our health care team, the scheduler must maintain staff so that it meets the needs of XRA and our clients. At all times staff is to maintain client/staff confidentiality and employ professional judgment, discretion and adhere to the policies of X-Ray Associates in order to protect the rights and privacy of the client.

### **Key Areas of Responsibility**

- Responsible for scheduling shifts for all facility staff to maintain secure, reliable, efficient operation of all facilities. • First response for staff that cannot make a shift and co-ordinate and maintain appropriate coverage.
- Advance Tracker: input employee schedule to staff facilities
- RIS: open rooms as per schedule
- Ensure resources are utilized on a daily basis, in advance of days, cancel shifts if required
- Maintain reception and booking skills
- Responsible to liaison with technical and clerical staff regarding facility issues, providing direction and support to employees to ensure optimal engagement of staff.
- Assist with client complaints
- Assist clerical lead; provide shift assistance and training as needed.
- Assist with marketing, and customer service.
- Assist with the development and revision of policies and procedures.
- Responsible to ensure staff/clients' safety and confidentiality at all times.
- OH & Safety management representative.
- Ensure all technical staff have current and valid BCLS.
- Ensure all staff have one time/annual health and safety training:
  - WHMIS, AODA, Radiation Safety, Health and Safety, Infection Control
- Distribute client surveys every 3 months and collect
- Ensure Physician surveys are done annually for all offices

### **Additional Responsibilities**

- Inform immediate supervisor of any untoward incidents that require a report to head office.
- Read all memos and emails daily
- Responsible to act in a professional, courteous manner to clients, clients, colleagues and management as deemed acceptable by the corporate policies.
- Responsible to work in accordance with the company's mission, values, policies and procedures.
- Be of assistance to general manager as required
- To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.
- Responsible to ensure clients' safety and confidentiality at all times

### **Qualifications**

- High school diploma
- Previous diagnostic imaging experience mandatory

**Current Incumbent:** Rosalba Simone



## **JOB TITLE: BILLINGS AND RECEPTION**

ACCOUNTABLE TO: General Manager

**RESPONSIBILITIES:** As integral members of our health care team, all receptionists are expected to acknowledge the client upon arrival and greet them in a pleasant but never condescending manner. At all times staff is to maintain client/staff confidentiality and employ professional judgment, discretion and adhere to the policies of X-Ray Associates in order to protect the rights and privacy of the client. All billings must be reported to the ministry and all exams must be reconciled to ensure payment.

**REPORTS TO:** General Manager

### **Key Areas of Responsibility**

#### **Perform general reception duties as listed:**

- Greet client promptly and in a professional manner
- Obtain the physician requisition and confirm that it is complete
- *Enter the correct referring physician/address and copies to*
- obtain necessary client information, ensuring client confidentiality
- prepare documentation/enter client registration
- if required, show client to change area, provide gown with changing instructions
- answer telephone in a courteous and timely manner
- walk-in and emergency clients will be accommodated, inform them of TRUE waiting time
  - Obtain written consent from clients when required.
- Call and confirm all appointments for the following day also remind and explain preparations to the clients where applicable.
- Fax verbal reports to the requesting doctors.
- Mail or fax all reports to requesting doctors.
- Book all clients correctly as per protocol
- Burn C.D.s when directed i.e. for other institutions, specialists or chiropractors.
- Order supplies (if allocated to)
- Ensure fax machine has ample paper supply and spare cartridges
- Keep waiting room and office area neat and clear at all times
- Understand and utilize all office systems and procedures
- Read and initial protocol manual at least once a year and use as reference source
- Complete all online courses as per policy (WHMIS/AODA/Radiation safety etc.)
- Responsible for verifying if OHIP, self-pay or third-party billing
- distribute client and physician survey forms as per protocol
- inform immediate supervisor of any untoward incidents that require a report to head office - Read all memos and emails daily
- be of assistance to co-workers whenever possible
- To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.
- Responsible to ensure clients' safety and confidentiality at all times

### **Billing responsibilities**

- Input all hospital billings
- Verify that all Bookings have been utilized
- Communicate with Dr. Chua's office, book & confirm NM bookings
- Third Party Billings – Blue Cross (Refugee, immigration & Canadian Forces), Boarding Schools, Doctor & Midwife etc.
- Follow up on outstanding payments from third parties & reconcile
- Submit OHIP billing to ensure all cases are billed
- EDT Download & print error claims reports
- R A Download & prints reports for Anna & Carmen
- Correct all error claims & re-submit billings for payment
- Reconcile OHIP Billing – Professional & Technical
- OHIP Manual Review Billings
- Submit Health Card release forms
- Write – off Professional & Technical uncollectible Billings
- Keep inventory record for Bag Labels, CD & Requisition Pads

### **Qualifications**

- High school diploma
- Previous diagnostic imaging experience preferred
- Intermediate Booking Diploma

Incumbent: Lelia Yam, Begum Hirji

## **JOB TITLE: PACS SYSTEM ADMINISTRATOR**

**Reports to:** General Manager

**RESPONSIBILITIES:** Provide services under the direction of XRA and the General Manager to include but shall not be limited to the following:

- Responsible for maintaining secure, reliable, efficient operation of all computer systems including PAC's, RIS, Power Scribe, Networks, Fax servers, office PC's, printers, and other office equipment.
- Responsible for the accurate and timely management and distribution of all client medical images and records within the scope of X-Ray Associates Inc.'s Policies and the privacy laws of Ontario, PHIPA.
- Produces all financial and operational STATS
- Does Case Management daily to ensure all reports are distributed within 24 hours.
- Runs QC notes daily and distributes
- Perform QC on client images via Gearview QC application and correct any errors in client folders.
- Maintains Intranet
- Assists with staff emails
- Works with DIR
- Liaise with the referring physicians' office in setting up Centricity Web or any issues with report delivery. • Responsible to act in a professional, courteous manner to clients, clients, colleagues and management as deemed acceptable by the corporate policies.
- Responsible to work in accordance with the company's mission, values, policies and procedures. • To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.
- Responsible to ensure clients' safety and confidentiality at all times

**OTHER RESPONSIBILITIES:** As directed.

**CONTINUING EDUCATIONAL RESPONSIBILITIES:** Keeps current with IT and PACS Keeps up to date on all in house mandatory education. i.e. RESPONSIBILITIES WHMIS, OH&S, Fire, Radiation Safety etc.

**CURRENT INCUMBENT:** Vicki Goard

## **MRT Duties and Responsibilities (see also separate Job Descriptions)**

As self-regulated professionals and under the CMRITO's Standards of Practice, MRTs can practice only in those areas in which they have the education and experience, and only perform procedures for which they have the necessary knowledge, skills and judgment to perform effectively, safely and ethically. MRTs must comply with the CMRITO Standards of Practice (as described below) as well as facility policies/protocols.

MRTs are responsible for the day-to-day operation of the facility. These responsibilities include, but are not limited to the following:

1. Adhere to all relevant provincial and federal legislation and guidelines governing the practice of the profession, including the following:
  - CMRITO Standards of Practice • CMRITO Code of Ethics • CMRITO By-laws
  - CMRITO's sexual abuse prevention program • Medical Radiation Technology Act
  - Personal Health Information Protection Act • Health Care Consent Act
  
2. Adhere to the facility policies, procedure and protocols including:
  - Quality Control assessments
  - Cleaning of all equipment including ancillary equipment (e.g. client tables, imaging machines lead protective equipment, computer keyboards,)
  - Maintain full records of incidents, unusual occurrences, reactions
  - Record and report any equipment faults or problems to the appropriate personnel
  - Use appropriate aseptic techniques and infection prevention and control practices in the course of the diagnostic or therapeutic procedure as per PIDAC/IPAC best practices (refer to 3.3.8 Infection Prevention and Control policies and procedures)

### **Client Examination:**

- Ensure appropriate delegations (when required), and appropriate knowledge, skills and judgment are in place for all examinations
- Follow facility policy regarding situations where the use of chaperones may be appropriate • Ensure the room is prepared for the procedure specified in the order
- Select and set up the equipment and materials needed for the procedure specified in the order • Ensure correct client identification (e.g. confirmation of client name, date of birth, examination to be performed, and physician/authorized health professional authorization is present)
- Confirm that the order is appropriate based on the client history
- Inquire about and record any contraindications (e.g. pregnancy/ anaphylaxis) before starting the exam, as well as obtain and record the direction of the physician/authorized health professional to proceed, modify, or halt the exam as per facility policy
- Ensure that the worklist contains the correct client information (if applicable)
- Obtain informed consent (oral or written as per facility policy) before each examination (after explaining the procedure and answering any questions)
- Ensure pertinent clinical history is available and supplement as necessary
- Instruct the client to remove only the clothing and items that will interfere with the procedure, providing the client with a gown or sheet to cover areas where clothing was removed and explaining to the client when and where the MRT may touch them and why
- Follow the facility examination protocols
- Follow facility protocols when unexpected findings are found that would require immediate attention (e.g. pneumothorax)

**Throughout the Examination:**

- Assess the client's condition before, during and after the procedure or course of treatment and make modifications to procedures based on the client's physical, medical and/or emotional status and needs
  - Maintain client comfort, privacy and dignity at all times
- Stop procedure if at any time the client withdraws consent and record withdrawal of consent and reason as per site protocol
- Use radiation protection devices and other client protection devices, as required, and record
  - Use personal protection equipment (masks/gloves etc.) and devices (lead shields) as required for the procedure and as indicated by personal risk assessment
- Make sure physical markers are present in the x-ray field but not within the anatomy of interest (electronic markers are considered a last resort only)
- Ensure appropriate collimation is used. This can be verified by viewing the raw image
  - Ensure that the orientation of the body and other pertinent parameters are marked correctly on the image and data
- Ensure the processed image provides diagnostic image quality while using minimal radiation (ALARA – As Low As Reasonably Achievable). Take corrective action if necessary and record explanation of sub-optimal imaging
  - Exposure factors must be taken from technique charts (either manually posted in the control booth or electronically programmed into the anatomical programming of the generator control). Pediatric technique charts are available by weight for infant, toddler and child.
- Ensure the door to the examination room is self-closing and therefore closed during radiation exposures
  - Ensure film and or CR cassettes are stored appropriately and not left in the examination room
  - Ensure correct anatomy is displayed on image for accuracy of positioning
- Ensure that client examination images and data contain client name, ID number, date of examination and type of examination
- Ensure that each client record has the MRT identifier to verify who performed the examination
  - Comply with privacy and confidentiality legislation such as the Personal Health Information Protection Act (Ontario).

## **JOB TITLE: RADIOGRAPHER**

**ACCOUNTABLE TO:** General Manager, Diagnostic Imaging Services

**QUALIFICATIONS:** Satisfactory completion of formal radiographic technical training at an approved school or community college and holds a current license with CMRITO and a current BCLS registration. It is mandatory that all technologists have liability insurance.

### **RESPONSIBILITIES: Key Areas of Responsibility**

- Obtain imaging requisition and confirm it's complete and verify order
- Obtain necessary clinical history and supplement, if necessary, must obtain verbal consent.
- Ensure females are not pregnant and document
- Perform physician requested exam(s) in accordance with company protocol, producing diagnostic images minimizing exposure using ALARA principle
- Anticipate and respond to needs of the client to ensure their safety, and confidentiality at all times 7. Assure the client that the study will be reported promptly and sent to a referring physician.
- If a significant abnormality is found, detain the client and inform the radiologist.
- Clean and maintain equipment in accordance with X-Ray Associates Inc. protocols; maintain infection control as per company policy.
- Follow quality assurance procedures as per protocol
- Ensure the facility is neat and clean at all times.
- Be of assistance to co-workers.
- Be able to employ emergency procedures as necessary
- Must complete all in-house reviews annually i.e. WHMIS, AODA
- Complete annual self-performance appraisal
- Document any equipment problems

### **Other Responsibilities**

Technologists are also responsible for:

- Adhering to the professional code of conduct in order to protect the rights and privacy of the client. ▪ Performing quality control procedures
- Implementing policies and procedures
- Cleaning and maintenance of equipment in accordance with company protocols ensuring facility is neat and clean ▪ Annual review and initialing of protocol manual and ongoing usage of protocol manual as a reference source ▪ ensuring a copy of current license and education log are present in each facility worked
- Maintaining all records and reports (e.g. repair, client, and incident) in accordance with X-Ray Associates protocol. ▪ Maintaining interesting case log and follow up
- Responding to QC notes
- To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources

**Lead Radiographer Responsibilities (across 4 sites) (also role of GM)**

- Policy and Procedures annual review as required
- Communication of new policies
- Ensure compliance of all staff with CME, current registrations & policies
- Assist with Hiring and training of new staff
- Assist with CPSO assessments
- Equipment reviews bi-annually and with purchase of new equipment
- Complete exam and live peer review annually on all staff
- Assist with marketing of services
- Assist with CME development for annual and special projects.
- Co-ordinate interesting case review all sites

**CONTINUING EDUCATION**

Keeps up to date on technical advances through reading, post- secondary courses and in-service training.  
Maintain CME as per CMRITO guidelines

**OTHER DUTIES:** As requested.

**CURRENT INCUMBENT:**

## **JOB TITLE: BMD TECHNOLOGIST**

**ACCOUNTABLE TO:** General Manager, Diagnostic Imaging Services

**QUALIFICATIONS:** Certified in medical radiation technology and be a member in good standing with the CMRITO in either Nuclear Medicine or Radiography. Must comply with continuing education requirements to maintain license and BMD certification. In addition, the technologist shall be an Accredited Densitometry Technologist (ADT), or equivalent training recognized by the CBMD.

### **RESPONSIBILITIES:**

- Performance of BMD procedures at a technical level that provides optimum client care. Observes all aspects of personnel/client safety as regard to the use of hazardous ionizing radiation. Follows all Quality Assurance and Infection control as per CPSO standard of care.
- Anticipate and respond to the needs of the client to ensure their safety, and confidentiality at all times. • Produces diagnostic scans for interpretation by the Radiologist. This is done through the proper selection of body parts based on the client information to create images of the area of concern.
- To read and fully understand the request for an examination and be certain that the requisition complies with minimal acceptable standards.
- To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.

### **ADMINISTRATIVE RESPONSIBILITIES:**

- Maintain adequate records as directed. i.e. ensure that all client requisitions have the pertinent data before the examinations are performed. All images should be sent to the PACS system as soon as examination is performed, to be stored permanently and to be retrieved by the radiologist.
- Co-operates with all personnel in the proper conduct of the office
- Maintains ethical Staff/Client relationship at all times

### **Lead BMD Radiographer Responsibilities (across 2 sites)**

- Policy and Procedures annual review as required
- Communication of new policies
- Ensure compliance of all staff with CME, current BMD registration & policies
- Assist with Hiring and training of new staff
- Assist with CPSO assessments
- Equipment reviews bi-annually and with purchase of new equipment
- Ensure staff have completed precision testing
- Assist with marketing of services
- Assist with CME development for annual and special projects.
- Co-ordinate interesting case review for all sites
- Obtain OAR certification
- Maintain OAR BMD standards of practice

**CONTINUING EDUCATION:** Keeps up to date on technical advances through reading, post-secondary courses and in-service training.

**OTHER RESPONSIBILITIES:** Performs other related duties as directed



## **Diagnostic Medical Sonographers (see also separate Job Descriptions)**

In Ontario, Diagnostic Medical Sonographers (DMSs) are self-regulated registered professionals with the College of Medical Radiation Technologists of Ontario (CMRITO). The scope of practice of diagnostic medical sonography, as defined under the MRT Act, is the use of soundwaves for diagnostic ultrasound for the purpose of diagnostic procedures, the evaluation of images and data relating to the procedures and the assessment of an individual before, during and after the procedures.

DMSs must have a current, valid, and active certificate of registration with the CMRITO and should only perform the services and procedures for which they have the necessary knowledge, skills and judgment.

Duties and Responsibilities of DMSs As self-regulated professionals and under the CMRITO's Standards of Practice, DMSs can practice only in those areas in which they have the education and experience, and only perform procedures for which they have the necessary knowledge, skills and judgment to perform effectively, safely and ethically. DMSs must comply with the CMRITO Standards of Practice (as described below) as well as facility policies/protocols.

DMSs are responsible for the day-to-day operation of the facility. These responsibilities include, but are not limited to the following:

1. Adhere to all relevant provincial and federal legislation and guidelines governing the practice of the profession, including: • CMRITO Standards of Practice • CMRITO Code of Ethics • CMRITO By-laws • CMRITO's sexual abuse prevention program • Personal Health Information Protection Act • Health Care Consent Act
2. Adhere to practice standards as described by • Sonography Canada: most up-to-date National Competency Profile for entry to practice Sonographers • American Institute of Ultrasound in Medicine (AIUM) and Canadian Association of Radiology (CAR) standards
3. Adhere to the facility policies, procedure and protocols including: • Quality Control assessments • Cleaning of all equipment including ancillary equipment (e.g. ultrasound machines, transducers and transducer cords, computer keyboards) • Maintain full records of incidents, unusual occurrences, reactions • Record and report any equipment faults or problems to the appropriate personnel • Use appropriate aseptic techniques and infection control procedures in the course of the diagnostic or therapeutic procedure as per PIDAC/IPAC guidelines

### **Client Examination:**

- Ensure appropriate delegations (when required), and appropriate knowledge, skills and judgment are in place for all examinations
- Follow facility policy regarding situations where the use of may be appropriate
- Post appropriate signage to restrict access to the client exam room
- Ensure the room is prepared for the procedure specified in the order
- Select and set up the equipment and materials needed for the procedure specified in the order • Ensure correct client identification (e.g. confirmation of client name, date of birth, examination to be performed, and physician/authorized health professional authorization is present)
- Confirm that the order is appropriate based on the client's clinical history
- Inquire about and record any contraindications (e.g. anaphylaxis) before starting the exam, as well as obtain and record the direction of the physician/authorized health professional to proceed, modify, or halt the exam as per facility policy

- Ensure that the worklist contains the correct client information (if applicable)
- Obtain informed consent (oral or written as per facility policy) before each examination (after explaining the procedure and answering any questions)
- Ensure pertinent clinical history is available, supplement as necessary and record on the technical impression worksheet
- Instruct the client to remove only the clothing and items that will interfere with the procedure, providing the client with a gown or sheet to cover areas where clothing was removed and explaining to the client when and where the DMS may touch them and why (e.g. during reactive maneuvers, such as augmentation of the client's calf during a lower extremity venous Doppler ultrasound to rule out DVT)
- Follow the facility examination protocols
- Write a technical impression as per site protocol
- Follow facility protocols when unexpected findings are found that would require immediate attention (e.g. appendicitis, ectopic pregnancy)
- Allergies to latex must be identified and non-latex transducer covers must be utilized - this information must be recorded on the sonographers' technical impression worksheet

### **Throughout the Examination:**

- Assess the client's condition before, during and after the procedure or course of treatment and make modifications to procedures based on the client's physical, medical and/or emotional status and needs • Maintain client comfort, privacy and dignity at all times
- Stop procedure if at any time the client withdraws consent and record withdrawal of consent and reason as per site protocol
- Use personal protection equipment (masks/gloves etc.) and devices as required for the procedure and as indicated by personal risk assessment
- Ensure that client examination images and data contain client name, ID number, date of examination and type of examination and number of images
- Ensure correct annotation on all images as per site protocol
- Ensure the processed image provides diagnostic image quality while minimizing client exposure to soundwaves (ALARA – As Low As Reasonably Achievable). Take corrective action if necessary and record explanation of sub-optimal imaging
- Ensure that each client record (including the technical impression worksheet) has the DMS identifier to verify who performed the examination
- Comply with privacy and confidentiality legislation such as the Personal Health Information Protection Act (Ontario)

## **JOB TITLE: LEAD ULTRASOUND TECHNOLOGIST**

**ACCOUNTABLE TO:** General Manager, Diagnostic Imaging Services

**QUALIFICATIONS:** Satisfactory completion of formal technical training at an approved school for ultrasound imaging. Must hold a current certification with CMRITO and imaging specialties that are in practice. i.e. NT/VAS

**RESPONSIBILITIES:** Key areas of responsibility

Technologists are responsible for the day-to-day operation of the facility including:

- Ensuring client examination media contains client name, ID#, referring physician, type and date of examination. ▪ Supplementing clinical history if not provided by the referring physician.
- Completing a worksheet on each client examination and sign or initial it.
- Maintaining records of incidents or unusual occurrences.
- Ensuring the examination includes interrogation of all relevant anatomy using appropriate transducers and gain settings. ▪ Providing sufficient images to allow accurate interpretation
- Producing images of diagnostic quality, correctly annotated including accurate measurements - minimizing client exposure to acoustic energy using ALARA principle
- Following infection control policies including Gel and Revital Ox
- Sign delegated act if performing TV
- Maintaining client privacy at all times.
- Interacting with clients to:
  - o confirm correct client by asking DOB
  - o anticipate and respond to needs of client
  - o explain the procedure clearly
  - o obtain verbal/written consent
  - o answer client questions without rendering a medical diagnosis
  - o assure client that study will be reported promptly and sent to referring physician
- Review and bring together pertinent client history, physical examination and supporting clinical data to prepare a technologist's observation worksheet in accordance with X-Ray Associates' protocol and provide the Radiologist with a written summary of findings to facilitate a diagnostic result
- Recognize examination findings that require immediate clinical response and notify the radiologist in accordance to company protocols
- Interact with the Radiologist or other appropriate physician as permitted by policy with oral and/or written data ▪ Complete annual self-performance appraisal and submit to the General Manager
- Document any equipment problems and report them to the service

**Other Responsibilities** Technologists are also responsible for:

- Adhering to the professional code of conduct in order to protect the rights and privacy of the client. ▪ Performing quality control procedures
- Implementing policies and procedures
- Assisting with, and maintaining relationship with Quality Advisor.
- Cleaning and maintenance of equipment in accordance with company protocols ensuring facility is neat and clean ▪ Employing of emergency procedures where necessary
- Maintain WHMIS, CPR as required
- Annual review and initialing of protocol manual and ongoing usage of protocol manual as a reference source ▪ ensuring a copy of current license and education log are present in each facility worked
- Maintaining all records and reports (e.g. repair, client incident) in accordance with X-Ray Associates protocol. ▪ Maintaining interesting case log and follow up
- Responding to QC notes
- To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.

### **Lead Sonographer Responsibilities (across 3 sites)**

- Train staff, monitor volumes and service needs, etc.
- Assessing service needs, staffing, scheduling, wait times for all 3 facilities.
- U/S Policy and Procedures annual review and as required
- Communication of new policies
- Ensure compliance of all staff with CME, areas scanned, current registrations & policies
- Assist with Hiring and training of new staff
- Assist with CPSO assessments
- Lead -development of Vascular, MSK, and NT
- Assist with marketing of services
- Assist with US CME development for annual and special projects.
- Equipment reviews bi-annually and with purchase of new equipment
- Complete exam and live peer review annually on all staff

### **ADMINISTRATIVE RESPONSIBILITIES:**

1. Maintain adequate records as directed. I.e. ensure that all Client requisitions have the pertinent data before the examinations are performed. All images should be sent to the PACS system as soon as examination is performed, to be stored permanently and to be retrieved by the radiologist.
2. Co-operates with all personnel in the proper conduct of the office.
3. Maintains ethical Staff/Client relationship at all times.

**CONTINUING EDUCATION:** Maintenance as per CMRITO requirements.

**OTHER RESPONSIBILITIES:** Performs other related studies as directed.

**CURRENT INCUMBENT:** Vicki Goard

## **JOB TITLE: ULTRASOUND TECHNOLOGIST**

**ACCOUNTABLE TO:** General Manager, Diagnostic Imaging Services

**QUALIFICATIONS:** Satisfactory completion of formal technical training at an approved school for ultrasound imaging. Must hold a current certification with CMRITO and imaging specialties that are in practice. i.e. NT/VAS

**RESPONSIBILITIES: Key areas of responsibility**

Technologists are responsible for the day-to-day operation of the facility including:

- Ensuring client examination media contains client name, ID#, referring physician, type and date of examination. ▪ Supplementing clinical history if not provided by the referring physician.
- Completing a worksheet on each client examination and sign or initial it.
- Maintaining records of incidents or unusual occurrences.
- Ensuring the examination includes interrogation of all relevant anatomy using appropriate transducers and gain settings. ▪ Providing sufficient images to allow accurate interpretation
- Producing images of diagnostic quality, correctly annotated including accurate measurements minimizing client exposure to acoustic energy - ALARA principle.
- Following infection control policies including Gel and Revital Ox
- Sign delegated act if performing TV
- Maintaining client privacy at all times.
- Interacting with clients to:
  - o confirm correct client by asking DOB
  - o anticipate and respond to needs of client
  - o explain the procedure clearly
  - o obtain verbal/written consent
  - o answer client questions without rendering a medical diagnosis
  - o assure client that study will be reported promptly and sent to referring physician
- Review and bring together pertinent client history, physical examination and supporting clinical data to prepare a technologist's observation worksheet in accordance with X-Ray Associate's protocol and provide the Radiologist with a written summary of findings to facilitate a diagnostic result
- Recognize examination findings that require immediate clinical response and notify the radiologist in accordance to company protocols
- Interact with the Radiologist or other appropriate physician as permitted by policy with oral and/or written data ▪ Complete annual self-performance appraisal and submit to the General Manager
- Document any equipment problems and report them to the Lead Sonographer

### **Other Responsibilities**

Technologists are also responsible for:

- Adhering to the professional code of conduct in order to protect the rights and privacy of the client. ▪ Performing quality control procedures
- Implementing policies and procedures
- Cleaning and maintenance of equipment in accordance with company protocols ensuring facility is neat and clean ▪ Employing of emergency procedures where necessary
- Maintain WHMIS, CPR as required
- Annual review and initial of protocol manual and ongoing usage of protocol manual as a reference source ▪ ensuring a copy of current license and education log are present in each facility worked
- Maintaining all records and reports (e.g. repair, client, incident) in accordance with X-Ray Associates protocol. ▪ Maintaining interesting case log and follow up

- Responding to QC notes
- To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.

**ADMINISTRATIVE RESPONSIBILITIES:**

1. Maintain adequate records as directed. I.e. ensure that all Client requisitions have the pertinent data before the examinations are performed. All images should be sent to the PACS system as soon as examination is performed, to be stored permanently and to be retrieved by the radiologist.
2. Co-operates with all personnel in the proper conduct of the office.
3. Maintains ethical Staff/Client relationship at all times.

**CONTINUING EDUCATION:** Maintenance as per CMRITO requirements.

**OTHER RESPONSIBILITIES:** Performs other related duties as directed.

**JOB TITLE: LEAD NUCLEAR MEDICINE TECHNOLOGIST RSO (Radiation Safety Officer)**

**ACCOUNTABLE TO:** General Manager, Diagnostic Imaging Services

**QUALIFICATIONS:** Satisfactory completion of formal technical training at an approved school for Nuclear Medicine technology. Must hold a valid membership with the CMRITO. Must have up to date liability insurance.

**RESPONSIBILITIES:**

- Performance of Nuclear Medicine procedures at a technical level that requires independent judgment of the quality of the digital images produced; ensures that all procedures are carried out at the best interest of optimum client care. Verify the correct client with identifiers and administer the correct dose of the correct radiopharmaceutical which has been visually inspected and has not expired.
- To have a high level of understanding with respect to the conditions set out in the radioisotope license, adhering to strict radiation safety principles and following ALARA for clients and staff. Additional training in radiation safety is preferred.
- To read and fully understand the request for an examination and be certain that the requisition complies with minimal acceptable standards.
- Maintain a safe working environment at all times, ensuring that all equipment passes all standards for QC prior to use and is mechanically and electronically sound. Valid certificate in CPR. And a valid certificate in TDG.
- Perform all QC procedures on equipment, generator eluate and radiopharmaceuticals according to facility policies and manufacturer's specifications.
- Inform the manufacturer, Health Canada, the attending physician and the reporting physician in the case of a possible drug reaction.
- Initiate emergency response procedure in cases of adverse reaction to radiopharmaceuticals or injury.
- Maintain all drugs for availability and check expiry monthly.
- Protect staff, clients and the general public through the correct use, storage and disposal of radiopharmaceuticals according to our policies and the regulations of the CNSC.
- Record radiopharmaceuticals dispensed on the appropriate forms.

**ADMINISTRATIVE RESPONSIBILITIES:**

- Maintain adequate records as directed. I.e. ensure that all client requisitions have the pertinent data before the examinations are performed. All images should be sent to the PACS system as soon as examination is performed, to be stored permanently and to be retrieved by the radiologist.
- Co-operates with all personnel in the proper conduct of the office.
- Maintains ethical Staff/Client relationship at all times.
- To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.

### **Lead NM Technologist Responsibilities (across 2 sites)**

- Policy and Procedures manual annual review and as required to maintain CPSO standard of care
- Communication of new policies
- Ensure compliance of all staff with CME, current registrations & policies
- Assist with Hiring and training of new staff
- Assist with CPSO assessments
- Equipment reviews bi-annually and with introduction of new equipment
- Complete peer review annually on all staff
- Assist with marketing of services
- Assist with CME development for annual and special projects.
- Co-ordinate interesting case review across all sites

### **RSO (Radiation Safety Officer) Responsibilities**

- **Liaison with Dr. Siow to meet all RSO responsibilities as per CPSO, CNSC**

**CONTINUING EDUCATION:** Maintenance as per CMRITO requirements.

**OTHER RESPONSIBILITIES:** Performs other related duties as directed.

**CURRENT INCUMBENT: Genti Cermjani**



## **JOB TITLE: NUCLEAR MEDICINE TECHNOLOGIST**

**ACCOUNTABLE TO:** General Manager, Diagnostic Imaging Services

**QUALIFICATIONS:** Satisfactory completion of formal technical training at an approved school for Nuclear Medicine technology. Must hold a valid membership with the CMRITO.

**RESPONSIBILITIES:** Performance of Nuclear Medicine procedures at a technical level that requires independent judgment of the quality of the digital images produced; ensures that all procedures are carried out at the best interest of optimum client care, client safety and maintains client confidentiality.

To have a high level of understanding with respect to the conditions set out in the radioisotope license, adhering to strict radiation safety principles and following ALARA for clients and staff. Additional training in radiation safety is preferred.

To read and fully understand the request for an examination and be certain that the requisition complies with minimal acceptable standards.

Maintain a safe working environment at all times, ensuring that all equipment passes all standards for QC prior to use. Valid certificate in CPR. And a valid certificate in TDG.

### **ADMINISTRATIVE RESPONSIBILITIES:**

1. Maintain adequate records as directed. I.e. ensure that all client requisitions have the pertinent data before the examinations are performed. All images should be sent to the PACS system as soon as examination is performed, to be stored permanently and to be retrieved by the radiologist.
2. Co-operates with all personnel in the proper conduct of the office.
3. Maintains ethical Staff/Client relationship at all times.
3. To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
4. Responsible for efficient use of all resources.

**CONTINUING EDUCATION:** Maintenance as per CMRITO requirements.

**OTHER RESPONSIBILITIES:** Performs other related duties as directed.

## **JOB TITLE: REGISTERED CARDIAC TECHNICIAN**

ACCOUNTABLE TO: General Manager, Diagnostic Imaging Services

QUALIFICATIONS: Satisfactory completion of formal technical training at an approved school for cardiac technology. Must hold a current certification with CSCT/OSCT and a valid CPR/first aid.

### **RESPONSIBILITIES: Key areas of responsibility**

The duties of the Employee to provide services under the direction of XRA are to include, but shall not be limited to the following:

- Responsible for performing Cardiac Technology procedures within the scope of practice.
- Responsible for maintaining professional registration with the Canadian Society of Cardiology Technologist. CSCT/OSCT.
- Responsible for maintaining a valid certification in CPR and First Aid.
- Responsible for maintaining the safe operation of all diagnostic and ancillary equipment and to ensure that quality control performance testing meets current standards of practice.
- Responsible to adhere to X-Ray Associates Inc.'s policies and procedures.
- Responsible to act in a professional, courteous manner to clients, clients, colleagues and management as deemed acceptable by the corporate policies.
- Responsible for work in accordance with the company's mission, values, policies and procedures. • To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.
- Responsible to provide service to all regardless of race, national or ethnic origin, color, gender, sexual orientation, religious or political affiliation, age, type of illness, mental or physical ability

### **Other Responsibilities**

- Adhering to the professional code of conduct in order to protect the rights and privacy of the client.
- Performing quality control procedures
- Implementing policies and procedures
- Cleaning and maintenance of equipment in accordance with company protocols ensuring facility is neat and clean
- Maintain all annual reviews i.e. WHMIS, AODA and Fire
- Annual review and initial of protocol manual and ongoing usage of protocol manual as a reference source
- ensuring a copy of current license and education log are present in each facility worked and a copy to head office.
- Maintaining all records and reports (e.g. repair, client incident) in accordance with X-Ray Associates protocol.
- To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.

**ADMINISTRATIVE RESPONSIBILITIES:**

1. Maintain adequate records as directed.
2. Co-operates with all personnel in the proper conduct of the office.
3. Maintains ethical Staff/Client relationship at all times.

**CONTINUING EDUCATION:** Maintenance as per CSCT/OSCT and a valid CPR/first aid.

**OTHER RESPONSIBILITIES:** Performs other related duties as directed.

## **JOB TITLE: LEAD ADMINISTRATOR**

**ACCOUNTABLE TO:** General Manager

**RESPONSIBILITIES:** As integral members of our health care team, all receptionists are expected to acknowledge the client upon arrival and greet them in a pleasant but never condescending manner. At all times staff is to maintain client/staff confidentiality and employ professional judgment, discretion and adhere to the policies of X-Ray Associates in order to protect the rights and privacy of the client. A key liaison between physicians, clerical, technical staff and clients for all facilities.

**REPORTS TO:** General Manager

### **Key Areas of Responsibility**

Follow Administrator job description and the following:

- Assist/co-ordinate with orientation of new staff
- Assist with interview process
- Assist with policy and procedure manual review
- Ensure all staff are implementing policies and procedures
- Coverage for Billing clerk
- Assist with Immigration/refugee processing
- Addendum process for all facilities
- Managing RIS
- Prepare CDs/reports in response to requests from outside offices, i.e. legal, WSIB,

### **Other Duties:**

- Adhering to the professional code of conduct in order to protect the rights and privacy of the client. ▪ Implementing policies and procedures
- Cleaning and maintenance of equipment in accordance with company protocols ensuring facility is neat and clean ▪ Employing of emergency procedures where necessary
- Maintain in house mandatory education i.e. WHMIS
- Annual review and initial of protocol manual and ongoing usage of protocol manual as a reference source ▪ Maintaining all records and reports (e.g. repair, client, incident) in accordance with X-Ray Associates protocol. ▪ To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.
- Other duties as required.

### **Qualifications**

- High school diploma
- Previous diagnostic imaging experience

**Current Incumbent:** Sharon Swider

## **JOB TITLE: ADMINISTRATOR**

ACCOUNTABLE TO: General Manager

RESPONSIBILITIES: As integral members of our health care team, all receptionists are expected to acknowledge the client upon arrival and greet them in a pleasant but never condescending manner. At all times staff is to maintain client/staff confidentiality and employ professional judgment, discretion and adhere to the policies of X-Ray Associates in order to protect the rights and privacy of the client.

### **Key Areas of Responsibility**

- Greet client promptly and in a professional manner
- Obtain the physician requisition and confirm that it is complete
- ***Enter the correct referring physician/address and copies to***
- obtain necessary client information, ensuring client confidentiality
- prepare documentation/enter client registration
- if required, show client to change area, provide gown with changing instructions
- answer telephone in a courteous and timely manner
- walk-in and emergency clients will be accommodated, inform them of TRUE waiting time
- Obtain written consent from clients when required.
- Call and confirm all appointments for the following day, also remind and explain preparations to the clients where applicable.
- Fax verbal reports to the requesting doctors.
- Mail or fax all reports to requesting doctors.
- Maintain on Line booking (if allocated to)
- Prepare courier bag
- Book all clients correctly as per protocol
- Burn C.D.s when directed i.e. for other institutions, specialists or chiropractors.
- Order supplies (if allocated to)
- Ensure fax machine, printer/copier has ample paper supply and spare cartridges
- Keep waiting room and office area neat and clear at all times
- Understand and utilize all office systems and procedures
- Read and initial protocol manual at least once a year and use as reference source
- Complete all online courses as per policy (WHMIS/AODA/Radiation safety etc.)

### **Additional Responsibilities**

- Responsible for verifying if OHIP, self-pay or third party
- distribute client and physician survey forms as per protocol
- inform immediate supervisor of any untoward incidents that require a report to head office
- Read all memos and emails daily
- be of assistance to co-workers whenever possible
- To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.

### **Qualifications**

- High school diploma
- Previous diagnostic imaging experience preferred

## **JOB TITLE: X- Ray Helper**

**ACCOUNTABLE TO:** General Manager, Diagnostic Imaging Services

**QUALIFICATIONS:** Trained Diagnostic Imaging Receptionist/Co Op Student

### **RESPONSIBILITIES:**

- o Always welcome clients.
- o **CUSTOMER SERVICE-MOST IMPORTANT-TO BE FRIENDLY, HELPFUL AND PROVIDE INFORMATION TO CLIENTS.** If you do not know how to answer a question, ask someone. Note: REPORTS ARE AVAILABLE 'SAME OR NEXT DAY'.
- o Move Clients from waiting room to change area:  
**\*\*\*\*\*VERIFY correct client: ASK DATE OF BIRTH**
- o Move clients from change area to imaging room- discuss this with technologist can assist clients up onto or off bed, or sit or stand
- o Laundry- and distribute to areas
- o Clean laundry filter for washing machine once a month
- o Supplies- Store and discard empty boxes
- o Verbal- Paper work follow up- communicate back to front office clerical staff
- o If Client needs a CD ask office staff to make the CD
- o If any changes need to be made on order's take the requisition to the front desk and ask them to change the order to the correct order- as per technologist
- o Clean surfaces after every client with alcohol (upright stand and x-ray table, tidy room between clients, new paper on pillow
- o Take lead apron from client when they are finished the x-ray
- o Make sure change rooms are clean and stocked with gowns- if there is masks or garbage in the change rooms put gloves on and clean it up
- o Miscellaneous office duties- shredding, confirmation phone calls for ultrasound clients
- o Make sure washroom is stocked with soap, paper towel, and toilet paper
- o Using Alcohol spray, weekly clean door knobs, phones, client plastic chairs, change room benches

### **HELPER SHOULD NOT**

- o Use X-ray computer, move equipment, position clients
- o Client set up – position acquisition, verification

### **ADMINISTRATIVE RESPONSIBILITIES:**

- Co-operates with all personnel in the proper conduct of the office
- Maintains ethical Staff/Client relationship at all times,
- To be aware that X-Ray Associates Inc. has a policy regarding freedom from workplace violence and that acts or threatened acts of violence will not be tolerated.
- Responsible for efficient use of all resources.

**CONTINUING EDUCATION:** Keeps up to date on all in house mandatory education. i.e. WHMIS, OH&S, Fire, Radiation Safety etc.

**OTHER RESPONSIBILITIES:** Performs other related duties as directed.

## CHANGING X-RAY CLIENT PROTOCOL

**Note: Make sure the area that is being x-rayed is free of clothing and jewelry**

Shoulder/Chest area to top of Pelvis  CHEST PA & LAT/STERNUM/ SC/AC JTS, RIBS, THORACIC SPINE, SHOULDER/SCAPULA ACUTE- 2 VIEW & CHEST PA	Everything waist up off including your bra(female) and necklace has to come off, yellow gown opening to the back
KUB/ ABDOMEN ARTHRITIC/METASTATIC SURVEY	Everything off keep your underwear and socks on blue or green gown opening to the back
CERVICAL SPINE	Everything waist up off, including your bra(female) and necklace & earrings and anything in hair has to come off and out. (teeth have to come out if removable) yellow gown opening to the back
LUMBO-SACRAL SPINE, SCOLIOSIS SACRUM & COCCYX S.I. JOINTS PELVIS HIP FEMUR KNEE TIBIA & FIBULA	Everything off keep your underwear and socks on blue or green gown opening to the back
ANKLE & FOOT	Roll pants up to shin & shoes off
CALCANEUS & TOES	Roll pants up to shin & shoes & socks off
HUMERUS ELBOW FOREARM HANDS & WRIST DIGITS, BONE AGE	Area free of clothing and jewelry
ALL AREAS OF FACE, SKULL & NECK	Area free of clothing and jewelry

### **ORIENTATION:**

- All newly hired staff shall have training that includes a checklist and is signed off by the trainer and the new employee.
- Staff will have access to the employee handbook
- All staff will have an X-Ray Associates email and are expected to check it daily for full time employees and weekly for part time and casual.
- Must complete all on-line training: i.e. AODA, fire, WHMIS, radiation safety etc. • All manuals must be read and initialed
- The following are the training checklists by modality

**BILLING Training List:** New Staff Member Name: Sign when complete

<b>Familiarity with the Facility</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Walk the facility so you know the area.		
Find all doors into and out of the facility		
Find all phones and the emergency numbers listing		
Locate the Head Office number and cell of the Manager		
Locate the list of Drs. office numbers and facility numbers		
Review the fire escape route plan		
Read the fire procedures policy		
Locate the supplies		
<b>Billing Training Checklist</b> Verify booking for all facilities		
EDT Submission		
EDT Download		
R A Download		
Create invoices for Third Party Billing		
Doctors Billing - Southlake Regional Hospital & Mackenzie Health		
Correct all error claims error & re-submit for payment		
Third Party Billing - follow up & reconcile		
Reconcile OHIP Billings		
Submit Manual Review Billings		
Submit Health Card release forms		
Write -off Professional & Technical uncollectible Billings		
Appointment Log: Learn how to book appointments		



RIS: Verify client data		
RIS: Enter correct study data		
RIS: Enter ordering doctor, address, correct date & our Radiologist		
Communicate with Dr. Chua's office, book & confirm Nuclear Med clients		
Keep inventory record for Bag Label, CD & Requisition Pad		

<b>PACS</b> Learn how to look up client's history		
<b>FORMS / COMPUTER</b> Learn all forms required - Blue Cross, Ministry of Health etc.		
EDT		
Schedule of Benefits		
Verify client's information at hospital's website		
Staff forms- timesheet variance, mileage, vacation request, etc.		
Your X-ray Associates email		
Access staff information on our website		
<b>OCCUPATIONAL HEALTH &amp; SAFETY</b> Find the health and safety board and familiarize yourself with it		
See minutes etc. posted for all staff to read and review		
Know your health and safety reps		
Locate the WHMIS, AODA, Infection control etc.- all training manuals		
Complete all H&S courses		

# PACS TRAINING FORM

PACS: New Staff Member Name: Sign when complete

Familiarity with the Clinic	Staff Initials	Trainer Initials
Walk the clinic so you know the area.		
Locate the network cabinet/rack in each of the clinic		
Locate the modem at each clinic		
Read the fire procedures policy		
Review the fire escape route plan		
Review the clinic phones and the emergency numbers listing		
Harding/Newmarket Storage of monitors/workstations/cables		
Overall overview of network and connectivity of applications with each other		
Complete IPAC Core and all health and safety		
POWERSCRIBE - Voice Recognition – (IT support also)	Staff Initials	Trainer Initials
Server IP addresses for 3 servers and their role.		
How to install PowerScribe client - typist, admin and radiologist		
How to delete report		
How to create new user account and modify current accounts i.e. password reset.		
How to unlock cases that locked by users.		
How to assign/unassign editor		
How to un-link reports		
How to read logs		
What are the different exam statuses and their meaning		
Troubleshoot PowerMic and dictation issues		
Familiarize with different settings for editor and radiologist accounts		
How to give limited admin accounts to users		
PowerScribe integration issues with PACS		
RIS	Staff Initials	Trainer Initials
How to create new user account and modify current accounts i.e. password reset.		
How to merge patient records		
Different method of query studies		
How to access reports, batch fax, dictation batch		
How to run different reports		
How to perform case management		

How to use batch fax module		
How to use the dictation batch module		
What are the different exam statuses and their meaning		
How to fix report issues such as wrong referring physicians, wrong radiologists and etc.		
How to export RIS data		
How to edit patient demographics		
How to add new referring physicians		
PACS	Staff Initials	Trainer Initials
Contact Information for support		
Server IP addresses for all PACS servers and their role.		
Workstation		
How to use different icons and what is their task		
How to access the QC notes and put together QC Notes report		
CD Burner		
How and when to use the QC module.		
How to import studies and burn them on CDs.		
How to change CD burner drive		
Different features of the configuration menu.		
Referral Portal		
How to use referral portal		
How to reset passwords		
GearView QC	Staff Initials	Trainer Initials
How to import studies into GearView.		
How to QC US images.		
How to edit patient demographics		
Di-R (IT outsourced)	Staff Initials	Trainer Initials
Get new login to access the Di-R		
How to delete images from the Di-R.		
How to resend images to the Di-R via EA server.		
HDIRS contact information		

Powerscribe Server and Local Servers	Staff Initials	Trainer Initials
Locate all the servers - PowerScribe, RIS and PACS		
Locate the ASA firewall and switch		
How to swap failed drives for the RIS and PowerScribe servers.		
Give IP addresses		
FORMS / COMPUTER	Staff Initials	Trainer Initials
Learn all forms required and where to find them		
PACS error documentation form		
Staff forms- timesheet variance, mileage, vacation request, etc		
Staff intranet on the computer		
Staff Intranet	Staff Initials	Trainer Initials
Physical location of the intranet		
OCCUPATIONAL HEALTH & SAFETY		
Find the health and safety board and familiarize yourself with it		
See minutes etc posted for all staff to read and review		
Know your health and safety reps		

**BMD Training List:** New Staff Member Name: Sign when complete

<b>BMD Training List: Staff Member:</b>		
<b>BMD scanning protocol</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Familiarize with the buttons on the BMD machine		
Learn how to log in and log off on the prodigy computer		
familiarize with client protocol		
Know billing code and which exam should be ordered		
Read about pediatrics clients (How to calculate)		
Know how to do spine BMD		
Know how to do wrist BMD		
Know how to do full body BMD		
Know how to do hip BMD		
Log Equipment Failure in Log Book for other Staff and Recording of such		
Locate lists for service numbers and equipment ID numbers		
Learn how to complete daily QA block scan		
Know location of knee sponge and feet		
Learn emergency shut off buttons for x-equipment		
Explain about down time protocol for the unit		
DexaME Body Composition		
<b>Client Protocols</b>		
Greeting of the client		
Checking the client ID- birth date, correct name etc.		
Verify the client exam ordered and check billing code		
Check the correct information on the client label- Dr. order, above info		
Show the client to a cubicle and give clear instructions on changing		
Measure weight		

Measure Height		
Enter name, height and weight into information section		
Read over client questionnaire and fill out high risk section		
help the client onto the table		
Perform scan the BMD scan		
Help the client off the table		
show them the change room and the way out of the room		
Explain how long it will take for the doctor to receive the report		
<b>PACS</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>

Ensure the correct client req. is in PACS for the client		
Sign your initials on the label area on the req in PACS		
Check all images are in the case and order them if needed		
Verify the case ASAP		
Get a PACS password		
Learn PACS Functions- deleting images, ordering images, annotating etc.		
Learn about PACS downtime / RIS downtime and the requirements of each		
<b>FORMS / COMPUTER</b>		
Learn all forms required and where to find them		
PACS error documentation form		

Staff forms- timesheet variance, mileage, vacation request, etc.		
Access staff information on our website		
Your X-ray Associates email		
<b>OCCUPATIONAL HEALTH &amp; SAFETY</b>		
Find the health and safety board and familiarize yourself with it		
See minutes etc. posted for all staff to read and review		
Know your health and safety reps		
Locate the WHMIS, AODA, Infection control etc.- all training manuals		
Fill out the TLD form and receive a TLD		
Complete all H&S courses		
<b>ADDITIONAL PROTOCOLS</b>		
Table weight limit (300lb) -> wrist protocol or send to hospital		
Know how to find out where a Radiologist is reporting Body Composition and DexaME		

<b><u>ULTRASOUND TRAINING CHECK LIST</u></b>		
<b>New Staff Member Name:</b>	<b>Sign when complete</b>	
<b>Certificates</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Confidentiality Form		
CMRITO		
Insurance		
CPR/ First Aid		
<b>Familiarity with the Clinic</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Walk the clinic so you know the area.		
Find all doors into and out of the clinic		
Find all phones and the emergency numbers listing		
Locate the Head Office number and cell of the Manager		
Discuss sick call procedure		
Locate the clinic numbers		
Review the fire escape route plan		
Read the fire procedures policy		
Locate the supplies		
Learn how to do the laundry		
<b>Ultrasound Equipment</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Learn how to perform ultrasound on all units		
Learn Ultrasound flow, daily worksheets and expectations		
Read Ultrasound Protocols and Medical Directives and be familiar with all expectations		
Equipment and filter log cleaning protocols		
Deleting of the Hard Drive on all machines		
Locate list for service numbers and equipment ID numbers		
Explain manual entry for down time protocol for each ultrasound unit		
Learn where the Ultrasound supplies are and what is required in each room daily		
Learn about HLD, testing, changing and soaking time		
Documentation: equipment, identifier, HLD, record logs		
<b>Patient Protocols</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Greeting of the patient		
Checking the patient ID- birth date, correct name etc.		
Verify the patient exam ordered		
Verify with the patient to a cubicle and give clear instructions on changing		
Direct the patient to the Ultrasound room, and show how to exit the department		
Give a timeline for their Dr. to get a report		
Learn how to clean the Ultrasound room and equipment between patients		



process for ECTOPIC, verbal, limited US		
<b>PACS/RIS</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Ensure the correct patient req. is in PACS for the patient you are performing the Ultrasound		
Check all images are in the case, & scan in your tech worksheet		
Verify the case ASAP		
If a verbal is requested- send the verbal request ASAP - let front desk know if you change to STAT		
Get a PACS, & RIS password		
Learn PACS Functions- deleting images, ordering images, annotating etc.		
Learn RIS Functions -appointment Log, how to delete or add a code		
Learn about PACS downtime / RIS downtime and the requirements of each		
Learn how to get in touch for PACS support - Vicki Jenn Vasily Rose		
Explain QA Forms and how to respond		
<b>FORMS/COMPUTER</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Learn all forms required and where to find them		
Verbal's		
PACS error documentation form		
Staff forms- time sheet variance, mileage, vacation request, etc.		
Staff intranet on the computer		
Your X-ray Associates email		
<b>OCCUPATIONAL HEALTH &amp; SAFETY</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Find the health and safety board and familiarize yourself with it		
See minutes etc. posted for all staff to read and review		
Know your health and safety reps		
Locate the WHMIS, AODA, Radiation Safety, Infection control etc.- all training manuals		
Reprocessing		
<b>ADDITIONAL PROTOCOLS</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Understand how to locate the Radiologist on call		
Know how to find out where a Radiologist is reporting		
Learn what to do with a patient who has a positive finding		
<b>COMPUTER TRAINING</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Read Employee Handbook - Manuals		
Read and sign off Ultrasound P&P - Manuals		
Read Main P&P - Manuals		
Review Under Ultrasound Training/Education - TV Reprocessing		

Sign off TV Compliance and Medical Directive		
Review Dr. Thain TIRAD		
<b>HEALTH AND SAFETY TRAINING</b>	<b>Staff Initials</b>	<b>Trainer Initials</b>
Accessibility for Ontarians with Disability Act and Quiz		
Health & Safety Training and Quiz		
Radiation Training		
WHIMIS Training and Quiz		
Infection Control - IPAC - 7 Core Competencies & 3 Reprocessing		
-IPAC Core Additional Precautions		
-IPAC Administrative Controls		
-IPAC Chain of Transmission and Risk Assessment		
-IPAC Control of the Environment		
-IPAC Health Care Provider Controls		
-IPAC Occupational Health and Safety		
-IPAC Personal Risk in Community Care Clinic		
-IPAC Community Care Clinic		
-IPAC Reprocessing Disinfection		
-IPAC Reprocessing Introductions to Reprocessing		
-IPAC Reprocessing Personal Protective Equipment for Reprocessing		

**RECEPTIONIST:** New Staff Member Name: Sign when complete

Familiarity with the Facility	Staff Initials	Trainer Initials
Walk the facility so you know the area.		
Find all doors into and out of the facility		
Find all phones and the emergency numbers listing		
Locate the Head Office, facility numbers and cell of the Manager		
Locate the list of Drs office numbers and facility numbers		
Know staff list to consult if someone not in on the weekend, you call for replacement		
Review the fire escape route plan		
Read the fire procedures policy		
Locate the supplies		
Learn how to do the laundry		
Greeting of the client		
Checking the client ID- birth date, correct name etc.		
Verify the client exam ordered		
Check the correct information on the client label- Dr. order, above info		
Requisition: is it signed, STAT, verbal, chiro or MD,		
VERBAL process		
Consent forms		
Validate OHIP card		
OHIP billing rules for BMD		
RIS: verify client data		
RIS: enter correct study data		
RIS: enter correct doctor and address		

Appointment Log: Learn how to book appointments		
Verify client prep		
BMD: correct prep, verify 1, 2 or 3 year, get a list of meds Specifics of Chiro orders - Burning a disc etc.		
Phone etiquette: Answering phones		
Familiarize yourself with what procedures are done at each facility		
No cell phone use at front desk		
Know how to find out where a Radiologist is reporting -Qgenda		
Dress Code		

<b>PACS</b> Know PACS/ RIS downtime procedures and the requirements of each		
<b>FORMS / COMPUTER</b> Learn all forms required and where to find them		
Verbals		
Pregnancy permission to proceed form- scan into PACS when completed		
Staff forms- timesheet variance, mileage, vacation request, etc.		
Staff intranet on the computer		
Your X-ray Associates email		
<b>OCCUPATIONAL HEALTH &amp; SAFETY</b> Find the health and safety board and familiarize yourself with it		
Complete all H&S courses		
See minutes etc. posted for all staff to read and review		
Know your health and safety reps		
Locate the WHMIS, AODA, Infection control etc.- all training manuals		

**CARDIAC TECHNOLOGIST:** New Staff Member Name:      Sign when complete

	Staff Initials	Trainer Initials
<b>Familiarity with the Clinic</b>		
Walk the clinic so you know the area.		
Find all doors into and out of the clinic		
Find all phones and the emergency numbers listing		
Locate the Head Office number and cell of the Manager		
Locate the list of <u>Drs.</u> 's office numbers and clinic numbers		
Review the fire escape route plan		
Read the fire procedures policy		
Locate the supplies		
<b>Cardiac Equipment</b>		
Learn how to use all cardiac stress testing treadmills (GE in Vaughan & Aurora)		
Learn how to use and properly check defibrillator		
Review crash cart & emergency medications.		
Log Equipment Failure in Log Book for other Staff and Recording of such		
Locate lists for service numbers and equipment ID numbers		
<b>Patient Protocols / Work Flow</b>		
Greeting of the patient		
Checking the patient ID- birth date, correct name etc.		
Verify the patient exam ordered		
Check the correct information on the patient label- Dr. order, above info		
Show the patient to a cubicle and give clear instructions on changing		
Screen for pregnancy, use lead shielding and good collimation		
Direct the patient to the nuclear medicine room		
Seat patient in the injection chair		
Fully explain the test procedure to patient		
Put the <u>patients</u> chart together (include patient Req, stress work sheet & medical history form)		
Fill out patient's medical history form		
Nuclear tech will put in IV and give first tracer		
bring patient into stress room for prep (put on electrodes & check BP)		
Take the patient to waiting area for their first scan		
Patients will be given a lunch break		

Hookup the first patient before the doctor arrives		
Enter patient info into computer		
	<b>Staff Initials</b>	<b>Trainer Initials</b>
Pick the correct protocol (exercise or <u>persantine</u> )		
Attach all leads and explain stress test to patient		
Print out resting ECG (when cleared by doctor proceed with stress test)		
Fill out stress worksheet (include reason for test ending & any other significant ECG changes)		
At the end of the test put all ECG pages and worksheets in patient chart & give to <u>nuc</u> tech		
After patient is recovered, bring them back to waiting area for their final scan		

## FORMS / COMPUTER

Learn all forms required and where to find them		
<u>Verbals</u>		
PACS error documentation form		
Pregnancy permission to proceed form- scan into PACS when completed		
Staff forms- time sheet variance, mileage, vacation request, etc.		
Staff intranet on the computer		
Your X-ray Associates email		

## OCCUPATIONAL HEALTH & SAFETY

Find the health and safety board and familiarize yourself with it		
See minutes etc. posted for all staff to read and review		
Know your health and safety reps		
Locate the WHMIS, AODA, Infection control etc.- all training manuals		
Training is available on the RA600 computers		
Fill out the TLD form and receive a TLD		

## ADDITIONAL PROTOCOLS

Understand how to locate the Radiologist on call		
Know how to find out where a Radiologist is reporting		
Learn what to do with a patient who has a positive finding		
Specifics of Chiro orders - Burning a disc etc.		
Ortho markers if required (Newmarket & Aurora)		

Complete all H&S courses

<b>X-Ray Associates Inc.</b>	<b>PROCEDURE</b>	<b>ISSUING AUTHORITY</b>
<b>POLICY AND PROCEDURE</b>	<b>STUDENTS ON SITE</b>	GM
LAST REVISED DATE:		EFFECTIVE DATE February 12, 2016

### **STUDENTS in High School**

We have collaborated with high schools in the region to provide openings for students wanting imaging experience during their Co Op year. There is a written agreement with each high school.

Rosalba Simone is responsible for interviewing and selecting the students, in co-ordination with the high school representative.

Students will have health and safety training at the onset.

All staff have a responsibility to support the student while on site. Ms. Simone will meet with the students and their teacher to provide feedback.

These students NEVER perform any exams, although can be in attendance during an exam, with permission from the clients.

### **STUDENTS in Ultrasound/Radiography**

Occasionally students from approved MRT/DMS programs will be on site for supervised training.

These students are approved for training by the General Manager. There is a contract between X-Ray Associates and the Appropriate College.

Students must complete all health and safety courses before starting the program.

One DMS/MRT will take the Lead to be responsible to complete reports and provide feedback to the program.

All exams must be supervised until the student has been approved to image alone, BUT all exams must be signed off by an MRT/DMS. (no exceptions )

**STANDARD HOURS OF SERVICES: (May vary based on staffing)**  
**Website to be updated of any changes**

**AURORA:**

**X-RAY-WALK-IN:**

Monday, Tuesday 8 am to 7 pm (based on staffing)  
Wednesday-Friday 8 am to 4 pm  
Saturday 8-1

**BONE MINERAL DENSITY:** By appointment only

**ULTRASOUND:** By appointment only.  
**MSK/OB/Vascular** Monday/Tuesday 8-7  
Wednesday-Friday 8-4  
Saturday 8.00am to 1pm

**NUCLEAR MEDICINE:** By appointment only.

**Newmarket:**

**X-RAY-WALK-IN:**

Monday, Tuesday 8 am to 5 pm  
Wednesday – Friday 8 – 4 pm

**ULTRASOUND:** By appointment only.  
Monday-Tuesday 8-5pm  
Wednesday - Friday 8.00am to 4.00pm

**Richmond Hill:**

**X-RAY-WALK-IN:**  
Monday-Friday 8 – 3pm (Based on staffing)

**Vaughan:**

**X-RAY-WALK-IN:**

Monday-Tuesday 8 am to 7 pm  
Wednesday - Friday-8-4, Saturday 8-2

**ULTRASOUND:** By appointment only.  
**MSK/OBS/VAS**  
Monday – Tuesday 8 am - 7 pm,  
Wednesday - Friday, 8-4  
Saturday 8am - 4pm

**BONE MINERAL DENSITY:** By appointment only.

**NUCLEAR MEDICINE:** By appointment only.



X-Ray Associates Inc. POLICY AND PROCEDURE	PROCEDURE EMERGENCY CASES Radiologist Contact	ISSUING AUTHORITY Dr Peter Zia
LAST REVIEW DATE March 31, 2015, Feb 2016, Nov 2020, May 2021, June 2023, July 2024		EFFECTIVE DATE October 2015

Regular Business Hours: (Monday-Friday 8-4 PM)  
Our Radiologists are available for consultation on patient studies during regular business hours in the clinics. If a pathology is suspected, (example fracture, pneumothorax)- US: See list. The technologist can direct the patient to a hospital with a CD of images after consulting with a radiologist.

Technical staff from any modality should NEVER give a verbal or preliminary report to a patient or referring physician. If there is ever any concern, the technologist should get in touch with the radiologist on call.

#### Finding Radiologist Contact Number

##### 1. CELL PHONE:

Please log on to the Qgenda which should be located on the Bookmarks Bar on all computers  
email: xrayassociates@qgenda.com

password: Abcd1234

Daytime, click "Clinics". The Radiologist for Vaughan and Harding (R4) usually takes all STAT cases. Hover over their name and a cell # will appear which you can use to call them to explain your case. Use the Mobile phone located in the front desk area of each clinic. Take the phone to your room to discuss the case and review your images with the radiologist and then return once completed.

For weeknights after 4:00 pm and Saturdays refer to the "Call schedule". Follow the appropriate times for on-call

radiologist and hover over their name as above for their cell #.

If they do not answer immediately, leave a message and be patient for a return call as they may be doing a procedure in the hospital. You may also text them from your personal phone and ask them to return a call to you. Be sure to leave your name and reason for the text.

##### 2. To contact the after-hours Radiologist via hospital locating:

Call Mackenzie Health Hospital Radiologist office: 905-883-1212, ext. 2310 and speak with the on-call radiologist for Mackenzie Health

Any concerns contact Vicki 647-466-1500, Marlene 647-221-7766 or Rosalba 647-981-5040

**\*Technologist/Reception MUST write a message in the ENCOUNTER NOTES in Velox, stating the instructions given to the patient. i.e. sent to Emergency MH with portal access and report**

<b>X-Ray Associates Inc.</b> <b>POLICY AND PROCEDURE</b>	<b>PROCEDURE</b> <b>Emergency Cases:</b> <b>Patient Sent to ER</b>	<b>ISSUING AUTHORITY</b> Dr Peter Zia
LAST REVISED DATE: July 2024		<b>EFFECTIVE DATE</b> June 2017

**Patients Directed To Emergency: (ultrasound or x-ray)**

Send the patient to the closest Emergency with their portal access as directed by the radiologist.

- 1) If the STAT report is available, insert it into an envelope for them to take.
- 2) If the report is not available before the patient leaves it will be available in the patient's portal along with the images and within HDIRS for the hospital to retrieve.
- 3) If a report needs to be expedited, then fax the report to the Emergency Department
  - Southlake ER Fax #: 905-830-5805
  - Mackenzie ER Fax #: 905-883-2138
  - Cortellucci ER Fax #: 905-417-3216

\*Technologist/Reception **MUST** write a message in the ENCOUNTER NOTES in Velox, stating the Instructions given to the patient. i.e. sent to Emergency MH with portal access and report

## **DRESS CODE:**

This is a Professional Medical Office. It is important that you represent X-Ray Associates appropriately at all times.

**The dress attire is a Uniform or Business Casual with Lab coat.**

Weekly Jean Day Friday - ripped jeans are not acceptable.

**Lab coats are provided and must be worn at all times, if street clothes are worn.** All clothes and lab coats should be clean, have no stains, and pressed. (not wrinkled).

### **What is Business Casual Attire?**

**For women:** A reasonable length skirt, mid-thigh or longer (no mini-skirt). Full-length trousers/slacks (not blue jeans) combined with a top (such as a dress shirt, polo, or sweater set) is considered acceptable. An informal dress with appropriate skirt mid- thigh length is acceptable. Yoga pants (leggings) are only acceptable if worn with a long top to mid-thigh or skirt to mid-thigh.

**For men:** A combination of a collared shirt (such as a dress shirt or polo shirt), cotton trousers (such as khakis or blue, green, brown, or black trousers) with a belt, and modest shoes (such as loafers) with socks is acceptable.

### **Unacceptable clothes for either Gender:**

- Gym clothes
- Hooded tops/Sweatshirts
- Blue jeans
- Mini skirts
- Rumpled or ripped clothing
- Underwear as outerwear
- Inappropriately revealing attire - no mid drift tops
- Shorts
- Sweat pants (Wind Pants)
- No logos or graphics on tops or pants

### **Unacceptable for Admins:**

Yoga Pants

### **Unacceptable Foot Attire ALL staff:**

- Flip flops
- Boots above the knee

### **Acceptable Foot Attire for either Gender Technologists/X-Ray Helper:**

- Closed toe is mandatory
- Running shoes
- Must be rubber soles, non-slip
- Heels must not be pointed nor greater than 1”

# Employment Standards in Ontario

The Employment Standards Act, 2000 (ESA) sets minimum standards for most workplaces in Ontario. Special rules and exemptions apply to certain employees.

## What you need to know

Employers are prohibited from penalizing employees in any way for exercising **ESA** rights.

**Hours of Work and Eating Periods:** There are daily and weekly limits on hours of work. Employees may work more if certain conditions are met. Employees must not work more than 5 consecutive hours without a 30-minute meal break. Learn more at [Ontario.ca/hoursofwork](http://Ontario.ca/hoursofwork).

**Overtime Pay:** Overtime is payable after 44 hours of work in a week for most jobs. The overtime rate must be at least 1½ times the regular rate of pay.

**Minimum Wage:** Most employees are entitled to be paid at least the minimum wage. For current rates visit [Ontario.ca/minimumwage](http://Ontario.ca/minimumwage).

**Payday:** Employees must be paid on a regular payday and receive a wage statement.

**Vacation Time and Pay:** Most employees earn at least 2 weeks of vacation time after every 12 months. They must be paid at least 4% of the total wages they earned as vacation pay.

**Public Holidays:** Ontario has 9 public holidays each year. Most employees are entitled to take these days off work and be paid public holiday pay.

**Leaves of Absence:** There are a number of job-protected unpaid leaves of absence including pregnancy, parental, family caregiver, and personal emergency leave.

**Termination Notice and Pay:** In most cases, employers must give advance written notice when terminating employment and/or termination pay instead of notice. Learn more at [Ontario.ca/terminationofemployment](http://Ontario.ca/terminationofemployment).

**Other ESA Rights and Special Rules:** There are other rights as well as special rules not listed on this poster including rights to severance pay and special rules for assignment employees of temporary help agencies.

### Contact the Ministry of Labour for more information

Call us at 416-326-7160, 1-800-531-5551, TTY 1-866-567-8893, or visit our website at [Ontario.ca/employmentstandards](http://Ontario.ca/employmentstandards). Information is available in multiple languages.

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## **MEETINGS:**

Meetings will be held regularly and will include an agenda and minutes to be circulated. They will also be posted on our Staff website. Staff will be emailed updates concerning all facilities every 1 – 3 months. Communication will be by email. It is expected that full time staff will check emails daily and casual and part time staff weekly.

- Modality meetings will be held at each site.
- General modality meeting
- Annual staff meeting
- OH & S: Quarterly Meetings
- Quality Assurance Meetings 2 x per Year

## **CELL PHONE USE:**

Cell phones can be used but must be on silent mode. They cannot be answered during a live exam.

## **TELEPHONE AND NETWORK USE:**

X-Ray Associates' telephones and computer networks are intended for the use of serving our clients and in conducting our business.

It is expected that when answering a work phone that a universal greeting is used for all facilities:

***Good morning (afternoon/evening), X-Ray Associates, Beth (your name) speaking. How may I help you?***

While X-Ray Associates recognizes the need for some personal usage of telephones and computer networks from time to time, management would like to discourage personal usage as much as possible. Any personal telephone calls should be kept brief to avoid congestion on the line.

To respect the rights of all employees and avoid miscommunication in the office, employees must inform family members and friends to limit personal telephone calls during working hours.

Our computer systems (including email and internet access) belong to the organization, and are intended for business use only. Those using our systems should not have any expectation of privacy. We may, at any time and at our sole discretion, monitor usage and take disciplinary action against any employee's inappropriate use of our systems. All staff will sign an internet agreement policy ensuring compliance.

## **COMPUTER NETWORK AND INTERNET ACCESS POLICY:**

This policy applies to all staff including students and volunteers.

### **APPROPRIATE USAGE OF INTERNET**

1. Check their X-Ray Associates email for updates. **DO THIS DAILY!!**
2. To complete their job duties. i.e. looking up CPSO website for doctor's information, CMRITO, Sonography Canada etc.
3. To seek information to improve their work, i.e. look up information on pathologies

We don't want to restrict our employees' access to websites of their choice, but we expect our employees to exercise good judgment and remain productive at work while using the internet

### **INAPPROPRIATE USAGE OF INTERNET**

X-Ray Associates staff must not use the internet for:

1. Download or upload obscene, offensive or illegal material.
- 2. No Downloading PERIOD!**
3. Send confidential information to unauthorized recipients.
4. Invade another person's privacy and sensitive information.
- 5. NO STREAMING I.E. YOU TUBE, PANDORA, NETFLIX**
6. Download or upload movies, music and other copyrighted material and software.
7. Visit potentially dangerous websites that can compromise the safety of our network and computers.
8. Perform unauthorized or illegal actions, like hacking, fraud, buying/selling illegal goods and more.

We also advise our employees to be careful when downloading and opening/executing files and software. If they're unsure if a file is safe, they should ask the system admin. **DO NOT** open suspicious emails.

X-Ray Associates have installed anti-virus on all computers. Staff may not deactivate or configure settings and firewalls without managerial approval.

X-Ray Associates won't assume any responsibility if employee devices are infected by malicious software, or if their personal data are compromised as a result of inappropriate employee use.

## **NO EXPECTATION OF PRIVACY**

All staff are given computers and Internet access to assist them in the performance of their jobs. All staff should have no expectation of privacy in anything they create, store, post, send or receive using the X-Ray Associates' computer equipment.

Waiver of privacy rights. Users expressly waive any right of privacy in anything they create, store, post, send or receive using X-Ray Associates' computer equipment or Internet access. User consents to allow X-Ray Associates personnel access to and review of all materials created, stored, sent or received by User through any X-Ray Associates network or Internet connection.

**MONITORING OF COMPUTER AND INTERNET USAGE** X-Ray Associates has the right to monitor and log and archive any and all aspects of its computer system including, but not limited to, monitoring Internet sites visited by Users, monitoring chat and newsgroups, monitoring file downloads, and all communications sent and received by users via Email, IM & Chat & Social Networking.

## **BLOCKING SITES WITH INAPPROPRIATE CONTENT**

X-Ray Associates has the right to utilize hardware and software that makes it possible to identify and block access to Internet sites containing sexually explicit or other material deemed inappropriate in the workplace.

## **BLOCKING SITES WITH NON-PRODUCTIVE CONTENT**

X-Ray Associates has the right to utilize hardware and software that makes it possible to identify and block access to Internet sites containing non-work-related content such as social media.

## **ACKNOWLEDGEMENT OF UNDERSTANDING**

I have read and agree to comply with the terms of this policy governing the use of X-Ray Associates' computer network. I understand that violation of this policy may result in disciplinary action, including possible termination and civil and criminal penalties.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **CLIENT CONFIDENTIALITY:**

We should conduct all contact with the clients in a professional manner. No information about the clients can be released without the client's consent, the parent's permission, or appropriate legal interventions.

No licensee shall allow a person to examine a client's health record or give any person any information, copy of anything from a client's health records except as required by an Act or Regulation made under an Act or as required or allowed by this section.

Every licensee shall provide copies from a client's health record to any of the following persons on request:

The Client:

A personal representative who is authorized by the client to obtain copies of the record.

If the client is incapable of giving authorization, then any one of the following may represent them: a) A committee of the client appointed under the Mental Incompetency Act.

b) A person to whom the client is married

c) A person of the opposite or same sex with whom the client is living in a conjugal relationship outside marriage of the client and the person.

i) Having cohabited for at least 1 year

ii) Are together the parents of the child or?

iii) Have together entered a cohabitation agreement under section 53 of the family law

Act 1986 d) The client's child, if the child is sixteen years or older

e) The client's parents

A licensee may provide copies from a client's health record to any person authorized by a person to whom the licensee is required to provide copies under the above mentioned.

A licensee may, for the purpose of providing health care or assisting in the provision of the health care to the clients, allow a health care professional to examine the clients' health records or give health care professionals any information or copy something from the health record.

## **SECURITY AND CONFIDENTIALITY**

The only persons permitted on the facility premises are employees or a representative of X-Ray Associates, referring physicians and their clients. The information concerning client's records, and condition, the referring physicians, the nature, and status of the facilities or the company, are to be considered strictly confidential, and must not be divulged to any unauthorized persons. Salespersons representing suppliers of goods and or services must arrange through the manager before visiting the department for any business transaction. Any accidents in the facilities resulting in personal or property damage must be reported. Witnesses to such accidents must be well documented.



## X-RAY ASSOCIATES INC. CONFIDENTIALITY/SECURITY AGREEMENT

This agreement extends to all staff, volunteers, students, outside consultants, contract personnel and office personnel of physicians with remote access.

It is the policy of X-Ray Associates Inc. operating as X-RAY ASSOCIATES to maintain the confidentiality of all clients and employee information and certain business information. X-Ray Associates have a legal and ethical responsibility to safeguard the privacy of all clients. X-RAY ASSOCIATES also have the responsibility to secure and protect the confidentiality of all client and employee information.

In the course of and following my employment/assignment/appointment within the X-Ray Associates (including my employment/assignment/appointment with X-Ray Associates / appointed physician or group of physicians in medical practice), I will hold all information confidential whether health related, personal, social and/or psychological concerning clients, staff and any other person having an affiliation with X-Ray Associates. I agree that I will not access information on clients for whom I do not have responsibilities, nor access client or other information unless access to pertinent information is required to perform duties related to my position. I understand that such information must be maintained in the strictest confidence at all times including in the workplace and outside. As a condition of my employment/assignment/appointment, I agree to follow X-Ray Associates Privacy, Confidentiality and Personal Health Information Guidelines for Disclosure policies at all times while I am associated with X-Ray Associates appointed physician(s), and after my association ends. I understand that sharing any information except in the direct performance of duties related to my position is a violation of trust placed in me by the organization (and, where applicable, by the physician(s) by whom I am employed or engaged).

I understand that as a user of the X-Ray Associates Information Systems, my user identification code and password is considered the equivalent of my signature. I am responsible for all transactions performed using this code and/or passwords and agree not to disclose the same to anyone or to attempt to acquire or use another person's code or password. I also acknowledge that I will be required to change my password on a regular basis. If I have reason to believe that my identification code is known, lost or stolen, I will immediately act to have my password changed by calling Head Office at 289.553.5040 or contacting the PACS SA directly.

I understand that any violation of this agreement may result in the loss of computer system access, legal, and/or other corrective action up to and including termination/loss of privileges.

STAFF SIGNATURE	PRINT NAME	POSITION	DATE

Note: Agreement must be "co-signed" by X-Ray Associates appointed physician by whom the above-named is employed or engaged. By signing below, I certify that I am an X-Ray Associates appointed physician (and/or that I have legal authority to act on behalf of X-Ray Associates appointed physicians in group medical practice) and I further certify that the above-named signatory is employed by or otherwise associated with the afore-mentioned group medical practice and requires Remote Access to information held in X-Ray Associates Inc. Information Systems. By signing this agreement, I also acknowledge that any violation of this agreement by the above-named may result in the loss of computer system access, legal, and/or other corrective action up to and including termination/loss of privileges for the above-named and that, since physicians assume ultimate responsibility for the work-related actions of their office staff, may also result in similar serious consequences for myself and/or the physicians in our group practice. I agree to notify X-Ray Associates Inc. (289.553.5040) as soon as possible, and within two (2) business days of becoming aware, that the above-named has resigned, has been dismissed or is otherwise no longer engaged by the practice.

MD SIGNATURE	PRINT NAME	POSITION	DATE

**External users:** Note: Agreement must be "co-signed" by an appointed physician by whom the above-named is employed or engaged. By signing below, I certify that I am an X-Ray Associates Inc. appointed physician (and/or that I have legal authority to act on behalf of X-Ray Associates Inc. appointed physicians in group medical practice) and I further certify that the above-named signatory is employed by or otherwise associated with the afore-mentioned group medical practice and requires Remote Access to information held in X-Ray Associates Inc. Information Systems. By signing this agreement, I also acknowledge that any violation of this agreement by the above-named may result in the loss of computer system access, legal, and/or other corrective action up to and including termination/loss of privileges for the above-named and that, since physicians assume ultimate responsibility for the work-related actions of their office staff, may also result in similar serious consequences for myself and/or the physicians in our group practice. I agree to notify X-Ray Associates Inc. (via 289 553-5040) as soon as possible, and within two (2) business days of becoming aware that the above-named has resigned, has been dismissed or is otherwise no longer engaged by the practice.

Physician name \_\_\_\_\_ Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

# **X-RAY ASSOCIATES PRIVACY POLICY**

## **Protecting your privacy**

X-Ray Associates complies with the following privacy laws:

FIPPA Freedom of Information and Protection of Privacy Act  
PHIPA Personal Health Information Protection Act  
PIPEDA Personal Information Protection and Electronic Documents Act

## **Freedom of Information and Protection of Privacy Act (FIPPA)**

The Freedom of Information and Protection of Privacy Act (FIPPA) is an Ontario Statute that was enacted in 1990 and covers government institutions, universities, among other public institutions.

### **FIPPA is a statute with two Principles:**

1. Access to Information – Provides public a right of access to health records subject to limited exemptions; and
2. Privacy – to protect the privacy of the individuals with regards to their personal information and to provide a right of access to their personal information held by the healthcare institute.

## **Personal Health Information Protection Act (PHIPA)**

The Act applies to personal health information that is collected, used or disclosed by custodians. Personal health information includes oral or written information about the individual, if the information:

- relates to the individual's physical or mental health, including family health history; • relates to the provision of health care, including the identification of persons providing care; • is a plan of service for individuals requiring long-term care;
- relates to payment or eligibility for health care;
- relates to the donation of body parts or bodily substances or is derived from the testing or examination of such parts or substances;
- is the individual's health number; or
- identifies an individual's substitute decision-maker

## **Personal Information Protection and Electronic Documents Act (PIPEDA)**

"Personal Information", as specified in PIPEDA, is as follows: information about an identifiable individual, but does not include the name, title or business address or telephone number of an employee of an organization.

The law gives individuals the right to

- know why an organization collects, uses or discloses their personal information; • expect an organization to collect, use or disclose their personal information reasonably and appropriately, and not use the information for any purpose other than that to which they have consented;
- know who in the organization is responsible for protecting their personal information; • expect an organization to protect their personal information by taking appropriate security measures;
- expect the personal information an organization holds about them to be accurate, complete and up-to-date;
- obtain access to their personal information and ask for corrections if necessary; and • complain about how an organization handles their personal information if they feel their privacy rights have not been respected.

The law requires organizations to

- obtain consent when they collect, use or disclose their personal information; • supply an individual with a product or a service even if they refuse consent for the collection, use or disclosure of your personal information unless that information is essential to the transaction; • collect information by fair and lawful means; and
- have personal information policies that are clear, understandable and readily available. • Depending on the sensitivity of the personal information, your consent may be expressed, implied or deemed. Express consent can be given orally, electronically or in writing. Implied consent is consent that can reasonably be inferred from your action or inaction. For example, when you accept our services, we will assume your consent to the collection, use and disclosure of your personal information for purposes related to your acceptance and use of those products or services, or for other purposes identified to you at the relevant time. Deemed consent is consent we assume in the event that you do not exercise an opt-out mechanism offered to you.

**Note: If there is any inconsistency between the Acts stated above, PHIPA will be taken as the deciding factor.**

### **What information does X-Ray Associates collect?**

X-Ray Associates collects both personal and health information. Your name, date of birth, address and Health Card Number are examples of personal information.

### **Why does X-Ray Associates need this information?**

The information we collect from you is used:

- To provide you with quality health care and follow-up care in the community. We need your information to make sure we can make the appropriate diagnosis and provide treatment.
- To comply with the law, e.g.:
  - o The law requires healthcare institutes to disclose your personal health information if there is a legal investigation.
- We will only collect, use or disclose your personal health information outside your circle of care with your express consent or in accordance with PHIPA. X-Ray Associates provides a more detailed outline to its clients about what type of personal health information will be collected as part of providing health care services to you.

### **How does X-Ray Associates protect my information?**

A few of the ways that we strive to protect both your personal information and your personal health information are by:

- Educating our staff, physicians, volunteers and students on the importance of respecting your privacy rights and about their obligations to maintain confidentiality.
- Applying additional security measures to all electronic health records; e.g., user-specific login names and passwords, encryption requirements, firewall and antivirus software.
- All of your medical images are stored at a secure facility that requires strict biometric identification to access the facility. Only authorized staff members have access to this facility. We do not store or transfer Information outside Ontario.

## **Does X-Ray Associates share my information with anyone?**

We share some or all of your information with:

- Health care providers at other hospitals, nursing homes or other health care agencies who need information for ongoing care in the community.
- Agencies that fund X-Ray Associates, e.g. OHIP, extended health insurance companies, Workplace Safety and Insurance Board, Ministry of Health.
- Other agencies to whom we are required by law to provide information, e.g. for public health surveillance.
- As part of the Diagnostic Imaging repository (DI-r), we also share your images with all the hospitals in our Local Health Integration Network (LHIN) that includes 98 healthcare organizations in the following Ontario regions: North York, York region and South Simcoe and Northern York region. The goal of eHealth Ontario is to eventually have all of Ontario to be connected to a common repository in order to better serve your healthcare needs.

## **What health or information systems do we share and with whom? X-Ray Associates shares**

the following systems with the hospitals listed for each system: • Picture Archive

### **Communication System (PACS)**

o PACS is the system that collects demographic information about you, physicians' orders for the diagnostic (medical) images, (x-rays, ultrasound, mammography, etc.), the diagnostic images, and the reports of the findings. Only those staff and affiliates who require this type of information have access to PACS, e.g. Physicians, Nurses, Radiology Technicians.

### **• Digital Imaging Repository (DI-r)**

o A DI-r is a system that collects a copy of the diagnostic images, demographic information, physician orders for the tests as well as the reports of the findings from each of the PAC systems from the partnered organizations. Only those staff and affiliates who require this type of information have access to PACS, e.g. Physicians, Nurses, Radiology Technicians. A complete list of the hospitals that we are connected with can be found by going to the following website: <http://connect.hdirs.com/>.

## **Will X-Ray Associates disclose my health information to outside companies or to my employer?**

Unless the disclosure is permitted or required by law, X-Ray Associates requires your written permission or a court order to disclose health information to any organization or person not directly involved with the provision of your care.

## **Where is my health information stored and for how long?**

All of your medical images are stored at a secure facility that requires biometric identification to access the facility. Only authorized staff members have access to this facility. X-Ray Associates is legally required to keep a client's health record for at least 10 years past the date of the last admission. There are situations, e.g. health records of children, where X-Ray Associates is required to keep a record longer.

## **How do I access or request a copy of my health information?**

You have the right to access your personal health records and X-Ray Associates has an obligation to make it available to you with limited exceptions.

### **What if some of the information in my health record is incorrect?**

X-Ray Associates only uses the information that is on your OHIP card. If this information is incorrect, i.e. incorrect spelling of your name, or date of birth, please contact service Ontario to take the necessary steps to correct your information.

### **Can my family see my health information?**

Although you have the right to access your health record, this right does not automatically extend to family members and/or friends. If you provide written authorization for a friend or family member to see your record, then the friend/family member may access the part(s) that you have consented to let them see.

### **What if I am unable to give consent to release my health information?**

Like consenting to treatment, if you are unable to give consent for access, use and/or disclosure of your health information, the consent decision falls to the appointed substitute decision maker, such as a spouse, parent or guardian.

### **Will my family and friends be able to call in to get information about me over the phone?**

We do not provide information over the phone because we have no way to verify who is calling and what their relationship is to you.

### **Can all staff access my health information?**

The only persons whom X-Ray Associates authorizes to access a client record are the staff and radiologists involved in a client's care, or staff who need information from a client record to conduct the business of X-Ray Associates, e.g., the Finance department staff that sends a bill to OHIP. All staff are bound by X-Ray Associates' policies and practices related to privacy and confidentiality. These policies aim to ensure that staff only access information on a need-to-know basis. Regulated Health Professionals are also bound by privacy and confidentiality requirements from their professional associations.

### **I have noticed that many areas of the facility are open and I can sometimes overhear staff talking to clients and family about health information. Is this not a breach of client privacy?**

Despite the pressures of an acute-care facility setting, staff makes every effort to discuss health information privately.

### **Can my family physician access my health information?**

X-Ray Associates sends information to the family physician that is listed in your requisition. We will provide additional information to your family physician if requested and unless you tell us otherwise.

### **What if I have concerns about my privacy?**

Please direct your questions and /or concerns to our privacy policy administrator:

Marlene McCarthy  
X-Ray Associates  
955 Major Mackenzie Drive Suite 216,  
Vaughan, ON. L6A 4P9 Telephone: 289.553.5040 [info@xrayassociates.org](mailto:info@xrayassociates.org).

<b>X-Ray Associates Inc.</b>  <b>POLICY AND PROCEDURE</b>	<b>PROCEDURE</b> <b>PACS PASSWORDS</b>	ISSUING AUTHORITY GM
LAST REVISED DATE: July 2024		EFFECTIVE DATE August 27, 2010

**Background:** To secure and protect the confidentiality of all client and employee information

**Procedure:** PACS passwords will be set to expire annually for all internal and external users. Any staff or users that terminate employment or access to X-Ray Associates Inc Healthcare system will have their passwords removed or deactivated.

PACS passwords and expiry dates will be monitored and documented by the system administrator and information copied to the General Manager and to the Quality Advisor. Updates are to be discussed at QA Committee meetings.

Contraindications/Exceptions: none.

## **CONSENT POLICY:**

ALL CONSENT can only be obtained if the client is explained the procedure and has the ability to understand what they are consenting to.

Verbal consent must be obtained before beginning an exam and **AFTER** verifying you have the correct client and that the exam ordered is reasonable based on the client history. Verbal consent is required for a transvaginal or translabial/transperineal study. The sonographer must place a check mark on the technologist worksheet to verify that verbal permission was given or denied. If denied, the reason for refusing should be added. Written consent is obtained in the following clients:

X-Ray: If the client is known to be pregnant or think they may be and the x-ray/BMD is to be done. Complete the pregnancy release form.

Ultrasound: Male sonographers are required to obtain written consent to perform a transvaginal or translabial/transperineal ultrasound. If you are hesitant about permission for a TV scan, have the client sign the TV consent form and scan the signed form into the client file.

Nuclear Medicine: Stress testing and Body composition.

\*\*\*As per the Health Care consent act, you must be confident that the client is capable of giving consent regardless of age. If they appear incompetent for any reason, then their designated power of attorney can only give consent.

\*\*\*\*Consent can be rescinded at any time. Always ask your client how they are doing. IF you believe that they are no longer cooperating and are hesitant, ask your client again, if they are ok with your proceeding.

**AGE OF CONSENT: There is no specific age of consent. I.e. >16 years, instead the client must have the capacity to understand the procedure and converse with you or an interpreter.**





## What you must know about ... consent

Consent is an essential component of patient centred care and is vital for patient safety.

The *Health Care Consent Act, 1996* (HCCA) requires informed consent to be obtained for every health care treatment or procedure. Prior to performing a procedure, the health professional carrying out the procedure must explain the procedure to be performed to the patient and ensure that the patient (or, in certain cases, a substitute decision-maker) consent to it.

As a result, medical radiation and imaging technologists (MRITs) ensure consent prior to each procedure they perform, as required by legislation and standards of practice, and ensure that consent is maintained throughout the procedure. MRITs must also obtain consent if they propose a procedure.

### **What is informed consent?**

Consent is required by the HCCA as well as CMRITO's Code of Ethics and Standards of Practice, which govern the practice of medical radiation and imaging technology in Ontario. It involves the MRIT explaining the procedure that was ordered to the patient and ensuring that the patient gives permission to them to conduct the ordered procedure.

A central principle of consent is that the patient retains the right to be respected and maintains ownership of what happens to their body at all times, as aligned with their beliefs and values. As a result, consent can be withdrawn by the patient at any time before or during the procedure. Consent is an ongoing process. Informed consent is not only required before starting the procedure. It must be maintained throughout the procedure, as patient consent can be withdrawn at any time.

As an MRIT, before you begin a procedure, you should thoroughly explain to the patient what you are going to do and why. The patient must understand what will occur during the procedure, including any medically required physical interaction (i.e., touching).

Once you have explained the procedure to the patient, you must ask for their permission to proceed. The consent may be oral, but it must be obtained before the procedure begins. Then and only then can you proceed to carry out the procedure.



## Health Care Consent Act

The [HCCA](#) requires that no procedure should take place without the informed consent of the patient. This means that the patient must be capable of making a voluntary decision about whether to undergo the procedure and that they understand the risks, benefits and alternatives of the proposed procedure.

The person proposing the procedure is responsible for ensuring the patient has consented to the procedure and that their consent is informed. The person performing the procedure needs to ensure that consent is maintained by assessing the patient's condition before, during, and after the procedure. This should be monitored verbally as well as by observing how the patient reacts and tolerates the procedure.

If a patient is not capable of consenting, a substitute decision maker may consent on their behalf.

See [Jurisprudence Module 7](#) for more detailed information about the HCCA including:

- what constitutes informed consent
- how capacity to consent is determined
- who may act as a substitute decision maker

## Standards of Practice

The [Standards of Practice](#) describe the expectations for MRITs and what each registrant is accountable and responsible for in practice. The following standards and indicators apply to the consent process and the obligations of MRITs.

### ***Standard 1: Legislation, standards and ethics***

MRITs must:

- adhere to all relevant provincial and federal legislation and guidelines governing the practice of the profession (HCCA)
- adhere to the Standards of Practice set by the College

### ***Standard 3: Diagnostic and therapeutic procedures***

MRITs must:

- ensure that patient consent has been obtained
- assess the patient's condition before, during and after the procedure or course of treatment
- respond to any change in the patient's condition during or after the procedure or course of treatment

### **Standard 5: Relationships with patients**

MRITs must:

- provide clear and understandable information to the patient or patient's substitute decision maker prior to, during and after the diagnostic or therapeutic procedure, using an interpreter if necessary
- give the patient or patient's substitute decision maker an opportunity to ask questions
- provide the patient or patient's substitute decision maker with answers to their questions within the scope of the profession's responsibility
- refer questions of the patient or patient's substitute decision maker that are outside the scope of the profession's responsibility to an appropriate health professional for answers
- carry out diagnostic or therapeutic procedures only with the informed consent of the patient or the patient's substitute decision maker
- explain to the patient when and where the registrant might touch them and why
- touch the patient in only those areas needed to facilitate carrying out the procedure
- comply with all relevant legislation such as the *Health Care Consent Act*

### **Code of Ethics**

The CMRITO [Code of Ethics](#) provides direction and guidance for all CMRITO registrants, defining the principles of responsible conduct and ethical and moral behaviour, and ensuring the welfare and protection of patients and the public.

### **Ethical principle 2: Responsibility to patients**

Registrants act in the best interests of their patients by:

- upholding the principle of informed consent including the right of the patient, or the patient's substitute decision maker, to refuse service

### **MRITs and consent in practice**

MRITs must always ensure they have the patient's consent before performing any diagnostic or therapeutic procedure. MRITs must also ensure consent is maintained throughout the procedure.

MRITs also need consent before they touch the patient. MRITs must touch the patient only where necessary to perform the procedure, and only after explaining where and why they need to touch the patient and obtaining consent before proceeding. MRITs must also be aware that touching of a sexual nature that is not clinically appropriate to the service being provided is sexual abuse.

Ensuring consent is maintained throughout a procedure requires MRITs to communicate effectively with patients before, during and after each procedure and be alert to any indication the patient is no longer willing to proceed. Refer to *What you must know about ... communicating with patients* for additional information.

#### **a. Performing procedures with a direct order**

The health care professional who ordered the procedure (most often a physician) is responsible for ensuring that the patient is both capable of consenting to the procedure and has provided their informed consent. They will have explained to the patient that the procedure is required and why they have ordered it. However, they may not have explained the protocol that will be followed during the procedure nor the specifics of how the patient will be positioned or gowned. Protocols and policies vary from facility to facility, and these aspects of the patient's experience may be different depending on the facility they attend. As a result, MRITs are responsible for explaining what will happen in the procedure to the patient.

MRITs must explain the procedure they will be performing, answer the patient's questions that are within their scope, and ensure they have consent before proceeding. If there are multiple procedures or multiple components (i.e., views) in the procedure, MRITs must explain each step and confirm that patient consent is maintained throughout. If the patient has questions that are outside of an MRIT's scope, the patient should be referred to the appropriate health professional for answers.

#### **b. Performing procedures under a medical directive or protocol**

Medical directives or protocols may be used as the authority for performing procedures when a health professional has the knowledge, skills and judgement to determine that the conditions and circumstances described in the medical directive are met.

If an MRIT determines that a procedure that was not directly ordered is necessary, and there is a protocol or medical directive in place, the MRIT becomes the person proposing the procedure. For example, a pelvic ultrasound is ordered by the patient's physician, but a transvaginal ultrasound examination, which was not ordered by the referring physician, is required in addition to answer the clinical questions. As the person proposing the procedure, the MRIT must therefore determine if the patient is capable of consenting to the procedure and obtain informed consent to conduct the procedure prior to proceeding.

This will require the MRIT to thoroughly describe the procedure they are proposing and explain why it is being proposed. The MRIT will need to explain the benefits and risks of the procedure, answer any questions the patient has, and give the patient the option to decline the proposed procedure. MRITs must remember that the health professional who ordered the initial examination



was not aware of the medical directive/protocol and therefore could not have explained the procedure being proposed by the MRIT or obtained informed consent for it. Obtaining consent is the MRIT's responsibility in these circumstances.

### **Withdrawn consent**

Consent may be withdrawn at any time. As an MRIT, you must respect the patient's decision and their right to change their mind. If there are any indications that consent has been withdrawn, you should stop the procedure until the patient's consent is re-established. If consent is not re-established, you cannot continue the procedure.

### **Professional misconduct**

If an MRIT performs a procedure for a patient for a therapeutic, preventative, palliative, diagnostic, cosmetic, or other health related purpose without consent in a situation where consent is required by law, they are committing an act of professional misconduct. The [Professional Misconduct Regulation](#) made under the [Medical Radiation and Imaging Technology Act, 2017](#) outlines how failure to obtain consent is professional misconduct.

## CONSENT CHECKLIST

### Before performing a procedure, MRITs must:

- confirm the patient has an order or a requisition for the procedure
- confirm the procedure to be performed
- describe to the patient how they will perform the procedure (what the patient can expect, number of steps and what positioning and touching is involved)
- ask if the patient has any questions and answer any questions that are within their scope to answer

### During the procedure, MRITs must:

- check with the patient frequently
- explain why and where they need to touch the patient, if they need to, and obtain consent prior to proceeding
- observe the patient for signs that they may not be willing to proceed with the procedure
- stop the procedure immediately if the patient withdraws their consent

### If an MRIT proposes a procedure that was not a direct order, they must do the following before proceeding:

- determine if the patient is capable of consenting to the procedure and making a voluntary decision about whether to undergo the procedure
- explain to the patient why the procedure is being proposed and its risks and benefits
- ask the patient if they have any questions and answer any questions that are within their scope
- ensure the patient's consent is informed and that they understand what has been proposed
- give the patient the option to decline the proposed procedure





# BILL 31 Health Information Protection Act:

## Explanatory Note

The Bill enacts two new Acts with respect to the protection of health information and makes complementary amendments to other Acts.

### SCHEDULE A

#### **PERSONAL HEALTH INFORMATION PROTECTION ACT, 2003**

The Schedule enacts the *Personal Health Information Protection Act, 2003* which establishes rules concerning the collection, use and disclosure of personal health information by health information custodians and other persons.

**Part I** sets out the purposes of the Act and provides definitions and rules concerning the application of the Act.

Personal health information is defined as certain information about an individual, whether living or deceased and whether in oral or recorded form. It is information that can identify an individual and that relates to matters such as the individual's physical or mental health, the providing of health care to the individual, payments or eligibility for health care in respect of the individual, the donation by the individual of a body part or bodily substance and the individual's health number.

Health information custodians are defined as listed persons, such as a health care practitioner, the operator of a hospital, nursing home, pharmacy or ambulance service or the Minister of Health and Long-Term Care, who have custody or control of personal health information as a result of the work that they do or in connection with the powers or duties they perform. The regulations made under the Act may specify other custodians.

The Act sets out specific circumstances where it does not apply. For example, it does not apply to recorded information about an individual if the record was created more than 120 years ago or if 50 years or more have passed since the death of the individual.

Subject to few exceptions, if there is a conflict between a confidentiality provision in the Act and one in another Act, the Act prevails unless the Act or the other Act specifically provides otherwise.

**Part II** sets out duties of health information custodians with respect to personal health information. A custodian must have in place information practices with respect to its collection, use and disclosure of personal health information and the administrative, technical and physical safeguards that it maintains with respect to the information. It must also take reasonable steps to ensure that records that it makes of personal health information are accurate and that the information is protected against unauthorized use or disclosure. A custodian must notify an individual if information about the individual is stolen, lost, or accessed by unauthorized persons. The regulations made under the Act can provide for the handling of records of personal health information.

A health information custodian must make available to the public a statement that describes its information practices, how to contact its contact person, how an individual can obtain access to or request correction of a record of personal health information about the individual and how to make a complaint to the custodian and the Commissioner under the Act. A custodian must notify individuals of its uses and disclosures of personal health information that fall outside the scope of the custodian's description of its information practices.

**Part III** sets out rules concerning consent to the collection, use or disclosure of personal health information. Consent must either be given by the individual or be implied, except that some consents cannot be implied. An example is the consent to the disclosure of personal health information by a health information custodian to a person who is not a health information custodian. An individual may withdraw a consent that the individual has given.

An individual is capable of consenting to the collection, use or disclosure of personal health information if the individual is able to understand the purposes of the collection, use or disclosure, as the case may be, and to appreciate the reasonably foreseeable consequences of giving or withholding the consent. A person whom an individual has authorized to act on his or her behalf may give consent for the individual. If an individual is incapable of giving consent, a substitute decision-maker may give consent. The list of substitute decision-makers for an incapable individual is ranked according to priority.

**Part IV.** No health information custodian is permitted to collect, use or disclose personal health information about an individual without the individual's consent unless it is permitted or required by the Act. A health information custodian must not collect, use or disclose personal health information if other information can serve the purpose and may collect, use or disclose only as much personal health information as is reasonably necessary for the purpose. The Part contains restrictions on the collection, use or disclosure by any person of another person's health number.

The Part sets out circumstances in which a health information custodian may collect, use or disclose personal health information about an individual without the individual's consent. The list of circumstances for disclosure includes disclosure for the purpose of providing health care to an individual if it is not reasonably possible to obtain the individual's consent in a timely manner, but not if the individual has instructed the custodian not to disclose the information. The list also includes disclosure to a medical officer of health for public health protection purposes, disclosure if another Act permits or requires it, disclosure for the purposes of research to be performed in accordance with a research plan approved by a research ethics board and disclosure to the Minister of Health and Long-Term Care for monitoring payments for health care funded in whole or in part by the Ministry. The Minister may direct a health information custodian to disclose personal health information to a health data institute for the purposes of analysis with respect to the management or evaluation of all or part of the health system.

**Part V** provides that an individual is entitled to access to a record of personal health information about the individual that is kept by a health information custodian, except in certain cases such as where the information relates solely to monitoring the quality of health care provided in a health facility. The Part sets out procedures for granting and refusing access and for requesting corrections to personal health information. An individual who disagrees with a decision of the custodian is entitled to make a complaint to the Information and Privacy Commissioner.

**Part VI** deals with administration and enforcement. A person who has reasonable grounds to believe that another person has contravened or is about to contravene a provision of the Act or its regulations may make a complaint to the Information and Privacy Commissioner. Upon receiving a complaint, the

Commissioner may take a number of steps, such as requiring the complainant to try to affect a settlement, arranging for mediation or conducting a review. The Commissioner may also conduct a review related to an actual or an imminent contravention of the Act or its regulations, whether or not a person has made a complaint. If the Commissioner conducts a review, the Part sets out circumstances in which an inspector appointed by the Commissioner may enter and inspect a premise without a warrant or with a warrant. In connection with an inspection, the inspector may also demand the production of documents or inquire into information and information practices of a health information custodian.

After conducting a review, the Commissioner may make a range of orders, including orders directing any person whose activities the Commissioner has reviewed to perform a duty imposed by the Act, directing a health information custodian to grant an individual access to a requested record and directing a health information custodian to implement an information practice that the Commissioner specifies. If the Commissioner has made an order as a result of a contravention of the Act, a person affected by the contravention may bring an action for damages.

**Part VII** deals with general matters. A person who complains to the Information and Privacy Commissioner about a contravention of the Act is protected from retaliation. The Part protects persons from liability for their acts and omissions made in good faith and reasonably in the circumstances in the exercise of their powers or duties under the Act. The Part provides offences for contravening certain provisions of the Act. The Lieutenant Governor in Council has powers to make regulations as long as it complies with a process of public consultation set out in the Part before making regulations.

**Part VIII** amends other Acts including the following:

1. The Schedule amends the *Ambulance Act* to allow specified persons to disclose to each other personal health information about an individual without the individual's consent if the disclosure is reasonably necessary for purposes relating to the discharge or exercise of their duties or powers. The specified persons include the Minister of Health and Long-Term Care, municipalities, delivery agents, operators of an ambulance or communication service and medical directors of base hospital programs.
2. The Information and Privacy Commissioner under the *Freedom of Information and Protection of Privacy Act* may appoint an Assistant Commissioner for Personal Health Information from the officers of the Commissioner's staff.
3. The Schedule repeals several provisions of the *Long-Term Care Act, 1994* and the *Mental Health Act* that deal with access to and correction of records of personal health information.
4. The Schedule amends the *Mental Health Act* to allow the officer in charge of a psychiatric facility to collect, use and disclose personal health information about a client, with or without the client's consent, for the purposes of examining, assessing, observing or detaining the client in accordance with the Act or complying with an order or disposition made pursuant to the Part on mental disorders in the *Criminal Code (Canada)*.

SCHEDULE B

## **QUALITY OF CARE INFORMATION PROTECTION ACT, 2003**

The Schedule enacts the *Quality of Care Information Protection Act, 2003*. The Act protects from disclosure information that is provided to the quality of care committee of a health facility or a health care entity or oversight body that is prescribed in the regulations. Quality of care information includes information collected by or prepared for a quality of care committee solely or primarily for quality of care purposes. It does not include information, such as information contained in a record that a health facility maintains for the purpose of providing health care and facts relating to incidents, unless the facts are also contained in records that are not protected under the Act.

It is an offence under the Act to disclose quality of care information in contravention of the Act.

## **Health and Safety: EMERGENCY RESPONSE/SAFETY PRECAUTIONS**

Management of X-Ray Associates is vitally interested in the health and safety of its employees. Protection of employees from injury or occupational disease is a major and continuing objective. All employees must be dedicated to the continuing objective of reducing the risk of injury.

It is the policy of X-Ray Associates to comply with legislative requirements and to make our facilities safe places to work. We will strive to eliminate any foreseeable hazards which may result in personal injuries or illnesses, fires, security losses, property damage and accidents. We will provide training to all in the recognition and correction of hazards and the proper use, handling, and storage of hazardous materials that may be used in our facilities.

Loss prevention is the direct responsibility of all who are associated with X-Ray Associates. Management expects and encourages active participation in identifying and eliminating hazards, minimizing accidents, working safely at all times, and following procedures necessary for the protection of all.

Through cooperation and the full acceptance of the responsibility to consider health and safety in every activity, we will be able to ensure that X-Ray Associates remains a safe place to work.

## **RISK MANAGEMENT:**

Risk management is the responsibility of everyone! It is concerned with the minimization or avoidance of liability.

### **Risk management includes:**

1. Property
2. The person
3. Reputation
4. Attitude

### **To address risk management in regards to actual or potential problems, one needs to:**

1. Identify areas of potential risk.
2. Evaluate the risk as to:
  - a. Severity
  - b. Frequency
  - c. Consequences
  - d. alternatives
3. Consider ways to:
  - a. avoid risk
  - b. minimize risk
4. Establish a procedure for managing adverse situations.
5. Establish a procedure for damage control.

### **The guidelines to success are:**

1. Good communication
2. Staff involvement and awareness
3. Established policies and procedures
4. Application of current practice standards
5. Prompt and complete problem review and follow up

## **RISK MANAGEMENT FOR ALL STAFF**

As employees, all staff, including receptionists and health care professionals can all bring the weight of liability down upon their employers. This can be or at least minimized, by a number of policy guidelines. This applies to staff in all health environments.

### **The following are suggested**

1. Staff may give medical advice to a client or to anyone else *only if* authorized to pass along certain information in a specific situation approved by the attending radiologist.
2. Staff are not to express any opinion regarding a client's diagnosis, prognosis or condition, even if such an opinion is meant to reassure the client, family member or friend.

3. No one should give any expression of opinion that either expressly or implicitly guarantees a result or indicates that such a result is possible.
4. No statement which could reflect negatively on a facility and/or the competence or character of a person is to be made to anyone. However, concerns regarding a facility and/or the competence of any health professional should be forwarded to the appropriate person.
5. All client and employee information or information relating to any person or facility is confidential and is not to be divulged either verbally or in writing except to those individuals who have specific authorization to receive such information.
6. Nothing in the client's file or the file of any member of the facility's staff shall be removed, even by someone in a position of administrative authority unless authorized by legislation, facility policy or General Manager
7. All information placed in any file shall be legibly written, printed or typed.
8. No information shall be placed in any file in shorthand or abbreviation except those which are specifically authorized.
9. All entries in any record must be legibly signed, dated, and if applicable, dated and timed.
10. Staff may take possession of any client property for safekeeping only if specifically authorized.
11. If the physician cannot be located by phone, a notation should be made, date, time, your initials in RIS in the client's file
12. Complaints by clients or any other party should be referred to the lead and/or General Manager.
13. Staff may divulge information or release records to any person purporting to act with legal authority only in compliance with facility policy. If no policy exists, staff must first seek the advice of a department lead

## **SMOKING**

X-Ray Associates is a smoke-free workplace. Any employee wishing to smoke shall do so outside the building away from public entrances. Employees are only permitted to smoke during break periods in the designated smoking area.

**FOOD:** Food cannot be consumed at any reception or any patient areas.

**DRINKS:** Unless in the lunch room, all drinks must have a spill proof top to be at reception or any patient areas.

**LANGUAGES:** Be mindful of others when speaking in a language that doesn't include others in the same space.

## **IPAC UPDATES 2019**

### Single Use Items:

All items marked as single use, cannot be reused under ANY circumstances.

### Supply Storage:

No supplies can be stored under sinks. This area is damp and may cause contamination.

### New Equipment:

ALL equipment must be inspected by the General Manager and/or Lead Technologist and/or IT before use. Ultrasound probes must be cleaned according to manufacturer guidelines before use. TV probes must be reprocessed before use.

### Equipment Inspection:

All equipment should be inspected on a regular basis. TV probes after each use. ANY concerns must be brought to the Lead Technologist and General Manager immediately. The equipment MUST be removed from use immediately.

### Equipment Recalls:

Any notification of an equipment recall from a manufacturer must be reported to the General Manager and Lead Technologist. All actions must be followed as per notice.

### Client Exam Rooms, Front Reception:

Only a drink that has a lid may be in these areas. Eating, storage of food, smoking, application of cosmetics or lip balm and handling contact lenses is NOT permitted in these areas.

### Ultrasound Reprocessing Areas:

Eating, drinking, storage of food, smoking, application of cosmetics or lip balm and handling contact lenses is NOT permitted in these areas.

### Reprocessing Area Cleanliness:

The Reprocessing area is cleaned nightly by the professional cleaning staff. During the day the area must be kept clean and dry. ALL spills must be cleaned up immediately. NOTHING should be placed in this area that doesn't belong i.e. extra towels. No Supplies are stored on the counter top. Ancillary Equipment:



Any piece of equipment that touches the client's skin must be wiped with LLD before use on the next client. i.e. ECG leads, BP cuff, thyroid collar

## **TECHNOLOGIST IMPRESSION:**

A technologist cannot give his/ her own interpretation to a client or referring physician. If the technologist believes the exam to be positive, the exam is discussed with a radiologist.

## **PERMISSION AND TIMING OF FAMILY/FRIENDS IN EXAM ROOM:**

There are times when a family member or friend may need to be in the room. For obstetrical exams, the significant other is permitted in the room only after the exam is completed. The sonographer will review the baby anatomy with the couple, give the sex if requested and allow the one screen capture on the phone. If a child is to be imaged, it is best to have only one parent in attendance unless more are required. Clients may require a translator or assistance to perform the exam. At no time should a radiographer hold a client.

## **CHAPERONE FOR TV ULTRASOUNDS & OTHER CLIENT REQUESTS:**

Clients may request a chaperone for intimate examinations, i.e. TV ultrasound or some other request related to their examinations/procedures. We must provide options where possible. Ideally, a receptionist (most likely female will be requested) will accompany the client during the exam. We have signage in the facility. IF we cannot provide a chaperone, clients have the option of rebooking for a new date.

Many languages are spoken at the facility. EVERY attempt must be made to provide clients with an interpreter.

## **ACCESS TO EXAM ROOMS:**

Client exam room doors must remain open when there is NO client in the room. This will make you available to staff for assistance. The exception are any electronic doors i.e. Vaughan X-Ray.

IF an exam room door is closed, assume a client is in there! DO NOT enter without knocking and getting verbal permission to enter!

## **ULTRASOUND FOR FETAL GENDER ONLY:**

Exam requests for fetal ultrasound for non-medical reasons (e.g. gender identification) must not be performed. Fetal ultrasound should only be performed for diagnostic purposes on the order of a physician or other authorized health care professional.

## **HEALTH AND SAFETY/INFECTION CONTROL**

Staff are expected to follow all infection protocols as outlined in the PIDAC document kept at each site (“Infection Control in the Physician’s Office”). Staff must review and sign off on X-Ray Associate’s policies and procedure manuals annually and follow all in house infection control procedures.

**A safe workplace is everyone’s responsibility. The General Manager should be notified of any concerns as they occur.**

**The following 4 articles are in a binder near your JH&S board.**

- 1. Assessing Violence in the Community**
- 2. Bullying in the Workplace**
- 3. Community Care: A tool to reduce workplace hazards**
- 4. Workplace Violence & Harassment: Understanding the Law**

## **JOINT HEALTH AND SAFETY POLICY**

Health and safety refer to physical safety and health related to the workplace. X-Ray Associates has a Joint Health and Safety Committee. A bulletin board has been designated with all JH&S information posted. Staff must complete a workplace inspection checklist monthly and follow up on all outstanding items. In accordance with the Ontario Occupational Health and Safety Act

1. A Committee has been established to ensure Health and Safety priorities.
2. The Committee's membership is to be posted.
3. The Committee is responsible to:
  - a. identify and evaluate potential hazards in the workplace including an annual building inspection;
  - b. make written recommendations for corrective action; and
  - c. follow-up with the General Manager or designate to determine whether the recommendations have been acted upon.
  - d. Staff members may bring verbal or written health and safety concerns to the attention of the Committee. Volunteers may submit concerns via their supervisors to the Committee.
4. The Committee is responsible to:
  - a. evaluate identified concerns, and assess the required actions and act accordingly with respect to the urgency of the situation.

**\*\*\*Safety Code 35 is posted on the intranet, under forms for quick access**

RPO, RSO and General Manager are responsible to ensure all radiation practises are being followed. Any deficiencies must be reported immediately to the General Manager.

## **WORKPLACE VIOLENCE PREVENTION**

X-Ray Associates is committed to the prevention of workplace violence. We will take whatever steps are reasonable to protect our workers from workplace violence from all sources. Violent behaviour in the workplace is unacceptable from anyone. Everyone that enters our workplace is expected to uphold our workplace violence prevention policy and to work together to prevent workplace violence. You will receive information related to our workplace violence prevention policy and program, in order to better ensure the safety of yourself and others.

\*Please note our safe rooms are located  
Vaughan: Nuclear Medicine Room  
Aurora: Nuclear Medicine Room  
Harding: Doctor's Lounge  
Newmarket: X-Ray Room 1

## **WORKPLACE HARASSMENT**

X-Ray Associates is committed to providing a work environment in which all individuals are treated with respect and dignity. Workplace harassment will not be tolerated from any person in the workplace. All persons that enter our workplace are expected to uphold our policy on workplace harassment.

X-Ray Associates is committed to providing and maintaining a work environment in which all people feel safe and "respected"; a work environment which is free from harassment, sexual harassment and discrimination based on race, creed, colour, place of origin, ethnic origin, ancestry, citizenship, political affiliation, religious affiliation, sex, gender, sexual orientation, age, marital status, family relationship, economic status, identity, disability and record of offences. The Ontario Human Rights Code (PI, Freedom from Discrimination, S 5(2) Harassment in Employment) states that harassment is a form of unlawful discrimination. Harassment is "vexatious (annoying) comment or conduct that is known or ought reasonably to be known to be unwelcome." Harassment may result from one incident or a series of incidents. It may be directed at specific individuals or groups. Harassment may also include comments or conduct which create a hostile, intimidating or offensive environment.

Workplace harassment means engaging in a comment or conduct that is known or ought reasonably to be known to be unwelcome.

Workers are encouraged to report any incidents of workplace harassment. There will be no negative consequences for reports made in good faith. Management will investigate and deal with all concerns, complaints, or incidents of workplace harassment in a fair and timely manner while respecting workers' privacy as much as possible.

## **HARASSMENT BY PATIENTS:**

Should it occur that a patient displays inappropriate behaviour while on the premises or during an examination, the requested examination may be refused or terminated. Notify your lead or general manager immediately. The patient could then be asked to leave. Complete an incident form and submit it to head office. The patient's referring physician must be called the same day and notified of the incident.

## **PERSONAL HARASSMENT**

Personal harassment is harassment or discrimination based on personal characteristics or circumstances that are unrelated to a person's ability to do the job.

## **SEXUAL HARASSMENT**

X-Ray Associates intends for its staff to work, and patients to receive services, in an environment free from sexual implication. Sexual harassment is based on the experience of the individual who feels harassed and not on the intention or motivation of any other person. Sexual harassment is unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature that is not welcomed by the recipient. Sexual harassment is present when,

1. Submission to such conduct is made (either explicitly or implicitly) a term or condition of an individual's employment or status;
2. Submission to or rejection of such conduct by an individual is used as the basis for decisions affecting that individual; and/or
3. Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance, or creating an intimidating or hostile work environment

## **HARASSMENT (INCLUDING SEXUAL HARASSMENT)**

Harassment can include:

- slurs or taunts
- written or verbal abuse or threats
- unwelcome remarks, invitations, requests, jokes or suggestions
- displays of offensive or derogatory material
- practical jokes which result in embarrassment or insult
- leering, suggestive staring, or other offensive gestures
- patronizing or condescending behavior
- unnecessary physical contact
- physical or sexual assault

### **Scope**

This policy applies to all X-Ray Associates employees, volunteers and professional placement students. It applies not only during work hours at X-Ray Associates premises but to any activities on or off such premises which could reasonably be associated with the workplace (e.g., Holiday Party).

## **Responsibility**

All employees and particularly employees in management positions are responsible for ensuring that discrimination and harassment are not tolerated, and that such practices could result in disciplinary action including termination of employment with cause.

Responsibility of Management:

- (a) Preparing and implementing a written policy on workplace harassment.
- (b) Informing new employees of this policy.
- (c) Distributing the policy in the workplace, either in paper or electronic form
- (d) Investigating complaints of discrimination or harassment, producing reports and taking corrective action
- (e) Maintaining confidentiality in all matters relating to complaints of discrimination or harassment.
- (f) Track and analyze incidents for trending and the development of prevention initiatives.
- (g) Ensure the harassment prevention program is reviewed annually. Responsibility of Employees:

- (h) Reporting promptly to their supervisors/General Manager or President/CEO when they become aware of alleged actions or complaints of discrimination or harassment.
- (i) Actively promoting a discrimination-free and harassment-free workplace.

## **Responsibility of Supervisors**

- (a) Providing a work environment that is free from discrimination and harassment.
- (b) Actively promoting a harassment-free work environment by example and guidance.
- (c) Promptly intervening when instances of discrimination or harassment are reported. Working with Management to investigate complaints, produce reports and take corrective action.
- (d) Not taking retaliatory action against any employee who reports workplace discrimination and harassment
- (e) Maintaining confidentiality in all matters relating to complaints of discrimination or harassment

## ***PREVENTION AND INFORMAL RESOLUTION PROCEDURE***

Managers, and supervisors are expected to intervene when there are situations involving potential discrimination or harassment and to deal with inappropriate actions of their employees/volunteers/internal or external contract workers or service providers.

All employees and volunteers are responsible for providing a workplace free from discrimination and harassment as follows.

1. Set a good example. Do not participate in or ignore discrimination and harassment.
2. Approach employees/volunteers if discrimination or harassment is suspected. (Note: Symptoms of harassment or discrimination may include: reduced productivity, changes in behavior, rumors, increased sick leave, increased resignations or sudden changes in performance evaluation.)
3. Discuss the situation with the alleged harasser. This ensures that the person knows the behavior is offensive and is a warning that inappropriate workplace behavior is not tolerated.
4. Keep a personal record. Document any discussions involving occurrences of harassment.
5. Seek advice and assistance from your lead, General Manager.

## Domestic Violence:

If you require assistance in your workplace with domestic violence. Contact the General Manager or Administrator Services Manager.



Safe Environments  
Healthy Workers

If you need help at your workplace contact

Marlene [marlenemccarthy@xrayassociates.org](mailto:marlenemccarthy@xrayassociates.org) 647 221-7766 or

Rosalba [rosalba.simone@xrayassociates.org](mailto:rosalba.simone@xrayassociates.org) 647 981-5040

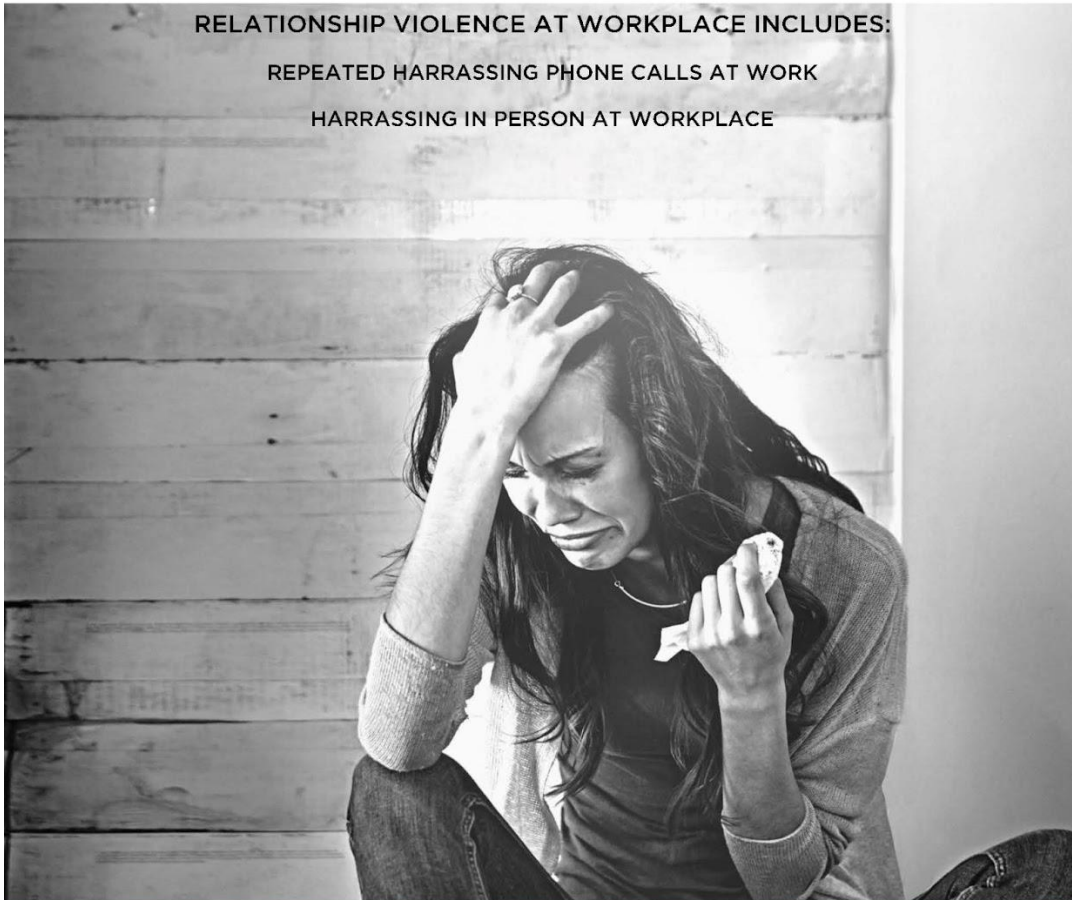
[www.pshsa.ca](http://www.pshsa.ca)

## DOMESTIC VIOLENCE AT WORK

RELATIONSHIP VIOLENCE AT WORKPLACE INCLUDES:

REPEATED HARRASSING PHONE CALLS AT WORK

HARRASSING IN PERSON AT WORKPLACE



YOUR EMPLOYER CAN HELP YOU WITH INFORMATION, SUPPORT & CONFIDENTIALITY

LET'S WORK TOGETHER TO MAKE OUR WORKPLACE SAFE AND RESPECTFUL

## **INCIDENT REPORTS:**

### **CLIENT ILLNESS:**

In case of an acute illness, injury or emergency within the service site:

- 1) Attend to the client's needs – note the time of incident.
- 2) Initiate first aid/CPR if required.
- 3) Ask the closest person to contact a radiologist or call 911.
- 4) Remain with the client until medical help arrives or the client is stabilized.
- 5) Clients will be transferred to Mackenzie Health or Southlake hospital.
- 6) Once the client has been stabilized and transferred from the facility, complete a Client/Visitor Incident report and submit it to head office.

### **CLIENT:**

All incidents involving clients or visitors must be reported and properly documented.

An incident is any unusual or unexpected happening involving clients or visitors. Incidents include, for example, a fall, the loss of property, calling 911.

A written record of the incident must be made the same day and given to the general manager who will review with the quality advisor and decide if any protocol changes are required. Written records should include pertinent client data, condition of client before, during and after examination. The report should also include the type of client illness or emergency, name of physician called to incident and names of staff involved. See sample on next page.

### **EMPLOYEE:**

Any employee injury must be reported the same day to the General Manager. A WSIB incident report (FORM 6) must be completed of the accident and submitted to the WSIB and also to the General Manager who in turn must file another report (FORM 7) within 48 hours to the WSIB. Any other non- injury report can be reported on in house incident forms.

***\*\*\*\*ALL incidents will be logged and reviewed with pertinent staff as needed per General Manager (Patient Ombudsman). The goal is to find the root cause and make the necessary change/s to prevent a similar incident.***

## **Non-Conformance/ Incident Reporting**

### **Purpose**

To detect a nonconformity, where fast reactions may be required to address the problem to avoid any disruption of business operations. These non-conformities, regardless of their origin, can be sources of costly incidents/accidents for the company as well as the safety and health of the employees and clients.

### **Policy**

#### ***Definition***

Nonconformity (Non-conformance) (NC) refers to a malfunction or deviation occurring during an activity or a process. Nonconformities can be generated by an anomaly during the execution of an activity (human error, technical problem, etc.), by the occurrence of an external event that compromises the quality of the service (weather conditions, foreign object, contamination, etc.), or by the inadequacy of the operating procedure to the expected results.

This process will be used for patient and staff, any incidence of discrimination and racism.

NC regardless of its type (minor or major), can greatly affect the service's quality and cause harm to the safety or health of stakeholders.

In quality management, detecting nonconformity is essential for continuous improvement, because they provide opportunities for the company to take actions to enhance the quality of services.

\*\* If this complaint has been reported to MOHLTC Director, then the written report with the response will be shared with MOHLTC.

#### ***Types of nonconformity***

Nonconformity can arise from 2 sources, internal or external. When it is external to a company, it is a typical non-compliance with external regulations or certifications, such as , government regulations (MOHLTC, Accreditation Canada), or supplier requirements. On the other hand, internal nonconformities are associated with procedures, patient incidents, employee incidents or requirements within the organization.

When it comes to nonconformities, there are generally 2 types:

- Minor NC: When NC does not significantly impact the service and safety and does not affect the reliability and integrity of the organization. I.e. Poor communication
- Major NC: It refers to an important issue that greatly affects the entire organization, impacting the quality of service or causing harm or the potential to cause harm.

Sometimes, during the investigation it can be not considered a real nonconformities. They show potential signs of future nonconformities and some corrective action is required to avoid a problem.



## **Procedure**

### ***Step 1: Identification and documentation of the nonconformity***

When a nonconformity is identified, the issue must be described in detail using the incident form found on the intranet within 24 hours of the incident.

The person responsible for declaring the nonconformity will be interviewed to ensure that all details have been recorded. The General Manager and designated team will investigate.

### ***Step 2: Immediate corrective actions***

After the identification of nonconformity, in some cases, quick corrective actions must be taken depending on the types of deviation. It is essential to take effective action to eliminate or reduce the risk at its source. If so, what was done.

### ***Step 3: Root cause analysis***

In certain cases, and depending on the level of the non-conformity, a team is involved, to conduct a root cause analysis (RCA). This step is essential to identify the "error or malfunction" and prevent similar recurrence.

### ***Step 4: Develop an action plan to implement the corrective actions***

The action plan will provide the corrective actions to the identified nonconformity. The actions required, personnel, with timelines are required to implement and achieve these measures. Once all is set, test the developed actions to make sure that they will avoid the recurrence of the nonconformity.

In order to implement the new action plan the following may be required: additional training, and communication to staff.

### ***Step 5: Monitoring and following-up***

The General Manager will monitor the progress of the corrective actions to ensure they are effective and the nonconformity is resolved and if necessary make changes. If it is not resolved, then the working group will review and record until resolved.

The following chart is to be completed for each incident.

<b>INCIDENT REPORTING</b>	
DATE	
LOCATION	
INCIDENT IN DETAIL	
IMMEDIATE ACTION TAKEN	
ROOT CAUSE ANALYSIS	
CAN THERE BE A PERMANENT CORRECTION?	
IF NO...WHAT ARE CHANCES OF RECURRENCE?	
ACTION PLAN TO ROOT CAUSE ANALYSIS	
COMPLETE ACTION PLAN AND SIGN OFF	
FOLLOW UP TO ENSURE COMPLIANCE	

## X-RAY ASSOCIATES CLIENT/VISITOR INCIDENT REPORTING FORM

<b>Section A: Patient/Visitor Information</b>	
<b>Section B: Description of the Event</b>	
When: Date of Event (mm/Day/year)	Time of Event
Date Reported	Time Reported
Where: Location of office	Room
Incident involved:	Injury <input type="checkbox"/> ] Other <input type="checkbox"/> Property <input type="checkbox"/>
Condition of patient prior to incident:	Oriented <input type="checkbox"/> ] Language Barrier <input type="checkbox"/> Confused <input type="checkbox"/>
What happened? (Description of the event and how it occurred)	
Was First aid administered? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, by whom?	
Assessment of patient/visitor after incident	
Patient/Visitor checked by:	Technologist <input type="checkbox"/> ] Radiologist <input type="checkbox"/> Physician <input type="checkbox"/>
Was anyone else injured?	
What factors contributed to the event?	
How could the event have been avoided?	

Form Completed by:

Telephone Number:

Initial:

Date:

Fax completed forms to 289.553.5042

Claim Number
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Please PRINT in black ink

A. Worker Information					
Last Name		First Name		Social Insurance Number	
Address (number, street, apt., suite, unit)				Telephone	
City/Town		Province	Postal Code	Alternate/Cell Phone	
Job Title/Occupation (at the time you were hurt)			Date you started with employer	dd	mm yy
How long have you been doing this job for this employer?					
<b>Only check if you are one of the following:</b> <input type="checkbox"/> executive <input type="checkbox"/> elected official <input type="checkbox"/> owner <input type="checkbox"/> spouse or relative of the employer			Date of Birth	dd	mm yy
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Your Preferred Language <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other			Would an interpreter be helpful? <input type="checkbox"/> yes <input type="checkbox"/> no	
Are you a member of a union? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you authorize your union to represent you in this claim? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , do you consent to the disclosure of verbal claim file status information to your union representative?		<input type="checkbox"/> yes <input type="checkbox"/> no	
Provide your Union Name and Local					

B. Employer Information		
Company/Employer Name		
Address		
City/Town		Province
		Postal Code
Your Immediate Supervisor's Name		Company Telephone

C. Accident/Illness Dates & Details	
<b>1.</b> Date and hour of accident/Awareness of illness dd mm yy <input type="checkbox"/> AM <input type="checkbox"/> PM Date and hour reported to employer dd mm yy <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>2.</b> Who did you report this accident/illness to? (Name & Position) Telephone
<b>3.</b> Area of Injury (Body Part) - (Please check all that apply)	
<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye(s) <input type="checkbox"/> Ear(s)	<input type="checkbox"/> Teeth <input type="checkbox"/> Neck <input type="checkbox"/> Chest
<input type="checkbox"/> Upper back <input type="checkbox"/> Lower back <input type="checkbox"/> Abdomen <input type="checkbox"/> Pelvis	<input type="checkbox"/> Left Shoulder <input type="checkbox"/> Right Shoulder <input type="checkbox"/> Left Arm <input type="checkbox"/> Right Arm <input type="checkbox"/> Left Elbow <input type="checkbox"/> Right Elbow <input type="checkbox"/> Left Forearm <input type="checkbox"/> Right Forearm
<input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Finger(s)	<input type="checkbox"/> Left Hip <input type="checkbox"/> Right Hip <input type="checkbox"/> Left Thigh <input type="checkbox"/> Right Thigh <input type="checkbox"/> Left Knee <input type="checkbox"/> Right Knee <input type="checkbox"/> Left Lower Leg <input type="checkbox"/> Right Lower Leg
<input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toe(s)	<input type="checkbox"/> Other: _____
Are you: <input type="checkbox"/> Left Handed <input type="checkbox"/> Right handed	
<b>4.</b> Did the accident/illness happen on the employer's property or work site? <input type="checkbox"/> yes <input type="checkbox"/> no	Specify where it happened (shop floor, warehouse, client/customer site, parking lot, etc.):
<b>5.</b> Did it happen outside the Province of Ontario? <input type="checkbox"/> yes <input type="checkbox"/> no	If <b>yes</b> , indicate where (city, province/state, country):
<b>6.</b> Have you hurt this area(s) of your body before? <input type="checkbox"/> yes <input type="checkbox"/> no	<b>7.</b> Do you have any prior related WSIB/WCB claims? <input type="checkbox"/> no <input type="checkbox"/> yes - In Ontario <input type="checkbox"/> yes - Outside Ontario

A guide to complete this form is available at [www.wsib.on.ca](http://www.wsib.on.ca)

Claim Number
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Please PRINT in black ink

Worker Name - Last Name	First Name	Social Insurance Number
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**C. Accident/Illness Dates & Details (continued)**

**8.** If you had a sudden type of accident/illness, describe your injury and what happened to cause it (e.g. hurt lower back while lifting a 50 pound box, sprained left ankle when I slipped on a wet floor, used a new cleaner and immediately got a rash). Please indicate the size, weights and names of any objects involved.  
**or**  
If you had a gradual onset type of injury, describe your injury, the work that you do and what you believe caused your injury/condition.

**9.** When did you first start to have problems with this injury/condition?

**10.** If you did not report this to your employer right away, please tell us the reason why.

**11.** If there were any witnesses to your accident, or if you mentioned your pain or problems to your supervisor or any of your co-workers, give us their names & positions.

Name	Position
1.	
2.	

**12.** The Workplace Safety and Insurance Act requires your employer to give you a copy of the Employer's Report of Injury/Disease (Form 7). Did you receive a copy of the Form 7?  yes  no

**The Workplace Safety and Insurance Act requires you to give a copy of this report (Worker's Report of Injury/Disease - Form 6) to your employer.**

**D. Health Care Information**

Give your Health Professional your WSIB Claim number.

**1.** Did you get first aid or care at work?  yes  no If **yes**, when dd mm yy and by whom (Name):

**2.** Where did you go for health care, for your injury, outside of work? (**Check all that apply**)

	Facility/Hospital (Name & Address)	Date of Visit (dd/mm/yy)	
<input type="checkbox"/> Nursing Station			<input type="checkbox"/> Ambulance
<input type="checkbox"/> Emergency Department			<input type="checkbox"/> Health Professional Office
<input type="checkbox"/> Admitted to Hospital			<input type="checkbox"/> Clinic

**3.** Were you prescribed any medications/drugs?  yes  no

**4.** Were you referred for any other treatment or tests?  yes  no

**5.** Did you talk to your health professional about going back to regular or modified work?  yes  no

If **yes**, were you given any work limitations?  yes  no

**6.** Did you tell your employer you went for medical treatment?  yes  no

If **no**, please tell your employer right away.

If **yes**, when? dd mm yy and to whom? Name \_\_\_\_\_  
Position \_\_\_\_\_

Claim Number

Please PRINT in black ink

Worker Name - Last Name	First Name	Social Insurance Number
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**E. Lost Time & Return to Work**

**1. After the day of accident/illness:**

I returned to work to my **regular job** and **did not** lose any time or pay.

I returned to **modified duties** and **did not** lose any time or pay.

I **lost time and/or pay** (e.g. regular pay, shift differential, bonuses, premiums, etc.).

Date you first lost time and/or pay    dd   mm   yy

---

**2. If you lost time, have you returned to work?**     yes     no

**If yes** ▶ Date of your return to work    dd   mm   yy     regular work     modified work

**If no** ▶ Did you discuss return to work with your employer?     yes     no    Does your employer have modified work?     yes     no

**F. Earnings (Do not include overtime here)**

**1. Rate of pay:** \$ \_\_\_\_\_ per  hour     week     other: \_\_\_\_\_

**2. Usual number of pay hours:** \_\_\_\_\_ per  week     other: \_\_\_\_\_

**3. If you lost time from work after the day of accident/illness, did your employer continue to pay you?**     yes     no

**4. Have you applied for, or did you receive, any other benefits (money) while off work**  
(e.g. EI benefits, sick benefits, social services, insurance, etc.).     yes     no

**5. At the time of the accident/illness did you work for more than one employer?**     yes     no

**G. Declarations and Signature**

By signing below, I am claiming benefits under the Workplace Safety and Insurance Act, 1997, for a work-related injury or disease. I am also authorizing any health professional who treats me to provide me, my employer and the Workplace Safety and Insurance Board with information about my functional abilities on the WSIB's "Functional Abilities Form for Planning Early and Safe Return to Work".

**It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board.  
I declare that all of the information provided on pages 1, 2, and 3 is true.**

Signature	Date (dd/mm/yy)
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If you are under the age of 16, your parent or guardian, must authorize the release of the functional abilities information.

Signature	Relationship:	Date (dd/mm/yy)	Telephone (    )
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Personal information about you will be collected throughout your claim under the authority of the *Workplace Safety and Insurance Act, 1997*. Your personal information will be used to administer your claim(s) and programs of the Board. Medical and non-medical information is collected from health care providers, vocational agencies, labour market service providers, employers, witnesses, Canada Revenue Agency (CRA), and others as required. Your Social Insurance Number is used to register claims, identify workers and to issue income tax receipts and is collected under the authority of the Income Tax Act. Information may only be disclosed to the employer, external medical, vocational, and safety agencies, external payment and service providers, researchers, third parties for cost recovery purposes and others as authorized by the *Workplace Safety and Insurance Act* and the *Freedom of Information and Protection of Privacy Act*. Your name and telephone number may be disclosed to third party researchers conducting satisfaction surveys and focus groups. Incoming and outgoing calls may be recorded for quality assurance purposes. Questions about this collection should be directed to the decision maker responsible for your file or by calling 1-800-387-0750.

**A more detailed PRIVACY STATEMENT for workers may be found at [www.wsib.on.ca](http://www.wsib.on.ca) or by calling toll free at 1-800-387-0750.**

Claim Number
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Please PRINT in black ink

Worker Name - Last Name	First Name	Social Insurance Number
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**E. Lost Time & Return to Work**

1. After the day of accident/illness:

I returned to work to my **regular job** and **did not** lose any time or pay.

I returned to **modified duties** and **did not** lose any time or pay.

I **lost time and/or pay** (e.g. regular pay, shift differential, bonuses, premiums, etc.).

└───┬───> Date you first lost time and/or pay    dd   mm   yy

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2. If you lost time, have you returned to work?     yes     no

If **yes** ▶ Date of your return to work    dd   mm   yy     regular work     modified work

If **no** ▶ Did you discuss return to work with your employer?     yes     no    Does your employer have modified work?     yes     no

**F. Earnings (Do not include overtime here)**

1. Rate of pay: \$ \_\_\_\_\_ per  hour     week     other: \_\_\_\_\_

2. Usual number of pay hours: \_\_\_\_\_ per  week     other: \_\_\_\_\_

3. If you lost time from work after the day of accident/illness, did your employer continue to pay you?     yes     no

4. Have you applied for, or did you receive, any other benefits (money) while off work (e.g. EI benefits, sick benefits, social services, insurance, etc.).     yes     no

5. At the time of the accident/illness did you work for more than one employer?     yes     no

**G. Declarations and Signature**

By signing below, I am claiming benefits under the Workplace Safety and Insurance Act, 1997, for a work-related injury or disease. I am also authorizing any health professional who treats me, my employer and the Workplace Safety and Insurance Board with information about my functional abilities on the WSIB's "Functional Abilities Form for Planning Early and Safe Return to Work".

**It is an offence to deliberately make false statements to the Workplace Safety and Insurance Board.**  
**I declare that all of the information provided on pages 1, 2, and 3 is true.**

Signature	Date (dd/mm/yy)
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If you are under the age of 16, your parent or guardian, must authorize the release of the functional abilities information.

Signature	Relationship:	Date (dd/mm/yy)	Telephone (    )
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Personal information about you will be collected throughout your claim under the authority of the Workplace Safety and Insurance Act, 1997. Your personal information will be used to administer your claim(s) and programs of the Board. Medical and non-medical information is collected from health care providers, vocational agencies, labour market service providers, employers, witnesses, Canada Revenue Agency (CRA), and others as required. Your Social Insurance Number is used to register claims, identify workers and to issue income tax statements and is collected under the authority of the Income Tax Act. Information may only be disclosed to the employer, external medical consultants, external service providers, researchers, third parties for cost recovery purposes and others as authorized by the Workplace Safety and Insurance Act and the Freedom of Information and Protection of Privacy Act. Your name and telephone number may be disclosed to third parties conducting satisfaction surveys and focus groups. Incoming and outgoing calls may be recorded for quality assurance purposes. Questions about this collection should be directed to the decision maker responsible for your file or by calling 1-800-387-0750.

A more detailed **PRIVACY STATEMENT** for workers may be found at [www.wsib.on.ca](http://www.wsib.on.ca) or by calling toll free at **1-800-387-0750**.



## **EMERGENCY RESPONSE-Safety Precautions :**

### **SAFETY IN THE WORKPLACE — WHMIS**

**Staff must complete an annual WHMIS review, found on the Intranet. SDS (Safety data sheets) previously known as MSDS for all chemicals must be available at all eyewash stations. All chemicals must have a label attached. If decanting any substance, a label must be attached. The ultimate goal of the WHMIS program is to create a safer workplace by providing workers with the knowledge and tools to enable them to work safely.**

### **CONTROL OF HAZARDS:**

The objective is to protect the worker from exposure to hazardous substances. Controlling the hazard may be done:

1. At the source
2. Along the path of hazard to workers
3. At the workers

So... the answer to the question:

Are all technologists required to know WHMIS? Yes, it is the law that you be informed. What if your employer has not provided you with the information? Go in search of it! If you find that the department Alternatively, Independent Health Facility does not have WHMIS information in a binder of its own or as a section of the policy and procedure manual, try to get the information yourself.

### **WHMIS stands for:**

*Workplace Hazardous Materials Information System*

*It is a comprehensive system for providing health and safety information on hazardous products intended for use and storage.*

**Canada has aligned WHMS with Globally Harmonized System of classification and labeling of chemicals (GHS)**

**Our Current classification system is now called WHMIS 2015 GHS. Health Canada is the government body responsible for making the required changes to the overall federal WHMIS related Laws**

**In Canada, WHMIS legislation requires that products used in the workplace meeting the criteria to be classified as hazardous products must be labeled.**

**These labels are the first alert to the user about the major hazards that may be associated with the product and then will outline the basic precautions of safety steps that should be taken**

**When Did WHMIS 2015 GHS come into effect?**

**June 1st 2015**



## Should a product need to be decanted, relabeled or is reproduced

it is necessary for the following three items to be placed on the container

1. Name of the Produce
2. Safe handling information
3. A reference to the SDS (Safety Data Sheet)

## SAFETY DATA SHEETS

### What Does SDS mean?

§ Safety Data Sheets (SDS)

§ Safety Data Sheets (SDSs) are summary documents that provide information about the hazards of a product and advice about safety precautions.

§ SDSs are usually written by the manufacturer or supplier of the product.

*§ In some circumstances, an employer may be required to prepare an SDS (e.g., when the product is produced and used exclusively in that workplace).*

§ SDSs provide more detailed hazard information about the product than the label.











*§ They are an important resource for workplaces and workers to help you learn more about the product(s) used.*

§ Use this information to identify the hazards of the products you use and to protect yourself from those hazards, including safe handling and emergency measures.

§ SDSs tell users what the hazards of the product are, how to use the product safely, what to expect if the recommendations are not followed, how to recognize symptoms of exposure, and what to do if emergencies occur.

### PICTOGRAMS:

- Pictograms are assigned to specific hazard classes or categories.
  - The graphic below shows hazard pictograms. The bold type is the name given to the pictogram; the words in the brackets describe the hazard.

	<b>Exploding bomb</b> (for explosion or reactivity hazards)		<b>Flame</b> (for fire hazards)		<b>Flame over circle</b> (for oxidizing hazards)
	<b>Gas cylinder</b> (for gases under pressure)		<b>Corrosion</b> (for corrosive damage to metals, as well as skin, eyes)		<b>Skull and Crossbones</b> (can cause death or toxicity with short exposure to small amounts)
	<b>Health hazard</b> (may cause or suspected of causing serious health effects)		<b>Exclamation mark</b> (may cause less serious health effects or damage the ozone layer*)		<b>Environment*</b> (may cause damage to the aquatic environment)
	<b>Biohazardous Infectious Materials</b> (for organisms or toxins that can cause diseases in people or animals)				

\* The GHS system also defines an Environmental hazards group. This group (and its classes) was not adopted in WHMIS 2015. However, you may see the environmental classes listed on labels and Safety Data Sheets (SDSs). Including information about environmental hazards is allowed by WHMIS 2015.

## REGARDING ELECTRICAL, MECHANICAL AND RADIATION HAZARDS

1. Operation of equipment within the facility shall be according to the instruction manuals provided with the equipment at the time of installation.
2. All x-ray equipment is shock proof
3. Shut-off switches are immediately available in the control booth.
4. Any fault is equipment within the facility shall be reported to the manager and to the Quality Advisor and reported to the appropriate service personnel.
5. If the equipment problem is potentially dangerous to staff or client; the unit must be taken out of service until repairs are complete.
6. Any problems with equipment posing a health problem to the building or general community must be reported as well to the appropriate municipal officials.
7. Lifting of clients should not be undertaken unless there is absolute safety to both client and staff.
8. Staff required to work with x-ray equipment must have adequate lead protection available. When the Technologist is working in the facility, he/she will stand in the control area but protective lead aprons and gloves must be worn by anyone holding a client.

ALL new equipment must have a safety check by IT or General Manager ***before*** clinical use.

ALL manufacturer recalls are followed up on by the General Manager, Quality Advisor and or President.

ALL equipment is inspected by the staff using it on a daily basis. Report any issues to the Modality Lead or the General Manager

## **RADIATION SAFETY:**

Technologists and physicians are expected to read and familiarize themselves with both the facility manuals on diagnostic imaging techniques and the Healing Arts Radiation and Protection Guidelines, June 1987. These guidelines will form the basis of the quality assurance program. The facility must be adhered to the provision of services.

**All staff must complete the online radiation safety course annually.**

**\*\*\*Always keep in mind for all Emergency procedures and evacuation of patients, visitors and staff that may have disabilities and need assistance.**

## **EMERGENCY PROCEDURES**

### **HAZARDOUS SPILL**

***DON'T RUSH, DON'T WORK ALONE, AND DON'T CLEAN UP A SPILL UNTIL YOU ARE FAMILIAR WITH THE PROPERTIES OF THE CHEMICAL.***

All employees must follow the appropriate spill response procedures.

#### **DETERMINATIONS**

A Minor Spill (that laboratory personnel may clean up appropriately) is one in which **ALL** of the following conditions are met:

- the material spilled is known
- you know the properties of the material or have access to the SDS
- appropriate personnel protective equipment is available & used (i.e., gloves, eye protection booties)
- you have the necessary materials to clean up the spill
- you are trained to use the spill control kit for this material.

A Major Spill requires that you contact the operational manager for assistance, is one in which **ANY** of the following conditions apply:

- someone has been injured
- a fire or explosion has, or is likely to occur
- the material spilled is highly toxic
- the spill is in a common area (e.g., hallway) or other area accessible to the general public
- the spill requires a specialized response e.g. Hydrofluoric Acid
- the material spilled is unknown
- a responder is unsure whether the spill should be considered "Minor" or "Major".

#### **INITIAL RESPONSE**

1. Warn other personnel in the laboratory. If a volatile, flammable, or highly toxic material is spilled, have everybody extinguish flames and turn off spark-generating equipment and evacuate the laboratory immediately. Follow the instructions above for a major spill.
2. If vapours are a concern and there are fume hoods in the area, fully open the sash and if available activate the emergency purge (see Laboratory Fume Hood Standard if unsure).
3. If clothing is contaminated, remove it. If contaminants are in your eyes rinse for at least 15 minutes at an eyewash station.
4. If there are medical emergencies call 9-1-1 for assistance.

**ALWAYS COMPLETE AN INDICENT REPORT AND SEND TO THE OPERATIONAL MANAGER.**

## **INCLEMENT WEATHER**

Natural Hazards, such as tornadoes and severe windstorms represent an uncontrollable risk that can have a devastating effect on life and property. Environment Canada (EC) is the primary source of information for monitoring the threat of tornadoes and severe windstorms. Environment Canada issues weather watches and warnings to advise of weather conditions that may affect personal safety and/or property.

- A "**tornado watch**" means conditions are favorable for the development of tornadoes within the areas and times specified in the watch.
- A "**tornado warning**" means one or more tornadoes are occurring in the area specified. The expected direction, development, and duration will be given in the warning.
- If the clinic is in the path of a tornado, emergency precautions should be taken immediately.
- Be alert to what is happening outside. Some of the characteristics associated with tornadoes include:

As opposed to fires or hazardous material releases, where people evacuate buildings to a safe area, when faced with an impending tornado or severe windstorm, the preferred option is to have people relocate to a Safe Area within the building they occupy or one that is close by.

For each clinic, procedures shall be developed that cover both evacuation of the building and relocation to a safe area within the building.

There are two possible scenarios with regard to a Tornado / Severe Windstorm as follows:

If a tornado or severe windstorm strikes a facility without advance warning, the Operational Manager / Director orders immediate relocation to the Safe Areas within the clinic building.

### **STEPS TO FOLLOW WITH RESPECT TO INCLEMENT WEATHER**

1. Once apprised of a Tornado or Severe Windstorm Watch, the Operational Manager / Director to monitor the weather watch and warnings broadcast by local weather broadcasts or Environment Canada (EC) Weather radio.
2. If it is decided that the threat is imminent and it requires relocation to a Safe Area, the Operational Manager / Director with the assistance of the Health & Safety rep will relocate of the occupants to the safe area as designated within the building-specific Evacuation/Relocation procedures, moving away from exterior walls, windows and large glass areas (i.e. roof, atrium, etc.)



## **EMERGENCY PREPAREDNESS FOR TORNADOES**

### **BEFORE A TORNADO / SEVERE WINDSTORM**

- **Watches and warnings** are issued via Environment Canada's Weather radio and through commercial radio and television stations. Weather radio broadcasts weather information 24 hours a day; including current conditions, and severe weather watches and warnings. Commercial radio and television stations will interrupt regular programming to issue weather watches and warnings. Environment Canada has a website with weather warnings at [http://www.weatheroffice.gc.ca/warnings/ab\\_e.html](http://www.weatheroffice.gc.ca/warnings/ab_e.html).
1. Look for approaching storms
  2. Look for the following danger signs:
    - A sickly greenish or greenish black colour to the sky;
    - Hail (is a real danger sign if a watch or warning has been issued),
    - Unusually high relative humidity
    - A strange quiet that occurs within or shortly after the thunderstorm,
    - Clouds moving very fast, especially in a rotating pattern or converging towards one area of the sky,
    - A sound like a waterfall or rushing air that turns into a roar as it comes closer, the sound of a tornado has been likened to that of both railroad trains and jets,
    - Debris dropping from the sky, and or branches or leaves being pulled upwards, even if no funnel cloud is visible, and
    - An obvious "funnel-shaped" cloud that is rotating.
  3. If you see approaching storms or any of the danger signs, be prepared to take shelter immediately.

### **DURING A TORNADO / SEVERE WINDSTORM**

<b>If you are in:</b>	<b>Then:</b>
A structure	Go to a pre-designated shelter area such as a safe room, basement, storm cellar, or the lowest building level. If there is no basement, go to

	<p>the center of an interior room on the lowest level (closet, interior hallway) away from corners, windows, doors, and outside walls. Put as many walls as possible between you and the outside. Get under a sturdy table and use your arms to protect your head and neck. Do not open windows. Do not use elevators.</p>
<p>A vehicle, trailer, or mobile home</p>	<p>Get out immediately and go to the lowest floor of a sturdy, nearby building or a storm shelter. Mobile homes, even if tied down, offer little protection from tornadoes.</p>
<p>The outside with no shelter</p>	<p>Lie flat in a nearby ditch or depression and cover your head with your hands. Be aware of the potential for flooding.</p> <p>Do not get under an overpass or bridge. You are safer in a low, flat location.</p> <p>Never try to outrun a tornado in urban or congested areas in a car or truck. Instead, leave the vehicle immediately for safe shelter.</p> <p>Watch out for flying debris. Flying debris from tornadoes causes most fatalities and injuries.</p>

**AFTER A TORNADO / SEVERE WINDSTORM**

- Be aware of new safety issues created by the disaster. Watch for washed out roads, contaminated buildings, contaminated water, gas leaks, broken glass, damaged electrical wiring, and slippery floors.
- Inform local authorities about health and safety issues, including chemical spills, downed power lines, washed out roads, smoldering insulation, and dead animals.

## **EMERGENCY PROCEDURES**

### **HOSTAGE SITUATION**

#### **If you hear or witness a hostage situation:**

- Remove yourself from any danger by leaving the immediate area
- Notify Police by **CALLING 9-1-1**
- Be prepared to give Police the following information:
  - Location and room number of incident
  - Number of possible hostage takers
  - Physical description and names of hostage takers, if possible
  - Number of possible hostages
  - Any weapons the hostage takers may have
  - Your name
  - Your location and phone number

#### **If you are taken hostage:**

- Remain calm, be polite, and cooperate with your captors.
- DO NOT attempt escape unless there is an extremely good chance of survival. It is safer to be submissive and obey your captors.
- Speak normally. DO NOT complain, avoid being belligerent, and comply with all orders and instructions.
- DO NOT draw attention to yourself with sudden body movements, statements, comments, or hostile looks.
- Observe the captors and try to memorize their physical traits, voice patterns, clothing, or other details that can help provide a description later.
- Avoid getting into political or ideological discussions with your captors.
- Try to establish a relationship with your captors and get to know them. Captors are less likely to harm you if they respect you.
- If forced to present terrorist demands to authorities, either in writing or on tape, state clearly that the demands are from your captors. Avoid making a plea on your own behalf.
- Try to stay low to the ground or behind cover from windows or doors, if possible.

#### **In a rescue situation:**

- DO NOT RUN. Drop to the floor and remain still. If that is not possible, cross your arms, bow your head, and stand still. Make no sudden moves that a tense rescuer may interpret as hostile or threatening.
- Wait for instructions and obey all instructions you are given.

- Do not be upset, resist, or argue if a rescuer isn't sure whether you are a terrorist or a hostage.
- Even if you are handcuffed and searched, DO NOT resist. Just wait for the confusion to clear.



## **EMERGENCY PROCEDURES:**

### **BOMB THREAT**

#### **Receiving a BOMB THREAT by telephone**

- Attempt to keep the caller on the phone as long as possible and obtain as much information as possible.
  - Remain calm and try to speak in a normal tone of voice. **Do not interrupt the caller.**
  - Note the telephone number from the call display on your telephone, if available.
  - Use the bomb threat checklist as a guideline to obtain and record as much information as possible.
- 
- **Notify your immediate manager, or if unable to do so, the local police.**
  - **Relay the information EXACTLY as you received it.**
  - Retain the completed Bomb Threat Checklist for the University of Calgary and the police.
  - Notify your manager of the call and the action you have taken.
  - **DO NOT** discuss the threat with any other employee in order to avoid panic.

## **EMERGENCY PROCEDURES**

### **THREATS OF VIOLENCE**

The threat of violence from an individual may be an implied or perceived threat, and may infer a physical or verbal threat to an individual or to the institution as a whole.

- Make every attempt to appear calm in your motions and in your voice.
- Attempt to alert others to your predicament.
- Advise the individual(s) (if you are actually speaking to them) that your main goal is to HELP them, not hinder them.
- Attempt to distance yourself from them, if possible.
- Contact the police at **9-1-1** as soon as possible, (either yourself, or an alerted associate).
- Await instructions from the local authorities.
- If the person has left the immediate area, **IMMEDIATELY LOCK YOUR DOOR**, if possible so you are protected.

a) If the threat was made in person, and the person(s) have left the immediate area, endeavour to describe them to the best of your recollection, with details of the threat.

b) If the threat was delivered by electronic means, do not destroy any records of the communication.

c) If the threat was delivered by phone, **IMMEDIATELY contact the police at 9-1-1** using a **DIFFERENT LINE** and await instructions. Utilize call trace if possible (key \*69 on a cell phone or local phone). Note distinctive background noises, and voice characteristics.

### **ACTS OF VIOLENCE**

- If you are a victim or witness of an assault or act of violence immediately contact the **police at 9-1-1** to request assistance.
- If necessary, request immediate medical attention.
- At the crime scene **DO NOT** disturb any of the evidence.

## **FIRE PREVENTION AND CONTROL: No Smoking No Candles ALL sites.**

### **HARDING FACILITY**

This is a non-smoking office and building. Fire prevention includes routinely checking fuse boxes and circuit breakers, routinely checking all electrical outlets, plugs, cords, and extensions to ensure that they are in proper working order. All hallways should be free of clutter. Staff must be aware of all fire extinguishers. Any problems must be reported to the General Manager immediately.

#### **IN CASE OF A FIRE in Facility:**

Remove any clients from the facility out of danger, turn off lights and electrical equipment, and close all the doors and windows behind you. If the client refuses to leave, do not force them, only the fire department can force them to leave. Report this to the fire officer. Any injuries notify Health and Safety rep, who in turn will notify the General Manager

Pull the fire alarm located: beside the basement stairwell door in the hallway of the fire escape route. If possible, use the nearest fire extinguisher located staff room and the corner of change room hallway to attempt to put out the fire, call 911 and advise the fire department if unable to evacuate the building for any reason. The building will continue to be evacuated until the chief fire official indicates that the emergency is over.

**DO NOT ATTEMPT TO USE THE FIRE HOSE!! IN CASE OF PERSONAL INJURY** Notify the First Aid person at the office. Complete an Incident Report and send it to Head Office.

The EYEWASH STATION is located at: the viewing room beside the washer and dryer.

#### **IF THE FIRE ALARM SOUNDS IN THE BUILDING:**

Move clients, visitors and staff out of the facility and evacuate to the outside of the building. **DO NOT** use the ELEVATORS. Assembly Point: Outside the main door.

## **FIRE PREVENTION AND CONTROL: AURORA FACILITY**

This is a non-smoking office and building. Fire prevention includes routinely checking fuse boxes and circuit breakers, routinely checking all electrical outlets, plugs, cords, and extensions to ensure that they are in proper working order. All hallways should be free of clutter. Staff must be aware of all fire extinguishers. Any problems must be reported to the General Manager immediately.

### **IN CASE OF A FIRE in Facility:**

Remove any clients from the facility out of danger, turn off lights and electrical equipment, and close all the doors and windows behind you. If the client refuses to leave, do not force them, only the fire department can force them to leave. Report this to the fire officer. Any injuries notify Health and Safety rep, who in turn will notify the General Manager

There is NO fire alarm in this facility, call 911 immediately to report the fire. If possible, use the nearest fire extinguisher located:

Front entrance/Client Waiting Area Staff Room

Nuclear Medicine Technologist Area Fire Exit Door outside BMD Room. To attempt to put out the fire, call 911 and advise the fire department if unable to evacuate the building for any reason. The building will continue to be evacuated until the chief fire official indicates that the emergency is over.

**DO NOT ATTEMPT TO USE THE FIRE HOSE!! IN CASE OF PERSONAL INJURY**  
Notify the First Aid person at the office. Complete an Incident Report and send it to Head Office.

The EYEWASH STATION is located at: The Ultrasound washroom.

Move clients, visitors and staff out of the facility and evacuate to the outside of the building. Assembly Point: Outside the main door.

## **FIRE PREVENTION AND CONTROL: NEWMARKET FACILITY**

This is a non-smoking office and building. Fire prevention includes routinely checking fuse boxes and circuit breakers, routinely checking all electrical outlets, plugs, cords, and extensions to ensure that they are in proper working order. All hallways should be free of clutter. Staff must be aware of all fire extinguishers. Any problems must be reported to the General Manager immediately.

### **IN CASE OF A FIRE in Facility:**

Remove any clients from the facility out of danger, turn off lights and electrical equipment, and close all the doors and windows behind you. If the client refuses to leave, do not force them, only the fire department can force them to leave. Report this to the fire officer. Any injuries notify Health and Safety rep, who in turn will notify the General Manager.

Pull the fire alarm located: Turn left as you exit the facility entrance; it is in the hallway located to the left of the stairwell.

If possible, use the nearest fire extinguisher located

1. in at reception
2. outside the staff room
3. in the ultrasound waiting area

to attempt to put out the fire, call 911 and advise the fire department if unable to evacuate the building for any reason. The building will continue to be evacuated until the chief fire official indicates that the emergency is over.

**DO NOT ATTEMPT TO USE THE FIRE HOSE!! IN CASE OF PERSONAL INJURY**  
Notify the First Aid person at the office. Complete an Incident Report and send it to Head Office.

The EYEWASH STATION is located at: the sink in the ultrasound prep area.

### **IF THE FIRE ALARM SOUNDS IN THE BUILDING:**

Move clients, visitors and staff out of the facility and evacuate to the outside of the building. **DO NOT** use the ELEVATORS. Assembly Point: Outside the main door.

## **FIRE PREVENTION AND CONTROL: VAUGHAN**

This is a non-smoking office and building. Fire prevention includes routinely checking fuse boxes and circuit breakers, routinely checking all electrical outlets, plugs, cords, and extensions to ensure that they are in proper working order. All hallways should be free of clutter. Staff must be aware of all fire extinguishers. Any problems must be reported to the General Manager immediately.

IN CASE OF A FIRE in Facility:

Remove any clients from the facility out of danger, turn off lights and electrical equipment, and close all the doors and windows behind you. If the client refuses to leave, do not force them, only the fire department can force them to leave. Report this to the fire officer. Any injuries notify Health and Safety rep, who in turn will notify the General Manager.

Pull the fire alarm located: on the wall near the fire exit door.

If possible, use the nearest fire extinguisher located:

1. outside of the staff room
2. in ultrasound near the sink
3. in Nuclear Medicine in the scanning room.

to attempt to put out the fire, call 911 and advise the fire department if unable to evacuate the building for any reason. The building will continue to be evacuated until the chief fire official indicates that the emergency is over.

**DO NOT ATTEMPT TO USE THE FIRE HOSE!! IN CASE OF PERSONAL INJURY** Notify the First Aid person at the office. Complete an Incident Report and send to Head Office

The EYEWASH STATION is located at: at the ultrasound sink. **IF THE FIRE ALARM SOUNDS IN THE BUILDING:** Move clients, visitor and staff out of the facility and evacuate to the outside of the building. **DO NOT** use the ELEVATORS. Assembly Point: Outside, at the mailbox.

**STAFF CPR/FIRST AID:**

There must be at least one staff member on site who has been trained in CPR and First Aid. All technologists must maintain their CPR and first aid. A copy of the staff names and their certificate must be posted on the OH & Safety board and kept in the policy and procedure manual.

## **FIRST AID KITS:**

### Harding

Every employer employing not more than five workers (Harding) in any one shift at a place of employment shall provide and maintain at the place of employment a first aid station with a first aid box containing as a minimum,

- (a) a current edition of a standard St. John Ambulance First Aid Manual;
- (b) 1 card of safety pins; and
- (c) dressings consisting of,
  - (i) 12 adhesive dressings individually wrapped,
  - (ii) 4 sterile gauze pads, 3 inches square,
  - (iii) 2 rolls of gauze bandage, 2 inches wide,
  - (iv) 2 field dressings, 4 inches square or 2 four-inch sterile bandage compresses, and
  - (v) 1 triangular bandage.
- (2) The employer shall ensure that the first aid station is at all times in the charge of a worker who,
  - (a) is the holder of a valid St. John Ambulance Emergency First Aid Certificate or its equivalent; and
  - (b) works in the immediate vicinity of the station.

### **Newmarket, Aurora, Vaughan**

Every employer employing more than five workers and not more than fifteen workers in any one shift at a place of employment shall provide and maintain a first aid station with a first aid box containing as a minimum, (Vaughan, Newmarket, Aurora)

- (a) a current edition of a standard St. John Ambulance First Aid Manual;
- (b) 1 card of safety pins; and
- (c) dressings consisting of,
  - (i) 24 adhesive dressings individually wrapped,
  - (ii) 12 sterile gauze pads, 3 inches square,
  - (iii) 4 rolls of 2-inch gauze bandage,
  - (iv) 4 rolls of 4-inch gauze bandage,
  - (v) 4 sterile surgical pads suitable for pressure dressings, individually wrapped,
  - (vi) 6 triangular bandages,
  - (vii) 2 rolls of splint padding, and 1 roll-up splint.

Vaughan and Aurora will have a crash cart, cardiac paddles and oxygen available as NucMed Cardiac testing is done on site. Weekly check of all drugs is mandatory and must be logged

**LATEX FREE ORGANIZATION:**

X-Ray Associates is a latex free facility. All condoms and gloves are latex free. Staff cannot keep latex products i.e. balloons at any office.



<b>X-Ray Associates Inc.</b> <b>OH &amp; SAFETY</b>	<b>PROCEDURE</b> <b>FRAGRANCE POLICY</b>	ISSUING AUTHORITY GM
LAST REVISED DATE:		EFFECTIVE DATE February, 2016

**PREAMBLE:**

Some people have become very sensitive to certain chemicals as a result of past exposures. They can suffer a wide range of health effects such as rashes, severe headaches, nausea, dizziness and fatigue, whenever they are exposed to very low levels of chemicals in scented products.

The potential impact of chemicals in scented products on human health is magnified because people spend much of their time indoors. Most people on a daily basis use soap, shampoo, deodorant, laundry products, hair spray, lotions, cosmetics and fragrances. As well many products such as flowers, air deodorizer and latex balloons may be brought into the workplace.

Many scented products are respiratory irritants. They are known triggers for asthma, allergies and migraines. Even people that do not have pre-existing health problems can have an irritation to their upper airways, eye symptoms and general malaise.

Section 25 (2)(h) of the Occupational Health and Safety Act imposes a requirement upon the employer to take every precaution reasonable in the circumstances for the protection of the worker. Thus, this regulation requires the employer to limit the exposure of workers to chemical substances. Scented products are by their very nature shared with others. For people who report *multiple chemical sensitivity or environmental illnesses*, their ability to function depends on having air free of chemicals. Even low levels of the stimuli may trigger reactions in people reporting these conditions.

A worker who experiences these adverse health effects when exposed to scented products has a legal right to refuse to work in a situation that is likely to endanger himself or herself. This right is outlined in Section 43 (3)(b) of the Occupational Health and Safety Act. Therefore, X-Ray Associates Inc. must take action to limit these exposures.

**POLICY:** X-Ray Associates supports the creation of a fragrance-free environment so that chemical barriers will not prevent access to X-Ray Associates for staff and /or clients who may have chemical sensitivities. NO latex balloons are allowed on site. All staff are asked to refrain from using, wearing, and bringing scented products and materials into our facilities. Compliance with this policy is mandatory.

<b>X-Ray Associates Inc.</b> <b>OH &amp; SAFETY</b>	<b>PROCEDURE</b> <b>ALCOHOL/DRUG</b> <b>POLICY</b>	ISSUING AUTHORITY GM
LAST REVISED DATE:		EFFECTIVE DATE February, 2016

**PREAMBLE:** This policy applies to all employees.

**POLICY:**

X-Ray Associates is committed to ensuring the health and safety of all employees and the public at large as well as maintaining their integrity and reputation.

No employee shall possess, consume, sell or transport alcohol or drugs (cannabis) while in the course of his or her duties, including during lunch and/or rest periods or while on the premises of X-Ray Associates. For greater certainty, no employee shall consume alcohol on the premises of X-Ray Associates unless the consumption is specifically authorized by the General Manager as part of a social event sponsored by X-Ray Associates for employees and/or clients.

Employees will not be permitted to work if they attend work in a “hung over” state or if GM/Lead/colleague can smell alcohol/cannabis on their person.

Employees who suspect that they have alcohol or drug dependency are encouraged to seek advice and to follow appropriate treatment. An employee who suffers from drug or alcohol dependency may be entitled to accommodation. Subject to an exception under this policy, a breach of this policy may result in disciplinary action up to and including termination. Exceptions to this policy may be made only with the approval of the General Manager.

In the judgment of a Manager/Lead, an employee’s ability to safely or satisfactorily perform their duties has been impaired by drugs or alcohol, the Manager/Lead shall immediately take such steps as are necessary to prevent the person from causing any injury to himself or herself or others, and may, if necessary, place the employee on a temporary suspension.

It is the responsibility of all staff that if they suspect someone is under the influence to contact the Manager/Lead who will decide what, if any action is required.

All employees are required to notify the General Manager if they are under a medical program of treatment which requires the consumption of drugs, including medical marijuana, that may cause impairment.

Managers shall make an initial assessment of whether the impairment is likely to jeopardize the safety of the employee, co-worker or members of the public-Ray Associates may require an employee who is using prescription medication, including medical marijuana, to provide proof that such use is necessary and recommended by a qualified medical practitioner for the treatment of a medical condition or disability. An employee may also be required to be assessed by a qualified medical practitioner in order to determine the expected level of impairment from such a program and to advise management of any accommodation which may be required.

While attending any-work related social function, either on or off the property, the employee shall be responsible for consuming alcohol responsibly.

<b>X-Ray Associates Inc.</b> <b>OH &amp; SAFETY</b>	<b>PROCEDURE</b> <b>INABILITY TO PERFORM</b> <b>WORK DUTIES</b>	ISSUING AUTHORITY GM
LAST REVISED DATE:		EFFECTIVE DATE August, 2024

**PREAMBLE:** This policy applies to all employees.

**POLICY:**

X-Ray Associates is committed to ensuring the health and safety of all employees and the public at large as well as maintaining their integrity and reputation.

Employees can become unable to perform their job duties for many reasons; illness, stress and poor mental health. You must be fit to work and that includes your mental health. XRA is here to support your physical and mental needs. If you feel you cannot perform your duties, we will work with you and your healthcare provider to provide the necessary accommodation or medical leave.

In the judgment of a Manager/Lead, an employee’s ability to safely or satisfactorily perform their duties has been impaired for any reason, the Manager/Lead shall immediately take such steps as are necessary to prevent the person from causing any injury to himself or herself or others.

All employees are required to notify the General Manager if they are under a medical program of treatment which requires the consumption of drugs, that may cause impairment.

<b>X-Ray Associates Inc.</b>	<b>PROCEDURE</b>	<b>ISSUING AUTHORITY</b>
<b>OH &amp; SAFETY</b>	<b>ANIMALS IN THE WORKPLACE</b>	GM
LAST REVISED DATE:		EFFECTIVE DATE February, 2016

Only service animals are allowed in the workplace.\*\*\*If the client has a visible disability and/or states that the animal is a service animal, we must do our best to accommodate the client as long as it is safe to do so. Tell the client that next time, they must bring proof that the animal is a service animal. Make a note in the client's file in RIS.

There is a regulation called the Accessibility Standard for Customer Service. This regulation allows persons with disabilities to have their service animal in public premises. A person should be able to remain with the animal unless otherwise excluded by law. Note, a service animal is not a pet; he or she is a working animal and must not be excluded under our no-pets policy.

Service animals are specially trained to assist an individual with many different kinds of disabilities. i.e. dogs for the blind, hearing alert animals for the Deaf, hard of hearing, and animals trained to alert an individual to an oncoming seizure and lead them to safety. Believe it or not, you might see a bird, cat or other trained animals. These animals provide services to individuals helping them function with greater self-sufficiency; prevent injuries; and summon help in a crisis.

If it is not readily apparent that the animal is a service animal, then ask the client if they have a letter from a physician or nurse practitioner confirming that the person requires the animal for reasons relating to a disability. Under no circumstances are we allowed to ask about the nature of the disability

Note that doctors and nurse practitioners do not use standardized letterhead, and you might have difficulty confirming a letter is real. Please note that people with disabilities may not be aware of the need for the letter. If the client states that they are a service animal, but it is not visibly apparent and they do not have a letter, allow them to keep the dog on the premises but request to bring a letter the next time. In any case, the animal must be trained and under control of the person with a disability.

Ask the client if the animal has to stay with them at all times, or if possible, could the animal stay at reception rather than in the exam room. IF the receptionist is comfortable to do so and IF the client agrees that it is safe to do so. You may need to provide extra help to this client if they are without their service animal. i.e. if blind, guide to exam room

A situation may arise where the health and safety concerns of another person by the presence of a service animal on premises open to the public, such as people with allergies to animals. Consider creating distance between the two individuals, eliminating in-person contact, perform the exam on the client with the service animal immediately, or, and any other measures that would allow the person to use their service animal on the premises. We must consider all relevant factors and options in trying to find a solution that meets the needs of both individuals.

Customers might bring their household pet with the knowledge that it is difficult for you to identify a service animal. If they state that it is NOT a service animal, tell them that the animal is not allowed on the premises and ask if there is someone who can watch the animal, while they have the procedure. If they do not have a person with them to watch the animal you may decide that you can safely watch the animal for them at reception. This can only be decided on a Case-by-Case basis.

## **INFECTION CONTROL:**

### **At Risk Clients:**

It is responsibility of the front desk to identify clients who have the possibility of transmitting infection, whether by airborne or droplet form (i.e. Coughing, sneezing) or indirectly (sharing objects i.e. Pen, chair, door handles).

Masks are to be worn by clients suspected of infectious respiratory illness or influenza. The client is to use hand sanitizer BEFORE handling office supplies, i.e. signing Consent Form. The receptionist should speak directly with the technologist to make them aware of an infectious client or place a “sticky” note on the requisition with a warning. Clients who are acutely ill should be moved to an isolated area and have their exam expedited to reduce the risk of spreading an infection.

All surfaces that have been in contact with the client **MUST** be treated with Low Level Disinfectant when the client leaves the area.

Gloves, mask, and/or hand sanitizer must be worn/used when and where necessary to protect both clients and staff. Facial tissues, 70% alcohol hand sanitizer and designated waste containers should be available in the waiting area

### **Hand Hygiene:**

This is the single most important measure for preventing the transmission of microorganisms.

The term “hand hygiene” includes the use of plain or antimicrobial soap with running water, as well as, the use of an alcohol-based hand sanitizer.

- Following personal hygiene
- Before eating, drinking or serving food
- Before and after direct or indirect contact with clients
- Between “dirty” and “clean” procedures on the same client
- After removing gloves
- After contact with the equipment in the x-ray, ultrasound or waiting room
- Soap and water must be used if the hands are visibly soiled or contaminated with body fluids.
- Hand lotion in pump-type containers is recommended. Lotions should not be petroleum based, because they could affect the integrity of gloves.
- Additional information is available in your office copy of Infection Control in the Physician’s Office posted in each Facility.

<b>X-Ray Associates Inc.</b>	<b>PROCEDURE INFECTION CONTROL HAND WASHING/PPE</b>	ISSUING AUTHORITY GM
LAST REVISED DATE: Nov 2015, Jan 2016 Feb 2018		EFFECTIVE DATE January, 2016

**General Hand Hygiene:**

- Keep nails short
- Remove all jewelry
- Do not use artificial nails
- Make sure sleeves are rolled up and do not get wet during washing

**When should you wash your hands?**

- BEFORE and AFTER client exam
- Before eating food
- After using the washroom
- After blowing nose, coughing or sneezing
- After touching garbage
- After removing gloves

\*\*\*\* WHEN IN DOUBT WASH YOUR HANDS OR USE ABHR

## **ALCOHOL-BASED HAND RUB (ABHR) with 70- 90% alcohol**

(check expiry date)

ABHR is the first choice for hand hygiene when hands are not visibly soiled. ABHR is less time consuming to use than washing with soap and water and is the most time-effective protocol for routine client care. ABHR is the preferred method for decontaminating hands, when hands are not visibly soiled. Using ABHR is more effective than washing hands (even with an antibacterial soap) when hands are not visibly soiled.

### **TECHNIQUE FOR USING ABHR:**

- The following procedure should be used for cleaning hands with ABHR:
- Ensure hands are visibly clean (if soiled, follow hand washing steps) and dry.
- Apply one pump of product onto one palm; the volume should be such that 15 seconds of rubbing is required for drying.
- Spread product over all surfaces of hands, concentrating on finger tips, between fingers, back of hands, and base of thumbs; these are the most commonly missed areas
- Continue rubbing hands until the product is dry. This will take a minimum of 15 seconds if sufficient product is used. Hands must be fully dry before touching the client, the environment, or equipment for the ABHR to be effective.
- The physical actions of scrubbing with soap and water and rinsing are important for effective removal of material from the hands. It has been shown that at least 15 seconds of lathering with soap is required to remove transient flora.

### **TECHNIQUE FOR HAND WASHING**

The following procedure should be used for hand washing:

- Wet hands with warm (not hot or cold) water; hot or cold water is hard on the hands, and will lead to dryness.
- Apply liquid or foam soap.
- Vigorously lather all surfaces of hands for a minimum of 15 seconds. Pay particular attention to finger tips, between fingers, backs of hands and base of the thumbs; these are the most commonly missed areas.
- Using a rubbing motion, thoroughly rinse soap from hands; residual soap can lead to dryness and cracking of skin.
- Dry hands thoroughly by blotting hands gently with a paper towel; rubbing vigorously with paper towels can damage the skin.
- Turn off taps with paper towel, to avoid recontamination of the hands

## **Personal Protective Equipment (PPE)**

Gloves, masks, gowns and eye-protection must be used where and when necessary to protect both client and personnel. Reasonable care for infection control must be exercised for all clients.

Gloves must be worn for all examinations where there may be any infection risk or where an endocavity probe is used. In the event of a respiratory disease outbreak (SARS, H1N1, etc.), staff will be provided with the necessary personal protective equipment.

### ***Sequence for Donning PPE:***

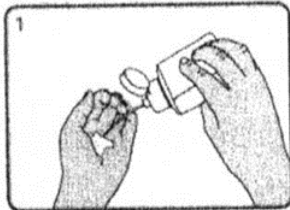
- Perform Hand Hygiene
- Put on gown
- Put on Mask
- Put on eye protection
- Put on gloves

### ***Sequence for Removal of PPE:***

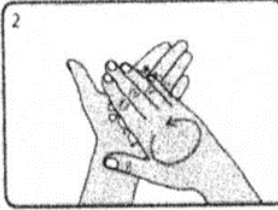
- Remove gloves
- Remove gown
- Perform hand hygiene
- Remove eye protection
- Remove mask
- Perform hand hygiene



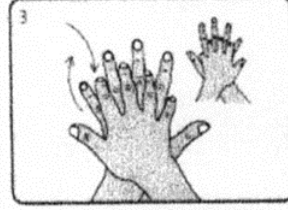
# Alcohol handrub hand hygiene technique – for visibly clean hands



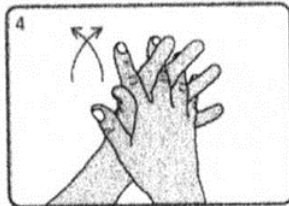
1 Apply a small amount (about 3 ml) of the product in a cupped hand



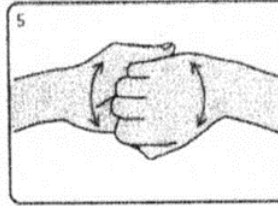
2 Rub hands together palm to palm, spreading the handrub over the hands



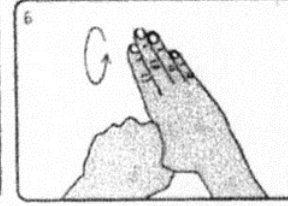
3 Rub back of each hand with palm of other hand with fingers interlaced



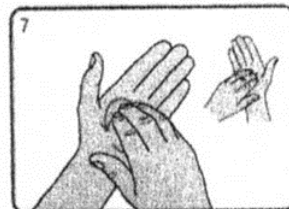
4 Rub palm to palm with fingers interlaced



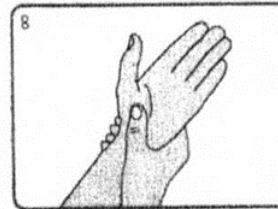
5 Rub back of fingers to opposing palms with fingers interlocked



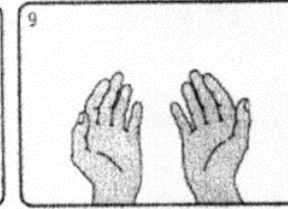
6 Rub each thumb clasped in opposite hand using a rotational movement



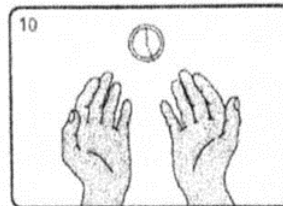
7 Rub tips of fingers in opposite palm in a circular motion



8 Rub each wrist with opposite hand



9 Wait until product has evaporated and hands are dry (do not use paper towels)



10 The process should take 15–30 seconds

# How to handwash

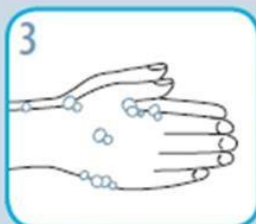
Lather hands for 15 seconds



1  
Wet hands with warm water.



2  
Apply soap.



3  
Lather soap and rub hands palm to palm.



4  
Rub in between and around fingers.

Lather hands for 15 seconds



5  
Rub back of each hand with palm of other hand.



6  
Rub fingertips of each hand in opposite palm.



7  
Rub each thumb clasped in opposite hand.



8  
Rinse thoroughly under running water.



9  
Pat hands dry with paper towel.



10  
Turn off water using paper towel.



11  
Your hands are now safe.



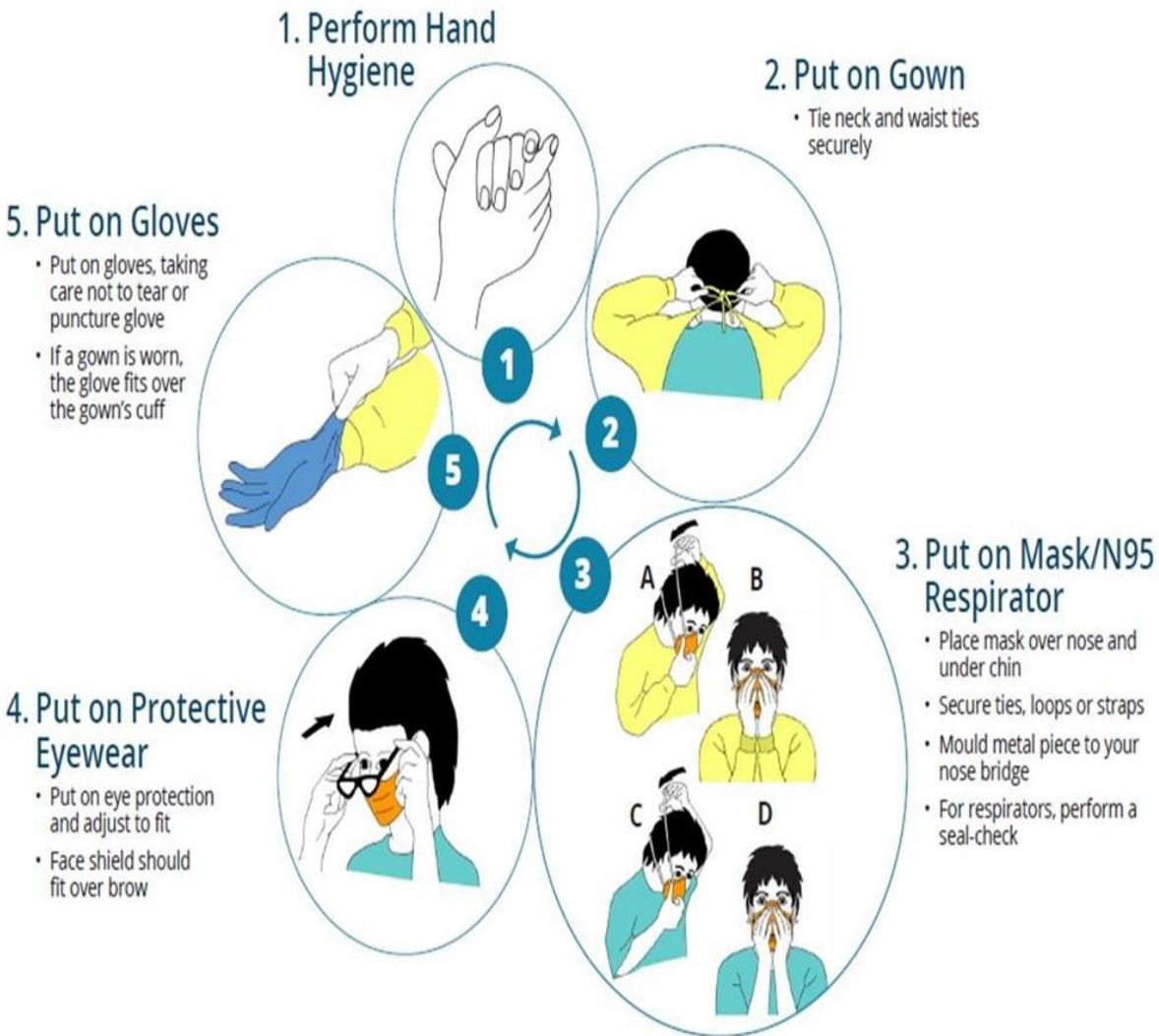
JUST CLEAN  
YOUR HANDS

For more information, please contact [handhygiene@oahpp.ca](mailto:handhygiene@oahpp.ca) or visit [publichealthontario.ca/JCYH](http://publichealthontario.ca/JCYH)

 Ontario

## Recommended Steps:

# Putting On Personal Protective Equipment (PPE)



For more information, please contact Public Health Ontario's Infection Prevention and Control Department at [ipac@ohpp.ca](mailto:ipac@ohpp.ca) or visit [www.publichealthontario.ca](http://www.publichealthontario.ca).

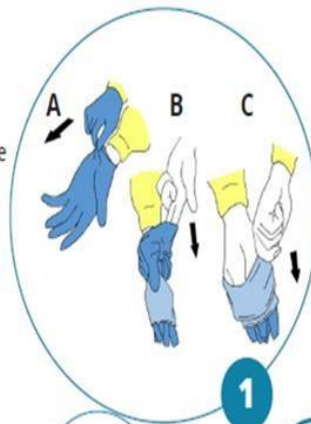


## Recommended Steps:

# Taking Off Personal Protective Equipment (PPE)

### 1. Remove Gloves

- Remove gloves using a glove-to-glove / skin-to-skin technique
- Grasp outside edge near the wrist and peel away, rolling the glove inside-out
- Reach under the second glove and peel away
- Discard immediately into waste receptacle



### 2. Remove Gown

- Remove gown in a manner that prevents contamination of clothing or skin
- Starting with waist ties, then neck ties, pull the gown forward from the neck ties and roll it so that the contaminated outside of the gown is to the inside. Roll off the arms into a bundle, then discarded immediately in a manner that minimizes air disturbance.



### 6. Perform Hand Hygiene

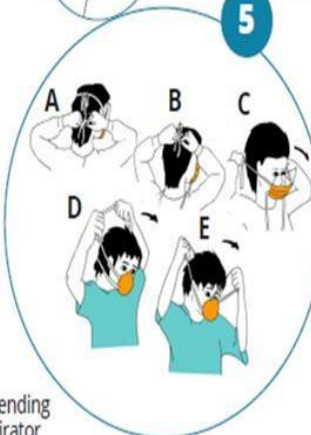


### 3. Perform Hand Hygiene



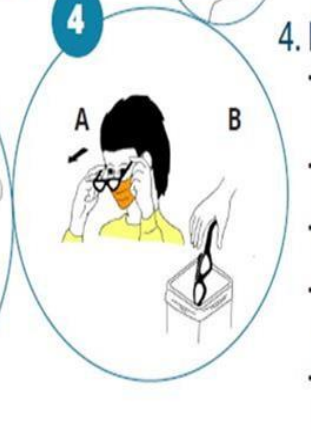
### 5. Remove Mask/ N95 Respirator

- Ties/ear loops/straps are considered 'clean' and may be touched with hands
- The front of the mask/respirator is considered to be contaminated
- Untie bottom tie then top tie, or grasp straps or ear loops
- Pull forward off the head, bending forward to allow mask/respirator to fall away from the face
- Discard immediately into waste receptacle



### 4. Remove Eye Protection

- Arms of goggles and headband of face shields are considered to be 'clean' and may be touched with the hands
- The front of goggles/face shield is considered to be contaminated
- Remove eye protection by handling ear loops, sides or back only
- Discard into waste receptacle or into appropriate container to be sent for reprocessing
- Personally-owned eyewear may be cleaned by the individual after each use



**Cleaning and disinfecting of office work surface floors and equipment with approved germicidal cleaner**

- A. Gowns to be washed at high temperature with soap and water.
- B. Hand sanitizer must be at least 70% alcohol and must be available in each exam room and waiting room.
- C. “STOP” if you have a cough, fever, must be at reception. Masks and tissue must be available for all clients upon entry to the facility.
- D. Garbage cans are to be hands free to open.
- E. All front reception chairs must be checked daily. If any are soiled, they are to be cleaned immediately, with liquid disinfectant and water. If this doesn't work, then with the electric surface cleaner. (kept at head office) Mark the chair with an “X” with tape to dry and then apply a coat of Scotch-guard, (kept in the reception cupboard). If a chair cannot be cleaned, it must be removed and notify the General Manager. Chairs will be cleaned annually either professionally or in house with the electric cleaner. They will then be Scotch-guarded again. This will remain on the QA committee Agenda, until they are replaced with plastic chairs.
- F. All client chairs must be a washable surface; no fabric.
- G. The most current “Infection Prevention and Control in the Physician’s Office” must be printed and kept on site.

*The following sign must be posted in all waiting rooms, visible to clients before they are registered!*



**Read Carefully**

**Do you have a NEW or WORSE cough or shortness of breath?**

**Are you feeling feverish?**

**Do you have vomiting and/ or diarrhea?**

If the answer to ANY of these questions is YES:

**Clean your hands**

**AND**

**If you have a cough, put on a mask or use a tissue to cover your mouth**

**AND**

**Tell the receptionist or nurse right away**

Over the last 10 years, several new respiratory and viral pathogens have appeared in human populations here and abroad (Covid, Avian Influenza H5N1 and SARS-CoV). We have also seen the re-emergence of other well-known infectious diseases such as measles and TB.

### **Routine Infection Control Practices**

Routine infection control practices are to be used with all clients, at all times, regardless of presumed infectious status or diagnosis. Routine Infection Control Practices include:

The separation of infected, contagious clients including those with respiratory symptoms from uninfected clients.

Hand cleaning should occur before and after every client contact. Wash hands with soap and warm water for 15 to 30 seconds. Waterless (alcohol- based) hand antiseptics are also effective. Soap and water should be used if hands are visibly soiled.

Gloves should be used as an additional measure, not as a substitute for hand washing.

Personal Protective Equipment, such as gowns, masks and eye protection should be worn during client care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

Mouthpieces and resuscitation bags should be available for performing CPR.

Safe handling and disposal of needles and other sharp devices.

Appropriate sterilization and disinfection of reusable equipment and office surfaces (counters, furniture) must be routine.

### **Preventing Transmission**

Preventing the transmission of infectious diseases spread by either airborne or droplet routes poses a significant challenge in the clinic setting. Special arrangements for clients with a suspected respiratory infection can reduce this risk. These include:

Screening clients at the time the office visit is scheduled.

Making efforts to see these clients at the end of the day.

Quickly triaging these clients out of common waiting areas.

Closing the door of the examining room and limiting access to the client by visitors and staff members who are not immune to the suspected disease.

Preventing the transmission of infectious diseases spread by direct contact such as antibiotic resistant organisms (e.g. MRSA, VRE) require special attention to decrease the likelihood of spread. Clients may harbour resistant bacteria as part of their respiratory or gastrointestinal tract flora for an extended period. Precautions include:

Disinfecting surfaces and equipment that have been in direct contact with the clients immediately after a visit.

Clients known to be carriers of these organisms should have this indicated in their medical record in order to facilitate recognition on subsequent visits.

Clients and health care providers are at risk from persons who are either infected with or carriers of an infectious agent:

Written policies should exist regarding exclusion of health care providers with contagious illness.

All health care providers may be screened for tuberculosis on hiring or on exposure to an infectious client. In practices where there is a high rate of documented tuberculosis amongst clients screening should be done yearly.

A system for the rapid evaluation, first aid and referral for treatment for persons exposed to blood and body fluids (BBF) must be in place as mandated by the WCB.

**(taken from Work Safe Health Care Safety at Work Web Site MOL Ontario Occupational Health)**

**During any outbreak as policies and procedures will meet PHO, MHO and CPSO guidelines. The most recent outbreak was Covid. These policies can change frequently, even daily to meet PHO guidelines. Immediate actions/notifications will be emailed to staff.**



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**Respiratory and Contact Precautions (RCP):** infection control procedures for institutional and community-based settings with the intent of protecting the health care worker from SARS.

A. Personal protective equipment, (PPE):

- . Staff to use N95 respirator or equivalent mask, eye protection, gown, and gloves.
- . Remove PPE after there is no further contact with the patient/client in the following order: Remove gloves, clean hands, remove gown, clean hands, remove eye protection and finally the N95 respirator or equivalent mask. Wash hands carefully after removing the final PPE. Avoid touching other objects or people until after removing PPE and washing hands.
- . Disinfect non-disposable equipment (e.g.: stethoscope, testing items) and anything the client used or touched before it is used for others.
- . When the patient leaves the examining room it should be cleaned with a hospital grade disinfectant.

B. Patient Management:

- . Isolate the patient/client immediately from other patients/clients and staff.
- . Whenever the patient/client is in public setting (e.g., in the hallway, or waiting room), in the same room with others, and during transport, the patient/client must wear a surgical mask, unless medically contraindicated.
- . Limit visitation to the symptomatic patient/client except for essential or compassionate reasons. Visitors should wear PPE.

**Respiratory and Contact Precautions (Enhanced) (RCP(E)):** an enhanced form of infection control procedures, which require the following in addition to procedures under Respiratory and Contact Precautions:

A. Personal Protective Equipment: also includes a full face shield and hair covering

B. Patient accommodation in hospitals: patients assessed to be at risk for having SARS, based on the SARS Risk Management Algorithms, have priority for the highest level of accommodation

**Respiratory Symptoms:** new or worse cough (onset within 7 days) OR new or worse shortness of breath (worse than what is normal for the patient).

**Routine Practices (See also "Droplet precautions"):** The Health Canada term to describe the system of infection prevention recommended in Canada to prevent transmission of infections in health care settings. These practices described prevention strategies to be used with all patients during all patient care, and include:

- . Hand washing or cleansing with an alcohol-based sanitizer before and after any direct contact with a patient.

The use of additional barrier precautions to prevent health care worker contact with a patient's blood and body fluids, non intact skin or mucous membranes.

- Gloves are to be worn when there is a risk of body fluid contact with hands; gloves should be used as an additional measure, not as a substitute for hand washing.
- Gowns are to be worn if contamination of uniform or clothing is anticipated.
- The wearing of masks and eye protection or face shields where appropriate to protect the mucous membranes of the eyes, nose and mouth during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions or excretions.

## GLOSSARY OF TERMS

**Aerosolization:** The process of creating very small droplets (droplet nuclei) of moisture that may carry microorganisms. The aerosolized droplets can be light enough to remain suspended in the air for short periods of time and facilitate inhalation of the microorganisms.

**Cluster:** a grouping of cases of a disease (e.g., respiratory illness indicative of SARS) within a specific time frame and geographic location suggesting a possible association between the cases with respect to transmission.

**DROPLET PRECAUTIONS:** (see also Routine Practices) The use of surgical or procedure masks and eye protection or face shields for patients who have respiratory infections especially if associated with coughing, sneezing, felt to be transmissible principally by large respiratory droplets particularly when within 1 meter of such a patient. Also used where appropriate to protect mucous membranes of the eyes, nose and mouth during procedures and patient care activities likely to generate splashes or sprays of blood, body fluids, secretions (e.g., air way suctioning).

**Febrile Respiratory Illness (FRI):** temperature greater than 38 C and new or worsening cough or shortness of breath. During non-outbreak conditions this includes a fever of greater than 38 C and new or worsening cough or shortness of breath to increase the specificity of this designation. During outbreak conditions, to maximize the sensitivity to potential SARS infection, this includes a fever of greater than 38 C or new or worsening cough or shortness of breath. The context in which FRI is determined must take the outbreak vs. non-outbreak conditions into account.

**Health Care Facility/Setting:** a location where ill people are examined and assessed by health care workers and/or provided with direct health care services. Locations may range from private physician offices, ambulatory clinics or diagnostic facilities, hospitals, long-term care facilities, and peoples' homes.

**High-Risk Aerosol-generating Procedure:** any procedure with the potential to generate aerosolized droplets, including, but not limited to nebulized therapy, endotracheal intubation, bronchoscopy, bag-valve mask ventilation, non-invasive ventilation (CPAP, BiPAP), and ventilation using high frequency oscillation.

**Non-Outbreak:** Levels 0-3 of the Regional Response Levels Outbreak definition which describes seven levels of outbreak.

**Outbreak:** For the purposes of SARS activity, an outbreak is defined as local transmission of SARS. This represents level IV of the Regional Response Levels Outbreak definition which describes seven levels of outbreak. The local Medical Officer of Health is responsible for declaring a SARS outbreak. An outbreak may be setting-specific (e.g., a hospital with transmission) or health unit wide (e.g. transmission in more than one setting or significant community exposure). In declaring an outbreak the local Medical Officer of Health takes into account global and neighbouring jurisdiction conditions and the potential impact of those conditions.

Page 2...

**Personal Protective Equipment (PPE):** includes N95 respirator or equivalent mask, eye protection, gloves and gowns if contamination of clothing could be anticipated.

**Personal Protective Systems (PPS):** a full body suit or equivalent protective apparatus consisting of head, face and neck protection with or without enclosed body protection; or a powered air purifying respirator (PAPR).



### Universal Body Substance Precautions

Although the risk is unknown, universal precautions also apply to tissues and to cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, and amniotic fluid.

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. Although universal precautions do not apply to these body substances, the wise nurse wears gloves for protection from other infections.

Precautions are used for all patients. (Reason: It is impossible to know which patients are infected with such conditions as HIV, HBV, or other infectious agents.)

Gloves are worn whenever the health care worker may come in contact with blood, body fluids containing blood, and other body fluids to which universal precautions apply. (Reason: Diseases can be carried in the body substances.)

Wear gloves at all times if you have any break in the skin of your hands. If you have an exudative condition, such as weeping dermatitis, you must be evaluated before working with patients and patient care equipment. (Reason: You may be at great risk of contracting a disease; you might also spread disease.)

Change gloves after each contact with a client. (Reason: The gloves may be contaminated.)

Wash your hands and skin surfaces immediately and thoroughly if they are contaminated with blood or body fluids. (Reason: Proper washing will help to stop the spread of infection.)

Wear a gown or apron when clothing could become soiled. (Reason: To prevent spread of infection to yourself or others.)

Wear a mask and eye protection if splashing is possible. Hospital protocol will determine what type of eye protection is required for each specific case. (Reason: Infection could enter your body through the mucous membranes of your mouth or nose or through your eyes.)

Dispose of sharp objects carefully. Do not recap or break needles. Needles and sharp objects are placed in a special container after use. (Reason: There is a possibility of accidental finger stick. It is important to protect yourself and housekeeping personnel.)

If you have an on-the-job accident that causes a break in the skin, notify your nursing supervisor immediately. (Reason: Immediate precautions must be taken to protect you.)

Special care is taken of a deceased patient's body. (Reason: To prevent leakage of body substances. It is safer to assume that all patients are infectious.)

All health care workers who perform or assist in vaginal or cesarean delivery should wear gloves and gowns when handling the placenta or the infant until blood and amniotic fluid have been removed from the infant's skin. Gloves should be worn until after postdelivery care of the umbilical cord.

Pregnant health care workers are not known to be at greater risk of contracting HIV infection than health care workers who are not pregnant; however, if a health care worker develops HIV infection during pregnancy, the infant is at risk. Because of this risk, pregnant health care workers should be

especially familiar with and strictly adhere to precautions to minimize the risk of HIV transmission.

(Adapted from Centers for Disease Control: Recommendations for prevention of HIV transmission in health care settings. MMWR 36: Suppl. 25: 1987. Centers for Disease Control: Update: Universal precautions for prevention or transmission of human immunodeficiency virus, hepatitis B virus, and other blood-borne pathogens in health-care settings. MMWR 37: 24, 1988)

## **SARS – SEVERE ACUTE RESPIRATORY SYNDROME**

### **Definition:**

SARS is an acute viral infection transmitted primarily through respiratory droplets. Transmission via airborne route or fomites has not been entirely ruled out.

### **Prevention:**

All precautions must be taken as soon as the client or visitor comes into the facility.

### **Precautions to be Followed in the Event of an Alert:**

- All clients and accompanying visitors will complete a screening questionnaire which includes travel history (page IFC 3).
- Any staff knowing they will fail the SARS questionnaire will NOT report to work.
- Any client/visitor failing the SARS questionnaire on the basis of symptoms with or without fever will be required to wash their hands, wear a surgical mask, gown, and gloves. If under quarantine they must continue wearing the surgical mask when they leave the facility.
- Any client who may have a respiratory illness will be given a surgical face-mask and hand hygiene product to use.
- All personnel will wear a face-mask, gown and gloves and practice frequent hand hygiene. The mask is good for 12 hrs. However, if you suspect that a client is showing symptoms of SARS the mask should be changed after attending to the client.
- All masks, gowns, gloves will be disposed of in yellow biohazard containers.
- SARS notices are to be placed when appropriate at all entrances to the facility.
- Following a visit with a client suspected of SARS, the exam room must not be used again until all surfaces are thoroughly disinfected. This includes all hard surfaces and frequently touched surfaces, i.e. door knobs, equipment, chairs, toilet handle, taps, magazine, pen.

Disinfectants include stabilized accelerated peroxide products, quaternary ammonium compounds, 1/100 dilution of household bleach, and phenolics (except when contacted by infants).

SARS outbreak control measures will remain in effect until the Public Health of the Ministry of Health of Ontario lifts the outbreak.

Additional information is available in your office copy of the Ministry of Ontario's Directive to Ontario Health Care Providers in Community Settings and Community Health Care Agencies, May 13, 2003

## **COVID 19 PANDEMIC PROTOCOL**

### **Definition:**

Covid 19 is an acute viral infection transmitted primarily through an infected person's secretions, such as droplets in a cough. Depending on how virulent the virus is, a cough, sneeze or handshake could cause exposure. The virus can also be transmitted by touching something an infected person has touched and then touching your mouth, nose or eyes as it can live on surfaces.

**Prevention:** All precautions must be taken as soon as the client or visitor comes into the facility. \*\*\*\*100% compliance expected at all times. It is your responsibility to call out your colleagues if they are not following protocol. (they may have forgotten). It is for the safety of all staff, clients and community.

**Calling in Sick:** Sign in each day to confirm no fever or symptoms. File sheets in a binder.

DO NOT come to work sick! If you have any Covid symptoms, (sudden onset of fever, cough, vomiting, diarrhea) DO NOT come to work. Call Rosalba to discuss further.

If you have been in close, unprotected contact for 20 minutes, with someone who has tested Positive for Covid 19, then you must self-isolate for 5 days.

If you have a sudden onset of cough, do not come to work, stay home to ensure that it isn't Covid

If you have a fever, do not come to work

If you are sick during the pandemic, self-isolate until you are sure you do not have Covid 19 You will be questioned to ensure that you are not contagious (i.e. Covid, Influenza)

Each day you must answer the screening questions, take and record your temperature. If you fail on either, you must leave the facility and call Rosalba.

\*\*\*Staff have been given Covid Rapid Tests; more are available if required.

Precautions to be Followed during an outbreak: MASKS now mandatory before entry!! If they do not have one, provide one, NO exceptions other than children under 2. Cloth masks are OK for clients but NOT staff! \*\*\*All staff, clients and visitors must perform hand hygiene upon entering and leaving the ICHSC!!

### **Clients/visitors to reception:**

- All clients are screened upon entry and include travel history and temperature. Record TP on Req for Passed and TF for Failed. If a client has a fever, screen them as they may be allowed to have their exam done.
- If a client has someone staying with them through the appointment, they must be screened also.
- Clients should be asked to come alone or have their companions wait outside of the ICHSC.
- All clients must be screened at booking, reminder calls and at registration. (see screening tool)
- All booked clients are told to wear a mask or face covering to their appointment.
- ALL clients must be asked to hand sanitize upon entry into the ICHSC and when leaving.
- Any client/visitor failing the COVID 19 questionnaire on the basis of symptoms with or without fever will not be imaged but asked to visit their local hospital or return after 14 days and symptom free.

- All clients and visitors must wear a mask or face covering, if not then they are given one.
- The waiting room will be set up to encourage social distancing.
- All couriers must be screened and sign the contact sheet and include their phone number.
- COVID 19 notices are to be placed when appropriate at all entrances to the facility.
- Requisitions will be scanned at the front desk and kept there. To avoid further contact with paper touched by the client.
- No significant other in the room after the OBS exam. Facetime instead.
- Ensure hand sanitizer and tissue is available in waiting and exam rooms.
- Garbages should not have a lid. (a foot pedal is ok)

**Clients who have tested positive: If a client tests positive ask the following questions:**

1. Test positive yes,

a) What was the date when you were tested?

b) Must be 10 days later (post positive test) no matter the outcome

c) If 10 days later ASK: Do you still have symptoms: No: Proceed Yes: ask

Are your symptoms worsening: if NO, proceed if YES: We will not perform the exam, instead have the client call Cortellucci, 905 883-1212 ask for the X-Ray department who will arrange the exam

Client comes for an exam and the requisition states, “Not contagious.”

Proceed with exam if not Covid related...BUT must

Complete screening questions and especially ask if they have tested positive

**Staff**

- Signing into tracker...clean swipe area with an alcohol swab before and after checking in.
- All staff must sign in to record that they do not have a fever, cough, shortness of breath, or known unprotected contact with a Covid 19 positive client.
- Temperature is taken and recorded. If you fail screening or temperature, call Rosalba.
- All personnel will wear a medical mask (provided) unless working in enclosed area, i.e. booking office BUT must wear a mask once they leave this confined area, i.e. to go to the washroom
- Masks are used 1 per day, unless they become damaged in any way. i.e. damp
- Technologists must wear masks, gloves and must practice frequent hand hygiene. Gloves are changed after every client.
- Face Shield or goggles are optional and based on risk assessment
- Receptionists must wear masks and goggles or face shield if social distancing is not possible and follow procedure as per technologists above.
- Visors/goggles are to be kept and disinfected at least daily and replaced when damaged or known contamination.
- Everyone must maintain social distancing of 2 metres when possible. i.e. lunch rooms, waiting rooms, between other staff members.
- Lunches should be staggered to decrease numbers in the lunchroom. Eat outside the facility if possible.
- Lab coats must be worn for one day and then washed
- Clothing worn into the facility should be changed immediately once you are home. You shouldn't perform tasks in public with the clothing you have worn to work.
- After each exam, clean all surfaces, i.e. gel bottle, client handle on wall, bed between clients.
- NO EATING in client rooms, EVER!!

## **Hand hygiene**

- upon entry into the ICHSC
- if you have any contact with someone less than 2 metres
- before and after contact with your client
- before you eat
- before and after handling dirty laundry also wear gloves
- before folding clean laundry
- before leaving the washroom
- before eating
- frequently throughout the day
- after cleaning any area of the ICHSC
- leaving the ICHSC

## **Daily Cleaning for staff:** (all offices are professionally cleaned daily)

Sign off daily for each time and file sheets in a binder.

Frequent cleaning (Alcohol spray bottle) of each area daily includes, all hard surfaces and frequently touched surfaces, i.e. door knobs, light switches, equipment, chairs, toilet handle, taps, and pens.

As a minimum at 10am 1pm 4pm and closing using alcohol spray bottle:

**Reception:** Clean all waiting room chairs, door knobs and light switches in your area.

Thermometer- Do not spray directly on Thermometer spray cloth and wipe.

This duty must be shared by your partner. Booking clerk take the 10am, Reception the 1pm and the last person there does the closing. If there are 3 of you, then 1 time each.

**X-Ray:** Clean all client change room benches, chairs, washroom door handle and light switches in your area.

**Ultrasound:** Clean all client change room benches, chairs, washroom door handle and light switches in your area.

**BMD:** Clean all client change room benches, chairs, washroom door handle and light switch in your area.

**Nuclear Medicine:** Clean all client change room benches, chairs, washroom door handle and light switch.

## **Cleaning of any symptomatic client or suspected contagious disease:**

Using LLD wipe or Alcohol spray, wipe down all areas that the client may have touched inside and outside the room and waiting room after each exam. i.e. bed, light switches, change room, chairs etc.

## **HVAC:**

Aurora heating and air conditioning are monitored by XRA. Rosalba will arrange air duct cleaning and PM twice per year. Vaughan, Richmond Hill and Newmarket are monitored by the building owners and arranged by the building superintendents.

**Pest Control:** All buildings provide pest control. Any issues must be reported to Rosalba.

**Reprocessing:** As per regular protocol.



**COVID 19 outbreak in our ICHSC(s):**

If anyone believes they may have had unprotected contact with a known positive Covid 19 case, it must be reported to Rosalba and the General Manager. The GM along with the President and QA will manage the outbreak as directed by PHO and MOHLTC.

During a COVID 19 outbreak, control measures will remain in effect until the Public Health of Ministry of Health of Ontario lifts the outbreak. ICHSCs will follow all guidelines as recommended by MOHLTC and PHO.

**Traveling and Staff:**

Staff must notify Rosalba of where they are traveling. We will follow the Government of Canada interprovincial travel guidelines regarding self-isolation upon return to Canada.

Screening Tools may change as per PHO guidelines. Sample screening questionnaire on next page.

**SCREENING QUESTIONS FOR COVID 19**  
All patients questioned at time of booking and registration!!

Please answer the following questions:

- |  |           |
|--|-----------|
| 1. Have you had a Covid test in the last 14 days   | Y    N    |
| a) If yes: when?   |           |
| b) Ensure 10 days have past since the actual test  |           |
| c) Are symptoms worsening: If Yes, ask patient to call Cortelucci 905 883 1212           |           |
| d) If symptoms are not worse or none, proceed with exam                                  |           |
| 2. Do you have a cough (new)?  | Y___ N___ |
| 3. Do you have, or have you recently had a high fever of 38 degrees C (100.4 degrees F)? | Y___ N___ |
| 4. Have you been in unprotected close contact with anyone with COVID 19?                 | Y___ N___ |
| 5. Do you have new shortness of breath?  | Y___ N___ |

\*\*\*\*\*Please Note: This questionnaire will be updated as outbreaks occur.

**LOG SHEET FOR ICHSC VISITORS:**

In order to provide effective tracing if an outbreak occurs, all visitors to the ICHSC must be tracked. Clients can be asked who accompanied them to their appointment. (so does not need to be logged) Anyone who is not a client or with a client must be logged. This would be used in case of an outbreak at our facility.

<b>DATE:</b>	<b>Non client list: Courier, Service, UPS etc.</b>	<b>Phone Number</b>

I confirm that I have cleaned in my area: chairs, light switches, door handles, change room benches, designated washroom taps and flush handle

Circle one:    BMD   X-Ray   Nuc Med    Ultrasound   Receptionist

<b>Date:</b>	<b>TIME</b>	<b>Signature</b>
	10am	
	1pm	
	Close	
	10am	
	1pm	
	Close	
	10am	
	1pm	
	Close	
	10am	
	1pm	
	Close	

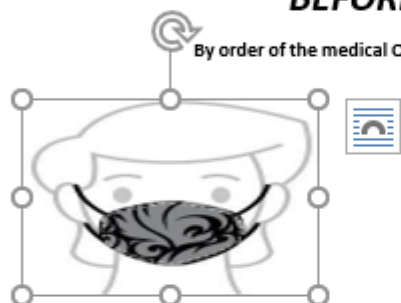


# STOP

## Wear a Face Covering

### **BEFORE ENTERING!**

By order of the medical Officer of Health, you are required to:



**Wear A Face Covering**



**Use Hand Sanitizer**

1. Apply 1 to 2 pumps to palms
2. Rub Palms, Fingers and back of hands
3. Rub hands for 15 seconds until dry



Please keep a distance of 2 meters (6 feet) from others

This helps prevent the spread of COVID-19

**Thank you for keeping our community safe**

If you have COVID-19 or been in contact with someone with COVID-19

please **DO NOT ENTER!**

Call the Clinic 289-553-6336 for further directions.

# X-RAY ASSOCIATES

## Sharps Safety Program

Feb 16, 2012

### **Commitment Statement**

*Xray Associates* is committed to providing a safe and healthy working environment for all Staff and clients. Our organization will demonstrate its commitment by providing financial, Physical and human resources to reduce the risks of injury from sharp medical devices and Exposure to blood and body fluid. To this end, the organization will implement the use of safety engineered medical sharps and other safe work practices aimed at reducing the risks of injury from sharp objects wherever possible.

### **Goals**

- To decrease the risk of transmission of blood-borne pathogens through injuries from sharp medical devices
- To promote and support the health and safety of all employees through a Comprehensive program of safety engineered medical sharps
- To provide equipment, resources and effective training

### **Definitions**

Sharp: Any sharp object used during the care, treatment or diagnosis of patients that could cause an injury to a worker or other person.

### **Roles and Responsibilities of Workplace Parties**

#### ***Employer***

- Enforce the policy, procedures and program
- Provide equipment, necessary resources and initial and ongoing staff training
- Maintain the sharps safety program through continuous quality improvement
- Ensure that all staff use safety engineered medical equipment when such devices are available and provided
- Ensure that an appropriate training program on sharps safety, including the use of safety engineered medical sharps, is developed in consultation with the joint health and safety committee and implemented in the workplace.
- Evaluate and update the program annually

#### ***Managers***

- Enforce program through regular monitoring strategies
- Conduct accident/incident investigations
- Ensure all staff are trained in the use of safety engineered medical sharps (SEMS) and in safe work practices required to reduce the risk of exposure to blood and body fluids
- Maintain training records for a three-year period
- Ensure all new staff receive general and site-specific orientation to the policy and program
- Include the auditing of worker practice in the planned inspections and report on findings to senior management

- Take every reasonable precaution for the protection of the worker

### **Workers**

Comply with policy and procedures at all times; non-compliance will result in progressive discipline

- Participate in regular training as established by the organization
- Report any unsafe acts, hazards, equipment problems or any other untoward issue immediately to the supervisor or delegate
- Report any incidents, accidents and near misses to the supervisor immediately and cooperate in the investigation as required by management

### **Joint Health and Safety Committee**

- Review quarterly incident/accident data related to sharps injuries or exposures to blood and body fluids
- Review policy and program annually
- Participate, through consultation, in the development of a sharps safety program
- Participate, through consultation, in the development of an education and training program that supports the sharps safety program
- Make recommendations in writing to management

### **Evaluation**

The sharps safety program will be evaluated annually, as per HCRFR, sec. 9(2). The following indicators will be collected in a timely manner by the designated authority and forwarded to the program leader, who will collate, analyze and summarize the data and make recommendations for program enhancements to senior management:

- Employee incidents/accidents
- Accident investigations
- Near misses/hazards
- Planned monthly inspections – auditing of worker practice

### **General Provisions**

Each department where medical sharps are used or are otherwise present shall develop specific procedures outlining the use and disposal of the product as appropriate and in keeping with the following general provisions:

- All needles and sharps shall be handled and disposed of in a manner that will not endanger the health or safety of the user or others.
  - It is the responsibility of the user to ensure appropriate handling and safe disposal of needles and medical sharps.
  - Needle-less products and products with inherent safety features shall be used when such alternatives are available. **Exception**-radioisotope syringes and needles are not safety products due to the lead shield containers which do not allow space.
  - Needles will not be recapped, bent or removed.
  - Uncapped needles, scalpels or other medical sharps must not be left unattended or covered with a towel/drape.
  - All needles and medical sharps shall be disposed of properly in appropriate sharps containers by the person who used the device.
  - All sharps injuries must be reported immediately to a supervisor and occupational health nurse. A risk assessment shall be performed and appropriate follow-up measures taken as per policies and procedures related to blood and body fluid exposures.
- Failure to comply with provisions of this policy or department-specific procedures developed in support of this policy may result in disciplinary action being taken.

# X-RAY ASSOCIATES

Feb 16, 2012

## PROTOCOL TO BE FOLLOWED AFTER A NEEDLE STICK INJURY OR BLOOD/BODY FLUID EXPOSURE.

### 1. FIRST AID

- o Contaminated Wound - Encourage bleeding from the skin wound and wash the injured area with copious soapy water, disinfectant, scrub solution or water.
- o Contaminated Intact Skin - Wash the area with soap and water.
- o Contaminated Eyes - Gently rinse the eyes while open with Saline or water.
- o Contaminated Mouth - Spit out any fluid - rinse the mouth with water and spit out again.

### 2. REPORT ACCIDENT

### 3. BLOOD TESTING (Consent required)

Health Care Worker: HIV, Hep B and Hep C status

Source: HIV, Hep B and Hep C status

### 4. IMMEDIATE ACTION

If the patient is known to be HIV positive then the exposed Health Care Worker should be given counseling and offered Post exposure prophylaxis (PEP).

Post Exposure Prophylaxis (PEP) pdf information sheet

- o PEP is the administration of 2 or 3 antiretroviral HIV medications for 28 days, commenced within 72 hours of possible exposure to HIV infection.
- o PEP has been shown to reduce the risk of HIV infection following needle stick injuries to healthcare workers by 81%.
- o To be at risk of HIV you need to have had risky contact (eg penetrative sex, sharing a syringe) with a person who has HIV.

### 5. FURTHER ACTION

1. If status of Patient and Health Care Worker is unknown and immune status can't be obtained within 48 hours then give:-
  - (a) Hepatitis B. Immune Globulin
  - (b) Hepatitis B. Vaccine (first dose).
2. If the Health Care Worker is HBV immune then no further Hep B Vaccine is required. Check Hep B antibody titre of health care worker and if low give Hepatitis B booster.
3. Give Tetanus Toxoid booster if indicated.

### 6. FOLLOW UP

- i. complete the course of Hepatitis Vaccine.
- ii. follow up HIV serology 1, 3 months and 6 months.



Appendix D – Departmental Medical Sharps Inventory Tool

Unit/department: <u>XRAY ASSOCIATES ALKORA/VANGUARD</u>					
Date: <u>MARCH 22, 2012</u>					
Assessment completed by: <u>ERIC KWAN &amp; C BARNETT</u>					
Device			Number of pieces used each day	Estimated cost per unit	Estimate of annual number used (pieces per day X 365)
Device Type	Manufacturer	SEMS (indicate if yes)			
Safety Glide Needle	BD	Yes	50		
1/8 style Auto guard	BD	Yes	8		
Vacutainer Safety Lock	BD	Yes	2		
Syringe-Luer Locktip	BD		20		
Disposable Razor	Wilkinson		8		
Precision Glide Needle	BD		3		
Survey questions			Yes	No	Comment
Are sharps containers present?			✓		
Are sharps containers located appropriately close to point of use?			✓		
<b>Comments:</b>					

<b>BRAND / MODEL OF DEVICE:</b>		
WAS IT A SAFETY DEVICE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>IF YES, WHEN DID THE INJURY OCCUR?</b>		
<input type="checkbox"/> Before activation of safety feature <input type="checkbox"/> During activation of safety feature <input type="checkbox"/> Safety feature improperly activated	<input type="checkbox"/> Safety feature failed; after activation <input type="checkbox"/> Safety feature not activated <input type="checkbox"/> Passive safety feature, activation not required	<input type="checkbox"/> Other _____ (specify) <input type="checkbox"/> Unknown
<b>IF YES, WAS THE WORKER TRAINED IN THE PROPER USE OF THIS SAFETY DEVICE?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Describe training:
<b>PURPOSE OR PROCEDURE FOR WHICH SHARP WAS USED OR INTENDED:</b>		
<b>Line procedures:</b> <input type="checkbox"/> To insert a peripheral IV line or set up a heparin lock <input type="checkbox"/> To insert a central IV line <input type="checkbox"/> To insert and arterial line <input type="checkbox"/> To connect IV line (intermittent IV / piggy back / IV infusion / other IV line connection) <input type="checkbox"/> To flush heparin / saline <input type="checkbox"/> Other injection into IV injection site or IV port _____ (specify) <input type="checkbox"/> Other line procedure _____ (specify)	<b>Other procedures:</b> <input type="checkbox"/> Cutting (e.g. surgery / autopsy) <input type="checkbox"/> During disposal <input type="checkbox"/> Epidural / spinal anesthesia <input type="checkbox"/> Intramuscular (IM) injection <input type="checkbox"/> Subcutaneous / intradermal injection / skin test placement <input type="checkbox"/> Suturing <input type="checkbox"/> Transferring blood / body fluid to another container <input type="checkbox"/> To obtain a body fluid or tissue sample (CFS / amniotic / biopsy) <input type="checkbox"/> To obtain laboratory specimens <input type="checkbox"/> Other procedure (not a line procedure or blood sampling procedure)(specify) <input type="checkbox"/> Unknown	<b>Dental procedure:</b> <input type="checkbox"/> During disposal <input type="checkbox"/> Hygiene (prophy, root plane, curettage) <b>Oral surgery</b> <input type="checkbox"/> Simple Extraction <input type="checkbox"/> Surgical Extraction <input type="checkbox"/> Fracture Reduction <input type="checkbox"/> Other _____ (specify) <input type="checkbox"/> Unknown <input type="checkbox"/> Orthodontic procedure <input type="checkbox"/> Periodontal surgery <input type="checkbox"/> Restorative (amalgam, composite, crown) <input type="checkbox"/> Root canal <input type="checkbox"/> Other _____ (specify) <input type="checkbox"/> Unknown
<b>Blood procedures:</b> <input type="checkbox"/> Percutaneous venous puncture (e.g. phlebotomy) <input type="checkbox"/> Percutaneous arterial puncture <input type="checkbox"/> Central or peripheral IV line or port <input type="checkbox"/> Arterial line <input type="checkbox"/> Dialysis / AV fistula site <input type="checkbox"/> Umbilical vessel <input type="checkbox"/> Fingerstick / heel stick <input type="checkbox"/> Other blood sampling _____ (specify)	<b>Where did the injury occur?</b> <input type="checkbox"/> Inside the patient's mouth <input type="checkbox"/> Outside the patient's mouth <input type="checkbox"/> Unknown	

**HOW DID THE INJURY OCCUR?** Choose up to two

<input type="checkbox"/> <i>Before use of the item</i> <input type="checkbox"/> <i>During use of the item</i> <input type="checkbox"/> Collided with co-worker or other person <input type="checkbox"/> Collided with sharp <input type="checkbox"/> Incising <input type="checkbox"/> Manipulating suture needle in holder <input type="checkbox"/> Palpating / Exploring <input type="checkbox"/> Passing or receiving equipment <input type="checkbox"/> Passing or transferring equipment <input type="checkbox"/> Patient moved and jarred device <input type="checkbox"/> Sharp object dropped <input type="checkbox"/> Suturing <input type="checkbox"/> Tying sutures <input type="checkbox"/> While inserting needle in line <input type="checkbox"/> While inserting needle in patient <input type="checkbox"/> While manipulating needle in line <input type="checkbox"/> While manipulating needle in patient <input type="checkbox"/> While withdrawing needle from line <input type="checkbox"/> While withdrawing needle from patient Other _____ (specify) <input type="checkbox"/> Unknown	<input type="checkbox"/> <i>After use, before disposal</i> <input type="checkbox"/> Activating safety device <input type="checkbox"/> Cap fell off after recapping <input type="checkbox"/> Collided with co-worker or other person <input type="checkbox"/> Collided with sharp after procedure <input type="checkbox"/> Disassembling device or equipment <input type="checkbox"/> Decontamination / processing of used equipment <input type="checkbox"/> During clean-up <input type="checkbox"/> Handling equipment on a tray or stand <input type="checkbox"/> In transit to disposal <input type="checkbox"/> Opening / breaking glass containers <input type="checkbox"/> Processing specimens <input type="checkbox"/> Passing or transferring equipment <input type="checkbox"/> Recapping (missed or pierced cap) <input type="checkbox"/> Sharp object dropped after procedure <input type="checkbox"/> Struck by detached I.V. line needle <input type="checkbox"/> Transferring blood / bodily fluids into specimen container Other _____ (specify) <input type="checkbox"/> Unknown	<input type="checkbox"/> <i>During or after disposal of item</i> <input type="checkbox"/> Collided with co-worker or other person <input type="checkbox"/> Collided with sharp during / after disposal <input type="checkbox"/> In trash <input type="checkbox"/> In linen / laundry <input type="checkbox"/> In pocket / clothing <input type="checkbox"/> Left on table / tray <input type="checkbox"/> Left in bed / mattress <input type="checkbox"/> On floor <input type="checkbox"/> Over-filled sharps container <input type="checkbox"/> Punctured sharps container <input type="checkbox"/> Protruding from opened container <input type="checkbox"/> Sharp object dropped during / after disposal <input type="checkbox"/> Struck by detached I.V. line needle during / after disposal <input type="checkbox"/> While manipulating container <input type="checkbox"/> While placing sharp in container, injured by sharp being disposed <input type="checkbox"/> While placing sharp in container, injured by sharp already in container Other _____ (specify) <input type="checkbox"/> Unknown
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**NARRATIVE DESCRIPTION OF THE INCIDENT:**

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**WHAT SUGGESTIONS DOES THE WORKER HAVE FOR PREVENTING SIMILAR INJURIES IN THE FUTURE?**

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Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

<b>X-Ray Associates Inc.</b>	<b>PROCEDURE Quality Assurance Program</b>	<b>ISSUING AUTHORITY GM</b>
LAST REVISED DATE:		<b>EFFECTIVE DATE August 15, 2014</b>

## **Quality Assurance Program**

Table of Contents:

Objectives

Section 1 Quality Advisory Committee/Agenda

Section 2 Quality Management Program

Section 3 Monitoring the QM Program

Section 4 New Staff Orientation

Section 5 Continuing Professional Development

Section 6 Staff Performance Reviews

Section 7 PACS Administration

Section 8 Modalities

Section 9 Quality Assurance Folder

Section 10 In-Service Education (Interesting Cases)

Section 11 Radiologist and Technologist Peer Review

Section 12 Quality Control Notes

Section 13 Radiologists

Section 14 Reports

Section 15 Errors and Omissions

Section 16 Billing Clerk

Section 17 Radiation Safety Officer

Section 18 Staff Sign off Sheet

Section 19 Equipment

Section 20 Client and Physician Surveys

Section 21 Quality Advisor visit log

Section 22 Client Care/Contact

Section 23 Technical Leads

## **Quality Assurance Program**

### **Objectives:**

- The services provided are consistent with the client's needs and assure diagnostic reliability and client safety.
- Services conducted in the facilities are safe
- Services conducted are appropriate to the problem being investigated.
- The performance of diagnostic examinations complies with the current CAR guidelines accepted by the CPSO, and in the absence of current standards and guidelines are generally accepted medical standards of practice.
- A Quality Advisory Committee has been established to supervise creation and maintenance of the quality assurance program adequate to reach the objectives detailed above.

### **Section 1: Quality Advisory Committee:**

- The Quality Advisory Committee meets at least four times per year. Minutes are documented and available to staff and physicians. Agenda items should include but not limited to: review of cases, policies and procedures, QC matters on equipment, incidents, staffing issues, errors and omissions, client and physician surveys. Minutes must be maintained and distributed to all
- The QA committee represents all modalities and is chaired by the Quality Advisor:
  - Members include: Quality Advisor, President, General Manager, Administrative Services Manager, RSO, Leads, PACS SA, and other invites as required.

# X-Ray Associates Quality Advisory Committee Meeting

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## Meeting Agenda

**Date:**      **Time:**      **Location:**

**Participants:**

**Regrets:**

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1. Approval of Agenda
2. Approval of Minutes from (Previous Meeting      )
3. Business Arising from Minutes (confirmation that action items have been completed, discuss outstanding actions)

## 4. New Business

- a) Goals and objectives – review general practice goals, new, revised, going forward
  - i. Staff changes/New staff/does it meet our current patient needs?
  - ii. Are all registrations/insurances current
  - iii. All staff signed off on Delegated Act
  - iv. Training of new staff– when, who, how often
  - v. Students under supervision
  - vi. Expansion/relocation plans
  - vii. Have staff meetings been held
  - viii. Annual general meeting with Radiologist Talk
- b) Recommendations from Accreditation Visit/MOH/XRIS and HARP (if applicable). Such issues are to remain on the agenda until they are clearly finalized  
MOL Inspection:
- c) CPSO Assessments: New process through Accreditation Canada
- d) Policies and procedures (including but not limited to):
  - i. Policy and Procedures Manual – general updates, staff sign-off
  - ii. Technical – general practice guidelines for facility
  - iii. Infection Control: Vicki Goard Infection control officer
  - iv. WHMIS/SDS
  - v. All technical staff BCLS
  - vi. JH&S have we met requirements?
- e) Review of IPAC requirements and staff orientation/training
  - i. Reprocessing
  - ii. Reprocessing annual review
  - iii. Environmental cleaning
  - iv. Day to day cleaning
  - v. IPAC Core and IPAC Reprocessing.

- f) Equipment – problems, upgrades, training or facility configuration issues
  - i. Radiography (15 years): review age, upgrades, any new equipment
    - i HARP and PMs (completed and any issues)  
Vaughan: 2010 and 2019  
Newmarket 2002 Philips physicist 2021, 2006 IDC, physicist in 2021,  
Aurora 2008 15th year...2023 do physicist acceptance  
Harding 2005 2021 physicist
  - ii. Ultrasound (9 years): review age, upgrades and any new equipment
    - i PM(s) completed and any issues
  - iii. Nuclear Medicine (15 years): review age, upgrades and any new equipment
    - i Aurora requires physicist review for aging equipment in 2024
    - ii PM completed and any issues
  - iv. BMD (15 years): review age, upgrades and any new equipment  
Accreditation expires Vaughan 2023 and Aurora 2025  
Aurora 2018 Vaughan 2010
    - i PM completed and any issues
  - v. PACS/RIS/Connectivity: review age, upgrades and any new equipment
- g) Incidents or complaints, adverse drug reactions, complications
- h) Review of the results of the Facility's quality review process (addendums to rads and editors, peer review, tech review)
- i) Review of current statistics on the time between referral and subsequent diagnostic examinations/treatment, review stats on report turnaround.
- j) Review of difficult or inconclusive cases and how they were dealt with.
- k) Patient/referring physician survey results
- l) Staff performance appraisals
- m) Staff performance audits (Live and Image)
  - i. X-Ray
  - ii. BMD
  - iii. Nuc Med (injection audits)
  - iv. Ultrasound

**5. Nuclear Medicine:**

- a** Confirm all staff have reviewed Radiopharmacy Best Practise Standards
- b** Radiation Safety
- c** Licensing
- d** CNSC licensing
- e** CNSC Inspections
- f** Other

- 6.** Covid Updates: Check list, new processes, PPE
- 7.** Other agenda items as emailed before the meeting
- 8.** PACS
- 9. Meeting Adjourned**

**10. Next meeting**

## **Section 2: Quality Management Program:**

- Client and Physician surveys are done at least annually to monitor the results of the services provided.
- Google reviews are responded to weekly. Any items to be addressed are done so immediately.
- Survey Monkey: Review and respond within 1 week. Follow up if required.
- The Quality Management program activities are documented and maintained on site.

### **QA program includes:**

- Review Quality Management goals and objectives annually.
- Ongoing review of the facility policy and procedures manual. (minimum annually)
- Review safety data on any equipment new to the facility and ensure that all equipment meets safety standards.
- Review any incident or accident report from last meeting and document any actions taken to prevent a recurrence.
- Reviews and implement recommendations from other assessing bodies such as CNSC, Accreditation Canada and X-Ray inspection services.
- Annual performance reviews are done for all staff and include documentation of action taken to correct any significant deficiencies in performance.
- Ensure registration certificates, CMRITO, Insurance, CPR/First Aid are current.
- Confirm CME is up to date for all staff.
- Interesting cases are logged for all modalities and one is discussed at the QA meeting to promote the discussion of interesting/challenging cases seen for educational purposes.
- Review client and physicians' surveys. Document actions taken to address suggestions, problems or issues raised.
- Scope of practice: services provided including qualifications and CPD plans.
- Compliance with quality assurance protocols, e.g. NT.
- Follow up with peer review program: Radiologists and technologists
- Review of addendums and distribute to radiologists and transcriptionists for teaching purposes.
- Follow up on all QC notes and disseminate.
- Staff/client participation in planning strategies to overcome any deficiencies and to continually improve the services to clients.
- All staff will complete an orientation program.
- All technical staff will have annual Exam audits. Random "Live" Audits will be done annually. Reprocessing and TV exam audits will also be done randomly.



### **Section 3: Monitoring the QM Program:**

The QA committee shall be composed of QA, President, GM, Administrative Services Manager, PACS SA, RSO all clinical and technical leads. The Quality Advisor will chair the committee. An agenda and minutes will be distributed. All staff will have input at the meetings. Meetings will be held four times per year.

### **Section 4: New Staff Orientation**

All new staff will receive orientation training, and access to the Employee Handbook. Sufficient training will be provided for the safe operation of the imaging equipment and to ensure quality of imaging is performed as per the QM program. All policy manuals will be reviewed and signed off.

Orientation Training should include mandatory Safety Awareness, Radiation Safety Training, (CNSC), AODA, and WHMIS training and all IPAC and H&S courses.

IPAC courses to be done every 5 years unless there is an update. All other courses are done annually.

### **Section 5: Continuing Professional Development:**

Physicians: CPD should be maintained as per the requirements of the FRCPC.

Technologists: CPD should be maintained as per professional college and to ensure that the current standards of care are provided. A copy of registrations must be kept on site at every location that the staff works.

Office: Should be familiar with all office procedures and policies.

### **Section 6: Staff Performance Reviews:**

All staff will have a performance review annually. (can be self assessment, management or live review)

### **Section 7: PACS Administration:**

Responsible to maintain the efficient operation of PACS, RIS, Dictation, VOIP, fax servers, office computers and communication systems. Monitor dictation lists and resolve QC issues. Dispatch service calls and monitor network speed.

Perform appropriate data back up where required.

Respond to referring physicians regarding access to physician portal.

Client access to portal.

## **Section 8: MODALITIES:**

**All staff must hold a current and valid license including insurance.**

### **Ultrasound Program:**

Technologists must hold a valid and current CMRITO registration in ultrasound. Personal liability insurance is required. Lead Ultrasound Technologist will assist the facilities with the hiring and training of technical staff. A knowledge and skills assessment will be conducted prior to all hires. New hires will receive rigorous training and supervision on imaging protocols. Training and supervision will extend until staff display a thorough knowledge of imaging and facility policies. Mid probation performance assessments will be conducted along with peer image review on new hires. Lead will conduct peer performance reviews (Exams, TV & Reprocessing) on all ultrasound staff on an annual basis to accompany performance assessments performed by management. Both the skills and knowledge will be evaluated by the QA physician. The QA will be advised of all performance issues.

### **BMD Program:**

BMD technologists must hold a certification from the ISCD or OAR in Bone Mineral Density in order to work in that modality, along with CMRITO registration and liability insurance. They must have CME annually related to BMD. A Lead BMD Technologist will assist the facilities with the hiring and training of technical staff and maintain the OAR accreditation program. All technologists must complete precision testing.

Radiologists reporting BMD have current and relevant BMD CME.

### **Radiography Program:**

Technologists must hold a valid and current CMRITO registration in radiography. Personal liability insurance is required. Maintain CME as per CMRITO.

### **Nuclear Medicine Program:**

Technologists must hold a valid and current CMRITO registration in nuclear medicine. Personal liability insurance is required. Maintain CME as per CMRITO.

## **Section 9: Quality Assurance Folder:**

The QA digital folder is available as a communication tool on all PACS workstations. All technical staff and Radiologists have access, and are encouraged to use this tool to enhance client care and learning.

Radiologists to Technologists: requests for additional views, comments regarding image quality, technical worksheets are documented, request for additional images or studies.

Technologists to Radiologists. Additional information on client's history or study can be documented; incidents or equipment issues.

PACS administrator monitors the QC folder and ensures that all parties have been informed and issues resolved. Staff must reply to the QC note via email not in PACS. All QC notes are reviewed by the General Manager and Leads. (see policy and procedure)

## SECTION 10: IN-SERVICE EDUCATION: (Interesting Cases)

Radiologists and staff are responsible to keep interesting case logs, either in PACS.

Interesting Case File in PACS: [Log into PACS](#)

<b>X-Ray Associates Inc.</b> <b>POLICY AND PROCEDURE</b>	<b>PROCEDURE</b> <b>INTERESTING CASES</b>	ISSUING AUTHORITY GM
LAST REVISED DATE:		EFFECTIVE DATE September, 2015

### PREAMBLE:

Interesting case folder is available in PACS. Cases can be added in Velox by technologists, PACS Admin and Radiologists.

At least one case a year will be shared with staff as selected by the QA committee. We attempt to have a live presentation annually. Ultrasound Lead will share interesting cases as a “High Five.”

### HOW TO ADD STUDIES TO INTERESTING CASES FOLDER

- **Go to the encounter click on the to edit the encounter.**
- **Click on Interesting cases and then save by clicking on the checkmark.**



## SECTION 11: RADIOLOGIST PEER REVIEW

<b>X-Ray Associates Inc.</b> <b>POLICY AND PROCEDURE</b>	<b>PROCEDURE</b> <b>RADIOLOGIST</b> <b>PEER REVIEW</b>	ISSUING AUTHORITY GM
LAST REVISED DATE:		EFFECTIVE DATE September, 2015

### Background

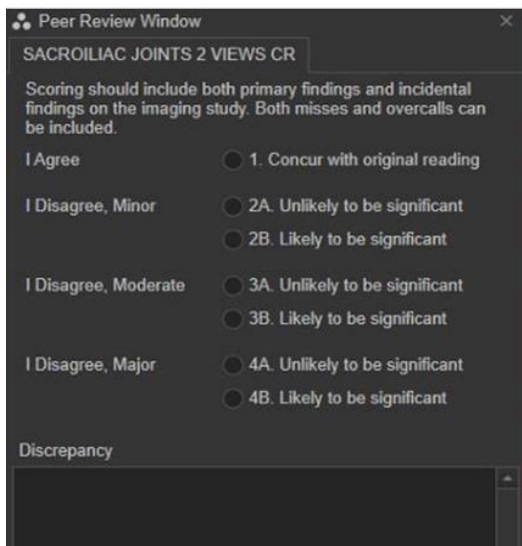
In our continuous effort to improve quality, maintain standing with industry standards and in the wake of MOH/ICHSC standards, a comprehensive radiologist peer review program has been implemented within our PACS.

The original development of the program was a collaborative effort involving many members of the Radiologist group serving on the Radiologist Peer Review Committee. Committee membership included Dr's. Lan, Law, Thain, Partap, Yeung, Boparai and McKee.

An environmental scan of the peer Radiologist groups was conducted in the development of this program as well as attendance in peer review focused conferences such as OAR peer review conference. Potential risks associated with such a program were also assessed through consultation with CMPA.

**Program overview:** The program is a prospective small group peer review as follows:

- Radiologists will be assigned cases by the PACS Admin when scheduled to report for facilities
- Peer Review cases must be within 7 days of the initial report
- The case will be assigned a score



The screenshot shows a 'Peer Review Window' for 'SACROILIAC JOINTS 2 VIEWS CR'. It includes a note: 'Scoring should include both primary findings and incidental findings on the imaging study. Both misses and overcalls can be included.' Below this is a scoring scale with radio buttons for each option:

- I Agree:  1. Concur with original reading
- I Disagree, Minor:  2A. Unlikely to be significant,  2B. Likely to be significant
- I Disagree, Moderate:  3A. Unlikely to be significant,  3B. Likely to be significant
- I Disagree, Major:  4A. Unlikely to be significant,  4B. Likely to be significant

At the bottom, there is a 'Discrepancy' section with a text input field.

- If anything other than “I Agree” is selected, then add a comment under “Discrepancy.”
- If anything other than “I Agree” is selected, the PACS Admin will send the exam, the scoring and comments to the reporting radiologist to review. The QA and President will be copied on this email.
- It is expected that if there is an urgent addendum to be done it is done within 24 hours. The reporting radiologist will record in the notes what was done. I.e. Addendum issued.
- The PACS Admin will archive all results once finalized.

## **Methods of Case Randomization**

- Every radiologist must be reviewed for all modalities for each ICHSC. NT, OBS, VAS ultrasounds must be reviewed for all radiologists.

## **Radiologist Feedback:**

- Very positive learning experience
- Discrepancies can be dealt with immediately (minimizing risk to Radiologists and ICHSC)
- High acceptance rate amongst Radiologists

If a radiologist is seen to have a pattern of discrepancies this will be discussed with the Quality Advisor and

the President. Remediation will occur and follow up to ensure competency will occur; i.e. suggest CME

## **Summary of the Radiologist Peer Review Program**

### **Background**

In our continuous effort to improve quality, maintain standing with industry standards and in the wake of reported image quality issues at Trillium Health, a comprehensive radiologist peer review program has been implemented as of September 18, 2014.

The development of the program was a collaborative effort involving many members of the Radiologist group serving on the Radiologist Peer Review Committee. Committee membership included Dr’s. Lan, Law, Thain, Partap, Yeung, Boparai and McKee.

An environmental scan of the peer Radiologist groups was conducted in the development of this program as well as attendance in peer review focused conferences such as OAR peer review conference. Potential risks associated with such a program were also assessed through consultation with CMPA and Risk team.

All exams are reviewed by the Quality Advisor. If a radiologist is considered to be not meeting the standard of care, then remedial action may be required. This discussion will be initiated by the QA.

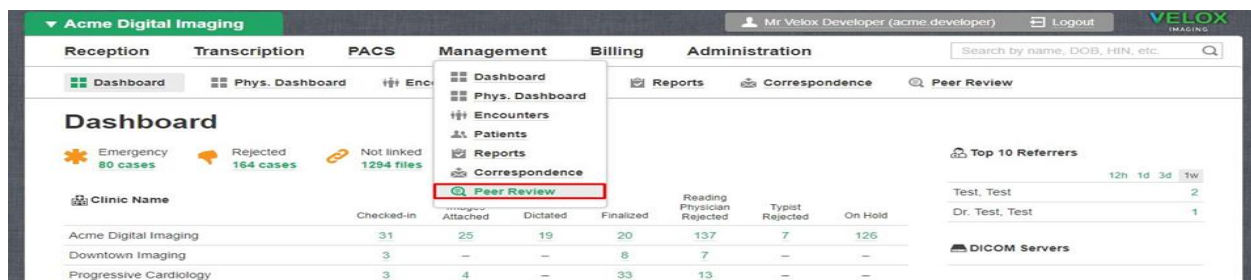
**PEER REVIEW FOR RADIOLOGISTS**

- PACS ADMIN will assign cases accordingly to Radiologists per studies & facilities.
- Mark an X by the cases once you have assigned to the radiologist
- \*\*\* Every radiologist must be reviewed in all modalities and in each ICHSC. All types of ultrasounds must be reviewed, including NT.

RADS NAME	CHEST	EXTREMITIES	SPINE
V. AGARWAL			
B. AHMED			
H. AL-SHIKARCHY			
D. BOPARAI			
P. BUCKLER			
F. BUDHANI			
R. CHAN			
J. CHUNG			
M. DA ROSA			
P. DE MAIO			
G.P. HOCHMAN			
F.LAN			
N. LANGHORNE			
P. LAW			
D. LY			
J.D. MCKEE			
G. MNATZAKANIAN			
P. MOK			
V. PARTAP			
W. REGINOLD			
M. Roth			
E. SILMBERG			
Y.H. SIOW			
P. M. STROZ			
L.M.F. THAIN			
B. YEUNG			
P. ZIA			

**HOW TO ASSIGN CASES TO RADIOLOGIST IN VELOX**

After signing in to Velox RIS, under Management, we can find the “Peer Review” tab, where all of Peer Review related work will be done.



## Peer Review

My Worklist **Assign for Review** Pending Review QA List PR Archive

The screenshot shows the Peer Review interface with several filter sections:

- Clinics:** Aurora, Harding, Mackenzie Health, Newmarket, Southlake Health Centre, Vaughan, Requisitions, Cortellucci Vaughan Hospital.
- Modalities:** X-Ray, Ultrasound, BMD, Nuclear Medicine, Hospital.
- Status:** Checked-in, Images Attached, Dictated, Finalized, Archived, Typist Rejected, Reading Physician Rejected, On Hold.
- Flag:** Emergency.
- PR Scores:** 1, 2A, 2B, 3A, 3B, 4A, 4B.
- Person:** Patient dropdown, Name or MRN field.
- Shared Worklist:** All dropdown.
- Acc. Number:** Number field.
- Service Date:** S/D From and S/D To date pickers.
- Teaching:** All cases dropdown.

- Click on the facility & Modality & Archived and Find
- Next screen will be a list of cases to review click on unassigned and pick the radiologist who will review the cases. Try to randomize the cases so there is no way that the original radiologist will know who is reviewing them.
- Go to QGENDA to find the radiologists for the next day:
  - Assign cases to CD Radiologist
  - Assign Cases to H Radiologist
  - Assign Cases to R4 Radiologist

## Peer Review

My Worklist **Assign for Review** Pending Review QA List PR Archive

The screenshot shows the Peer Review interface with filters for 'Harding', 'X-Ray', and 'Archived'. A table of cases is displayed with columns for Patient, Service, PR Status, PR Score, Read. Physician, and Reviewer. A dropdown menu for 'Peer Reviewer' is open, showing a list of radiologists.

Patient	Service	PR Status	PR Score	Read. Physician	Reviewer
Mr. [Name]	CR HANDS/WRISTS (BONE AGE) 1 VIEW Archived	Not Scheduled	Unassigned	Dr. Yeung, Brian	Unassigned
Mr. [Name]	CR QC Archived	Not Scheduled	Unassigned	Unassigned	Unassigned
Mr. [Name]	CR SHOULDERS 3 VIEWS (L) Archived	Not Scheduled	Unassigned	Dr. [Name]	Unassigned
Mr. [Name]	CR SHOULDERS 3 VIEWS (L) Archived	Not Scheduled	Unassigned	Dr. [Name]	Unassigned
Mr. [Name]	CR ELBOWS 3-4 VIEWS (L) Archived	Not Scheduled	Unassigned	Dr. [Name]	Unassigned

### Client

Displays the basic client information of the study that is ready for Peer Review, as well, their study date & time, along with the urgency level of said study.

### Service

Displays the client's study service name, as well, the Encounter status of the study.

### PR Status

Shows the Peer Review Status of the study. There are 5 different statuses in total:

- Not Scheduled (Hasn't been assigned for review)
- Pending (Assigned for Review, waiting for review)
- New Review (Reviewed, waiting to be Archived)
- Archived (Verified the review, saved as record)

## PR Score

Based on whether it has been reviewed or not, it will show different information. “Unassigned” means the score was not given. Any values, such as “1” or “2A” means the study has been reviewed and is given the score. (Will display date of review as well.)

## RADIOLOGIST TO REVIEW

- Once The cases have been assigned to the radiologist, they will log into the radiology Viewer and click on Peer Review. There will be a minimum of 3 cases sitting there for them.
- Double click to open the case
- A box will pop that asks if you want to take ownership from the previous radiologist (Say No)
- review the images and report and complete the score chart if you agree, say I agree if you disagree choose (minor, major, Moderate) and write a blurb under Discrepancy. & Save

A) Score

I Agree  
 1. Concur with original reading

I Disagree, Minor  
 2A. Unlikely to be significant  
 2B. Likely to be significant

I Disagree, Major  
 3A. Unlikely to be significant  
 3B. Likely to be significant

I Disagree, Moderate  
 4A. Unlikely to be significant  
 4B. Likely to be significant

B) Discrepancy

## VERIFYING CASES THAT HAVE BEEN REVIEWED (PACS ADMIN)

- QA List you will see the cases that have been reviewed. You are able to see the score under PR Status,
  - you can also review the score in detail if you put your mouse cursor over the Encounter information to access the “Peer Score” button
- If the PR Score is 1 click on status and archive the case
- If the PR score is anything other than 1 you will need to send an email to the original reporting radiologist and copy the QA advisor & President on email (remember this is anonymous) and do not specify which radiologist reviewed the case.
- Make a note in Velox encounter notes that you have emailed the original reporting radiologist
- Once the Addendum has been completed you can archive the case



## **PEER REVIEW EMAIL TEMPLATE:**

1) I Agree. Concur with original reading  
E-mail message: None

2A) I Disagree, Minor. Unlikely to be significant.  
Dear Dr. \_\_\_\_:

A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report.

Accession Number: "copy and paste from Velox"

2A) I Disagree, Minor. Unlikely to be significant.  
Discrepancy message: "copy and paste from Velox"

An addendum is not required unless you feel the need to issue one.

Thanks,  
Vicki, Dr. Mok and Dr. Zia

### **2B) I Disagree, Minor. Likely to be significant.**

Dear Dr. \_\_\_\_:

A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report.

Accession Number: "copy and paste from Velox"

2B) I Disagree, Minor. Likely to be significant.  
Discrepancy message: "copy and paste from Velox"

An addendum is required. Please issue an addendum within 7 days. If you cannot issue an addendum, please respond to this email explaining the reasoning.

Thanks,  
Vicki, Dr. Mok and Dr. Zia

### **3A) I Disagree, Moderate. Unlikely to be significant.**

Dear Dr. \_\_\_\_:

A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report.

Accession Number: "copy and paste from Velox"

3A) I Disagree, Moderate. Unlikely to be significant.  
Discrepancy message: "copy and paste from Velox"

An addendum is not required unless you feel the need to issue one.

Accession Number: "copy and paste from Velox"

Thanks,  
Vicki, Dr. Mok and Dr. Zia

**3B) I Disagree, Moderate. Likely to be significant.**

Dear Dr. \_\_\_\_:

A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report.

Accession Number: "copy and paste from Velox"

3B) I Disagree, Moderate. Likely to be significant.

Discrepancy message: "copy and paste from Velox"

An addendum is required. Please issue an addendum within 7 days. If you cannot issue an addendum, please respond to this email explaining the reasoning.

Thanks,

Vicki, Dr. Mok and Dr. Zia

**4A) I Disagree, Major. Unlikely to be significant.**

Dear Dr. \_\_\_\_:

A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report.

Accession Number: "copy and paste from Velox"

4A) I Disagree, Major. Unlikely to be significant.

Discrepancy message: "copy and paste from Velox"

An addendum is not required unless you feel the need to issue one.

Thanks,

Vicki, Dr. Mok and Dr. Zia

**4B) I Disagree, Major. Likely to be significant.**

Dear Dr. \_\_\_\_:

A Discrepancy has been noted on Velox Peer Review PACS. Please review the images and report.

Accession Number: "copy and paste from Velox"

4B) I Disagree, Major. Likely to be significant.

Discrepancy message: "copy and paste from Velox"

An addendum is required. Please issue an addendum within 7 days. If you cannot issue an addendum, please respond to this email explaining the reasoning.

Thanks,

Vicki, Dr. Mok and Dr. Zia

## **SECTION 12: TECHNOLOGIST PEER REVIEW QC NOTES:**

All technologists will have a film audit done annually and during probationary period. This will be reviewed during the annual performance appraisal. MRTs and DMSs will have random live exam reviews. DMSs will have a live reprocessing and TV review every year. DMSs performing NT must submit their BORN curve at the time of renewing their registration. DMSs should review this curve periodically to ensure that they are within the acceptable limits. The NT review on the intranet must be done annually. BORN curve results are reviewed biannually.

ALL technologists are reviewed ongoing by ALL radiologists through the QC notes. This is meant as instructive feedback only.

Any technologist not meeting the standard of care, will be reviewed by the QA, GM, and Lead to provide feedback and support to improve and meet the standards of practice.

## **Section 13: Radiologists:**

All radiologists are F.R.C.P (C) board certified in good standing with the CPSO.

A certified radiologist is available for consultation with the technologist on a case-by-case basis. A radiologist is always available while any facility is open. Refer to on call list: Radiologist Schedule.

A Radiologist is always available for consultation by the referring physician.

## **Section 14: Reports:**

All images are interpreted by a certified radiologist on a voice recognition system. Reports are reviewed by an editor prior to distribution. Reports are sent via a fax server, mailed, or EMR to the referring physician or called immediately if significant abnormal findings.

### **REQUESTING & REPORTING MECHANISMS**

#### **THE DIAGNOSTIC IMAGING FINAL WRITTEN REPORT**

- The report should be clear and concise.
- In the event of a verbal report prior to the written report was given to the referring physician, it should be mentioned in the final report.
- If the interpreting physician has not proofread their report, there should be a disclaimer statement on the report "dictated but not read".
- The name of the interpreting physician must appear on the final report.
- Any final reports generated by voice recognition must be proofread by the interpreting physician or transcriptionist in order to correct any program generated errors.
- Reports must be transmitted to the referring physicians within 24-48 hours either by hand delivery, fax or electronically.
  - Reports that are delivered by fax should be done through the RIS system.
  - Confirmation that report has been delivered is indicated by the green check mark.
  - For reports manually faxed, a confirmation of delivery must be printed and scanned into the patient's chart.
- For any STAT/Verbal report, please see the STAT/Verbal Policy.
- All imaging media and reports need to be kept for a length of time as per the Quality Assurance Regulations of the IFH Act.
- Imaging media and reports are filed using an accepted coding system which allows images and reports to be retrieved by patient identification information ie. HC number, DOB, last name
- Previous stored diagnostic images are available for interpreting physician.
- All interesting cases should be labeled as such for the Teaching Files.

## REQUESTING & REPORTING MECHANISMS

### REPORT ATTRIBUTES

- Radiologists' reports should include complete patient name with one other identifier (ie. DOB, gender, health card #), facility where the study was conducted, requesting physician information, names of other physicians copied to the report, type of examination, date of examination, dictation and transcriptions.
- Description of the examination/procedure performed.
- Precise anatomical, radiological and pathological terminology is used to describe the findings accurately. Abbreviations should be avoided to avoid ambiguity and risk of miscommunication, unless initially spelled out.
- Where appropriate, identify factors that can limit the sensitivity and specificity of the examination. Such factors might include technical factors, patient anatomy (e.g., dense breast pattern), and limitations of the technique (e.g., the low sensitivity of a chest X-ray for pulmonary embolism).
- The clinical history, indication or clinical question may be inserted at the beginning of the report.
- The report should address or answer any pertinent clinical issues raised in the request for the imaging examination. If there are factors that prevent answering the clinical question, these should be stated.
- In the event of a verbal report prior to the written report was given to the referring physician, it should be mentioned in the final report.
- Comparison with previous examinations and reports should be part of the reporting process when possible.
- Abnormal findings should be followed up by requesting feed-back from the referring physicians.
- The report must conclude with an interpretative commentary in the form of a Conclusion / Impression / Interpretation / Opinion / Diagnosis or Reading.
- Standardized Computer Generated Reports (structured report formats) that satisfy the above criteria are considered acceptable and it is encourage that all interpreting physicians use standardized reporting.

## **Section 15: Errors and Omissions:**

Definition: Errors that may affect the health, safety or welfare of a client. Procedure:

- Any significant errors discovered should be handled with utmost care.
  - A QA reporting form must be completed by technical or office staff to report significant errors and the form faxed immediately to head office.
  - All QA forms will be reviewed and processed at Head Office and reviewed by the QA on as needed basis.
  - Referring Physician or Client Complaints shall be handled by head office and directed to the QA.
  - QA will inform the reporting radiologist and technical staff in writing that a significant error has occurred and provide recommendations.
  - Imaging report errors: The referring physician will be contacted in writing if a significant error is discovered. An explanation for the cause of the error and

recommendations for immediate follow up should be clearly noted. Revisions to internal policies to prevent a similar error should be noted and implemented.

- All significant errors should be reviewed in the QA committee meeting.
- All addendums are logged and given to the Quality Advisor.
- 

Quality Assurance Reporting Form: see next page

# X-RAY ASSOCIATES

Quality Assurance Form

**Location (Please circle)**

AU NM RS YM

**STAFF MEMBER:** \_\_\_\_\_ **PATIENT NAME:** \_\_\_\_\_  
**DATE:** \_\_\_\_\_ **PATIENT ID:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_ **ACCESSION NUMBER:** \_\_\_\_\_

**RIS / PACS ISSUES**

FAX: (905) 737-7538

UNSPECIFIED IMAGES       IMAGES UNDER WRONG PATIENT       MERGE PATIENT RECORDS

\_\_\_\_\_  
\_\_\_\_\_

**WORKSTATION**

FAX: (905) 737-7538

SCANNER IS NOT WORKING       APPLICATION IS NOT WORKING       COMPUTER IS NOT BOOTING UP

\_\_\_\_\_  
\_\_\_\_\_

**TRANSCRIPTION**

FAX: (905) 737-7538

PUT BACK FOR DICTATION       FAX BATCH ISSUE       PRINT BATCH ISSUE

\_\_\_\_\_  
\_\_\_\_\_

**REPORT ERRORS / SERVICE ISSUES**

FAX: (289) 553-5042

CORRECTION REQUIRED       WRONG REFERRING PHYSICIAN       INCORRECT MAIL/FAX INFORMATION  
 ADDENDUM REQUIRED       PATIENT COMPLAINTS       PHYSICIAN COMPLAINT  
 ADDENDUM COMPLETED       REPORT ENCLOSED       \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**BILLING**

FAX: (289) 553-5042

\_\_\_\_\_  
\_\_\_\_\_

revision date: Aug 15, 2014

## **Section 16: Billing Clerk:**

To assist all office staff with the proper use of billing codes and to submit EDT billing to the ministry and make adjustments as required to meet the guidelines of the Ministry of Health ICHSC billing codes for imaging procedures.

## **Section 17: Radiation Safety Officer (RSO):**

The radiation safety officer will complete all tasks as outlined by the CPSO, CNSC and Accreditation Canada. Genti Cermjani is the RSO for both sites.

## **Section 18: Staff Sign Off Sheet:**

All Staff will review and sign off on all policy and procedure manuals annually. Updates will be emailed to all staff. Suggestions are welcomed! Please email the General Manager.

## **Section 19: Equipment:**

Any outdated equipment or equipment no longer meeting the standard of care or no longer producing diagnostic images must be reported to management so that it can be reviewed. The equipment list will be updated every 6 months.

X-Ray has Harp every 6 months, 1 Preventative Maintenance per year.

BMD has 1 PM per year. Physicist Acceptance Testing as per CAR accreditation.

US has 1 PM per year.

Nuclear Medicine: 1 PM per year

X-Ray, BMD and Nuclear Medicine older than CAR guidelines must have a physicist acceptance test every 3 years.

ALL HARP, PMs and Physicist testing must be signed off by the Quality Advisor.

Leads are responsible to ensure all testing is done, review results to follow up and relay to the General Manager. GM will ensure Quality Advisor and President are up to date on any deficiencies.

If a piece of equipment is no longer in use, removed from service and on still on site, it must be clearly labelled as NOT TO BE USED. This usually pertains to decommissioned ultrasound equipment, kept for parts. This equipment should still be logged with the date it was taken out of use, where it is stored and purpose for keeping on site.

## **Section 20: Client and Physician Satisfaction Surveys:**

Client surveys must be available at all times in every office. Quarterly, random clients must be selected for all modalities to complete a survey. Submit the forms to the head office where they will be reviewed and logged and discussed at QA meeting.

A survey will also be sent to all referring physicians at least annually. The responses will be reviewed and logged and discussed at QA meeting.

All surveys will be discussed with the Quality Advisor. (see surveys attached)

## X- Ray Associates REFERRING PHYSICIAN SURVEY

please complete & fax 289 553-5042 or email

[marlenemccarthy@xrayassociates.org](mailto:marlenemccarthy@xrayassociates.org)

Name of Physician \_\_\_\_\_

Which location do you usually refer your Patients?				
679 Davis Dr. Newmarket ( )				
250 Harding Blvd. Richmond Hill ( )				
955 Major Mackenzie Dr. Vaughan ( )				
125 Pedersen Dr. Aurora ( )				
<b>Please rate each item by placing a <math>\sqrt</math> in the box that best describes your opinion of our service during the last 12 months.</b>	<b>Poor</b>	<b>Good</b>	<b>Excellent</b>	<b>N/A</b>
Does the office return your calls promptly?				
Are staff friendly and courteous when you call?				
The facility accommodates urgent patient requests?				
<b>REPORTS:</b>				
Are received within 24 - 48 hours?				
Are clearly stated?				
Urgent findings are communicated in a timely fashion?				
The radiologist's findings answer your clinical question?				
Our Cardiac services include Echo US, Stress ECG, Holter and ABP monitoring in Aurora with Dr. Chua, Cardiologist.				
Your patients have access to their images via a free patient portal.				
Our PACS connects to the DIR, so your patient images are available at all local hospitals.				
<b>Do you need access to our Physician Viewing Portal?</b>				
<b>If so, please email Vicki: <a href="mailto:v.goard@xrayassociates.org">v.goard@xrayassociates.org</a></b>				
<b>Reports directly to your EMR! Email Vicki to join <a href="mailto:v.goard@xrayassociates.org">v.goard@xrayassociates.org</a></b>				
<b>An interactive req. is available for your desktop! Copy and paste from our website. Need help please email <a href="mailto:v.goard@xrayassociates.org">v.goard@xrayassociates.org</a></b>				

\*\*Please provide any feedback to us that you feel will provide a better service to your patients and your practise. Thank you for your time!

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THANK YOU FOR TRUSTING US WITH YOUR PATIENTS!

## X-RAY ASSOCIATES INC. PATIENT SURVEY

July 2024

<b>Please Rate Each Item by circling the number that best describes your opinion.</b>	<b>Poor</b>	<b>Good</b>	<b>Excellent</b>	<b>Not Applicable No Opinion</b>
1. Waiting time: how long did you have to wait to get an appointment at this clinic	1	2	3	4
2. Waiting time: how long was your wait in the waiting room before you were seen	1	2	3	4
3. Instructions: how well and how clearly were your preparations for the test explained to you by the clinic staff	1	2	3	4
4. Ease of getting information: willingness of the clinic staff to answer questions	1	2	3	4
5. Overall treatment: concern, care, respect, friendliness, kindness, how well did the staff listen and understand what was important to you	1	2	3	4
6. Safety and security: how well did the staff provide for the safety and security of your belongings	1	2	3	4
7. Privacy: how well was your privacy considered, e.g. type of gowns used, privacy while changing	1	2	3	4
8. Instructions on leaving: how clearly and completely were you told of what to do?	1	2	3	4
9. Would you recommend the clinic to a friend or family member if they need the services of this clinic	1	2	3	4
10. Did the clinic advise that your report would be to your doctor within 48 hours?	1	2	3	4
11. Were you told about the free patient portal?	1	2	3	4
12. What suggestions or changes would you recommend to improve our service? Use reverse page for notes or email <a href="mailto:info@xrayassociates.org">info@xrayassociates.org</a>				
13. If you would like to be contacted about your concerns, please add your name and telephone number.				
14. Date of service:				
<p>You may complete an on-line survey</p> <p><a href="http://xrayassociates.org">xrayassociates.org</a> OR</p> <p>email <a href="mailto:info@xrayassociates.org">info@xrayassociates.org</a></p>	<p>Which X-Ray Associates location did you receive services?</p> <ul style="list-style-type: none"> <li><input type="radio"/> 679 Davis Drive, Newmarket</li> <li><input type="radio"/> 125 Pedersen Drive, Aurora</li> <li><input type="radio"/> 250 Harding Blvd, Richmond Hill</li> <li><input type="radio"/> 955 Major Mackenzie Drive, Vaughan</li> </ul>			

What type of procedure(s) did you have? (Please circle)

- X-Ray
- Ultrasound
- BMD
- Nuclear Medicine

**Section 21: Quality Advisor visit log sheet:**

The Quality Advisor will visit each facility a minimum of four times per year. These visits must be logged (see sheet below) at all facilities.

**X-RAY ASSOCIATES**

**QUALITY ADVISOR VISIT – CHECKLIST**

**DATE OF VISIT:** \_\_\_\_\_

	No Issues ✓	Comments
Cleanliness		
Equipment Issues		
Sign off on PMS, HARPS		
Patient Safety Concerns		
Patient Surveys are they assessable?		
Any other Issues/ Concerns?		

Quality Advisor Signature:

## **Section 22: Confirming client identity, exam, ordering physician:**

Audits are done routinely to check for physician entry errors. These errors are logged and staff are made aware of these errors. In order to reduce these errors, the following policy has been implemented.

<b>X-Ray Associates Inc.</b>	<b>PROCEDURE PATIENT CARE CONTACT</b>	ISSUING AUTHORITY GM
LAST REVISED DATE: June 2016		EFFECTIVE DATE March, 2016

**PREAMBLE:** *The term “client” is derived from the Latin word pati—to suffer. A person becomes a client/client because he or she seeks medical aid.*

Not all clients are suffering, but most are anxious. The anxiety may or may not be recognized by the client. The client may be anxious about the exam, the technologist, equipment, what might be discovered, etc. The technologist must attempt to reduce these anxieties. When a technologist greets the client, the following is expected:

- Introduce yourself: SMILE Remember they are nervous and need to be reassured.
- Confirm that you have the correct client, order and referring physician(s): You ***MUST place a ✓*** beside the following BEFORE starting your exam:
  - o Confirm the client’s **name.**
  - o Ask the client’s **DOB.**
  - o Confirm that the **order is correct** and matches client history.
  - o Confirm that the correct **referring physician(s)** are getting the report.
- Explain/confirm the examination prior to starting the client’s exam. Verify the area/side requested from the requisition. (e.g. your doctor has requested an x-ray of your left hand)

- Clients' privacy is a must, use a towel or paper sheet to cover exposed private areas. Provide a gown (or 2) to clients when necessary.
- Make the client comfortable: Tell the client how you are going to move them or how you want them to move.
- When attempting to locate a landmark, let the client know where and why and that you will be touching them.
- Client Contact in the sense of any procedure relates to the physical hands-on touching of a client. Technologists are expected to follow all expectations as per their college in regards to client contact.
- Whenever possible, a male technologist doing an examination on a female client may request the assistance of either a relative or if necessary, a clerk. Above all, do not compromise yourself or the client. (or female with a male client)
- Confirm all female clients are not pregnant and record in PACS. (radiography)
- Look professional. Your appearance and attitude will bear significantly on how the client responds.
- Always be cautious of the “at risk” client and be prepared to respond appropriately
- Be calm and sympathetic. This is manifested in your communication techniques and body language.
- Beware of “cultural risk” areas and linguistic differences (comprehension) and be sensitive to them.
- Listen to the client. Give clients a chance to speak. Don't rush them.

### **Section 23: Technical Leads:**

Technical leads will assist with hiring, training and day to day operation of all facilities. Ensure all staff have current and proper registrations and CME. Complete a peer review on all staff annually and more frequently when deficiencies are noted. (Forms on intranet and in modality manuals) Verify all facilities are performing all QC activities as outlined in the manual.

Leads/GM will perform an Accreditation Canada inspection annually. All equipment PMs and HARP must be reviewed and any deficiencies followed up and the General Manager notified.

GM is responsible to notify the Quality Advisor and/or President.

Leads are required to visit all sites.