Green Light Imaging

Policies and Procedures Manual

January 2023

Green Light Imaging
8348 Rosemead Blvd
Pico Rivera, CA 90660

Green Light Imaging
8348 Rosemead Blvd.
Pico Rivera, CA 90660

Dear Green Light Imaging Technologist Employee:

Enclosed is the Green Light Imaging Policies and Procedures Manual. It contains the Green Light Imaging health care policies and procedures which you are expected to follow and adhere to during your employment with Green Light Imaging. Each employee must sign the Employee Acknowledgment which confirms your receipt of this Manual.

Should you have any questions about the information contained in this Manual, please feel free to consult with me at any time.

Yours very truly,

Roberto Esquivel, President

GREEN LIGHT IMAGING

POLICIES AND PROCEDURES

MANUAL

Review and Revised
January, 2023

Sim C. Hoffman, M.D.
Medical Director

11/30/2023
Date

Roberto Esquivel, President

1-18-2023
Date

GREEN LIGHT IMAGING POLICIES AND PROCEDURES MANUAL
TABLE OF CONTENTS

ATTACHMENTS

Field Employee Acknowledgment
Incident Report Form
Age Specific Competency Checklist
Critical Patient/High Risk Evaluation Form
Universal Precautions
MRI Patient Screening Form
Patient Rights and Responsibilities
Code of Ethics for Green Light Imaging Technologists
Business Code of Ethics
Complaint Resolution Process
Drug Reaction Report
Occupational Accident, Injury or Illness Report

GREEN LIGHT IMAGING

SECTION 1

POLICIES AND PROCEDURES MANUAL

GREEN LIGHT IMAGING: Policies and Procedures Manual - Section 1/Policy 1

PURPOSE

To ensure a consistently high level of service in the day to day operation of the CT and MRI services of Green Light Imaging, to conform to the existing laws and standards of the regulatory bodies.

FORMAT

Each policy or procedure shall be assigned to a section and numbered accordingly. The section and policy number will be printed beside the title. The effective date of the policy shall be printed below the policy number on the page.

ATTACHMENTS

Documents used to illustrate or supplement a policy shall be listed as an "Attachment" in the statement. Attachments shall be located in the final section.

GUIDELINES

In the event a policy or a procedure is amended, it shall be dated on each amendment. Whenever a policy or procedure is amended, Green Light Imaging, shall furnish the written changes to the employees to be placed in their Policies and Procedures Manual. The most recent editions of each policy shall be the governing document.

APPROVAL

All policies and procedures shall be approved by the President of Green Light Imaging, in conjunction with other health care professionals, such as the Medical Director of Green Light Imaging.

REVIEW

In December of each year, the policy and procedure manual will be reviewed by the Green Light Imaging management to make any appropriate revisions. If changes are required prior to the annual review date, they will be implemented as required.

ACCESS

Every employee shall be familiar with each policy and procedure that is applicable to his/her role and job description. An updated Policies and Procedures Manual will be maintained at each operational site. In addition, each employee is required to sign and return the Employee Acknowledgment to the Human Resources Department, certifying that the employee has read and will comply with the Green Light Imaging's Policies and Procedures Manual.

GREEN LIGHT IMAGING: Distribution of Manual - Section 1/Policy 2

POLICY
To ensure there are established guidelines for distribution of Policies and Procedures Manual.

SCOPE
This policy applies to all Green Light Imaging employees.

GUIDELINES

1. A copy of the Policies and Procedures Manual shall be available to each client "hospital" and to all Green Light Imaging personnel.

2. Hospitals may obtain a digital copy directly from Green Light Imaging's website using their assigned login, at the Client Portal section.

GREEN LIGHT IMAGING: Revisions & Updates to Manual - Section1/Policy 3

POLICY

To ensure that Green Light Imaging's policies and procedures meet industry standards, existing laws and accreditation guidelines.

SCOPE

This policy applies to all Green Light Imaging employees.

GUIDELINES

1. This manual shall be reviewed annually, and amended when appropriate, by the President in conjunction with the General Manager and Green Light Imaging's Medical Director.

2. Revisions, updates, changes and additions may be made to the manual upon the written approval of the President and the General Manager with the consultation of the Medical Director, to ensure compliance of new requirements from accrediting Agencies.

GREEN LIGHT IMAGING

SECTION 2

POLICIES & PROCEDURES

SAFETY

GREEN LIGHT IMAGING: MRI Safety precautions - Section 2/Policy 1

POLICY

To ensure the safety of patients and employees.

SCOPE

This policy applies to all Green Light Imaging personnel and it applies to all settings where MRI equipment is used and operated.

GUIDELINES

1. DEFINITIONS

Personnel Definitions

- Non-MR Personnel – Patients, visitors or facility staff who do not meet the criteria of level 1 or level 2 MR personnel will be referred to as non-MR personnel. Specifically, non-MR personnel will be the terminology used to refer to any individual or group who has not within the previous 12 months undergone the designated formal training in MR safety issues defined by the MR safety director of that installation.

- Level 1 MR Personnel – Individuals who have passed minimal safety educational efforts to ensure their own safety as they work within Zone III will be referred to as level 1 MR personnel (e.g., MRI department office staff, and patient aides.)

- Level 2 MR Personnel – Individuals who have been more extensively trained and educated in the broader aspects of MR safety issues, including, issues related to the potential for thermal loading or burns and direct neuromuscular excitation from rapidly changing gradients, will be referred to as level 2 MR personnel (e.g. MRI technologies, Radiologists, radiology department nursing staff.)

Zone Definitions

- Zone I – This region includes all areas that are freely accessible to the general public. This area is typically outside the MR environment itself and is the area through which patients, health care personnel, and other employees of the MR site access the MR environment.

- Zone II – This area is the interface between the publicly accessible uncontrolled Zone I and the strictly controlled Zone III (see below). Typically, the patients are greeted in Zone II and are not free to move throughout Zone II at will, but rather are under the supervision of MR personnel. It is in Zone II that the answers to MR screening questions, patient histories, medical insurance questions, etc. are typically obtained.

- Zone III – This area is the region in which free access by unscreened non-MR personnel or ferromagnetic objects or equipment can result in serious injury or death as a result of interactions between the individuals or equipment and the MR scanner's particular environment. These interactions include, but are not limited to, those with the MR scanner's static and time varying magnetic fields. All access to Zone III is to be strictly physically restricted, with access to regions within it (including Zone IV; see below) controlled by, and entirely under the supervision of, MR personnel.

- Zone IV – This area is synonymous with the MR scanner magnet room itself. Zone IV, by definition, will always be located within Zone III as it is the MR magnet and its associated magnetic field which generates the existence of Zone III.

2. SUPERCISION OF INDIVIDUALS

Non-MR Personnel should be accompanied by, or under the immediate supervision of and visual contact with, one specifically identified level 2 MR person for the entirely of their duration within Zone III or IV restricted regions.

Level 1 and 2 MR personnel may move freely about all zones.

3. ACCESS RESTRICTION

Site Access Restriction

Specifically identified MR personnel (typically, but not necessarily only, the MR technologist) are to be charged with ensuring that this policy is strictly adhered to for the safety of the patients and other non-MR personnel, the health care personnel, and the equipment itself. This function of the MR personnel is directly under the authority and responsibility of the MR Medical Director.

Zone III regions should be physically restricted from general public access by, for example, key locks, passkey locking systems, or any other reliable, physically restricting method that can differentiate between MR personnel and non-MR personnel. Only MR personnel shall be provided free access, such as the access keys and passkeys, to Zone III.

Non-MR personnel are not to be provided with independent Zone III with independent Zone III access until such time as they undergo the proper education and training to become MR personnel themselves.

Zone III, or at the very least the area within wherein the static magnetic field's strength exceeds 5-Gauss should be demarcated and clearly marked as being potentially hazardous. Because magnetic fields are three-dimensional volumes, Zone III controlled access areas may project through floors and ceilings of MRI suites, imposing magnetic field hazards on persons on floors other than that of the MR scanner. Zones of magnetic field hazard should be clearly delineated, even in typically non-occupied areas such as rooftops or storage rooms, and access to these Zone III areas should be similarly restricted from non-MR personnel as they would be inside any other Zone III region associated with the MRI suite.

Zone IV should also be demarcated and clearly marked as being potentially hazardous due to the presence of very strong magnetic fields. As part of the Zone IV site restriction, all MR installations should provide for direct visual observation by level 2 personnel to access pathways into Zone IV (i.e. the MR technologist would be able to directly observe and control, by means of line of site or by means of video monitors, the entrances or access corridors to Zone IV from their normal positions when stationed at their desks in the scan control room)

Zone IV should be clearly marked with a red light and lighted sign stating, "The Magnet is On". Ideally, signage should inform the public that the magnetic field is active even when power to the facility is deactivated. Except for resistive systems, this light and sign should be illuminated at all times and should be provided with a battery backup energy source to continue to remain illuminated in the event of a loss of power to the site.

4. MEDICAL EMERGENCIES

In case of cardiac or respiratory arrest or other medical emergency within Zone IV for which emergent medical intervention or resuscitation is required, appropriately trained and certified MR personnel should immediately initiate basic life support or CPR as required by the situation while the patient is being emergently removed from Zone IV to a predetermined, magnetically safe location. All priorities should be focused on stabilizing (e.g., basic life support with cardiac compressions and manual ventilation) and then evacuating the patient as rapidly and safely as possible from the magnetic environment that might restrict safe resuscitative efforts.

Zones III and IV site access restrictions must be maintained during resuscitation and other emergent situations for the protection of all involved.

5. TRAINING

All individuals working within at least ZONE III of the MR environment should be documented as having successfully completed at least one MR safety lecture or presentations approved by the MR Medical Director. Attendance should be repeated at least annually, and appropriate documentation should be provided to confirm these ongoing educational efforts.

It is the responsibility of the MR Medical Director not only to identify the necessary training, but also to identify those individuals who qualify as level 2 MR personnel. It is understood that the Medical Director will have the necessary education and experience in MR safety to qualify as level 2 MR personnel.

All those not having successfully complied with these MR safety instruction guidelines shall be referred to as non-MR personnel. Specifically, non-MR personnel will be the terminology used to refer to any individual or group who has not within the previous 12 months undergone the designated formal training in MR safety issues defined by the MR safety director of that installation.

6. SCREENING OF PATIENTS & OTHER INDIVIDUALS

All non-MR personnel wishing to enter Zone III must first pass an MR safety screening process.

Only MR personnel are authorized to perform an MR safety screen before permitting non-MR personnel into Zone III.

The screening process and screening forms for patients, non-MR personnel, and MR personnel should be essentially identical.

Non-MR personnel should be accompanied by, or under the immediate supervision of and in visual or verbal contact with, one specifically identified level 2 MR person for the entirety of their duration within ZONE III or IV restricted regions. However, it is acceptable to have them in a changing room or restroom in ZONE III without visual contact as long as the personnel and the patient can communicate verbally with each other.

Level 1 MR personnel are permitted unaccompanied access throughout Zones III and IV, Level 1 MR personnel are also explicitly permitted to be responsible for accompanying non-MR personnel into and throughout Zone III, excluding Zone IV. However, level 1 MR personnel are not permitted to directly admit, or be designated responsible for, non- MR personnel in Zone IV.

In the event of shift change, lunch break, etc., no level 2 MR personnel shall relinquish their responsibility to supervise non-MR personnel still within Zone III or IV until such supervision has been formally transferred to another of the site's level 2 MR personnel.

Non-emergent patients should be MR safety screened on site by a minimum of 2 separate individuals. At least one of these individuals should be level 2 MR personnel. At least one of these 2 screens should be performed verbally or interactively. Emergent patients and their accompanying non-MR personnel may be screened only once, providing the screening individuals is level 2 MR personnel.

Any individuals undergoing an MR procedure must remove all readily removable metallic personal belongings and devices on or in them (e.g., watches, jewelry, pagers, cell phones, body piercings (if removable), contraceptive diaphragms, metallic drug delivery patches, cosmetics containing metallic particles (such as eye make-up), and clothing items which may contain metallic fasteners, hooks, zippers, loose metallic components or metallic threads).

All patients and non-MR personnel with a history of potential ferromagnetic foreign object penetration must undergo further investigation before being permitted entrance to Zone III.

Conscious, non-emergent patients and research and volunteer subjects are to complete written MR safety screening questionnaires before introduction to Zone III. Family or guardians of nonresponsive patients or of patients who cannot reliably provide their own medical histories are to complete a written MR safety screening questionnaire before their

introduction to Zone III. These completed questionnaires are then to be reviewed orally with the patient, guardian, or research subject in their entirely before permitting the patient or research subject to be cleared into Zone III.

Screening of the patient or non-MR personnel with, or suspected of having, an intracranial aneurysm clip should be performed as per the separate MR safe practice guidelines addressing this particular topic.

Screening of patients for whom an MR examination is deemed clinically indicated or necessary, but who are unconscious or unresponsive, who cannot provide their own reliable histories regarding prior possible exposures to surgery, trauma, or metallic foreign objects, and for whom such histories cannot be reliably obtained from others:

- If no reliable patient metal exposure history can be obtained, and if the requested MR examination cannot reasonably wait until a reliable history might be obtained, it is recommended that such patients be physically examined by level 2 personnel. All areas of scars or deformities that might be anatomically indicative of an implant, such as on the chest or spine region, and whose origins are unknown and which may have been caused by ferromagnetic foreign bodies, implants, etc., should be subject to plain-film radiography (if recently obtained plain films or CT or MR studies of such areas are not already available).
- Monitoring of patients in the MR scanner is sometimes necessary. However, monitoring methods should be chosen carefully due to risk of thermal injury associated with monitoring equipment in the MR environment. Sedate, anesthetized or unconscious patients may not be able to express symptoms such as injury. This potential for injury is greater on especially higher field whole body scanners (e.g., 1 Tesla and above), but exists at least theoretically at all MR imaging field strengths. MR conditional EKG electrodes should be used and leads should be kept from touching the patients during the scan. Patients who require EKG monitoring and who are unconscious, sedated or anesthetized should be examined after each imaging sequence with potential repositioning of the EKG leads and any other electrically conductive material with which the patient is in contact. Alternatively, cold compresses or ice packs could be placed upon all necessary electrically conductive material that touches the patients during scanning.
- Distortion of the electrocardiogram within the magnetic field can make interpretation of ECG complex unreliable, even with filtering used by contemporary monitoring systems. Routine monitoring of heart rate and rhythm may also be accomplished using pulse oximetry, which would eliminate the risk of thermal injury from electrocardiography.

Final determination of whether or not to scan any given patient with any given implant, foreign body, etc. is to be made by the level 2 designated attending MR Radiologist, the MR Medical Director, or specifically designated level 2 MR personnel following criteria for acceptability predetermined by the Medical Director.

All non-MR personnel (e.g., patients, volunteers, varied site employees and professionals) with implanted cardiac pacemakers, implantable cardioverter defibrillators (ICDs), diaphragmatic pacemakers, electromechanically activated devices, or other electrically conductive devices upon which the non-MR personnel is dependent should be precluded from Zone IV and physically restrained from the 5-Gauss line unless specifically cleared in writing by a level 2 designated attending Radiologist or the Medical Director of the MR site.

Should it be determined that non-MR personnel wishing to accompany a patient into a MR scan room require their orbits to be cleared by plain-film radiography, a Radiologist must first discuss with the non-MR personnel that plain X-ray films of their orbits are required before permitting them access to the MR scan room. Should they still wish to proceed with access to Zone IV or within the 5-G line and should the attending Radiologist deem it medically advisable that they do so (e.g., for the care of their child about to undergo an MR study), written informed consent should be provided by these accompanying non-MR personnel before their undergoing X-ray examination of their orbits.

MR scanning of patients, prisoners, or parolees with metallic prisoner-retraining devices or RF ID or tracking bracelets could lead to theoretical adverse events, including:

- ferromagnetic attractive effects and resultant patient injury,
- possible ferromagnetic attractive effects and potential damage to the device or its battery pack,
- RF interference with the MRI study and secondary image artifact,
- RF interference with the functionality of the device,
- RF power deposition and heating of the bracelet or tagging device or its circuitry and secondary patient injury (if the bracelet would be in the anatomic volume of the RF transmitter coil being used for imaging).
- Therefore, in cases where requested to scan a patient, prisoner, or parolee wearing RF bracelet or metallic handcuffs or ankle-cuffs, request that patient be accompanied by the appropriate authorities who can and will remove the restraining device before the MR study and be charged with its replacement following examination.

Firefighter, police and security safety conditions:

- For safety of firefighters and other emergent services responding to an emergent call at the MR site, it is recommended that all fire alarms, cardiac arrests, or other emergent service response calls originating from or located in the MR site should be forwarded simultaneously to a specifically designated individual from amongst the site's MR personnel. This individual should, if possible, be on site before arrival of the firefighters or emergent responders to ensure that they do not have free access to Zone III or IV.
- All MR sites should arrange prospectively educate their local fire marshals, firefighters associations, and police or security personnel about the potential hazards or responding to emergencies in the MR suite.
- It should be stressed that in the presence of a true fire (or other emergency) in Zone III or IV, the magnetic fields may be present and fully operational.

- Free access to Zone III or IV by firefighters or non-MR personnel with air tanks, axes, crowbars, other firefighting equipment, guns, etc. might prove catastrophic or even lethal to those responding or others in the vicinity.
- As part of the Zone III and IV restrictions, all MR sites must have clearly marked, readily accessible MR Conditional or MR Safe fire extinguishing equipment physically stored within Zone III or IV
- All conventional fire extinguishers and other firefighting equipment not tested and verified safe in the MR environment should be restricted from Zone III.
- For superconducting magnets, the helium (and the nitrogen as well, in older MR magnets) is not flammable and does not pose a fire hazard directly. However, the liquid oxygen that can result from the supercooled air in the vicinity of the released gases might well increase the fire hazard in this area. If there are appropriately trained and knowledgeable MR personnel available during an emergency to ensure that emergency response personnel are kept out of the MR scanner or magnet room and 5-Gauss line, quenching the magnet during a response to an emergency or fire should not be requirement.
- If the fire is in such a location where Zone III or IV needs to be entered for whatever reason by firefighting or emergency response personnel and their firefighting and emergent equipment, such as air tanks, crowbars, axes, defibrillators, a decision to quench a superconducting magnet should be very seriously considered to protect the health and lives of the emergent responding personnel. Should a quench be performed, appropriately designated MR personnel still need to ensure that all non -MR personnel (including and especially emergently response personnel) continue to be restricted from Zones III and IV until the designated MR personnel has personally verified that the static field is either no longer detectable or at least sufficiently attenuated as to no longer present a potential hazard to one moving by it with, for example, large ferromagnetic objects such as air tanks or axes.
- For resistive systems, the magnetic field of the MR scanner should be shut down as completely as possible and verified as such before permitting the emergency response personnel access to Zone IV. For permanent, resistive, or hybrid systems whose magnetic fields cannot be completely shut down, MR personnel should ideally be available to warn the emergency response personnel that a very powerful magnetic field is still operational in the magnet room.

MR Personnel Screening

All MR personnel are to undergo an MR-screening process as part of their employment interview process to ensure their safety in the MR environment. For their own protection and for the protection of the non-MR personnel under their supervision, all MR personnel must immediately report to the MR Medical Director any trauma, procedure, or surgery they experience or undergo where a ferromagnetic object or device may have become introduced within or on them. This will permit appropriate screening to be performed on the employee to determine the safety of permitting that employee into Zone III.

Device and Object Screening

Ferrous objects, including those brought by patients, visitors, contractors, etc., should be restricted from entering Zone III, whenever practical.

All portable metallic or partially metallic devices that are on an external to the patient (e.g., oxygen cylinders) are to be positively identified in writing as MR Unsafe or, alternatively, MR Safe or MR Conditional in the MR environment before permitting them into Zone III. For all device or object screening, verification and positive identification should eb in writing. Examples of devices that need to be positively identified include fire extinguishers, oxygen tanks and aneurysm clips.

External devices or objects demonstrated to be ferromagnetic and MR Unsafe or incompatible in the MR environment may still, under specific circumstances be brought into Zone III if for example, they are deemed by MR personnel to be necessary and appropriate for patient care. They should only be brought into Zone III if they are under the direct supervision of specifically designated level 1 or level 2 MR personnel who are thoroughly familiar with the device, its function, and the reason supporting its introduction to Zone III. The safe usage of these devices while they are present in Zone III will be the responsibility of specifically named level 1 or 2 MR personnel. These devices must be appropriately physically secured or restricted at all times during which they are in Zone III to ensure that they do not inadvertently come too close to the MR scanner and accidentally become exposed to static magnetic fields or gradients that might result in their becoming either hazardous projectiles or no longer accurately functional.

Never assume MR compatibility or safety information about the device if it is not clearly documented in writing. All unknown external objects or devices being considered for introduction beyond Zone II should be tested with a strong handheld magnet (1000 – Gauss) and/or a handheld ferromagnetic detection device for ferromagnetic properties before permitting them entry to Zone III. The results of such testing, as well as the date, time, and name of the tester, and methodology used for that particular device, should be documented in writing. If a device has not been tested, or if its MR compatibility or safety status is unknown, it should not be permitted unrestricted access to Zone III.

All portable metallic or partially metallic objects that are to be brought into Zone IV must be properly identified and appropriately labeled using the current FDA labeling criteria developed by ASTM international in standard ASTM F2503 (http://www.astm.org). Those items which are wholly, nonmetallic should be identified with a square green “MR Safe” label. Items which are clearly ferromagnetic should be identified as “MR Unsafe” and labeled appropriately with the corresponding round red label. Objects with an MR Conditional rating should be affixed with a triangular yellow MR Conditional label before being brought into the scan room/Zone IV.

7. PREGNANCY RELATED ISSUES

Healthcare Practitioner Pregnancies

Pregnant health care practitioners are permitted to work in and around the MR environment throughout all stages of their pregnancy. Acceptable activities included, but are not limited to positioning patients, scanning, archiving, injecting contrast, and entering the MR scan room in response to an emergency. Although permitted to work in and around the MR environment, pregnant health care practitioners are requested not to remain within the MR

scanner bore or Zone IV during actual data acquisition or scanning.

Patient Pregnancies

Patient Pregnancies – Screen females of reproductive age for pregnancy before permitting them access to MR imaging environments. If pregnancy is established consideration should be given to reassessing the potential risks versus benefits of the pending study in determining whether the requested MR examination could safely wait to the end of the pregnancy before being performed.

- Pregnant patients can be accepted to undergo MR scans at any stage of pregnancy if, in the determination of a level 2 MR personnel-designated attending Radiologist, the risk-benefit ratio to the patient warrants that the study be performed. The Radiologist should confer with the referring physician and document the following in the radiology report or the patient's medical record:
    - The information requested from the MR study cannot be acquired by means of nonionizing means (e.g., ultrasonography).
    - The data is needed to potentially affect the care of the patient or fetus during the pregnancy.
    - The referring physician believes that it is not prudent to wait until the patient is no longer pregnant to obtain this data.
- MR contrast agents should be routinely provided to pregnant patients. This decision too, is on that must be made on a case-by-case basis by the covering level 2 MR personnel-designated attending Radiologist who will assess the risk-benefit ratio for that particular patient.

8. VARIOUS PATIENT SAFETY-RELATED ISSUES

Induced Voltages

Patients with implanted or retained wires in anatomically or functionally sensitive areas (e.g., myocardium or epicardium, implanted electrodes in the brain) should be considered at higher risk, especially faster MRI sequences, such as echo planar imaging (which may be used in such sequences as diffusion weighted imaging, functional imaging, perfusion weighted imaging, MR angiographic imaging, etc.). The decision to limit the dB/dt (rate of magnetic field change) and maximum strength of the magnetic field of gradient subsystems during imaging of such patients should be reviewed by the level 2 MR personnel-designated attending Radiologist supervising the case or patient.

Auditory Considerations

All patients and volunteers should be offered and encouraged to use hearing protection before undergoing any imaging in any MR scanners.

All patients or volunteers in whom research sequences are to be performed (i.e., MR scan sequences that have not yet been approved by the Food and Drug Administration) are to have hearing protective devices in place before initiating any MR sequences. Without hearing protection in place, MRI sequences that are not FDA approved should not be performed on patients or volunteers.

Thermal Considerations

All unnecessary or unused electrically conductive materials external to the patient should be removed from the MR system before the onset of imaging. It is not sufficient to merely to "unplug" or disconnect unused, unnecessary electrically conductive material and leave it within the MR scanner with the patient during imaging. All electrical connections, such as on surface coil leads or monitoring devices must be visually checked by the scanning MR technologist before each usage to ensure the integrity of the thermal and electrical insulation.

Electrical voltages and currents can be induced within electrically conductive materials that are within the bore of the MR imager during the MR imaging process. This might result in the heating of this material by resistive losses. This heat might be of a caliber sufficient to cause injury to human tissue. When electrically conductive material (wire, leads, implants, etc.), are required to remain within the bore of the MR scanner with the patient during imaging, care should be taken to ensure that no large-caliber electrically conducting loops (including patient tissue) are formed within the MR scanner during imaging.

Exposure of electrically conductive leads or wires to the RF transmitted power during MR scanning should only be performed with caution and with appropriate steps taken to ensure significant lead or tissue heating does not result.

When electrically conductive materials external to the patient are required to be within the bore of the MR scanner with the patient during imaging, care should be taken to place thermal insulation (including air, pads, etc.) between the patient and the electrically conductive material, while simultaneously attempting to (as much as feasible) keep the electrical conductor from directly contacting the patient during imaging. It is also appropriate to try to position the leads or wires as far as possible from the inner walls of the MR conductive leads directly contact the patient during imaging, consideration should be given to prophylactic application of cold compresses ice packs to such areas.

There have been rare reports of thermal injuries/burns associated with clothing that contained electrically conductive materials, such as metallic threads, electrically conductive designs, and silver impregnated clothing. As such, consideration should be given to having all patients remove their clothing and instead change into provided gowns to cover at the very least the region/volume of the patient that is scheduled to undergo MR imaging and, therefore, RF irradiation.

To help safeguard against thermal injuries or burns, depending on specific magnet designs, care may be needed to ensure that the patient's tissue(s) do not directly come into contact with the inner bore of the MR imager during the MRI process. This is especially important for several higher field MR scanners. The manufacturers of these devices provide pads and other such insulating devices for this purpose, and manufacturer guidelines should be strictly adhered to for these units.

It is important to ensure the patient's tissues do not form large conductive loops. Therefore,

care should be taken to ensure that the patient's arms or legs are not positioned in such a way as to form a large caliber loop within the bore of the MR imager during the imaging process. For this reason, it is preferable that patients be instructed not to cross their arms or legs in the MR scanner.

Patients requested to undergo MR studies in whom there are skin staples or superficial metallic sutures (SMS) may be permitted to undergo the MR examination if the skin staples or SMS are not ferromagnetic and are not in or near the anatomic volume of RF power deposition for the study to be performed. If the non-ferromagnetic skin staples or SMS are within the volume to be RF irradiated for the requested MR study, several precautions are recommended.

- Warn the patient and make sure that they are especially aware of the possibility that they may experience warmth or even burning along the skin staple or SMS distribution. The patient should be instructed to report immediately if they experience warmth or burning sensations during the study (and not, for example, wait until the "end of the knocking noise").
- It is recommended that a cold compress or ice pack be placed along the skin staples or SMS if this can be safely clinically accomplished during the MRI examination. This will help to serve as a heat sink for any focal power deposition that may occur, thus decreasing the likelihood of a clinically significant thermal injury or burn to adjacent tissue.

For patients with extensive or dark tattoos, including tattooed eyeliner, to decrease the potential for RF heating of the tattooed tissue, it is recommended that cold compresses or ice packs be placed on the tattooed areas and kept in place throughout the MRI process if these tattoos are within the volume in which the body coil is being used for RF transmission. This approach is especially appropriate if fast spin echo (or other high RF duty cycle) MRI sequences are anticipated in the study. If another coil is being used for RF transmission, a decision must be made if high RF transmitted power is to be anticipated by the study protocol design. If so, then the above precautions should be followed. Additionally, patients with tattoos that had been placed within 48 hours before the pending MR examination should be advised of the potential for smearing or smudging of the edges of the freshly placed tattoo.

The unconscious or unresponsive patient should have all attached leads covered with a cold compress or ice pack at the lead attachment site for the duration of the MR study.

Patients in whom there are long electrically conductive leads, such as Swan-Ganz thermodilution cardiac output capable catheters or Foley catheters with electrically conductive leads as well as electrically active implants containing leads such as pacemakers, ICDs, neurostimulators, and cochlear implants, let alone electrically active implant such as pacemakers, should be considered at risk for MR studies if the body coil is to be used for RF transmission over the region of the electrically conductive lead, even if only part of the lead pathway is within the volume to undergo RF irradiation. Each such patient be reviewed and cleared by an attending level 2 Radiologist and a risk benefit ratio assessment performed before permitting them access to the MR scanner.

Drug Delivery Patches and Pads

Some drug delivery patches contain metallic foil. Scanning the region of the metallic foil may result in thermal injury. Because removal or repositioning can result in altering of patient dose, consultation with the patient's prescribing physician would be indicated in assessing how to best manage the patient. If the metallic foil of the patch delivery system is positioned on the patient so that it is in the volume of excitation of the transmitting RF coil, the case should be specifically reviewed with the Radiologist or physician covering the case.

Alternative options may include placing a nice pack directly on the patch. This solution may still substantially alter the rate of delivery of absorption of the medication to the patient (and be less comfortable to the patient, as well). This ramification should therefore not be treated lightly, and a decision to proceed in this manner should be made by a knowledgeable Radiologist attending the patient and with the concurrence of the referring physician as well.

- If the patch is removed, a specific staff member should be given responsibility for ensuring that it is replaced or repositioned at the conclusion of the MR examination.

Cryogen-Related Issues

For superconducting systems, in the event of a system quench, it is imperative that all personnel and patients be evacuated from the MR scan room as quickly as safely feasible and the site access be immediately restricted to all individuals until the arrival of MR equipment service personnel. This is especially so if cryogenic gases are observed to have vented partially or completely into the scan room, as evidenced in part by the sudden appearance of white "clouds" or "fog" around or above the MR scanner.

Claustrophobia, Anxiety, Sedation, Analgesia, and Anesthesia

Adult and pediatric patient anxiolysis, sedation, analgesia, and anesthesia for any reason should follow established organization policy.

9. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Disposal of Needles, Syringes and Containers – Section 2/Policy 2

POLICY
To ensure all used needles, syringes, and other contaminated sharp objects are discarded properly. To ensure that infectious waste containers are handled properly for the protection of personnel from injury and infection.

SCOPE
This policy applies to all Green Light Imaging personnel who are responsible for patient handling.

GUIDELINES

1. Needles should NOT be recapped.

2. Drop used syringes with needle attached into a rigid puncture proof infectious waste container. These containers may be obtained from the hospital and should be marked INFECTIOUS WASTE-SHARPS.

3. When the container is two-thirds full, securely cap container and tape the cap securely and place in a RED infectious waste bag and take to the designate disposal area at Client Facility.

4. Gloves are to be worn at ALL times.

5. All accidental needle sticks are to be reported immediately to Dispatch and an Incident Report is to be completed (see attachments). Please refer to Incident Reports, Section 7.

6. Dispatch must, immediately, provide a written report to General Manager.

7. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination

GREEN LIGHT IMAGING: Natural and Man-made Disasters Procedure – Section 2/Policy 3

POLICY

To ensure a proper plan of action is followed to protect the patient and employee in the event of a natural or man-made disaster.

SCOPE

This policy applies to all Green Light Imaging personnel.

GUIDELINES

In the event of a disaster, patient and personnel safety is the first concern. The second concern is for protection of equipment.

1. All Green Light Imaging personnel will comply with the Client Facility's disaster preparedness policy if available.

2. If you are outside of the unit you should escort the patient to a safe area.

3. If you are inside the unit you should assist patient to safe location and stay with the patient. Be alert to hazards of flying objects, glass, etc.

4. When the disaster subsides, then proceed carefully to a safety zone designated by the facility.

5. When patient is in the safety zone and no longer requires assistance, return to the scanner to assess possible damage to the unit. If scanner can be operated safely, consult with the facility manager or medical director to determine if exams should be continued.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Telecommunications – Section 2/Policy 4

POLICY

To ensure patient and personnel safety via an effective telephone communications system.

SCOPE

This policy applies to all Green Light Imaging customers and personnel.

GUIDELINES

1. Each Client shall provide an effective telephone communication between the MRI/CT unit and emergency services within the facility. A second or additional phone line may be required for remote diagnostics on the MRI and CT units. These lines help service organizations to properly maintain the equipment and ensure the highest system reliability.

2. A direct code alarm may also be used in patient emergencies but not as a substitute for a telecommunications line.

3. No services will be performed by Green Light Imaging employees until appropriate telecommunications lines are provided.

4. In the event that hospital telecommunications are not readily available or impractical, cellular phones may be used for the purpose of communication to the MRI/CT unit. Cellular phones should be checked to ensure they do not disrupt any electronic or radio wave systems on the unit.

5. Green Light Imaging employees shall avoid unnecessary or personal use of all telecommunications lines.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: MRI/CT Worker Safety – Section 2/Policy 5

POLICY
To assure safety of all Green Light Imaging and Client employees while performing MRI and CT exams.

SCOPE
This policy applies to all Green Light Imaging employees.

GUIDELINES

1. All persons entering the magnet room shall be checked by Green Light Imaging personnel for ferromagnetic items. (MRI only)

2. Magnetic exclusion zones and x-ray areas shall be clearly marked on Green Light Imaging's units.

3. Pregnant employees should refer to Section 2, Policy 7

4. Proper body mechanics and lifting techniques will be observed at all times.

5. Green Light Imaging employees shall wear appropriate protection while injecting and/or pushing IV contrast.

6. All employees shall report any accidents or needle sticks immediately by completing an Incident Report (see attachments). Refer to Incident Reports, Section 7, Policy 2.

7. Employees are to report any situation that endangers them in any way to the General Manager. Dangerous working conditions will be addressed and acted upon immediately.

8. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Patient and Visitor Safety – Section 2/Policy 6

POLICY
To assure the safety of all patients and visitors entering the MRI/CT unit.

SCOPE
This policy applies to all Green Light Imaging personnel responsible for patient handling.

GUIDELINES
1. All patients and visitors who are to enter the MRI/CT scan room shall be screened for all medical contraindications as outlined in Section 5/Policy 11, MRI/CT Patient Screening.

2. MRI patients and visitors shall also be screened for any items that my exhibit a missile effect in the magnetic field, such as finger nail clippers, writing instruments, pocket knives, jewelry, hair clips or pins, etc.

3. Green Light Imaging personnel shall also screen for items that may be affected or damaged by the magnetic field, such as analog watches, hearing aids, computer disks, magnetic tapes, cameras, credit or ATM cards, pagers, cellular phones, etc.

4. If it is determined by the Medical Director of the facility that a pregnant patient is to be examined in a Green Light Imaging CT scanner (see Section 5, policy 12, MRI/CT Patient Screening), proper shielding, such as a lead apron around the abdomen must be used.

5. As stated in the **Policies, Guidelines, and Recommendations for MR Imaging Safety and Patient Management** issued by the Safety Committee of the Society for Magnetic Resonance Imaging (SMRI) imaging may be used in pregnant women if other non-ionizing forms of diagnostic imaging are inadequate or if the examination provides important information that would otherwise require exposure to ionizing radiation (e.g., fluoroscopy, CT, etc.). It is recommended that pregnant patients be informed that, to date, there has been no indication that the use of clinical MR imaging during pregnancy has produced deleterious effects. However, as noted by the FDA, the safety of MR imaging during pregnancy has not been proved.

6. If any incident occurs, which results in the compromise of patients' or visitors' safety, an Incident Report is to be completed (see attachments). Please refer to Section 7, Policy 2, Incident Reports.

7. Green Light Imaging personnel may also be required to reimburse for any items that are damaged due to improper screening.

8. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Pregnant Employee - CT Personnel –
Section 2/Policy 7

POLICY

To ensure personnel safety during pregnancy.

SCOPE

This policy applies to all female technologists.

GUIDELINES

1. When an employee learns that she is pregnant, she must inform Human Resources.

2. The employee must provide written permission from her physician to continue working. The physician's statement should indicate an awareness of the employee's duties and the potential exposure.

3. If the physician does not grant permission to continue working, the employee shall be placed on a medical leave of absence, due to the pregnancy related disability. Any questions regarding medical leaves of absence are to be directed to the Human Resources Manager.

4. All requirements for medical leaves of absence shall apply.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Quench Evacuation Safety – Section 2/Policy 8

POLICY
To identify procedures in the event of a superconducting magnetic quench.

SCOPE
This policy applies to a Green Light Imaging personnel and other personnel in the vicinity of the MRI system.

GUIDELINES

1. A quench of a magnet refers to a sudden conversion of liquid helium or nitrogen to vaporous gas. This is usually preceded by a visual or audible warning of a quench. (When necessary, the unit is equipped with a sensor and audible alarm system.)

2. In the unlikely event of a superconducting magnet quench, the major efforts should be directed to evacuating the area of the MRI system room and any place the vaporized gases may reach.

3. Patient and personnel safety is the first concern. Equipment safety is secondary.

4. Evacuate patient and personnel to a safe location with proper ventilation. REMEMBER, helium and nitrogen are not toxic. The greatest hazard is that it will displace the oxygen and create a possibility of suffocation. Also be aware that these gases will be at a very low temperature and may cause frostbite.

5. Notify the MRI manufacturer/service group and the General Manager of the quench.

6. Complete and file an Incident Report (see attachments). Please see Incident Reports, Section 7 Policy 2.

7. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Radiation Exposure Records – Section 2/Policy 9

POLICY
To ensure that all precautions are taken to restrict the occupational exposure of personnel to ionizing radiation.

SCOPE
This policy applies to all Green Light Imaging CT technologists.

GUIDELINES

1. All personnel must wear an approved exposure badge at all times when working on Green Light Imaging CT units.

2. The exposure badges must be collected quarterly. The exposed badges shall be checked for exposure levels. Replacement badges will be used.

3. The following is the maximum occupational exposure permitted to anyone in a calendar quarter:

Whole Body	1.25 rems
Extremities	18.75 rems
Skin of the Whole Body	7.50 rems

4. In the event that occupational exposure exceeds the prescribed maximum as described as above, a written report shall be made to both the affected employee and to the appropriate regulatory agency. This report shall be submitted within thirty (30) days.

5. Exposure readings will be kept on file for 7 years for future reference and posted in the units.

6. Staff dosimeters results are reviewed quarterly and signed by the Radiation Safety Officer.

7. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Radiation Safety – Section 2/Policy 10

POLICY

To ensure that all patient and employees are protected from unnecessary radiation.

SCOPE

This policy applies to all Green Light Imaging CT personnel.

GUIDELINES

Diagnostic equipment has been installed following the manufacturer's and FDA specifications. The equipment has appropriate collimation which limits the size of the useful beam to the area of clinical interest. Prior to installation of imaging equipment, a structure radiation shielding and a radiation protection survey is conducted by a Medical Physicist.

Patient Safety:

1. Pregnancy warning signs shall be placed in a conspicuous area on each unit that is using radiation.

2. All women during reproductive years (approx. 11 to 60) should be tested for pregnancy and should not be scanned before the results are received by the CT technologist.

3. The radiologist and/or referring physician will make the decision to perform scans using ionizing radiation, especially on patients of childbearing age.

4. All pregnant patients must have a consent form signed prior to the scan and the patient must be informed of all risks involved.

5. To ensure the patient is protected as much as possible, a lead shield shall be used on the front and back of all children, pregnant women, etc. This shield shall be used under the direct supervision of the Radiologist.

Patient Radiation Dose Estimates:

1. The use of protocols that have the potential for injury or adverse effect should be weighed against medical needs.

2. The CT scanning computers display dose estimates for a given examination. The estimates may be displayed on the control panel as volume computer tomography Dose index (CTDIvol) or (CTDIw) in units of milligray or mGy and or dose-length product (DLP) in units of milligray-centimeter or mgy-cm. While these doses are estimates, they provide a valuable reference for patient exposure.

3. The Interpreting physicians are to be made aware of these estimates in order to ensure that patients do not receive excessive radiation doses.

4. Staff technologists are trained to check dose estimates before and after scanning patients, and routinely recording this information. Staff technologists will receive clear direction in what to look for with regard to dose estimates, and when to bring to the attention of the radiologist, medical physicist, or radiation safety office any observed increases or drift in dose estimates.

5. A Radiation Dose log will be maintained and submitted to the facilities monthly for their review. These radiation dose logs will be reviewed by the Radiation Safety Officer and the Department Manager of the facilities, and in case of over exposure the Client facility will be notified promptly. Any changes to CT protocols will be made by the Safety Committee, based on dose assessments presented by a Medical Physicist. Changes approved by the Safety Committee, should be communicated to staff with written approval from management.
   The protocols should follow ACR CT Accreditation Dose guidelines:

ACR CT Accreditation Dose	Pass/Fail Criteria	Reference Levels
Examination	CTDIw (mGy)	CTDIw (mGy)
Adult Head	80	75
Adult Abdomen	30	25
Pediatric Abdomen (40-50 lb.)	20	15

6. Staff must use a given protocol provided by the Hospitals' Medical Director.

7. Staff is not to over-ride a protocol unless approved by the Radiation Safety Officer.

Employee Safety:

A. Green Light Imaging personnel are NOT to hold patients during scanning exposure.
B. Radiation badges must be worn by all Green Light Imaging personnel working on mobile CT units. Please see Exposure Records, Section 2, Policy 10.
C. Radiation exposure shall be monitored to ensure that no employee receives in excess of 1250 millirem per calendar quarter. In the event of radiation accident or an excessive exposure, the Bureau of Radiation Control shall be notified.
D. During diagnostic procedures the lead lined door between the patient room and the control room must remain closed.
E. A medical physicist shall monitor every CT unit conducting a performance evaluation to determine any radiation leaks due to structural defects. A copy of the physicist's survey will be available in the units.

8. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: CT Dose Reduction Procedures – Section 2/Policy 11

POLICY
To ensure patient safety and that the scan and exposure parameters provide the best balance in terms of image quality and Radiation dose.

SCOPE:
The policy applies to all GREEN LIGHT IMAGING personnel involved in the scanning process

GUIDELINES

1. Green Light Imaging CT technologists use the following adjustable parameters regarding radiation dose reduction:
   - kV
   - mAs

   A. Scan Protocol Optimization: kV

   - Generally standardized around 120kV
   - Lower kV: 80/100 can be used
     - Higher dose for same image noise
     - Better contrast than at 120kV
   - Higher kV: 120/140 sometimes used
     - Marginally lower dose for same image noise
     - Contrast is slightly poorer
     - Penetration is greater – can be used for obese patients or dense body sections.

   B. Scan Protocol Optimization: mA

   - Tailored mA adjustment
     - Adjusted for larger and smaller patients to ensure consistent image quality
   - Automatic mA adjustment
     - Tube current is adjusted during scanning to compensate for attenuation differences – dose applied to patient only where needed.

2. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: CT Reportable Events – Section 2/Policy 12

POLICY
To define what and how events are defined as reportable to CDPH

SCOPE
CT

GUIDELINES

Except for an event that results from patient movement or interference, a facility shall report to the California Department of Public Health (CDPH) any event in which the administration of radiation results in any of the following:

1. Repeating of a CT examination, unless otherwise ordered by a physician or a radiologist, if one of the following dose values is exceeded:
    a. 0.05 Sv (5 rem) effective dose
    b. 0.5 Sv (50 rem) to an organ or tissue
    c. 0.5 Sv (50 rem) shallow dose to the skin

2. A CT X-ray examination for any individual for whom a physician did not provide approval for the examination if one of the following dose values is exceeded:
    a. 0.05 Sv (5 rem) effective dose
    b. 0.5 Sv (50 rem) to an organ or tissue
    c. 0.5 Sv (50 rem) shallow dose to the skin

3. A CT X-ray for an examination that does not include the area of the body that was intended to be imaged by the ordering physician or radiologist if one of the following dose values is exceeded:
    a. 0.05 Sv (5 rem) effective dose
    b. 0.5 Sv (50 rem) to an organ or tissue
    c. 0.5 Sv (50 rem) shallow dose to the skin

4. CT or therapeutic exposure that results in unanticipated permanent functional damage to an organ or a physiological system, hair loss, or erythema, as determined by a qualified physician.

5. A CT or therapeutic dose to an embryo or fetus that is greater than 50 mSv (5 rem) dose, that is a result of radiation to a known pregnant individual unless the dose to the embryo or fetus was specifically approved, in advance, by a qualified physician

6. Therapeutic ionizing irradiation of the wrong individual or the wrong treatment site, excluding the area of the body that was intended to be irradiated

7. The total dose from therapeutic ionizing radiation delivered differs from the prescribed dose by 20% or more. A report shall not be required pursuant to this paragraph in any instance if the dose administered exceeds 20% of the amount prescribed in a situation if the radiation was utilized for palliative care for the specific patient. The radiation oncologist shall notify the referring physician that the dose was exceeded.

8. The facility shall , no later than five business days after the discovery of a therapeutic event described in paragraphs (3) to (7) inclusive, of subdivision (a) and no later than 10 business days after discovery of an event described in paragraphs (1) to (4) inclusive of subdivision (a) provide notification of the event to the department and the referring physician of the person subject to the event and shall, no later than 15 business days after discovery of an event described in subdivision (a) provide written notification to the person who is subject to the event.

PROCEDURE

The information provided to CDPH should include the following:

1. Person making the report, job title, contact information
2. Date(s) of event
3. Facility information
4. Radiation generating equipment specifics (i.e., manufacturer, model number, and software version)
5. Radiation generating equipment settings
6. Operators name
7. Patient physician name and contact information
8. Copy of physician's order for CT or radiation therapy treatment
9. Explanation as to reason for reporting event
10. Copies of internal investigation reports (include cause and corrective action to prevent reoccurrence)

RELATED FORMS (when applicable)

RELATED POLICIES AND PROCEDURES (when applicable)

REFERENCES

California Health and Safety Code Sections 115111, 115112, 115113
Senate Bill 1237 and Senate Bill 38

GREEN LIGHT IMAGING: Work Area/Vehicle Safety – Section 2/Policy 13

POLICY
To ensure the safety of all employees.

SCOPE
This policy applies to all Green Light Imaging employees.

GUIDELINES

1. Proper body mechanics and lifting techniques will be observed at all times.

2. The mobile unit must be properly marked to prevent entry into radiation zones or magnetic exclusion zones.

3. All liquid spills are to be wiped up immediately.

4. Electrical cords for accessory equipment (IVAC=s, monitors, suctions, etc.) will be kept out of the path of personnel as much as possible.

5. Seat belts are to be worn at all times when the vehicle is in transit.

6. Whenever available, the technologist will assist the driver by checking overhang clearance and hand signaling during back-up maneuvers.

7. The tractor and/or trailer will be completely checked and secured by the driver and/or technologist before it is moved for any reason. Additional compliance regarding tractor and trailer operation is located in Section 8, Equipment Policies & Procedures.

8. Any conditions on the unit or vehicle that could affect the patient or personnel safety must be reported immediately to the General Manager.

9. Smoking or consumption of alcoholic beverages on the vehicles is prohibited at all times

10. Only Green Light Imaging personnel will be allowed to operate or ride in the tractor.

11. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Transportation Safety – Section 2/ Policy 14

POLICY

To assure that mobile MRI/CT scanners are transported safely. To ensure safety of all Green Light Imaging employees in route to Client sites.

SCOPE

This policy applies to all Green Light Imaging employees.

GUIDELINES

1. All Green Light Imaging mobile equipment is to be properly secured by the driver prior to transport. Special care must be taken to secure internal items to avoid interior damage.

2. In the event of severe weather or road hazards, Green Light Imaging drivers should contact the local road authority to receive information on conditions. In the event of a road closure, where no alternate route is available, the driver should contact the General Manager to report the unit as stranded. The General Manager will arrange to contact the Client Facility and duty technologists to cancel service.

3. If an on-duty Green Light Imaging employee who is in route to a Client Facility is stopped by severe weather or road conditions and is unable to return home, he/she should seek shelter at the closest lodging and report to the General Manager. Green Light Imaging will compensate all employees for expenses incurred for emergency lodging.

4. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Control of Hazardous Materials and Wastes –

Section 2/Policy 15

POLICY

To ensure the safety of patients, visitors and personnel from hazardous materials and wastes.

SCOPE

This policy applies to all Green Light Imaging personnel.

GUIDELINES

1. Helium and nitrogen are common products used to keep superconducting magnets cool. Green Light Imaging maintains contracts with equipment manufacturers or third-party services to provide, deliver and install the cryogenics.

2. At times, cryos may be stored at a Client's facility. It is required that the cryogen dewars be locked within a gated fence or securely chained. The dewars should not be stored or placed in fire lanes, posted access areas, or in an unsafe location at any time. In the event that the cryos are not secured, (except when filling the magnet) the equipment manufacturer and General Manager should be notified immediately.

3. Green Light Imaging personnel are restricted from moving or installing the cryogens at any time.

4. Cleaning supplies and antibacterial sprays used for cleaning equipment and patient couches must be properly labeled and meet FDA requirements.

5. For proper disposal of needles, syringes and containers, see Section 2/ Policy 2.

6. Any accidents or spills should be reported verbally and by an Incident Report (see attachments) to the General Manager immediately.

7. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Patient Communication – Section 2/Policy 16

POLICY

To ensure effective levels of communication assistance are available to perform CT or MRI procedures.

SCOPE

This policy applies to all Green Light Imaging technologists.

GUIDELINES

1. Green Light Imaging are to maintain verbal and visual contact with all patients through the exam.

2. Language barriers may occasionally happen between Green Light Imaging personnel and patients. The Client's facility will accommodate the patient's needs for translation through their own means.

3. In the event of fire or other disaster, Green Light Imaging personnel will respond directly to patients and communicate in a manner that ensures patient safety.

4. For MRI examinations, it is imperative to follow proper safety and screening procedures. If patient is unable to respond to screening questions, Green Light Imaging personnel will contact the ordering physician to secure screening information.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING

SECTION 3

POLICIES & PROCEDURES

EMERGENCY

GREEN LIGHT IMAGING: Emergency Equipment – Section 3/Policy 1

POLICY
To ensure there are established guidelines for life-support equipment that should be available in the event of an emergency.

SCOPE
This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. The Client's Facility is responsible for providing a crash cart and an anaphylactic reaction tray according to hospital standards.

2. Depending on the facility's established protocol, the crash cart shall be placed inside the unit by Green Light Imaging personnel for every study performed. The Cart will be returned to the designated storage area at the conclusion of study.

3. Upon discovery of any malfunction of equipment or shortage of supplies, a replacement item should be obtained from the Client Facility until the problem is corrected.

4. Suggested Emergency Equipment

   A. Oxygen tank with regulator, tubing and masks.
   B. Ambu bags (Adult & Pediatric) with oxygen reservoir and oxygen tubing adapter.
   C. Defibrillator with cardiac monitor and associated electrodes.
   D. Suction apparatus with tubing, suction catheters and tonsil tip.
   E. Esophageal obturator airway (EOA)
   F. Assorted plastic oral airways.
   G. Bite blocks with airway.
   H. Sphygmomanometer with stethoscope.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Emergency Medications – Section 3/Policy 2

POLICY
To ensure adequate medications are available in the event of an emergency.

SCOPE
This policy applies to all GREEN LIGHT IMAGING technologists.

GUIDELINES

1. Crash cart and medications must be available to the unit and shall be stocked to conform with the hospital's standard practice.

2. It will be the responsibility of the hospital to ensure that the crash cart and medications are stocked and maintained.

3. Following is a list of suggested medications:

DRUGS	DOSAGE	QUANTITY
Adrenaline	1:1000	2 amps
Aminophylline	500 mg	1 amp
Ammonia inhalants	N/A	6 pearls
Atropine Sulfate	4 mg/cc	1 multi-dose vial
Benadryl	50 mg/cc	2 amps or pre-load syringes
Calcium Chloride	1 gram	1 pre-load syringe
Dextrose	250 cc	1 bottle or gag
Dextrose 505 Inj.	15 grams	1 pre-load syringe
Dilantin	250 mg	1 amp with syringe
Dopamine IV Only	250 mg	2 amps
Epinephrine	1:1000	1 pre-load syringe
Epinephrine	1:10,000	1 pre-load syringe
Hyperstat	15 mg/ml	2 amps
Isuprel	1 mg/5 cc	2 amps
IV Infusion Set	N/A	1 set (mini-drip)
Lidocaine	1 gram	1 vial
Lidocaine	100 mg/5 cc	1 pre-load syringe
Narcan	4 mg/cc	2 amps
Nitroglycerin	1/150 gr	25 tablets
Sodium Bicarbonate	50 ml @ 7.55	2 pre-load syringes
Solu-cortef	100 mg/cc	2-2 stage vials
Solu-medrol	125 mg/cc	2-2 stage vials
Syringes	3 cc	5
Syringes	6 cc	2
Valium	10 mg/2cc	4 amps or pre-load

GREEN LIGHT IMAGING: Emergency Preparedness –
Section 3/Policy 3

POLICY

To ensure that patient care is prompt and effective during an emergency situation.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. Response to an emergency situation shall be in compliance with the client's established policy with which the GREEN LIGHT IMAGING employee should be familiar prior to beginning daily service.

2. The CT/MRI technologist shall be considered the director of emergency care until the arrival of the Code Team.

3. In a situation where no response team is available, the closest Emergency Medical Services provider, i.e. 911, shall be called.

4. All GREEN LIGHT IMAGING personnel involved in direct patient care will be trained in basic CPR techniques. See Section 4, Policy 7.

5. The technologist at each site shall verify the availability of and proper operation of all GREEN LIGHT IMAGING provided emergency equipment and supplies.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Medical Supplies – Section 3/Policy 4

POLICY
To ensure there are adequate supplies available for routine medical care.

SCOPE
This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES
1. The crash cart shall be stocked with adequate supplies in conformance with the Hospital's standard practice.

2. The crash cart must be available on or near the unit.

3. The hospital will be responsible for stocking and maintaining the crash cart.

4. The hospital should replace items as they are used.

5. The following supplies are recommended for routine use:

SUPPLIES	QUANTITY
Smelling salts	1 ampule
Alcohol wipes	1 full box
19 gauge butterfly needles	12
21 gauge butterfly needles	12
23 gauge butterfly needles	5
18 gauge needles	1 box
21 gauge needles	1 box
23 gauge needles	12
25 gauge needles	5
2 x 2 sterile gauze	1 box or cotton balls
50 cc or 60 cc syringes	24
1 cc syringes	10
3 cc syringes	10
Band-Aids	1 box
paper tape	3 rolls
Tourniquets	2
16 oz. Cups	20
Straws	20
Bite blocks (seizure stick)	2
60 cc catheter tip syringe	2
Urinals	3
Bed pans	1
Linen	1 set per patient

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Fire Evacuation – Section 3/Policy 5

POLICY

To ensure that all GREEN LIGHT IMAGING employees are instructed in the fire procedures for the MRI/CT units.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. All GREEN LIGHT IMAGING employees shall be familiar with the fire evacuation and firefighting policies of the Client facilities.

2. Each unit shall have a fire evacuation policy. In the event of a fire on the unit personnel shall employ the RACE method of fire safety.

RESCUE = remove the patient from the unit via the most direct safe route.
ALARM = sound the alarm to initiate proper firefighting and safety procedures.
CONTAIN = isolate fire by closing the appropriate doors or barriers.
EXTINGUISH= attempt to extinguish the fire with fire fighting devices without endangering yourself or others.

3. Offer any information that may be needed to the firefighting professionals about the equipment (magnetic fringe field, cryogen, etc.)

PROPER USE OF HAND-HELD FIRE EXTINGUISHERS

- The fire extinguisher(s) on the mobile MRI/CT units are of the dry chemical type and can be used for Class A, B and C fires. Technologists will be responsible for knowing the location and operation of all fire extinguishers on the unit.

- To operate the hand-held fire extinguisher, remove it from the quick release bracket, hold it upright in either hand by the hand grip, with the spray nozzle pointing forward. Slide the red safety catch down with the thumb, direct the nozzle toward the base of the fire source, and squeeze the lever with the palm of the hand.

- When you squeeze the lever, an indicator disc will fall off from the rear of the operating head of the extinguisher and the product is released in a wide, flat pattern. Maximum extinguishing effect is obtained if the fire fighter keeps moving toward the base of the fire source as it is extinguished.

- The extinguisher must be checked quarterly by the Office Manager, unit driver or technologist and must be maintained annually.

- Any fire extinguisher found wholly or partially discharged or in need of any repairs must be reported to the Office Manager and/or unit driver so that a replacement can be obtained.

- All GREEN LIGHT IMAGING employees are required to participate in quarterly fire drills.

4. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Management of Patients in Cardiac or Respiratory Arrest (CODE BLUE) - Section 3/Policy 6

POLICY

To establish guidelines for management of a patient in cardiac/respiratory arrest.

SCOPE

This policy applies to all Green Light Imaging personnel who are responsible for patient handling.

GUIDELINES

1. All Green Light Imaging personnel who are responsible for patient handling shall be familiar with the Client Facility's Code or arrest policy.

2. Green Light Imaging personnel should respond by following the Client Facility's Code or arrest policy.

3. All policies should incorporate the following measures:

   - Assess patient's condition.

   - Summon emergency personnel using the Client's protocol.

   - Remove the patient from the scanner and scan room immediately (MRI only).

   - Begin appropriate resuscitation until additional help arrives.

4. In the event the patient cannot be removed from the scan room immediately, emergency assistance should be prevented from entering the scan room until being screened for an MRI contraindications or loose ferromagnetic objects that could endanger the patient and/or other personnel.

5. Under no circumstance is a Code or arrest response to be conducted within the scan room (MRI only).

6. The emergency team responding to the Code or arrest will be responsible for providing any equipment required to perform life saving measures.

7. Administration of medications will be performed by facility or response team personnel only.

8. Green Light Imaging personnel will assist as directed, remaining until released by the Hospital's Medical Director or Hospital's designated person.

9. An Incident Report (see attachment) will be completed and filed according to Green Light Imaging and Client's policy.

10. It is suggested that a mock code be performed periodically to ensure proficiency in emergency situations.

11. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING

SECTION 4

POLICIES & PROCEDURES

PERSONNEL CERTIFICATION & EDUCATION

GREEN LIGHT IMAGING: Certification of MRI Technologist –
Section 4/Policy1

POLICY

To ensure that all personnel performing procedures have the appropriate certification.

SCOPE

This policy applies to all GREEN LIGHT IMAGING MRI technologists.

GUIDELINES

1. The policy of GREEN LIGHT IMAGING regarding technologists performing MRI is from the American College of Radiology (ACR):

   The Technologist performing MRI should:

   A. Be certified by the American Registry of Radiologic Technologists (ARRT) as a MR Technologist, or

   B. Be certified by the ARRT and/or appropriate state licensure and have 6 months supervised clinical MRI scanning, or

   C. Have an Associate's Degree in an allied health field or a Bachelor's Degree and certification in another clinical imaging field and have 6 months supervised clinical MRI scanning.

   D. A technologist performing MRI prior to the effective date of this standard who does not meet the above criteria should be evaluated by the responsible physician to assure competence.

   E. Any technologist practicing MRI scanning should be licensed in the jurisdiction in which he/she practices, if state licensure exists.

2. Copies of licenses or certificates shall be kept in the employee's personnel record. The technologist is responsible for distribution of all documentation to Human Resources.

3. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Practice of Radiography – Section 4/Policy 2

POLICY

The practice of radiography is performed by a segment of health care professionals responsible for the administration of ionizing radiation to humans and animals for diagnostic, therapeutic or research purposes.

SCOPE

This policy shall apply to all GREEN LIGHT IMAGING CT technologists.

GUIDELINES

1. The practice of radiography includes, but is not limited to, the following:

   A. Procedures or examinations performed upon the order of, or for diagnostic interpretation by a licensed practitioner.
   B. Optimal patient care applying established and accepted protocols.
   C. Supervision of peers and/or students where applicable.
   D. Continued evaluation of responsibilities and methods with recommendations for expansion of the profession.

2. Three levels of practice are identified for radiography: Comprehensive, Extended, or Limited.

   A. *Comprehensive Practice*
   Radiography is performed on any or all body organs, systems, or structures involving general radiographic procedures. Individuals demonstrate competency to meet state licensure, permit or certification requirements defined by law for whole body radiography; or maintain the credential R.T. (Registered Technologist), or equivalent.

   B. *Extended Practice*
   Radiography expertise is expanded beyond comprehensive practice. Individuals have obtained additional education and specific skills to enhance, expand, and demonstrate competency. Extended practice has been identified for the following disciplines: Cardiovascular-interventional technology, computed tomography, and mammography.

   C. Limited Practice
   Radiography is limited to specific anatomical regions by particular state statutes. Individuals demonstrating competency are recognized by license, permit or certification requirements defined by law. Limited practice may include the following services:

Chest/Thorax	Skull	Photofluorography	Orthopedic
Genitourinary	Podiatric	Chiropractic	Dental
Abdominal	Pelvis	Extremities	Musculoskeletal

COMPENDIUM

The art and science of radiography requires that the individual achieve specific knowledge and skills for a defined scope of practice. Learning experiences, clinical practicum, and curriculum requirements shall be structured for the health care professional to successfully demonstrate the level of competency necessary for comprehensive, extended, or limited practice in the following areas:

Computer Literacy and Applications: An understanding of generic terminology, keyboard operation, menu selection strategies, and logistics of program flow.

Human Structure and Function: General anatomy, anatomical relationships, organ and system functions in order to perform accurate radiographic examination for the defined discipline and recognize the area of interest on desired images.

Medical Ethics: Legal considerations which impact upon the scope of practice, respecting an established code of ethics and risk management.

Medical Terminology: An understanding of disease descriptions, abbreviations, symbols, terms of phrases necessary to successfully communicate with other health care professionals.

Pathology: Knowledge of disease and abnormalities which influence performance or outcome of a radiographic procedure.

Patient Care: Attention and concern for the physical and psychological needs of the patient. The individuals should recognize a life-threatening condition and implement basic life-sustaining actions.

Positioning: Accurate placement of the body, respecting patient's comfort, ability and safety to achieve prescribed results and best demonstrate the anatomy of interest. Techniques to physically manipulate and apply radiographic equipment to produce various projections and/or desired image.

Principles of Radiographic Exposure: Appropriate selection of all technical factors and equipment to produce a quality diagnostic image.

Quality Control: Preventive maintenance and knowledge of equipment capabilities, calibration of and care of equipment within operating standards, sensitometry characteristics and monitoring of image processing systems for accuracy and consistency.

Radiation Physics: Atomic structure, beam quality, radiation interactions and the function and operations of various generator components.

Radiation Protection: The use of beam-restricting devices, patient-shielding techniques, accurate assessment and implementation of appropriate exposure factors, and knowledge of applicable governmental regulations to minimize radiation exposure.

Radiobiology: An understanding of beam formation and radiation interaction with matter as it relates to genetic and somatic effects.

CREDENTIALS

State statutes may exist which define and/or delimit the scopes of practice for individuals who perform radiologic procedures. For example, the initials R.T. (R)(MR) indicate Registered Technologist (Radiography) and (Magnetic Resonance) with certification by the American Registry of Radiologic Technologists. The initials R.T. (R) (M) indicates Registered Technologist (Radiography) and (Mammography) with certification by the American Registry of Radiologic Technologists, etc.

GREEN LIGHT IMAGING: Certification of CT Technologist – Section 4/Policy 3

POLICY
To ensure that all personnel performing procedures have the appropriate certification.

SCOPE
This policy applies to all GREEN LIGHT IMAGING CT technologists.

GUIDELINES

1. The policy of GREEN LIGHT IMAGING regarding technologists performing CT is taken from the current Joint Commission HR requirements. The technologist performing CT should:

   A. Technologists who perform diagnostic computed tomography (CT) exams have advanced-level certification by the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB) in computed tomography or have one of the following qualifications:

      1. State licensure (Certificate on Radiology Technologist "CRT"), that permits them to perform diagnostic CT exams and documented training on the provision of diagnostic CT exams; or

      2. Registration and certification in radiography by ARRT and documented training on the provision of diagnostic CT exams; or

      3. Certification in nuclear medicine technology by ARRT or NMTCB and documented training on the provision of diagnostic CT exams.

2. Copies of registration or certificates shall be kept in the employee's personnel record. The technologist is responsible for distribution of all documents to Human Resources.

3. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Customer Support – Section 4/Policy 5

POLICY

To ensure that GREEN LIGHT IMAGING customers and personnel have access to technical and scanning information.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. GREEN LIGHT IMAGING shall maintain a customer support group consisting of imaging specialists.

2. Technical information regarding scanners and their imaging capabilities shall be available to customers and personnel.

3. Immediate needs as well as less urgent questions may be discussed during office hours.

4. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination

GREEN LIGHT IMAGING: Employee Orientation – Section 4/Policy 6

POLICY
To ensure that each employee is properly oriented to perform the required duties in the mobile scanning environment.

SCOPE
This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. Under supervision of the Human Resources Department, each new employee will be scheduled for orientation. The program will contain an introduction to the company, its history, personnel policies, employee benefits and operations.

2. Orientation shall stress the importance of safety practices during performance of all duties.

3. Technologist orientation to operations shall include:

   A. Overview of various scanners operated by the company so as to ensure safe and effective use.
   B. Packing and unpacking the mobile unit.
   C. Transporting patients to and from the unit.
   D. Radiation safety practices for CT patient screening procedures.
   E. Basic scanner maintenance and troubleshooting.
   F. Basic unit maintenance and troubleshooting.
   G. Documentation and record keeping.

4. Driver orientation to operations shall include:

   A. Overview of various units operated by the company.
   B. Packing and unpacking of the mobile unit.
   C. Break down, transportation and set up of unit.
   D. Unit maintenance, troubleshooting and repair.
   E. Documentation and record keeping.

5. Employees will be oriented to each account via Client's Orientation Packages, tenured co-workers, or site orientation program.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: CPR Certification – Section 4/Policy 7

POLICY
to ensure that all personnel handling patients are trained in the basic techniques of Cardiopulmonary Resuscitation (CPR).

SCOPE
This policy applies to all GREEN LIGHT IMAGING personnel responsible for handling patients.

GUIDELINES

1. All employees who have direct patient contact must maintain current CPR certification.

2. New employees shall be given two (2) weeks from their hire date to obtain a valid CPR card and send a copy to Human Resources.

3. GREEN LIGHT IMAGING will pay certification fees and assist in scheduling group training sessions.

4. Renewal notices will be sent to the technologists / patient care assistants thirty (30) days prior to expiration. A copy of all renewed cards will be sent to Human Resources to ensure continuing education.

   The technologist is responsible for distribution of all documentation to Human Resources.

5. Employees not in compliance with this policy shall be placed on leave of absence without pay. They shall be reactivated upon providing the necessary documentation.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: In-Service and Continuing Education –
Section 4/Policy 8

POLICY

To ensure that imaging personnel maintain continuing education in order to provide the utmost quality of care.

SCOPE

This policy applies to all GREEN LIGHT IMAGING technologists.

GUIDELINES

1. Initial training of imaging personnel shall be conducted (or confirmed if new employee has previous experience) by the General Manager or his/her designee.

2. All GREEN LIGHT IMAGING employees are required to meet the minimum educational requirements of their position and will be evaluated accordingly.
   In addition, all GREEN LIGHT IMAGING employees will be offered opportunities to participate in programs designed to enhance their knowledge and skills.

3. Programs may include on-the-job training and in-service education.

4. Personnel will be in-serviced annually on Infection Control and Blood borne Pathogens. (Documentation of a comparable program in the last year is acceptable for new hires.)

5. GREEN LIGHT IMAGING will reimburse employees for participation in approved education programs including outside seminars, workshops and tutorials; local, regional or national society meetings; and individual study materials.

6. Time off for educational seminars will be granted to those who request it provided that the time off is not detrimental to the providing of services and that others have had equal opportunities to complete their education requirements.

7. This reimbursement program is administered by Human Resources and requires the approval of the General Manager. All questions should be directed to him/her.

8. The technologist is responsible for distribution of all documentation to Human Resources.

9. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination

GREEN LIGHT IMAGING: Reimbursement for Continuing Education - Section 4/Policy 9

POLICY

To ensure that imaging personnel will receive reimbursement for continuing education.

SCOPE

This policy applies to all GREEN LIGHT IMAGING technologists.

GUIDELINES

1. GREEN LIGHT IMAGING will invest or reimburse technologists up to $250.00 each calendar year for activities that allow them to obtain valid continuing education (CE) credits.

2. GREEN LIGHT IMAGING will make the final decision on the allocation of the funds mentioned in Section 1.

3. Reimbursement will only be issued for CE credits that meet the requirements for state and national imaging licenses. Registration fees for the ARRT Advanced Level Examinations for MRI and CT also are eligible for reimbursement.

4. Reimbursement will be limited to activities directly associated with acquiring CE credits (i.e., seminar registration, associated travel, lodging, food, etc.).

5. Technologists must submit an approval for reimbursement to Human Resources. Items eligible for reimbursement should be submitted on a separate expense report with itemized receipts. A course evaluation shall be submitted with the expense report.

6. Reimbursement will be issued after proof of CE completion has been submitted to the Human Resources. Proof of CE completion shall be placed in the employee's personnel files.

7. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination

GREEN LIGHT IMAGING: Competency Testing – Section 4/Policy 10

POLICY
To ensure all staff employed by GREEN LIGHT IMAGING demonstrate competency in their job duties.

SCOPE
This policy applies to all GREEN LIGHT IMAGING personnel who are responsible for patient care.

GUIDELINES

1. All GREEN LIGHT IMAGING personnel responsible for patient care are to undergo competency testing.

2. Certain functions that are considered to be common tasks or routine will be monitored on an annual basis.

3. In addition to routine tasks, patient care personnel will be tested upon age specific criteria so as to ensure that patients who require additional attention due to their age will enjoy the same level of care as others.

4. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Employee Suggestion Program -
Section 4/Policy 11

POLICY

To improve our work environment and encourage self-development.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. Employees are encouraged to provide feedback as to how they feel their environment can be improved.

2. This can be accomplished during performance evaluations, staff meetings, or, by texting or calling the General Manager.

GREEN LIGHT IMAGING

SECTION 5

POLICIES & PROCEDURES

PATIENT CARE & HANDLING

GREEN LIGHT IMAGING: Critical Patients - Section 5/Policy 1

POLICY

To ensure that all critically ill patients and/or patients undergoing high risk exams are provided with proper care while in the care of GREEN LIGHT IMAGING personnel and that appropriate transportation is provided.

SCOPE

This policy applies to all GREEN LIGHT IMAGING personnel who are responsible for patient handling.

GUIDELINES

1. Any patient whose condition requires life support equipment or physiologic monitoring must be accompanied by qualified personnel from the Client Facility. These critical patients are to be monitored at all times by the Client Facility while in the MRI/CT unit.

2. The medical director shall be notified any time there is a critical patient in the MRI/CT unit.

3. If appropriate personnel are not available to accompany the patient, the exam shall be postponed and the reason documented in the patient's chart. The GREEN LIGHT IMAGING employee shall then contact the medical director and/or the General Manager to inform them of the situation. A note should also be made on the GREEN LIGHT IMAGING invoice.

4. Special monitoring and life support equipment as required by critical patients is to be provided by the Client Facility. This equipment should be screened by Green Light Imaging personnel to determine its suitability in the scan room. All patients deemed critical or high risk/invasive exams must have the Critical Patient/High Risk Evaluation form (see attachment) completed and faxed to the GREEN LIGHT IMAGING dispatcher.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination

GREEN LIGHT IMAGING: CT Patient Information and Preparation -

Section 5/Policy 2

POLICY

To ensure that all patients are properly prepared prior to having a CT examination.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees practicing CT.

GUIDELINES

1. All GREEN LIGHT IMAGING personnel who are responsible for patient handling will offer a brief explanation of the CT procedure and answer any questions they may have. Additionally, GREEN LIGHT IMAGING personnel will inform how to contact the technologist during the exam. Basic information about a CT scan is also available.

2. Unless the Client's facility determines a different protocol for contrast studies, they require in general a four-hour pre-exam fast (NPO). This helps reduce possible nausea reactions to iodinated contrast solution.

3. Non-contrast studies have no special dietary requirements.

4. To provide better image quality, if a patient recently has had a barium study, an abdomen x-ray should be requested to check for residual barium. If barium is present in the area of interest, the Radiologist should be informed to decide if the patient will be scanned or not.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Dialysis Patients - Section 5/Policy 3

POLICY

To ensure proper guidelines are established for all dialysis patients.

SCOPE

This policy applies to all GREEN LIGHT IMAGING personnel who are responsible for patient handling.

GUIDELINES

1. All patients who are on dialysis will NOT be given contrast unless specifically cleared by the radiologist or referring physician.

2. This includes oral contrast agents.

3. The client must notify Green Light Imaging personnel in advance when a patient is on dialysis and the period of time the patient would go under the procedure.

4. If Green Light Imaging is not advised of the dialysis period of time when receiving the order or before dispatching technicians and the patient is not available, cancellation fee will be charged and delay fee if applicable.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination

GREEN LIGHT IMAGING: Injection Policy - Part A - Section 5/Policy 4

POLICY

To ensure patient and personnel safety while performing injections. To conform with accepted guidelines with regard to the injection of any contrast media.

SCOPE

This policy applies to all GREEN LIGHT IMAGING technologists.

GUIDELINES

1. GREEN LIGHT IMAGING employees are strictly prohibited to initiate or insert an intravenous line.

2. GREEN LIGHT IMAGING employees may inject/push contrast through an intravenous line, previously established by a nurse or designated person by the Client's facility.

3. Prior to the administration of IV contrast, the technologist must review the IV consent form.

   A. If no contraindications to contrast are noted, the technologist proceeds with IV contrast administration as per protocol identified by the radiologist.
   B. If contraindications are noted, the case is referred by the facility to the radiologist for further consideration.
   C. An IV line will stay in place during the examination, should IV drug therapy be necessary.
   D. A physician must be readily available during the contrast examination.

   E. A contrast reaction kit and emergency equipment (including a code cart) must be readily available.

4. Contrast media (iodine and gadolinium) will not be supplied by GREEN LIGHT IMAGING. Contrast shall be procured from the Client according to the facility's established protocol.

6. Contrast media shall be stored in a secure area accessible by authorized Hospital's personnel only, in an environment suggested by the manufacturer.

7. The employee appropriately documents the type and amount of contrast injected and should check for expiration of the contrast material.

8. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Injection Policy - Part B - Section 5/Policy 5

POLICY

To establish safe guidelines for injection of contrast media.

SCOPE

This policy applies to all GREEN LIGHT IMAGING technologists.

GUIDELINES

Prior to injection:

1. Check the patient's chart for the following contrast media precautions. This should be done whether or not GREEN LIGHT IMAGING personnel perform an injection:

    A. Sickle-cell Anemia (MRI/CT)
    B. Renal Disease/Insufficiency (MRI/CT)
    C. BUN levels (MRI/CT)
    D. Creatinine Levels (MRI/CT)
    E. GFR (Glomerular Filtration Rate) Test Results (MRI/CT)
    F. Multiple Myeloma (CT)
    G. Bronchial Asthma (MRI/CT)
    H. Hemolytic Anemia (MRI/CT)
    I. Pregnant or Nursing Mothers (MRI/CT)
    J. Contrast enhancement will be decreased with the use of steroids (MRI/CT)
    H. The possibility of a reaction, including serious life-threatening or fatal anaphylaxis should always be considered, especially in those patients with a history of known clinical hypersensitivity.

2. In case of renal failure detected, the patient's nurse shall be informed.

3. Repeat Procedures: if, in the clinical judgment of the physician, repeat exams are required, a suitable interval of time between administrations should be observed to allow for normal clearance of the drug from the body.

4. Question patient(s) regarding any history of allergic reactions to medicines, seafood (CT) or contrast media.

5. Check for removable dentures.

6. Make positive identification of all contrast media before infusion. Check label before drawing up and again before injection. All non-FDA approved or investigational contrast material can only be administered with the prior approval of the facility medical director.

Dosage quantities are always to conform to the manufacturer and FDA's recommended levels. Always use sterile needles and syringes.

7. Make positive identification of the patient prior to the injection.

8. Ensure that appropriate emergency supplies are available. See Section 3 (Policies1-4).

9. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination

GREEN LIGHT IMAGING: Injection Policy-Part C - Section 5/Policy 6

POLICY
To establish a procedure for injections.

SCOPE
This policy applies to all GREEN LIGHT IMAGING technologists.

GUIDELINES

1. All personnel involved in the pushing of intravenous contrast process must wear disposable gloves.

2. Have the tape available to hold the needle in place.

3. After injection, check the needle insertion point for leakage or hematoma.

4. When an injection is performed by a qualified GREEN LIGHT IMAGING employee and the injection has been attempted two (2) times without success, the patient's nurse shall be notified.

5. Observe the patient for adverse reactions. The most common contrast reaction for MRI and CT are headache and nausea. Other common symptoms are:

Vomiting	Increased salivation
Skin Rash	Flushing of the face
Itching/Hives	Fainting
Numbness	Pallor
Pain	Chills
Burning	Shock

6. In the event of a more severe reaction, notify ordering physician or physician on duty immediately.

7. Upon completion of the exam, dispose of waste in proper receptacles.

8. Observe the patient at all times until the patient's release.

9. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Rectal Contrast - Section 5/Policy 7

POLICY
To establish safety guidelines when administering rectal contrast media

SCOPE
This policy applies to all GREEN LIGHT IMAGING technologists

GUIDELINES

1. Green Light Imaging technologists will not be responsible for administering rectal barium contrast or rectal iodinated agent.

2. The patient's nurse or nurse supervisor is responsible for administering the rectal barium or rectal iodinated agent according to protocol and monitoring the patient for evidence of extravasation or adverse reactions.

3. The nurse supervisor is responsible for ensuring overall compliance of nursing personnel with procedures relating to the administration of contrast media.

GREEN LIGHT IMAGING: Isolation Patient Policy - Section 5/Policy 8

POLICY

To ensure proper guidelines are established for handling patients under isolation precautions.

SCOPE

This policy applies to all GREEN LIGHT IMAGING personnel who are responsible for patient handling.

GUIDELINES

1. The Client must notify GREEN LIGHT IMAGING personnel in advance when a patient is scheduled.

2. Only the cases necessitating the following precautions may be scanned in GREEN LIGHT IMAGING units:

   Standard Precautions
   Airborne Precautions
   Droplet Precautions
   Contact Precautions

3. An isolation patient may be scanned only after the Client has provided all information and supplies necessary to handle the patient safely. The Client must provide any extra assistance that is required.

4. An isolation patient should be scanned only if client or GREEN LIGHT IMAGING personnel are available to decontaminate the unit.

5. All isolation patients should be scanned as the last patient of the day to allow for proper care and contamination.

6. The unit must be cleaned and decontaminated prior to moving the unit or scanning another patient.

7. These guidelines must be followed despite any delays or disruptions they may cause.

8. An EXCEPTION to this policy may be made if a life-threatening condition makes it impractical to follow the isolation procedures.

9. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Isolation Patient Procedure - Section 5/Policy 9

POLICY

To ensure guidelines are established for the safety of patients and staff through using proper techniques for the prevention and spread of infectious diseases.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. Procedure

A. When dealing with any patient on the C.T. unit, it is the responsibility of the CT personnel to gather pertinent information regarding the patient to be scanned. This includes whether or not the patient is in isolation, and the nature of the isolation. This information should be included on the requisition when the scan is ordered.

B. For a patient with wound and skin isolation, precautions will be taken to insure against any leakage of infectious materials from any wound. The CT personnel will be responsible for seeing that the dressings are reinforced sufficiently to prevent this.

C. For a patient with enteric isolation, precautions will be taken to avoid coming in contact with any waste materials from the patient. This is especially important in dealing with incontinent patients. If bedpans or urinals are used by the patient while in the unit, these will be placed in red bags, before removal from the unit, and disposed of in a contaminated waste area.

C. Clean linen will be used to transfer the patient and to protect the patient table in the CT unit. CT personnel will use appropriate isolation apparel (i.e. gowns, gloves, masks, etc.) as the situation determines.

D. Should any piece of equipment come into contact with the patient or contaminated articles, it will be cleaned **immediately** following the scan. This procedure will include any transporting equipment as well.

E. Cleaning will be done daily, weekly, and after each procedure as follows:

a. Trash must be emptied daily and new liners put in.

b. The equipment must be dusted daily by staff.

G. Special handling of syringes and needles:

a. Dispose of needles and syringes in sharps containers provided on the unit.

b. Dispose of containers with Housekeeping Dept. when full.

H. Scan table cover sheet and pillowcases are to be changed after each patient to prevent contamination. Contaminated linens will be bagged in designated bags and taken to appropriate area of facility.

I. All personnel shall wash their hands after each procedure, after handling any kind of body fluid, drainage and/or solution which may or may not affect the skin in any way.

J. Employees providing direct or indirect patient contact who show signs of symptoms or illness should consult a physician to have the condition evaluated and determine whether the person should remain on duty.

K. It is important to remember that the nature of the electronic equipment involved with the CT scanner makes it difficult, if not impossible to completely clean the equipment once contamination occurs. Therefore, proper techniques must be observed to avoid bringing any form of contamination from the patient room into the control room.

L. Any questions involving the scanning of the isolation patient should be brought to the attention of the General Manager **before** the patient is brought onto the unit. Scheduling of the patients should be done to ensure that isolation patients are done last, to avoid cross- contamination.

2. See Universal Precautions Attachment.

3. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination

GREEN LIGHT IMAGING: Isolation Supplies - Section 5/Policy 10

POLICY
To ensure all personnel are familiar with the proper use of isolation supplies.

SCOPE
This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. *MASKS*. Masks are to be used to prevent transmission of infectious agents through the air (generally moisture-borne agents). Masks are not to be reused and must be changed between patients. Masks should not be lowered around the neck and reused.

2. *EYE PROTECTION*. Eye protection is to be used in combination with masks, whenever splashes or spray of infectious material is anticipated.

3. *GOWNS*. Gowns are to be worn to prevent contact with secretions, excrement, or would drainage. Gowns are to be used only once and must be changed between patients.

4. *GLOVES*. Gloves are used when hand washing is not possible. They provide better protection against infection. Disposable gloves are recommended and must be worn only once. If gloves become contaminated during the procedure you must change to new gloves and dispose of the contaminated gloves in the appropriate container. Gloves are to be changed between patients.

5. *LINEN*. Soiled linen should be handled as little as possible and with a minimum of agitation to prevent micro-organism contamination of the air. Soiled isolation linens or disposables must be placed in a properly labeled laundry bag that is specifically designated for such linen.

6. *DISPOSABLE BAGS*. Reusable and disposable isolation items should be separated and placed in appropriately labeled impervious bags for proper processing. If the outside of a bag becomes contaminated it must be double-bagged.

7. *DRESSINGS AND TISSUES*. All dressings, paper tissues and other disposable items soiled with infectious materials must be bagged and labeled and discarded in accordance with hospital policy.

8. *PATIENT'S MEDICAL RECORD*. The patient's medical record should be protected from contact with any infectious material.

9. All Personal Protective Equipment (PPE) should be dispensed when exiting the patient's room. A new gown, glove, mask should be worn when arriving the mobile unit, which

should be dispensed after the scanning of the patient. The Personal Protection Equipment should not be worn in between the patient room and the unit.

10. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: MRI Patient Information and Preparation - Section 5/Policy 11

POLICY

To ensure all patients scheduled for MRI procedures are properly prepared and knowledgeable about the exam.

SCOPE

This policy applies to all GREEN LIGHT IMAGING Technologist personnel.

GUIDELINES

1. All GREEN LIGHT IMAGING Technologists will offer a brief explanation of the MRI procedure to all patients and/or family members and answer any procedural questions they may have. Additionally, GREEN LIGHT IMAGING personnel will inform patients how to contact the technologist during the exam.

2. A basic MRI patient information and preparation sheet will be made available, upon request, to all MRI patients and/or family members scheduled for MRI procedures.

3. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: MRI/CT Patient Screening - Section 5/Policy 12

POLICY
To ensure that patients with exam contradictions are identified and managed properly. To ensure that appropriate patient clinical information is gathered and recorded.

SCOPE
This policy applies to all GREEN LIGHT IMAGING personnel who are responsible for patient handling.

GUIDELINES

1. GREEN LIGHT IMAGING technologist will screen all patients prior to their MRI or CT exam as directed by the medical director of each Client Facility. During this process, GREEN LIGHT IMAGING personnel will confirm the patient is suitable for scanning based on the standard MRI (see MRI Patient Screening Form on attachments) and CT contraindications. A final verbal confirmation of the contraindications and scan procedure should be performed prior to the procedure with an assessment of the patient's ability to fully understand the benefits and risks of examination.

   Standard MRI contraindications are:
   Pacemaker
   Intra-cranial aneurysm clip
   Cochlear implants
   Intra-ocular metal
   Other implanted metal or devices may be contraindicated

   Standard CT contraindication is:
   Pregnancy

2. Any reported contraindication to the exam will be immediately reported to the radiologist in charge and the patient will not be taken into the scan room until the contraindication is addressed and/or corrected. When applicable, a completed Patient Screening Form will be reviewed for completeness and the patient's signature prior to entry into the scan room. This questionnaire will be placed in the patient's medical record. If the MRI/CT procedure cannot be performed for any reason, the facility medical director shall be informed in order to suggest an alternative examination.

3. If a clinician determines that a contraindicated patient is to be attempted, written clearance must be obtained from the medical director prior to the scanning. Documentation of clearance by the physician must be documented on the screening form and/or the patient record. This information should also be documented on the GREEN LIGHT IMAGING invoice.

4. All employees or other recognized personnel are to obtain complete clinical histories along with any pertinent related diagnostic test results and the pre-exam diagnosis on all patients and are to communicate any concerns to the radiologist. This information shall be documented on an applicable history and screening form on the day of the exam before the patient enters the examination room.

5. No history and physical over thirty (30) days old may be used in conjunction with a current MRI or CT exam.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Advance Directives - Section 5/Policy 13

POLICY

To ensure proper guidelines are established for care of patients with advance directives (i.e., NO CODE orders).

SCOPE

This policy applies to all GREEN LIGHT IMAGING technologists.

GUIDELINES

1. Advance directive procedures established by the Client Facility will be adhered to on all patients under the direct care and supervision of GREEN LIGHT IMAGING personnel.

2. GREEN LIGHT IMAGING personnel will be permitted to withhold Code Blue and emergency procedures ONLY if the patient has a WRITTEN code order.

3. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Patient Sedation/Monitoring - Section 5/Policy 14

POLICY

To establish guidelines to ensure the safety of patients who required sedation for a MRI/CT exam.

SCOPE

This policy applies to all GREEN LIGHT IMAGING personnel who are responsible for patient handling.

GUIDELINES

1. GREEN LIGHT IMAGING personnel will follow the Client established guidelines regarding informed consent for patients requiring sedation. All consent forms, screening forms, etc. must be completed and reviewed prior to the administration of medication.

2. All patients requiring sedation shall be referred to their physician for an order prescribing the proper medication. The physician, or department nurse, who will administer the sedation and will appropriately inform the patient and/or family of the anesthesia option and risks.

3. The medical director of the Client Facility will appropriately inform patient and/or family of anesthesia risks.

4. Sedation should be timed to allow medication to reach an effective level prior to entry into the scan room. Most oral medication requires approximately thirty minutes to take effect.

5. Medication should be effective for the duration of the exam. Both sedated and non-sedated patients may require physiologic monitoring during the exam.

6. The policy of GREEN LIGHT IMAGING regarding physiologic monitoring is taken from the Safety Committee of the Society for Magnetic Resonance Imaging:

   > "It is good practice for all patients undergoing magnetic resonance examinations to be visually and/or verbally monitored. All patients undergoing magnetic resonance examinations who are sedated, anesthetized, or for whatever reason are unable to communicate readily with the scan operator and/or accompanying personnel, should be physiologically monitored by appropriate means. The specific type(s) of monitoring to be performed should be determined by the MRI site. Suggestions include physiologic monitoring of respiration, hear rate, blood pressure and/or electrocardiogram (EKG) as clinically indicated.

If this monitoring is to be achieved by electrical and/or mechanical device it is important that compatibility with the MRI system is demonstrated by prior testing, by manufacturer declaration, and/or clearance by a recognized authorizing body, such as the US FDA."

7. GREEN LIGHT IMAGING will follow the conscious sedation/general anesthesia policies established by our Client Facilities. The Client, as per contract must provide all equipment to monitor the patient. Client requests for equipment from GREEN LIGHT IMAGING will be addressed on a case by case basis.

8. It is the client's responsibility to provide all specially qualified personnel (i.e., respiratory therapist, nurse, etc.) needed for safe transport and scanning of sedated or unconscious patients. Special attention is required for neonatal and/or infant pediatric patients. Patients should not be scanned if appropriate personnel are not available.

9. After the exam, the sedated patient shall be returned to the department that administered the sedation. It is that department's responsibility to determine that it is safe for the patient to be released and to give any pertinent instructions.

10. At NO time shall GREEN LIGHT IMAGING personnel dispense and/or administer sedation to a patient or provide medication dosage information.

11. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Right of Exam Refusal - Section 5/Policy 15

POLICY
To ensure the right of patients and technologists to refuse an exam.

SCOPE
This policy applies to any GREEN LIGHT IMAGING employee with direct patient contact.

GUIDELINES

1. Patient refusal:

    A. A patient has the right to refuse an MRI/CT exam. If at any time, either prior to or during the exam, the patient wishes to terminate the exam, the employee shall immediately stop the examination and offer assistance to the patient.
    B. The patient should be taken back to their room to discuss the matter with their nurse.
    C. The Radiology Department will be notified of the patient's return and refusal of the exam.
    D. The Technologists should note on the patient requisition, invoice and/or other appropriate documents that the exam was not completed and the reason for such refusal.

2. Technologist refusal:

    A. A technologist may refuse to perform an exam during which a patient is physically threatening or verbally abusive. Before terminating an exam, technologist shall make all efforts to mediate a confrontational situation, including requesting assistance from appropriate hospital personnel.
    B. In the event of such an occurrence, the technologist is to inform the medical director, department manager, or referring physician prior to releasing the patient.
    C. A technologist may refuse to perform an exam wherein noted that clinical contraindications would compromise the safety of the patient.

3. All reasonable efforts should be made to complete scheduled examinations whenever possible.

4. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

PERFORMING AN EXAMINATION ON PATIENTS AGAINST THEIR WILL IS FORBIDDEN BY LAW. Violation of this specific policy will result in termination.

GREEN LIGHT IMAGING: Medical Record Keeping - Section 5/Policy 16

POLICY

To ensure that all medical records generated or amended by GREEN LIGHT IMAGING employees are processed correctly.

SCOPE

The policy applies to all GREEN LIGHT IMAGING personnel responsible for patient handling.

GUIDELINES

1. All pertinent documentation regarding patient care at a GREEN LIGHT IMAGING scanner shall be promptly provided to clients for the patients' medical record. Such documents include, but are not limited to, images, radiation information, exam prescreening forms, ordering paperwork, etc.

2. Only authorized GREEN LIGHT IMAGING personnel (i.e., those involved with direct examination) are authorized to make entries into any documentation provided to clients' patients' medical record.

3. All medical information provided by GREEN LIGHT IMAGING personnel should help document the course and result of patient treatment. The records must be legible and accurate. The records must promote continuity of care among health care providers.

4. Appropriate entries regarding any drugs or procedures dispensed to patients on GREEN LIGHT IMAGING systems should be documented and provided to clients for patient's medical record.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Mobile Unit Security Procedures -
Section 5/Policy 17

POLICY

To ensure a proper plan of action is followed to address security issues concerning patient, visitors, personnel and property.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. In the event of a security incident, patients, visitors and personnel safety is of first concern.

2. Trailers shall be kept locked and secured by GREEN LIGHT IMAGING employees when appropriate.

3. All patient belongings shall be secured and monitored at all times by GREEN LIGHT IMAGING employees.

4. GREEN LIGHT IMAGING employees shall become familiar with each Client security services including procedures and phone extensions.

5. In the event that no security services are available on Client's premises, 911 shall be called.

6. All security incidents shall be reported immediately to Client's security department, Radiology Manager and General Manager.

7. An incident report shall be completed following verbal notification (see attachment for Incident Report Form). See Section 7, Policy 2.

8. Security incidents will be addressed and acted upon immediately or held over for a meeting of the GREEN LIGHT IMAGING safety committee.

9. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Victims of Child/Elder Abuse or Neglect - Section 5/Policy 18

POLICY

To ensure proper guidelines are established for handling victims of abuse or neglect.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees who are responsible for patient handling.

GUIDELINES

1. General Definition: Child abuse may be any act of omission or commission, by and person, that endangers or impairs a child's physical or emotional health and development. This can include physical abuse and cruel corporal punishment; emotional abuse and deprivation; physical neglect and/or inadequate supervision; and sexual abuse and exploitation.

2. Most state laws make it mandatory for hospital personnel to report all suspected instances of child abuse or neglect. Most cases will hopefully be recognized and reported before a patient enters the room for a MRI or CT exam. If, however, a GREEN LIGHT IMAGING employee notices or recognizes the signs of child or elder abuse or neglect not previously noted in the patient's medical record, the employee will notify the medical director of the Client Facility of such concerns.

3. If any evidentiary material or information of alleged or suspected abuse is made available to GREEN LIGHT IMAGING personnel it must be retained and safeguarded for release to the proper authorities only with the consent of the patient, parent or legal guardian.

4. In the circumstance that a GREEN LIGHT IMAGING employee is involved with recognizing and reporting a case of suspected abuse or neglect, the policies of the Client Facility will be followed. The Social Services department of the facility will then be responsible to refer the case to the proper authorities, as well as public or private agencies that provide for evaluation and care.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Patient Transport - Section 5/Policy 19

POLICY

To ensure that all patients are transported to and from the imaging department in comfort and safety.

SCOPE

This policy applies to all GREEN LIGHT IMAGING personnel who transport patients.

GUIDELINES

1. All in-patients shall be transported to the GREEN LIGHT IMAGING system according to the method prescribed by written order or verbal order from the attending physician or charge nurse. In-patients will not be allowed to ambulate to the unit.

2. Wheelchair or gurney patients shall be covered with blankets or sheets for warmth and comfort. Transporters should use all available safety straps and belts to secure patients during transport. Side rails and wheel chair footrests must be in place.

3. All gurney patients will be attended by two (2) staff personnel. The hospital may provide one of the attendants if necessary.

4. It is the client's responsibility to provide all specially qualified personnel (i.e., respiratory therapist, nurse, etc.) needed for safe transport and scanning of patients. Special attention is required for neonatal and/or infant pediatric patients. Patients should not be scanned if appropriate personnel are not available.

5. Transportation of patients during inclement weather shall be as follows:
   Double blankets and umbrellas shall be used during rain, snow, extreme cold when the route to the MRI/CT is uncovered or exposed to the elements. The top cover blanket shall be removed prior to the scanning and saved for transport back to the facility. Employees may elect to wear rain or snow gear of their choosing as long as it can be removed while scanning or conversing with the patient in the facility.

6. The lift gate is used for all patients. One staff person must be present on the lift. Safety cables and rails must be in place during lift gate operation. Wheelchairs and gurneys must have wheels locked while on the life gate.

7. In case of fall or injuries during transport, an Incident Report (see attachments) shall be completed following verbal notification. See Section 7, Policy 2.

8. All Incidents shall be reported immediately to Radiology Manager and Green Light Imaging Dispatcher.

9. Dispatcher must report immediately to General Manager.

10. Incidents will be addressed and acted upon immediately or held over for a meeting of the Green Light Imaging Safety Committee.

11. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Patient Rights and Responsibilities -

Section 5/Policy 20

POLICY

To ensure that all patients are provided a level of care that protects and respects their rights, culture, and spiritual, psychological and personal values. To convey patient responsibilities, when appropriate.

SCOPE

This policy applies to all GREEN LIGHT IMAGING technologists or patient coordinators.

GUIDELINES

1. *Patient Rights and Responsibilities:* GREEN LIGHT IMAGING is a partner in patient care at this hospital. GREEN LIGHT IMAGING is dedicated to producing the best medical imaging services possible. To help accomplish this mission, GREEN LIGHT IMAGING believes that all patients should know their rights and responsibilities.

2. GREEN LIGHT IMAGING technologists will address any patient question or concerns regarding their CT and MRI examination.

3. GREEN LIGHT IMAGING technologists will at all times respect patient rights, privacy, culture, psycho-social, spiritual and personal values.

4. GREEN LIGHT IMAGING will provide appropriate level of care to each patient, based on their individual needs or medical requirements.

5. GREEN LIGHT IMAGING technologists will protect patient confidentiality at all times, by keeping all medical records and patient information from non-authorized personnel.

6. If the patient, family member or staff personnel has a complaint or concern regarding the examination or quality of care, the GREEN LIGHT IMAGING technologist will inform the General Manager. In addition, the technologist will offer the patient the opportunity to discuss the complaint with a representative from the Client Facility.

7. GREEN LIGHT IMAGING will ensure appropriate levels of security during the CT/MRI exam to protect patients and their property.

8. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Resolution of Complaints - Section 5/Policy 21

POLICY
To establish guidelines and/or processes to channel problems, issues and complaints with the intent of handling and solving them in a professional and expeditious manner.

SCOPE
This policy applies to all GREEN LIGHT IMAGING personnel.

GUIDELINES

1. GREEN LIGHT IMAGING posts a "Patient Rights and Responsibilities" on all its imaging systems. There is a telephone number listed as one possible alternative for a patient to lodge a complaint. GREEN LIGHT IMAGING technologists will refer patients with complaints to the "Patient Rights and Responsibilities" as a reference.

2. Patients or family members with complaints over their care should be addressed with patience and understanding. GREEN LIGHT IMAGING employees will offer the patient or family member the ability to discuss complaints with an appropriate hospital representative.

3. Hospital staff or vendor complaints will be addressed with patience and understanding. GREEN LIGHT IMAGING employees will offer hospital staff personnel or vendors the ability to discuss complaints with the General Manager.

4. Depending on the significance of the complaint, GREEN LIGHT IMAGING personnel may contact the General Manager via text, telephone or complete a written incident report (see attachment) to more formally convey the complaint.

5. At the discretion of the General Manager, the complaint may need to be brought to the attention of the CEO.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Informed Consent - Section 5/Policy 22

POLICY

To offer patients a written description of the CT or MRI procedure and associated risk(s).

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. The FDA does not require the use of informed consent for routine CT and MRI procedures performed on FDA approved CT and MRI equipment.

2. GREEN LIGHT IMAGING endorses the use of informed consent when it is part of the Client Facility's protocol. However, since the use of informed consent is not mandatory, GREEN LIGHT IMAGING defers the use of informed consents to the hospitals and clinics we serve.

3. In the event a CT or MRI procedure is performed on non-FDA equipment or if the procedure is considered investigational, proper informed consent will be obtained prior to performing the procedure.

4. After proper completion of all paperwork associated with the informed consent process, GREEN LIGHT IMAGING technologists will ensure that all questions have been answered.

GREEN LIGHT IMAGING

SECTION 6

POLICIES & PROCEDURES

IMAGING SERVICES

GREEN LIGHT IMAGING: Availability of Scheduled Scanning Services - Section 6/Policy 1

POLICY

To ensure there are established guidelines for availability of scheduled scanning services.

SCOPE

This policy applies to all GREEN LIGHT IMAGING field employees.

GUIDELINES

1. Scheduled scanning services are available seven (7) days a week, 24 hours.

2. Daily service will be specified by the contractual agreement.

3. Full day and afternoon service will continue until all scans have been completed, or as otherwise determined by contractual agreement with the hospital.

4. The following days are holidays for GREEN LIGHT IMAGING personnel and scanning service will be scheduled by special request of the hospital in accordance with the terms of the contractual arrangement:

New Year's Day	Memorial Day
July 4th	Labor Day
Thanksgiving Day	Christmas Day

GREEN LIGHT IMAGING: Availability of On-Call Scanning Services - Section 6/Policy 2

POLICY

To ensure there are established guidelines for technical coverage for on-call scanning services.

SCOPE

This policy applies to all GREEN LIGHT IMAGING field employees.

GUIDELINES

1. On-call MRI coverage is not provided except by special contractual agreement.

2. On-call CT coverage is generally available at any time other than times which conflict with regular clients' coverage.

3. Upon notice of an order, the Dispatcher will contact the necessary on-call personnel to the Client Facility.

4. Estimated time of arrival should be provided to the Client Facility based on the first available unit.

5. The hospital must be notified by the on-call personnel of any delay in arrival time.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Stat Orders – Section 6/Policy 3

POLICY
To ensure there are established guidelines to an emergent order.

SCOPE
This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. The orders should be faxed or called in as STAT.

2. Definitions for STAT fees:

    a. STAT: A fee paid by the facility to Green Light Imaging if a non-routine exam is requested to be performed within a (6) six-hour window or as soon as possible.
    b. AFTER HOURS STAT (AF STAT): A fee paid by the facility to Green Light Imaging if a non-routine exam is ordered after 3:00 pm and is requested to be performed within a (6) six-hour window or as soon as possible.
    c. WEEKEND STAT (W-STAT): A fee paid by the facility to Green Light Imaging if a non-routine exam is requested to be performed on a Saturday or Sunday within a (6) six-hour window or as soon as possible.
    d. HOLIDAY STAT (H-STAT): A fee paid by the facility to Green Light Imaging if a non-routine exam is requested to be performed within a (6) six-hour window or as soon as possible during a Holiday.

4. See Section 6/Policy 1 for list of holidays for Green Light Imaging personnel.

5. Any studies that require to be done at a specific time such as biopsies, thoracentesis, etc., or cannot be performed immediately if the schedule allows it (i.e. patient not ready at the time the study is scheduled), will receive a TIME LIMITED fee (TLF).

6. The technician/unit will be expedited to initiate the procedure within six (6) hours, or as soon as possible thereafter given traffic conditions or other unexpected factors, according to contractual agreement.

GREEN LIGHT IMAGING: Delay Time - Section 6/Policy 4

POLICY
To ensure there are established guidelines for delays to perform a CT or MRI.

SCOPE
This policy applies to all GREEN LIGHT IMAGING field employees.

GUIDELINES

1. If, for any reason out of the control of Green Light Imaging staff, the patient is not ready to undergo a procedure, the technologist must notify the Dispatcher as soon as possible. A maximum of 30 minutes waiting time will be the longest a Technologist will wait for a patient, unless instructed otherwise by Dispatch.

2. CT Only - In the event that oral contrast is required, Dispatch will contact client's radiology department and/or patient's nurse, with estimated time of arrival (ETA) and to request that the oral contrast be administered to the patient. If, at the time the CT Technologist arrives to the facility the oral contrast has not been administered to the patient, delay time will start and delay fees assessed.

3. The thirty (30) minutes start when the Technologist inform the nurse that he/she is there to perform a study on that patient.

4. If at the end of the thirty (30) minutes the Technologist is not able to perform the study for reasons other than its own, he/she will inform the nurse that he/she will have to leave and that if possible, he/she will return at a later time.

5. Under extreme special circumstances, Green Light Imaging will extend to 1 hour the waiting period, if there are no pending STATs at any other facility.

6. Cancellation, delay and any other applicable fees will be assessed in the invoice, according to contractual terms.

7. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: CT Scan Procedure - Section 6/Policy 5

POLICY

To ensure proper guidelines are established for the performance of CT scans.

SCOPE

This policy applies to all GREEN LIGHT IMAGING CT personnel.

GUIDELINES

As a general guideline, technologists should incorporate the following steps into the CT scan procedure:

1. Technologist will take charge of the patients by introducing themselves and explaining the exam. The parameters of the exam are to be determined by the clinical information presented by the patient and the referring physician.

2. The technologists will assess the patient's condition during the actual procedure for any change in mental or physical status. Such assessment is generally done by voice communication. Any change must be reported to the facility medical director through verbal or written communication and documented on the scan invoice or an incident report. The parameters of the exam are to be approved by the medical director of the Client Facility.

4. If oral contrast is required, it may be given in advance depending on the area of interest. Additional oral contrast may be given prior to initiating the scan. Dispatcher will call the radiology department to initiate the preparation of the patient.

5. If IV contrast is to be used, the medical director or other authorized person should be notified in a timely fashion to avoid delay. Assist as needed during the injection.

6. If rectal contrast is required, the patient's nurse or nurse supervisor is responsible for administering the rectal barium or rectal iodinated agent according to protocol and monitoring the patient for evidence of extravasation or adverse reactions.

7. The patient is to be properly positioned, stabilized and instructed to remain motionless at appropriate times. Special effort should be made to utilize cushioned positioning devices to help improve comfort and to minimize patient motion. Appropriate lead shielding shall be provided to the patient prior to the initiation of scanning.

8. Prior to scanning, correct imaging protocols and scanner parameters are verified.

9. The CT patient surfaces shall be cleaned and sanitized with an appropriate antibacterial cleaner so as to minimize contamination from one patient to another.

10. The technologist and patient handlers shall thoroughly wash their hands with hot water and antibacterial soap prior to coming in contact with each new patient, after personal use of the toilet, after blowing or wiping their nose, after handling contaminated objects, before eating and upon completion of duty. If water is not available an appropriate non-water hand cleaner/disinfectant shall be used.

11. All life threatening or unexpected findings in the scan, even if the diagnostic is not for the purpose of the abnormal findings, must be brought up to the attention of the staff or on-call radiology technologist immediately and the dispatcher. If, for any reason the Radiology Technologist is not available, notify the Radiology Supervisor, the patient's Nurse and/or Nurse Supervisor. Do not give a diagnosis, simply report the abnormality.

12. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: MRI Scan Procedure - Section 6/Policy 6

POLICY
To ensure proper guidelines are established for the performance of an MRI exam.

SCOPE
This policy applies to all GREEN LIGHT IMAGING MRI technologists.

GUIDELINES

As a general guideline, technologists should incorporate the following steps into the MRI scan procedure:

1. Technologists will take charge of the patients by introducing themselves and explaining the exam. The parameters of the exam are to be determined by the clinical information presented by the patient referring physician. Patient screening to be performed as outlined in Section 5, Policy 12.

2. The technologists will assess the patient's condition during the actual procedure for any change in mental or physical status. Such assessment is generally done by voice communication. Any change must be reported to the facility medical director through verbal or written communication and documented on the scan invoice or an incident report.

3. Commonly used protocols may be selected from the pre-established protocol list that is established by GREEN LIGHT IMAGING and the Client.

4. The patient is to be properly positioned, stabilized and instructed to remain motionless at appropriate times. Special effort should be made to utilize cushioned positioning devices to help improve comfort and to minimize patient motion.

5. Ear plugs and/or patient music headphones must be offered to the patient to protect their hearing during the examination.

6. If a contrast injection is required, please refer to Section 5, Policy 4.

7. Any deviation from the expected protocol and/or unusual issues in the technical quality of the exam should be documented with an explanation on the requisition or other Client specified medical record, i.e., studies with excessive motion, aborted sequences, artifact, etc.

8. The MRI patient surfaces shall be cleaned and disinfected with an appropriate antibacterial cleaner as to minimize contamination from one patient to another.

9. The technologist and patient handlers shall thoroughly wash their hands with hot water and antibacterial soap prior to coming in contact with each new patient, after personal use of the toilet, after blowing or wiping their nose, after handling contaminated objects, before eating and upon completion of duty. If water is not available an appropriate non-water hand cleaner/disinfectant shall be used.

10. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Ordering of MRI/CT Procedures -

Section6/Policy 8

POLICY

To ensure that the appropriate MRI and CT exams are performed on the correct patients.

SCOPE

This policy applies to all GREEN LIGHT IMAGING personnel who are responsible for patient handling.

GUIDELINES

1. MRI/CT exams are to be performed only upon the written order of a person who is lawfully authorized to diagnose, treat and prescribe such diagnostic procedures.

2. Patients must have a written order prior to having the MRI/CT examination. Written orders may be in the form of a requisition according to clients' procedures.

3. Oral orders may be accepted when coming directly from the ordering physician.

4. All requests for MRI/CT exams shall contain pertinent clinical indications for the exam.

5. In the case of in-house patients, the requisition or order for the exam should be provided in compliance with the Client Facility's established procedure.

6. Requisitions on all in-house patients shall be verified against the physician's orders in the patient's chart (when chart is available). Any contradiction will require clarification from the ordering physician.

7. Any ambiguous requisitions shall be sent back to the ordering floor or ordering physician's office for more specific information.

8. Once the order or prescription is confirmed, the technologist will check the patient's ID bracelet, the chart and establish the patient's identity by asking the patient for his/her name and date of birth, to ensure the correct patient is being scanned.

9. STAT orders will be managed according Section 6/Policy 3.

10. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING

SECTION 7

POLICIES & PROCEDURES

REPORTING & DOCUMENTATION

GREEN LIGHT IMAGING: Purchase/Vendor Order - Section7/Policy 1

POLICY

To ensure there are clear and concise guidelines for authorization of vendor services.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. All service on scanners is to be performed during contracted "pre-paid" service hours or under the direct request of the General Manager or other management representative.

2. Personnel discovering non-contract service from vendor shall notify the General Manager.

3. The General Manager (or other management representative) shall request non-contract service from vendor and shall issue a Purchase Order for the work.

4. The Purchase Order number is to be recorded on all service reports and invoices and should be logged by the General Manager for verification upon receipt of the bill for services.

5. Purchase order log should record the nature of the problem and if possible an estimate of service hours needed or costs incurred.

6. This purchase order system ensures immediate repair of scanners and optimizes service to each hospital without incurring unnecessary expense.

7. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Incident Reports - Section 7/Policy 2

POLICY

To ensure that ALL incidents involving patients, employees, property and or vehicles are documented and reported in a timely manner.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. Any incident that is not consistent with routine operations may require a written Incident Report (see attachments). Incident Reports shall be completed in any event which has an immediate or possible future effect on personnel, patients and equipment. This includes injury, sudden illness, observed or discovered damage to equipment, scans of contraindicated patients, mistaken scans, etc.

2. The Incident Report must be completed by the GREEN LIGHT IMAGING employee directly involved with the incident. The report should include statements by all observers whether or not they are GREEN LIGHT IMAGING employees, Include as much detail as possible.

3. All Incident Reports shall be reported to the General Manager and a copy of the written report given to the hospital. If there is no injury, this report should be submitted within twenty-four (24) hours. If there is an injury or significant property damage, this report should be submitted within one hour.

4. If the incident is categorized as a contrast reaction, fill out all forms specific to this type of incident and fax to the Green Light Imaging office, attention to the General Manager. The radiologist should be notified and shall examine the patient before the he/she leaves the Client's Facility.

5. Client's Incident Report forms will also be completed upon request. A copy is to be sent to Green Light Imaging office, attention to the General Manager.

6. Incident Reports will be reviewed by the Safety Committee. Please see Safety Committee, Section 7, Policy 8.

7. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Operations Record Keeping - Section 7/Policy 3

POLICY

To ensure that appropriate record keeping and reporting is performed on each unit.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. The technologist and drivers of each unit shall complete and submit as appropriate the following documents:

   A. *Staff Communication Log*—Contains daily statements regarding events, problems, scanner conditions, service needed or performed and procedure changes requested by Clients. This log allows for clear communication among employees on different shifts and service engineers.

   B. *Driver's Time Record and Driver's Vehicle Inspection Report* —Contains daily recording of information on driving hours, work hours and off hours, mileage and other pertinent information. This log must be signed daily and copies are to be sent to Green Light Imaging office, attention to the General Manager.

   C. *Invoice*—Contains Client, technologist, patient information, including ID number, sequences, contrast, exam start and stop times, referring physician and CQI data. This information is to be delivered daily to the corporate office for customer billing. A copy is left with the Client and one copy is retained at corporate office for a maximum period of five (5) years.

   D. *Time Sheet Card*—Complete daily record of actual worked hours. The time sheet shall be provided to Dispatch via email, facsimile or any other means, no later than three (3) natural days after the period ended, to ensure timely payroll process. Pay periods end on the 15th and last day of each month.

   E. *Incident Reports*—Contains information in detail of important elements of "who, what, when, where, how, and/or why" regarding incidents with employees or patients. The Incident Report shall be signed and dated and sent to Green Light Imaging office, attention to the General Manager, with a copy to the Client.

Section 7/Policy 3 - page 2

F. *Expense Report*—A log of expenses (other than mileage) incurred while on duty. Receipts or other documentation of expenditures must be included. This report is to signed, dated and submitted by the 5th day of each month to Green Light Imaging office, attention to the General Manager for signature. This will be the controlling document for reimbursing work-related expenses incurred by employees.

G. *Patient Worksheet*—Contains information on each patient exam, including contrast information and technologist comments. This worksheet shall be delivered to the Radiology Department, along with the patient's images. (when required by the Client Hospital)

H. *Daily QA Requirements*—Contains daily documentation of scanner QA checks and is maintained on the unit.

I. *Vendor Service Reports*—Service reports left on the unit by the manufacturer's field engineers, or other repair personnel should be sent to Green Light Imaging office, attention to the General Manager.

2. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Documentation of Image Artifact -
Section 7/Policy 4

POLICY
To ensure image artifacts are recorded and corrected.

SCOPE
This policy applies to GREEN LIGHT IMAGING technologists.

GUIDELINES

1. Images that show unusual image artifact or degradation shall be recorded and stored for review by field service engineers.

2. Proper documentation of the circumstances involved with any image problem must accompany each cd.

3. A note must be made on the Daily QA Requirements log.

4. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Scanner Quality Assurance - Section 7/Policy 5

POLICY
To ensure that all imaging is of the highest possible quality.

SCOPE
This policy applies to all GREEN LIGHT IMAGING technologists.

GUIDELINES

1. Quality assurance test procedures are to be performed on the scanner to meet all manufacturers' recommendations.

2. Systems that have software-driven mandatory system checks may have all checks completed without additional (written) records.

3. Systems without software-driven mandatory system checks are to have written documentation of daily QA requirements.

4. All documentation of daily QA requirements must be retained and shall be available for use of operators an engineering service personnel.

5. All scanner problems must be reported to the General Manager for proper resolution. See Section 8/Policy 2.

6. Remedial repair items should be communicated to the General Manager through the use of a daily communications log book for correction during routine scheduled service.

7. Personnel who operate scanners must meet all state and national licensing requirements. See Section 4/Policies 1 and 3.

8. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Informing Hospitals of Delays –
Section 7/Policy 6

POLICY

To ensure there are established guidelines for notifying hospitals when a delay in service will occur.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. If scanning service cannot be performed at the scheduled starting time, the hospital must be notified as soon as possible.

2. The radiology department or the medical director must be notified.

3. The reason for the delay should be given (e.g. scanner down, weather delay, etc.) and the expected time when services will be resumed.

4. The General Manager must be notified immediately of the delay.

5. When the CT and MRI units are sent to preventive maintenance, the Client will be notified via email at least one day in advance.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Billing/Invoices - Section 7/Policy 7

POLICY

To establish guidelines for collecting information needed to bill for services and record patient demographics.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. Patient logs and invoice information must be recorded accurately and completely as a routine part of each exam. Entries must be printed in a neat and legible manner. Writing in the margins should be avoided to minimize fax transmission errors.

2. All fields of all invoices are to be completed in full, whether or not exams are completed.

3. At the end of each scanning day the Client's copy of the completed invoice should be delivered to a designated individual or location.

4. A copy of the invoice must be brought to the corporate accounting office.

5. Original invoices should be kept in a file and held by the corporate office for a minimum of five (5) years.

6. Office requests for copies of back invoices must be executed properly.

7. The accounting department of GREEN LIGHT IMAGING shall bill the client according to the contract. All questions regarding billing should be directed to the GREEN LIGHT IMAGING Billing Department.

8. Technologists should write comprehensive notes as needed in the Comments of the scan Invoice.

9. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Safety Committee Meetings - Section 7/Policy 8

POLICY
To ensure GREEN LIGHT IMAGING management has established policies to meet on a regular basis to review quality, safety and other technical issues.

SCOPE
This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. A Safety Committee shall be formed at the corporate office and will be composed of the following personnel:

   A. President
   B. General Manager
   C. Lead CT Technologist
   D. Lead MRI Technologist
   E. Lead Driver
   F. Human Resources Representative
   G. Secretary

2. The term for the appointed members shall be one (1) year. For the members specified by title, they shall serve until they no longer hold the title.

3. Meetings are to be held on a quarterly basis. Additional meetings may be required depending on the significance of the incident or accident in question. The President is to be consulted when an emergency meeting is required.

4. Meetings shall be held in person or via telephone conference call. Employees shall be compensated at their regular hourly rate for all meeting hours.

5. The Safety Committee will review all incident reports, occupational injury reports, accident reports, exposure reports and quarterly unit inspections.

6. If an incident or accident involves any person on the safety committee, then an alternate committee member shall be selected by the President.

7. All Incident Reports filed during the previous period are to be reviewed by the Committee.

8. Minutes must be recorded and filed at the corporate office. The minutes of each meeting should include the following information:

   - Date

- Time period reviewed
- Number of events to review
- List of specific events with the following information:
  - Description of the event
  - Recommendation to prevent recurrence and how to implement
  - Follow up needed
  - Summary (final comments)
  - Review individual site issues
- Other business

9. The Safety Committee is responsible for safety code enforcement, revisions and recommendations.

10. The Safety Committee may make recommendations for equipment/personal damages which include repayment of damages (up to $500), no salary increase for one (1) year, probation, suspension without pay, and/or termination.

GREEN LIGHT IMAGING: Quality Control Procedures - Section 7/Policy 9

POLICY

To ensure that GREEN LIGHT IMAGING quality control (QC) procedures coincide with the ACR standards for equipment testing.

SCOPE

All GREEN LIGHT IMAGING technologists are covered by this policy.

GUIDELINES

1. The policy of GREEN LIGHT IMAGING regarding scanner QC procedures is defined by the American College of Radiology (ACR). "The on-going quality control program assesses relative changes in system performance as determined by the technologist, services engineer, qualified medical physicist, or the medical director."

2. The following quality control tests shall be performed when appropriate and registered on the QC logs:

   A. Measurement of central frequency (at least daily).
   B. Measurement of system signal-to-noise on a standard head or body coil daily.
   C. Assessment of image quality and image artifacts (at least daily).
   D. Processor sensitometric testing (weekly).

3. The following quality control tests shall be performed and documented at least semi-annually and after any major upgrade or major change in equipment.

   A. Review of daily quality control testing records.
   B. Measurement of image uniformity.
   C. Measurement of spatial linearity.
   D. Measurement of slice thickness, location and separation.

4. All quality control testing shall be carried out in accordance with written procedures and methods. Preventative maintenance shall be scheduled, performed and documented by a qualified service engineer on a regular basis. Service performed to correct system deficiencies shall also be documented and service records maintained by the MR site.

5. Performance evaluations are done annually on both CT and MRI units. On the CT units, the evaluation is done by a medical physicist and on the MRI unit is done by an MRI physicist or scientist.

6. Certification of the Physicist supporting CT services is provided.

GREEN LIGHT IMAGING: Drug Reaction Reports - Section 7/Policy 10

POLICY
To ensure that all patients experiencing drug reactions receive the proper care and that all reactions are documented and followed up in a timely manner.

SCOPE
This policy applies to all GREEN LIGHT IMAGING technologists.

GUIDELINES

1. All drug reactions require a reaction report to be completed by the technologist. Drug reactions shall include contrast, sedation and anesthesia incidents.

2. Reaction reports shall be reported to Green Light Imaging office, attention to the General Manager and a copy given to the hospital within twelve (12) hours of an occurrence.

3. The radiologist shall be notified and should examine the patient before the patient leaves the radiology department.

4. Green Light Imaging Incident Report should be completed (see Attachments). Client Incident Reports will also be completed upon request. A copy is to be sent to Green Light Imaging office, attention to the General Manager.

5. Reaction reports will be reviewed by the Safety Committee on a regular basis.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING

SECTION 8

POLICIES & PROCEDURES

EQUIPMENT

GREEN LIGHT IMAGING: Emergency Generators - Section 8/Policy 1

POLICY
This policy describes the proper conditions and procedures for operating the emergency stand-by generator on the mobile unit.

SCOPE
The policy applies to all GREEN LIGHT IMAGING field employees.

GUIDELINES

1. The stand-by generator is an auxiliary power source in the event of shore power interruption.

2. Because the on-board generator is very loud, all nearby GREEN LIGHT IMAGING and client personnel should be notified prior to generator start-up.

3. To start the generator, the following procedure must be followed:

   A. Insure that the scanner is OFF
   B. Turn generator control to ON.
   C. Select GENERATOR on power selector panel.

4. When shore power is restored the following procedure must be followed:

   A. Insure that the scanner is OFF.
   B. Select SHORE POWER on power selector panel.
   C. Turn generator control to OFF.
   D. Generator will continue to run approximately five minutes and will stop automatically.

5. The generator fuel tanks must be kept full at all times to ensure adequate operating times.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Scanner Service and Repair - Section 8/Policy 2

POLICY
To ensure that scanner performance and reliability meets all manufacturer specifications.

SCOPE
This policy applies to all GREEN LIGHT IMAGING field employees.

GUIDELINES

1. Manufacturer's system manuals must be stored on each unit.

2. All scanners will be operated within manufacturer's recommended limitations, and maintained in compliance with manufacturer's recommended service.

3. Service shall be performed only by manufacturer's service division or other fully qualified third party.

4. GREEN LIGHT IMAGING personnel will be responsible for taking inventory of equipment prior to use.

5. Routing preventive maintenance and remedial repair shall be performed after normal operating hours unless other arrangements have been made with the hospital.

6. Orientation on basic operating procedures, safety and emergency procedures will be conducted by manufacturer's personnel or designated GREEN LIGHT IMAGING personnel.

7. Daily QA Requirements Log must be completed daily by technologists to document system performance.

8. Service requests may be submitted by technologists during normal service hours to meet immediate scanner needs.

9. Overtime service (performed outside of contracted hours of service) shall be authorized by the General Manager as necessary.

10. The service performed MUST have a valid GREEN LIGHT IMAGING Purchase Order for payment. After hours, purchase order's may be obtained from the Manager on call.

11. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Table Weight Limitation - Section 8/Policy 3

POLICY
To ensure patient safety and avoid damage to equipment.

SCOPE
This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. Maximum table weight limits from the manufacturer's reference are as follows:

   CT – GE Lightspeed QXi – 300 lbs / 27 inches – tunnel width
   MRI – GE 1.5T 9XLCC – 270 lbs. / 18 inches – tunnel width

2. Weight limit depends on patients high and body structure.

3. At no time shall a patient exceeding the table weight limit be placed on the exam table.

4. A technologist shall determine if the patient needs to be weighed prior to the exam. It is suggested that any patient reporting their weight to be within twenty-five (25) pounds of the limit to be weighed or measured prior to the exam. This is for the protection and safety of the patient and equipment.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Tractor Preventative Maintenance - Section 8/Policy 4

POLICY
To ensure all tractors operate properly and reliably.

SCOPE
This policy applies to all field employees of GREEN LIGHT IMAGING.

GUIDELINES

1. All tractors will be maintained in compliance with the manufacturer's recommended service.

2. All tractors will be operated within the manufacturer's recommended limitations.

3. Drivers will comply with GREEN LIGHT IMAGING program for request, authorization, performance and documentation of service on the tractors.

4. The General Manager shall maintain records and assure that all service complies with the above expectations.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Service and Repair of Trailer Utility Systems - Section 8/Policy 5

POLICY

To ensure there is an existing arrangement for timely repair of the trailer in the event of an unforeseen equipment failure.

SCOPE

This policy applies to all GREEN LIGHT IMAGING field employees.

GUIDELINES

1. A listing of qualified repair personnel capable of repairing all major systems of the trailer (air conditioning, electrical, hydraulic, etc.) shall be compiled and made available to the Dispatcher. This list will consist of local service personnel. Manufacturer's service representatives may also be listed to provide additional may also be listed to provide additional sources of repair and information.

2. The General Manager is to be contacted prior to all repairs. It is his/her responsibility to authorize and coordinate service repairs.

3. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Trailer Preventive Maintenance - Section 8/Policy 6

POLICY

To ensure all trailers are properly maintained.

SCOPE

This policy applies to all field employees of GREEN LIGHT IMAGING.

GUIDELINES

1. All trailers shall be operated according to manufacturer's recommended limitations.

2. The General Manager will maintain preventative maintenance records and assure that all service complies with the above expectations.

3. Needed repairs which fall outside the scope of routine preventive maintenance should be reported to the General Manager as soon as possible.

4. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Trailer Service and Repair - Section 8/Policy 7

POLICY

To ensure that all support/ancillary systems are maintained adequately.

SCOPE

This policy applies to all field employees of GREEN LIGHT IMAGING.

GUIDELINES

1. All trailers will be maintained in compliance with manufacturer's recommended service.

2. All trailers will be operated within the manufacturer's recommended limitations.

3. Routine preventive maintenance and remedial repair shall be performed after normal operating hours unless other arrangements have been made with the Client Facility.

4. Preventive maintenances should be done once a year.

5. Suspected failure or malfunction of trailer support or ancillary systems should be reported to the General Manager who will make arrangements for proper repair.

6. Technologists and drivers must comply with established procedure for request, authorization, performance and documentation of service on trailers.

7. The General Manager will maintain records and assure that all service complies with this policy.

8. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Vehicle Inspection - Section 8/Policy 8

POLICY
To ensure all tractors and trailers are in safe mechanical condition.

SCOPE
This policy applies to all GREEN LIGHT IMAGING mobile employees.

GUIDELINES

1. The driver has the responsibility to insure that certain components and emergency equipment is in satisfactory condition prior to moving the mobile system.

2. The vehicle shall comply with all state inspection requirements.

3. The following components and equipment shall be inspected and serviced on a regular basis:

    A. Brakes are to be serviced as well as the trailer brake connection.
    B. Parking (hand) brake
    C. Steering Mechanism
    D. Lights and reflectors
    E. Tires
    F. Horn
    G. Windshield wipers
    H. Rear vision mirrors
    I. Coupling devices
    J. Wheels and rims
    K. Oil and coolant
    L. Emergency equipment
    M. Tractor and trailer frame, axles and superstructure.

4. No vehicle shall be operated when it is in an unsafe condition.

5. The driver shall contact the General Manager when an unsafe vehicle condition requires immediate repair.

6. Non-emergency problems must be reported to the General Manager to have the repair completed before an unsafe condition develops.

7. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING

SECTION 9

POLICIES & PROCEDURES

PERFORMANCE OF EMPLOYEES

GREEN LIGHT IMAGING: Dress Code - Section 9/Policy1

POLICY
To ensure all personnel maintain a professional appearance while on duty.

SCOPE
This policy applies to all GREEN LIGHT IMAGING employees in contact with patients and clients.

GUIDELINES

1. GREEN LIGHT IMAGING employees must strive for a professional and dignified appearance at all times while on duty. Suggested dress for employees involved in patient care includes slacks and non-slip footwear. Leisure wear such as sandals, shorts, sweat pants and collarless shirts are not to be worn on the job. Drivers should also adopt these standards.

2. Lab coats are to be worn while on duty. Alternatively, hospital scrubs may be worn.

3. Name tags shall be worn at all times while on duty.

4. Other employees should comply with the dress code of the Client Facility.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Employee Conduct - Section 9/Policy 2

POLICY

To ensure proper and professional conduct is followed by all employees during work hours.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. Acceptable employee conduct is described in detail in the GREEN LIGHT IMAGING Employee Handbook. This handbook has been distributed to each employee.

2. GREEN LIGHT IMAGING and its employees recognize and adhere to the American Society of Radiologic Technologists (ASRT) Code of Ethics governing licensed imaging technologists.

3. All GREEN LIGHT IMAGING personnel will conduct themselves at all times in a professional and honest manner as set forth in the Business Code of Ethics (see Attachments).

4. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Personnel Illness or Injury - Section 9/Policy 3

POLICY

To ensure proper guidelines are established for personnel who become sick or injured during duty hours.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. GREEN LIGHT IMAGING employees who sustain minor injuries or illnesses during working hours should contact the Human Resources Department prior to leaving the work place.

2. All on-the-job- injuries, no matter how minor, must be documented with an Occupational Injury/Illness Report (see Attachments). Any delay in filing this form may result in the delay or denial of worker's compensation.

3. Needed medical treatment shall be obtained at the closest appropriate facility, whether emergency room, physician's office, urgent care facility, etc.

4. Any employee missing time due to a work-related injury must have a doctor's release to return to work.

5. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Report of Duty Status - Section 9/Policy 4

POLICY

To ensure that an adequate number of qualified GREEN LIGHT IMAGING staff are provided and that personnel arrive at their work stations promptly and depart when the commitment to the Client has been met.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. Falsifying duty hours will result in immediate termination.

2. Personnel on mobile units that serve more than one Client should contact GREEN LIGHT IMAGING day and night Dispatcher before each move to verify destination and ETA.

3. All GREEN LIGHT IMAGING Technologists shall report to day and night via text message, e-mail or telephone, at every step of the study, when arriving and leaving a client's facility, at the beginning and end of their shift.

4. Employees unable to report for duty must contact the Dispatcher immediately and no less than two (2) hours prior to scheduled start time so that alternate staffing can be arranged. Contact must be made personally and not via message or voice mail.

5. All drivers shall complete the “Driver’s Vehicle Inspection Log” and the “Driver’s Record Time” as required by the Department of Transportation. These records shall be submitted to Green Light Imaging’s office in a daily basis and be held in the corporate office.

6. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Smoking, Eating, Drinking - Section 9/Policy 5

POLICY

To ensure patient and personnel comfort and to adhere to all state and local laws regarding smoking. To ensure that food consumption guidelines are followed.

SCOPE

This policy applies to all GREEN LIGHT IMAGING employees.

GUIDELINES

1. GREEN LIGHT IMAGING employees shall abide by the smoking policy of the Client's Facility.

2. There shall be NO smoking by anyone inside the MRI/CT tractors, MRI/CT trailers, or within twenty (20) feet from entry stair area.

3. GREEN LIGHT IMAGING employees who smoke must be aware of residual smoke aroma on their breath or clothes. If this causes complaints from patients or co-workers, the General Manager may be forced to alleviate the problem as he/she sees fit, up to and including prohibiting smoking during working hours.

4. Food and drink may not be consumed in patient care areas. The patient care areas on MRI/CT systems are defined as the scan room and designated dressing areas.

5. Food and non-alcoholic drink may be consumed in non-patient care areas by GREEN LIGHT IMAGING employees only if they are unable to leave the MRI/CT system for scheduled meal breaks. Spicy or odorous food should not be eaten on the unit.

6. Patients and visitors may not eat or drink near the MRI/CT system and computers.

7. Absolutely no cooking is allowed on the MRI/CT system. Hot liquids must be kept in insulated bottles.

8. Any damage to the MRI/CT system components that results from spills or food debris is the responsibility of the guilty technologist. Any such incidents should be documented via an Incident Report (see Attachments) and filed accordingly.

9. All food waste must be cleaned up promptly after food is consumed.

10. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

GREEN LIGHT IMAGING: Management Availability - Section 9/Policy 6

POLICY
To ensure that GREEN LIGHT IMAGING clients and personnel have access to corporate staff at all times.

SCOPE
This policy applies to all GREEN LIGHT IMAGING management.

GUIDELINES

1. During business hours, GREEN LIGHT IMAGING management can be contacted via telephone or email.

2. After normal business hours, GREEN LIGHT IMAGING's Dispatcher can reach all members of management. A call to the general telephone number can make it possible to reach all levels of management employees.

3. A backup call manager is available in the unlikely event that the regular call manager's telephone is out of order or he/she is unavailable.

4. Violation of this policy may result in disciplinary action, counseling, suspension up to and including termination.

Green Light Imaging: ATTACHMENTS

Field Employee Acknowledgment
Incident Report Form
Age Specific Competency Checklist
Critical Patient/High Risk Evaluation Form
Universal Precautions
MRI Patient Screening Form
Patient Rights and Responsibilities
Code of Ethics
Business Code of Ethics
Complaint Resolution Process
Drug Reaction Form
Occupational Accident, Injury or Illness Report

GREEN LIGHT IMAGING
8348 Rosemead Blvd.
Pico Rivera, CA 90660

FIELD ACKNOWLEDGMENT LETTER

I have received a copy of the Green Light Imaging Policies and Procedures Manual. I understand my responsibility to read this manual, to understand and familiarize myself with it and to comply with the policies therein stated. I further understand that this information describes only the general policies of the company, and that there may be additional or more specific policies in each department, by which I may be governed.

Since the information in this Manual is necessarily subject to change, I understand that company management may from time to time modify, supersede, or eliminate the policies in this Manual and that I will be notified of such changes.

_____
PRINTED NAME

_____
SIGNATURE

_____
DATE

Green Light Imaging – INCIDENT REPORT FORM

Date and time of incident: _____/_____/_____ _____:_____ **am/pm**

Name/s of person/s involved in the incident:

_____

_____

Description of Incident (use page 2 if necessary):

_____

_____

_____

_____

_____

Witnesses (include contact details):

_____

_____

_____

Suggestions on How to Avoid Incident:

_____

_____

_____

Incident Reported to: _____ Date: _____

Follow Up Action:

Description of actions to be taken:

_____

_____

_____ _____

Print Name **Signature**

_____ _____

Position **Date**

Green Light Imaging – AGE-SPECIFIC COMPETENCY CHECKLIST

Employee Name (PRINT): _____ Department: _____

Position: _____ Date: _____

STAGE AGE	COMPETENCIES	DEMONSTRATES AND/OR VERBALIZES KNOWLEDGE YES	NO	NA
Prenatal Stage Conception to Birth	Provides appropriate shielding for mother Identifies risks factors and educates/intervenes			
Toddler 12 to 36 Months	Safe handling of infant during life, carry, transfer Secures infant appropriately for procedure Keep parent within patient's view during procedure Involves parent with procedures Provides a safe environment by choosing a size-appropriate bed			
Early Childhood 3 to 6 years	Procedure explanation using concrete demonstration methods Provides a safe environment by choosing a size-appropriate bed			
Middle Childhood 6 to 12 years	Provides a safe environment by choosing a size appropriate bed Procedure explanation using logical sequence of events			
Adolescence 13 to 18 years	Explains all procedures. Verifies if there are questions. Keeps parents informed as appropriate Maintains privacy during procedures			
Middle adulthood 19 to 65 years	Involves significant other in patient teaching for self-care Explains all procedures in language understood by patient			
Late Adulthood 66 years & up	Full safety risk identification Prevention and management of skin injury Accommodates for sensory deprivation			

I have completed the above competencies. _____

(Signature)

Reviewed by_____

Green Light Imaging: CRITICAL PATIENT/ HIGH RISK EXAM REPORT

Facility _____ Date _____

Patient Name _____ Age _____In/Out Rm. # _____

Referring Physician _____

Admitting Diagnosis _____

Type of Exam CT/ MRI of_____ W W/O Contrast
Time of Exam _____ am/pm. By Technologist _____

Patient Condition at the time of the exam:

Good ____ Guarded _____ Unstable _____ No Code _____
Does patient require Nursing _____ Respiratory _____ No_____ Other _____
Transport by: Ambulatory/ Wheelchair /Gurney (circle one)

Care Assessment

Appropriate care given Y/N. If no, explain
_____

_____

_____

Patient care compromised /suggestion for improved service delivery/ care giving

_____

_____

_____

_____

Form completed by _____

* _____

*Signature required from one of the following: a. Radiologist; b. Respiratory; or c. Nursing.

Universal precautions

Universal precautions refers to the practice, in medicine, of avoiding contact with patients' bodily fluids, by means of the wearing of nonporous articles such as gloves, goggles, and face shields. Medical instruments, especially scalpels and hypodermic needles should be handled and disposed of properly in a sharps container. Pathogens fall into two broad categories, bloodborne (carried in the body fluids) and airborne. Standard universal precautions cover both types.

Universal precautions should be practiced in any environment where workers are exposed to bodily fluids, such as:

- Blood
- Semen
- Vaginal secretions
- Synovial fluid
- Amniotic fluid
- Cerebrospinal fluid
- Pleural fluid
- Peritoneal fluid
- Pericardial fluid

Bodily fluids that do not require such precautions include:

- Feces
- Nasal secretions
- Urine
- Vomitus
- Perspiration
- Sputum
- Saliva (*In the dental setting, saliva is likely to be contaminated with blood, and should be handled properly.*)

Discussion

Universal precautions are the infection control techniques that were recommended following the AIDS outbreak in the 1980s. Because *universal* implies perfect protection, which *universal precautions* do not provide, however, this term is no longer recommended.

Current recommendations call for a two-tiered system, using the terms *standard* and *additional precautions*. Standard precautions apply to all patients no matter what their infectious status is known or suspected to be. This applies to blood (wet and dry) and ALL bodily fluids except sweat, as well as non-intact skin and mucous membranes. Essentially, both standard and universal precautions are good hygiene habits, such as hand washing and the use of gloves and other barriers, correct sharps handling, and aseptic techniques.

Additional precautions are used in addition to standard precautions for patients who are known or suspected to have an infectious condition, and vary depending on the infection control needs of that patient. Additional precautions are not needed for blood-borne infections, unless there are complicating factors.

Conditions indicating additional precautions:

- Prion diseases (e.g., Creutzfeldt-Jakob disease)
- Diseases with air-borne transmission (e.g., tuberculosis)
- Diseases with droplet transmission (e.g., mumps, rubella, influenza, pertussis)
- Transmission by direct or indirect contact with dried skin (e.g., colonization with MRSA) or contaminated surfaces or any combination of the above.

Universal precautions are recommended not only for doctors, nurses and patients, but for health care support workers. Some support workers, most notably laundry and housekeeping staff, may be required to come into contact with patients or bodily fluids.

Protective clothing may include but is not limited to:

- Barrier gowns
- Gloves
- Eyewear (goggles or glasses)
- Face shields
- Hair nets
- Shoe coverings

GREEN LIGHT IMAGING
Mobile Diagnostics

MRI PATIENT HISTORY AND SAFETY SCREENING

Name: _____ Date: _____
Date of Birth: _____ M or F Weight: _____
Weight limit 250 lbs.

Please answer all of the following questions:

Are you pregnant?……	Yes ☐	No ☐
Do you have any of the following?		
Pacemaker…….	Yes ☐	No ☐
Dentures…….....	Yes ☐	No ☐
Hearing Aids…….	Yes ☐	No ☐
Metal Surgical Clips…….	Yes ☐	No ☐
Metal Prosthesis……	Yes ☐	No ☐
Metal Fragments in head, eyes or skin…….	Yes ☐	No ☐
Medication Patch with aluminized backing..	Yes ☐	No ☐
History of Claustrophobia……..	Yes ☐	No ☐
Head Surgery…….	Yes ☐	No ☐
Heart Surgery…….	Yes ☐	No ☐
Spinal Surgery……	Yes ☐	No ☐

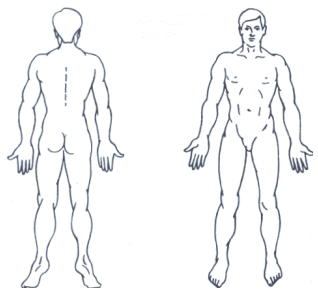
If "Yes" to any questions above, please explain: _____
_____

For **MRI** exam requiring **GADOLINIUM CONTRAST INJECTION**:

Do you have a history of kidney disease? ……	Yes ☐	No ☐
Are you on dialysis?.....	Yes ☐	No ☐

If "Yes" to any of the last two questions above, the following lab tests are required prior to scheduling and performing the examination:

1. BUN result: _____
2. Serum creatinine _____
3. Glomular filtration rate (only if BUN and creatinine results are abnormal).



Please describe your symptoms or problems:
_____
_____
_____
(*Use the back of the page if more space needed)

Doctor is aware of side effects and acknowledges that the benefit of the use of Gadolinium Contrast injections is greater than possible side effects, like NSF? Yes ☐ No ☐

Green Light Imaging: PATIENT RIGHTS AND RESPONSABILITIES

PATIENT RIGHTS

1. You have the right to considerate, respectful care.
2. You have the right to be well-informed about any procedures performed on you.
3. You have the right to accept or refuse treatment.
4. You have the right of confidentiality.
5. You have the right to expect that Green Light Imaging will provide service to the best of its ability.

PATIENT RESPONSIBILITIES

1. You are responsible to provide information that is relevant to this test.
2. You are responsible to ask questions if instructions or requests are unclear.
3. You are responsible to provide information needed to pay for the treatment.
4. You are responsible for following instructions to complete your exam.
5. You are responsible to inform Green Light Imaging if your safety or dignity has been compromised during this test.

Green Light Imaging: TECHNOLOGIST CODE OF ETHICS

- The Green Light Imaging technologist conducts himself/herself in a professional manner, responds to patient needs and supports colleagues and associates in providing good care.

- The Green Light Imaging technologist acts to advance the principal objective of the profession to provide services to humanity with full respect for the dignity of mankind.

- The Green Light Imaging technologist delivers patient care and service unrestricted by concerns of personal attributes or the nature of the disease or illness, and without discrimination and regardless of sex, race, creed, religion or socio-economic status.

- The Green Light Imaging technologist practices technology founded upon theoretical knowledge and concepts, utilizes equipment and accessories consistent with the purposes for which they have been designed, and employs procedures and techniques appropriately.

- The Green Light Imaging technologist assesses situations, exercises care, discretion and judgment, assumes responsibility for professional decisions and acts in the best interest of the patient.

- The Green Light Imaging technologist acts as an agent through observation and communication to obtain pertinent information for the physician to aid in the diagnosis and treatment management of the patient and recognizes that interpretation and diagnosis are outside the scope of practice for the profession.

- The Green Light Imaging technologist utilizes equipment and accessories, employs techniques and procedures, performs services in accordance with an accepted standard of practice and demonstrates expertise in minimizing the radiation exposure to the patient, self and other members of the health care team.

- The Green Light Imaging technologist practices ethical conduct appropriate to the profession and protects the patient's right to quality radiological technological care.

- The Green Light Imaging technologist respects confidences entrusted in the course of professional practice, respects the patient's right to privacy and reveals confidential information only as required by law or to protect the welfare of the individual or the community.

- The Green Light Imaging continually strives to improve knowledge and skills by participating in educational and professional activities, sharing knowledge with colleagues and investigating new and innovative aspects of professional practice. One means available to improve knowledge and skills is through professional continuing education.

Green Light Imaging: BUSINESS CODE OF ETHICS

- All Green Light Imaging personnel will conduct themselves, at all times in a professional and honest manner.

- Green Light Imaging personnel will adhere to strict billing and marketing practices, recognizing the importance of providing quality health care services in a competitive environment.

- Green Light Imaging values its relationships with its customers, vendors, health care providers, educational institutions and patients. Green Light Imaging personnel place a strong emphasis on those relationships and conduct their business practices with dedication, loyalty and integrity.

- Green Light Imaging is very concerned with the cost of health care. Green Light Imaging pricing is based on “best business practices” and meets all billing standards set forth by Medicare, Medicaid or other governmental agency.

Green Light Imaging: COMPLAINT RESOLUTION PROCESS

Green Light Imaging toll-free 800 telephone number has been listed on our Patient Rights and Responsibilities certificate and posted on all of Green Light Imaging units. In the event of a client or patient complaint, the 800-telephone number may be used to lodge the complaint. The Green Light Imaging receptionist will be required to take the following steps when handling a complaint call:

- Obtain the name and telephone number of the person lodging the complaint.
- Obtain the name of facility where the problem occurred.
- Obtain the date the problem occurred.
- Then contact the General Manager with the above information so that he/she can respond to the complaint.

Green Light Imaging: DRUG REACTION REPORT

Green Light Imaging Employees Present: _____ Unit _____

Facility _____ Date_____

Patient Name _____Sex _____ Age_____ Weight _____

Outpatient _____ Inpatient _____ Room # _____ Known Allergies _____

Exam _____ IV Contrast: Yes ____ No _____

Contrast Type _____ Lot # _____ Expiration Date_____

Administration Method: Drip _____ Bolus _____ Injector _____ Amount _____

Was anesthesia or sedation used?

Yes_____ No _____ Type _____ Amount _____

Comments_____

_____

Condition of patient before occurrence.

Mental Status: Alert/Normal _____ Disoriented _____ Sedated _____

Physical Status: Normal/No assistance _____ Weak/Assistance required _____

Reaction try on board? Yes _____ No _____ Crash Cart available? Yes ____ No _____

Occurrence observations: Time: _____ am/pm

Type of reaction: Minor _____ (no treatment required)

Moderate _____ (treatment required)

Severe _____ (life threatening)

Symptoms: Itching ____ Hives _____ Difficulty Breathing _____ Nausea _____

Vomiting ____ Laryngeal Edema ____ Facial Edema ____ Chest Pain _____

Other_____

Vital Signs Taken: Yes _____ No _____

BP _____ Pulse _____ Respiration _____ Time _____am/pm

Patient mental status during occurrence: Alert _____ Disoriented _____ Other _____

Treatment:

Physician _____ Notified ____ am/pm. Responded ____am/pm

Medications Given: Yes _____ No _____

IM / IV / PO _____ Amount _____

IM / IV / PO _____ Amount _____

IM / IV / PO _____ Amount _____

O2: Yes _____ No _____ Amount _____ Via: Mask _____ Nasal Canula _____

Vital Signs Taken: Yes _____ No _____

BP _____ Pulse _____ Respiration _____ Time: _____ am/pm

Post Treatment Observations:

Patient stabilized: Yes _____ No _____

Mental Status: Alert/Normal _____ Weak/ Assistance required _____

Patient Disposition: Returned to Room _____ Discharged _____

Admitted _____ Held for Observation _____

Vital Signs Taken: Yes _____ No _____

BP _____ Pulse _____ Respiration _____ Time _____ am/pm

Patient Instructions:

_____

_____

Additional comments:

_____

_____

_____

Report Completed by: _____ Date: _____ Time: _____ am/pm

Signature: _____

Please provide copies of this Drug Reaction Report to the Supervisor & General Manager immediately.

Green Light Imaging: OCCUPATIONAL ACCIDENT, INJURY OR ILLNESS REPORT

Department:_____

Supervisor's Name/Phone:_____

Person(s) involved: (include titles)_____

_____

_____

Location:_____ Time:_____ Date:_____

Task being performed when accident occurred:_____

_____

_____

NOTE: This form is intended to serve only as a local record of the investigation conducted within the department. Should an injury or illness occur, required forms must be submitted to the Department of Workers Compensation (DWC) as outlined in the Workers' Compensation Manual for Supervisors.

Describe the accident, illness, or injury and the probable root cause(s) of the incident. Include the nature of the injury or illness, any eyewitness accounts, and any property damage which may have occurred. Be sure to include the names and phone numbers of any witnesses. Attach a separate sheet if necessary.

_____

_____

_____

Describe what corrective actions need to be taken to ensure this type of incident does not recur. Also, include the name(s) and phone number(s) of those who will ensure that these corrective actions are done in a timely manner.

_____

_____

_____

_____

Signature of Supervisor Conducting Investigation Date

_____

Signature of Department Safety Coordinator Date

(Do not sign until a thorough review of the incident by the Safety Committee is complete and corrective actions are in place.)
Completed copies of this form must be routed to the Safety Committee and kept on file for at least one year.