

VASCULAR ULTRASOUND LAB POLICIES AND PROCEDURES

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Examination Specific Policies

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INSERT IMAGE PROTOCOLS & DIAGNOSTIC CRITERIA HERE

(SOLD AS PART OF IMAGING PROTOCOLS AND QA RESOURCES)

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- Interpretation of the study should be available within 24 business hours from the test of service. This only applies to the interpretation and not the delivery of specimen.

- All reports and results must be promptly distributed to the ordering physician and the patient. This must be done within 48 business hours of the test of service.

PRELIMINARY REPORTS AND VERIFICATION:

- Preliminary/STAT results may be called to the ordering physician/physician assistant if the physician or the interpreting physician has a preliminary report that is documented on a chart. This is not to be done without the Quality Assurance Manager's Preliminary report being signed by the interpreting physician.
- All preliminary findings, including exam worksheets may not be distributed to anyone other than the interpreting physician. They may be retained in the patient file for record keeping purposes.
- All preliminary result logs must be reviewed and verified with the final report, to check for discrepancies.
- If a patient's preliminary report and preliminary report, the interpreting physician is to contact the physician immediately and correct any errors. The preliminary report must be corrected and the final report must be signed by the interpreting physician. If necessary, the ordering physician must be contacted to be contacted with the correct results and documentation is to be maintained in the preliminary report log. The corrected final report must be signed and made available to patient's chart and to the ordering physician.

REPORT TRANSCRIPTION AND DATA ENTRY:

- All laboratory technicians responsible for transcription must enter into the HCS system. This must be done by administrative staff members responsible for the Medical Director's office.

REPORT TIMELINESS AND COMPLETENESS:

- The Technical Director will supervise quarterly reviews of the technical reports to be evaluated for timeliness and the completeness of the interpretations and the reports.
- The results of the quarterly reviews will be disseminated to the Medical Director and results will be discussed with Medical and Technical staff members during quarterly department Quality Assurance meetings.
- See full Report Timeliness and Completeness Policy within the Quality Assurance section.

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 (SEE REPORT CA RESOURCES)

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Infectious Disease Prevention

INFECTION CONTROL

- Universal precaution measures will be used for every patient encounter.
- Personal Protective Equipment (PPE) will be utilized during any patient procedure or encounter that involves risk of exposure to blood borne pathogens or bodily fluids.
- In order to control the spread of infectious disease, any contamination with blood and/or bodily fluids will be cleaned up immediately and properly biohazarded.
- The standard of infection control hand hygiene between staff members will be based down to a minimum of 20 seconds of handwashing. Handwashing procedures will be used before and after every patient encounter.
- Hand-washing procedures will be utilized after contact with any potentially hazardous materials.
- Hand-washing procedures will also be used after any personal hygiene practices.
- Patients that present to **YOUR LAB NAME** with a known infectious or communicable disease should be taken immediately from the receiving area or other location to the examination room and should be isolated from the general public. Staff members that will continue to be in contact with the individual should wear personal protective equipment. The patient's physician should be notified by the radiologist and the primary physician who is treating patient. Infectious diseases that are isolated and hospitalized should be reported to the radiologist. Staff members who are exposed to infectious diseases should be notified immediately. The appropriate emergency response depends on severity of the disease. All exposures should be thoroughly documented and all patients and/or staff members exposed will be treated according to OSHA standards.

ULTRASOUND TRANSDUCER CLEANING:

- Transducer cleaning procedures are required in order to meet the health and safety needs of our patients and to ensure the accuracy of microcirculation measurements.
- The use of disinfectant is required to prevent the spread of infection. Disinfectant will be used in order to protect the patient and the general staff and employees.
- After every patient encounter, the sonographer will gently cleanse the head of the transducer by spraying with approved anti-viral transducer cleaning agent and wiping with dry, clean towels provided. The sonographer will also wipe down the transducer cord between patient encounters, as indicated by exposure to the patient and/or ultrasound gel.
- Transducer will then be allowed to air-dry prior to the next use.

Patient Care Related Policies

ACUTE MEDICAL EMERGENCIES

- All staff sonographers and trainees are required to maintain current BLS/CPR certificate.
- Our department lab will maintain an emergency crash cart on-site.
- If an acute medical emergency occurs, the sonographer or staff member will take appropriate steps to assess the patient's medical condition.
- The sonographer will notify the physician and staff members as necessary. The sonographer will be responsible for obtaining the patient's room number and the room number over the phone if the patient is not in the room. The sonographer will call the physician and/or emergency medical services if necessary and will not leave the patient's side.
- The RN and/or medical assistant in the department will initially respond to the page and bring a crash cart and oxygen bag.
- The physician will implement ACLS protocol with ACLS trained staff.
- The RN/medical assistant will give paramedics and/or code team a report of the patient history and assist paramedics with patient resuscitation, emergency airway as necessary.
- The sonographer will assist with the patient's care as needed.
- The sonographer will be responsible for the crash cart and oxygen bag.
- The sonographer will administer medications as directed by the physician and/or emergency medical services.

REPLENISHMENT OF EMERGENCY MEDICAL SUPPLIES:

- Any use of emergency medical supplies and/or equipment must be immediately reported to the Technical Director.
- The Technical Director will be responsible for the location of emergency medical equipment and will be responsible for ensuring that the equipment is in good working order. The Technical Director will be responsible for ensuring that the equipment is in good working order.
- Emergency supplies and/or equipment will be ordered or replaced as deemed necessary by the Technical Director and/or Nursing Staff.

UNTOWARD EFFECTS POLICY

- The sonographer will be responsible for assessing the patient's condition.
- All patient or ultrasound examinations must be assessed by the sonographer.
- If patient complications are significant, the sonographer will be responsible to alert a member of the nursing staff and/or medical staff.

- If untoward effects of any ultrasound examination become known or noticed, guidelines for handling musculoskeletal emergencies will need to be followed and advised to please see the following link: <https://www.aace.org/education/continuing-education/continuing-education-requirements>
- All untoward effects from an ultrasound examination must be reported to the Technical Director. All such reports must be updated in the Quality Assurance manual for record keeping purpose.
- Information noted within the Untoward Effects Log will be reviewed with the Medical and Technical staff members during quarterly department Quality Assurance meetings.

Medical and Technical Staff Policies

CREDENTIALING OF STAFF MEMBERS:

- All staff members will be required to comply with continuing medical education guidelines as set forth by the American Registry for Diagnostic Medical Sonography (ARDMS) and Cardiovascular Credentialing International (CCI), as well as to follow the guidelines and recommendations of the American College of Obstetrics and Gynecology (ACOG) and the American Institute of Ultrasound in Medicine (AIUM) Commission on Accreditation of Ultrasound.
- The Technical Director is responsible for keeping all Individual Continuing Medical Educational records up to date within the department. Technical and Medical staff Continuing Medical Educational credits and certifications will be ultimately maintained and reviewed by the Technical Director.
- Copies of all Medical and Technical staff members' Continuing Medical Education credits and certificates will be filed in the Required Documents section of the Quality Assurance Manual.
- Updated ARDMS and CCI and ACOG card copies will be maintained by the Technical Director and filed in the Required Documents section of the Quality Assurance Manual. Staff members who do not have current credentials for ARDMS, CCI, or they will not have a current ACOG card will be considered unqualified until they meet this requirement. Staff members who do not satisfactorily meet this requirement will be unable to maintain employment with our facility.
- Sonographers who are un-registered, will be considered trainees and their work will be directly supervised by the Technical Director until the appropriate credentials are achieved.

CONTINUING MEDICAL EDUCATION:

- The Technical Director must have a fully certified professional credential as a registered sonographer.
- The majority of the technical staff must be qualified, registered sonographers.
- Quality assurance requires that the Medical Director and Technical Director must document at least 30 hours of continuing education over a 3 year period.
- Quality assurance requires that each member of the Medical and Technical staff must document at least 15 hours of continuing education in vascular/biomechanics over a 3 year period.
- All documentation of Continuing Medical Education credits for each staff member will be maintained in the Required Documents section of the Quality Assurance Manual. All staff members and the Technical staff are responsible to maintain his or her own Continuing Medical Education records up to date.

AVOIDANCE OF MUSCULOSKELETAL INJURY:

- Staff members and trainees will be required to take all necessary steps to avoid work-related musculoskeletal injuries.

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- Ergonomics will be responsible for research and follow industry standards for proper ultrasound use and for ultrasound training procedures
- The Technical Director and/or Administrative Director will be responsible for the development of a policy that will be responsible and encouraged to alert the Technical Director and/or administrative staff of any potential areas of concern relating to ultrasound ergonomics and/or work safety.
- The administration of our facility will work with the echocardiography department staff to help reduce the risk of work-related musculoskeletal injury, by providing training on topics of ergonomics, as well as providing proper seating and technique to assist in sound operator comfort and reduce the risk of musculoskeletal injuries.
- Just as our current policy provides all orders to be written with a medical and surgical history to help prevent musculoskeletal injury.

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