

Policies and Procedures for Mobile CT Scanner

- 1) All proper emergency equipment will be on the scanner at all times
 - a) Defibrillator
 - b) Ambu bag
 - c) Oxygen
 - d) Suction
 - e) Crash Cart
- 2) Each morning the defibrillator will be checked to insure it is working properly. All supplies, i.e. contrast, IV solutions, needles, syringes, crash cart supplies, and linen will be checked and stocked by the technologist.
- 3) After 1700 hours the scanner will be locked and only unlocked when it is necessary to scan a patient. **POWER TO UNIT MUST BE KEPT ON 24/7.**
- 4) In the case of inclement weather 2 umbrellas will be kept in the storeroom and will be kept on the scanner to insure patient comfort. Extra linen is always available. **AT NO TIME SHOULD THE PATIENT USE THE STAIRS.**
- 5) In case of a disaster, fire, terrorist attack, earthquake or any internal disaster the front supervisor will call the mobile CT scanner to alert them of the status of the disaster. The technologist will then evacuate the area (if appropriate) and move to Area of Refuge. A phone has been installed in the mobile CT trailer for after-hours code pages.
- 6) The patient will be transported to the scanner by several methods. If the patient is ambulatory the technologist will accompany them to the scanner. They may either walk or be taken by wheelchair. If the patient is to be taken by gurney a minimum of 2 persons will be required at all times.
- 7) **All Patients**, regardless of status, shall use the **Patient Lift** for entry into/exit from CT Scanner. **NEVER HAVE A PATIENT USE THE STAIRS.**

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Staff Competency Statement

The mobile scanner at (**Insert Here Area of Hospital**) is the same make and model as the unit in (**Insert Here Name of Dept**). All of the staff Technologists that perform CT scans trained at (**Insert Here Name of Hospital**) with the Lead CT Technologist are competent to run it when needed.

The technologists have been oriented for policies and procedures for fire safety, evacuation, and CODE BLUE protocols.

The following Technologists have been oriented to the mobile scanner.

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

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FIRE EVACUATION

In the case of fire, personnel will employ **RACE**

- RESCUE** = remove patient from the unit via the most direct and safe route
- ALARM** = dial (XXXX) to have operator page “CODE RED TO MOBILE CT SCANNER”, or written hospital protocol.
- CONTAIN** = isolate fire by closing the appropriate doors or barriers
- EXTINGUISH** = attempt to extinguish the fire with fire-fighting devices without endangering you or others.

PROPER USE OF HAND-HELD FIRE EXTINGUISHERS

- 1) The fire extinguisher on the mobile scanner is the halon 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.
- 2) To operate the hand held extinguisher, remove it from the quick release bracket, hold it upright by the handgrip with the spray nozzle towards the base if the fire source and squeeze the lever with the palm of the hand.
- 3) 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 extinguisher effect is obtained if the fire fighter keeps moving toward the base of the fire source as it is extinguished.

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CODE BLUE

In the event of a **CODE BLUE** in the CT Scanner Personnel shall:

- 1) Assess the patient
- 2) Summon emergency personnel by dialing (XXXX) **CODE BLUE** to Mobile CT Scanner
- 3) Begin appropriate resuscitation until additional help arrives.
- 4) Hospital **CODE** team will respond and conduct the code.
- 5) In the event the CT transport gurney is not on the scanner and after the **CODE** team arrives the CT Technologist will bring the gurney for patient transport when the patient is stable enough to be taken to ER.

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All Personal:

Please read the first four pages of this book and initial this sheet.

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