I. AUTHORITY: TCA 4-3-603 and TCA 4-3-606.

II. PURPOSE: To ensure the availability of radiology services necessary to support the delivery of health services at all facilities.

III. APPLICATION: Wardens/Superintendents, Associate Wardens of Treatment/Deputy Superintendents, health administrators, health care staff, medical contractors, and privately managed facilities.

IV. DEFINITIONS: Limited X-ray License: Licensure with specific limits regarding the scope of performing radiologic examinations.

V. POLICY: Each institution shall have procedures for the provision of radiology services to support the level of care designated at the institution.

VI. PROCEDURES:

A. General:

1. Medical and dental radiology services shall only be conducted upon the order of a licensed physician, dentist, or mid-level provider.

2. Each health care facility shall have written procedures for radiology services. These procedures shall identify specific communities or Tennessee Department of Correction (TDOC) facilities with which arrangements have been made for x-ray services. The procedures or preparation necessary for special studies, and any related staff responsibilities should be included.

3. Institutions without x-ray capability shall exercise the following options, in order of desirability.

a. Utilize the nearest TDOC facility with x-ray capabilities for the requested services.

b. Utilize a contract provider to supply portable x-ray services at the institution.

c. Utilize a local community provider for x-ray services.

B. Institutional X-Ray Equipment and Radiological Equipment: All medical and dental x-ray units/radiological equipment at the facility shall be registered and licensed in accordance with the rules established by the Tennessee Department of Environment and Conservation (TDEC), Radiological Health Division. Equipment must be calibrated and inspected at the time of initial installation, and whenever the equipment is relocated. The health administrator shall maintain a file documenting all licensure, inspections, and periodic servicing of the unit.

C. Staffing:

1. The health administrator shall be responsible for ensuring that the medical x-ray unit is operated appropriately in a safe manner by trained and qualified personnel.

2. A registered radiological technologist shall be available as needed at each facility with a medical x-ray unit. X-rays may be performed by other staff who possess a Limited x-ray License.

3. A licensed dentist shall be responsible for supervising the safe operation of dental x-ray units.

D. Safety:

1. In institutions where the administration of diagnostic agents is performed, safety precautions shall include the provision of an emergency drug cart with advanced life support capabilities including access to oxygen and airways and the capability to administer intravenous support as needed. Intravenous diagnostic agents shall be administered only by a licensed physician.

2. Proper safety precautions against electrical and mechanical hazards, fire, and explosion shall be followed.

3. A radiological inspection of all leaded gloves, aprons, and gonadal shields for safety defects shall be conducted at least annually. Such inspections shall be documented by the radiological technologist and maintained in the office of the Health Administrator.

E. Personal Protection: Only those individuals required for the radiographic procedure shall be present during the exposure.

1. Dental Radiographic Equipment

a. As required by the Tennessee Department of Environment and Conservation rule 0400-20-06 all individuals working with dental radiographic equipment shall stand at least two meters from the x-ray equipment.

b. Personal protective equipment, lead shielding, and x-ray film badges are required for personnel performing dental x-ray procedures. If there is any question or concern, the health administrator at facilities with dental x-ray equipment should confirm whether protective equipment, shielding, or x-ray film badges are required by contacting the TDEC. If TDEC determines protective equipment, shielding, or x-ray film badges are not necessary, documentation of this recommendation shall be retained by the Health Administrator.

2. Medical Radiographic Equipment

a. Lead aprons and lead rubber gloves shall be utilized as necessary when personnel are in the field of active radiation.

b. All individuals working with medical radiographic equipment must wear a film badge which shall record the amount of radiation received at the work site. A record shall be maintained of the cumulative radiation exposure of each individual operating the unit.

c. Lead shielding of the area where medical radiation equipment is used shall be in compliance with specifications set forth by the TDEC, Radiological Health Division.

F. Dental X-Ray Procedures: During the medical/dental intake classification, the dental examination shall consist of a pan-oral x-ray.

G. Digital Radiology Procedures:

1. Digital x-ray examinations shall be requested on the X-Ray Request/Report, CR-2003, on the order of a physician, or mid-level provider.

2. After a digital image has been completed, the date of the procedure shall be placed in the appropriate space on the CR-2003.

3. Each image shall contain a label including the inmate's name, TDOC ID, and the date the image was taken.

4. The images shall be sent digitally to the radiologist to be interpreted. The report is subsequently faxed to the appropriate TDOC facility medical records department. Reports should be available as soon as they are read or no later than 24 hours after reading. The radiologist will call the facility as soon as practicable with any report requiring immediate intervention.

5. The faxed report shall be reviewed, initialed, and dated by the physician or the mid-level provider within five business days of receipt and filed in the health record.

6. There shall be a designated computer loaded with digital radiology software to facilitate the viewing of digital images.

H. Retention/Disposal of X-Ray Image:

1. Storage: The health administrator shall ensure that:

a. X-ray films are properly stored in an organized manner which facilitates retrieval of the film. The film envelope shall be annotated when films are filed to reflect the date(s) of x-ray film exposure, type of x-ray study, and inmate identification.

b. Digital x-ray images identified with inmate's name, TDOC ID, date, and type of x-ray study are stored electronically on a designated computer in an organized manner which facilitates retrieval of the image(s).

2. All x-ray images (excluding dental x-rays) shall remain on file at the originating institution and will not be forwarded with the inmate on transfer. X-ray films/images and hard/electronic copies may be loaned upon request to other TDOC facilities or outside

medical providers as required for inmate care; however, hard copies should be returned and/or digital images retained for archiving to the originating institution.

3. The retention period for health records (includes x-rays) is seven years from the date of expiration of the inmate's sentence. If there is any film located at a facility where the inmate's sentence has expired with no recidivism for seven years, then the film can be destroyed by a state-approved method. The health administrator may make local arrangements for disposal, to include silver recovery if practical and/or applicable.

4. X-ray films meeting the above criteria for disposition shall be disposed of in accordance with Tennessee Department of Environment and Conservation (TDEC) procedures regarding reclamation of the silver content of the film and solution.

VII. ACA STANDARDS: None.

VIII. EXPIRATION DATE: May 1, 2025

TENNESSEE DEPARTMENT OF CORRECTION
X-RAY REQUEST / REPORT

_____
INSTITUTION

INMATE: _____ TDOC ID: _____
Last First Middle

PRIORITY: Stat _____ ASAP _____ Routine _____ Age: _____ Gender _____

PROCEDURE: _____

_____

_____

Clinical Information: _____

_____

_____ Return film to practitioner _____ Have Radiologist call back interpretation

My impression of film: _____

_____

Date: _____ Signed: _____ MD

Radiology Department Use:

Receipt of Request: **Completion of Exam:** Examiner: _____

Date _____ Date _____

Time _____ Time _____ Supervisor: _____

INTERPRETATION:

_____ Signed: _____
Date Radiologist