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ASF Health Standards Version 11

Standard 14: Diagnostic Imaging

Core standard · applicability by facility type shown for each criterion

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01	10 November 2026	First issue of the paper standard. Adapted from the web version of Standard 14 in ASF Health Standards Version 11.	Prof. Giorgi Pkhakadze

APPROVAL

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Date: 10 November 2026

Complete on its own, without internet access. References are listed in section 11. The current revision is at france-asf.fr.

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1 Introduction

This document is Standard 14 of ASF Health Standards. It sets out how a facility performs diagnostic imaging safely and accurately: justified and optimised radiation doses, calibrated equipment, timely reporting with critical-finding escalation, contrast media safety, MRI screening and zone control, retrievable image archives, and ready resuscitation equipment.

A standard is a set of numbered criteria. Each criterion says what must be in place (the criterion statement), how it is rated for each setting, what the assessor will check and what evidence the facility must show. The guidance in this document explains what each criterion means in practice, so that a reader who has only this paper can understand and meet it.

Purpose of this document. Standard 14 makes sure that every scan is justified and safe for the patient, that images are accurate and reported in time, and that urgent findings reach the clinician.

Who should read it. Radiologists, radiographers, medical physicists, the MRI safety officer, the imaging manager, the clinical governance lead, the chief executive, and the assessors who verify the facility. Each criterion names the positions responsible for it (section 8.2).

The standard is a tool to improve care, not a list of paperwork. Templates and forms named in this document are reference drafts. You may adapt them, replace them with your own, or upload your own documents, provided they meet the same criterion.

2 About ASF and this standard

Accréditation Sans Frontières (ASF) is a non-governmental, non-profit accreditation body. It was legally established in Paris in 2020. ASF develops health standards that are practical, affordable and open to all facilities, including those working with limited resources, in crisis, or in transition.

ASF believes accreditation should be accessible in every sense: geographically, so that facilities in remote areas can take part; financially, so that cost is not a barrier; and in language and format, so that staff can read and use the standard in their own working environment.

Each standard is an independent document. Standard 14 has been written so that it can be read and used on its own. It repeats the definitions, abbreviations and references it needs. A reader who has only this document can understand every criterion in it.

3 How to use this standard

If you deliver diagnostic imaging, read section 4 to confirm which criteria apply to your facility type, then section 5 to find the rating for your setting. Read each criterion from 14.1 to 14.7, paying attention to the rating, the guidance and the evidence. Prepare the evidence named in each criterion, covering the period stated.

If you are an assessor, use the sample and the checks in each criterion. The pass rule and the immediate-fail rule decide each criterion. A criterion is met only when all its checks are passed and no immediate-fail event is found.

Reading a criterion. Each criterion has: the criterion statement; the three ratings (humanitarian, transition and fragile, standard); the rating rule; the guidance; what good looks like; common mistakes; why it matters; the sample; the checks, with method, evidence and pass condition; the immediate-fail event; the documents with who writes, approves and checks them; the positions responsible; and the references.

Document codes. Each document has a code made of a topic prefix, a type and a number, for example ENV-SOP-001 (environment, procedure, 001). The type is one of FRM (form, a record kept as evidence), REG (register), PLN (plan),

POL (policy), SOP (standard operating procedure) or GDL (guide). The codes identify documents only. The full list is in section 12.

4 Scope

Standard 14 covers radiation dose justification and optimisation, equipment quality assurance, reporting and critical-finding escalation, contrast media safety, MRI safety, image retention and retrieval, and resuscitation equipment. The applicability is shown in section 4.

The standard applies in three settings. The rating for each criterion is given for each setting, and the facility uses the rating for its own setting: **humanitarian settings** (emergency or crisis, very limited resources), **transition and fragile settings** (a health system in change or under strain), and **standard settings** (full resources).

WHERE STANDARD 14 APPLIES

Standard 14 applies when the facility performs diagnostic imaging, including X-ray, CT, MRI and contrast studies. For each facility type the table shows whether diagnostic imaging is a default service (expected) or an optional service (offered only if the facility provides it). The applicability of all 70 standards is in **Annex 1: Applicability of ASF Health Standards by facility type** (ASF-HS11-ANX01), published on france-asf.fr.

Criterion	Applies to
14.1 Radiation Dose Optimisation and Justification	**default** in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic.
14.2 Equipment Quality Assurance and Calibration	**default** in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic.
14.3 Timely, Accurate Reporting With Critical Finding Escalation	**default** in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic.
14.4 Contrast Media Safety Protocol	**default** in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic.
14.5 MRI Safety Screening and Zone Control	**default** in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic.
14.6 Image and Report Retention, Accessible for Comparison	**default** in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic.
14.7 Resuscitation Equipment Is Ready Right Now	**default** in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic.

5 Ratings and colours

Rating	Colour	Meaning
Must		Required in every setting. Criteria that can directly affect a patient's life are always Must, and no setting lowers them.
Medium		Required, adapted to what a transition setting can realistically do.
Minimum		The lowest acceptable level in a humanitarian setting, where resources are very limited.

In standard settings every criterion is Must.

TRAINING LEVELS

Level	Colour	Meaning
Essential		Must be completed by the people named in the role table.
Recommended		Good practice. Not checked as a requirement.
Optional		May be used for development.

6 Abbreviations

Abbreviation	Meaning
ASF	Accréditation Sans Frontières (Accreditation Without Borders), a non-governmental, non-profit accreditation body
FRM	Form. A record that is filled in and kept as evidence
GDL	Guide. Reference guidance for staff
POL	Policy. A written statement of what the facility will do and why
REG	Register. A running record of entries, such as tests, results or retrieval checks
SOP	Standard operating procedure. A step-by-step description of how a task is done
CT	Computed tomography
MRI	Magnetic resonance imaging

DOCUMENT CODE PREFIXES

Prefix	Topic
RAD	Radiation
IMG	Imaging equipment and reporting

Prefix	Topic
CTR	Contrast media
MRI	MRI safety
ARC	Image archive

7 Terms and definitions

Term	Definition
Critical finding	A result on an imaging study that needs urgent action, communicated directly to the responsible clinician.
Contrast media	Substances given to a patient to make tissues or blood vessels visible on an image.
Diagnostic reference level	A local dose value for a study type, used to check whether the dose is in the expected range.
Ionising radiation	Radiation, such as X-rays and CT, that can damage tissue and so must be justified and kept as low as possible.
MRI-conditional	An implant or device that has been shown to be safe in the magnetic field under stated conditions.
Justification	The clinical reason, recorded before a radiation study, that the benefit to the patient outweighs the risk.
Immediate fail	One event that means a criterion is not met, whatever else is in place.
Setting	The context in which a facility works: humanitarian, transition and fragile, or standard.

8 Standard 14 at a glance

Standard 14: Diagnostic Imaging is a service standard of ASF Health Standards. It applies when the facility performs diagnostic imaging, and covers the safety, accuracy, timeliness and retention of each imaging study, and the resuscitation equipment kept in imaging areas.

The standard has nine criteria. Each is shown below and explained on its own page in section 9.

8.1 CRITERIA AND RATINGS

No.	Criterion	Humanitarian	Transition	Standard
14.1	Radiation Dose Optimisation and Justification	Must	Must	Must
14.2	Equipment Quality Assurance and Calibration	Minimum	Must	Must
14.3	Timely, Accurate Reporting With Critical Finding Escalation	Minimum	Must	Must
14.4	Contrast Media Safety Protocol	Minimum	Medium	Must
14.5	MRI Safety Screening and Zone Control	Minimum	Medium	Must
14.6	Image and Report Retention, Accessible for Comparison	Minimum	Medium	Must
14.7	Resuscitation Equipment Is Ready Right Now	Must	Must	Must

8.2 RESPONSIBILITIES

Each criterion names the positions responsible for it. The facility sets its own reporting lines, and each position should have written terms of reference. ISCO-08 codes are shown for each role and are recorded in the staff register.

No.	Criterion	Positions responsible or involved
14.1	Radiation Dose Optimisation and Justification	Nurse (ISCO 2221) · Manager (ISCO 1342)
14.2	Equipment Quality Assurance and Calibration	Secretary (ISCO 3344) · Manager (ISCO 1342)
14.3	Timely, Accurate Reporting With Critical Finding Escalation	Secretary (ISCO 3344) · Manager (ISCO 1342)
14.4	Contrast Media Safety Protocol	Manager (ISCO 1342) · Nurse (ISCO 2221)
14.5	MRI Safety Screening and Zone Control	Nurse (ISCO 2221) · Manager (ISCO 1342)
14.6	Image and Report Retention, Accessible for Comparison	Manager (ISCO 1342) · Secretary (ISCO 3344)
14.7	Resuscitation Equipment Is Ready Right Now	Manager (ISCO 1342)

8.3 TRAINING FOR STANDARD 14

Training is shown by course. Essential training must be completed by the people named. Recommended training is good practice. The colours follow section 5.

Course	Essential for	Recommended for	Criteria	Status
Diagnostic Imaging Safety and Quality Standards (AMB-16)	Manager, Nurse	None	14.1, 14.2, 14.3, 14.4, 14.5	In development
Document Control and the Records System (T-02)	Manager, Nurse	None	14.6	In development
Emergency Medical Equipment & AED Readiness (MED-02)	Manager, Nurse	None	14.7	In development

Evidence of training may be a verified micro-credential in the GMJ Academy micro-credential portfolio, or a training certificate kept in the staff file.

14.1 Radiation Dose Optimisation and Justification

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: default in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every imaging study involving ionising radiation is clinically justified before ordering, with dose optimised to the lowest level consistent with diagnostic quality, not a default protocol applied regardless of patient size, age, or clinical indication.

Rating rule. Must in every setting: every imaging study that uses radiation is clinically justified before it is ordered, and the dose is optimised to the lowest level that gives diagnostic quality.

GUIDANCE

Every imaging study that uses ionising radiation is justified before it is ordered, by a clinician who weighs the benefit to the patient against the dose. The dose is set for the patient's size, age and clinical question, and kept to the lowest level that still gives a diagnostic image.

A default protocol applied to every patient gives children and small adults too much radiation and can still miss the detail the clinician needs. Justification and optimisation are two linked steps, and both are checked each year.

WHAT GOOD LOOKS LIKE

- The justification is recorded before the study, and the dose is compared with the local reference level for each study type.

COMMON MISTAKES

- A patient has a repeat CT scan within a week with no recorded justification.
- A default scanning protocol used for every patient regardless of size or age.

> **Why it matters.** Ionising radiation can harm the patient, so each scan must be justified, and the dose kept as low as the result allows. Both are required for every study.

WHAT THE ASSESSOR CHECKS

Sample. Review a sample of imaging studies that use ionising radiation from the last 6 months, with their justification and dose records.

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1 Every radiation study is clinically justified before it is ordered.

Method. Check each sampled study for a recorded justification dated before the study.

Evidence to show. Radiation justification record (RAD-FRM-001).

Pass when. Every sampled study has a justification recorded before it was performed.

2 **Dose is optimised to the lowest level that gives diagnostic quality.**

Method. Compare the dose set for each sampled study with the reference level and the protocol.

Evidence to show. Radiation justification record (RAD-FRM-001).

Pass when. Every sampled dose is within the reference level, or a reason above it is recorded.

3 **Dose is audited each year, and any dose above the reference level is reviewed.**

Method. Check the annual dose audit and the review of each dose above the reference level.

Evidence to show. Radiation justification and dose optimisation (RAD-POL-001).

Pass when. The annual audit is recorded and every dose above the reference level has a review.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient has a repeat CT scan within a week with no recorded justification, and the dose is never reviewed. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
RAD-FRM-001	Radiation justification record	Manager	Chief executive	Manager
RAD-POL-001	Radiation justification and dose optimisation	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the Radiation justification and dose optimisation (RAD-POL-001); radiation justification record	— Must
Manager (ISCO 1342)	Maintains the Radiation justification and dose optimisation	— Must

REFERENCES FOR THIS CRITERION

- IAEA (2014). Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards, General Safety Requirements Part 3. Vienna: IAEA. Used for: Radiation protection and dose justification https://news.gmj.ge/guideline/radiation-protection-and-safety-of-radiation-sources-international-basic-safety-standards/

14.2 Equipment Quality Assurance and Calibration

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: default in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** All imaging equipment undergoes documented quality assurance testing and calibration on a defined schedule by qualified personnel, with any equipment failing to meet standards immediately removed from clinical use until corrected.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: all imaging equipment is tested and calibrated on schedule by qualified people, and equipment that fails is taken out of use.

GUIDANCE

All imaging equipment, including X-ray, CT and MRI units, is tested and calibrated on a defined schedule. The tests are carried out by qualified people, and the results are recorded in a register. Equipment that fails a test is taken out of clinical use until a retest passes.

A machine out of calibration produces images that look normal but are wrong, and the wrong images lead to wrong treatment. Removing faulty equipment from use is the only safe response to a failed test.

WHAT GOOD LOOKS LIKE

- A medical physicist reviews each calibration result and signs the register.

COMMON MISTAKES

- An X-ray unit fails its calibration test, and patients are scanned on it for three weeks.
- Tests recorded as done, but carried out by a person not on the qualification list.

> **Why it matters.** An imaging machine out of calibration gives wrong pictures, and wrong pictures lead to wrong decisions. Quality testing and calibration on schedule keep the images reliable.

WHAT THE ASSESSOR CHECKS

Sample. Review quality assurance records for all imaging equipment for the last 12 months.

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1 All imaging equipment has documented quality assurance testing on a defined schedule.

Method. Compare the register with the schedule for each piece of equipment.

Evidence to show. Imaging equipment quality assurance register (IMG-REG-002).

Pass when. Every piece of equipment was tested within its schedule.

2 **Testing and calibration are carried out by qualified personnel.**

Method. Check the person who carried out each test against the qualification list.

Evidence to show. Imaging equipment quality assurance register (IMG-REG-002).

Pass when. Every test was carried out by a qualified person.

3 **Equipment that fails is taken out of use until it passes.**

Method. Check each failed test for the out-of-use date and the return-to-use date.

Evidence to show. Imaging equipment quality assurance and calibration (IMG-SOP-001).

Pass when. No equipment was used between a failed test and its passing retest.

Pass. The criterion is met when every check above is passed.

Immediate fail. . An X-ray unit fails its calibration test, and patients are scanned on it for three weeks. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
IMG-SOP-001	Imaging equipment quality assurance and calibration	Manager	Chief executive	Chief executive
IMG-REG-002	Imaging equipment quality assurance register	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the Imaging equipment quality assurance (IMG-SOP-001); imaging equipment quality assurance register	— Must
Manager (ISCO 1342)	Maintains the Imaging equipment quality assurance	— Must

REFERENCES FOR THIS CRITERION

- IAEA (2018). Radiation Protection and Safety in Medical Uses of Ionizing Radiation, Specific Safety Guide SSG-46. Vienna: IAEA. Used for: Quality assurance of medical radiation equipment https://news.gmj.ge/guideline/radiation-protection-and-safety-in-medical-uses-of-ionizing-radiation/

14.3 Timely, Accurate Reporting With Critical Finding Escalation

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Must**	**Must**

Applies to: default in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Imaging studies are reported within a defined time frame appropriate to clinical urgency, with a documented, functioning critical finding communication protocol ensuring an urgent result reaches the ordering clinician directly, not left in a queue for routine review.

Rating rule. Minimum in humanitarian settings. Must in transition and fragile settings. Must in standard settings: studies are reported within a time set for their clinical urgency, and critical findings reach the responsible clinician directly.

GUIDANCE

Each imaging study is reported within a time frame set for its clinical urgency. A critical finding, such as a bleed or a collapsed lung, is communicated directly to the responsible clinician, and the call is recorded with the name of the person reached and the time.

Many serious findings are first seen on a scan and then wait in a reporting queue. A set turnaround time and a direct call for critical results make sure that the patient is treated while the finding is still treatable.

WHAT GOOD LOOKS LIKE

- Critical findings are phoned to the clinician, and the call is recorded with the name of the person reached.

COMMON MISTAKES

- A critical pneumothorax reported in the general queue and seen the next working day.
- Urgent results with no time recorded for when they reached the clinician.

> **Why it matters.** A critical finding on a scan, such as a bleed, must reach the clinician in time to act. A set reporting time and an escalation route for critical results protect the patient.

WHAT THE ASSESSOR CHECKS

Sample. Review the reporting time and critical finding log for a sample of studies from the last 6 months, against each urgency band.

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1 Studies are reported within the time frame for their clinical urgency.

Method. Compare the reporting time of each sampled study with its time frame.

Evidence to show. Imaging report turnaround and critical finding log (IMG-REG-001).

Pass when. Every sampled study was reported within its time frame, or the reason is recorded.

2 **A critical finding is communicated to the responsible clinician, and the time is recorded.**

Method. Check each critical finding in the log for the recipient and the time.

Evidence to show. Imaging report turnaround and critical finding log (IMG-REG-001).

Pass when. Every critical finding has a recorded recipient and time.

3 **The communication protocol works.**

Method. Test the protocol with a sample call to the responsible clinician and record the time to reach them.

Evidence to show. Imaging report turnaround and critical finding log (IMG-REG-001).

Pass when. The responsible clinician is reached within the time set in the protocol.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A critical pneumothorax is reported on a Friday evening and not communicated until Monday. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
IMG-REG-001	Imaging report turnaround and critical finding log	Secretary	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Secretary (ISCO 3344)	Keeps the Imaging report turnaround and critical finding log	— Must
Manager (ISCO 1342)	Checks the criterion at each review	— Must

REFERENCES FOR THIS CRITERION

- WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: Reporting and escalation of critical results https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/

14.4 Contrast Media Safety Protocol

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: default in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** A written protocol governs contrast media use, including pre-screening for allergy and renal function, informed consent, and a documented, immediately accessible emergency response plan for a contrast reaction — not a generic allergy question treated as sufficient screening.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: contrast media are given under a written protocol, with allergy and kidney screening, informed consent and an emergency plan.

GUIDANCE

A written protocol governs contrast media. Before contrast is given, the patient is screened for previous reactions, allergy and kidney function, and consents to the study. The emergency kit and the response to a reaction are checked and ready in the imaging room every day.

A general question about allergy is not enough screening. Contrast reactions can be severe and sudden, and kidney damage can follow from contrast in patients with poor kidney function.

WHAT GOOD LOOKS LIKE

- Pre-screening asks about previous contrast reactions and checks recent kidney function before every contrast study.

COMMON MISTAKES

- A patient with a known contrast allergy receives contrast, and the emergency kit is empty.
- Pre-screening recorded as "no allergy" with no kidney function check.

> **Why it matters.** Contrast media can cause severe allergic reactions and kidney damage. A protocol that screens for allergy and kidney function before use reduces these risks.

WHAT THE ASSESSOR CHECKS

Sample. Review contrast media records for a sample of contrast studies in the last 6 months, and the emergency kit checks.

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1 A written protocol governs contrast media use.

Method. Check the protocol for the screening, consent and emergency steps.

Evidence to show. Contrast media safety protocol (CTR-SOP-001).

Pass when. The protocol covers allergy, renal function, consent and emergency steps.

2 **Every patient is pre-screened for allergy and renal function before contrast is given.**

Method. Check each sampled study for the pre-screen record before the contrast was given.

Evidence to show. Contrast media pre-screen and consent record (CTR-FRM-001).

Pass when. Every sampled study has a pre-screen recorded before the contrast was given.

3 **An emergency response for reaction is documented and immediately accessible.**

Method. Check the emergency kit and the daily check record, and trace the reaction response.

Evidence to show. Contrast media safety protocol (CTR-SOP-001).

Pass when. The emergency kit was checked each day and any reaction has a recorded response.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient with a known contrast allergy receives contrast, and the emergency kit is empty. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
CTR-SOP-001	Contrast media safety protocol	Manager	Chief executive	Chief executive
CTR-FRM-001	Contrast media pre-screen and consent record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Contrast media safety protocol	— Medium
Nurse (ISCO 2221)	Completes the Contrast media pre-screen and consent record	— Medium

REFERENCES FOR THIS CRITERION

- ACR Manual on Contrast Media (American College of Radiology, 2025 (chapters updated)) https://www.acr.org/Clinical-Resources/Contrast-Manual

14.5 MRI Safety Screening and Zone Control

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: default in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Every patient and accompanying individual is screened for MRI contraindications before entering the magnetic field, with physical zone control preventing unscreened access — not a screening form completed but not verified before entry.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: every patient and accompanying person is screened for MRI contraindications before entering the magnetic field, and zone control stops unscreened entry.

GUIDANCE

Every patient and every accompanying person is screened for MRI contraindications, such as metal implants, pacemakers and metal fragments, before entering the scanner room. Physical zone control stops anyone who has not been screened from reaching the magnetic field. Implants are checked against the MRI-conditional list.

The magnetic field can move ferrous objects and heat metal implants. Screening that is completed on paper but not checked before entry is not screening, and the zone must be physically controlled.

WHAT GOOD LOOKS LIKE

- The MRI safety officer reviews every screening form before the patient enters the magnetic field.

COMMON MISTAKES

- A patient with an unknown metal implant enters the MRI room unscreened.
- Screening forms completed at the desk but not checked before the patient enters the zone.

> **Why it matters.** A metal implant or device can move or heat up in an MRI scanner and injure the patient or the person accompanying them. Screening everyone before they enter the scanner prevents that.

WHAT THE ASSESSOR CHECKS

Sample. Observe MRI sessions on several days and check the screening records for a sample of studies in the last 6 months.

---

1 Every patient and accompanying person is screened for MRI contraindications before entry.

Method. Observe entry on several days and check the screening record for each sampled study.

Evidence to show. MRI safety screening record (MRI-FRM-001).

Pass when. Every observed and sampled entry has a screening record before entry.

2 **Physical zone control prevents unscreened access to the magnetic field.**

Method. Observe the zone entry on several days, and test it with an unscreened person.

Evidence to show. MRI safety screening and zone control (MRI-SOP-001).

Pass when. The zone entry stops every unscreened person, and no unscreened entry is observed.

3 **Implants and devices are checked against the MRI-conditional list.**

Method. Check the record of each sampled implant or device for the check.

Evidence to show. MRI safety screening record (MRI-FRM-001).

Pass when. Every sampled implant or device has a recorded check against the list.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A patient with an unknown metal implant enters the MRI room unscreened. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
MRI-SOP-001	MRI safety screening and zone control	Manager	Chief executive	Chief executive
MRI-FRM-001	MRI safety screening record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Nurse (ISCO 2221)	Completes the MRI safety screening and zone control (MRI-SOP-001); MRI safety screening record	— Medium
Manager (ISCO 1342)	Maintains the MRI safety screening and zone control	— Medium

REFERENCES FOR THIS CRITERION

- ACR Manual on MR Safety - What's New? (American College of Radiology, 2026)

14.6 Image and Report Retention, Accessible for Comparison

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Minimum	**Medium**	**Must**

Applies to: default in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Imaging studies and reports are retained for the required period and retrievable for comparison with prior studies, not archived in a way that makes practical retrieval difficult or unreliable.

Rating rule. Minimum in humanitarian settings. Medium in transition and fragile settings. Must in standard settings: imaging studies and reports are kept for the required period and can be retrieved for comparison with earlier studies.

GUIDANCE

Images and reports are kept for the period set by the law or by the facility's retention schedule. The archive is organised so that any study can be found by patient, date and modality, and retrieval is tested on a sample of studies.

Comparison with an earlier scan is often what shows whether a tumour is growing or shrinking. A study that cannot be found when it is needed is as harmful as one that was never taken.

WHAT GOOD LOOKS LIKE

- Retrieval tests are run each month on studies from different years, and the result is shared with the radiology team.

COMMON MISTAKES

- A prior study is archived with the wrong patient identifier and cannot be retrieved for a comparison scan.
- Retrieval failures recorded with no corrective action.

> **Why it matters.** Images and reports are needed for comparison, for follow-up and for the law. Keeping them for the required period, and finding them when asked, is part of safe imaging.

WHAT THE ASSESSOR CHECKS

Sample. Retrieve a sample of prior imaging studies and reports from the archive, and check the retention schedule.

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1 Imaging studies and reports are retained for the required period.

Method. Check the archive against the retention period for a sample of studies.

Evidence to show. Image and report retention and retrieval (ARC-POL-001).

Pass when. Every sampled study is retained for the required period.

2 **Each study can be retrieved for comparison with prior studies.**

Method. Retrieve a sample of studies by patient and date and time the retrieval.

Evidence to show. Image retrieval test register (ARC-REG-001).

Pass when. Every sampled study is retrieved within the set time.

3 **Archiving does not make practical retrieval difficult.**

Method. Check the retrieval tests for failures and any action taken.

Evidence to show. Image retrieval test register (ARC-REG-001).

Pass when. No retrieval test fails without a recorded corrective action.

Pass. The criterion is met when every check above is passed.

Immediate fail. . A prior study is archived with the wrong patient identifier and cannot be retrieved for a comparison scan. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
ARC-REG-001	Image retrieval test register	Secretary	Chief executive	Manager
ARC-POL-001	Image and report retention and retrieval	Chief executive	Governing body members	Chief executive

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Maintains the Image and report retention and retrieval	— Medium
Secretary (ISCO 3344)	Keeps the Image retrieval test register	— Medium

REFERENCES FOR THIS CRITERION

- Application of the Records management code of practice to radiology record retention protocols (Royal College of Radiologists, 2025) https://rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/application-of-the-records-management-code-of-practice-to-radiology-record-retention-protocols

14.7 Resuscitation Equipment Is Ready Right Now

HUMANITARIAN SETTINGS	TRANSITION AND FRAGILE SETTINGS	STANDARD SETTINGS
Must	**Must**	**Must**

Applies to: default in Hospital, Ambulatory clinic, Dental clinic; **optional** in Primary health clinic, Long-term care. **Not applicable to:** Telemedicine, Home care, Fitness and wellness, Aesthetic and procedure clinic. Each setting shows its rating above.

> **Criterion.** Resuscitation equipment is checked every shift, fully stocked and working, and staff holding life support certification are current.

Rating rule. Must in every setting: resuscitation equipment is checked every shift, fully stocked and working, and life support certification is current.

GUIDANCE

Resuscitation equipment in imaging areas is checked at the start of every shift. The check covers every item on the list, including defibrillator pads, batteries and expiry dates. Staff who may respond to a cardiac arrest hold current life support certification.

When a patient stops breathing, minutes matter. Equipment that is missing, expired or broken, or staff without current training, can cost a life. The shift record shows that the check was done.

WHAT GOOD LOOKS LIKE

- Each resuscitation trolley has a sealed, dated checklist and a spare set of pads kept in the same place.

COMMON MISTAKES

- The defibrillator pads are expired on the night of a cardiac arrest, and no one has checked the shift record.
- A life support certificate expired months earlier, and the staff member is on the roster.

> **Why it matters.** When a patient stops breathing, minutes matter. Equipment that is missing or broken, or staff without current life-support training, cost lives.

WHAT THE ASSESSOR CHECKS

Sample. Check resuscitation equipment on every shift for a sample of days in the last 3 months, and the life support certificates of staff on those shifts.

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1 Resuscitation equipment is checked at the start of every shift.

Method. Check the shift check record for each sampled shift.

Evidence to show. Daily resuscitation check record (HOS-FRM-013).

Pass when. Every sampled shift has a completed check recorded at the start of the shift.

2 **Every item on the equipment list is present, in date and working.**

Method. Compare the check record with the equipment list, including pads, batteries and expiry dates.

Evidence to show. Resuscitation equipment checks (HOS-SOP-015).

Pass when. Every item is present, in date and working, or was replaced before the shift.

3 **Staff holding life support certification are current on every shift.**

Method. Check the certificate of each staff member on the sampled shifts against the shift date.

Evidence to show. Daily resuscitation check record (HOS-FRM-013).

Pass when. Every staff member on the sampled shifts holds a certificate valid on the shift date.

Pass. The criterion is met when every check above is passed.

Immediate fail. . The defibrillator pads are expired on the night of a cardiac arrest, and no one has checked the shift record. This fails the criterion on its own, whatever else is in place.

EVIDENCE AND DOCUMENTS

Code	Document	Writes	Approves	Checks
HOS-SOP-015	Resuscitation equipment checks	Manager	Chief executive	Chief executive
HOS-FRM-013	Daily resuscitation check record	Manager	Chief executive	Manager

POSITIONS RESPONSIBLE

Position	Why it applies	Training
Manager (ISCO 1342)	Checks the criterion at each review	— Must

REFERENCES FOR THIS CRITERION

- Adult basic life support Guidelines (Resuscitation Council UK (aligned with European Resuscitation Council Guidelines 2025), 2025) https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines/adult-basic-life-support-guidelines

10 Questions and answers

Does Standard 14 apply to every facility?
No. It applies to hospitals and imaging services that perform diagnostic imaging. Section 4 shows, for each facility type, whether imaging is a default or an optional service, and where it does not apply.

Does every X-ray need a written justification?
Yes, every study that uses ionising radiation is justified before it is ordered under 14.1. The justification is recorded before the study is performed.

Can a patient enter the MRI room before screening?
No. Under 14.5 every patient and accompanying person is screened and checked before entry, and zone control stops anyone who has not been screened.

Can contrast be given without a pre-screen?
No. Under 14.4 allergy and kidney function are screened, consent is given, and the emergency plan is ready before the contrast is given.

Do I have to use the forms on this page?
No. They are reference drafts. Adapt them, write your own, or upload your own, provided the same criterion is met and the evidence can be shown.

The criterion text is the authority. These answers summarise it.

11 References

CITED FOR CRITERIA

1. IAEA (2014). Radiation Protection and Safety of Radiation Sources: International Basic Safety Standards, General Safety Requirements Part 3. Vienna: IAEA. Used for: Radiation protection and dose justification https://news.gmj.ge/guideline/radiation-protection-and-safety-of-radiation-sources-international-basic-safety-standards/ (criterion 14.1)
2. IAEA (2018). Radiation Protection and Safety in Medical Uses of Ionizing Radiation, Specific Safety Guide SSG-46. Vienna: IAEA. Used for: Quality assurance of medical radiation equipment https://news.gmj.ge/guideline/radiation-protection-and-safety-in-medical-uses-of-ionizing-radiation/ (criterion 14.2)
3. WHO (2021). Global Patient Safety Action Plan 2021–2030: Towards Eliminating Avoidable Harm in Health Care. Used for: Reporting and escalation of critical results https://news.gmj.ge/guideline/global-patient-safety-action-plan-2021-2030-towards-eliminating-avoidable-harm-in-health-care/ (criterion 14.3)
4. ACR Manual on Contrast Media (American College of Radiology, 2025 (chapters updated)) https://www.acr.org/Clinical-Resources/Contrast-Manual (criterion 14.4)
5. ACR Manual on MR Safety - What's New? (American College of Radiology, 2026) (criterion 14.5)
6. Application of the Records management code of practice to radiology record retention protocols (Royal College of Radiologists, 2025) https://rcr.ac.uk/our-services/all-our-publications/clinical-radiology-publications/application-of-the-records-management-code-of-practice-to-radiology-record-retention-protocols (criterion 14.6)
7. Adult basic life support Guidelines (Resuscitation Council UK (aligned with European Resuscitation Council Guidelines 2025), 2025) https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines/adult-basic-life-support-guidelines (criterion 14.7)

INTERNATIONAL STANDARDS CITED

1. International Labour Organization (2008). International Standard Classification of Occupations, ISCO-08. Geneva: ILO.

12 Document register

Every document code used in Standard 14, with its type and the criteria that use it. The codes identify the documents; a facility may use its own document if it meets the same criterion.

Code	Document	Type	Criteria
ARC-POL-001	Image and report retention and retrieval	Policy	14.6
ARC-REG-001	Image retrieval test register	Register	14.6
CTR-FRM-001	Contrast media pre-screen and consent record	Form (record)	14.4
CTR-SOP-001	Contrast media safety protocol	Procedure (SOP)	14.4
HOS-FRM-013	Daily resuscitation check record	Form (record)	14.7
HOS-SOP-015	Resuscitation equipment checks	Procedure (SOP)	14.7
IMG-REG-001	Imaging report turnaround and critical finding log	Register	14.3
IMG-REG-002	Imaging equipment quality assurance register	Register	14.2
IMG-SOP-001	Imaging equipment quality assurance and calibration	Procedure (SOP)	14.2
MRI-FRM-001	MRI safety screening record	Form (record)	14.5
MRI-SOP-001	MRI safety screening and zone control	Procedure (SOP)	14.5
RAD-FRM-001	Radiation justification record	Form (record)	14.1
RAD-POL-001	Radiation justification and dose optimisation	Policy	14.1