

## Appendix D. Exemplar skeletal survey competency form

Any hospital adopting these guidelines should ensure that they comply with their employer's policies and regulations – and should be endorsed accordingly.	Employing organisation
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Suspected physical abuse skeletal surveys are challenging for radiographers due to a number of reasons including:

- Suspected safeguarding issues
- Distressed child and, if present, person with parental responsibility
- Length of procedure
- Comforting/holding required.

Any radiographer considering training in this procedure should carefully consider the above.

### Rationale:

It is the expectation of the Society and College of Radiographers (SCoR) that all radiographers registered with the Health and Care Professions Council are competent to carry out imaging procedures on children of all ages from birth to adulthood. Postgraduate education and training in paediatric and forensic imaging must be undertaken by any radiographer who might be required to undertake imaging in relation to examinations which are complex and which may involve forensic and legal elements. [www.sor.org/learning/document-library/practice-standards-imaging-children-and-young-people/5-standard-requirements](http://www.sor.org/learning/document-library/practice-standards-imaging-children-and-young-people/5-standard-requirements)

Further information on the knowledge, education and skills required specifically for the imaging of suspected physical abuse are to be found in the Guidance For Radiographers Providing Forensic Radiography Services. [www.sor.org/learning/document-library/guidance-radiographers-providing-forensic-radiography-services-0](http://www.sor.org/learning/document-library/guidance-radiographers-providing-forensic-radiography-services-0)

The SCoR have many other resources' links and guidance documents available for radiographers involved in the radiographic examination of children. [www.sor.org/practice/hot-topics/children](http://www.sor.org/practice/hot-topics/children)

Both the SCoR and The Royal College of Radiologists have produced guidance specifically for suspected physical abuse Skeletal Survey.

[www.sor.org/learning/document-library/skeletal-survey-suspected-nai-sids-and-sudi-guidance-radiographers](http://www.sor.org/learning/document-library/skeletal-survey-suspected-nai-sids-and-sudi-guidance-radiographers)

For this organisation, a competency framework has been developed for those radiographers involved in the imaging of suspected physical abuse. The lead paediatric radiographer must be satisfied that the learner has read and understood these documents and identified and addressed any further educational needs. Practical experience, training, assessment and sign-off of competency in paediatric imaging are required prior to being assessed as competent for suspected physical abuse.

Pre-procedure knowledge [NB: A similar form should be used for each element of imaging.

**The learner shows an understanding of****Assessors name,  
signature initials and date**

Paediatric imaging and its difference to the imaging of adults.

Their current level of training and competence in imaging children

Indications for imaging

Consent for suspected physical abuse including responsibilities to obtain

Radiographic standards and principles, to include exposure factors and diagnostic reference levels (DRLs), and equipment to be used.

Demonstrates competence in managing/communicating with children, acquiring required range of images, assessing images and optimising doses

The role and responsibilities of the radiographers including the legal framework of forensic imaging.

Compare and contrast between different age groups with regard to communication, immobilisation and consent

The purpose of follow-up images

Appreciate the role of other imaging techniques.

The use of a system of work for suspected physical abuse  
(See following pages)  
(See following pages)

Date of assessment of competence:

Name and signature of assessor:

Name and signature of radiographer assessed:

Comments:

On receipt of requests	Initial assessment		Final assessment
	Tick	Date	Date
Check request contains:			
E-request on maxims			
Ensure discussed and approved by consultant radiologist			
States suspected physical abuse and any current clinical problems and relevant past history			
Informs the shift coordinator and team leader or advanced practitioner in their absence			
Inform directorate office			
<b>Arranging survey</b>			
Check that a paediatric radiologist is available to view images – or if unavailable another consultant radiologist is available to view			
Co-ordinate examination with CT for CT head			
Ensure two adequately trained radiographers and a suitable room are available			
<b>Liaise with ward</b>			
Check when pain relief, sedation, feeds or sleep will be, to arrange suitable time for when patient is most comfortable.			
Check a registered nurse is available to escort and remain with the patient for the entire procedure.			
Check the person with parental responsibility's consent is documented (on consent form or in the notes)			
Check if a person with parental responsibility will be accompanying the patient YES/ NO			
Notes are requested from the ward			
Supervising radiographer who is suspected physical abuse competent (initials)			
Comments			

When patient is in department	Initial assessment	Final assessment
	Date	Date
Ensure appropriate imaging colleagues are aware of suspected physical abuse procedure and that radiographers cannot be disturbed		
Check the patient is booked in correctly – X-ray skeletal survey non-accidental injury (XSSNA)		
Check notes have arrived		
Gather equipment, including departmental markers, and ensure the room is prepared with lead screen if required		
If the person with parental responsibility is accompanying, be clear they will not be able to stand at the control panel Supply lead apron or lead screen for the person with parental responsibility		
<b>Conduct a briefing</b>		
<ul style="list-style-type: none"> <li>▪ The procedure should be discussed with the team including nurse to ensure roles are clear.</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Ensure both radiographers are aware they are responsible for all aspects of the examination including patient ID.</li> </ul>		
<ul style="list-style-type: none"> <li>▪ Ensure that a radiographer is present in the room throughout the <b>entire</b> examination until the patient leaves the department.</li> </ul>		
Check ALL clothing removed from area of interest, including nappy. If the room is very cold try warming a pillow case or draw sheet first to put baby on whilst X-raying.		
Ensure identity wristband will not be projected over ankle or wrist joint or remove wristband		
Complete examination as per age group		
Ensure metal side markers are visible on each view and do not obscure any part of the anatomy.		
Ensure both radiographers have checked each image for exposure factors before acquiring image.		
Ensure both radiographers review images for quality, positioning and exposure factors/dose–area product (DAP) and initial on <b>each view</b>		

When patient is in department	Initial assessment	Final assessment
Images should be checked by the consultant radiologist before the child has left the room.		
Following examination		
Ensure all sections of suspected physical abuse checklist are fully completed		
Scan the checklist onto computerised radiology information system (CRIS)		
Hand this sheet to the team leader for checking		