

RADIATION PROTECTION POLICY

Compiled by: Andrew Moth

In Consultation with: Members of the Radiation Protection Committee.

Status: Approval date: July 2018

Ratified by: Radiation Protection Group

Review Date: May 2024

Patients first • Personal responsibility • Passion for excellence • Pride in our team

Volume 6 Medical Devices	Current version is held on the Intranet	First Ratified Jun 2009	Next Review May 2024	Issue 6	Page of 5
-----------------------------	--	----------------------------	-------------------------	---------	-----------

History

Issue	Date Issued	Brief Summary of Change	Approved by
1, 2, 3	Jun 2009 - 12	Local policies only	Radiation Protection Group
4	Jun 2012	Reviewed	
5	May 2015	Reviewed	Radiation Protection Group
6	Jul 2018	Reviewed	Radiation Protection Group

For more information on the status of this document, please contact:	Susan Farrell
Compiled by	Andrew Moth
Date of issue	May 2021
Review due	May 2024
Ratified by	Radiation Protection Group
Audience	Staff involved in the use of ionising radiation, radioisotopes and lasers

INTRODUCTION AND PURPOSE

The Trust's Policy for Radiation Protection is in accordance with the general Health and Safety Policy. The aim is to ensure the safety of staff, patients and public. The policy covers the use of ionising radiation in the diagnostic and interventional radiology departments at Ashford (AH) and St Peter's Hospital's (SPH), the nuclear medicine department and other areas. It requires the use of radiation to be properly justified, doses to be kept as low as reasonably practicable (ALARP) and relevant dose limits adopted as defined in the Radiation Protection Procedures Handbook.

DUTIES/RESPONSIBILITIES

Ionising radiation must be used in accordance with the appropriate health service guidelines, legislation, and approved codes of practice, guidance notes, and other advisory documents. In particular the Ionising Radiation Regulations 2017 (IRR17) and the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER17) principally relate to occupational (including public) and patient safety, respectively. As regards to the latter, employer's Standard Operating Procedures are in place in each departmental area which are binding on employer and staff. All new uses of radiation are subject to prior risk assessment and the use of radioactive material in the Trust is also controlled by the Environmental Permitting (England and Wales) Regulations 2018 (EPR18) and other legislation.

Lasers must be used in accordance with the Medicines and Healthcare products Regulatory Agency's (MHRA) guidance document Lasers, intense light source systems and LEDs – guidance for safe use in medical, surgical, dental and aesthetic practices, September 2015 (the MHRA's guidance incorporates the requirements of the Control of Artificial Optical Radiation at Work Regulations 2010), and Health and Social Care Act relating to the use of lasers. These are implemented in the Hospital by local rules. These are also binding on the employer and staff.

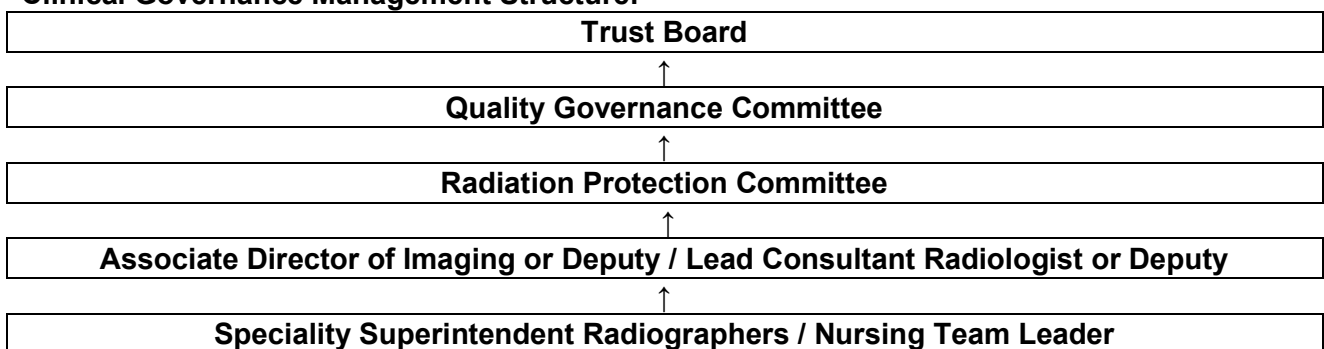
CHIEF EXECUTIVE

Chief Executives are designated by the Trust Boards as the officers with overall responsibility for the application of Health & Safety at Work Legislation and are therefore ultimately responsible as employer for Radiation Protection within the Trust. The Chief Executive may delegate the co-ordination of radiation safety matters to a nominated deputy.

THE RADIATION PROTECTION COMMITTEE (RPC)

As an aid to periodic review of radiation safety within the Hospital, a RPC, which meets every 6 months, has been set up. Membership consists of the RPS, RPA, MPE, Clinical Lead or nominated deputy and others as specified in the terms of reference. The RPC will also serve as a Medical Exposures Group in reviewing the level of patient dose in relation to Diagnostic Reference Levels. The Group will also act as a convenient mechanism in allowing the Trust to demonstrate compliance with regulations and relevant standards.

Clinical Governance Management Structure:



Volume 6 Medical Devices	Current version is held on the Intranet	First Ratified Jun 2009	Next Review May 2024	Issue 6	Page of 5
-----------------------------	--	----------------------------	-------------------------	---------	-----------

INDIVIDUAL RESPONSIBILITIES (RADIATION PROTECTION)

The Operations Manager where radiation is used is responsible for radiation safety in that department. A Radiation Protection Supervisor (RPS) shall be appointed by the employer to supervise the radiation work under IRR17. A lead Radiation Protection Supervisor will be appointed in addition to RPS for the departments of diagnostic and interventional radiology at SPH and at AH CT, interventional radiography and Theatre 8, and nuclear medicine. The responsibilities of an RPS is documented in the Radiation Protection Procedures Handbook.

A Laser Protection Supervisor is appointed in the Operating Theatres and day Surgery Unit (SPH), Eye Clinic (SPH), and the Eye Unit (AH) to supervise safety aspects.

In Nuclear Medicine person(s) are appointed to supervise the arrangements for radioactive waste under the EPR18. This will be the RPS and radioactive waste advisor.

RADIATION PROTECTION ADVISOR, RADIOACTIVE WASTE ADVISOR AND MEDICAL PHYSICS EXPERT

Radiation protection advice is provided for Ashford & St Peters Hospitals NHS Foundation Trust by the Head (Consultant Physicist) of the Regional Radiation Protection Service (RRPS) based at the Royal Surrey County Hospital (RSCH), Guildford, who is appointed as the Radiation Protection Advisor (RPA) under regulation 14 of IRR17. The RRPS provides the Medical Physics Experts (MPE) for diagnostic radiology required under IRMER17 and also practical radiation protection and diagnostic radiology physics services to these same sites.

The Medical Physics Experts (MPE) for Nuclear Medicine is the Consultant Physicist (Nuclear Medicine) based in the department of Medical Physics at the Royal Surrey County Hospital, Guildford.

The Trust has appointed a Radioactive Waste Advisor (RWA) under the EPR regulations who is head of Radiation Protection of RRPS at the RSCH.

The RPA and MPE for the Ashford & St Peters Hospitals NHS Foundation Trust can be found in the Radiation Protection Procedures Handbook. The scope of advice required from the RPA, MPE and RWA is documented in the radiation protection procedures within each department.

USERS RESPONSIBILITY

All staff that use radiations or are involved in any way with their use are trained and do so in accordance with the employers Standard Operating Procedures, written Patient Exposure Protocols and Departmental Radiation Protection Procedures including Local Rules. Protocols and procedures will be kept under regular review at the RPC meetings.

Those persons who act as Referrers, Practitioners and Operators under the IRMER legislation must have received adequate training as defined in professional guidelines and the radiology departments keep records of such training. Such persons are also required to undergo continuing training as required in continuing professional development.

Radioactive material is used in accordance with the written procedures laid down.

FRAMEWORK OF RADIATION PROTECTION

This Radiation Protection Policy, Standard Operating Procedures and Departmental Radiation Protection Procedures Handbook can be found in the Radiation Protection Folder in both St Peter's and Ashford x-ray departments. Separate procedures specific to nuclear medicine can be found in

Volume 6 Medical Devices	Current version is held on the Intranet	First Ratified Jun 2009	Next Review May 2024	Issue 6	Page of 5
-----------------------------	--	----------------------------	-------------------------	---------	-----------

the nuclear medicine department at St Peter's Hospital. Local Rules and Examination Protocols for specific areas are on display in each room.

DISSEMINATION AND IMPLEMENTATION

This policy will be made available on trust net.

MONITORING OF COMPLIANCE

Policy is to be reviewed every 3 years by the RPC who will monitor its effectiveness by reviewing incidents.

EQUALITY AND IMPACT ASSESSMENT

An Equality Impact Assessment has been carried out

ARCHIVING ARRANGEMENTS

This is a Trust wide document and archiving arrangements are managed by the Imaging department who can be contacted to request master/archived copies.

Volume 6 Medical Devices	Current version is held on the Intranet	First Ratified Jun 2009	Next Review May 2024	Issue 6	Page of 5
-----------------------------	--	----------------------------	-------------------------	---------	-----------