The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Radiation Safety Policy

Version No. 1.0
Effective from: 26th May 2015
Expiry date: 26th May 2017
Date ratified: 1st March 2015
Ratified by: Radiation Protection Committee

1 Introduction

The Trust has an obligation to protect patients, staff and members of the public against all hazards arising from the Trust’s work activities with ionising and non-ionising radiations.

The Newcastle upon Tyne Hospitals NHS Foundation Trust will therefore ensure, as far as reasonably practicable that the health and safety of its employees, of contractors working on the premises and of members of the public who may be exposed to the hazards arising from the use of ionising radiations, lasers, ultra-violet and other time-varying electric or magnetic fields is maintained at all times.

This policy outlines the responsibilities of staff and the processes in place to ensure that safe practice is maintained.

2 Scope of the Policy

This policy applies to all members of staff working within the Newcastle upon Tyne Hospitals NHS Foundation Trust who are involved with any aspect of ionising radiation, lasers, ultra-violet and other time-varying electric or magnetic fields, as well as contractors, patients and members of the public. The policy also describes the arrangements in place for the personal radiation monitoring of employees working with radiation, including the management of monitoring, and the assessment of monitoring results to ensure that doses to staff are kept as low as reasonably practicable.

3 Aim of policy

This policy specifies how the risk from ionising, non-ionising radiation and electromagnetic fields is to be managed within the Trust at all sites to ensure compliance with ionising radiation protection regulations. The regulations include the Ionising Radiations Regulations 1999 (IRR99) for which the Health and Safety Executive is responsible, the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R00) for which the Department of Health is responsible, and the Environmental Permitting (E&W) Regulations 2010 (EPR10) for which the Environment Agency is responsible.
### Duties (Roles and Responsibilities)

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief Executive</strong></td>
<td>Overall responsibility for the implementation of this policy with delegation to the Medical Director.</td>
</tr>
<tr>
<td><strong>Medical Director</strong></td>
<td>Has delegated responsibility from the Chief Executive for implementation of the policy and compliance with the applicable regulations including appointment of specialist staff.</td>
</tr>
</tbody>
</table>
| **Director of Quality and Effectiveness**                   | Director of Quality and Effectiveness will Chair the Radiation Protection Committee on behalf of the Medical Director and ensure that the Committee fulfils its terms of reference (Appendix 1).  
  
  Designating, following consultation, one or more specialist radiation officers to the Trust.  
  
  Ensuring that radiation incidents are reported to the appropriate external agency, e.g. Care Quality Commission (IR(ME)R), the Health and Safety Executive (IRR99), Environment Agency (EPR00), Office for Nuclear Regulation (CDG09) or the police. |
| **Radiation Protection Adviser(s) (RPA)**                   | Responsible for the provision of advice to managers, departmental heads and staff, and the public on ionising radiation matters (including compliance of local rules) and on practical implementation of this.  
  
  Responsible for ensuring a site risk assessment is carried out regarding the presence of radon in the workplace. |
<p>| <strong>Laser Protection Adviser (LPA)</strong>                          | Responsible for the provision of advice to managers, departmental heads and staff on lasers                                                                                                                                 |
| <strong>MR Safety Expert (MRSE)</strong>                                 | Responsible for the provision of advice to managers, departmental heads and staff on MRI matters and on practical implementation of this policy and compliance of Local Rules.                                                                 |
| <strong>UV and optical radiation Adviser</strong>                        | Responsible for the provision of advice to managers, departmental heads and staff on ultraviolet or other optical radiation.                                                                                      |
| <strong>Medical Physics Experts</strong>                                 | Responsible for advising on all aspects of ionising radiation protection of the patient for their particular speciality (Radiotherapy, Nuclear Medicine or Diagnostic Radiology)                       |
| <strong>Radioactive Waste Adviser (RWA)</strong>                         | Responsible for advising on issues relating to the storage and disposal of radioactive waste.                                                                                                                      |</p>
<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation Protection Supervisors (RPS) and Laser Protection Supervisors (LPS).</td>
<td>Responsible for the task of supervising the work with radiation, or with lasers, ensuring that it is carried out in accordance with Local Rules</td>
</tr>
<tr>
<td>Occupational Health Physician</td>
<td>Responsible for the medical supervision of employees designated under the IRR99 as “classified persons”; he/she will be co-opted to the Radiation Safety Sub-Committee as appropriate.</td>
</tr>
<tr>
<td>Human Resources department</td>
<td>Responsible for issuing the letters of appointment to responsible officers.</td>
</tr>
<tr>
<td>Clinical Director(s) of relevant Directorates</td>
<td>Responsible for ensuring that all radiation equipment is installed, critically examined, commissioned and maintained to satisfy radiation safety requirement, and included in the equipment replacement programme of the appropriate Directorate.</td>
</tr>
<tr>
<td>Department Managers of departments using radiation</td>
<td>The departmental managers in each relevant area are responsible for ensuring implementation of the Trust’s Radiation Safety Policy in their area, including in particular:</td>
</tr>
<tr>
<td></td>
<td>• Responsibility for ensuring that radiation risk assessments are carried out, reviewed, documented and the findings implemented</td>
</tr>
<tr>
<td></td>
<td>• Having taken advice from the RPS or appropriate local radiation protection expert, responsibility for designating areas as Controlled or Supervised as necessary, and ensuring local rules are drawn up for these areas.</td>
</tr>
<tr>
<td></td>
<td>• Responsibility for ensuring that staff working with ionising radiation are adequately monitored and that investigations are carried out of any radiation dose over the relevant investigation level.</td>
</tr>
<tr>
<td></td>
<td>• Responsibility for ensuring all staff undertake the radiation safety training appropriate to their role</td>
</tr>
<tr>
<td></td>
<td>• Responsibility for ensuring that systems are in place for the safeguarding of radioactive materials and for the safe disposal of radioactive waste, and ensuring that all requirements of the relevant regulations are satisfied.</td>
</tr>
<tr>
<td></td>
<td>• Responsible for maintaining a record of training of duty holders under IR(ME)R, including staff of other employers who may be carrying out procedures on Trust premises under contractual arrangements.</td>
</tr>
<tr>
<td></td>
<td>• Responsibility for ensuring that radiation safety arrangements, including compliance with Local Rules, are audited at the required intervals.</td>
</tr>
<tr>
<td>Role</td>
<td>Responsibilities</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Role</td>
<td>• Delegating duties through a local committee comprising experts and representatives of the departmental use of radiation.</td>
</tr>
<tr>
<td>Electronics and Medical Engineering (EME) Services Manager(s)</td>
<td>• Responsible for the maintenance, repair and elements of the commissioning of diagnostic radiology radiation equipment belonging to the Trust.</td>
</tr>
<tr>
<td></td>
<td>• Responsible for overseeing arrangements for the handover of controlled areas to outside contractors</td>
</tr>
<tr>
<td>Individual Duty Holders under IR(ME)R</td>
<td>Responsibility for the justification, authorisation and optimisation of each medical radiation exposure will lie with individual duty holders as clearly identified in the Trust’s IR(ME)R procedures.</td>
</tr>
<tr>
<td>All staff working with radiation</td>
<td>Individual workers are required to work with radiation in such a way that they:</td>
</tr>
<tr>
<td></td>
<td>a) exercise reasonable care and follow any relevant Local Rules</td>
</tr>
<tr>
<td></td>
<td>b) use, as instructed, any protective equipment and personal dosimeters provided by the employer.</td>
</tr>
<tr>
<td></td>
<td>c) make such dosimeters available for analysis and recording in line with required procedures</td>
</tr>
<tr>
<td></td>
<td>d) report to their line manager and RPS or LPS any defect in such equipment and dosimeters.</td>
</tr>
<tr>
<td></td>
<td>e) undertake any specified training</td>
</tr>
<tr>
<td></td>
<td>f) comply with the employer’s procedures and protocols for medical exposures</td>
</tr>
<tr>
<td></td>
<td>g) report immediately to their line manager or Medical Physics Expert (MPE) if any incident occurs in which a patient may have received a radiation exposure significantly greater than intended.</td>
</tr>
<tr>
<td></td>
<td>h) Report immediately to their RPS or LPS, any incident in which a member of staff or public person is exposed to radiation.</td>
</tr>
<tr>
<td></td>
<td>i) ensure that a DatixWeb Incident Form is completed to report incidents or near misses.</td>
</tr>
<tr>
<td></td>
<td>j) do not recklessly endanger the safety of themselves or others</td>
</tr>
</tbody>
</table>

5 Definitions

Local Rules- mandatory instructions formulated to secure compliance with Health and Safety legislation and which may be department specific.

6 Radiation Safety Arrangements

To ensure that the health and safety of employees, of contractors working on the premises and of members of the public who may be exposed to the hazards arising
from the use of ionising radiations, lasers, ultra-violet etc. is maintained, a range of measures and controls are in place and must be adhered to by all staff.

These measures include:

- ensuring that all diagnostic examinations involving medical exposures are performed with the radiation dose to the patient being as low as reasonably practicable to achieve the required clinical purpose in accordance with Local Rules

- ensuring that all therapeutic exposures involving radiation are performed with non-target tissues receiving doses as low as reasonably practicable without compromising the therapeutic intent.

- establishing good communications between managers and advisers

- establishing good communication and co-operation with all staff who may be occupationally exposed

- giving each departmental manager, where radiation is used, the responsibility for managing the radiation protection of all their members of staff in their area

- establishing procedures for handover and receipt of radiation equipment to external contractors to ensure the safety of contractors, Trust staff and patients.

- Under the terms of IRR99, the Trust will designate specialist officers to provide the necessary expertise and supervision in this area. The designations will be made by the Director of Quality and Effectiveness, following completion of the application form (Appendix 2). Confirmation in writing will be issued by the Human Resources department on receipt of the application form and a copy of the letter and the form kept in personnel files. The specialist officers include Radiation Protection Advisers (RPA), who will provide impartial advice on all aspects of safety in the use of ionising radiation, Radiation Protection Supervisors (RPS) in specific work areas designated for use with ionising radiations with responsibilities including the supervision of day-to-day compliance with the legislation and Radiation Waste Advisors (RWA) to advise on issues relating to the storage and disposal of radioactive material.

6.1 Risk assessment

It is the responsibility of each departmental manager to ensure that risk assessments are carried out for all work with ionising and non-ionising radiation in their department with the appropriate protection advisor. These should cover both routine work and any potential accident scenarios. Advice should be obtained from the appropriate Radiation Protection Adviser (RPA) regarding the form and content of these risk assessments, and they should be reviewed at intervals of not less than three years, or whenever there is a significant change in equipment or workload.
The findings of the risk assessments must be incorporated into the Local Rules for each relevant area, and should be used to assess the requirements for monitoring of staff and the environment, along with any additional control measures that are required to restrict exposure to radiation.

At each site, the Health and Safety manager is responsible for ensuring that a site risk assessment is carried out regarding the presence of radon in the workplace.

6.2 Local Rules, Procedures and Protocols

Managers of departments where radiation is used are responsible for ensuring that Local Rules are drawn up for the safe use of radiation in each designated area within their department.

Where ionising radiation is used, in addition to the Local Rules, managers shall also ensure that a policy and procedure is written covering the medical exposure of patients and, where appropriate, the use of radioactive materials.

The Local Rules and related policies and procedures should be reviewed at two-yearly intervals, or whenever there are significant changes or additions to the work carried out.

6.3 Personal Monitoring

Responsibility for determining which employees should be issued with personal dosimetry rests with the appropriate departmental managers of each area in accordance with the radiation risk assessment for the area and will be carried out as detailed in Appendix 3. In certain areas, environmental monitoring would be appropriate in accordance with the risk assessment.

6.4 Equipment management

Details of all radiation generating equipment will be kept on an inventory, held by the Electronic and Medical Engineering Department, who are responsible for all routine maintenance. As a minimum the inventory shall comprise the following details: manufacturer, model, serial no, year made, year installed.

All clinically used equipment will also be covered by appropriate service agreements, and routine quality assurance tests will be at the intervals required by national guidelines or determined locally if appropriate.

Each department is responsible for ensuring that an appropriate quality assurance program is in place to inform management of the suitability for use of the radiation equipment.

It is expected that all radiation generating and imaging equipment will be replaced at the end of its working life, as determined from manufacturers’ recommendations, ongoing availability of servicing and parts and the results of routine QA testing.
6.5 Control of radioactive materials

The use of radioactive materials on Trust premises, and the disposal of radioactive waste arising from such use, is governed by permits from the Environment Agency (EA) under the Environmental Permitting (E&W) Regulations 2010 (EPR10), or Registrations and Authorisations respectively under the Radioactive Substances Act 1993 (RSA93).

Departmental managers of departments using radioactive materials are required to ensure that the terms of the Permits are complied with by:

- Ensuring that receipts, transfers and disposals of radioactive materials are recorded in a timely manner, and such records are made available to the EA on request.
- Reporting to the Radiation Waste Advisor as necessary on the disposal of radioactive wastes made from Trust premises to enable reporting to the EA.
- Keeping an inventory of closed sources kept on Trust premises, and undertaking biennial “wipe testing” of those sources to confirm the integrity of their containment.
- Ensuring that any breach of radiation safety regulations is reported by a Datix report and escalated appropriate to the severity of the breach.
- Notifying the police and the EA Regulator if there is strong suspicion that a source has been lost or stolen, and carrying out a full investigation into each such occurrence.

6.6 Patient exposure to ionising radiation

The Trust has established a consistent set of Trust-wide “Employer’s IR(ME)R Procedures” designed to minimise unnecessary patient radiation exposures. Relevant members of staff are required to comply with these Procedures. Departmental managers are responsible for ensuring that an IR(ME)R Practitioner is identified for each medical exposure to ensure that it is justified, and each such exposure is evaluated.

Where such exposures involve the administration of a radioactive medicinal product (RMP) - a radiopharmaceutical - to a patient responsibility for the administration lies with a medical practitioner holding a Certificate of Authorisation covering that RMP issued by the Administration of Radioactive Substances Advisory Committee (an ARSAC Certificate). Departmental managers are responsible for ensuring that any procedure undertaken is covered by a valid ARSAC certificate.

6.7 Incident reporting

It is essential that all possible steps are taken to minimise the risk of initial incident occurrence and subsequent recurrence and that when an incident, accident or near miss occurs that an incident form is completed. The Trust
operates a web-based incident reporting system (DatixWeb) to facilitate the incident reporting and investigation process. Any incident, accident or near miss involving any form of radiation must be reported using the DatixWeb system but must also be escalated appropriately to the severity of the incident to Directorate and Trust management particularly where there is the potential for harm to either patient or staff. Incident reporting, investigation and escalation should occur as outlined in the Trust Management and Reporting of Accidents and Incidents Policy.

The radiation regulations require the Trust to report and investigate incidents which lead to overexposure of employees or excessive exposure of patients as a result of equipment malfunction or failure. These incidents should also be reported to the Health and Safety Executive via manager escalation where appropriate, and advice should be sought from the radiation protection adviser.

Where it is suspected that a patient may have received a radiation dose much greater than intended while undergoing a medical exposure other than as a result of equipment defect or failure these should be reported to the Care Quality Commission. A Medical Physics Expert must be closely involved in any investigation.

In the event that there are reasonable grounds for believing that any sealed or unsealed sources or accumulated radioactive waste has been lost or stolen then the Trust is required to inform the Environment Agency and the Police without delay.

7 Training

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to ensuring that all members of staff receive training in radiation protection appropriate to their role, as detailed below.

Records of training are kept in each member of staff’s personnel file, in addition to departmental summaries being kept by the relevant manager.

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Training required</th>
<th>Training Format</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiation Protection</td>
<td>RPS training course</td>
<td>Formal course</td>
<td>Prior to or shortly after</td>
</tr>
<tr>
<td>Supervisors</td>
<td>RPS update training</td>
<td>Formal course</td>
<td>appointment 3-yearly</td>
</tr>
<tr>
<td>Radiographers/</td>
<td>Radiation safety Updates</td>
<td>Online presentation</td>
<td>Annual</td>
</tr>
<tr>
<td>Radiologists</td>
<td>Updates on Trust</td>
<td>plus staff meetings</td>
<td>Following</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>changes or 3</td>
</tr>
<tr>
<td>Staff Group</td>
<td>Training required</td>
<td>Training Format</td>
<td>Frequency</td>
</tr>
<tr>
<td>-----------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>procedures</td>
<td>Online presentation</td>
<td>yearly</td>
</tr>
<tr>
<td></td>
<td>Operator training on each type of equipment</td>
<td>Informal in-house training</td>
<td>Prior to authorisation to use equipment un-supervised</td>
</tr>
<tr>
<td>Other radiation workers</td>
<td>Initial IRMER training appropriate to role</td>
<td>Formal taught or online course</td>
<td>Prior to work</td>
</tr>
<tr>
<td></td>
<td>Radiation safety updates</td>
<td>Online presentation or staff meeting</td>
<td>Annual</td>
</tr>
<tr>
<td>All other Trust staff appropriate to role</td>
<td>Radiation awareness training including MR safety training as appropriate</td>
<td>Brief overview to be included in corporate mandatory online training</td>
<td>3-yearly</td>
</tr>
<tr>
<td>Medical Referrers</td>
<td>Radiation awareness training</td>
<td>Presentation on appointment</td>
<td>On appointment</td>
</tr>
<tr>
<td>Non-medical referrers</td>
<td>Radiation awareness training</td>
<td>Online or group presentation</td>
<td>Prior to role being agreed</td>
</tr>
<tr>
<td>Ward staff injecting radio-pharmaceuticals</td>
<td>IR(ME)R</td>
<td>Lectures and supervised practice</td>
<td>Biennial updates</td>
</tr>
<tr>
<td>Radiation Protection Advisors &amp; Radiation Waste Advisers</td>
<td>Initial theoretical &amp; workplace training</td>
<td>Educational courses; update &amp; other scientific meetings; workplace activity.</td>
<td>Re-certify every 5 years</td>
</tr>
<tr>
<td></td>
<td>Ongoing evidence of CPD, update training &amp; routine</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Staff Group

<table>
<thead>
<tr>
<th>Staff Group</th>
<th>Training required</th>
<th>Training Format</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other radiation Experts (MPE/MRSE/LPA)</td>
<td>Initial theoretical &amp; workplace training</td>
<td>Educational courses; update &amp; other scientific meetings; workplace activity.</td>
<td>Prior to appointment</td>
</tr>
<tr>
<td></td>
<td>Ongoing evidence of CPD, update training &amp;</td>
<td></td>
<td>Ongoing CPD</td>
</tr>
<tr>
<td></td>
<td>routine practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MR Authorised personnel</td>
<td>Initial safety training provided locally</td>
<td>Initial safety training provided locally</td>
<td>Initial safety training provided locally</td>
</tr>
<tr>
<td></td>
<td>Update training</td>
<td>Update training</td>
<td>Update training</td>
</tr>
<tr>
<td>UV users</td>
<td>Initial safety training provided locally</td>
<td>Either formal course or informal delivery from local staff Online presentation</td>
<td>Prior to taking up role</td>
</tr>
<tr>
<td></td>
<td>Update training</td>
<td>or group meeting</td>
<td>3-yearly</td>
</tr>
<tr>
<td>Laser users</td>
<td>Initial safety training provided locally</td>
<td>Either formal course or informal delivery from local staff Online presentation</td>
<td>Prior to taking up role</td>
</tr>
<tr>
<td></td>
<td>Update training</td>
<td>or group meeting</td>
<td>3-yearly</td>
</tr>
</tbody>
</table>

**8 Equality and Diversity**

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their
individual needs and does not discriminate against individuals or groups on any
grounds. This policy has been appropriately assessed.

9 Monitoring Compliance

<table>
<thead>
<tr>
<th>Standard/process/issue</th>
<th>Monitoring and audit</th>
<th>Method</th>
<th>By</th>
<th>Committee</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitoring of incident trends and outcomes</td>
<td></td>
<td>Report of incidents</td>
<td>CGARD</td>
<td>Radiation Protection Committee</td>
<td>Six monthly</td>
</tr>
<tr>
<td>Adherence to Local Rules</td>
<td></td>
<td>Audit of Local Rules</td>
<td>RPS in each area</td>
<td>Radiation Protection Committee</td>
<td>Biennial</td>
</tr>
<tr>
<td>Personal dose monitoring results</td>
<td></td>
<td>Routine checking of dose reports</td>
<td>Departmental managers</td>
<td>Radiation Protection Committee</td>
<td>Six monthly</td>
</tr>
<tr>
<td>Review of radioactive waste discharges from Trust</td>
<td></td>
<td>Report from RWA</td>
<td>RWA</td>
<td>Radiation Protection Committee</td>
<td>Annual</td>
</tr>
</tbody>
</table>

Advice and guidance on the content of this document or any other health and safety related issues can be obtained from the Radiation Protection Supervisor (RPS), or the Health and Safety Department.

10 Consultation and review

This policy was developed after extensive consultation with the relevant departments who deal with ionising or non-ionising radiation, members of the Radiation Protection Committee and Clinical Governance and Risk Department.

11 Implementation (including raising awareness)

The policy will be disseminated via the Trust policy newsletter, via radiation department heads and the Radiation Protection Committee.

12 Supporting References

- Departmental Local Rules
- The Ionising Radiations Regulations 1999 (IRR99)
- The Ionising Radiations (Medical Exposure) Regulations 2000 (IR(ME)R)
- The Medicines (Administration of Radioactive Substances) Regulation 1978 (MARS)
- The Carriage of Dangerous Goods and use of Transportable Pressure Equipment Regulations 2009 (CDG09)
- Environmental Permitting (E&W) Regulations 2010 (EPR10)
RADIATION PROTECTION COMMITTEE (RPC)

TERMS OF REFERENCE

The Trust Radiation Protection Committee brings together those with specialist knowledge and those with management responsibilities. The terms of reference of RPC are:

- To co-ordinate and advise on all matters regarding ionising radiation safety
- Seek assurance on compliance with legislation, this policy, Local Rules, etc. through regular audit
- To make recommendations to ensure compliance with all statutory requirements
- To promote good radiation working practice.
- To report radiation protection issues as appropriate to the Trust Board of Directors, including cases for resources to the Trust at least annually.
- Review any radiation related incidents, audits, etc.
- Ensure all radiation safety documentation is reviewed and approved at the agreed intervals
- Approve for use Trust-wide “Employer’s IR(ME)R Procedures”, such Procedures being required under the Ionising Radiation (Medical Exposures) Regulations 2000 (IR(ME)R00) and Local Rules
- Consider implications of any relevant changes in legislation or guidance and review Trust policy as appropriate
- Identify any changes/improvements required including those with resource implications
- Monitor effectiveness of this policy and its implementation

MEMBERSHIP OF THE COMMITTEE

Vice Chair of the Trust Health & Safety Committee (Director of Quality and Effectiveness) (Chair)

Clinical Director of Radiology

Trust Radiology Manager

Radiotherapy Manager

Medical Physics Experts for each major area

Directorate Manager

RPAs for Diagnostic Radiology, Unsealed Sources and Radiotherapy

RWAs
Health and Safety Adviser
Representative from Neuroradiology
Representative from Dental Radiology
Representative from Theatres
Committee has power to co-opt other members as necessary
Representative from Community Dental

OFFICERS

Chairman - Vice Chair of the Trust H&S Committee
Vice Chairman - Clinical Director of Radiology
Secretariat - Trust Radiology Manager

QUORUM

The quorum will be constituted if at least the Chair/Vice Chair, one Radiation Protections Adviser and two other members are present.

FREQUENCY OF MEETINGS

The committee will meet three times per year or as the need arises. Emergency meetings will be called at the discretion of the Chairman/Secretary on the advice of the Radiation Protection Advisers.

REPORTING ARRANGEMENTS

Annual report to be submitted to Health and Safety Committee.

MINUTES

These will be circulated as soon as possible after the meeting to:

- Members of the Committee
- Others (who are not Committee members as appropriate)
- Health and Safety Committee
Appendix 2

The Newcastle Upon Tyne Hospitals NHS Foundation Trust

Application for the Appointment of Radiation Protection Advisor (RPA), Radiation Protection Supervisor (RPS) and Radioactive Waste Advisor (RWA)

Section 1 – Request
(Manager to complete details of the person request is being made for)

Name:______________________________________________________________

Assignment Number: ____________________

Job Title: _____________________________________________ Band: __________

Ward/Dept: ____________________  Directorate: ____________________

Contact tel no:.  Work: ________________ Home: ________________________

Role requested:  Radiation Protection Advisor  (  )  
Radioactive Waste Advisor  (  )
Radiation Protection Supervisor  (  )

Scope requested:  e.g Radiotherapy Imaging, NCCC

________________________________________________________________________

Radiation Protection Advisors/ Radioactive Waste Advisor (Delete as required)

Does person hold relevant Certificate of Competence?  Yes/No  (Attach copy)

Radiation Protection Supervisors

Does person have evidence of on-going CPD?  Yes/No  (Attach copy)

Date requested role and scope to be effective:

From: _______________________

Signed: _______________________________ Date: ______________________

Print name: __________________________________________

Designation: __________________________________________

Action Required:  Send form to Radiation Protection Committee
Section 2 – Approval
(To be completed by Radiation Protection Committee)

Request approved: Yes/No

Reason(s) for refusal:

__________________________________________

__________________________________________

Signed: __________________________ Date: __________________________
(on behalf of Radiation Protection Committee)

Print Name: __________________________

Designation: __________________________

Action Required: Send form to HR Department

Section 3 – Appointment
(To be completed by HR Department)

Date letter of appointment sent: __________________________

Signed: __________________________ Date: __________________________

Print Name: __________________________ Designation: __________________________

Date entry completed in ESR: __________________________

Signed: __________________________ Date: __________________________

Print Name: __________________________ Designation: __________________________

Action Required: Place form and documentation on personal file
Appendix 3

Personal Radiation Dose Monitoring

1. Employees to be provided with personal dosimetry

Responsibility for determining which employees should be issued with personal dosimetry rests with the appropriate departmental managers or lead RPS (where they have management responsibility) of each area in accordance with the following general guidelines, along with the findings of the radiation risk assessment for the area, and advice from one of the Trust’s Radiation Protection Advisers (RPAs):

a. All employees who spend a significant amount of their time entering or working in a designated controlled area of the Trust should be provided with whole body personal dosimetry.

b. Employees who may occasionally be required to enter or work within a designated controlled area should normally be provided with a multi-use dosimeter assigned to their role or may, exceptionally, be allowed to accompany a monitored staff member within the area.

c. The radiation risk assessment for an area should be used to determine which employees should be provided with extremity dosimetry and at what frequency (continuously or episodically), to determine doses to skin and/or eyes. The main staff groups to which this may apply are radiopharmacy staff, surgeons, cardiologists, interventional radiologists and those dispensing PET radiopharmaceuticals. At least occasional (eg one two–month period each year) monitoring of eye doses is recommended for all staff groups working routinely within an interventional X-ray room or cardiac catheterisation laboratory.

2. Dosimetry arrangements

Responsibility for provision of staff monitoring arrangements, via an Approved Dosimetry Service (ADS) lies with the Head of Imaging Physics and Radiation Safety within the Regional Medical Physics Department.

The ADS must provide a report of staff doses following the wear period within the time period agreed between the Trust and the ADS.

Records of staff doses must be kept for a time consistent with NHS guidance. If this is not part of the ADS contract this must be done by each department.

Results of staff dosimetry checks must be reviewed by managers as soon as possible after receipt from the ADS. Doses reaching any of the dose investigation levels specified in the Local Rules must be investigated.

Staff should be provided with information on the level of their exposure for the purposes of reassurance about safety. The information does not need to be detailed and must not breach data protection principles on personal data.

For new employees, managers must seek information relating to doses received in previous employment, either through the ADS or if this is not available directly with
the previous employer. Similarly, managers must provide other employers with appropriate requested information if required, again through the ADS if possible.

Workers of another employer working within the Trust who will work in a way which would normally require them to be monitored must be issued with a monitor to enable any dose received while working for NUTH to be known. These recorded doses must be checked and investigations done if constraints or investigation levels have been exceeded.

For workers of multiple employers, managers, via the ADS if available, must liaise with the other employers to ensure that dose limits are not exceeded.

For Trust workers working in another employer’s site but on behalf of the Trust, dose monitoring will be done as though the staff were working on a Trust site. If the other employer issues dose monitors for the purpose of differentiating exposure sources the Trust workers must also wear these monitors. Such employees must read and follow the Local Rules associated with the intended work.
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 09-02-15

2. **Name of policy / strategy / service:** Radiation Safety Policy

3. **Name and designation of Author:**
   Hannah Marshall, Integrated Governance Manager, Jackie Moon, Head of Patient Safety and Risk (on behalf of the committee)

4. **Names & designations of those involved in the impact analysis screening process:**
   Jackie Moon, Head of Patient Safety and Risk.

5. **Is this a:**
   - Policy [x]
   - Strategy [ ]
   - Service [ ]

   **Is this:**
   - New [x]
   - Revised [ ]

   **Who is affected**
   - Employees [x]
   - Service Users [ ]
   - Wider Community [ ]

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)**
   This policy outlines the responsibilities of staff and the processes in place to ensure that safe practice is maintained. The policy specifies how the risk from ionising, non-ionising radiation and electromagnetic fields is to be managed within the Trust at all sites to ensure compliance with ionising radiation protection regulations. The regulations include the Ionising Radiations Regulations 1999 (IRR99) for which the Health and Safety Executive is responsible, the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R00) for which the Department of Health is responsible, and the Environmental Permitting (E&W) Regulations 2010 (EPR10) for which the Environment Agency is responsible.

7. **Does this policy, strategy, or service have any equality implications?**
   Yes [ ] No [x]

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
The policy defines the processes in place to ensure safe practice and the roles and responsibilities of the employees. Patients are affected only if the policy is not adhered to as they may be exposed to either an unnecessary dose of radiation (i.e. by having an x-ray or scan they did not require) or an over-dose of radiation exposure (i.e having a scan when they only needed an x-ray which is a much lower dose)

8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion and Belief</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?

N/A

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement?  Yes [ ]  No [X]

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education? 
PART 2

Name: Jackie Moon, Head of Patient Safety and Risk,

Date of completion: 09/02/15

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)