

Reference Number: UHB 344 Version Number: 2	Date of Next Review: 25 Jul 2022 Previous Trust/LHB Reference Number: N/A
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Ionising Radiation Risk Management Policy

Policy Statement

To ensure that the Cardiff and Vale University Health Board (UHB) delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will manage our use of ionising radiation in a safe manner and in such a way as to protect the health and well-being of patients, staff and members of the public.

Policy Commitment

We will:

- Provide a robust framework for the management and use of ionising radiation
- Ensure that management of the use of ionising radiation is safe and compliant with current legislation, standards and guidance in order to protect the UHB, patients, staff and members of the public
- Ensure that managers and staff are aware of their roles in the safe use of ionising radiation
- Keep radiation doses and dose rates as low as reasonably practicable (ALARP)
- Restrict the use of ionising radiation to practices that are justified and ensure that each intentional exposure of a human subject is individually justified
- Optimise exposure to ionising radiation in order to reduce radiation dose, provided that this is consistent with any desired clinical or related outcome
- Keep radiation doses to staff and members of the public within statutory dose limits
- Manage radiation equipment in accordance with accepted best practice
- Entitle duty holders associated with the exposure of human subjects to ionising radiation
- Demonstrate compliance through record keeping and audit
- Appoint Radiation Protection Adviser(s), Medical Physics Expert(s), Radioactive Waste Adviser(s) and Radiation Protection Supervisors

Supporting Procedures and Written Control Documents

This Policy is supported by two procedures:

- Exposure of Patients to Ionising Radiation Procedure
- Exposure of Staff and Members of the Public to Ionising Radiation Procedure

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They describe the following with regard to the safe use of ionising radiation:

- Procurement and use of radiation equipment, particularly for medical applications
- Management of the use of ionising radiation with emphasis on the safety of those who are affected or may be affected by its use
- Demonstration of compliance with regulatory requirements and dealing with instances of non-compliance
- Duties associated with the safe use of ionising radiation

Other supporting documents include:

- Health and Safety Policy
- Medical Equipment Management Policy
- Risk Management Policy
- Radioactive Substances Risk Management Policy
- Radioactive Substances Risk Management Procedure

Scope

This policy applies to all of our staff in all locations including those with honorary contracts.

Equality Impact Assessment	An Equality Impact Assessment (EqIA) has / has not been completed [delete as necessary] and this found there to be a positive/negative/ no impact [delete as necessary]. Key actions have been identified and these can be found in...../or incorporated within this policy/supporting procedure. <i>Note: if an EqIA has not been completed indicate why</i>
Health Impact Assessment	A Health Impact Assessment (HIA) has / has not been completed [delete as necessary] and this found there to be a positive/negative/ no impact [delete as necessary]. Key actions have been identified and these can be found in...../or incorporated within this policy/supporting procedure. <i>Note: if a HIA has not been completed indicate why</i>
Policy Approved by	Board
Group with authority to approve procedures written to explain how this policy will be implemented	Radiation Protection Group

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Accountable Executive or Clinical Board Director	Executive Director of Therapies and Health Science
Author(s)	

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Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
1	13/01/2016	04/01/2017	Supersedes UHB 031 and T299
2	25/07/2019	04/09/2019	Amendment