

 <p>Iechyd Cyhoeddus Cymru Public Health Wales</p>	<p><b>Policy / Procedure Approval Report</b>  <b>Name of Meeting</b>  Quality, Safety and Improvement Committee  <b>Date of Meeting</b>  19 October 2022  <b>Agenda item:</b>  5.1.2</p>
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## Section 1 - Policy / Procedure Information

<b>Policy / Procedure Title</b>	Radiation Safety Policy
<b>Policy Lead</b>	Dr Sharon Hillier Director of Screening Division and Chair of Radiation Protection Group
<b>Lead Executive</b>	Dr Fu-Meng Khaw, National Director, Health Protection and Screening Services, Executive Medical Director
<b>PHW / All Wales?</b>	Public Health Wales.
<b>Date of last Review</b>	October 2018
<b>Is the current policy / procedure within review date?</b>	3 year review date. Reviewed and updated November 2021 Radiation Protection Group and approved by Breast Screening Programme Board May 2022
<b>Approving Body /Group</b>	Choose an item.
<b>Version Number</b>	5.0
<b>Recommendation</b>	
<p>That Quality, Safety and Improvement Committee:</p> <ul style="list-style-type: none"> <li>• Considers the information contained within the Equalities Impact Assessment (Appendix 1a)</li> <li>• Approve the policy as amended (Appendix1),</li> </ul>	

### Section 3 – Details of the Review:

#### Background:

#### Reason for review

- review deadline due

#### Description/Assessment

This policy applies to ionising radiation. This means high energy radiation including:

- Radiation produced by medical x-ray equipment
- Radiation emitted by radon gas that may be present in the workplace

This policy applies to risks arising from work with ionising radiation in Public Health Wales, including:

- Exposure of patients as part of their medical diagnosis
- Exposure of staff and others

This policy applies to all staff employed or contracted by Public Health Wales.

The breast screening programme, Screening Division, Public Health Wales uses mammography as the screening test to identify if participants have any potential malignant changes in their breast to enable the early detection of breast cancer.

This policy sets out how ionising radiation is used safely in order to protect the health and wellbeing of patients, service users, staff and others.

The following legislation apply:

- The Ionising Radiations Regulations 2017
- The Ionising Radiation (Medical Exposure) Regulations 2017

The policy

- Provide a robust framework for the management and safe use of ionising radiation

	<ul style="list-style-type: none"><li>• Ensure that the use of ionising radiation is compliant with current legislation, standards and guidance</li><li>• Ensure that managers and staff are aware of their roles in the safe use of ionising radiation</li><li>• Keep radiation doses and dose rates as low as reasonably practicable</li><li>• Restrict the use of ionising radiation to practices that are justified and ensure that each intentional exposure of a patient is individually justified</li><li>• Optimise exposure to ionising radiation in order to reduce radiation dose, provided that this is consistent with the desired outcome</li><li>• Keep radiation doses to staff and members of the public within statutory dose limits</li><li>• Identify radiation hazards and control risks</li><li>• Inform staff of radiation risks and provide instruction, training, supervision and protective equipment</li><li>• Record, analyse and review radiation incidents to minimise future risks</li><li>• Manage radiation equipment in accordance with accepted best practice</li><li>• Demonstrate compliance through record keeping and audit</li><li>• Entitle duty holders associated with the exposure of patients to ionising radiation</li><li>• Appoint Radiation Protection Advisers, Medical Physics Experts and Radiation Protection Supervisors</li><li>• Cooperate with other employers where the activities of one employer could affect the safety of individuals associated with the other</li><li>• Make records available at the request of authorised external agencies</li></ul>
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	Following review only minor amendments were made to the previous version to reflect staff changes.
<b>Consultation</b>	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	This policy/procedure was placed on the staff consultation database for a 28 day period.  Only minor amendments made to previous version to reflect executive level staff changes.
Date range of consultation:	16/06/2022 – 17/07/2022
Please provide details of any feedback received and outline what changes if any were made to the document as a result:  (Add detail)	N/A
Had this policy / procedure been considered by any other groups?	Yes  Radiation Protection Group  Breast Screening Programme Board
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this  (Add detail)	Discussion and feedback at the meeting did not require any amendments to the documents
<b>Impact Assessments</b>	
<b>Equality and Health Impact Assessment</b>	Completed
<b>Welsh Language Impact</b>	The Policy / Procedure will be translated to welsh and available on the internet bilingually.
<b>Risk and Assurance</b>	The aim of this policy is to outline how Public Health Wales will discharge its statutory duties to ensure that radiation doses to patients, service users, staff, and other persons resulting from the work of

	<p>the Organisation are as low as reasonably practicable and therefore mitigates the risk of ionising radiation. The policy</p> <ul style="list-style-type: none"> <li>• Outlines the regulations that apply to the use of radiation</li> <li>• Details the specific roles and responsibilities for those staff who are charged with the management of radiation safety</li> <li>• Describes the arrangements for radiation safety</li> <li>• Outlines the training requirements for staff</li> <li>• Outlines the assurance arrangements</li> </ul>
<b>Health and Care Standards</b>	This Policy / Procedure supports and/or takes into account the <u>Health and Care Standards for NHS Wales Quality Themes</u>
	Theme 2 - Safe Care
	Choose an item.
	Choose an item.
<b>Financial implications</b>	There are no additional financial implications as a result of the review and updating of this policy
<b>People implications</b>	There are no changes to staff as a result of the review and updating of this policy.
<b>Socio Economic Duty</b>	There are no changes to staff as a result of the review and updating of this policy.

## 5 - Implementation

Please complete the table below for this section, include any relevant actions required for implementation of this policy / procedure:

- How it will be implemented - If it requires resource, training or there are changes to current practice an implementation plan (template available on policy webpages) will be required to accompany the document giving clear timelines.
- If resources are required these should have been agreed prior to presentation to the Committee/Group.
- Info re any barriers to implementation and associated risk – explain how this will be mitigated.

<b>Implementation plan (with timescales)</b>		
Next steps	Timescale	Responsible officer(s)

No substantive changes from previous version – staff and services currently working to the policy.		

## 6. Dissemination

The primary source for dissemination of this document (specify) within the organisation, wider community and our partners via the internet site.