

# SESLHD POLICY COVER SHEET



**Health**  
South Eastern Sydney  
Local Health District

<b>NAME OF DOCUMENT</b>	Radiation Safety - Security of Radioactive Sources
<b>TYPE OF DOCUMENT</b>	Policy
<b>DOCUMENT NUMBER</b>	SESLHDPD/149
<b>DATE OF PUBLICATION</b>	March 2020
<b>RISK RATING</b>	Medium
<b>LEVEL OF EVIDENCE</b>	Standard 1: Governance for safety and quality in health service organisations NSW Health Risk Management - Enterprise-Wide Policy and Framework PD2009_039
<b>REVIEW DATE</b>	March 2023
<b>FORMER REFERENCE(S)</b>	SESLHDPD/149 Radioactive sources – security of
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<b>KEY TERMS</b>	Security, radiation, radioactive substances
<b>SUMMARY</b>	To ensure that all reasonably foreseeable security risks associated with radioactive substances are identified, assessed, eliminated where reasonably practicable or effectively controlled.

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**Radiation Safety - Security of Radioactive Sources****SESLHDPD/149****1. POLICY STATEMENT**

The South Eastern Sydney Local Health District (SESLHD or the LHD) is committed, through a risk management approach, to protecting employees, contractors, students, volunteers, patients, members of the public and the environment from unnecessary exposure to radiation arising from systems and processes which use radiation apparatus and radioactive substances, whilst maintaining optimum diagnostic and therapeutic quality, therapeutic efficacy and patient care.

The LHD is also committed to ensuring that all reasonably foreseeable security risks associated with radioactive substances are identified, assessed, eliminated where reasonably practicable or effectively controlled.

**2. AIMS**

- To comply with the Ministry of Health Policy and Guidelines for “Security Risk Management in Health Facilities” in relation to the security of radioactive substances.
- To ensure that all reasonably foreseeable security risks associated with radioactive substances are identified, assessed, eliminated where reasonably practicable or effectively controlled.
- To protect people and minimise the likelihood of incidents related to theft, vandalism and misuse of radioactive sources occurring.

This will be achieved by:

- Ensuring stores containing radioactive sources (including waste stores) are properly marked with approved warning signs, and regulations regarding their use are posted at access points.
- Ensuring access to any storage areas is restricted by use of doors, locks, barriers and signs. Sources are secured against unauthorised removal and tampering.
- Ensuring access control procedures are developed and implemented.
- Ensuring that all radioactive substances used or stored within a facility are recorded in a register.
- Ensuring records are kept of all radioactive substances discharged from the premises which include the following information:
  - The type of radioactive substances discharged
  - The estimate of the total activity of the radioactive substances discharged
  - The manner in which the radioactive substances were discharged
  - The date on which the radioactive substances were discharged
- Ensuring that a Source Security Plan is prepared and resourced for any category 1, 2 or 3 security-enhanced source in compliance with the Code of Practice for the Security of Radioactive Sources (ARPANSA RPS-11).
- Ensuring that only authorised persons undertake the escort of radioactive substances when being transported within an organisation.

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- Ensuring that when radioactive substances are transported by road, the transport is in accordance with the legal requirements as per Section 15 of the Radiation Control Regulation 2013 and the Safe Transport of Radioactive Material (ARPANSA C-2).
- Ensuring any loss or theft of radioactive material is reported to:
  - The appropriate hospital Radiation Safety Officer
  - The Hospital General Manager
  - The Chief Executive of the EPA (via the Radiation Control Section of the EPA) within two days of the person becomes aware of the loss or theft
  - The Secretary of Ministry of Health within three days of the person becomes aware of the loss or theft
  - The Police (if a criminal act, such as theft, is suspected).

Detailed information about the source and the circumstances of its loss should be given.

**Note: In emergency situations involving suspected or actual damage, spillage, loss or theft of radioactive substances the Radiation Control Section of the EPA should be contacted through the Environment Line (131 555).**

### 3. TARGET AUDIENCE

Services and Departments specifically covered by this policy include:

- Radiation Oncology
- Nuclear Medicine
- Research laboratories using radioactive substances
- All departments whose staff may have cause to enter facilities where radioactive sources are used.

### 4. RESPONSIBILITIES

Chief Executive, General Manager's, Radiation Safety Officer's, relevant Department Managers, Workforce Services, Risk Management Unit and all health staff that manage/utilise radioactive sources.

### 5. DEFINITIONS

- ARPANSA: Australian Radiation Protection and Nuclear Safety Agency
- EPA: NSW Environment Protection Authority
- Ionising radiation: radiation capable of producing ions in its passage through matter.
- Radioactive substance: any substance emitting ionising radiation.

### 6. DOCUMENTATION

- Radiation Accident Incident Reporting Form ([F066](#))
- Site Radioactive Substances Registers

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- Site Source Security Plans

### 7. REFERENCES

- [1] NSW Radiation Control Act 1990
- [2] NSW Radiation Control Amendment Act 2010
- [3] NSW Radiation Control Regulation 2013
- [4] NSW Health Policy Manual: Protecting People and Property - NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies
- [5] ARPANSA Code for the Safe Transport of *Radioactive Material* RPS C2 (2019)
- [6] ARPANSA Radiation Protection Series No. 11 – Code of Practice for the Security of Radioactive Sources
- [7] PD2019\_034 NSW Health *Incident Management Policy*
- [8] SESLHNPDP/296 Radiation Safety – ionising radiation
- [9] SESLHDPR/212 Work, Health and Safety Risk Management

### 8. REVISION & APPROVAL HISTORY

Date	Revision	Author and Approval
March – May 2006	Draft 1-2	Area Radiation Safety Officer in conjunction with the Area Radiation Safety Committee
May 2006	0	As above, approved by the Executive Management Committee for release 23 May 2006
October 2011	1	Rebadged and reviewed by Richard Smart, RSO
September 2015	2	
November 2016	3	Review undertaken and updates endorsed by Executive Sponsor
March 2020	4	Review undertaken and updates endorsed by Executive sponsor