

SESLHD POLICY COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Radiation Safety - Ionising Radiation Procedure
TYPE OF DOCUMENT	Policy
DOCUMENT NUMBER	SESLHDPD/296
DATE OF PUBLICATION	March 2020
RISK RATING	Medium
LEVEL OF EVIDENCE	Standard 1: Governance for safety and quality in health service organisations
REVIEW DATE	March 2023
FORMER REFERENCE(S)	SESLHNPD/64-Policy-RadiationSafety-IonisingRadiation
EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Caroline Skipper Director People and Culture
AUTHOR	Brent Rogers, SESLHD Radiation Safety Officer Erin McKay, RSL St George Hospital
POSITION RESPONSIBLE FOR THE DOCUMENT	District Radiation Safety Officer
KEY TERMS	Radiation safety, ionising radiation, x-rays
SUMMARY	To limit the risk to health of staff and members of the public arising from exposure to radiation at any facility in the Local Health District.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY
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1. POLICY STATEMENT

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 research proposals involving irradiation of human subjects fulfil the requirements of the ARPANSA *Code of Practice for the Exposure of Humans to Ionising Radiation for Research Purposes*, RPS-8.

2. AIMS

- To comply with NSW Radiation Control Act 1990 (as amended), the NSW Radiation Control Regulation 2013, and the ARPANSA Codes of Practice for Radiation Protection in the Medical Applications of Ionizing Radiation, RPS-14, and for the Exposure of Humans to Ionising Radiation for Research Purposes, RPS-8
- To limit the risk to health of staff and members of the public arising from exposure to radiation at any facility in the LHD
- To limit the risk to the environment arising from the use of radiation or radioactive substances within the LHD
- To establish a system of managerial responsibility and accountability for radiation safety
- To integrate radiation safety into organisational planning and activities
- To audit and continually improve radiation safety standards and procedures
- To investigate all incidents involving radiation and to implement measures to prevent reoccurrence of these incidents
- To have all employees recognise their responsibility to identify, report, and eliminate radiation hazards and to prevent injury to themselves and to others
- This policy refers to **ionising radiation**. Non-ionising radiation policies and procedures will be dealt with separately.

3. TARGET AUDIENCE

Services and Departments specifically covered by this policy include:

- Radiation Oncology
- Radiation Therapy
- Nuclear Medicine
- Medical Imaging
- Operating Theatres
- Cardiology
- Gastroenterology

- Pathology
- Urology
- Dental
- All clinical departments with patients that may undergo any procedure elsewhere in the LHD involving radiation exposure
- All departments whose staff may have cause to enter facilities where radiation is used
- Research laboratories using radiation or radioactive substances

4. RESPONSIBILITIES

4.1 Chief Executive

The Chief Executive is responsible for the health, safety and welfare of persons within all facilities of the LHD.

Although the Chief Executive may delegate responsibility for radiation safety within the LHD to a Radiation Safety Officer, ultimate responsibility for implementation of the radiation protection program and compliance with the legislation rests with the Chief Executive.

4.2 District Radiation Safety Committee

A District Radiation Safety Committee is established:

- To act as an administrative and consultative body that reviews the radiation safety of all uses of ionising radiation and radioactive substances within the LHD
- To recommend, develop, implement and monitor radiation safety policies and procedures within the LHD
- To monitor, evaluate and improve radiation safety within the LHD.

The District Radiation Safety Committee shall consist of the District Radiation Safety Officer, the sector Radiation Safety Officers and their deputies (where appointed).

4.3 Local Radiation Safety Committees

Each locality within SESLHD shall establish a Radiation Safety Committee. The composition and role of this committee should comply with the requirements specified in the NSW EPA publication Radiation Series No. 5 "Recommendations for Radiation Safety Officers and Radiation Safety Committees".

Subcommittees to the Radiation Safety Committee may be established to assist with the exercise of its functions, however subcommittees should remain advisory.

4.4 District Radiation Safety Officer

The NSW Radiation Control Regulation provides for the appointment of a Radiation Safety Officer (RSO) to advise and assist an employer in fulfilling their responsibilities for radiation safety.

A District Radiation Safety Officer is appointed to advise and assist the LHD in fulfilling the legislative responsibilities for radiation safety.

4.5 Local Radiation Safety Officers

A Radiation Safety Officer (RSO) is appointed to advise and assist a hospital (or group of hospitals) in fulfilling the legislative responsibilities for radiation safety. The District RSO may simultaneously be one of the sector RSOs.

The District and Sector Radiation Safety Officers have the authority to:

- stop any unsafe operations or proposed actions involving radiation that come to his or her attention
- implement any necessary urgent actions following the occurrence of a radiation accident.

Contact Details for the District Sector RSOs		
	Normal Hours	After Hours
SES Local Health District	9382 8067	POWH Switchboard
Randwick	9382 8067	POWH Switchboard
St George	9113 3130	SGH Switchboard
Common RSO email:	SESLHD-RadiationSafetyOfficer@health.nsw.gov.au	

4.6 Department Managers

Department Managers are responsible for the management of radiation safety within their department.

For departments in which staff use radiation apparatus or handle radioactive substances, the specific responsibilities include:

- Ensure that all employees and contractors working in their department comply with the LHD radiation safety policy and procedures and any relevant local business rules
- Ensure that all employees in their department receive appropriate induction and continuing radiation safety training, and that records of this training are maintained
- Ensure that all staff who may be exposed to radiation are issued with appropriate personal radiation monitoring devices
- Ensure that all staff who may be exposed to radiation use the appropriate personal protective equipment
- Ensure that all radiation incidents are investigated to determine preventative and/or corrective actions
- Ensure that only those staff who hold an appropriate current radiation licence undertake work involving ionising radiation or radioactive substances, unless that staff member is exempt from licensing under the radiation control legislation
- Ensure that any person who is exempt from licensing, or whose licence conditions require the person to be supervised, is appropriately supervised as required by the radiation control legislation

- Ensure that all details of equipment, radioactive sources and/or premises are current and listed on the Radiation Management Licence (RML) and that the Department complies with all conditions of the RML and that all necessary records are maintained.

4.7 Employees

Employees working in areas where radiation and/or radioactive substances are utilised:

- Will comply with the requirements of all LHD or facility Radiation Safety Procedures
- Will adhere to the ALARA principle i.e. to keep radiation doses As Low As Reasonably Achievable
- Fully comply with all conditions of any radiation licence issued by the NSW EPA
- Ensure that their radiation licence is current, and that a copy has been provided to their Department Manager and their Local RSO
- Wear any personal radiation monitor that is issued to them and use any radiation protective equipment provided by the facility
- Promptly report any incident involving radiation, or potential radiation hazard, to their Department Manager
- Attend any radiation safety training as required by the organisation.

4.8 Contractors

Contractors will comply with all LHD radiation safety procedures and facility business rules and safe work practices. They will attend site-specific training in radiation safety if required.

Company service engineers and other contractors working with radiation equipment will have a current radiation user licence.

5. DEFINITIONS

ARPANSA: Australian Radiation Protection and Nuclear Safety Agency

EPA: New South Wales Environmental Protection Authority

Ionising radiation: radiation capable of producing ions in its passage through matter

Radiation apparatus: equipment which, when operated, emits ionising radiation

Radioactive substance: as defined in the Radiation Control Regulation 2013

6. DOCUMENTATION

- Radiation Safety Committee terms of reference.
- Radiation accident/incident reporting form ([F066](#))
- Radiation research study request form ([F014](#))

7. REFERENCES

- [1] NSW Radiation Control Act 1990
- [2] NSW Radiation Control Regulation 2013

- [3] NSW EPA Radiation Series publications and Guidelines
- [4] [5] ARPANSA Radiation Protection Series publications (Standards, Codes of Practice, Safety Guides and Recommendations)
- [6] National Directory for Radiation Protection
- [7] Australian Work Health and Safety Act 2011
- [HYPERLINK "<http://www.legislation.nsw.gov.au/>" \ | "/view/regulation/2011/674" [8]]
NSW Work Health and Safety Regulation 2017
- [10] SESLHDPR/212 Work, Health and Safety Risk Management
- [11] SESLHDPR/333 Contractor Management
- [12] SESLHDPR/532 – Radiation Safety - Quality Assurance Procedures for Radiation Therapy
- [13] SESLHDPR/533 Radiation Safety - Death procedures – Bodies containing radioactive material
- [14] SESLHDPR/534 Radiation Safety - Transport of radioactive substances
- [15] SESLHDPR/535 Radiation Safety - Procedures to optimise exposures in radiotherapy
- [16] SESLHDPR/536 – Radiation Safety – Shielding and Facility Design
- [17] SESLHDPR/537 – Radiation Safety Training
- [18] SESLHDPR/550 Radiation Safety - Management of Radiation Apparatus
- [19] SESLHDPR/551 Radiation Safety - Optimising Exposures in Diagnostic and Interventional Radiology
- [20] SESLHDPR/552 Radiation Safety - Optimisation of Radiation Exposures in nuclear medicine
- [21] SESLHDPR/553 Radiation Safety - Calibration and Quality Assurance Procedures for Radiological and Radiation Safety Instruments
- [22] SESLHDPR/554 Radiation Safety - Radiation Exposure and Risk
- [23] SESLHDPR/559 – Radiation Safety - Radiation Exposure of Volunteers for Research Purposes
- [24] SESLHDPR/558 – Radiation Safety - Handling, Investigation and Reporting of Radiation Incidents
- [25] SESLHDPR/557 – Radiation Safety - Protection of Staff and the General Public in Nuclear Medicine
- [26] SESLHDPR/556 – Radiation Safety - Protection of Staff in Operating Theatres
- [27] SESLHDPR/555 – Radiation Safety - Protection of staff and the public during Radiation Oncology procedures
- [28] SESLHDPR/538 – Radiation Safety - Protection of Staff and the General Public in Departments Performing Diagnostic or Interventional Radiology
- [29] SESLHDPR/539 – Radiation Safety in Ward Areas
- [30] SESLHDPR/540 – Radiation Safety – Record Keeping
- [31] SESLHDPR/541 – Radiation Safety - Minimising Radiation Exposure in Laboratories

- [32] SESLHDPR/542 - Radiation Safety – Regulatory Requirements
- [33] SESLHDPR/543 Radiation safety – personal monitoring
- [34] SESLHDPR/544 Radiation Safety - Storage and disposal of radioactive materials
- [35] SESLHDPR/545 Radiation safety - Response to external emergencies involving radioactivity or exposure to ionising radiation Policy

8. REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval
December 2004	Draft	EQuIP Corporate Facilitator in consultation with the Area Radiation Safety Committee. Approved for release by the Area Policy and Procedure Committee 9 th December 2004
November 2005	Draft	Richard Smart, Area Radiation Safety Officer in conjunction with the Area Radiation Safety Committee
January 2006	1	Richard Smart, Area Radiation Safety Officer in conjunction with the Area Radiation Safety Committee, approved for release by the Executive Management Committee 31 January 2006
May 2010	Draft	Richard Smart, Area Radiation Safety Officer in conjunction with the Area Radiation Safety Committee
February 2011	0	Approved by Combined Clinical Council
October 2011	1	Revised by Acting Policy Officer Michelle Bonner to include SESLHNP /135 procedure
December 2015	2	Periodic Review
November 2016	2	Review and updates approved by Executive Sponsor
March 2020	3	Review and updates approved by Executive Sponsor