

Radiation Protection Policy



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Radiation Protection Policy			
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Executive Summary

NHS Lothian will ensure, as far as is reasonably practicable, the health and safety of members of the public, of its employees and of outside workers working on the premises who may be exposed to the hazards arising from the use of ionising radiation.

NHS Lothian will ensure that:

1. the use of radiation complies with relevant legislation and with approved codes of practice issued by HSE, SEPA and other statutory bodies;
2. the radiation dose to staff and members of the public is kept as low as reasonably practicable;
3. sources of ionising radiation are held securely in accordance with current permits and releases of radioactive materials to the environment are properly controlled;
4. radiation doses to patients are optimised and as low as reasonably practicable, consistent with the clinical aim;
5. radiotherapy doses are optimised, maintaining the doses to tissues outside the target volumes as low as reasonably achievable consistent with the clinical aim.

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1.0 Purpose

The policy aims to ensure that NHS Lothian will comply with all UK legislation associated with ionising radiations.

2.0 Policy statement

NHS Lothian (The Board) aims to ensure that:

- the use of radiation complies with relevant legislation and with approved codes of practice issued by HSE, SEPA and other statutory bodies¹;
- the radiation dose to staff and members of the public is kept as low as reasonably practicable;
- sources of ionising radiation are held securely in accordance with current permits and releases of radioactive materials to the environment are properly controlled;
- radiation doses to patients are optimised and kept as low as reasonably practicable, consistent with the clinical aim;
- radiotherapy doses are optimised, maintaining the doses to tissues outside the target volumes as low as reasonably achievable consistent with the clinical aim.

¹ Relevant Legislation:

The Ionising Radiations Regulations 2017

The Ionising Radiation (Medical Exposure) Regulations 2017

Environmental Authorisations (Scotland) Regulations 2018

The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment (Amendment) Regulations 2011

3.0 Scope

This policy sets out the framework to oversee health and safety relating to all uses of ionising radiation within the Board's area. Compliance with the policy is mandatory for all Board staff in all locations.

IRMER applies to all medical exposures involving ionising radiations. There is a separate policy for the implementation of IRMER in NHS Lothian.

There are also separate policies for the safe use of Magnetic Resonance Imaging (MRI) ([MRI Safety Policy](#)), and optical radiation including lasers and therapeutic uses of visible, ultraviolet and infrared light ([Optical Radiation Safety Policy](#)) in NHS Lothian.

4.0 Definitions

Ionising radiation – Radiation with the potential to cause harm through the removal of electrons from atoms e.g. x-rays or gamma rays

Radiation dose – the amount of radiation received by an individual or dosimeter

Radiotherapy – Treatment using either high energy electrons or x-rays from linear accelerators, radioactive materials, or superficial x-rays to target tumours

Radioactive materials – Any material naturally emitting ionising radiation

Radioactive waste – The radioactive by products from Nuclear Medicine departments e.g. syringes

Dosimeter – used to measure radiation dose

5.0 Implementation roles and responsibilities

Responsibility for the protection of staff, patients and visitors from the risks of ionising radiations arising from their use by NHS Lothian rests with the Chief Executive of the Board.

To advise the Board on the safe use of radiations and on compliance with the relevant legislation, NHS Lothian appoints Radiation Protection Advisers (RPAs) and Radioactive Waste Advisers (RWAs). These advisers are required to report to the Board Radiation Protection Committee (RPC). The organisational reporting structure for radiation protection is set out in [Organisational Reporting Structure for Radiation Protection](#).

The Board RPC reports to the NHS Lothian Health & Safety Committee. The Medical Director, or another person appointed by the Medical Director, will act as Chairperson and the membership is drawn from Directorates using radiation. The terms of reference of the Board RPC are set out in [Radiation Protection Committees – Terms of Reference](#).

The three main uses of ionising radiation within NHS Lothian are: imaging for diagnosis or intervention using x-rays; Oncology treatment using x-rays or sealed radioactive sources; and procedures using radionuclides for diagnosis, intervention or therapy. Each of these areas have local radiation protection committees which meet 3 times a year in line with the Board RPC. They are chaired by either the relevant Medical Directors or other nominated Service Manager for each respective area and report back to the Board RPC. The terms of reference for the X-Ray, Cancer Services and Radionuclide RPCs are set out in [Radiation Protection Committees – Terms of Reference](#).

Every Controlled or Supervised Area will be covered by a set of Local Rules, as required by the Regulations. Local Rules will include a list of staff with particular responsibility for Radiation Protection, systems of work and written arrangements for access to each individual Controlled Area.

Local Rules, as well as this policy and RP Core Procedures are available on the NHS Lothian Intranet.

It is the responsibility of Clinical Directors and Heads of Service to ensure that ionising radiations are used in a manner that complies with this policy and procedures and the relevant Local Rules.

They must appoint Radiation Protection Supervisors (RPSs) with defined areas of responsibility to assist them in implementing these procedures. Each RPS must have a managerial or supervisory role within the area for which they have been appointed, their

role must be fully described, and they must be given sufficient time and resources to fulfil their responsibilities.

Departmental Managers are required to ensure that there is a system in place to provide appropriate training to new staff in radiation protection, to update training as required and to keep a record of training.

The level of training should be appropriate and should be relevant to the area of work. Outside workers, not employed by NHS Lothian but working with ionising radiation or in Controlled Areas in NHS Lothian, should also be given appropriate training. Guidance on training requirements is available as an RP Core Procedure on the NHS Lothian Intranet.

All staff working with radiation are required to adhere to the Local Rules and to ensure that their actions do not cause any unnecessary exposure to themselves, to patients, to other staff or members of the public. This includes outside workers. They are required to make proper use of protective equipment and personal dosimeters provided by their employer and to report to their line manager any deficiencies in the arrangements for radiation protection. These requirements must be included in the Local Rules.

5.1 Ionising Radiation Regulations 2017 (IRR17)

5.1.1 Notification, Registration and Consent

Prior to commencing work with radiation, under the Ionising Radiation Regulations 2017 employers are required to inform the Health and Safety Executive (HSE) via a 'graded approach'. Application depends on the size, likelihood of exposure and level of risk of the ionising radiation work undertaken. The three categories are: Notification, Registration and Consent, with Consent being the highest risk category.

The Head of Service is responsible for informing the RPA of an intention to commence a new practice or to make changes to an existing practice with ionising radiation so that material changes can be notified to HSE if required. Central records of the HSE Registrations and Consents are held by the Head of Radiation Protection on behalf of the chair of the Board RPC.

5.1.2 Radiation Protection Advisers (RPA)

NHS Lothian appoints Radiation Protection Advisers (RPAs) to advise the Board on how to comply with the Ionising Radiations Regulations 2017. RPA appointments must be in writing and include a defined scope of practice. The RPA must have a certificate of competence in accordance with RPA 2000, or other HSE approved accreditation body, and have experience of giving advice in the fields covered by their appointment.

RPAs are required to report to NHS Lothian through the Board RPC. They are required to provide an annual report and to notify the Executive Medical Director of any incident requiring notification to a statutory body and any matter that cannot be resolved at Directorate level.

The role of the RPA is summarised in [Roles and Responsibilities of Specialist Advisers for Radiation Protection](#).

5.1.3 Radiation Protection Supervisors (RPS)

One or more RPSs must be appointed by the relevant departmental manager wherever a Radiation Controlled Area has been designated under IRR17

The departmental manager must ensure that the RPS receives a letter of appointment specifying the areas for which the RPS is responsible. The role of the RPS must be clearly defined and they must be given sufficient time and resources to fulfil their responsibilities.

RPSs must receive suitable training to carry out their duties. The RPA will advise on the nature of the training required. Training must be refreshed at intervals not exceeding five years.

The role of the RPS is to take day-to-day responsibility for working practices in their area to help ensure compliance with Local Rules. A deputy RPS, available to assume responsibility in the absence of the RPS, should be identified in all relevant areas. The deputy RPS should also receive suitable training and a letter of appointment.

In general, the RPS must be a member of staff with line management responsibilities for the area or areas for which they have been appointed. The role of the RPS is summarised in an RP Core Procedure, available on the NHS Lothian Intranet.

5.1.4 Radiation Dose Monitoring

Radiation dose monitoring is required to assess personal doses to staff who may receive doses of radiation as a result of their work activities.

The nature and extent of dose monitoring will be determined by the details of the risk assessment for that work activity. Personal dosimeters will be in the form of whole body, eye, collar or finger monitoring as agreed by the RPA.

Members of staff who are issued with a personal dosimeter must be made aware of their responsibility as an employee to wear their issued dosimeters.

Employees must make their RPS aware of any work undertaken for other Employers, so that dosimetry records may be shared.

Where dosimeters are not routinely issued to individuals, dosimeters may be issued for set periods of time to a representative sample of staff, or on designated positions on radiation equipment, to demonstrate that doses are being kept as low as reasonably practicable.

Dose investigation levels have been set by the RPA, details of which can be found in the Local Rules. RPSs, or other individuals given this responsibility, must review dose reports and report on DATIX any doses which exceed the relevant single dosimeter reading or cumulative dose investigation levels. They should also query any unusual doses in a timely manner, even if the investigation level is not exceeded, to help ensure that doses are kept as low as reasonably practicable.

Routine environmental monitoring should be carried out on all Controlled Areas at intervals not exceeding 5 years. Additional monitoring should be carried out on new or modified facilities as required, in consultation with the RPA.

Environmental monitoring shall include passive monitoring for all areas, with additional dose rate monitoring and testing for contamination performed as appropriate to work carried out in the area.

Personal dosimeters are supplied by an Approved Dosimetry Service.

The RPA provides the Board RPC with a summary report of staff doses annually which includes any recommendations regarding classification or additional PPE measures. A report of environmental monitoring is also provided annually, which includes any recommendations regarding the designation of Controlled or Supervised Areas.

5.1.5 Classified Persons

Classified persons are individuals who have been assessed as having the potential to receive a radiation dose exceeding the level specified in IRR17; that is, an effective dose of 6 mSv to the whole body or an equivalent dose of 15 mSv to the eyes or 150 mSv to the skin or extremities.

In NHS Lothian, classification of individual members of staff will be considered if, in any year, the dose to an individual is found to exceed half the level required for classification; that is, an effective dose of 3 mSv to the whole body or an equivalent dose of 8 mSv to the eyes or 75 mSv to the skin or extremities. Classification will also be considered if risk assessments demonstrate that the dose to an individual may exceed these values, either through routine practice or due to potential exposures in accident scenarios.

Any staff member who receives an annual collar dose exceeding 8 mSv will be issued with an approved eye dosimeter in order to measure true eye dose, to establish whether classification based on eye dose is required.

Relevant individuals will be notified in writing prior to being designated as a classified person, so that appropriate medical examinations and training can be arranged.

Responsibility for the medical supervision of employees designated as classified persons will lie with the Appointed Doctor. The RPA will ensure the Appointed Doctor has access to appropriate dosimetry records for all classified persons.

Radiation passbooks will be issued to all those employees who undertake work as classified persons for multiple employers, containing up to date estimates of radiation doses.

5.1.6 Outside Workers

Outside workers are workers who are not employed by NHS Lothian, who carry out services or work in Supervised or Controlled Areas within NHS Lothian. Outside workers may be classified or non-classified outside workers.

Appropriate training and PPE must be provided to outside workers prior to entering Controlled Areas. Outside workers have the same legal duties with regards to their health and safety as NHS Lothian employees. Cooperation between NHS Lothian and employers of outside workers is required in order to communicate details of the work to be carried out, estimates of radiation doses, any dose monitoring required, the relevant contingency arrangements and emergency procedures. Dose constraints for outside workers should be established in cooperation with the employer of the outside worker.

5.1.7 Radiation Risk Assessment

A radiation risk assessment will exist for all uses of ionising radiation. This will be stored in a document management system and reviewed regularly by the RPS.

Prior to a new radiation facility or any other new or significantly changed activity involving work with ionising radiation, it is the responsibility of the RPS or Service Lead to advise the RPA of this development. The departmental manager, in conjunction with the RPA, will assess the radiation risk arising from that development as required by Regulation 8 of IRR17.

The risk assessment should consider the nature of sources of ionising radiation, estimated radiation dose rates and doses, likelihood of contamination, any relevant previous dosimetry or environmental monitoring, safe systems of work and the effectiveness and suitability of any PPE. Based on this assessment, areas may be designated as Controlled or Supervised. Possible accident situations, including their likelihood and severity, as well as consequences of failures of control measures must also be considered.

For identified accident situations which are deemed to be reasonably foreseeable, practical measures must be identified to prevent the accident occurring or restrict the exposure of those affected.

Following the assessment, any special measures required for area designation, restriction of access, working procedures, dose monitoring, etc. will be implemented and recorded in Local Rules as necessary. Practical measures for the restriction of exposure in the case of reasonably foreseeable radiation accidents will be implemented and recorded as contingency plans.

The radiation risk assessment must include a date for review which must be not more than 3 years from the initial assessment.

The relevant RPS, in conjunction with the RPA, will be responsible for ensuring that radiation risk assessments are performed, reviewed and the findings implemented.

5.1.8 Local Rules

All areas designated as Controlled or Supervised must have a set of Local Rules. Local Rules should include Written Arrangements for access to Controlled Areas by non-classified persons and the safe use of ionising radiations. Departmental managers are required to ensure that Local Rules and Written Arrangements have been put in place for all Controlled Areas within their areas of responsibility. The RPA will advise and assist in drafting Local Rules and in reviewing them on a regular basis.

Responsibility for the task of supervising the work with ionising radiation and ensuring that it is done in accordance with these Local Rules will lie with the RPS.

Departmental managers must ensure that any staff who are involved in work with ionising radiations in their area have read the relevant Local Rules that apply to that work, and a record is kept of the names of staff who have read the rules. Any persons entering a Controlled Area, including outside workers, should also read the relevant Local Rules.

5.1.9 Radiation Incidents

Radiation incidents are reported through NHS Lothian's incident reporting system: DATIX. The Radiation Protection section of Medical Physics is notified of all such incidents automatically via DATIX. This notification instigates an investigation with the relevant department and/or associated staff groups.

Reports of the investigation are prepared, giving estimates of dose and any recommendations, and are sent to the appropriate responsible manager. The RPA will

advise if the incident needs to be notified to the HSE or other statutory body. In such instances the RPA will notify and send a report to the relevant management staff, including the Executive Medical Director in NHS Lothian, without undue delay.

The RPA will provide the Radiation Protection Committee with an annual summary of incidents involving ionising radiations.

a. Staff

Staff incidents include a dose record equal to or greater than the dose investigation level for that monitoring period, as detailed in the Local Rules. The investigation is carried out by the RPS together with the RPA. Doses in excess of any dose limit are notified to the HSE.

b. Patients

Patient incidents which involve significant accidental or unintended exposures (SAUE), as defined by Care Quality Commission (CQC) criteria for notification guidance, must be notified to Health Improvement Scotland (HIS). This is a requirement of the Ionising Radiation (Medical Exposure) Regulations (IRMER) and subject to the NHS Lothian Policy for IRMER.

c. Radioactive Materials

Incidents involving loss or spillage of radioactive materials must be reported to the RPS, RPA and the RWA. Incidents involving the suspected loss or theft of radioactive materials must also be reported to the Scottish Environmental Protection Agency (SEPA). The RPS, RPA and departmental manager will be responsible for ensuring that an investigation is undertaken and the RPA and/or RWA will advise on any further action.

All communications with HSE and/ or SEPA in relation to radiation incidents are via the chair of the Board RPC, or appointed deputy.

5.1.10 Radiation Equipment

Responsibility for ensuring that all radiation equipment is installed, critically examined, commissioned and maintained to satisfy radiation safety requirements and is included in the equipment replacement programme of the Board will lie with the relevant Service Director.

All equipment purchases will be routed through appropriate committees (e.g. LMERG) established by the Board. In conjunction with the RPAs and MPEs, these committees will ensure that any equipment purchased is designed, constructed and installed so that it is capable of restricting exposure in line with the intended clinical purpose.

Prior to installation of any equipment delivering ionising radiation to patients (including hire and loan, modified and/or relocated equipment), the RPA and (MPE) will be consulted.

All erected or installed radiation equipment must have a critical examination before it is brought into clinical use. The critical examination is the installer's responsibility, but it is policy that NHS Lothian's RPA be involved, and liaise with, the equipment installer over the tests that are performed. Equipment will not be put into use until the RPA is able to confirm that the critical examination was satisfactory.

NHS Lothian will employ a suitably qualified person to undertake or supervise the testing of radiation monitoring equipment. As required under IRR17, the qualified person must have

suitable training, knowledge and experience to ensure the nature and frequency of testing is appropriate for the equipment used and that records of testing are produced.

5.1.11 Emergency Planning

The RPA will provide advice to NHS Lothian on emergency planning for events where ionising radiation may be a factor. This includes involvement in the potential operation of a radiation monitoring unit (RMU) and providing direct support to departments in the event of a major radiation incident.

The RPA will attend training exercises and providing training and advice to relevant departments.

5.1.12 Information, Instruction and Training

There is a requirement for all staff working in or around radiation Controlled Areas to have received training in radiation protection. Training shall be both at induction and as part of ongoing continuous professional development.

Training must be appropriate to the nature of the work, details of training requirements for individual staff groups will be included in the Local Rules. Appropriate training materials and resources are available on the NHS Lothian Intranet.

5.2 The Environmental Authorisations (Scotland) Regulations 2018 (EASR)

5.2.1 Management of Radioactive Materials:

Ensuring that systems are in place for the use and safeguarding of radioactive materials and for the accumulation and safe disposal of radioactive waste are requirements of the Environmental Authorisations (Scotland) Regulations 2018. Responsibility for ensuring these requirements are satisfied will lie with the Chief Executive.

Radioactive materials are allowed on the hospital premises if they are included in Permits, issued by SEPA under the terms of the EASR, or where a Notification is in place or where compliance with the General Binding Rules may be followed. The RPA or RWA corresponds with SEPA to revise these as necessary.

The RWA allocates proportions of the total permitted holdings on a hospital site to individual departments. Copies of the appropriate Permits and the department allocation are displayed in each department.

Radioactive waste is disposed of as allowed by each hospital's Permit, issued by SEPA under the terms of the EASR. Details of the various methods of disposal are contained in the Local Rules for departments using radionuclides. RPSs should ensure that these procedures are followed and that records are maintained for inspection.

Departmental RPSs supply annual summaries of radioactive waste disposals to the RWA to allow compliance with the Permit to be monitored. The RWA reports the radioactive waste returns as requested by SEPA, on behalf of NHS Lothian, to the Scottish Pollutant Release Inventory (SPRI).

The Board will appoint appropriately qualified Radioactive Waste Advisers (RWAs) to advise on the handling of radioactive materials and disposal of radioactive waste, as required by

the EASR. The role of the RWA is summarised in [Roles and Responsibilities of Specialist Advisers for Radiation Protection](#).

5.2.2 Transport of Radioactive Materials

The Board will appoint a Dangerous Goods Safety Adviser, with appropriate qualifications to advise, in consultation with an RPA or RWA, on transport of radioactive materials and radioactive waste.

5.3 Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER)

IRMER applies to all medical exposures involving ionising radiations. There is a separate policy for the implementation of IRMER in NHS Lothian.

5.4 Laser and other non-ionising radiations

There is a separate policy on the safe use of lasers and other non-ionising radiations, including therapeutic uses of visible, ultraviolet and infrared light and ultrasound, in NHS Lothian ([Optical Radiation Safety Policy](#)).

5.5 Safety in Magnetic Resonance Imaging (MRI)

There is a separate policy on the safe use of MRI in NHS Lothian ([MRI Safety Policy](#)).

6.0 Associated materials

[Organisational Reporting Structure for Radiation Protection](#), approved by the Radiation Protection Committee, March 2023

[Radiation Protection Committees – Terms of Reference](#), (including Terms of Reference for the NHS Lothian Radiation Protection Committee, X-Ray Radiation Protection Committee, Cancer Services Radiation Protection Committee, and the Radionuclide Radiation Committee), approved by the Radiation Protection Committee, March 2023

[Roles and Responsibilities of Specialist Advisers for Radiation Protection \(NHS Lothian\)](#), approved by the Head of Radiation Protection, May 2023

[NHS Lothian Occupational Health and Safety Intranet Pages](#)

[NHS Lothian Adverse Event Management Policy](#), approved by the Policy Approval Group, June 2018

[NHS Lothian Policy for the Implementation of the Ionising Radiation \(Medical Exposure\) Regulations 2017](#), authorised by the NHS Lothian Chief Executive, March 2022

[MRI Safety Policy](#), approved by the Policy Approval Group, December 2023

[Optical Radiation Safety Policy](#), approved by the Policy Approval Group, September 2023

7.0 Evidence base

[The Ionising Radiations Regulations 2017](#)

[The Ionising Radiation \(Medical Exposure\) Regulations 2017](#)

[Environmental Authorisations \(Scotland\) Regulations 2018](#)

[Health and Safety at Work Act 1974](#)

[Management of Health and Safety at Work Regulations 1999](#)

[Provision and Use and Work Equipment Regulations 1998](#)

[Personal Protective Equipment at Work Regulations 1992](#)

[The Carriage of Dangerous Goods and Use of Transportable Pressure Equipment \(Amendment\) Regulations 2011](#)

8.0 Stakeholder consultation

The stakeholders are the departments and directorates using ionising radiations within NHS Lothian. Representatives from these areas attend the NHS Lothian Radiation Protection Committee meetings three times a year. NHS Lothian's approach to Radiation Protection is discussed within this committee and this policy is agreed via the committee.

9.0 Monitoring and review

The Board must be both assured of compliance and informed of any deficiencies that require action.

The RPA is required to review arrangements for radiation protection annually. Matters to be reviewed include: radiation protection documentation including Local Rules and risk assessments, staff doses, and personal protective equipment. For radioactive materials, contamination monitoring records, radioactive waste records, and compliance with The Environmental Authorisations (Scotland) Regulations 2018 (EASR) are reviewed. The form of the review is individual meetings with Radiation Protection Supervisors and a general inspection of the department. Generally, there are separate reviews of matters concerned with x-rays and with radioisotopes. Reports are issued to the Clinical Director and the appropriate manager and provided to Directorate Radiation Protection Committees. Any significant findings are included in the RPA's report to the Board RPC.

The Radiation Protection Committee meets 3 times a year and receives reports from departmental managers, RPAs and RPSs. Requests for reports will ask for specific information to provide assurances of compliance and for any areas where action is required. A report, accompanied with the minutes of the Board RPC are tabled at the Health and Safety Committee

Reports will give an assessment of the level of compliance with regulations and highlight any areas of non-compliance or other issues that need to be brought to the attention of the

Board. The Board can then take such measures as it sees fit to rectify any deficiencies in compliance that cannot be dealt with within the committee and line management structure.