

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Radiation Safety – Regulatory Requirements
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/542
DATE OF PUBLICATION	March 2020
RISK RATING	Medium
LEVEL OF EVIDENCE	Legislative Requirements National Standards 1
REVIEW DATE	March 2023
FORMER REFERENCE(S)	SESLHNPD/61 Radiation Safety – Regulatory Requirements
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POSITION RESPONSIBLE FOR THE DOCUMENT	District Radiation Safety Officer SESLHD-RadiationSafetyOfficer@health.nsw.gov.au
KEY TERMS	Regulatory requirements; dose; dose constraints; dose limits; Radiation Management Licence, licensing requirements; penalties
SUMMARY	Procedure to inform staff of radiation specific regulations.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

South Eastern Sydney Local Health District (SESLHD) 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.

2. BACKGROUND

To identify the regulatory requirements that must be met for possessing and using radioactive substances and radiation generating apparatus or are otherwise exposed to ionising radiation resulting from such substances and apparatus.

3. RESPONSIBILITIES

All staff employed by SESLHD who are involved in the occupational use of ionising radiation are responsible for complying with the regulatory requirements stated in this procedure.

4. PROCEDURE**4.1 Legislation and Codes of Practice**

In NSW all uses of radiation are governed by the NSW Radiation Control Act and the Radiation Control Regulation. These are administered by Environment Protection Authority (EPA). The Act allows for the adoption of documents forming part of the National Directory for Radiation Protection. The following documents have been gazetted in NSW for such adoption and are relevant to this Radiation Management Plan:

- RPS F-1 Fundamentals for Protection Against Ionising Radiation
- RPS 8 Code of Practice for Exposure of Humans to Ionizing Radiation for Research Purposes
- RPS 11 Code of Practice for the Security of Radioactive Sources
- RPS 14 Code of Practice for Radiation Protection in the Medical Applications of Ionizing Radiation.
- NSW Radiation Guideline 7

In addition, the following three Safety Guides are available to assist in meeting the requirements of RPS 14.

- RPS 14.1 Safety Guide for Radiation Protection in Diagnostic and Interventional Radiology
- RPS 14.2 Safety Guide for Radiation Protection in Nuclear Medicine

- RPS 14.3 Safety Guide for Radiation Protection in Radiotherapy

4.2 Occupational Dose Limits

All persons, including hospital staff, who are exposed to ionising radiation as part of their employment are deemed to be occupationally exposed, and therefore are subject to legal radiation dose limits. The limits are set out in Schedule 5 of the Radiation Control Regulation.

Note that the limits set out in Schedule 5 apply to occupational and public exposure only, and do not include exposures received as part of medical diagnosis or treatment.

4.3 Dose Constraints

A dose constraint is usually set at a value lower than the corresponding dose limit and is used for planning purposes to ensure that the dose limit is not exceeded. The NSW Environment Protection Authority (EPA) has specified the following design dose constraints when radiation shielding is being designed, assessed or verified in Radiation Guideline 7:

- 100 μ Sv per week for occupationally exposed persons from all sources of radiation; and
- 20 μ Sv per week for members of the general public.

4.4 Radiation Management Licence.

SESLHD, as a user of regulated material must hold a radiation management licence in respect of the regulated material and must comply with any conditions to which the licence is subject. The purpose of a management licence is to regulate, restrict or prohibit the possession, sale, storage, giving away, and disposal of regulated material to protect the community and the environment from exposure to radiation.

4.5 Requirements and conditions for the radiation apparatus or radioactive sources to be used

Throughout SESLHD there are various devices, apparatus and premises that must be included on the Radiation Management Licence (RML). These include diagnostic radiation apparatus, therapeutic radiation apparatus, cyclotrons, sealed source devices and premises in which radioactive substances are kept or used. Sealed source devices are devices such as a blood irradiator or a brachytherapy afterloader which contain a sealed radioactive source.

The conditions applied for the various devices, apparatus and premises included on the RML are included in the RML.

The SESLHD Radiation Safety Officer (RSO) must be made aware of any such items that are introduced into the district, and an application to vary the RML must be made with the EPA. If you are unsure of the requirements of the application process, you should consult with the local RSO.

Further, the SESLHD RSO must be made aware whenever a device, apparatus or premises is altered, moved (except mobile apparatus and devices), sold, given away or disposed of. No such item shall be disposed of without the written notification to the EPA

on the relevant form. In addition, whenever the sealed source within a sealed source device is changed, the EPA and the RSO must be notified. The RML variation form is available on the EPA website.

4.6 Licensing requirements for staff using radiation apparatus or radioactive substances

Any person carrying out work involving radiation apparatus or radioactive substances must be licensed individually to carry out such work, or have been issued with an exemption approval in writing and working under the direction and supervision of a person holding such a licence. The EPA issues such licences to suitably qualified persons and has the power to withdraw or withhold licences when deemed necessary. A separate licence condition is required for radiation apparatus and for radioactive substances. Possession of a licence implies responsibility of the licensee to ensure that the conditions of the licence are met, and that persons working under his/her supervision carry out their work in a safe manner in accordance with written conditions contained in the exemption approval.

Licence application forms can be downloaded or are obtainable via the Local Radiation Safety Officer. Licences are renewable on either an annual or 3-yearly basis, and a copy of the renewed document should be passed to the local Radiation Safety Officer who maintains the hospital's records.

Medical staff (except radiologists) who use fluoroscopy apparatus are required to complete a radiation safety course before a licence will be granted. Contact the Local RSO if you need further details.

A radiation licence is not required for those staff who are present when radiation apparatus or radioactive substances are used but who do not control the radiation exposure in any way. This includes nurses in radiology or the operating theatres and speech pathologists assisting with barium swallow studies.

There are special cases, for example registrars and university students, where a licence is not required even though a person does control radiation exposure. However, these persons must be issued with a written exemption from licencing requirements and be supervised by a licence holder.

4.7 Licence conditions

Each licence may have standard conditions imposed on it, and special conditions may be applied by the EPA for individual licenses. Licensees must be aware of any conditions which apply to them. Some licences require that the holder be supervised, for example first year postgraduate radiographers, radiation therapists and nuclear medicine technologists. You may obtain details of licence conditions, and exemptions and supervision requirements via web link, or contact the District RSO if you need further details.

4.8 Penalties for legislative contravention

Failure to comply with the requirements of the Radiation Control Act and its associated subordinate legislative documents, such as the Radiation Control Regulation and licence

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conditions, can result in penalties in the form of fines, imprisonment or both. These penalties are applicable to both individuals and SESLHD.

5. DOCUMENTATION

- [Radiation Use Licence Application](#)
- [Radiation Management Licence Variation Form](#)

6. AUDIT

The following documents should be available for audit:

- SESLHD Radiation Management Licence
- Completed Radiation Management Licence Variation Forms
- Current Radiation User Licences

7. REFERENCES

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

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
August 2010	Draft	Richard Smart, Area Radiation Safety Officer
February 2011	0	Approved by Combined Clinical Council
October 2015	1	District Radiation Safety Officer
October 2016	1	Updates endorsed by Executive Sponsor
March 2020	2	Updates endorsed by Executive Sponsor