

Ionising Radiation Safety Policy: Responsibilities of Radiation Protection Supervisors

Issue Date	Review Date	Version
April 2019	April 2021	4

Purpose

To detail the responsibilities of individuals appointed as Radiation Protection Supervisors under the Ionising Radiations Regulations 2017

Who should read this document?

Radiation Protection Supervisors and their line managers

Key messages

RPSs play a key role in ensuring safety in areas where ionising radiations are used in compliance with the requirements of IRR 2017. This document describes how they perform their function.

Core Accountabilities

Production	Radiation Protection Committee
Review and approval	Radiation Protection Committee
Ratification	Peter Wright Director of Healthcare Science and Technology
Dissemination	Radiation Protection Committee
Compliance	Radiation Protection Committee

Links to other policies and procedures

This is a subsidiary document of the Ionising Radiation Safety Policy (218) which contains full details of definitions, dissemination etc.

Version History

1	August 2010	Approved by RPC
2	April 2013	Reviewed and approved by RPC
2	January 2016	Extended by Director of Corporate Business to January 2017
3	January 2017	Review 7 approved by Radiation Safety Committee
4	April 2019	Reviewed and updated

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

- 1.1 Radiation Protection Supervisors (RPSs) are appointed under Regulation 18 of the Ionising Radiations Regulations 2017 (IRR 2017), hereafter referred to as the Regulations.
- 1.2 This Regulation requires employers to implement written Local Rules and supervisory arrangements for all Controlled Areas and to appoint one or more suitable RPSs for the purpose of securing compliance with IRR 2017 in the area where the Local Rules apply.

2 Purpose, including legal or regulatory background

- 2.1 This document describes the responsibilities of individuals appointed as Radiation Protection Supervisors under the Ionising Radiations Regulations 2017.
- 2.2 Individuals appointed as Radiation Protection Supervisors are required to undertake additional duties above the statutory requirement as detailed in this procedure

3 Definitions

- 3.1 See the Ionising Radiations Safety Policy (Trust Policy 218).

Radiation Protection Supervisors**General**

- To oversee the work performed in their area so that it may be carried out in accordance with the Local Rules.
- To observe, from time to time, all procedures involving ionising radiations carried on within the area and issue any instructions necessary to maintain doses to persons as low as reasonably practicable.
- To notify the employer and RPA of any changes in procedure or technique that might affect the designation of areas or of staff.
- To investigate and report to the Line Manager and RPA without delay incidents that may have exposed any person(s) to an unforeseen radiation exposure or any patient to an exposure significantly greater than intended. To ensure that incidents are recorded on the Trust's incident database (Datix).
- To assist in performing risk assessments, including those for pregnant and breast feeding staff as appropriate.
- To assist in the derivation and review of Local Rules and Systems of Work to ensure that they are practicable and useable.
- To ensure that local rules and amendments are read and to check with the individuals they were understood for all relevant staff. To ensure that a record of such occasions is kept.
- To ensure, in collaboration with the RPA and Employer, that all employees and authorised visitors who are liable to be exposed to ionising radiation due to the nature of their work receive such information, instruction and training as appropriate.
- Supervise control of access to the controlled area as required in IRR Regulation 19(2) and make enquiries as to whether outside workers are classified persons.
- To act as the first point of reference for practical radiation protection.
- To ensure that all persons working within the area are suitably monitored for occupational exposure (as identified in the prior risk assessment and detailed within the local rules). To review results of these measurements and undertake any investigation as requested by the RPA.
- To arrange for the appropriate dosimetric measurements to be made and records kept, when persons are required to support patients undergoing a radiological examination.
- To assist in the collation of evidence for the RSC Assurance programme.
- To report immediately to their Line Manager any difficulties in supervising compliance.
- To ensure programmes of testing of engineering controls and safety features are implemented and records maintained
- To understand and rehearse periodically contingency arrangements for foreseeable radiation emergencies as identified within the Local Rules

Diagnostic and Interventional Uses of X-Rays

- To ensure that all personal protective equipment (lead aprons, thyroid shields, gloves etc.) associated with the area are examined at least annually, and to ensure records of such examinations are maintained.
- To ensure appropriate arrangements exist, and records kept, when staff and carers are required to support patients undergoing a radiodiagnostic examination.

Nuclear Medicine and the Use of Radionuclides

- To supervise the carrying out of contamination monitoring on a regular basis and the recording of the results thereof.
- To arrange for the monitoring of controlled areas before allowing cleaners or tradespeople to enter in accordance with a system of work.
- To ensure that appropriate action is taken following any contamination by radioactive material of the workplace or person and to record the results thereof.
- To ensure appropriate arrangements exist, and records kept, when staff and carers are required to support patients undergoing a radiodiagnostic examination.

HDR Brachytherapy – HASS source use

- To ensure the security of the HASS source is maintained in line with local procedures.

Line Managers

- Consult with the RPA concerning the appointment of the RPS
- Provide sufficient resources and managerial support to allow the RPS to function effectively, in particular:
- Ensure that the RPS is allowed sufficient time to perform their duties to the level required by the Regulations.
- Ensure that the RPS is allowed to attend training courses as required by the Regulations and by this document.
- Take action, in consultation with the RPA if necessary, in instances where an RPS is experiencing difficulties in supervising the arrangements to secure compliance.

Suitability

5.1 An RPS must

- 5.1.1. Know and understand the requirements of IRR 201799 and the Local Rules relevant to the work being undertaken
- 5.1.2. Command sufficient authority from the people doing this work to allow them to supervise the radiation protection aspects of the work.
- 5.1.3. Understand the necessary precautions to be taken and the extent to which these precautions will restrict exposure
- 5.1.4. Know what to do in an emergency i.e. have a thorough knowledge of all contingency plans. Contingency plans must be rehearsed periodically.
- 5.1.5. In general, the RPS will be an employee of the Trust, usually in a line management position, closely involved with the work being done, to allow them to exercise sufficient supervisory authority.

Training

5.2 Each RPS must be suitably trained (IRR 2017 Reg. 15),

5.3 This training will comprise

- 5.3.1. Initial training, the duration and level of which will depend on the previous experience and training of the RPS and the complexity of the work undertaken.
- 5.3.2. Regular refresher and update training. This should take place at intervals of between three and five years or more frequently if significant changes in legislation are introduced or if the RPS feels it necessary.

Appointment

- 5.4 Each RPS is appointed in writing by the relevant Service Line Manager in accordance with the Ionising Radiations Safety Policy.
- 5.5 Appointments are to be made in consultation with an appropriate RPA.
- 5.6 Clinical & Radiation Physics will provide the RPS appointment letter based on the template in Appendix 3 and send it, along with this responsibilities document, to:
 - 5.6.1. The Service Line Manager appointing the RPS (for signing)
 - 5.6.2. The RPS' line manager (for information)
- 5.7 The Service Line Directorate Manager will send this responsibilities document along with three copies of the appointment letter to the RPS for signing.
- 5.8 One copy of the signed appointment letter is sent to Clinical & Radiation Physics at the time of appointment. The other two are kept by the Service Line and the RPS for their own reference.
- 5.9 In some areas of higher workload it may be necessary to appoint more than one RPS in order to ensure that sufficient cover is provided.
- 5.10 It may also be appropriate to appoint more than one RPS for the same controlled area when more than one distinct type of work is performed and different specialist knowledge is required of each RPS.

- 5.11 A deputy should be appointed to act on behalf of the RPS during any extended period of absence.
- 5.12 Where an RPS is appointed in an area where work is performed by staff from more than one directorate:
- 5.12.1. The appointment of the RPS should be agreed by all the directorates involved, in conjunction with the RPA as appropriate.
- 5.12.2. All directorates involved should agree that the RPS is granted sufficient authority over their staff to be able to perform their duties.

Accountability

- 5.13 Each RPS is accountable to their Line Manager and to the chair of the Radiation Safety Committee (RSC).

6 Overall Responsibility for the Document

- 6.1 See the Ionising Radiations Safety Policy (Trust Policy 218).

7 Consultation and Ratification

- 7.1 See the Ionising Radiations Safety Policy (Trust Policy 218).

8 Dissemination and Implementation

- 8.1 See the Ionising Radiations Safety Policy (Trust Policy 218).

9 Monitoring Compliance and Effectiveness

- 9.1 See the Ionising Radiations Safety Policy (Trust Policy 218).

10 References and Associated Documentation

- 10.1 See the Ionising Radiations Safety Policy (Trust Policy 218).

Core Information				
Document Title	RADIATION SAFETY POLICY Responsibilities of Radiation Protection Supervisors			
Date Finalised				
Dissemination Lead	Trust document controller			
Previous Documents				
Previous document in use?	Trust documents, Q Pulse			
Action to retrieve old copies.	Trust document controller, update on Q Pulse			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff		Email	Document Control	

Review		
Title	Is the title clear and unambiguous?	✓
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	✓
	Does the style & format comply?	✓
Rationale	Are reasons for development of the document stated?	✓
Development Process	Is the method described in brief?	✓
	Are people involved in the development identified?	✓
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	✓
	Is there evidence of consultation with stakeholders and users?	✓
Content	Is the objective of the document clear?	✓
	Is the target population clear and unambiguous?	✓
	Are the intended outcomes described?	✓
	Are the statements clear and unambiguous?	✓
Evidence Base	Is the type of evidence to support the document identified explicitly?	✓
	Are key references cited and in full?	✓
	Are supporting documents referenced?	✓
Approval	Does the document identify which committee/group will review it?	✓
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	✓
	Does the document identify which Executive Director will ratify it?	✓
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	✓
	Does the plan include the necessary training/support to ensure compliance?	✓
Document Control	Does the document identify where it will be held?	✓
	Have archiving arrangements for superseded documents been addressed?	✓
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	✓
	Is there a plan to review or audit compliance with the document?	✓
Review Date	Is the review date identified?	✓
	Is the frequency of review identified? If so is it acceptable?	✓
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	✓

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Telephone : PLYMOUTH (01752)
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Private and Confidential

Addressee Only

RPS NAME

RPS ADDRESS

Dear NAME,

APPOINTMENT OF RADIATION PROTECTION SUPERVISOR, LOCATION

I am pleased to confirm your appointment as Radiation Protection Supervisor (RPS) in accordance with regulation 18 of the Ionising Radiation Regulations 2017.

Enclosed is a document describing the role and responsibilities of the RPS. I should be grateful if you could confirm that you accept these roles and responsibilities by signing the copies of this letter and returning one copy to Nick Rowles, Clinical & Radiation Physics, Estates Building, Derriford Hospital, and one to your Service Line manager, NAME. The third copy is for your own records.

May I take this opportunity of thanking you for taking on this role. Should you have any queries please contact Nick Rowles.

Yours sincerely,

NAME

Service Line Manager, SERVICE LINE

Enc.

RPS Confirmation: I accept the roles and responsibilities in the attached job description.

Signed:

Date:

RPS NAME