

Radiation Safety Policy

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Radiation Safety Policy

1. Scope of Policy

- 1.1. This Policy only covers the use of ionising radiation, including radionuclide and electrical equipment that produce x-rays, that is used by University staff and students for activities under the control of the University, as detailed in the Ionising Radiation Regulations (2017) (IRR17), and the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER 2017) and subsequent amendments.

2. Statement of Intent

- 2.1. The University will ensure, as far as is reasonably practicable, the health and safety of employees, students and other persons who may be exposed to hazards from the use of ionising radiation.

3. Exposure Levels

- 3.1. The University is committed to a policy of restricting exposure to ionising radiation in accordance with the ALARP principle (as low as is reasonably practicable).
- 3.2. The University will ensure that all medical diagnostic radiological examinations are performed in accordance with the IRMER 2017 and subsequent amendments, with the radiation dose to a patient being as low as is reasonably practicable to achieve the required clinical purpose.

4. Approval Process

- 4.1. Prior to any new activities involving ionising radiation being undertaken, the proposed activity must be approved by both the Dean/Director of the School/Department undertaking the activity, the Radiation Protection Adviser (RPA) appointed by the University and the University's Health and Safety Centre informed of the activity. In addition, any notification required by legislation must be undertaken along with a full radiation risk assessment.

5. Purchasing of Radioactive Sources or Equipment to Generate Ionising Radiation

- 5.1. The purchasing of all radioactive sources or equipment to generate ionising radiation for new activities, or to replace existing sources or equipment, must be approved by the Dean/Director of the School/Department using the source or equipment and the RPA, with consideration being given to the monitoring and disposal of radioactive sources.

6 Management Body for Ensuring Radiation Safety

- 6.1 On behalf of the Vice-Chancellor, the Executive Health and Safety Group will receive reports from the Radiation Safety Committee and will evaluate these to ensure that work involving ionising radiation is being undertaken in accordance with legislation and local rules. On being informed of any issues or concerns by the Radiation Safety Committee the Executive Health and Safety Committee will address the matter.
- 6.2 Terms of Reference and the Constitution of the Radiation Safety Committee are attached (Appendix 1).

7 Appointment, Role and Responsibility of the Radiation Protection Adviser (RPA)

- 7.1 The Human Resources Department will coordinate the appointment of the RPA, liaising with the Schools/Departments using their services.
- 7.2 The appointment will be made on a Contract of Service basis (Consultancy arrangement).
- 7.3 The individual appointed to the role will meet the Health and Safety Executive (HSE) criteria of competence for the post and will also have had an enhanced DBS disclosure check.
- 7.4 The role and responsibilities of the post outlined in the Contract of Service are detailed (Appendix 2).

8 Appointment, Role and Responsibility of a Radiation Protection Supervisor (RPS)

- 8.1 Following a School/Department identifying the need for an RPS, it will identify a suitable member of staff to be appointed and notify the Human Resources Department of the selection. Following this process, the Human Resources Department will on behalf of the University formalise the appointment in writing.
- 8.2 The appointment of an RPS will attract no extra remuneration and if the role involves having access to ionising radiation sources, Police vetting of the individual will be required.
- 8.3 The role and responsibilities of an RPS are attached (Appendix 3).

9 Personal Monitoring

- 9.1 All staff working routinely in a Controlled Area will be subject to a programme of personal monitoring, the details of which will depend on the risk assessment that is carried out
- 9.2 Dose investigation level will be set and stated in the risk assessment and local rules.
- 9.3 The Dean of School/Director of Department, or their nominated deputy, will be responsible for checking personal dose records and carrying out investigations into any dose above the specified level, in conjunction with the RPA.

10 Responsibility of Individuals Working with Ionising Radiation

- 10.1 Individuals undertaking work with ionising radiation must ensure that they:
 - 10.1.1 Are familiar with local rules
 - 10.1.2 Exercise reasonable care
 - 10.1.3 Use any protective equipment provided
 - 10.1.4 Undertake any training deemed necessary by either the individual or the University
 - 10.1.5 Where appropriate comply with the University's procedures in the justification and optimisation of medical exposures
 - 10.1.6 Report immediately to their RPS if any incident occurs in which a patient may have received a radiation exposure greater than intended or any other incident in which a person undergoes an unauthorised radiation exposure.

11 Training and Training Records

- 11.1 The responsibility for duty holders training required under IRMER 2017 (including other staff carrying out procedures on University premises) will lie with the Dean/Director of the School/Department responsible for them.
- 11.2 Responsibility for the maintenance of training records required by IRMER 2017 will lie with Human Resources.

12 Security of Radioactive Material

- 12.1 The security of radioactive materials, as required by the Environmental Permitting Regulation 2016, will be the responsibility of the Dean/Director of the School/Department holding the material, in conjunction with the University's Head of Campus Security. To fulfil their responsibility, a Dean/Director will nominate an RPS to deal with site specific arrangements.

13 Disposal of Radioactive Sources and Waste

- 13.1 The disposal of radioactive sources and waste will be managed by the School/Department who own the material after taking guidance from the RPA.

14 Investigation of Incidents involving Ionising Radiation

- 14.1 The initial investigation of an incident involving ionising radiation will be undertaken by the RPA, an RPS and a member of staff from the University's Health and Safety Centre. Following this investigation, the incident will be discussed by the Radiation Protection Committee. During this process information will be submitted to the Executive Health and Safety Committee, Health and Safety Committee and/or University Executive Team (UET) for information/action as appropriate.

15 Radiation Safety Documentation Review

- 15.1 This Policy, its Appendices and all other radiation safety documentation will be formally reviewed by the Radiation Protection Committee every 2 years.
- 15.2 The next review of this Policy and its Appendices is due in March 2021.

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Appendix 1

Terms of Reference and Constitution of the Radiation Protection Committee (RPC)

Terms of Reference of the Committee

The Committee shall meet at least once a year to fulfil the following terms of reference:

1. To co-ordinate and advise on all matters regarding ionising radiation safety and oversee the use of non-ionising radiation.
2. To make recommendations to ensure compliance with statutory regulations.
3. To promote good radiation practices.
4. To be a forum for duty holders under the Ionising Radiation Regulations 2017 (IRR17).
5. To report to University management.
6. To provide an annual report to the Executive Health and Safety Committee.

Constitution of the Committee

Executive Director of Human Resources (Chair)
Radiation Protection Adviser (RPA)
Radiation Protection Supervisors (RPSs)
Management Representatives of Schools/Departments using ionising radiation
Representative from University's Health and Safety Centre

Distribution of Committee Meeting Notes

Notes of the RPC Meetings will be distributed to the following:

- Members of the Committee
- Executive Health and Safety Committee Members
- Health and Safety Committee Members

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Appendix 2

The Role and Responsibility of Radiation Protection Adviser (RPA)

The role and responsibility of the RPA is to carry out duties across the University, as required by the Ionising Radiation Regulations 2017 (IRR17), to enable the University to fulfil its legal obligations in relation to the use of ionising radiation. These duties will include:

1. Providing professional advice to the University on matters of radiation protection
2. Liaising with members of the University Radiation Safety Committee over the implementation of University Radiation Safety Policy.
3. Being a member of the Radiation Safety Committee.
4. Co-operating with specialists inside and outside of the University on radiation protection problems.
5. Advising on the design and construction of new buildings and the modification of existing buildings with respect to radiation protection.
6. Advising on:
 - implementation of relevant statutory provision
 - storage and disposal of radioactive substances
 - restriction of exposure and maintenance of engineering controls and other equipment provided for the purpose of such restrictions
 - feasibility of restricting the exposure of staff, students and others who may be exposed while on or near University premises
 - identification of controlled and supervised areas
 - control of access to controlled areas
 - personnel dosimetry and area monitoring
 - drawing up of written systems of work and local rules

- hazard assessment and all appropriate contingency arrangements
 - plans for new plant or new premises or modifications to existing plant or premises from a radiation protection aspect
 - the provision of radiation protection training
 - the compiling of exposure data
7. Investigate abnormally high exposures, over exposures and significant incidents.
 8. Co-operate with the University's Occupational Health Service in the provision of occupational health surveillance and monitoring where necessary.
 9. Undertake, or assist with, periodical inspections of University premises where a radiation protection input is required.
 10. Audit radiation protection arrangements.
 11. Liaise with University insurers as required.
 12. Liaise with enforcement inspectorate as required.
 13. Represent the interests of the University at meetings of bodies whose activities may influence radiation protection at the University.
 14. Undertake other radiation protection duties as may be assigned by the University.

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Appendix 3

The Role and Responsibility of Radiation Protection Supervisor (RPS)

The role and responsibility of an RPS is to supervise the local rules for work with ionising radiation in areas defined as either controlled or supervised areas, as required by the Ionising Radiation Regulations 2017 (IRR17).

Duties that could be required to fulfil this role include:

1. Liaising with University Radiation Protection Adviser (RPA).
2. Drawing up of written systems of work and local rules.
3. Attending training/refresher courses appropriate to the nature of the RPS role being undertaken.
4. Being a member of the University Radiation Protection Committee (RPC).
5. The control of access to controlled areas.
6. Ensuring compliance with local rules.
7. Undertaking personnel dosimetry and area monitoring.
8. Managing the storage and security of radioactive sources.
9. Managing the safe disposal of radioactive waste.
10. Undertaking other radiation protection duties as may be assigned by the University.