IONISING RADIATION POLICY

Policy Type	Clinical
Directorate	Acute - Planned
Policy Owner	Chief Operating Officer Acute and Ambulance
Policy Author	Radiation Protection Officer
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Approving Body	Policy Management Sub-Committee 22nd November 2018
Version No.	2.0
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'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
01/04/15	0.1		Consultant Radiologist	New Policy	
	0.1		Consultant Radiologist	Ratified at	Radiology Business Meeting
	0.1		Consultant Radiologist	Ratified at	R Radiation Protection Meeting
07/08/15	0.1		Consultant Radiologist	Ratified at	Clinical Standards Group
15/09/15	0.1		Consultant Radiologist	Ratified at	Policy Management Group
28/09/15	1.0	05 Oct 15	Consultant Radiologist	Approved at	Trust Executive Committee
24/08/18	1.1		Consultant Radiologist	Update for new legislation and remove IRMER to separate procedures	
04/09/18	1.1		Consultant Radiologist	Ratified at	Radiology Board Meeting
18/09/18	1.1		Consultant Radiologist	Ratified at	Radiation Protection Group
26/10/18	1.1		Consultant Radiologist	Endorsed at	Clinical Standards Group
22/11/18	2.0	22 Nov 18	Consultant Radiologist	Approved at	Policy Management Sub-Committee
29/01/21	2.0	22 Nov 18	Chief Operating Officer Acute and Ambulance	12 month blanket policy extension due to covid 19 applied with author review date set 180 days prior to Valid	Quality & Performance Committee
11/05/21	2.0	22 Nov 18	Chief Operating Officer Acute and Ambulance	Extended policy uploaded and linked back with new cover sheet	Corporate Governance

Contents

1 Executive Summary

This policy relates to the use of ionising radiation and the protection of patients, staff and other persons on Trust sites and is intended to enable the safe and legal use of ionising radiations for medical purposes.

The key principles of the Policy are:

- The justification of exposure to ionising radiation
- The optimisation of exposures, i.e. to minimise the dose while maintaining diagnostic benefit
- The observance of legal requirements

2 Introduction

This policy concerns the safe use of ionising radiations at premises owned or managed by Isle of Wight NHS Trust (the "Trust"). It states policy, arrangements and responsibilities for the Trust and for other organisations approved by the Trust to use ionising radiations on its premises or within the geographical boundaries of the Trust (the "approved organisations"). Approved organisations are bodies which have a contractual agreement with the Trust to provide services or support which means their employees may use or be exposed to ionising radiation.

This policy applies to medical exposures of patients to ionising radiation for diagnosis, treatment and research and to all other uses of ionising radiations.

The policy applies in particular to the uses of ionising radiation for Radiology (X-ray and CT) Breast Imaging Unit and sentinel node biopsy in theatres using radioactive tracers.

This Policy applies to all staff (clinical or non-clinical) involved in procedures relating to Ionising Radiation requiring protection.

The policy does not apply to non-ionising radiations.

The purpose of this Policy is to ensure:

- The safe and legal use of ionising radiations in order to protect patients, staff, visitors and the general public.
- A reduction in the number of adverse events relating to ionising radiation.
- Minimisation of the risk of prosecution of the Trust for breaches of compliance with legislation, principally the Ionising Radiations Regulations 2017, the Ionising Radiation (Medical Exposure) Regulations 2017 and The Environmental Permitting (England & Wales) Regulations 2016, but including all the legislation in the references section and any new legislation that comes into force during the currency of this policy.

3 Definitions

"Ionising radiation"	means radiation from radiographic equipment, the decay of radioactive material, radiation from linear accelerators, etc, as used in radiology, breast imaging, DEXA, nuclear medicine and radiotherapy. It does not include MRI, lasers or ultraviolet light; these use non- ionising radiations and are covered by the Trust's policy for the safe use of magnetic resonance imaging and the Trust's policy for the safe use of optical radiation
IR(ME)R	is The Ionising Radiation (Medical Exposure) Regulations 2017.
IRR	is The Ionising Radiations Regulations 2017.

EPR	is The Environmental Permitting (England & Wales) Regulations 2016
"Operator"	means any person who is entitled in accordance with the Trust's written procedures to undertake the practical aspects of a medical exposure and is adequately trained. An untrained person acting under the direct supervision of a trained person may undertake equivalent duties.
"Medical staff"	means qualified medical doctors.
"Practitioner"	means a registered medical practitioner, dental practitioner or other health professional who is entitled in accordance with the Trust's written IRMER procedures to take responsibility for a medical exposure.
"Referrer"	means a registered medical practitioner, dental practitioner or other health professional who is entitled in accordance with the Trust's written IRMER procedures to refer individuals for medical exposure to a practitioner.
"Radiation Protection Supervisor" (RPS)	is an appointed person who has sufficient knowledge, training and management status to supervise observance of statutory regulations, Local Rules and Systems of Work.
"Radiation Protection Adviser" (RPA)	is a recognised expert with a certificat of competence from RPA2000, An RPA may advise on any aspect of compliance with IRR. The Trust must consult an RPA on specific matters listed in Schedule 4 of IRR.
"Radiation Waste Adviser" (RWA)	is a recognised expert with a certificate of competence from RPA2000, An RWA may advise on any aspect of compliance with EPR.
"Medical Physics Expert" (MPE)	is a recognised expert on the national MPE register, An MPE may advise on any aspect of compliance with IRMER or the implementation of medical exposures within the scope of their expertise (either Diagnostic Radiology, Nuclear Medicine or Radiotherapy). Some MPEs may have more restricted scopes of expertise.

5 Purpose

The purpose of this document is to ensure that the Trust complies with its legal duties to protect staff, patients and the public from Ionising Radiation. It will do this through the three key principles of radiation safety:

5.1 Justification

The Trust will ensure that only justified uses of radiation are carried out

5.2 Optimisation

The Trust will ensure that all radiation exposures are optimised. i.e. to minimise the dose to patients while maintaining diagnostic benefit.

5.3 Limitation

The Trust will ensure that legal limits and requirements are observed at all times.

6 Roles and Responsibilities

Responsibility for compliance with this policy lies with the Chief Executive, relevant Directors, Clinical Leads and Managers, who are also responsible for the funding of related safety equipment, including personal protective equipment including adequate facilities for storage.

6.1 Chief Executive

Overall responsibility for compliance with statutory obligations lies with the Chief Executive.

6.2 Clinical Director

The Clinical Director will authorise those non-medical staff able to refer patients, or other persons, for exposure to ionising radiations.

6.4 Head of Diagnostic Imaging

The Head of Diagnostic Imaging is responsible for ensuring that this policy and the various employer's procedures are kept up to date, in keeping with best practice and legal requirements.

The Head of Diagnostic Imaging is the Trust's Risk Lead for ionising radiations and will receive incident report forms relating to ionising radiations.

The Head of Diagnostic Imaging will convene appropriate meetings of the Radiation Protection Supervisors to discuss matters of safety.

The Head of Diagnostic Imaging will ensure an RPA is appointed who is competent to advise on all aspects of radiation practices carried out in the Trust

The Head of Diagnostic Imaging will ensure MPEs are appointed who are competent to advise on all aspects of patient imaging, intervention and therapy involving ionising radiation.

6.5 Care Centre Managers

The 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, lies with the relevant Care Centre Manager.

The Care Centre Manager must ensure sufficient time resources are made available to allow training and CPD of IRMER duty holders and Radiation Protection Supervisors, and that duty holders have sufficient time and resources to carry out their roles.

6.6 Local Managers

The local manager will make arrangements to ensure that all employees upon taking up their appointment or additional duties and acting as "practitioner" or "operator", can provide documented evidence of the training received and qualifications gained relevant to the use of ionising radiations within the requirements of the post.

Those employees administering radiopharmaceuticals to humans will be required to hold the relevant licence(s) issued by the Department of Health (Administration of Radioactive Substances Advisory Committee).

The local manager is responsible for ensuring that training records for those employees who work with ionising radiation and those authorised to act as relevant duty holders under IRMER are maintained.

Where employees have previously worked with radiation in that calendar year, the local manager is responsible for collecting dose data from the previous employers and passing it to the RPA in a timely manner.

The manager responsible for each radiation area must ensure that all staff are appropriately

trained to work safely with radiation in that area and that this training is repeated at suitable intervals (at least every three years) and records are kept.

Where imaging or therapy is carried out using ionising radiation, the local manager must ensure IRMER practitioners and operators are adequately trained, carry out CPD activities and that these are recorded.

The local manager is responsible for ensuring that prior radiation risk assessments are generated, and any resulting actions are carried out. If an RPA, RWA or MPE should be consulted regarding a new or changed radiation facility, the local manager should ensure this is done.

The local manager should appoint sufficient competent radiation protection supervisors to ensure work with radiation is adequately supervised.

The local manager is responsible for ensuring that written protocols and procedures are in place for any work carried out using radiation and that staff comply with these written instructions.

6.7 Radiation Protection Supervisors

The Trust (with reference to appropriate HSE guidance (HSE1)) will appoint in writing suitable Radiation Protection Supervisors who will be responsible for day to day supervision of work with ionising radiation, ensuring that it is carried out in accordance with the local rules.

The RPS is responsible for ensuring that the local rules are kept up to date, reflect the findings of the risk assessments and identify the main working instructions intended to restrict any exposure in that controlled or supervised area.

Where the RPS is appointed in an area using radioactive materials, they are responsible for ensuring records of those radioactive materials are kept up to date.

In circumstances where it is necessary for contingency plans to be initiated, the RPS will conduct an investigation (with assistance from the Radiation Protection Adviser where required) into the cause of those circumstances and to identify the measures, if any, required to prevent reoccurrence of those circumstances.

6.8 Clinical Leads

Clinical Leads responsible for the provision of techniques using ionising radiations where a patient receives a medical exposure will ensure that arrangements are in place for the evaluation of each exposure used for diagnostic purposes in accordance with the Trust's IR(ME)R procedures and that a record is maintained of that evaluation. Where evaluation occurs outside of that area, a written agreement must be in place.

6.9 All Employees

Employees of the Trust and other Approved Organisations will be required to adhere to the arrangements made under this policy, and to ensure that operational aspects minimise the hazards and risks associated with the use of ionising radiations both to themselves, patients and the general public.

Employees of the Trust and other Approved Organisations are required to co-operate with each other and with other radiation employers to minimise the possibilities of untoward incidents and inappropriate, inefficient or ineffective use of ionising radiations.

All employees are responsible for

- exercising reasonable care and following relevant local rules
- complying with the conditions laid down in EPR as if a permit were in place.
- using, as instructed, any protective equipment and personal dosemeters provided by the employer
- reporting to their line manager and RPS any defect in protective equipment or dosemeters

- undertaking any training deemed necessary
- complying with the employer's procedures and protocols for medical exposures
- reporting immediately to their RPS (or, in absence of RPS, their line manager) if any incident occurs in which a patient may have received a radiation exposure significantly greater than considered proportional in the circumstances (and/or a lower dose in the case of therapeutic exposures) or any other incident in which a person is exposed to radiation.
- ensuring that they do not recklessly endanger the safety of themselves or of others

Failure to comply with any of these procedures may be considered a disciplinary matter. However, in exceptional circumstances, when an employee does deviate from a procedure in good faith, the onus to justify that deviation, for example in the best interests of health and safety of the patient and/or staff must fall on the person making that deviation.

Employees involved in procedures using ionising radiations should inform their line manager in writing when a pregnancy is confirmed, or where breast feeding is being undertaken and their work involves using unsealed radioactive sources so that appropriate monitoring and, if necessary, change of duty can be considered. The line manager may seek advice from the appropriate Radiation Protection Adviser.

All employees must report incidents in accordance with the Trust's Incident Reporting Policy. Incidents of significance should be forwarded to the RPA for dose assessment and an opinion on external reporting. The employer's procedures for medical exposures include the procedure to be followed if a patient receives a dose of radiation that is greater than considered to be proportionate in the circumstances (and/or a lower dose for therapeutic exposures). These procedures include how the decision regarding whether or not this requires reporting to a regulatory authority is made.

All employees involved in procedures using ionising radiation are required to inform their line manager if they are involved in procedures using ionising radiation with another employer. This is to enable the Trust to co-operate with any other employers, so all required personnel have access to information on the possible exposure of employees to ionising radiation in order to monitor their total dose from ionising radiation.

6.10 Radiation Protection Advisers (RPA) and Radiation Waste Advisers (RWA)

The Trust will appoint suitable, accredited Radiation Protection Advisers and Radioactive Waste Advisers who will advise Trust management, other managers and staff on the statutory requirements and safe use of ionising radiation and disposal of radioactive waste as required by Schedule 4 of IRR and paragraph 256 of the Approved Code of Practice. The Trust provides facilities and managerial arrangements to enable their duties to be performed and give them the authority to inspect and perform such tests as they consider appropriate.

The appropriate Radiation Protection Adviser should be consulted on a case by case basis before offers of work experience placements are made to students under the age of 18 years if the work involves the use of ionising radiation.

6.11 Medical Physics Experts (MPE)

The Trust will appoint suitable, recognised Medical Physics Experts who will advise departments making medical exposures on those areas required in Schedule 3 of IRMER. The involvement of the MPE will be as described in regulation 14 of IRMER 2017.

7 Policy detail – General and IRR Compliance

7.1 It is the policy of the Trust to ensure arrangements are affected which provide for the safety of patients, staff, the general public and the environment whilst using ionising radiations for the purposes of diagnosis and research.

7.2 The Trust shall comply with all statutory obligations relating to the use of ionising radiations

(see References section for current list).

7.3 The Trust will minimise the use of ionising radiations and will use alternative techniques wherever reasonably practicable.

7.4 The Trust will seek prior authorisation and/or notification with regulatory bodies for the introduction or change of use of ionising radiations as required by legislation.

7.5 The Trust will make proper provision and maintenance of equipment associated with the measurement, use and production of ionising radiations.

7.6 The Trust will maintain a process for establishing diagnostic reference dose levels for each procedure using ionising radiations on patients or volunteers and make provision for the measurement of the radiation dose for relevant investigations.

7.7 Employees of the Trust and other Approved Organisations are required to adhere to the arrangements made under this policy and to ensure that operational aspects minimise the hazards and risks associated with the use of ionising radiations both to themselves, patients and the general public.

7.8 Employees of the Trust and other Approved Organisations shall receive training to enable them to perform their duties and associated responsibilities in a safe manner.

7.9 Employees of the Trust and other Approved Organisations are required to cooperate and thereby minimise the possibilities of untoward incidents and inappropriate, inefficient or ineffective use of ionising radiations.

7.10 Implementation of this policy will be made by each Directorate or Approved Organisation and the associated costs met by these bodies.

7.11 The Trust will ensure that all employees concerned with the application or use of ionising radiations shall be appropriately qualified or have received relevant training. This training will be documented in Personnel records and collated centrally.

7.12 The Trust will ensure that patients or other persons exposed to ionising radiations receive appropriate information.

7.13 The Trust shall appoint accredited Radiation Protection Adviser(s) and provide facilities and managerial arrangements to enable their duties to be performed. The Trust shall receive and consider advice on the safe use of ionising radiations in accordance with statutory obligations.

7.14 The Radiation Protection Adviser(s) shall be available to all employees, Lead Clinicians / Directorate Managers and Approved Organisations for the purposes of giving advice and shall inform the Trust on the status of radiation safety within the Trust.

7.15 The Radiation Protection Adviser(s) must be consulted in advance on matters concerning plans for use or change of use of ionising radiations, maintenance of related facilities and equipment, and protection arrangements relating to all persons.

7.16 The Trust shall constitute appropriate meetings for the discussion of radiation safety matters. A Radiation Protection committee shall meet at least once per annum. The Radiation Protection Committee shall consist of an appointed Chairman (**the Lead Clinician representing Diagnostic Imaging**), Radiation Protection Adviser(s), Head of Diagnostic Imaging, Radiation Protection Supervisors, Medical Director, Head of Clinical Governance, Health & Safety Manager and others concerned with the safe use of ionising radiations.

7.17 A representative from each Approved Organisation may be invited to attend.

7.18 The Head of Diagnostic Imaging and Heads of Approved Organisations will appoint in writing Radiation Protection Supervisors taking into account advice of the Radiation Protection Adviser.

7.19 The Head of Diagnostic Imaging shall convene meetings of the Radiation Protection Supervisors to discuss matters of radiation safety.

7.20 In order to effect safe working practices "risk assessments", "local rules" and "systems of work" will be written in accordance with statutory obligations and prior to the use or change in work activity using ionising radiations.

7.21 Risk assessments will be used providing the information for the setting of dose constraints for employees and also for members of the general public who may be acting as comforters and carers.

7.22 The Trust will set radiation dose constraints for practices using ionising radiations.

7.23 The Trust will consult the relevant RPA and RWA during the planning of new facilities regarding engineering controls, design features, safety features and warning devices. The RPA will base his or her advice on current legislation, standards and practice.

7.24 The Trust will ensure that an appropriate RPS is appointed in writing if required for a new facility or procedure.

7.25 The manager for any new area will ensure that a radiation risk assessment is undertaken for new or changed facilities or if a procedure is changed significantly, and that any resulting actions are carried out.

8 Policy detail – IRMER Compliance

8.1 The Trust will ensure that written employer's procedures for medical exposures are produced and maintained as required by the Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER) and that these are made available to all duty holders. In this context Medical Exposures means exposure defined in IRMER Regulation 3.

8.2 The employer's various IRMER procedures will address how duty holders are recognised in each area in accordance with the Trust's expanded scope of practice procedures

8.3 All medical staff may refer patients for investigation provided sufficient and accurate clinical data is given.

8.4 Other non-medical healthcare professionals may be authorised by the Relevant Clinical Lead to refer patients for certain investigations following application through the expanded scope of practice procedure. The approval of the department carrying out the exposure is also required before referrals can be made.

8.5 The responsibility for the justification and optimisation of each medical exposure lies with the individual duty holder as identified in the employer's IRMER procedures and addenda. The practitioner and operator(s) for any medical exposure are responsible for complying with the requirements of the employer's procedures, including

8.6 The responsibility for maintaining an inventory of radiation equipment within each facility and ensuring that requests for radiation equipment are considered within the Trust's overall replacement programme, lies with the relevant Care Centre Manager.

8.7 The inventory must contain at least:

- name of manufacturer
- model number
- serial number or other unique identifier

- year of manufacture
- year of installation

8.8 The Trust will ensure that relevant licences to administer radioactive materials are maintained at all sites where such activities take place. Individual practitioners who need to hold a 'practitioner' licence are responsible for ensuring this is in place. The Trust will make checks to ensure that all relevant licences are in place before carrying out administration of Radioactive Materials for diagnosis or treatment or research.

9 Policy detail – EPR Compliance

9.1 The Trust will ensure that systems and facilities exist for the safeguarding of radioactive materials, for the safe disposal of radioactive waste and for ensuring that all requirements of the relevant legislation are satisfied.

9.2 Only authorised individuals may order radioactive material, and this must be done in accordance with the procedure produced and updated from time to time by the RWA.

9.3 Only authorised individuals may order dispose of radioactive material and this must be done in accordance with the procedure produced and updated from time to time by the RWA.

9.4 The RPS for each area using radioactive materials will ensure that a check of the working environment to see that it is fit for use is made at least monthly.

9.5 RPS will ensure sealed sources are leak tested at a frequency agreed with the RPA (based on Manufacturer's quoted recommended working life).

9.6 The relevant RWA and RPA will advise the Trust if new facilities or procedures will require any notification to, or registration or licensing from a regulatory authority.

10 Policy detail – Non-medical uses of radiation

The Trust may carry out practices involving the use of radiation for non-medical purposes (e.g. non-destructive testing, forensic radiography, manufacturing processes, non-human research imaging) if a valid risk assessment is in place, actions required by the risk assessment have been carried out and consent, registration or licensing from any enforcing body (e.g. HSE, ONR, EA) has been successfully applied for.

In all cases the RPA must be informed before the practice occurs and ideally at an early planning stage to allow the relevant RPA or RWA to advise on the practice.

11 Consultation

In the production of this document, the following have been consulted:

- Radiation Protection Committee
- Radiography Staff
- Radiation Protection Adviser
- Medical Physics Experts

12 Training

This Safe Use of Ionising Radiation Policy has a mandatory training requirement which is detailed in the Trusts mandatory training matrix and is reviewed on a yearly basis

The Trust will ensure that all employees concerned with the application or use of ionising radiations shall be appropriately qualified or have received relevant training.

UK and European trained clinicians should have IRMER training as part of their medical course. Overseas will need to demonstrate an awareness of UK legislation or undertake local training once appointed. This training will be documented in Personnel records and collated centrally.

13 Monitoring Compliance and Effectiveness

13.1 The Radiation Protection Adviser(s) will assist the Trust to monitor compliance with statutory regulations in respect of the management and practical arrangements for radiation safety; radiation safety checks of equipment; radiological assessment of new techniques or installations; exposure of staff, general public and patients to ionising radiation; radiation incidents. The Radiation Protection Adviser(s) will report to the Radiation Protection Committee and other relevant committees on matters concerning radiation safety.

13.2 The Workforce Director of the Trust and equivalent within the Approved Organisations will make arrangements to ensure that all employees, upon taking up their appointment or additional duties and acting as a "Practitioner" or "Operator", can provide documented evidence of the training received and qualifications gained relevant to the use of ionising radiations within the requirements of the post. Those employees administering radiopharmaceuticals to humans will be required to hold the relevant licence(s) issued by the Department of Health (Administration of Radioactive Substances Advisory Committee).

13.3 The RPA and/or Head of Diagnostic Imaging will make arrangements for the annual audit of relevant records maintained within Departments and report to Quality Risk and Patient Safety committee on compliance.

14 Links to other Organisational Documents

New Clinical Procedure, Intervention or Technique or an Expanded Practice Policy

15 References

- Ionising Radiations Regulations 2017 (IRR)
- Ionising Radiation (Medical Exposures) Regulations 2017 (IRMER)
- Radioactive Material (Road Transport) Act 1991
- Radioactive Substances Act 1993 (RSA 1993)

16 Appendices

Appendix A

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	**Ionising Radiation Policy**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs			
Training Staff			
Equipment & Provision of resources			

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation:

Equality Impact Assessment

- Has this been appropriately carried out? YES/~~NO~~
- Are there any reported equality issues? ~~YES~~/NO

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs			
Totals:			

Staff Training Impact	**Recurring £**	**Non-Recurring £**

Totals:		

Equipment and Provision of Resources	**Recurring £ ***	**Non-Recurring £ ***
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Appendix B

Equality Impact Assessment (EIA) Screening Tool

Document Title:	Ionising Radiation Policy
Purpose of document	The purpose of this document is to ensure that the Trust complies with its legal duties to protect staff, patients and the public from Ionising Radiation. It will do this through the three key principles of radiation safety:
Target Audience	See Roles and Responsibilities on Page 6
Person or Committee undertaken the Equality Impact Assessment	Diagnostic Imaging IT Systems Lead/Radiographer Practitioner

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below?

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	**Negative Impact**	**Reasons**
Gender	Men	*No*	*No*	
	Women	*No*	*No*	
Race	Asian or Asian British People	*No*	*No*	
	Black or Black British People	*No*	*No*	
	Chinese people	*No*	*No*	
	People of Mixed Race	*No*	*No*	

	White people (including Irish people)	*No*	*No*	
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	*No*	*No*	
Sexual Orientation	Transgender	*No*	*No*	
	Lesbian, Gay men and bisexual	*No*	*No*	
Age	Children	*No*	*No*	
	Older People (60+)	*No*	*No*	
	Younger People (17 to 25 yrs.)	*No*	*No*	
Faith Group		*No*	*No*	
Pregnancy & Maternity		*No*	*No*	
Equal Opportunities and/or improved relations		*No*	*No*	

Notes:

Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:		
	YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)		
Intended		

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:

3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?	
Scheduled for Full Impact Assessment	Date:
Name of persons/group completing the full assessment.	
Date Initial Screening completed	