

Breast Imaging Department

Ionising Radiation (Medical Exposure) Regulations 2017
Regulation 6 Schedule 2 Employer's Procedures

(k) Procedure for ensuring that the probability and magnitude of accidental or unintended doses to the patient are reduced so far as is reasonably practicable. Responsibilities relating to IR(ME)R procedures: Ensuring the required IR(ME)R procedures are in place Worcestershire Acute Hospitals NHS Trust (WAHT) Authorisation of Breast Imaging IR(ME)R procedures Clinical Director of Breast Imaging Development, review and amendment to this document Superintendent Radiographer Assisting in development, review and amendment to this document **Radiation Protection Supervisors** Governance pathway: Medical Physics Expert review (IRS) 12.7.2024 Submission to Breast Directorate for approval 11.1.2023 Circulation to Women and Children Division for information 1.3.2023 Circulation to Radiation Protection Committee for information 28.4.2023 Authorised by Clinical Director of Breast Imaging 1.3.2023

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IRMER (k) Procedure for ensuring that the probability and magnitude of accidental or unintended doses to the patient are reduced so far as is reasonably practicable.

Objective

To limit the likelihood and extent of accidental or unintended exposure of patients, either through equipment malfunction or procedural breakdown.

Scope

All medical exposures carried out by Worcestershire Acute Hospitals NHS Trust Breast Imaging Service Incorporating Hereford and Worcester Breast Screening Service.

Responsibility

Preventative maintenance and repair: Superintendent Radiographer

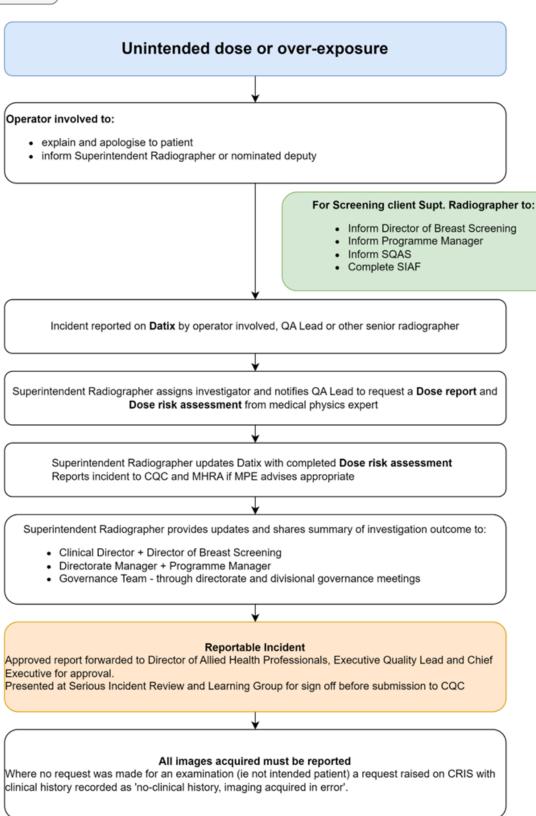
QA: Superintendent Radiographer, QA Radiographer, Medical physics staff

Equipment fault and incident reporting, equipment operation: all IR(ME)R operators.

Practice

- 1. The identity of the patient is checked prior to any radiation exposure, following the IR(ME)R procedure (a)
- 2. If appropriate to the examination, enquiries are made of individuals of childbearing age to establish whether they are pregnant or breastfeeding, according to the IR(ME)R procedure (c).
- 3. Equipment, where appropriate, is subject to a regular preventative maintenance programme.
- 4. Equipment is subject to a QA programme as required by the Ionising Radiations Regulations 2017, including
 - commissioning tests before it is first used for clinical purposes
 - testing at regular intervals and after any major maintenance
 - representative patient dose assessments.
- 5. Equipment faults are logged and reported to the Superintendent Radiographer or nominated deputy.
- 6. A formal procedure is followed for hand-over of equipment for maintenance.
- 7. Equipment that is exhibiting faults likely to cause patient dose overexposure is immediately taken out of use until repaired.
- 8. All operators undergo appropriate in-house training on the operation and testing of equipment.
- 9. All incidents are reported and investigated following the Worcestershire Acute Hospitals NHS Trust Incident Reporting Policy.
- 10. The reasons for incidents are reviewed and appropriate action taken to prevent recurrence.
- 11. Care is taken at all times whilst examining patients to select and operate equipment correctly.

Unintended dose or over-exposure, including accidental exposure, incorrect patient, equipment failure, vetting error or incorrect timing etc



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