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## DENTAL RADIATION PROTECTION POLICY

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*Solent NHS Trust policies can only be considered to be valid and up-to-date if viewed on the intranet. Please visit the intranet for the latest version.*

Purpose of Agreement	To outline the policy for radiography and the procedures required to comply with current legislation (IRMER2017 and IRR2017) within Solent Dental Service.
Document Type	<b>v Policy</b> SOP Guideline
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Document Manager (Job Title)	Dental Service Administration Manager
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## AMENDMENTS SUMMARY

Amend No	Issued	Page(s)	Subject	Action Date
1	Aug 03	9	Research and Education & Training needs	
2	10 Oct 05	8	Scope wording for policies relating to patients/clients	
3	23 Jan 06	7	Impact assessment	
4	12 Dec 08	10	Monitoring compliance & effectiveness	
5	27 Oct 09	All	New 'Legal Person', RPS and digital radiography	18 Nov 09
6	18 July 13	All	Re write for additional clinic entries and revised audit procedures	2 Jan 14
7	7 Apr 14	28	Confirmation of controlled area	
8	1 Aug 2015		New 'Legal Person' and procedures appendix for digital radiography	31 Aug 2015
9		All	Revision of DRLs and personnel/posts	4 February 2016
10	8/5/19	All	Updated for 2017 regulation changes, personnel and posts	25 June 2019

### Review Log

Include details of when the document was last reviewed:

Version Number	Review Date	Lead Name	Ratification Process	Notes
1	10 Oct 05	A Keirby	N/A – document review	Re-issued
2	23 Jun 06	A Keirby	N/A – document review	Revised and re-issued
3	12 Dec 08	A Keirby	N/A – document review	Revised and re-issued
4	27 Oct 09	P Howard	N/A – document review	Revised and re-issued
5	18 July 13	P Howard	N/A – document review Taken to NHSLA for advice and also reviewed in 2015 by Radiation Protection Advisers	Revised and re-issued
6	20 Feb 2017	P Howard	N/A document review	Revised and re-issued
7	8 May 2019	P Gilliland	Policy steering group and reviewed by RPA's	Revised and re-issued

### Executive Summary

**Radiography is a form of medical diagnostic imaging used in the diagnosis and treatment of conditions. Within Solent NHS Trust, the Dental Service is the main user of X-Ray machines for producing such images; and the clinicians within the Dental Service are able to both prescribe such imaging and also operate equipment to produce such images.**

**The Employers Procedures are required by statute and this Policy represents those the Employer's Procedures for Solent NHS Trust, including Local Rules and Safe Systems of Work, and also useful advice on day to day matters for radiography.**

**This document is designed to be used in sections within a binder.**

**DENTAL IRR / IRMER RADIATION FILE  
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## SOLENT SPECIAL CARE DENTAL SERVICE RADIATION FILE

### Introduction and Purpose

1. This document outlines Solent NHS Trust Policy for use of medical diagnostic imaging with Ionising Radiation in the Dental Service. It does not include other forms of diagnostic imaging in other services.
2. A copy of this document and supporting Radiation File documents must be kept in each location where diagnostic imaging using ionising radiation is carried out
3. The purpose of this Policy is to ensure:
  - (a) The safe and legal use of ionising radiations in order to protect patients, staff, visitors and the general public.
  - (b) A reduction in the number of incidents relating to ionising radiation.
  - (c) Compliance of the Trust with relevant legislation, principally the Ionising Radiations Regulations 2017 and the Ionising Radiation (Medical Exposure) Regulations 2017 and any other relevant legislation that comes into force during the currency of this policy.

### Policy Statement

4. It is the policy of the Trust to ensure the health and safety of its employees, of contractors working on the premises and of members of the public, including volunteers, visitors, etc., who may be exposed to the hazards arising from the use of ionising radiations.
5. The Trust will ensure that all diagnostic examinations involving medical exposure to ionising radiation are performed with the radiation dose to the patient being as low as reasonably practicable to achieve the required clinical purpose, consistent with the employer's written procedures and protocols.
6. The Trust is committed to a policy of restricting exposures to ionising radiation in accordance with the "as low as reasonably practicable" (ALARP) principle and will effect this through the organisational and management arrangements documented in this policy.
7. The Trust will comply with all statutory obligations relating to the use of ionising radiations. The Trust will appoint suitable expert advisers to support this.
8. The Trust will minimise the use of ionising radiations and will use alternative techniques wherever reasonably practicable.
9. 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 or are closely supervised while training. Local managers are responsible for ensuring that this training is recorded in records of personnel.
10. The Trust will ensure that where practicable, patients or other persons exposed to ionising radiations receive appropriate information and have it available in an Accessible format.

# Policy Statement

## Scope

11. This policy applies to locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.
12. This policy is also recommended to Independent Contractors as good practice.
13. All radiographic diagnostic imaging carried out within the Dental Service

## Responsibilities

14. Overall responsibility for compliance with statutory obligations as laid out in the regulations is with the **Chief Executive of Solent NHS Trust**.
15. The chief executive must ensure the Trust appoints suitable and competent **Radiation Protection Advisers (RPAs)** and **Medical Physics Experts**; these persons are detailed in IRR SOP.
16. The **Clinical Director** and **Clinical Leads of Solent Dental Service**, have the responsibility for the management of the patients treated in this service and will supervise the governance carried out within the Dental Service to comply with the Regulations and this Policy.
17. The **Clinical Director of Solent Dental Service** is responsible for appointing **Radiation Protection Supervisors (RPSs)**, identifying IRMER duty holders and ensuring they are appropriately trained. They must provide sufficient resources to allow **RPA** and **RPS** duties to be carried out.
18. The **RPSs** are responsible for issuing local rules, maintaining day-to-day compliance in radiation areas and liaising with the **RPAs** as appropriate. Specifically:
  - (a) Compliance with The Regulations and arrangements set out in the Local Rules.
  - (b) Confirming appropriate training of all staff who work with the equipment and to include understanding of the Employers Procedures;
  - (c) Arrangements for the supervision of contractors, visitors and other persons who may come into contact with the x-ray equipment;
  - (d) Ensuring Quality Assurance (QA) programmes are kept up to date;
  - (e) Seeking advice from the RPA about the suitability of new x-ray equipment;
  - (f) Confirming baseline QA measurements for newly installed or re-sited medical/dental x-ray equipment including Critical Exam and Acceptance Testing;
  - (g) Principal point of contact for liaison with the RPA, including for adverse incidents;
  - (h) Completing and recording remedial action from an RPA inspection.

## Policy Statement

19. To ensure coverage at all sites, **deputy RPSs** are appointed:
  - (a) Lead Radiography Dental Nurses will be appointed to geographical areas to assist the RPS and will act as Deputy RPS and will report directly to the RPS;
  - (b) Registered Dentists will also be appointed at specific sites (e.g. Secure Units) as deputies
  - (c) Appropriate training will be provided for these duties;
20. The **Dental Clinical Governance Leads** are responsible for authorising the Employers IRMER Procedures and protocols.
21. More detailed roles and responsibilities under IRMER and IRR are outlined in detail within the IRMER Employer Procedure Document and Local Rules.
22. Dental staff and those that will use this policy required to adhere to the arrangements made under this policy.

### Qualified Expert advice

- 23 The organisation must seek the advice of a Radiation Protection Adviser in the following areas:
  - (a) Implementation of the requirements for designated areas.
  - (b) Prior examination of plans for the installation and acceptance into service of new or modified dental x-ray equipment, with particular respect to any engineering controls, design features, safety features and warning devices provided to restrict exposure to ionising radiation.
  - (c) Regular checking of systems of work provided to restrict exposure.
  - (d) Periodic examination and testing of engineering controls, design features, safety features and warning devices (radiation surveys of Trust dental radiography equipment and facilities).
  - (e) Risk assessment.
  - (f) Contingency plans.
  - (g) Training of staff in radiation safety
  - (h) Conduct of any investigations, required by The Regulations (e.g. following an incident or accident situation).
  - (i) Advice on the suitability, use and checking of any instrument provided to measure levels of ionising radiation.
- 24 The organisation must seek the advice of a Medical Physics Expert in the following areas:
  - (a) Acceptance testing and Quality Assurance programme.
  - (b) Conduct of any investigations, required by The Regulations (e.g. following significant or accidental unintended patient exposure).
  - (c) Advice on optimisation and safety of patient exposures
  - (d) Advice on new techniques
  - (e) Training of staff in IRMER

# Policy Statement

## Training

- 25 IRR requires that all employees involved in radiation practices have appropriate training in radiation safety. The training must be repeated at suitable intervals (at least every five years).
- 26 IRMER requires that every IRMER Practitioner and Operator has received adequate training detailed in the IRMER SOP in the radiation file and undertakes continuing education and training after qualification(see point 30 and 31)
- 27 The Learning & Development Team are partners in addressing any learning or training needs to assist the 'Legal Person'.
- 28 Adequate training for an IRMER Practitioner comprises:
  - (a) For UK dental graduates, an undergraduate degree conforming to the requirements for the undergraduate dental curriculum in dental radiology and imaging and the core curriculum in dental radiography and radiology for undergraduate dental students;
  - (b) For non-UK dental graduates, the 'Legal Person' should establish whether the IRMER Practitioner's undergraduate degree matches the above requirement
  - (c) Dental Therapists are classed as Practitioners providing they qualified post Oct 2013 and completed an undergraduate degree conforming to the requirements for the undergraduate dental curriculum in dental radiology and imaging and the core curriculum in dental radiography and radiology for undergraduate dental Therapists. Those who qualified pre 2013 will have to undergo a postgraduate course in prescribing dental radiographs to be deemed as competent to do so otherwise their role is classed as an operator.
  - (d) Operators whose duties include selecting exposure parameters and/or positioning the film the patient and the tube head should either be dental graduates with conforming undergraduate training or Dental Nurses possessing a Certificate in Dental Radiography, conforming to the syllabus prescribed by the College of Radiographers.
- 29 IRMER Practitioners, together with Operators, must update their knowledge of and skills in intra-oral and panoramic radiology. Within the five-yearly recertification cycle, a Practitioner is expected to devote at least five hours to radiology and radiation protection and is recommended to attend formal courses covering all aspects of radiation which would be expected to cover:
  - (a) The principles of radiation physics;
  - (b) Risks of ionising radiation;
  - (c) Radiation doses in dental radiography;
  - (d) Factors affecting doses in dental radiography;
  - (e) The principles of radiation protection;
  - (f) Statutory requirements;
  - (g) Selection criteria;
  - (h) Quality assurance.
- 30 Dental Nurses and any other Dental Care Professionals (DCPs) whose duties include film processing and quality assurance must have received adequate and documented training, specific to the tasks that they undertake.

## Policy Statement

- 31 Dental Nurses and any other Dental Care Professionals (DCPs) who 'press the exposure button' as part of a patient exposure that has been physically set up by an adequately trained Operator, may only do so in the continued presence, and under the direct supervision, of that Operator. They must have received documented instruction appropriate to this task.
- 32 Those persons who have been confirmed as appropriately trained are included within the Radiation File on the list of 'Named Persons'. This list is reviewed annually against training records kept within the Dental Admin Office, which include CPD for re-registration / re-validation and the core subject records for Radiation Protection. Competencies will be formally recorded.
- 33 Training records are also checked at Annual Appraisal in order to confirm that training is current and the requirements of The Regulations for training are met. Appraisal outcomes will include provision for training as a mandatory requirement to be fully supported by the Employer.

### Equality and Diversity and Mental Capacity Act

- 34 An Equality, Diversity, Human Rights and Mental Health Assessment has been conducted in relation to this document. The Equality Impact Assessment is included as Appendix 4.

### Review

- 35 This document may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance or non-compliance prompt an earlier review. Additional reviews may be required if new techniques or procedures are introduced.
- 36 Review will be carried out at annual Radiography Meetings with input from Radiation Protection Advisers and Medical Physics Experts.
- 37 Practitioners and Operators are made aware of any changes to the procedures and protocols by email notification from the Dental Administration Office and through written amendments.

### References and links to other documents

- 38 This document is guided by, 'The Ionising Radiation (Medical Exposure) Regulations 2017' (referred to as IRMER) and 'The Ionising Radiation Regulations 2017' (referred to as IRR) – '*The Regulations*'.  
*The Regulations*
- 39 Terms used within this document are detailed at Appendix 2.
- 40 References and reading / educational material are listed as Appendix 3.
- 41 Where this document is in use at HM Prison and Offender Management locations, 'Prison Service Order 3842 Radiation Safety – Dental and Medical X-Ray Equipment' must also be followed.



# Appendix One

## Essential Contents of Site Radiation File

### **This Policy**

#### **Local rules for the Site**

##### **Employer's IRMER Procedures**

Procedure A: Patient identification  
Procedure B: Individuals entitled to be IRMER duty holders  
Procedure C: Radiography of patients of child bearing potential  
Procedure D: Quality assurance of procedures  
Procedure E: Assessment of patient dose  
Procedure F: Diagnostic Reference Levels  
Procedure G: Biomedical and medical research exposures  
Procedure H: Patient information for the administration of radioactive materials  
Procedure I: Provision of information regarding radiation dose and associated risks  
Procedure J: Image evaluation and recording of factors relevant to patient dose  
Procedure K: Reducing the probability and magnitude of accidental or unintended doses  
Procedure L: Managing clinically significant unintended or accidental exposures  
Procedure M: Non-medical imaging procedures  
Procedure N: Carers and comforters

##### **Forms and records**

Operational Records  
Equipment and Materials Records  
Training Records  
Log of dates file reviewed  
Dental Radiography Request Form  
Record of persons holding patients for dental radiography  
Record of processing chemicals changes  
Inventory of radiographic equipment  
Nomad Hand-held Device visit sheet  
Computer screens master log & inspection records  
Intensifying screens master log & inspection records  
Persons allowed to operate radiographic equipment within  
Solent Special Care Dental Clinics  
Suppliers information sheets and certificates  
Servicing records and inspection certificates

##### **Quality Assurance Guide**

Introduction  
Equipment  
Process  
Outcome  
Radiographic Record Log Book (Example)  
Table of criteria for image assessment  
  
Practical procedures for digital radiography  
Fact sheets and advice sheets

## Appendix Two

### GLOSSARY

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IRR	Statutory Instrument 2017 No. 1075. The Ionising Radiations Regulations 2017.
IRMER	Statutory Instrument 2017 No. 1322. The Ionising Radiation (Medical Exposure) Regulations 2017 (as amended).
The Regulations	All relevant regulations together are referred to as 'The Regulations' within The Radiation File.
Radiation Protection File (Radiation File)	<p>The Radiation File is this Policy Document, which states the Employers Procedures and Local Rules for Diagnostic Medical Imaging and operation of Radiography Equipment within the Dental Service of Solent NHS Trust.</p> <p>The Radiation File contains records of equipment, servicing and audit documents for specific locations.</p>
Patient	A person who has dental treatment provided under the National Health Service (Dental Charges) Regulations 2005 and who is subject to the provisions of the National Health Service (General Dental Services Contracts) Regulations 2005.
Dental Care Professional (DCP)	<p>Dental Registrants such as Dental Nurses, Dental Therapists, Dental Hygienists and Dental Technicians (i.e. those Registered with the General Dental Council (UK)) who are not Registered Dental Surgeons.</p> <p>Abbreviated to 'DCP' in this document.</p>
'Legal Person'	<p>The Employer (strictly the "Radiation Employer") who takes legal responsibility for implementing both sets of The Regulations and for the safety and maintenance of the equipment; for risk assessment; for reporting of radiography use and any adverse outcomes; and for Procedures and the Local Rules.</p> <p>The 'Legal Person' is defined in the Local Rules.</p>
Radiation Protection Adviser (RPA)	<p>Provider of expert advice to the 'Legal Person' on radiation protection in dentistry, risk assessment, procedures and equipment and facilities surveys. RPA is a designated appointment under IRR.</p> <p>Abbreviated to 'RPA' in this document.</p>
Radiation Protection Supervisor (RPS)	<p>Appointed by the 'Legal Person' to ensure compliance with IRR, and in particular to supervise the arrangements set out in the Local Rules and System of Work, and responsible for compiling operating procedures and protocols on behalf of the 'Legal Person'.</p> <p>Whoever is appointed as an RPS has the authority directly delegated by the 'Legal Person' from The Regulations without reference to any other line of management to adequately implement their responsibilities.</p> <p>Abbreviated to 'RPS' in this document.</p>

## Appendix Two

### GLOSSARY

Medical Physics Expert (MPE)	<p>Applicable to members of the RPA team (or may be the same person as the RPA in smaller Medical Physics departments). MPE is the descriptive term for a qualified adviser under IRMER, specifically to give advice on such matters as the measurement and optimisation of patient dose.</p> <p>Abbreviated to 'MPE' in this document.</p> <p>Members of this team acting as MPEs will be acknowledged as Named Persons for purposes of testing equipment.</p>
Referrer	<p>A qualified Medical or Dental Practitioner (Registered Dental Surgeon) or other health professional who is entitled in accordance with the Employer's ('Legal Person's) Procedures to refer individuals for medical exposure to an IRMER Practitioner.</p>
IRMER Practitioner	<p>The Practitioner is a Registered Dentist or other health professional (Registered Dental Nurse, or Registered Dental Therapist) with specific training in taking radiographs and questioning / justifying requests for radiography.</p> <p>The Practitioner is entitled in accordance with the 'Legal Person's' procedures to take responsibility for an individual medical exposure.</p> <p>The primary function of The Practitioner is to undertake the Justification of individual exposures.</p>
IRMER Operator	<p>The Operator is any person who is entitled with the 'Legal Person's' procedures, to carry out all or part of the practical aspects associated with a radiographic examination.</p>
IRMER Referrer	<p>The Referrer supplies clinical information regarding each medical exposure to enable the Practitioner to decide that there is a net benefit to the patient in executing that medical exposure and that it is therefore justified.</p>
Named Person	<p>A person who has completed appropriate training under The Regulations in order to act as an Operator within the Dental Service.</p>
OPG/OPT	<p>Orthopantomograph – a tomographic radiography view of the jaws.</p>
Peri Apical (PA)	<p>A type of imaging view in common use in dentistry.</p> <p>Abbreviated to 'PA' in this document.</p>
Bite Wing (Bwg)	<p>A type of imaging view in common use in dentistry.</p> <p>Abbreviated to 'Bwg' in this document.</p>
Bi Molar (BM)	<p>A type of extra-oral imaging view in common use in dentistry showing both sides of the jaws. Also referred to as Oblique Lateral or Lateral Oblique when only one side of the jaws is shown.</p> <p>Abbreviated to 'BM' in this document.</p>
Vertex Occlusal	<p>A type of imaging view in use in dentistry but not usually used in this Dental Service because of the risk of high Thyroid dose.</p>

## Appendix Two

### GLOSSARY

Justification	The process of considering whether a medical exposure should be made by a Practitioner.
Optimisation	The process of bringing the most valuable diagnostic information from imaging through ensuring that doses arising from exposures are kept as low as reasonably practicable.
Authorisation	The means by which it can be demonstrated that Justification has been carried out. The method of authorisation is normally the written Justification by an appropriate person in the clinical records.
Risk Assessment	The 'Legal Person' is required to have undertaken a risk assessment for the purpose of identifying the measures needed to restrict exposure of persons to ionising radiation.
Quality Assurance (QA)	The purpose of Quality Assurance is to ensure consistently adequate diagnostic information, whilst radiation doses to patients and staff are controlled to be as low as reasonably practicable (ALARP).  Abbreviated to 'QA' in this document.
Controlled Area	A Controlled Area around the dental x-ray equipment is defined to control routine and potential exposures to staff and other persons.  This normally includes prohibiting normal access to the controlled area during radiography and operating within procedures that are incorporated into Local Rules.
Supervised Area	The term Supervised Area is not considered to apply within Solent NHTS Trust Dental Service as it is unlikely that anyone's annual dose would exceed the current threshold limit.

## **Appendix Three REFERENCES**

### **REGULATIONS**

Ionising Radiation (Medical Exposure) Regulations 2017. Statutory Instrument 2017 No 1322.

The Ionising Radiations Regulations 2017. Statutory Instrument 2017 No. 1075.

### **POLICIES**

Prison Service Order 3842 Radiation Safety – Dental and Medical X-Ray Equipment.

Clinical Diagnostic Testing Policy. Procedures for clinical tests and screening. Southampton Community Healthcare, 2007. (as amended).

Policy for Consent to Examination or Treatment. Standards and procedures in Solent NHS Trust which aim to ensure that health professionals are able to comply with the guidance issued by the Department of Health (2001, updated in 2009). Solent NHS Trust, 2011 (as amended).

### **PUBLICATIONS**

Selection Criteria for Dental Radiography. Faculty of General Dental Practitioners (UK), Third Edition 2013 (as updated Feb 2018). The Royal College of Surgeons of England.

Recommended Standards for Routine Performance Monitoring of Diagnostic X-ray Imaging Systems. IPEM Report 91. Institute of Physics and Engineering in Medicine, College of Radiographers and the National Radiological Protection Board, 2005. (IPEM, York).

Doses to patients from Radiographic and Fluoroscopic X-Ray imaging procedures in the UK HPA-CRCE-034. 2010 review. (HPA June 2012)

Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment. National Radiological Protection Board (NRPB), 2001.

### **CQC INVESTIGATIONS**

Solent NHS Trust CQC investigation report IRMER010167 into exposures Much Greater Than Intended. Recommendations for implementation and on-going monitoring of causatory factors and ICT failings. 16 November 2016.

## Appendix Four

### EQUALITY & HUMAN RIGHTS IMPACT ASSESSMENT

<u>Step 1 – Scoping; identify the policies aims</u>	Answer		
1. What are the main aims and objectives of the document?	A framework to comply with IRMER and IRR		
2. Who will be affected by it?	All staff, patients and members of the public		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Maintain high levels of radiation safety using QA measures in Guidance Notes for Dental Practitioners on the Safe Use of X-Ray Equipment. National Radiological Protection Board and Department of Health, 2001.		
4. What information do you already have on the equality impact of this document?	This is compliance with national guidelines where similar assessments have been made		
5. Are there demographic changes or trends locally to be considered?	No		
6. What other information do you need?	None		
<u>Step 2 - Assessing the Impact; consider the data and research</u>	Yes	No	Answer (Evidence)
1. Could the document unlawfully discriminate against any group?		<input checked="" type="checkbox"/>	
2. Can any group benefit or be excluded?		<input checked="" type="checkbox"/>	
3. Can any group be denied fair & equal access to or treatment as a result of this document?		<input checked="" type="checkbox"/>	
4. Can this actively promote good relations with and between different groups?	<input checked="" type="checkbox"/>		
5. Have you carried out any consultation internally/externally with relevant individual groups?	<input checked="" type="checkbox"/>		Dental Staff Dental Business Integrated Governance Group
6. Have you used a variety of different methods of consultation/involvement		<input checked="" type="checkbox"/>	
<u>Mental Capacity Act implications</u>			
7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)	<input checked="" type="checkbox"/>		

## Appendix Four

### EQUALITY & HUMAN RIGHTS IMPACT ASSESSMENT

<u>External considerations</u>			
8. What external factors have been considered in the development of this policy?			n/a- developed following IRR2017 and IRMER 2017 regulations
9. Are there any external implications in relation to this policy?		<input checked="" type="checkbox"/>	
10. Which external groups may be affected positively or adversely as a consequence of this policy being implemented?			Protection of staff, patients and outside workers

If there is no negative impact – end the Impact Assessment here. Confirmed no negative impact

<b><u>Step 3 - Recommendations and Action Plans</u></b>	<b>Answer</b>
1. Is the impact low, medium or high?	N/A
2. What action/modification needs to be taken to minimise or eliminate the negative impact?	N/A
3. Are there likely to be different outcomes with any modifications? Explain these?	N/A
<b><u>Step 4- Implementation, Monitoring and Review</u></b>	<b>Answer</b>
1. What are the implementation and monitoring arrangements, including timescales?	Annual
2. Who within the Department/Team will be responsible for monitoring and regular review of the document?	Lead for Clinical Governance
<b><u>Step 5 - Publishing the Results</u></b>	<b>Answer</b>
How will the results of this assessment be published and where? (It is essential that there is documented evidence of why decisions were made).	Assessment to be included within Radiation File