

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: X-101 RADIATION SAFETY	POLICY #: 1039
	VERSION: 1
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DATE APPROVED: 06/28/2016	

PURPOSE: To provide radiation safety guidelines to the Ambulatory Surgical Center (ASC)

POLICY: All ASC staff will comply with the following radiation safety procedures at all times when radiology equipment is used in the operating room.

PROCEDURE:

1. Lead aprons with a minimum of 0.25 mm lead will be worn by all ASC staff during fluoroscopy procedures. When wearing a lead apron, the radiation safety badge shall be positioned at the collar level above or on the top of the protective apron.
2. During fluoroscopy, staff should remain behind a protective barrier when possible. If not possible, staff should stand as far from the OR table as practical, or behind the fluoroscopy unit, when possible.
3. Additional personal protective devices, such as leaded glasses, gloves and thyroid shields (with the equivalent of 0.25mm lead) should be worn, when appropriate.
4. Lead aprons are to be:
 - a. Hung by the shoulders when not in use (not on a hook), and never folded, draped, creased or laid flat for storage.
 - b. Cleaned with cold water and soap or disinfectant wipes and never with bleach or harsh chemicals since this can deteriorate, and perhaps alter the effectiveness of protections. Do not autoclave, dry-clean or machine launder.
 - c. Inspected fluoroscopically every six months by Radiology staff.
 - d. Disposed of, when indicated, in accordance with the hazard waste process.

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5. Radiation Safety Badges

- a. Radiation safety badges are issued by the HDHS Radiology Department to all ASC operating room staff on or before the 15th of each month.
 - b. Radiation safety badges must be worn by the ASC staff during any procedures. The badges are to be stored in a secure location when not in use.
 - c. The exposed badges are collected by the HDHS Radiology, when the new badges are issued each month, and are submitted to a contractor to measure the level of radiation exposure. Any abnormal results are reviewed by the HDHS Radiation Safety Officer.
 - d. The dosimetry reports for the ASC staff radiation badges are posted in the ASC for review by staff, copies of the reports are maintained in the ASC for two years, and the reports are presented to the ASC Medical Advisory Committee on a quarterly basis.
6. Pregnant personnel should avoid radiation. When it is unavoidable, proper shielding must be used.
 7. The patient will be protected from unnecessary radiation. Lead shielding should be used, when possible to protect the patient's ovaries or testes during x-ray studies.
 8. Measures taken to protect the patient during the procedure from the risk of direct and indirect radiation exposure will be documented on the perioperative nursing record.
 9. When fluoroscopy is utilized during the procedure, the Circulating Nurse will obtain, from the radiology technician, the total duration of the patient's exposure to radiation once the use of the fluoroscopy equipment is finished. The Circulating Nurse will then document the duration of the exposure to radiation in the ASC Fluoroscopy Exposure Log, located in each Operating Room. Information documented will include date, patient's name, MRUN, procedure performed and duration of exposure.
 10. The ASC Supervising Nurse will perform a monthly audit to verify that exposure time was documented for all patients who underwent procedures with fluoroscopy. This report will be presented on a quarterly basis as the ASC MAC and results will be shared with the ASC OR staff.

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11. Lack of compliance with documentation will be tracked on an individual basis and will be included in the annual employee performance evaluation.

12. Radiation safety training is provided for all non-radiology personnel during new employee orientation, and is available from the Department of Radiology upon request.

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