[Name of Dental Practice] [How to use templates](https://www.psm.sdcep.org.uk/templates/how-to-use-templates/)

[Date]

# Radiation Protection File Overview

**Radiation Protection File for [Name] Dental Practice**

This radiation protection file will be reviewed annually to ensure it remains relevant and effective. All those involved with the use of x-rays should be aware of this document. The use of radiographic equipment at this practice has been registered with the Health and Safety Executive.

**Employer**

[Name] is legally responsible for Radiation Protection in this practice.

**Radiation Protection Supervisor**

[Name] has been appointed as Radiation Protection Supervisor.

**Radiation Protection Adviser**

[Name, company, contact details] has been appointed, in writing, as a suitable Radiation Protection Adviser in accordance with the Ionising Radiations Regulations 2017.

**Medical Physics Expert**

[Name, company, contact details] has been appointed, in writing, as a qualified Medical Physics Expert, in accordance with the Ionising Radiation (Medical Exposures) Regulations 2017.

**Staff Appointments**

See Appendix 1 for a summary of entitled staff and their scope of duties.

All entitled staff have received the relevant training and been assessed as competent in relation to their duties. This is documented within this radiation protection file.

**X-ray Equipment**

All x-ray equipment in this practice has CE marking and is properly maintained and regularly tested. An inventory of all radiographic equipment is available. The inventory and all records of maintenance and testing are documented within this radiation protection file.

**Risk Assessment**

A radiological risk assessment has been carried out in consultation with the RPA to identify the measures required to protect staff, patients and the public, and all recommendations arising from the risk assessment have been put in place. This is documented within this radiation protection file. The risk assessment will be reviewed every three years and also if any changes in equipment, working methods or legislation arise.

**Control of Exposure and Dose**

A controlled area has been defined around all pieces of x-ray equipment. Only the patient is permitted to be in this area during exposure. If an assisting adult is required, the Employer’s Procedure for exposure of carers and comforters will be followed.

**Local Rules**

Local rules identifying the key working instructions to ensure that exposure of staff and others is restricted are provided. These are documented within this radiation protection file and are also available by each item of x-ray equipment.

**Written Procedures and Protocols**

Procedures and protocols have been put in place to ensure that radiation is used safely and appropriately. These are detailed within this radiation protection file. A quality assurance programme to ensure that written procedures and protocols are fit for purpose has been implemented and each procedure and protocol in the programme will be checked and the outcome recorded annually by [Name].

**Training**

All relevant members of staff are trained in the use of radiological equipment and are aware of the precautions required to restrict radiation exposure. IR(ME)R Practitioners and Operators at this practice also undertake continuing professional development (CPD) as recommended by the GDC. Staff training records, including equipment-specific training, are documented within this radiation protection file. Non-clinical staff, patients and other members of the public are provided with information to ensure their health and safety where appropriate.

**Incident Management**

All incidents, accidents and near misses will be investigated and where appropriate will be reported to the relevant authorities. Investigation reports will be retained for appropriate periods of time.

**Quality Assurance Programme**

A quality assurance programme has been implemented to ensure that adequate diagnostic information is consistently achieved while ensuring the lowest possible does of radiation is used. [Name] is responsible for the practice’s quality assurance programme.

**Audit**

Regular radiology audits will be carried out to ensure that the practice’s quality assurance programme remains fit for purpose, including regular in-house audits of radiograph quality and annual review of all Employer’s Procedures. Clinical audit and peer review will also be carried out in accordance with any national arrangements.

**Radiation Protection File Log**

A Radiation Protection File Log has been created and any changes to this Radiation Protection File will be recorded.

**Appendix 1: Example Summary of Entitled Duty Holders and Scope of Duties**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Staff name** | **Role** | **Referrer** | **Practitioner** | **Operator** | **Operator** | **Operator** | **Operator** | **Operator** | **Operator** | **Operator** |
| Refer for all dental x-rays | Justify all dental x-rays | Carry out patient identification | Undertake QA on equipment | Undertake intra oral exposures | Undertake OPG exposures | Carry out image processing | Carry out electronic manipulation of an image | Undertake clinical evaluation of all dental images |
| John Smith | Dentist | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Amy Jones | Dentist | ✓ | ✓ | ✓ | ✓ | ✓ |  | ✓ |  | ✓ |
| Leah King | Dental nurse |  |  | ✓ | ✓ | ✓ |  | ✓ |  |  |
| Jo Edwards | Dental nurse |  |  | ✓ | ✓ | ✓ |  | ✓ |  |  |