SA4 – The service implements and monitors systems to manage risks associated with the use of interventional radiology including the use of ablative technologies and therapeutic devices.

a) Risks associated with the use of interventional radiology including ablative technologies and therapeutic devices should be minimised for patients, staff and others. Good practice guidance suggests that policies and protocols should be developed, agreed, maintained and applied to all procedures using these devices. There should be a specific protocol for each procedure and piece of equipment used. Processes and protocols should be grounded in current best practice and reflect professional guidance and statutory requirements. Relevant staff should be aware of the protocols and how to access them, and any changes should be communicated to them.

b) Where optical radiation is used, there should be a laser protection adviser, laser protection supervisor and a register of authorised users for each piece of equipment. Services should have specific policies for optical radiation safety, distinct from other radiation safety policies.

c) Legislation and guidance require the definition and assessment of risks and optimisation of procedures and equipment. Risk assessment should cover possible direct damage to eyes or skin, possible harm arising from misdirected or malfunctioning equipment, risks associated with reflective surfaces, and the risk of fire, explosion or smoke inhalation. All referrals should be vetted, prioritised, justified and authorised (see also standard statement CL1). The incorporation of the WHO checklist should be demonstrated.

d) All staff involved with the use of interventional therapeutic devices and technologies, including those assisting in procedures, should receive appropriate training, including safety training (see also standard statement FR4). All equipment should be subject to regular quality assurance checks (see also standard statement FR3).

e) All areas where optical radiation devices are used should be classified and monitored in accordance with national and local regulations. Access to these areas should be controlled (see also Standard FR1). Rooms should be equipped with protective equipment such as laser-proof blinds or barriers and eye protection should be available.

f) Evidence of regular morbidity and mortality meetings with other professional groups of staff as appropriate must be provided.

References


**The Colleges will aim to update the reference list regularly to ensure that the information provided is as current as possible. Please note these links refer to external organisations and, as such, the Colleges are not responsible for the content or maintenance of these external sites.**