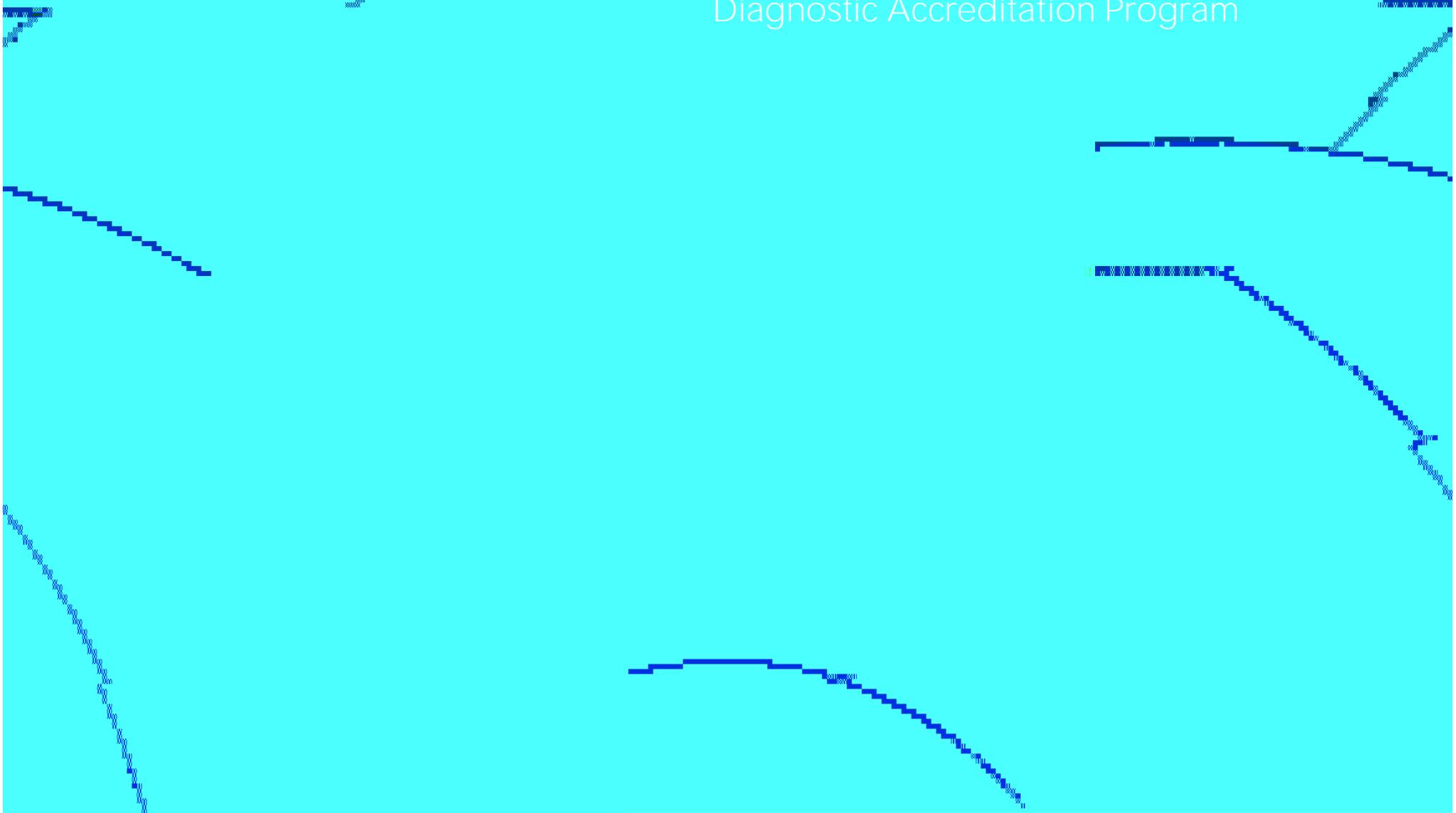




Diagnostic Accreditation Program



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RS1.1.11	Individuals required to be immediately adjacent to the patient wear protective lead.	H
RS1.1.12	Individuals remaining in the room during irradiation must stay as far back from the X-ray beam as practical, or behind a protective shield.	H



RS1.2.10





Revised

Guidance: RS2.0 criteria is applied to all X-ray imaging systems, unless otherwise noted.

RS2.1.1	There is clear signage posted in the reception, changing, and waiting areas to alert patients who may be pregnant to notify the technologist.	M
RS2.1.2	The operator does not perform any examination which has not been requested by an authorized individual.	H
RS2.1.3	Lead shielding is not routinely provided. <i>Guidance: If lead shielding is requested, it may be used when clinical objectives will not be compromised.</i>	
RS2.1.5	The X-ray beam is collimated to restrict the beam to the area of diagnostic interest.	H

Revised

Guidance: Only essential investigations are taken in the case of pregnant or suspected pregnant patients. Care is taken to protect the fetus from radiation when the X-ray examination of a pregnant patient is unavoidable. This includes keeping the exposure to the absolute minimum, the use of shielding of the abdominal area and the use of a well-collimated X-ray beam.



RS2.2.2

If an examination is requested on a pregnant or potentially pregnant patient, there are documented procedures on how to proceed with the examination request.

H

Guidance: The procedures should speak to who is responsible for discussing the patients' options for imaging such as the risk versus benefit of proceeding with or declining an examination, and how to proceed if the patient has questions regarding their care. The individuals involved in discussing the patient's concerns may encompass the referring physician, radiologist, medical physicist, and imaging technologist.

Revised



RS3.2.1

For CT, dose-length product values a8(es)-8(a)-3(8(es)-8(a 16.375 recom0118p.78



Revised

Guidance: Due to the relatively low radiation risks associated with bone densitometry, RS5.0 is not applied to bone densitometry services.

RS5.1.6	A radiation protection survey is conducted: <ul style="list-style-type: none"> I. at installation and or relocation of equipment; II. routinely, once every four years; III. when equipment or barriers are damaged or modified in a manner which impacts radiation safety; and IV. when there is an unusually high radiation exposure. 	H	Equip-QA-RPS-AC-23	Revised
RS5.1.7	Radiation protection surveys are retained for ten years.	M	Equip-QA-RPS-AC-23	New





RS7.3.4	The medical physicist or radiation safety officer ensures that radiation protection inspections for the facility are scheduled and performed.	M
RS7.3.5	The medical physicist or radiation safety officer establishes safe working conditions according to the recommendations of Health Canada Safety Codes and the statutory requirements of federal or provincial legislation, where applicable.	M
RS7.3.6		



Equip-QA-RPS-AC-23	2023 DAP Equipment Quality Assurance and Radiation Protection Surveys Advisory Committee Recommendation
SC-35	Health Canada. Safety Code 35. Radiation protection in radiology—large facilities [Internet]. Ontario: Health Canada; 2024. Available from: https://www.canada.ca/content/dam/hc-sc/documents/services/environmental-workplace-health/reports-publications/radiation/safety-code-35-safety-procedures-installation-use-control-equipment-large-medical-radiological-facilities-safety-code/safety-code-35-safety-procedures-installation-use-control-equipment-large-medical-radiological-facilities-safety-code.pdf
SC-36	Health Canada. Safety Code 36. Radiation Protection and Quality Standards in Mammography - Safety Procedures for the Installation, Use and Control of Mammographic X-ray Equipment [Internet]. Ontario: Health Canada; 2013. Available from: https://www.canada.ca/content/dam/hc-sc/migration/hc-sc/ewh-semt/alt_formats/pdf/pubs/radiation/safety-code_36-securite/safety-code36-securite-eng.pdf

