

**Ionising Radiation (Medical Exposure) Regulations 2000 –
IR(ME)R 2000**

HEYH Radiology Department

Procedure Title **Quality Assurance of Standard Operating Procedures**

Scope The procedures and protocols to be audited are those stated in:
Schedule 1 and Regulations 4(1), 4(2) of IR(ME)R 2000

Responsibilities It is the responsibility of the Imaging Services Manager to ensure that an audit of the procedures and protocols is regularly undertaken. (Every two years on a routine basis but immediately if it is suspected that procedural requirements are ignored and/or unworkable).

Procedure All procedures and protocols must be subjected to periodic audit to ensure:

- they are current, effective and appropriate
- identify any necessary improvements or amendments

An audit should be undertaken:

- periodically - not less than every two years
- when new equipment, techniques or procedures are introduced
- immediately if it is suspected that procedure is breaking down

Staff must report any instance when they are aware procedures and protocols:

- are not being followed
- are not having the effect expected

A written log must be kept of all reported incidents of procedural breakdown.

Written records of audits must be kept to demonstrate the quality assurance procedures being followed. A report to the Radiology management team should be submitted if there are persistent problems.

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