

UNIVERSITY OF TOLEDO

SUBJECT: Fluoroscopy Training Requirements

Procedure No: HM-08-047

PROCEDURE STATEMENT

The safety of staff, patients, and students with respect to the use of ionizing radiation from fluoroscopic equipment.

PURPOSE OF PROCEDURE

To define the responsibilities of the individual using or present during fluoroscopic procedures.

PROCEDURE

1. As per Ohio Administrative Code 3701:1-66-07, all individuals operating fluoroscopic equipment, and individuals likely to receive an annual effective dose equivalent in excess of one millisievert (one hundred millirem) from participating in fluoroscopic procedures, shall receive at least two hours of radiation protection training specific to fluoroscopy prior to performing or participating in fluoroscopic procedures.
2. The training required by this rule shall be provided by an Ohio registrant, approved by the registrant's designated radiation expert, and be specific to the type of fluoroscopic equipment used. Documentation of receiving the training required by OAC 3701:1-66-07 of this rule shall be retained by the registrant and be available for review upon inspection. At a minimum, training topics shall include, but not be limited to:
 - a. Principles and operation of the fluoroscopic equipment to be used;
 - b. Fluoroscopic outputs including high-level control options as applicable;
 - c. Dose reduction techniques for fluoroscopic equipment; and
 - d. A review of the safe operating procedures of each piece of fluoroscopic equipment that may be used by each individual.
3. The aforementioned requirements will be satisfied, in part by completing the Safe Use of Fluoroscopy training and test on the University of Toledo test bank.
4. As per Joint Commission HR. 01.05.03, Staff participate in ongoing education and training.
 - a. EP 1: Staff participate in ongoing education and training to maintain or increase their competency and, as needed, when staff responsibilities change. Staff participation is documented.
5. As per Joint Commission HR. 01.06.01, Staff are competent to perform their responsibilities.
 - a. EP 1: The hospital defines the competencies it requires of its staff who provide patient care, treatment, or services.
 - b. EP 6: Staff competence is assessed and documented once every three years, or more frequently as required by hospital policy or in accordance with law and regulation.
6. The Safe Use of Fluoroscopy Refresher training and test on the University of Toledo test bank must be completed biennially by each individual who has completed the initial training, in part to assist in satisfying the Joint Commission Elements of Performance and as good ALARA practice.

7. Monthly, quarterly, and annual occupational doses are reviewed by the Radiation Safety Office. Each individual shall receive an Exposure Investigation and one hour of re-training by the Radiation Safety Office whenever the individual receives in excess of thirty per cent of the allowable occupational dose measured over one calendar year. Documentation shall be retained by the registrant and be available for review upon inspection.

Source: X-ray QA Committee

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