


Name of Policy: Radiation Dose Review Committee		 Effective date: 04/10/2025 Original effective date: 3/1/2020	
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Approving Officer: Assistant Professor & Deputy Clinical Service Chief, Director Radiology			
Responsible Agent: Assistant Professor & Deputy Clinical Service Chief, Director Radiology			
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<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input checked="" type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

It is the policy of the University of Toledo Health Science Campus (HSC) UT Medical Center and the Department of Radiology that a Radiation Dose Review Committee will be appointed as defined below.

(B) Purpose of policy

To define the goals, objectives, composition, responsibilities, and duties of the Radiation Dose Review Committee.

(C) Scope

1) Description

The Radiation Dose Review committee is a coordinating body for quality assurance and performance improvement in regard to fluoroscopically guided interventional procedures and computed tomography (CT) procedures in support of the University of Toledo Medical Center.

2) Objectives

- a) Identify possible quality and patient safety improvement needs that will be reported to the Xray QA Committee.
- b) Evaluate ALARA performance of procedures, physicians, and technologists.
- c) Assure ALARA principles are maintained for all staff and patients with regards to fluoroscopically guided interventional procedures and computed tomography (CT) procedures in accordance with Ohio Department of Health Regulations.

3) Composition

The Radiation Dose Review Committee shall include at least the following members:

- a) The individual responsible for radiation protection (IRRP);
- b) A diagnostic radiation expert (CRE);
- c) As applicable, a physician that performs fluoroscopically guided interventional and/or computed tomography procedures; and
- d) As applicable, a technologist that performs fluoroscopically guided interventional and/or computed tomography procedures.

4) Quorum

A quorum of the Radiation Dose Review Committee shall meet as often as necessary to carry out its duties, but at least annually. To establish a quorum at least one half of the committee's membership must be present either in person or by telecommunication and must include the IRRP. A record of each meeting shall be maintained and include the following:

- a) The date of the meeting;
- b) An indication of members present; and
- c) A summary of meeting including any recommended actions.

5) Meetings

The meeting shall generally be conducted according to the principles of "Robert's Rules of Order" and the Chairman shall use them as a guide at the request of any individual member.

6) Responsibilities and Duties

The Radiation Dose Review Committee fluoroscopically guided interventional procedures focus shall be to establish and implement written policies that include but are not limited to the following:

- a) Identification of individuals who are authorized to use fluoroscopic systems for interventional purpose;
- b) A method to be used to monitor patient radiation dose during fluoroscopically guided procedures;
- c) Dose notification levels, as appropriate, at which the physician is notified and appropriate actions are taken for safety;
- d) Substantial radiation dose level values following nationally recognized standards;
- e) Actions to be taken for cases when a substantial radiation dose level is exceeded which may include patient follow-up; and
- f) Reviewing policies identified in section 6(a) to (e) of this policy at least annually.

The Radiation Dose Review Committee computed tomography (CT) focus shall be to determine and review written protocols to improve image quality and minimize patient dose. The review shall include acquisition and reconstruction protocols, image quality, and radiation dose. At a minimum, the review shall include the following clinical protocols, if performed:

- a) Pediatric head;
- b) Pediatric abdomen;
- c) Adult head;
- d) Adult Abdomen;
- e) Adult chest; and

f) Brain perfusion

7) Records required by chapters 3701:166 and 3701:137 of the Ohio Administrative Code shall be maintained.

(A) References

Chapter 3701:166 of the Ohio Administrative Code

<p>Approved by:</p> <p><u>/s/</u> Nathan Egbert, MD Assistant Professor & Deputy Clinical Service Chief</p> <p><u>04/10/2025</u> Date</p> <p><u>/s/</u> Ryan Landis, BSRT (R)(CT) Director, Radiology</p> <p><u>03/24/2025</u> Date</p> <p><i>Review/Revision Completed by:</i> Ryan Landis, BSRT (R)(CT)</p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • <i>None</i> <p>Initial effective date: 03/01/2020</p> <p>Review/Revision Date:</p> <p>11/1/2020 12/1/2021 12/1/2023 12/1/2024 12/1/2025 04/10/2025</p> <p>Next review date: 04/10/2028</p>
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