COVID-19: response from IR(ME)R inspectorates

For the attention of:

- Radiation employers
- Duty holders
- Service managers
- Governance managers
- Medical physics experts
- Radiation community

In response to the developing COVID-19 situation, the inspectorates for the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) for the United Kingdom have worked with health boards, government, and professional bodies to create a temporary response. We have taken into account the new parliamentary bill and ongoing government advice. This will be in place for as long as required to respond to the situation and we will keep this under regular review.

We encourage flexibility within the legislative and regulatory requirements while ensuring that patient safety is not compromised. Our response is proportionate to the threat and aims to divert resources to the highest risk radiological activities.

Training

We understand at this time that staffing groups may be redeployed. It is important that you maintain training and supervision, particularly for high dose and complex procedures, for example radiotherapy, CT, nuclear medicine and interventional radiology/cardiology. We expect staff to work within the limits of their skills, knowledge, and experience at all times. Full training records and associated documentation may not be possible at this time, but we encourage the use of training matrices to support redeployment.

No staff should operate radiological equipment without training.

Alternative arrangements should be investigated to ensure essential applications training is delivered on all new equipment, including through video conferencing and e-learning.
Equipment testing
Practice must be guided by local risk assessment and advice from your medical physics expert. You must prioritise essential and high dose equipment and consider its age and historical performance. **Employers must ensure access to equipment for essential testing and maintenance whilst complying with local infection control policies.** When purchasing new equipment, you should still perform essential commissioning and protocol set up.

Duty holders
Where regulators are allowing temporary registration of final year students and former registrants, these professionals may be entitled as IR(ME)R duty holders. **Any healthcare professional not registered by a body recognised by the Health Care Professions Act 2002 will not be legally entitled under the regulations.** Employers should consider entitlement of other registered healthcare professionals to act as referrers.

Medical physics
Services need to prioritise tasks that are essential and urgent, and postpone tasks that can tolerate delays with a lower risk to patients. Employers should take advice from their medical physics experts at this time, and discuss any changes to equipment location, adapted use and training.

Significant Accidental or Unintended Exposures
We will not be making changes to our guidance, including timescales for reporting incidents. However, where employers face pressures we encourage you to give priority to high risk notifications (such as high dose or clinically significant). We will continue to investigate notifications following the graded approach. Where it is absolutely necessary, we may carry out our inspection functions to ensure patients are not at risk.

It is still important to maintain key safety checks before all exposures, including ID, pregnancy, exposure factors and modality/body part.

Inspections
We will be suspending all routine IR(ME)R inspection activity until further notice.

You can see further information from professional bodies:

https://www.efomp.org/
https://www.sor.org/
https://www.ipem.ac.uk/
https://www.bnms.org.uk/
https://www.rcr.ac.uk/
https://www.bir.org.uk/