



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

V4 updated 24 August 2020 (see [updates](#))

### 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. You should also refer to any guidance that other relevant regulatory bodies have issued.

### 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 while 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, employers may entitle these professionals to act as duty holders under IR(ME)R within a defined scope of entitlement.

**Any healthcare professional not registered by a body recognised by the Health Care Professions Act 2002 cannot be legally entitled under the regulations to act as a referrer or practitioner.**

## **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 departments 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 prioritise high risk notifications (such as high dose or clinically significant exposures). 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.

## **Update August 2020**

## **Inspections**

We will be resuming inspection activity according to the risk of the service. This may involve on-site visits as well as using ways of gathering and assessing evidence directly from providers without having to cross the threshold, such as

videoconferencing or self-assessments. Inspection activity will be carried out following appropriate risk assessments to protect duty holders, patients and the enforcement authority inspection staff.

You can see further information from professional bodies and advisory committees:

European Federation of Organisations for Medical Physics (EFOMP):

<https://www.efomp.org/>

Society and College of Radiographers: <https://www.sor.org/>

Institute of Physics and Engineering in Medicine: <https://www.ipem.ac.uk/>

British Nuclear Medicine Society: <https://www.bnms.org.uk/>

The Royal College of Radiologists: <https://www.rcr.ac.uk/>

The British Institute of Radiology: <https://www.bir.org.uk/>

Administration of Radioactive Substances Advisory Committee (ARSAC):

<https://www.gov.uk/government/organisations/administration-of-radioactive-substances-advisory-committee>