



CLINICAL POLICY
Fluoroscopy and Radiation Safety Training
John Dempsey Hospital
UConn Medical Group

A. EFFECTIVE DATE:

February 21, 2023

B. PURPOSE:

To describe the training and frequency of training required for members of the Medical Staff with privileges to use fluoroscopy (i.e., c-arm and mini c-arm) and to document the approval process of those privileges.

C. POLICY:

Members of the Medical Staff who use fluoroscopy must be trained in radiation safety.

D. SCOPE:

This policy applies to all Inpatient, ED, Perioperative, and Ambulatory Procedure Locations. Some practitioners may be deemed exempt from the UConn Health training if it can be demonstrated that their specialty training program has formally included radiation safety training. These may include, but are not limited to interventional cardiologists, interventional neurosurgeons, radiologists, vascular surgeons and certain dental specialties.

E. DEFINITIONS:

None

F. MATERIAL(S) NEEDED:

None

G. PROCEDURE:

At the time of the initial request for privileges to use fluoroscopy, the applicant must view a fluoroscopic radiation safety training presentation provided by UConn Health and take a post-test. A score of 80% or greater is required to pass the post-test. A certificate of competence in radiation safety taken at another institution may be provided in lieu of the UConn Health training presentation and post-test. After training has been completed, the applicant's request must be approved by the Chief of Service, Credentials Committee, Medical Board and Clinical Affairs Subcommittee.

At reappointment, an applicant who wishes to maintain fluoroscopy privileges, must view a training presentation provided by UConn Health or provide a certificate of competence in radiation safety from another institution that is no older than two-years. Their request to maintain fluoroscopy privileges must be approved by the Chief of Service, Credentials Committee, Medical Board and Clinical Affairs Subcommittee.

H. ATTACHMENTS:

None

I. REFERENCES:

None

J. SEARCH WORDS:

None

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS:

On file

M. COMMITTEE APPROVALS:

None

N. FINAL APPROVAL:

- | | |
|---|---------------------------|
| 1. <u>Bruce T. Liang, MD (Signed)</u>
Bruce T. Liang, MD
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine | <u>03/04/2023</u>
Date |
| 2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>02/22/2023</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>02/23/2023</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>02/28/2023</u>
Date |

O. REVISION HISTORY:

Date Issued: 4/16

Date Revised: 1/23

Date Reviewed: