



CLINICAL POLICY

Medical Physicist Testing

A. EFFECTIVE DATE :

July 20, 2023

B. PURPOSE :

To define medical physicist testing requirements for radiographic equipment.

C. POLICY :

Medical physicist testing is required prior to initial use, annually, and following repair/replacement of major components.

D. SCOPE :

This policy applies to diagnostic x-ray, CT, MRI, PET, nuclear medicine, and fluoroscopic imaging equipment used in John Dempsey Hospital and University Medical Group.

E. DEFINITIONS :

1. Medical Physicist Test – Test performed by a qualified medical physicist to verify equipment is operating properly and safe to use.
2. Annual – Once every 12 months \pm 30 days.

F. MATERIAL(S) NEEDED :

None

G. PROCEDURE :

1. The organization purchasing the equipment and/or overseeing the installation of the equipment will work with Clinical Engineering to ensure the equipment is tested prior to initial use. Documentation shall be maintained in Clinical Engineering's computerized maintenance management system (CMMS).
2. Clinical departments shall work with Clinical Engineering to ensure equipment is tested annually and following repair/replacement of major components. Documentation for annual and post-maintenance medical physicist tests shall be maintained in Clinical Engineering's computerized maintenance management system (CMMS).
3. Prior to using equipment, clinical staff shall verify the medical physicist sticker is up to date. If the previous test is greater than 12 months + 30 days or there is no sticker, staff shall remove the equipment from service, submit a TMS work request and/or contact Clinical Engineering at x2954.

H. ATTACHMENTS :

None

I. REFERENCES :

1. ACR-AAPM Technical Standard for Diagnostic Performance Monitoring of Radiographic Equipment, 2016.
2. EC 02.04.03 EP 20-23, 25, 34

J. SEARCH WORDS :

Physics testing, medical physicist testing.

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 :

UConn Health Radiation Safety Committee

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>07/26/2023</u>
Date |
| 2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>07/21/2023</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>07/24/2023</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>07/24/2023</u>
Date |

O. REVISION HISTORY :

Date Issued: 7/2023

Date Revised:

Date Reviewed: