**Chapter B19 – Radiotherapy Service**

1. **Basic Information**

|  |  |
| --- | --- |
| Name of Service |       |
| Location of Service |       |
| Scope of Service |       |
| Operating hours |       |
| Number of procedure rooms*(Please specify the procedure for each room)* |       |
| Number of recovery beds / chairs |       |
| Age limit of patients |       |

 Please indicate whether the following anaesthetic procedures will be provided:

|  |  |
| --- | --- |
| **Anaesthetic procedures** | **If yes, please indicate location** |
| General anaesthesia Yes [ ]  No [ ]  |       |
| Major regional anaesthesia Yes [ ]  No [ ]  |       |
| Deep sedation Yes [ ]  No [ ]  |       |

1. **Medical Practitioner-in-charge**

|  |  |
| --- | --- |
| Name in English |       |
| Name in Chinese |       |
| Post Title |       |
| Qualification(s) |       |

1. **Radiographer-in-charge**

|  |  |
| --- | --- |
| Name in English |       |
| Name in Chinese |       |
| Post Title |       |
| Qualification(s) |       |

1. **Staffing**
	1. Manpower\* (including the Radiographer-in-charge)

|  | **Rank** | **No.** |
| --- | --- | --- |
| Resident medical practitioner |       |       |
|  |       |       |
| Nurse |       |       |
|  |       |       |
| Radiographer  |       |       |
|  |       |       |
| Others | HCA |       |
|  |       |       |
|  |       |       |

*\* “Proposed manpower” for new hospital*

* 1. Other requirements

|  |  |
| --- | --- |
| 1. A Part I therapeutic radiographer registered under the Radiographers (Registration and Disciplinary Procedure) Regulation of the Supplementary Medical Professions Ordinance (Cap 359) is on duty during the operating hours of the service
 | Choose an item. |
| 1. A registered nurse is available, where necessary, to provide support such as administration of medicine or assisting interventional procedures under the supervision of the specialist in clinical oncology or other relevant specialities
 | Choose an item. |

1. **Critical or Major Equipment**

5.1 Equipment List *(e.g. Defibrillator, equipment for planning and conducting radiotherapy etc.)*

| **Type of equipment** | **Quantity** | **Schedule of maintenance as per the manufacturer’s recommendation** | **Date of last service / maintenance#** |
| --- | --- | --- | --- |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

*# Not applicable for new hospital*

* 1. Other requirements

|  |  |
| --- | --- |
| 1. The provision and use of facilities using ionising radiation comply with the Radiation Ordinance (Cap. 303). This also applies to the transporting, keeping, storage and disposal of radioactive substance and radioactive waste
 | Choose an item. |
| 1. All radiotherapy equipment and machines are properly maintained and calibrated by qualified persons and appropriate records are kept
 | Choose an item. |
| 1. All relevant staff must be provided with dosimeter to continuously monitor their radiation exposure level according to the Radiation Ordinance (Cap. 303) while engaging in radiation work or handling of radioactive substances.
 | Choose an item. |
| 1. Proper radiation safety precautions, including adequate shielding and protective clothing, are available for staff, patient and accompanying person
 | Choose an item. |
| 1. All equipment is installed, operated, maintained and calibrated according to manufacturer’s recommendation
 | Choose an item. |
| 1. There are operating manuals and procedures for use of equipment
 | Choose an item. |
| 1. There are procedures and schedules for cleaning, disinfection and decontamination of equipment
 | Choose an item. |
| 1. Staff using equipment have completed training in the safe and proper use of the equipment
 | Choose an item. |
| 1. There is preventive maintenance schedule established for all critical or major equipment
 | Choose an item. |

1. **Service Delivery and Care Process**

|  |
| --- |
| 1. There are written policies and procedures for the following:
 |
| 1. patient assessment
 | Choose an item. |
| 1. obtaining patient’s consent
 | Choose an item. |
| 1. prescribing treatment protocol
 | Choose an item. |
| 1. setup and treatment delivery
 | Choose an item. |
| 1. correct identification of the patient, correct location of his / her treatment site and correct implementation of the radiation treatment plan before each treatment
 | Choose an item. |
| 1. handling emergency situations
 | Choose an item. |
| 1. Radiotherapy services are provided under the direction of a medical practitioner who is a specialist in clinical oncology or other relevant specialties
 | Choose an item. |
| 1. The staff use the irradiating apparatuses under and in accordance with licences issued under the Radiation Ordinance (Cap. 303) and the conditions attached to the licences
 | Choose an item. |
| 1. If the service is operated by a separate entity in the hospital, mechanism exists to monitor the quality of services provided by the entity
 | Choose an item. |