## *B8 Radiotherapy*

## 1 Particulars of the service

|  |  |
| --- | --- |
| Scope of service |  |
| Operating hours |  |

## 2 Advisor for external beam radiotherapy service

|  |  |
| --- | --- |
| Is the CME a specialist in clinical oncology? | |
| Yes | No  NA (no external beam radiotherapy service is provided) |

|  |  |  |
| --- | --- | --- |
| If no, please complete the following information for advisor of **external beam radiotherapy service**: | | |
| Name in English | (Surname) | (Given names) |
| Name in Chinese | (Surname) | (Given names) |
| Qualifications |  | |
| Telephone number | (Daytime) | (Emergency) |
| E-mail address |  | |

## 3 Advisor for radionuclide therapy service

|  |  |
| --- | --- |
| Is the CME a specialist in nuclear medicine? | |
| Yes | No  NA (no radionuclide therapy service is provided) |

|  |  |  |
| --- | --- | --- |
| If no, please complete the following information for advisor of **radionuclide therapy service**: | | |
| Name in English | (Surname) | (Given names) |
| Name in Chinese | (Surname) | (Given names) |
| Qualifications |  | |
| Telephone number | (Daytime) | (Emergency) |
| E-mail address |  | |

## 4 Therapeutic radiographer in-charge (if applicable[[1]](#footnote-1))

|  |  |  |
| --- | --- | --- |
| Name in English | (Surname) | (Given names) |
| Name in Chinese | (Surname) | (Given names) |
| Qualifications |  | |

## 5 Staffing

|  |  |  |
| --- | --- | --- |
|  | Number of staff | |
| Certified medical physicist[[2]](#footnote-2) |  | |
| Nurse | RN: | EN: |
| Therapeutic radiographer (Part I) |  | |
| Therapeutic radiographer (Part II/III/IV) |  | |
| Clinic assistant |  | |
| Others (please specify): |  | |
|  |  | |

## 6 Other staffing requirement

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. For each patient attending the facility, there is a specialist in clinical oncology or nuclear medicine in charge of his or her radiotherapy treatment | Yes | No | Record |
| 1. At all times when the facility is in operation, a medical practitioner should be contactable to render medical care and advice when needed and in emergency | Yes | No  NA | Duty roster |
| 1. Where there is no medical practitioner immediately available for medical care during radiotherapy treatment, a registered nurse is available at all times to provide support on patient care | Yes | No  NA | Duty roster |

## 7 Critical or major equipment

**(e.g. resuscitation equipment, equipment for planning and conducting radiotherapy)**

| Type of equipment | Quantity | Schedule of maintenance as per the manufacturer’s recommendation | Date of last serviced |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 8 Facilities and equipment

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. Each procedure room or preparation room is suitably designed, equipped, and maintained for the purpose to be used | Yes | No | Site environment |
| 1. There is access control to areas where irradiating apparatus is used, and/or where radioactive substances are handled or stored | Yes | No | Site environment |
| 1. All equipment used for provision of radiotherapy are appropriately commissioned, calibrated and kept in good functional order. Regular testing, repairing, maintenance and calibration of such equipment are performed, signed and documented by or under the personal supervision of a certified medical physicist | Yes | No | Document/ record |
| Frequency: | Every       month(s) | |  |
| 1. Appropriate immobilisation device, shielding equipment and personal protective equipment are available where applicable | Yes | No  NA | Site environment |

## 9 Policies and procedures

| Written policies and procedures on the following are in place: | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. staff arrangement | Yes | No | Document |
| 1. selection, maintenance, and appropriate use of personal protective equipment | Yes | No | Document |
| 1. informed consent | Yes | No | Consent form |
| 1. checking of consent forms | Yes | No | Document |
| 1. quality assurance | Yes | No | Document |
| 1. verification processes to ensure correct patient, treatment site, treatment plan and procedure | Yes | No | Document |
| 1. verification of treatment protocols and treatment parameter of external beam radiotherapy equipment | Yes | No  NA | Document |
| 1. verification of physical and chemical characteristics, dose and route of administration of radionuclides | Yes | No  NA | Document |
| 1. patient assessment prior to radiotherapy | Yes | No | Form/ record |
| 1. supervision of patients during and monitoring of patient after the delivery of radiotherapy | Yes | No | Document |
| 1. interruption or modification of treatment plan | Yes | No | Document |
| 1. handling, storage, transport, and disposal of radioactive substances and related wastes | Yes | No  NA | Document |
| 1. dispensing and administration of radionuclide | Yes | No  NA | Document |
| 1. management of contaminations, patient excreta and spillage | Yes | No  NA | Document |
| 1. patient discharge arrangement and discharge instructions | Yes | No  NA | Document |
| 1. infection control | Yes | No | Document |
| 1. emergency transfer of patient to hospital for management of urgent adverse outcome | Yes | No | Document |
| 1. review of appropriateness of patient care and monitoring of clinical performance/ outcomes | Yes | No | Document |
| 1. handling emergencies within the service, including radiation incident, fire hazard, and sudden interruption of electricity supply | Yes | No | Document |

## 10 Resuscitation and contingency

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. Emergency medications are stored in a designated and easily accessible area in the facility | Yes | No | Site environment |
| 1. Viability of emergency medications are regularly checked | Yes | No | Document |
| Frequency: | Every       month(s) | |
| 1. There are staff-to-staff communication systems for emergency in the operating/ procedure room and recovery area | Yes | No | Document |
| 1. Drills for emergency transfer | Yes | No | Drill/ record |
| Frequency: | Every       month(s) | |

## 11 Other requirement

|  | | | **Evidence to substantiate compliance** |
| --- | --- | --- | --- |
| 1. The following are licenced under Cap. 303 where applicable, and conform to its requirement and licensing conditions:    1. Staff handling irradiating apparatus and/or radioactive substances    2. Design of procedure and preparation room    3. Possession and use of irradiating apparatus    4. Possession and use of radioactive substances, including the transportation, keeping, storage, and disposal of radioactive substances and wastes | Yes | No | Document/ record/ site environment |
| 1. Patients are given adequate instructions for intra-procedural precautions and post-procedural care and discharge | Yes | No | Document |

1. Part I therapeutic radiographer with relevant experience and training is available at all times to take charge of the day to day operation of the service. A specialist in nuclear medicine may also assume the role of taking charge of the day to day operation of radionuclide service if he/she has the relevant experience or training. [↑](#footnote-ref-1)
2. Certified under the medical physicist certification scheme of the Hong Kong Association of medical Physicist or the Hong Kong Institution of Physicists in Medicine, or equivalent. [↑](#footnote-ref-2)