

ANNUAL APRON EVALUATIONS

1. SCOPE/EFFECT: This Medical Center Policy affects all personnel who utilize lead aprons in the following services; Imaging Service, Surgical Service, Primary Care Service, Medical Service, Allentown and Sayre Community Based Outpatient Clinics.

2. PURPOSE: The Department of Veterans Affairs Medical Center is committed to the philosophy of keeping individual and collective radiation doses to our Radiology and Ancillary Staff as low as is reasonably achievable (ALARA). In pursuit of this ideal, our facility will conduct annual evaluations of all protective devices.

3. POLICY: Aprons, lead gloves, lap aprons, and thyroid shields, will be evaluated via fluoroscopy and visually inspected by our consultant physicist each year. Each service utilizing protective devices will make arrangements annually with the consultant physicist to conduct these evaluations. It will be the responsibility of the service utilizing the aprons to confirm that ALL protective devices are presented to Radiology Service and the consultant during the agreed upon date to have the devices evaluated. Evaluations should be conducted within 14 months of prior evaluation date.

4. PROCEDURE: All protective devices will be given a unique number by the consultant. The consultant shall prepare a written report for all protective devices presented for evaluation and will grade them as to their protective lead equivalency thickness and their lead integrity. The grading system will be as follows:

a. Lead Equivalency (in millimeters)

b. Lead Integrity:

(1) Poor = lead integrity has been breached and should be removed from service.

(2) Fair = lead integrity is intact, but vinyl covering is cracked. Device may continue to be used but care should be taken.

(3) Good = lead integrity is intact as is the vinyl covering.

(4) Very Good = device is like new.

c. If a grade of poor is given, it shall be the responsibility of the service utilizing the device to remove it from further use immediately, and to make arrangements for replacement, if needed.

d. A copy of the written report will be forwarded to the service utilizing the device to be kept on file.

5. REFERENCES: None.

6. CUSTOMER SATISFACTION: Patient/family satisfaction issues were considered in the development of this policy.

7. RESCISSION: Medical Center Policy 115-08-301, SUBJ: Annual Apron Evaluations, dated September 11, 2008.

8. DISTRIBUTION: Electronic Access to All Employees