



Draft National Strategy for Radiation Safety and Implementation Plan

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to provide its submission to the Australian Government Department of Health's (the Department) draft National Strategy for Radiation Safety and Implementation Plan (the draft National Strategy).

ACEM is responsible for training emergency physicians and advancement of professional standards in emergency medicine in Australia and Aotearoa New Zealand. As the peak professional organisation for emergency medicine in Australasia, ACEM has a significant interest in ensuring the highest standards of medical care for patients are maintained in emergency departments (EDs) across Australia and Aotearoa New Zealand.

ACEM applauds the Department for developing a consistent approach to radiation protection across Australia. Diagnostic imaging is an important aspect of an ED patient assessment and stabilisation. Given the high cost of imaging and the potential of patient or clinician harm (e.g., radiation dose, contrast reactions), it is essential that imaging be used judiciously. ACEM is responding to the draft National Strategy in order to ensure the policy recognises and can be used effectively by emergency physicians.

1. Objective 1 – Uniformity

ACEM strongly agrees that uniformity across states and territories will improve patient safety. Clinicians and patients have high expectations from EDs to respond quickly and make accurate diagnoses. At the same time, clinicians are expected to correctly triage patients to determine who requires immediate attention. This demanding environment, together with the many uncertainties, has caused EDs to rely more heavily on advanced technology to minimise errors in clinical diagnoses. The request for “high-end” diagnostic imaging, such as computed tomography (CT) scans, nuclear medicine studies, and general x-rays has increased exponentially as clinicians demand accurate diagnostic tests and detailed images to visualise injuries and diseases before deciding on further management.

ACEM agrees that developing and implementing nationally agreed standards to manage risk (**item 1.3**) competency (**item 1.4**) and enforcement (**item 1.7**) is essential. These standards must be inclusive of all environments that radiation is used. In EDs, portable radiographs are important in the evaluation of critically ill patients. Most trauma patients are evaluated with portable x-rays. Protective practices implemented for both patients and staff using radiographs must be acceptable and usable in a busy ED. Ensuring acceptability will increase adherence to the uniform draft National Strategy.

2. Objective 2 – Large scale incident management

It is imperative that emergency medicine be included in developing a national framework for the management of large-scale radiation incidents (**item 2.1**). Emergency medicine and the ED must be actively involved in developing this framework as the ED will facilitate collaboration with all areas of the emergency response. This is essential for the complete and integrated, whole-of-system response to large scale radiation incident management.

ACEM is strongly supportive of developing a national register of available human and physical resources (**item 2.2**) to support a response to large-scale radiation emergencies and would advocate for emergency physicians to maintain their availability on the register.

ACEM is supportive of reviewing existing incident reporting systems (**item 2.4**), including the Australian Radiation Incident Register, and further develop and implement a national radiation incident reporting system. ACEM is concerned about duplication within the current systems and how this may limit reporting at a national level. ACEM believes all systems should be integrated and be able to connect to each other, instead of the same incident being required to be entered into multiple databases.

3. Objective 3 – Science driven policy

ACEM strongly believes that science driven policy is essential to have optimal outcomes and best practice in the use and management of radiation. By regularly reviewing international best practice, Australia can have cutting edge policy and procedures when it comes to the use and management of radiation.

ACEM would like to highlight the nationally agreed risk matrix (**item 3.2**) and codification of broad risks (**item 3.3**) and urge the draft National Strategy to be inclusive of all radiation practices such as ones performed in the ED. Inclusivity is necessary to ensure that all Australians benefit from this national policy reform. ACEM would urge the Department to engage with ACEM and its members in ongoing consultation (**item 3.4**) to ensure that ED experiences and practices are included in the ongoing management of standards.

4. Objective 4 – Future proofing

ACEM believes that future proofing provides a resilient culture that mitigates risks and provides the biggest benefits to Australians. ACEM believes that the unique environment and use of radiation in the ED means that modern technologies (**item 4.2**) are essential to providing best patient outcomes. Emergency physicians should be involved in opportunities to implement new technologies as they have unique experiences and insights which will compliment that regulatory practice.

5. Objective 5 – Life cycle management

ACEM commends the Department for this essential practice and forethought.

6. For more information

ACEM would like to thank the Department for the opportunity to provide feedback draft National Strategy for Radiation Safety and Implementation Plan. Should you require clarification or further information, please do not hesitate to contact Jesse Dean, General Manager Policy and Regional Engagement (e: jesse.dean@acem.org.au; m: 0423 251 383).