

## Standards Revisions for Fluoroscopy Imaging in Hospital

The Joint Commission has approved the following revisions for prepublication. While revised requirements are published in the semiannual updates to the print manuals (as well as in the online E-dition®), certified organizations and paid subscribers can also view them in the monthly periodical The Joint Commission Perspectives®. To begin your subscription, call 800-746-6578 or visit <http://www.jcrinc.com>.

### Standard EC.02.02.01

The hospital manages risks related to hazardous materials and waste.

#### Element(s) of Performance for EC.02.02.01

7. The hospital minimizes risks associated with selecting and using hazardous energy sources. **R**  
Note: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).
  
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**Note 1: Hazardous energy is produced by both ionizing equipment (for example, radiation and x-ray equipment) and nonionizing equipment (for example, lasers and MRIs).**  
**Note 2: This includes the use of proper shielding during fluoroscopic procedures.**
  
17. For hospitals that provide computed tomography (CT), positron emission tomography (PET), or nuclear medicine (NM) services: The results of staff dosimetry monitoring are reviewed at least quarterly by the radiation safety officer, diagnostic medical physicist, or health physicist to assess whether staff radiation exposure levels are “as low as reasonably achievable” (ALARA) and below regulatory limits.  
Note 1: For the definition of ALARA, please refer to US Nuclear Regulatory Commission federal regulation 10 CFR 20.1003.  
Note 2: This element of performance does not apply to dental cone beam CT radiographic imaging studies performed for diagnosis of conditions affecting the maxillofacial region or to obtain guidance for the treatment of such conditions.
  
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