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# Review of the Radiation Management Plan

Charles Sturt University's Radiation Management Plan (RMP) is a dynamic document designed to ensure ongoing regulatory compliance and the highest standard of safety for staff, students, the public, and the environment.

**Mechanism for review of radiation management plan**

The review of the University's RMP is a formal, documented process coordinated by the Radiation Safety Committee (RSC). The Presiding Officer is responsible for coordinating the annual review, drawing on annual audit findings, incident data, and stakeholder input received during the preceding 12 months, and for presenting the review report to the RSC. The purpose of the review is to ensure that the RMP remains fully aligned with the *Protection from Harmful Radiation Act 1990 No. 13,* the *Protection from Harmful Radiation Regulation 2025,* and all applicable Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) Codes of Practice adopted by the NSW Environment Protection Authority (EPA).

The review process involves:

- ***Compliance Assessment:*** Evaluating University radiation practices against current regulatory requirements, conditions of the University's Radiation Management Licence (RML), and updated regulatory guidelines.
- ***Operational and Procedural Review:*** Verifying that Standard Operating Procedures (SOPs), training matrices, and student/staff exemption management practices accurately reflect day-to-day operations across all research laboratories, clinical facilities and teaching practices.
- ***Stakeholder Consultation:*** Consulting Subject Matter Experts, Clinic Directors, Principal Investigators and licensed supervisors, as required, to identify any operational gaps or practical compliance challenges within the current RMP.
- ***Incident Analysis:*** Reviewing personal radiation dose records, reported incidents, near-misses and equipment faults reported during the prior period to identify trends and incorporate corrective measures that mitigate future risks.
- ***Approval and Dissemination:*** Revised RMP booklets are submitted to the RSC for endorsement by formal resolution at a convened meeting. The resolution is recorded in RSC minutes. Each endorsed booklet carries the version number, effective date, and the date of RSC endorsement. Once approved, the updated booklet is published in the central institutional repository. For substantive revisions affecting radiation procedures, exemption conditions, supervisory arrangements, or safety responsibilities, the Presiding Officer issues written notice to all user licence holders, area supervisors, Clinic Directors, and heads of relevant Divisions, identifying the changed sections, the nature of the change, and the effective date. A record of dissemination, including the date of notice and the distribution list used, is maintained for audit purposes. For minor revisions of a typographical, formatting, or cross-reference nature with no effect on radiation procedures, the Presiding Officer may authorise the correction between scheduled RSC meetings, with a summary provided to the RSC at the next meeting.

- ***Document Control and Record Keeping*:** Each booklet, and the RMP as a whole, will be version-controlled with a version number and date. A revision history is maintained, and the current RSC-endorsed version is made available through the RSC's designated repository or website. Records of each review, including RSC endorsement, are retained in accordance with Booklet 7 (Recordkeeping and Accountability).

Individual RMP booklets may be reviewed and updated between full RMP reviews where required, using the same review, endorsement, version-control and dissemination arrangements.

**Frequency of review of radiation management plan**

The *Protection from Harmful Radiation Regulation 2025* and the adopted *ARPANSA Code for Radiation Protection in Planned Exposure Situations* require the RMP to be regularly reviewed and updated whenever any changes have occurred. As a CSU/RSC governance requirement, the RMP is subject to both scheduled and triggered reviews.

**Scheduled Review**

The university RMP will undergo a scheduled review every 12 months. Annual radiation area audit findings, submitted to the RSC under the Radiation Safety Audit Procedure each October, are incorporated as a standing input to this review. Where audit findings indicate that one or more RMP sections require updating, the relevant sections must be revised and presented to the RSC for endorsement within the same review cycle.

**Triggered (Ad-Hoc) Reviews**

In accordance with the ARPANSA *Code for Radiation Protection in Planned Exposure Situations (RPS C-1)*— adopted under the NSW *Protection from Harmful Radiation Regulation 2025*— safety management plans must be treated as dynamic and updated whenever significant changes or incidents occur. Consequently, in addition to the annual review, the RMP (or relevant sections of it) must be reviewed and updated immediately upon the occurrence of any of the following triggers:

- *Legislative changes*: The introduction of new or amended legislation, legislation, regulations, or gazetted ARPANSA Codes of Practice adopted by the NSW EPA. Monitoring of changes to NSW radiation legislation, EPA guidance, and adopted ARPANSA codes relevant to CSU's practices is a standing agenda item at each RSC meeting, and the Presiding Officer is responsible for notifying the RSC of any material change between scheduled meetings.
- *Radiation incidents or Non-Compliance:* The occurrence of any major radiation incident, overexposure event, dose constraint exceedance, significant near-miss, or identified regulatory non-compliance. A significant incident triggers an immediate interim review of the relevant RMP sections. Revised sections are submitted to the RSC for endorsement at the earliest practicable meeting following completion of the root-cause investigation. The review incorporates root-cause findings, corrective actions, updated risk assessments, and any required amendments to Standard Operating Procedures.
- *Equipment or Procedural Changes:* Proposed changes prior to introducing a new class or category of regulated material, commissioning new radiation facilities (e.g. a new working clinic or research laboratory), material changes to existing radiation equipment, or major restructuring to the University's radiation safety management structure. Additional triggers within this category include changes to the supervisory licence arrangements for any regulated facility; changes affecting the availability of a licensed supervisor at any campus; and any deficiency identified through compliance certification under the Radiation Management Licence.

- *Regulatory Directive:* Findings from an internal University audit or inspection, or direct instructions or audit findings issued by the NSW EPA or another relevant regulatory authority.
- *Annual Audit Findings:* Where the annual audit of radiation areas, facilities, and apparatus conducted under the Radiation Safety Audit Procedure identifies deficiencies in current RMP provisions, the relevant sections must be reviewed and, if required, updated before the next compliance reporting period.

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## References

### Legislation and Regulation


- *Protection from Harmful Radiation Act 1990* No.13, as amended. NSW Environment Protection Authority, Sydney. Available at: www.epa.nsw.gov.au
- *Protection from Harmful Radiation Regulation 2025* (SL 2025-461). Commenced 29 August 2025. NSW Environment Protection Authority, Sydney. Available at: www.legislation.nsw.gov.au


### Codes, Standards and Guidelines


- Code for Radiation Protection in Planned Exposure Situations (Radiation Protection Series RPS C-1, Rev. 1). Australian Radiation Protection and Nuclear Safety Agency, Canberra, 2020. Available at: www.arpansa.gov.au