Photonet
National Managed Clinical Network for Phototherapy in Scotland

Photonet National Managed Clinical Network

UV Lamp Replacement Protocol for Whole Body Cabinets*

***NOTE**

This guideline is not intended to be construed or to serve as a standard of care. Standards of care are determined based on all clinical data available for an individual case and are subject to change as scientific knowledge and technology advance and patterns of care evolve. Adherence to guideline recommendations will not ensure a successful outcome in every case, nor should they be construed as including all proper methods of care or excluding other acceptable methods of care aimed at the same results. The ultimate judgement must be made by the appropriate healthcare professional(s) responsible for clinical decisions regarding a particular clinical procedure or treatment plan. This judgement should only be arrived at following discussion of the options with the patient, covering the diagnostic and treatment choices available. It is advised, however, that significant departures from the national guideline or any local guidelines derived from it should be fully documented in the patient's case notes at the time the relevant decision is taken.

THIS DOCUMENT IS INTENDED FOR PERSONS INVOLVED IN THE MAINTENANCE OF UV PHOTOTHERAPY EQUIPMENT

Lamps and reflectors must be kept clean. UV can cause harm. Approved UV safety precautions must be observed.

1. IDENTIFICATION OF FAULTY LAMPS

- Faulty lamps may be brought to the attention of phototherapy staff by patients following treatment

- The starter should be checked before the lamp is replaced

- Before routine calibration, staff must check to see if there are any faulty lamps.

2. PERSONS INVOLVED IN LAMP REPLACEMENT

- UV therapy lamps are replaced either by Medical Physics or Estates staff, depending on local rules approved by the Responsible Medical Physicist (standard 6b.1)

- When a lamp is replaced, the Responsible Medical Physicist or Designated Contact Person should be notified.

- Only appropriately trained and entitled staff should replace lamps

3. FREQUENCY OF LAMP REPLACEMENT

- Lamps will be replaced when they have reached the end of their life and no longer operate, or the output of the cabinet is deemed to have dropped below a level suitable for treatment

- Faulty lamps should be replaced as soon as possible after they are identified. However Local Rules may allow for patient treatments to continue while up to 10% - 15% (as agreed locally) of tubes remain faulty. Ensure that the responsible medical physicist or designated contact person is notified every time lamps are replaced.

- Alternatively, lamps may all be changed at the same time provided treatment times are adjusted as necessary

- Aim to perform calibration if more than 10% of lamps are replaced since previous calibration.

4. LOCATION OF REPLACED LAMPS

- When individual lamps are replaced, care should be exercised to ensure that two new lamps are not placed side by side. Re-distribute old lamps to space out new lamps so that there is an even distribution of UV.

- If multiple lamps are out next to each other it is important to contact responsible medical physicist or designated contact person

- If the in-built sensors are used staff should be aware that changing the lamp in front of the in-built sensor will change the treatment times displayed on the unit

- Irradiances from different sides of the cabinet should be balanced to within an average of 10%.

5. REPLACEMENT LAMP SELECTION

- The lamps should be positioned in such a way that the labelling is visible.

- The dates when lamps are changed should be noted. This may be written on the lamp.

- Ensure the correct type of lamp is selected. **Fitting the wrong type of lamp can seriously damage the patient.** Each lamp is labelled at one end stating what type of lamp it is.

Narrowband UVB TL01	
PUVA/UVA lamp	

6. DISPOSAL

Ensure local procedures are followed for disposal of fluorescent lamps.