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Date: ___/___/20

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Semester :- Fourth

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Assignment:

Radiation protection

Date:

13-7-2020

Q No: 1

Ans:

Role of Radiation Protection Officer in Radiology departments-

* A radiation protection Officer (RPO) is a specialist in radiation safety and compliance matters and is an appointed position within hospital and safety services

* A safety officer assesses potentially hazardous situations, develops measures to protect people and the facility and monitors the implementation and maintenance of those programs. A radiations

Safety officer or RSO holds those responsibilities within a healthcare facility using ionizing radiation for medical procedures.

- * Managing environment agency permits including.
- * Make application for new or variation to existing EA permits.
- * Manage the collation of waste records and make pollution inventory returns to EA on behalf of the hospital.
- * Advise on the use of exemptions under the environmental permitting regulation 2011.
- * Advise on the routes of radioactive waste disposal.
- * Arranging the security

of radioactive sources according to current national requirements and carry out periodic security audits.

- ★ Managing facility or site decommissioning.
- ★ Arranging for disposal of radioactive waste to authorised contractors.
- ★ Monitoring site activity against environment agency permit conditions.
- ★ Expert inspection and auditing of storage and disposal facilities.
- ★ Auditing holdings and usage records.
- ★ Auditing waste accumulation in stores.
- ★ Performing waste sampling when required by the regulator.
- ★ Performing measurements.

to check radiation doses, dose rates and activity.

★ Managing facility or site decommissioning.

★ Applying and managing maintenance of a best practicable means (BPM) culture in management.

★ Managing a system for the provision of personal dosimetry and associated recording-keeping.

★ Advising on selection of monitoring equipment and manage a system for the periodic calibration of associated record-keeping.

★ Managing an inventory of equipment capable of emitting x-rays.

Q: 2

(6)

Radiation protection measure
Safe radiology department :-

Principal for radiation
protections :-

There are three principal
for radiation protection :-

① Time :-

Radiation exposure can
be accumulated over the
time of exposure.

②

Distance :- A greater distance
from the radiation source
can reduce radiation exposure

③

Shielding :-

Procedure related protections :-

①

Minimize - Fluoroscopy time

②

Use Collimation

③

Take as few radiographic
image as possible

4.

Use magnification appropriately

5.

Decrease the patient to image

(7)

- Receptor distance.
- (6) Increase the x-ray tube to patient distance.
- (7) Be aware of tube angulations

Materials can block radiation :-
 Non-lead shielding material are manufactured with additives of binders mixed with additives of binders mixed with attenuating heavy metals that fall into the same category of materials as lead that also absorb or block radiation.

Optimisation of radiation protection :-
 It is the process to keep the magnitude of individual doses, the number of people exposed & likelihood of potential exposure as low as reasonably achievable as low below the appropriate dose

Radiation protection:

Radiation protection is the science and practice of protecting people and the environment from the harmful effect of ionization radiation.

Radiation Protection measure:-

→ Following are the radiation protection measure in radiology department.

⇒ This is a safety plan that indicates the periodic inspection, maintenance and calibration of all equipment. Safety plan includes positioning safety warning in the doors.

9

Date: ___/___/20

⇒ They safety plan also includes the prevention and regular aprons and thyroid and gonad shield for staff and patient.

⇒ Record are available indicating the radiation dosimetry tools and staff radiation exposure for the past twelve months.

Radiation Exposure:

The risk of exposure should balance of medical benefits.

⇒ Remember to minimize exposure at all possible times.

⇒ Optimize radiation dose by exposing the patient to enough radiation

to get the clear image.

→ Measure the occupational dose equivalent from

* x-ray.

* Gamma rays.

* High energy beta emitters

⇒ Allow practice ALARA (As low as Reasonably Achievable)

⇒ Minimize the time by minimize dose.

⇒ Minimize exposure time to procedure.

⇒ Minimize time and You will minimize the time.

⇒ Position shielding b/w yourself and the source of radiation at all permissible time take advantage permanent shielding i.e. equipment or existing structure.

(11)

Date: ___/___/20

- ⇒ Radiation protection in X-ray lead aprons attenuates scattered radiation by 95%.
- ⇒ Doubling the distance from source can reduce your exposure intensity by 25%.
- ⇒ Select appropriate shielding material during the planning safety stage of procedure.

Q No: 3

Ans:

Hazards Radiation:

⇒ It is radiation injury causes changes in the living tissues causing radiation sickness.

⇒ Somatic effects - harmful to the person.

⇒ Genetic effects - reflected in the (mechanism) of spring.

⇒ Radiation decomposition:

i.e.:-

Splitting of water into H^+ and OH^- and also splitting of other solvents of the body.

⇒ Kinetic energy of the incident photons heats up the molecules

of the living tissues.
→ Incident radiation when traveling through the body tissues knock out the bound electrons free from their parent atoms or molecules.

These free electrons are highly unstable and interact with other atoms and molecules within the irradiated system.

⇒ Ionization is another process where the radiations interact with matter to form ions.

⇒ High-energy electromagnetic radiation and particle radiation are capable of producing ions in their passage through matter.

⇒ The types of ionizing

(14)

Date: ___/___/20___

radiation include alpha and beta particles, X-rays, gamma rays, etc. X-ray machines and Radioisotopes ~~are~~ are the two important and potential sources of ionizing radiation.

Radiation hazard in
Mention below:-

- Sun Lamps,
- Beds.
- Tanning booths.
- Skin damage.
- Hair removal.
- Cell damage.
- Eye damage
- Skin cancer.
- Chronic-
myelogenous
- Malignant tumors
- Leukemia
- Cataract.

Q No: 4

Ans:

Protection of radiology technician

★ Radiologist do not receive exposure from the primary x-ray beam.

★ Exposure comes from scattered radiation as soon as the beam strikes an object.

Cardinal principle of radiation protection:

- Time.
- Distance.
- Shielding.

Time:-

The amount of exposure an individual receives is directly

Proportional to the time of exposure. Therefore, minimize the amount of time spent with radiation source.

- ★ Pulse of progressive fluoro can reduce radiology technician and caregiver dose by 90% or more.
- ★ Fluoroscope have 5 minute reset timers to remind users of time elapsed.
- ★ Time of fluoro procedures should be kept to a minimum.
- ★ Fluoro should alternate on-off, rather than constant on.

★ Distance:

- ★ Just two steps back can greatly reduce exposure.
- ★ X-ray, CT, LINAC radiology technician

(17)

Date: ___/___/20

Should be outside the room when a machine is on.

* Fluoro remain as far away from patient as possible when fluoro is on.

* Shielding:-

Any object b/w you and a source of radiation will provide some shielding. In general, the more dense an object or material the better the shield.

* Protective Apparel:-

* must be worn during fluoro and possible imaging.

* Aprons must be inspected annually for leaks and stored

appropriately.

★ Correction factors may be applied for personal dose calculations.

★ Recommended to contain at least 0.5mm lead equivalent.

★ Lead aprons do not stop 100% of x-ray.

★ Additional Shielding:

★ Drapes and equipment aprons.

★ mobile shields for stationary radiology technician like anesthesia techs.

★ Ceiling mounted face shields (can reduce exposure by up to 40 times.)

★ Radiation Safety by Modality:-

- ★ Fluoroscopy.
- ★ Interventional.
- ★ Mammography.
- ★ C.T.
- ★ Surgery.
- ★ Mobile.

★ Fluoroscopy:

★ Personal exposure directly related to beam on time.

★ Mammography:-

- ★ Low personal exposures.
- ★ Normal walls and barriers adequate.
- ★ Dosimetry probably not required.

(20)

* Computed Tomography:

- * Personal
- * exposures Low.
- * Collimated beam results in low scatter.
- * Personal can remain in room if necessary with lead aprons.

* Mobile Radiography:-

- * Usually low personal^{ne} doses.
- * Be aware of location of tube or image receptor.
- * Exposure cord long enough for tech to be out of scatter area.
- * It is often not practical to stand more than 6 feet away.
- * Tech should wear aprons.

★ X-ray and Pregnancy:-

- ★ Human body is most sensitive to radiation effects before birth.
- ★ Radiation worker who become pregnant are rarely at any significant risk of exposure.
- ★ Pregnant worker will be concerned about her exposure.
- ★ Training should be provided to inform her potential risks and available options.

★ Declare pregnancy:-

- ★ Pregnant worker may declare pregnancy to RSO.
- ★ Cannot be forced to declare pregnancy.
- ★ Additional monitoring (monthly).
- ★ Possible change of duties.

* Radiation Safety Officer:

* Many

Institutions have an RSO.

(*) Required by radiation radioactive materials License.

* Often a radiologist.

* Provide safety training of radiological technician.

* Ensure compliance with state or federal regulation.

Annual Occupational Dose.

⇒ The recommended annual occupational dose is 0.5 Sv/y 5000 mrem/y .

⇒ But average radiological personal dose per year is 0.7 mSv/y from ~~year~~ whole body exposure.