Radiation Protection of Staff during Fluoroscopy



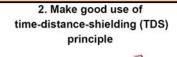
lead apron to

but with overlap on

front to make it 0.5 mm on the front and 0.25 mm on the back (Provides >90% protection)



Thyroid protection

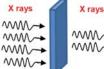


Minimize time



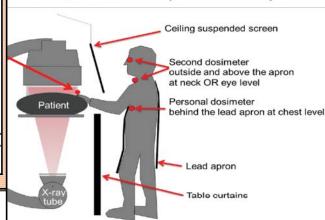
Maximize distance as much as clinically possible

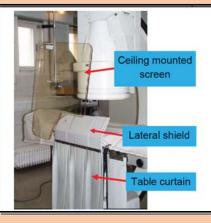
Use shielding



7. Use personal dosimetry Use at least two dosimeters

- One inside the apron at chest level
- One outside the apron at neck or eye level

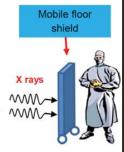




3. Use ceiling suspended screens, lateral shields and table curtains

They provide more than 90% protection from scattered radiation in fluoroscopy

Mobile floor shielding is advisable when using cine acquisition



6. Keep X ray tube under the patient table and not over it.

Undercouch systems provide better protection from scattered dose





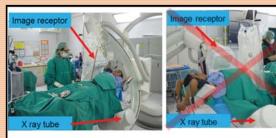
4. Keep hands outside the primary beam unless totally unavoidable

Hands inside the central area of the primary beam will increase exposure factors (kV, mA) and doses to patient and staff

Right!







Wrong!

5. Only 1% - 5% of radiation falling on the patient's body exits the other side

Stand on the side of transmitted beam (detector side) which contains only 1% to 5% of the incident radiation and scatter thereof

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Responsibilities

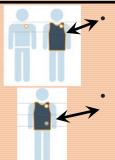
Southeast Hospital is responsible for safe use of x-rays and for effective monitoring of occupational exposure.

You are responsible for following appropriate safety safety precautions, and for properly wearing and handling your personnel dosimeters.

Southeast Hospital is committed to maintaining occupational radiation exposures ALARA.

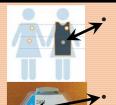
As Low As Reasonably Achievable That requires effectively monitoring occupational exposures. And that requires that you wear and handle your dosimeters properly.

Personnel Monitoring



If your job activities cause significant radiation exposure, you are assigned a "collar" dosimeter to be worn outside your protective garments ("lead").

If you receive high doses to the collar dosimeter, you will be issued a second, "waist", dosimeter to be worn under your protective garments.

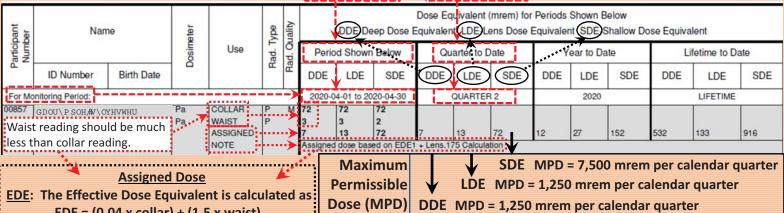


If you "declare" in writing that you are pregnant, then you may be issued a "fetal" dosimeter, to be worn under the lead apron.

The yellow dot on the person icon shows where the dosimeter is to be worn. Don't swap collar and waist dosimeters.

Dosimetry Reports are posted monthly to Compass/Departments/Radiation Safety/Personnel Dosimetry Reports.

How to read a dosimetry report **Current Quarter**



 $EDE = (0.04 \times collar) + (1.5 \times waist).$

The EDE should be much less than the collar reading, but the assigned EDE will be about 38 times too high if the dosimeters are reversed.

Don't reverse the dosimeters.

Lens.175: If you wear protective eyewear during fluoro (and submit a signed attestation of use) the LDE is calculated by multiplying collar dose by 0.175. Without the Lens.175 factor the LDE might exceed the MPD and require a report to OSHA.

If you exceed the MPD, a violation report must be sent to OSHA. **ALARA Investigation Levels**

Level $1 = 0.1 \times MPD$; Level $2 = 0.3 \times MPD$.

The Radiation Safety Officer investigates each quarterly occupational exposure that exceeds ALARA investigation levels and reports the results to the Radiation Safety Committee, including any corrective action. This allows upward trends in individual doses to be addressed before they become excessive.

Please return your dosimeters at the end of each month. We cannot meet our responsibility for keeping occupational exposure As Low As Reasonably Achievable without effective personnel monitoring.