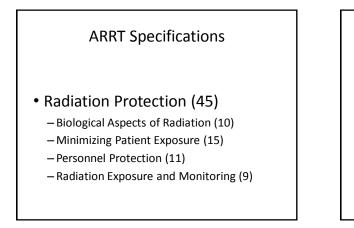
Radiation Protection Review Gina Tice, MSRS, RT(R) Gadsden State Community College



Radiation Exposure & Monitoring

- Units of Measurement
- Dosimeters

Units of Measurement

Quantity	Traditional Unit	SI Unit
Exposure	Roentgen (R)	Coulombs/kilogram
		(C/kg)
Absorbed Dose	Rad	Gray (Gy)
Dose Equivalent	Rem	Seivert (Sv)
Radioactivity	Curie (Ci)	Becquerel (Bq)

Exposure

- Roentgen (C/kg)
- Measures ionizations in air
- 1R = 2.58 x 10-4 C/kg
- Used in calibration of equipment

Absorbed Dose

- RAD (Gray)
- Measures amount of energy per unit mass absorbed in any medium
- Used for all types of radiation

Dose Equivalent

- REM (Sievert)
- Measures biological effects in body tissues
- Uses quality (weighting) factor to determine total radiation dose after exposure from different types of radiation

	Radiation Quality (Weighting) Factors		
• X-ray, Beta, Gamma	1		
 Slow Neutrons 	5		
 Fast Neutrons 	20		
 Alpha Particles 	20		

DE = AD x QF • DE = Dose Equivalent • AD = Absorbed Dose • QF = Quality Factor • Ex: What is the DE for a patient receiving 20 rac

Ex: What is the DE for a patient receiving 20 rad x-ray, 3 rad slow neutrons, 2 rad alpha particles?
 20 x 1 = 20 rad

3 x 5 = 15 rad 2 x 20 = 40 rad

75 rem

Effective Dose (EfD)

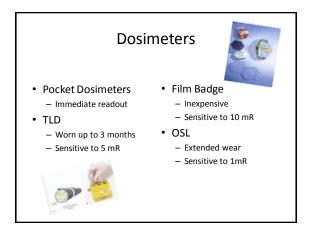
- Incorporates both the effects of specific types of radiation and the radiosensitivity of the tissue
- EfD = Dose x W_r x W_t

Radioactivity

- Curie (Ci) or Bequerel (Bq)
- Indicates quantity of radioactive material representing the number of decay events per second

Dosimeters

- Measure radiation exposure
- Should be worn at the collar
 - $-\operatorname{Outside}$ the apron for fluoroscopy
 - 2nd device for pregnant or childbearing age women; worn under apron at waist



PERSONNEL PROTECTION				
Sources of Ex	posure*			
•Environmental •Cosmic / Terrestrial •Radon	198 mrem/yr <u>97 mrem/yr</u> 295 mrem/yr	1.98 mSv <u>.97 mSv</u> 2.95 mSv		
•Manmade / Artificial •Medical / Dental •Nuclear Medicine •Consumer Products	40 mrem/yr 14 mrem/yr <u>11 mrem/yr</u> 65 mrem/yr	0.40 mSv 0.14 mSv <u>0.11 mSv</u> 0.65 mSv		
Total Annual Exposure *Exposures in US from NCRP	360 mrem	3.60 mSv		

Annual Occupational Dose

1 rem x age (years)

Personnel Protection Sources of Exposure

- Primary
- Leakage
- Scatter

Personnel Protection

Sources of Exposure

- Patient
 - Greatest source of scatter radiation
 - At a 90° angle to the x-ray beam at a distance of 1 meter the scattered x-ray intensity is approximately 1/1000 the intensity of the primary beam

Personnel Protection

Methods of Protection

Cardinal Principles

- •Time
- Distance
- Shielding

Personnel Protection

Protective Devices

Primary
1/16" Pb eq; 7 ft. high
Secondary
1/32" Pb eq; extends to ceiling

Personnel Protection

Protective Devices

- Lead Shielding
 - Aprons .5 mm Pb eq
 - Gloves .25 mm Pb eq
 - Thyroid Shields .25 mm Pb eq
 - Glasses .35mm Pb eq
 - Pb Curtain .25 mm Pb eq
 - Bucky Slot Cover .25 mm Pb eq



- Mobile Units
 - 6 foot (180 cm) exposure cord
 - Pb apron
 - RT stands at 90° angle to scattering object

Personnel Protection Special Considerations

- Fluoroscopy
 - Source-to-Tabletop Distance
 - Fixed 15" (38cm)
 - Mobile 12" (30 cm)
 - Exposure Switch Dead-man type
 - Audible Timer 5 minutes
 - Exposure Rate must not exceed 10R/min

Minimizing Patient Exposure ALARA

- Keep radiation exposure
- As Low As Reasonably Achievable
- Responsibility of employers and technologists

Minimizing Patient Exposure

Exposure Factors

- Highest practical kVp, lowest mAs
- Use AEC when available
- Highest film/screen combinations
- Appropriate SID
- X-ray generator (1Φ, 3Φ, HF)

Minimizing Patient Exposure Shielding

- When to use:
 - Reproductive organs within 5 cm of beam
 - Doesn't interfere with exam
 - Patient within reasonable reproductive age

Minimizing Patient Exposure

Shielding

•Types:

- Contact
- Flat
- Shaped
- Shadow

Minimizing Patient Exposure

Shielding

•Types: •Contact •Flat •Shaped •Shadow

Minimizing Patient Exposure

Shielding

•Types:

- •Contact
 - •Flat
- •Shaped
- Shadow

Minimizing Patient Exposure

Beam Restriction

- Decreases patient exposure
- Improves image quality
- Types
 - Collimators
 - Aperture Diaphragms
 - Extension Cylinders/Cones

Minimizing Patient Exposure Filtration

- Removal of low energy photons from the primary beam; hardening of the beam
- Increases average energy of the beam
- Reduces exposure to patient's skin and superficial organs

Minimizing Patient Exposure Positioning

- Choose AP or PA to reduce exposure

 Scoliosis
 - Oblique c-spine
 - Skull

Minimizing Patient Exposure

Communication

- Give clear, concise instructions
- Be truthful about pain/discomfort

Minimizing Patient Exposure Pediatrics

- Children more vulnerable effects of radiation
- Smaller doses of ionizing radiation are sufficient
- Children have limited ability to understand procedure
 - Explain with age appropriate terminology, use entertaining devices (cartoons, posters, puppets, etc.)
 - Use restraining devices, collimation, shielding

Dose-Response Relationships

– Linear

Proportional relationship between dose & response

– Nonlinear

• no fixed proportional response between dose & response

Threshold

- A level is reached below which no effect is observed
- Nonthreshold
 - · Even the smallest dose could cause an effect

Dose-Response Relationships

- Linear nonthreshold

- Model to set standards & dose limits
- No threshold
- Response directly proportional to dose received
- No dose rate effect (no reduced effect at small dose rates)
- Curve exhibits a stochastic (statistical) response

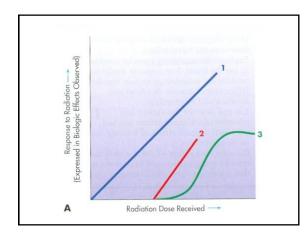
Dose-Response Relationships

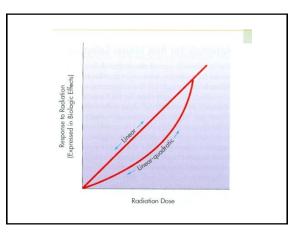
- Linear quadratic
 - Curve is linear or proportional at low dose levels and becomes curvilinear at high doses
 - May underestimate low dose effects
 - No threshold
 - Quadratic response at high dose levels
 - Curve exhibits the stochastic (statistical) effect

Dose-Response Relationships

-Sigmoid Threshold

- Applies primarily to the high dose effects seen in radiation therapy
- Usually does have threshold





Radiosensitivity

• Law of Bergonie and Tribondeau

- Radiosensitivity is directly proportional to cellular reproductive activity and inversely proportional to the degree of differentiation
- Greater damage occurs to cells which are the least mature, least specialized, most rapidly dividing, and have longest mitotic phases

Radiosensitivity

- Cells listed from MOST to LEAST sensitive
 - Lymphocytes
 - Spermatogonia
 - Erythroblasts
 - Platelets
 - Intestinal crypt cells
 - Epithelial cells
 - Muscle cells
 - Nerve cells

Radiosensitivity

• LET

- Average energy deposited per unit length
 - Low LET
 - –Gamma rays
 - –X-rays
 - High LET
 - -Alpha particles
 - -lons of heavy nuclei
 - -Low energy neutrons

Radiosensitivity

- RBE Relative Biological Effectiveness
 - Compares the biologic effects from equal doses of different types of radiation
 - LET and RBE have a directly proportional relationship
 - High LET radiations have high RBE

Radiosensitivity

- OER Oxygen Enhancement Ratio
 - Tissue is more sensitive to radiation when irradiated in the oxygenated state than when irradiated under anoxic or hypoxic conditions

- Molecular Effects of Irradiation
 - -Indirect
 - Radiolysis of water
 - -Direct
 - Target Theory

Types of DNA Damage

- Single-strand break (point mutation)
 - -Occurs with low LET
 - -Enzymes may be able to repair damage
- Double-strand break
 - More common with high LET
- Main-chain scission
 - Divides a long single molecule into many molecules

Biological Aspects of Radiation

Somatic Effects

- Stochastic (Late)
- Nonstochastic

Stochastic (Late)

- Nonthreshold, random
- All or nothing response
- Linear or quadratic dose-response
- Ex: cancer and genetic alterations

Nonstochastic (Deterministic)

- Directly related to dose received
- Threshold dose
- Usually occur only after large doses of radiation
- Effects can be manifested as an early or late effect

Early (Acute) Nonstochastic Effects

- Appear within minutes, hours, days or weeks of exposure; short term
 - Nausea
 - Fatigue
 - Epilation
 - Fever
 - Blood disorders
 - Desquamation

Late Nonstochastic Effects

- May takes months or years to manifest or possibly future generations
 - Cataract formation
 - Fibrosis
 - Organ atrophy
 - Loss of parenchymal cells
 - Reduced fertility
 - Sterility

Late Stochastic Somatic Effects

- Cancer
- Embryologic effects (birth defects)

Genetic Effects

• Biologic effects of ionizing radiation on future generations

Acute Radiation Syndrome

- Prodromal
 - Occurs within hours of whole body absorbed dose of 1 Gy (100 rad)
 - Nausea, vomiting, diarrhea, fatigue, and leukopenia
- Latent No visible symptoms
- Manifest Illness
 - Visible symptoms classified as specific syndrome
- Recovery or Death

Hematopoietic / Hematologic

- Bone marrow syndrome
- Whole body dose from 1-10 Gy (100-1000 rad)
- Decrease in WBC and platelets

Gastrointestinal

- Severe nausea, vomiting, diarrhea, fever, fatigue, loss of appetite, lethargy, anemia, leukopenia, hemorrhage, electrolyte imbalance, emaciation
- 6-10Gy (600-1000 rad)

CNS

- Same symptoms as other syndromes but may not have time to manifest
- 50 Gy (5000 rad)

LD 50/30

- Whole body dose that is lethal to 50% of those exposed within 30 days
- 3-4 Gy (300-400 rad)

Doubling Dose

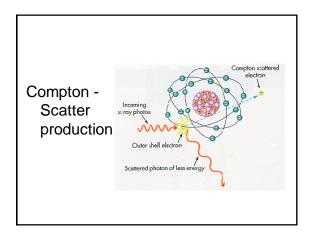
- Dose required per generation to double the spontaneous mutation rate
- Spontaneous mutation rate is approximately 6%

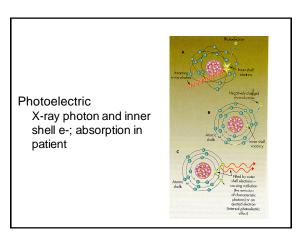
Genetically Significant Dose

- Average annual gonadal equivalent dose to members of the population who are of childbearing age
- Estimated at 0.2 mSv (20 mrem)

Photon Interactions in Matter

- Coherent (classical)
 - Change in direction of x-ray photon; no energy loss
- Compton
- Photoelectric





NCRP #102

- Aprons 0.5 mm Pb eq
- Gloves 0.25 mm Pb eq
- Glasses 0.35 mm Pb eq
- Mobile equipment
 - Exposure cord 6ft
 - Operators should wear Pb aprons
 - Operators should stand at right angle to scattering object (patient)

NCRP #102

- Tube Housing 100 mR/hr at 1m from source
- SID +/- 2% SID
- Collimator +/- 2% SID
- Filtration 2.5 mm Al (>70 kVp)
- Fluoroscopy Source-to-Tabletop Distance
 Stationary 15"
 - Mobile 12"

NCRP #102

- Fluoroscopy
 - Primary Protective Barrier interlocked with tube
 - Exposure Switch dead-man type
 - Protective Drape 0.25 mm Pb eq
 - Cumulative Timer audible, 5 min
 - Exposure Rate must not exceed 10R/mn

	A. Occupational exposures'	Support of the	STATE.
	1. Effective dose limits		
	a. Annual	50 mSv	(5 rem)
	b. Cumulative	10 mSv × age	1 rem × age
	Equivalent dose annual limits for tissues and organs		
	a. Lens of eye	150 mSv	(15 rem)
	b. Localized areas of the skin, hands, and feet	500 mSv	(50 rem)
	B. Guidance for emergency occupational exposure ⁴ (see Section 14, NCRP No.	. 116)	
	C. Public exposures (annual)		
	1. Effective dose limit, continuous or frequent exposure'	1 m5v	(0.1 rem)
JCRP #1	Effective dose limit, infrequent exposure'	5 mSv	(0.5 rem)
	a. Lens of eye	15 mSv	(1.5 rem)
	b. Localized areas of the skin, hands, and feet	50 mSv	(S rem)
	4. Remedial action for natural sources		
	a. Effective dose (excluding radon)	>5 mSv	(>0.5 rem)
	b. Exposure to radon and its decay products¹	>26 I/(sm ⁻¹) ¹	(>2 WEM)
	D. Education and training exposures (annual)*		
	1. Effective dose limit	1 mSv	(0.1 rem)
	Equivalent dose limit for tissues and organs		
	a. Lens of eye	15 mSv	(1.5 rem)
	b. Localized areas of the skin, hands, and feet	50 mSv	(5 rem)
	E. Embryo and fetus exposures*		
	1. Equivalent dose limit		
	a. Monthly	0.5 mSv	(0.05 rem)
	b. Entire gestation	5.0 mSv	(0.50 rem)
	E. Negligible individual dose (annual)'	0.01 mSv	(0.001 rem)
	"Excluding method represents: Size fables 42 and 31 in RCIP Report Ins. 11% for recommendations on radiation respectively." Sixen of external and internal exposures, excluding does from natural sources. WMM stands for working level meanth and refers to a compatient exposure 64 a and to disability and advice. WMM represents the conditive exposure exposures for a new of 100 pc.1, the excouptional line for minum - 4 RML pro year, which invalids an a - management of the radie of referse of ensemic sources areadow of the relation and an advice of the relation of the referse of ensemic means and the relation and its data.	king month (170 hours). As ap hour period resulting from a r quivalent dose of approximate	plied to radon a adon concentrati ly 0.15 Sv (15 re

