PERSONAL RADIATION MONITORING DEVICES

Purpose:
The recording of radiation dose received by persons working with radioactive material and radiation-producing equipment is essential to minimizing exposure as well as maintaining compliance with state and federal regulations. LSUHSC utilizes personal dosimeter badges for monitoring radiation exposure. Badges are obtained through the Safety Office. In order to ensure the proper use of the dosimeter and subsequent protection of employees the guidelines contained in this policy must be followed at all times.

Monitoring Requirements:
Dosimeter badges must be worn by personnel meeting any of the following requirements:

1. Personnel likely to receive an annual radiation dose in excess of 10 percent of any of the following annual dose limits:
   a. Total effective dose equivalent of 5 rems
   b. Sum of the deep dose equivalent and the committed dose equivalent to an individual organ or tissue (other than the lens of the eye) being equal to 50 rems
   c. Eye dose equivalent of 15 rems
   d. Shallow dose equivalent of 50 rems to the skin or to an extremity

2. Radiation and imaging employees with a declared or planned pregnancy.

3. Personnel who enter a High Radiation Area (exposure to greater than 100 millirem in any one hour).


5. Personnel who meet special criteria as assessed by the Radiation Safety Officer or his/her delegated representative.

Procedures for Monitoring Devices:
1. The personal monitoring device (film badge) must be worn properly, stored properly and exchanged monthly at the due date.

2. Badges are to be worn at collar level and outside of radiation protection garments. Pregnant employees will wear a second badge at waist level and underneath radiation protection garments (refer to Hospital Policy 3.3).

3. All issued badges must be opened by the user regardless of whether the user will be working in a radiation area or not.

4. Each department/unit with staff required to wear a dosimeter badge must designate a badge coordinator.
5. The Safety Office is responsible for delivery of the badges at the end of each month to each department. The designated badge coordinator is responsible for distribution and collection of the badges. The badge coordinator is also responsible for the return of the badges to the Radiation Safety Office. Any change in staff, such as transfer, resignation, pregnancy, etc., must be forwarded to the Safety Office. A delivery date and deadline date for return is emailed by the Safety Office prior to end of month.

6. Badges are not to be worn away from the hospital, not taken home and not worn as a badge for another job. In the event that you work weekends or are unavailable due to leave, your badge should be here to exchange and meet the deadline. Racks are provided for placing your badge when you leave from work.

7. The coordinator has the responsibility of collection and return of the badges. They are not responsible for tracking down the badges. They should be on the rack and ready for pickup.

8. Dosimeter badge reports are prepared on a set schedule. Failure to turn in a badge will affect the accuracy of exposure data on the report.

9. The badge coordinator and department head will be notified when badges are being turned in late. A missing or invalid dosimeter reading creates a gap in your radiation dose record.

Compliance with Dosimeter Badge Procedure:
The Safety Office will provide a report to the Chair of the Radiation Safety Committee regarding each department’s compliance with the dosimetry badge guidelines. The Safety Office will assess:

1. Timeliness of turning in badges
2. Number of badges returned as compared to the number issued
3. Condition of badges such as a badge being returned still in the wrapper.

The Radiation Safety Committee Chair will review this report and take action as necessary to ensure that all departments adhere to the policy. The actions taken will be progressive based on repeat occurrences within a 12 month timeframe.

1. First Occurrence – Letter to the badge coordinator as a reminder.
2. Second Occurrence – Letter to the badge coordinator and Department Chairman.
3. Third Occurrence – Refer to the Vice Chancellor for review.

Individual departments are strongly encouraged to establish guidelines for staff accountability. An example is shown below:

Employees that fail to follow these guidelines are subject to disciplinary action. Violation of the policy will be recorded as an occurrence. Occurrences will be cumulative for a 12 month period.

1. First Occurrence – Verbal counseling
2. Second Occurrence – Written reprimand
3. Third Occurrence – Referred to Human Resources to review for disciplinary action.

Review and Maintenance of Dose Reports:
The Safety Office and Radiation Safety Officer (RSO) review occupational dose reports upon receipt. The Safety Office maintains occupational radiation exposure records. Investigations of exposures exceeding ALARA levels are conducted in accordance with hospital and state regulations.

Records are also reviewed to determine the necessity of dosimeter badges. In the event that an employee’s badge consistently demonstrates exposure that is under the requirement for monitoring, the Safety Office will notify that employee that a dosimetry badge will no longer be issued. If the employee does not agree with this action an appeal must be submitted within 10 days of receiving notice. The RSO will review the appeal and determine if a badge should be issued.

Requests for Occupational Exposure Records:
The Safety Office will receive and send requests for occupational exposure records. If an employee works outside LSUHSC in a capacity that requires personal dosimeter monitoring, that employee is required to notify their manager and the Safety Office so that the dose record from the outside facility can be obtained. Exposure records are confidential and a release form must be obtained from the requester and must be included in outgoing requests to the other institutions.

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Administrator

4/17/12
Date

Approved by Clinical Board:  5/15/01, 7/20/04, 7/17/07, 2/17/09, 4/17/12
Written:  6/95
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