

<b>Policy Name</b>	Staff and Patient Protection		
<b>Policy Number</b>	Rad005	<b>Version Number</b>	1.0
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<b>Authorising Post</b>	D CEO Clinical Support Services	<b>Policy Folder</b>	Radiology
<b>Sub-folder:</b>	Radiation Safety		

## Purpose

Radiation Protection of HSA Staff and Patients during Radiographic Procedures using ionized radiation.

## Policy

Patients and employees of Imaging Services shall be protected from unnecessary radiation.

## Procedure

1. In all cases where persons other than patients are required to remain in the room during x-ray exposures, lead aprons must always be worn. During Portable examinations:

General: Radiographer must wear a protective apron (at least 0.5-mm lead equivalency) and, if possible, stand at least 6 feet from the patient. Aprons should protect other individuals in the room or other shields if they are within 10 feet of the patient being radiographed. Remote control switches should be used if available.

Neonatal Intensive Care : Lead aprons should be worn if a nurse or aide is within one foot of the patient being Radiographed, but the leaded apron may omitted if the nurse or aide is more distantly located. Also, there is no need for the nurse or attendant to leave other infants unattended in the nursery, when an x-ray exposure is being made.

2. Radiographers, students and other radiology personnel will not hold patients during x-ray exposures (except in emergencies and for limited assistance during pediatric exams).

Mechanical holding devices (pigostat, etc.) shall be used for pediatric exams when technique permits. Rules (see 3 below) regarding parents, friends or relatives remaining in the x-ray room to assist will be applied.

Because no good method for immobilization has yet been developed for use in NBICU, the infant often must be held for the exposure. The individual holding the infant should keep his/her hands well away from the primary beam.

3. Parents, friends or relatives of patients are not allowed in the x-ray room while exposures are being made except in those cases where their presence is necessary for patient cooperation. Should friends or relatives of the patient be required to remain in the x-ray rooms during exposures, they will be requested to wear protective aprons. The Radiographer will ask women of childbearing age whether she may be pregnant, in which case the individual cannot remain in the area during x-ray exposure.
4. Doors to x-ray rooms must always be closed during x-ray exposures.
5. Gonadal shield with at least .25 mm lead equivalency must be used in addition to collimation on all patients when the gonads are in the primary X-ray beam. Exceptions to this would be for those examinations where the part of interest is in the x-ray field. An example of this would be a pelvis or a hip when shield should not be

done unless the pathology is known as a repeat for follow-up examinations. The Quality Control person, Radiologist or Radiology Supervisor should check these.

Gonadal Shielding is omitted in neonatal x-ray examinations due to the small patient size and the need to maintain sterile conditions.

6. Collimation of x-ray beam will be at least the film size. Evidence of border coning is encouraged on all radiographs.

## Signatures

Authorising Post Title	Name (Print)	Signature	Date
D CEO Clinical Support Services	Lizzette Howell		<input type="checkbox"/> Approve <input type="checkbox"/> Retire