Office of Environmental Safety Baylor College of Medicine

GIVING LIFE TO POSSIBLE

Objectives

By the end of this training, you should be able to:

- Describe a brief history of X-ray Machines
 Identify the hazards associated with working with X-rays
- Gain a deeper understanding of X-ray Machines

In The Beginning ...



 On 8 November 1895, Wilhelm Konrad Roentgen discovered the X-ray.

The First X-ray



On 22 December 1895, Dr. Roentgen made the first X-ray photograph (Frau Roentgen's hand).

The Aftermath

On 1 January 1896, Roentgen announced his discovery to the world.

14 February 1896, four days after news of the discovery reached the U.S, X-rays were used to guide surgery in New York.

In early 1896, the Italian military began using Xrays to diagnose and treat wounded soldiers

At the same time



In February 1896, Henri Becquerel discovered natural radioactivity.

Recognizing the Hazards

- Jan 1896: The first radiation burns were reported
- Nov 1896: Elihu Thompson intentionally exposed his little finger to radiation over a period of a few days and then cautioned against over exposure "... or there may be cause for regret when too late."
- Becquerel and Pierre Curie both suffered abdominal burns from carrying vials of radium in their vest pockets.

Early Protection Recommendations

Between 1896 and 1899, William Herbert Rollins proposed almost all of the protective measures now employed in X-ray systems.

- Shielded tube housings
- Collimators
- Pulsed fluoroscopy
- Filtration

 In 1896, Thomas Edison cautioned against the continued use of X-rays and abandoned his own research in this area.

Standard Organizations

1925: The First International Congress on Radiology meets in London.

1928: The Second International Congress on Radiology meets.

1929: The Advisory Committee on X-ray and Radium Protection is founded (Later becomes the National Council on Radiation Protection and Measurement (NCRP)

 1950: The International Congress on Radiology changes its name to the International Commission on Radiological Protection (ICRP)

Regulatory Agencies

1946 & 1954: The Atomic Energy Act of 1946 and the 1954 amendments to the Act establish the Atomic Energy Commission (AEC) to regulate source, special nuclear, and by product material.

 1959: The Federal Radiation Council is organized to control non-AEC materials.

Early Exposure Limits

- Early 1920s: No more that 7 hours per day, with Sunday and two half-days per week off performing X-ray procedures.
- Mid 1920s: 1/100 of the erythema dose in any 30 day period (works out to about 72 rads/yr).
 Early 1930s: 50 R/yr

Late 1930s: 25 R/yr

1950: 300 mrem/week (15 rem/yr) deep dose and 600 mrem/week (30 rem/yr) shallow dose
1959: 5 rem/yr (ICRP)

Recent Dose Limits

1977: ICRP recommends 5 rem/yr including internal exposures
1990: ICRP recommends 2 rem/yr averaged over 5 years with no single year exceeding 5 rem.
1994: NRC adopt 1977 recommendations.

What are X-rays?

- Form of electromagnetic radiation which arises as electrons are deflected from their original paths
- Are capable of traveling long distances through air and most other materials
- Require more shielding than beta or alpha particles to reduce their intensity
- X-rays and gamma rays differ primarily in their origin
 - X-rays originate in the electronic shell
 - Gamma rays originate in the nucleus

An X-ray tube requires
a source of electrons
a means to accelerate the electrons
a target to stop the high-speed electrons



Analytical X-ray usage: – Diffraction [XRD]

X-ray scattering from crystalline materials. "fingerprint" of crystalline atomic structure. Check known library vs. unknown sample.

Fluorescence [XRF]

 Analytical method for determining the elemental composition of a substance.

Hazards of Analytical X-ray Equipment

Exposure to the primary beam

- Leakage or scatter of the primary beam through cracks in ill fitting or defective equipment
- Penetration of the primary beam through the tube housing, shutters or diffraction apparatus

Diffracted rays

- Causes of Exposure During Analytical Xray Use
 - Putting fingers in X-ray beam to change sample
 - Aligning X-ray beam visually
 - Modification of shielding
 - Failure to realize X-rays are emitted from several ports
 - Failure to read & follow manufacturer's X-ray operating instructions

Any of these actions could cause an unnecessary exposure and a potential negative effect!

Medical Diagnostic X-rays

- Radiography a picture with film or a digital image is sent directly to a computer screen
 Fluoroscopic a real time "moving" inspection on inside the dill of the time inspection.
 - inside bodily functions imaged on a screen

Diagnostic radiology is the branch of medicine that has traditionally been known for taking and reading X-rays. Diagnostic radiology is the nucleus of almost every physician's diagnosis. Being able to detect disease sooner and pinpoint its location more accurately is a huge factor in stopping disease in its tracks.

All operating personnel must be intimately familiar with the principles of operation, principles of radiation safety, and potential general and specific hazards of their particular machine.

Radiation surveys must be made annually, whenever beam-target or specimen-detector geometry is changed, or whenever shielding arrangements are altered and after maintenance work.



Master-switch keys and secondary keys should be in the possession of the first person entering an exposure room, and that person should be the last to leave the room. Situations which require interlocks to be temporarily disabled require prior approval of the Radiation Safety Officer.

All radiation producing equipment must have clearly visible warning lights to indicate when the equipment is generating radiation. Warning light systems should be configured to indicate when a light is not operational.





- All operating personnel must be properly badged with individually assigned personnel dosimeter devices.
- Not all situations of X-ray machine use, such as selfshielded cabinet type units, require dosimetry. Contact OES for details.

Approved warning signs indicating the nature of the hazards must be posted at entrances to hazard areas, and the instrument console must be posted with a plaque indicating the nature and quality of the radiation produced.

Machines require a regular check by a state-licensed medical physicist depending on the nature of use; e.g. human useannually, veterinary use-every 5 years, etc.

Radiation dose to members of the public/non-radiation workers in the vicinity of such machines generally cannot exceed 100 mrem/year except in the case of certain medical offices where a 500 mrem/year limit is applicable.

Contact OES concerning questions of shielding and area monitoring.

 Unusual operations or unexpected machine behavior must be reported to the Radiation Safety Office immediately.



X-ray Effects

The effects of X-ray exposure depend upon:

- Duration How long the dose is delivered.
- Energy How much energy was in the X-ray
- Low Energy (<50 KeV) damage only to skin or outer part of body
- High Energy damage to internal organs
- Total Dose The magnitude of the dose

Unsafe Conditions

- Access door interlocks do not work
- Shielding has been damaged
- Viewing window of shielding is cracked.

IF AN UNSAFE CONDITION ARISES WITH YOUR X-ray DEVICE:

- Stop work!
- Turn power OFF to X-ray (An X-ray requires power to produce radiation)
- Notify your Principal Investigator and BCM Radiation Safety @ 713-798-4799



Radiation Protection-Time:

- The radiation dose that a worker receives is directly proportional to the amount of time spent in the radiation field.
- For example, reducing the time of exposure by one-half will reduce the radiation dose by one-half. Users need always to work quickly and limit time spent next to X-ray equipment while it is operating.



Radiation Protection-Distance:

- Radiation exposure decreases rapidly as the distance between the worker and the X-ray device increases.
- The decrease in exposure from a point source, such as an X-ray tube, can be calculated by using the inverse square law.

Radiation Protection-Distance:

- This law states that the amount of radiation at a given distance from a point source varies inversely with the square of the distance.
- For example, doubling the distance from an X-ray tube will quarter your exposure; increasing the distance by a factor of three will reduce the dose to one-ninth, etc.



Radiation Protection-Distance:

 Maintaining a safe distance represents one of most effective methods for reducing radiation exposure.

 Using the principle of distance is especially important when working around open beam analytical X-ray equipment and medical fluoroscopes.

Radiation Protection-Shielding:

- Radiation exposure to personnel can also be reduced by placing an attenuating material between a worker and the X-ray tube.
- The energy of the incident X-ray photon is reduced by Compton and photoelectric interactions in the shielding material.
- Thus, substances such as lead, that are very dense and have a high atomic number, are very practical shielding materials because of the abundance of atoms and electrons that can interact with the X-ray photon.
- Lead aprons, booths and rolling shields are examples of shielding that are often required.



Radiation Protection-Shielding:

 Shielding is often incorporated into the equipment, such as the metal lining surrounding the X-ray tube.

 It may also consist of permanent barriers such as concrete and lead walls, leaded glass, and plastic movable screens in the case of analytical X-ray equipment.



X-ray tube in a collimated lead housing

Mobile shield for the operator

Control panel where the operator can select X-ray ON (exposure) time in fraction of minutes, the energy of X-ray (in kVp) and current applied (higher current = more X-rays).



When this "C-arm" X-ray device is used the operator and support staff MUST wear a lead apron, safety glasses and whole body dosimeter badge.





Small compact "totally enclosed" research X-ray devices which generally require little special monitoring.



X-ray diffraction unit. Care must be taken here because while the beam is small, it can be quite intense and produce a severe Burn.

Additional Training

Please make sure you have also completed Radiation Safety Training which is offered every 2nd and 4th Wednesday of the month from 9-12 in room 201A of the Cullen building

 If you have any questions please contact the RSO, Susanne Savely at 713-798-5268

Thank you!

Please remember to take the quiz by clicking on the "take test" button on your screen