

**HOW TO ESTABLISH AN
ADEQUATE SYSTEM FOR EYE
LENS DOSE MONITORING:
A PROPOSAL FOR TYPICAL
WORKPLACES**

Robert Kollaard, chairman NCS subcommittee

EURADOS Winterschool Florence, 30-1-2020



CONTENT

1. Introduction
2. Legal requirements for eye lens monitoring
3. Proposal for adequate system for eye lens monitoring
4. Adequate monitoring for typical worker groups
5. Discussion
6. Conclusions

1. INTRODUCTION – EYE LENS

- Last decade:
New insights on the sensitivity of the eye lens
- Estimated dose threshold: 0.5 Gy
- Eye lens dose limit: 150 mSv \Rightarrow 20 mSv/year
- European BSS: 2013 \Rightarrow national legislation: 2018
- Old 150 mSv dose limit:
Little attention for radiation protection and dosimetry of the eye lens
- New 20 mSv dose limit:
Eye lens dose may be limiting the exposure for some worker groups!



Patient with cataract
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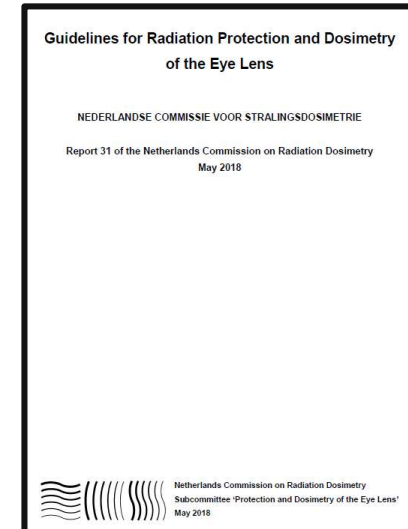
1. INTRODUCTION – THE NCS

- Netherlands Commission on Radiation Dosimetry
(<https://radiationdosimetry.org/>)
- Dutch/Belgian network providing recommendations for radiation protection and dosimetry, mostly in the medical sector



1. INTRODUCTION – THE NCS

- Netherlands Commission on Radiation Dosimetry (<https://radiationdosimetry.org/>)
- Dutch/Belgian network providing recommendations for radiation protection and dosimetry, mostly in the medical sector
- Published a report in 2018 on radiation protection and dosimetry of the eye lens
- This NCS report considers typical workplaces



2. LEGAL REQUIREMENTS FOR EYE LENS MONITORING

EU BSS art. 41: When category A workers are liable to receive a significant exposure of the lens of the eye, an adequate system for monitoring shall be set up to ensure that the dose remains under the dose limit.

TERMINOLOGY ⇒ NEEDS INTERPRETATION!

2. INTERPRETATION OF THE LEGAL FRAMEWORK

EU BSS art. 41: When category A workers are liable to receive a significant exposure of the lens of the eye, an adequate system for monitoring shall be set up to ensure that the dose remains under the dose limit.

Liable:

Refers to prior risk assessment (calculate expected worker dose)

Include regular and potential exposures

2. INTERPRETATION OF THE LEGAL FRAMEWORK

EU BSS art. 41: When category A workers are liable to receive a significant exposure of the lens of the eye, an adequate system for monitoring shall be set up to ensure that the dose remains under the dose limit.

Significant exposure:

Eye lens dose of ≥ 15 mSv (minimal interpretation)

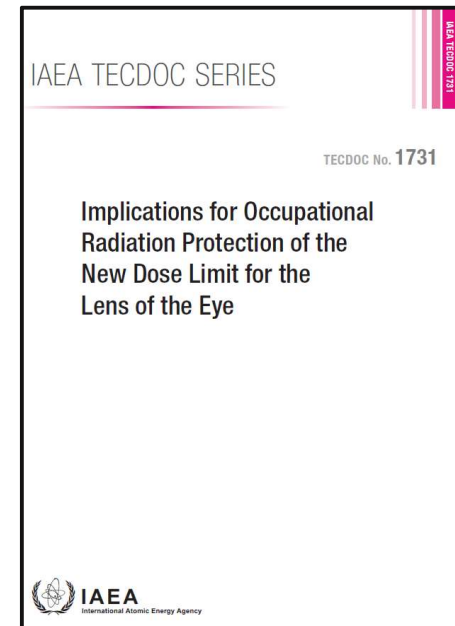
15 mSv = dose limit for public exposure (BSS art. 12)

2. INTERPRETATION OF THE LEGAL FRAMEWORK

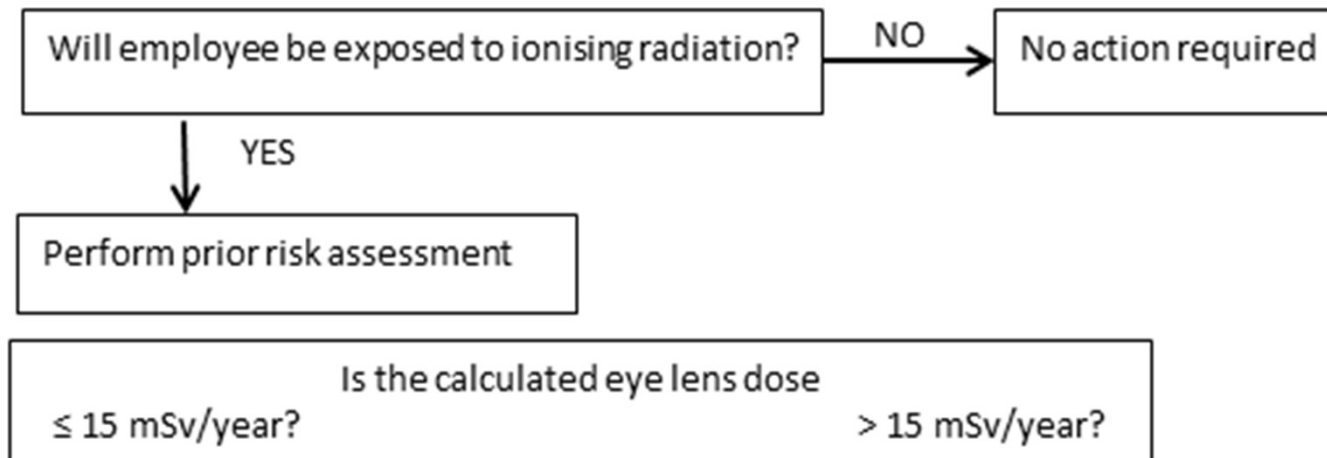
EU BSS art. 41: When category A workers are liable to receive a significant exposure of the lens of the eye, an adequate system for monitoring shall be set up to ensure that the dose remains under the dose limit.

Adequate system for monitoring:

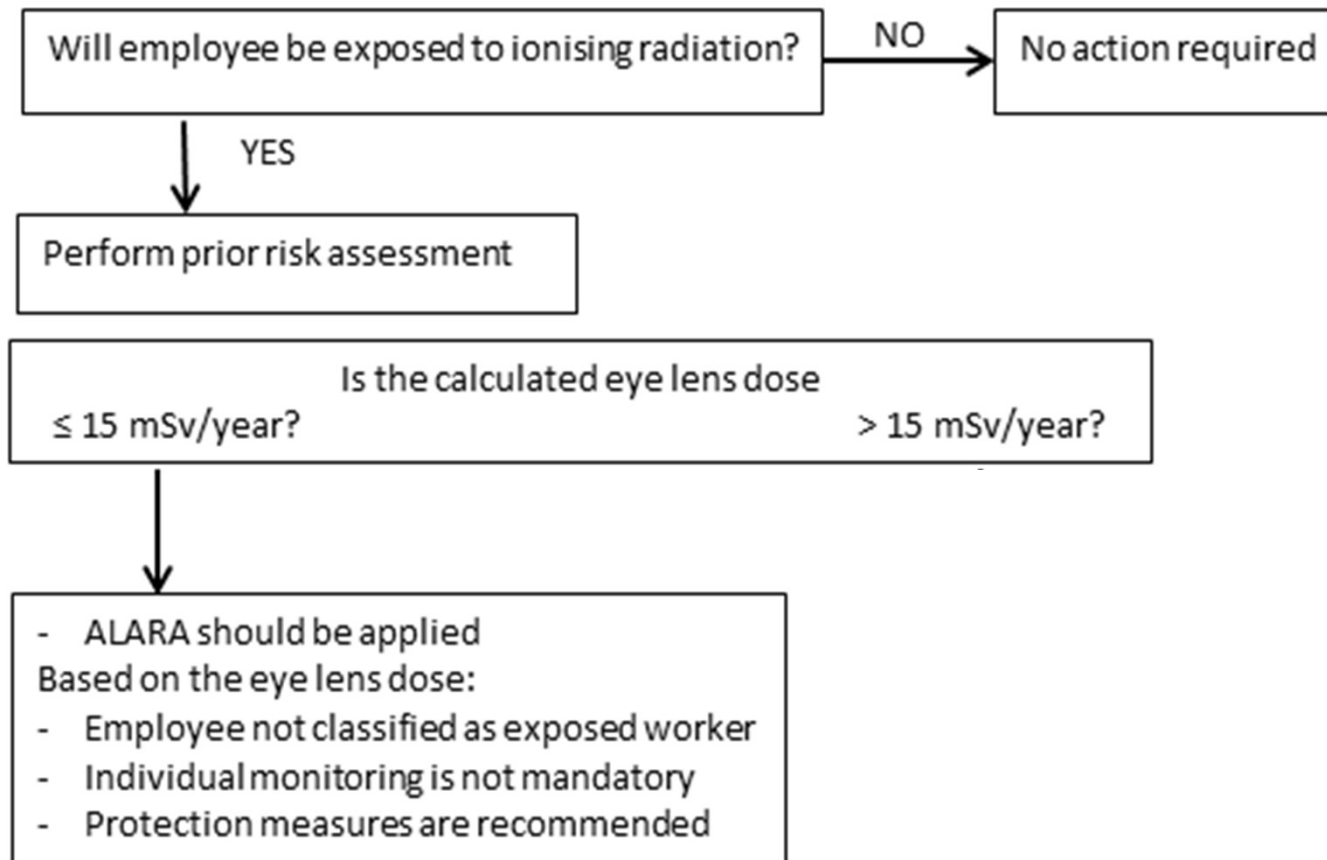
- depends on exposure situation
- NCS: use IAEA TECDOC 1731 as guidance



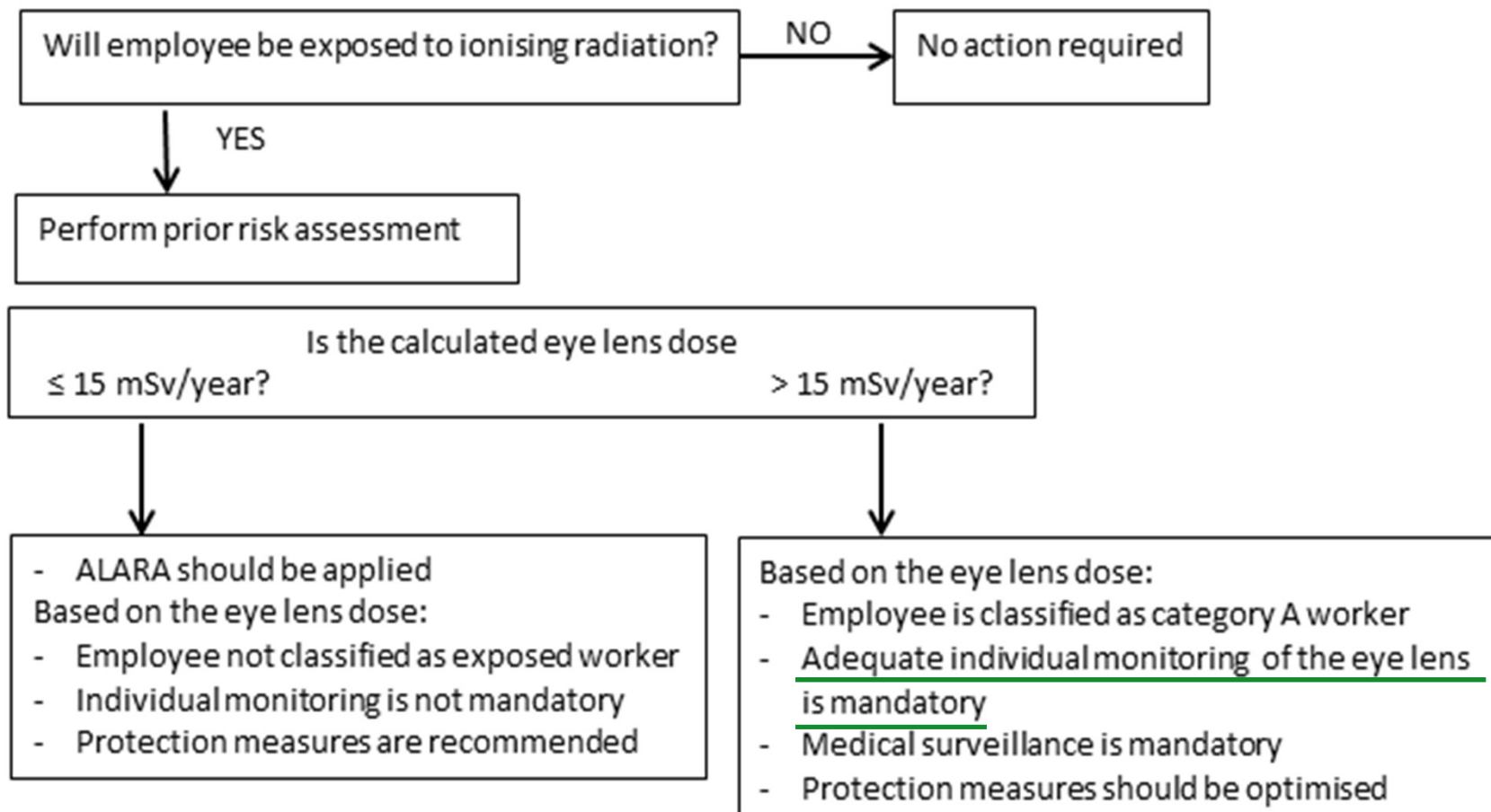
2. LEGAL FRAMEWORK – SUMMARY FROM WORKER PERSPECTIVE



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2. LEGAL FRAMEWORK – SUMMARY FROM WORKER PERSPECTIVE



3. PROPOSAL FOR ADEQUATE SYSTEM FOR MONITORING

- NCS decided to adopt the methodology in IAEA TECDOC 1731
- This publication provides flowcharts with recommendations on:
 - Wearing position
 - Dose quantity
- Based on:
 - Particle type
 - Energy and angle
 - Geometry [homogeneity of field]
 - Protective equipment

Impact factor	Comment	
A (Energy and angle)	Is the mean photon energy below about 40 keV?	
	If yes ↓ $H_p(0.07)$ may be used but not $H_p(10)$ (see Fig. 6 in Ref. [65] and Fig. 1 in Ref. [66])	If no ↓ Is the radiation coming mainly from the front or is the person moving in the radiation field?
	If yes ↓ $H_p(0.07)$ or $H_p(10)$ may be used (see Fig. 1 in Ref. [66])	If no ↓ $H_p(0.07)$ may be used but not $H_p(10)$ (see Fig. 1 in Ref. [66])
B (Geometry)	Are homogeneous radiation fields present?	
	If yes ↓ Monitoring on the trunk may be used.	If no ↓ Monitoring near the eyes is necessary.
C (Protective equipment)	Is protective equipment such as lead glasses, ceiling, table shields, and lateral suspended shields in use?	
	If used for the eye ↓ Monitoring near the eyes and below the protective equipment or below an equivalent layer of material is necessary. Otherwise, appropriate correction factors to take the shielding into account should be applied.	If used for the trunk (e.g. a lead apron) ↓ Monitoring below the shielding underestimates the dose to the lens of the eye as the eye is not covered by the trunk shielding. ↓ Separate monitoring near the eyes is necessary.

3. ADEQUATE OPERATIONAL DOSE QUANTITIES

Photons:

- Mean energy > 40 keV \rightarrow Hp(10) provides suitable estimate of Hp(3) when photons enter mainly from the front
- Hp(0.07) provides overestimate of Hp(3), especially at lower energies

Betas:

- Beta energy < 0.7 MeV: monitoring not needed
- Beta energy ≥ 0.7 MeV: only Hp(3) is adequate

Mixed photon/beta fields:

- When beta energy ≥ 0.7 MeV: only Hp(3) is adequate

Neutrons:

- Add Hp(10) neutron dose to Hp(3) photon/beta dose

3. ADEQUATE WEARING POSITION

Homogeneous fields:

- Monitoring on the trunk is adequate
- Situation may occur for photon and neutron fields

Inhomogeneous fields:

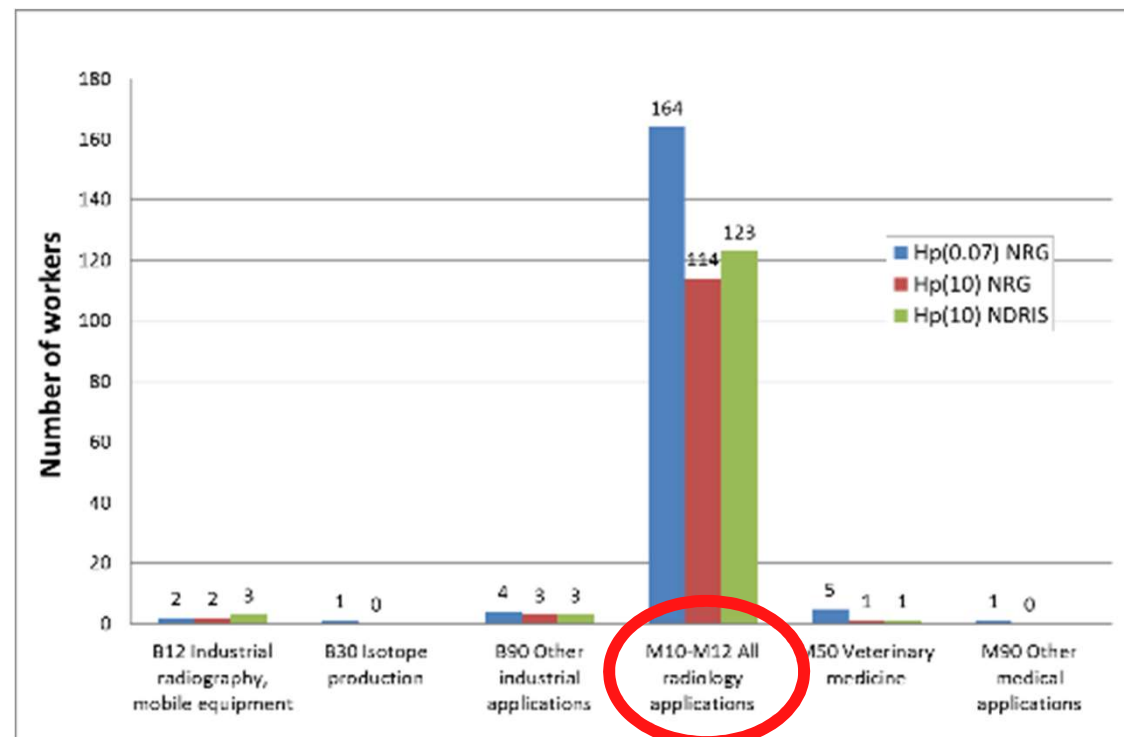
- Monitoring near the eye lens is most adequate

When considered inhomogeneous?

- In case of high dose gradients
- Typical situations:
beta radiation / short distances / partial shielding of source

4. TYPICAL WORKER GROUPS

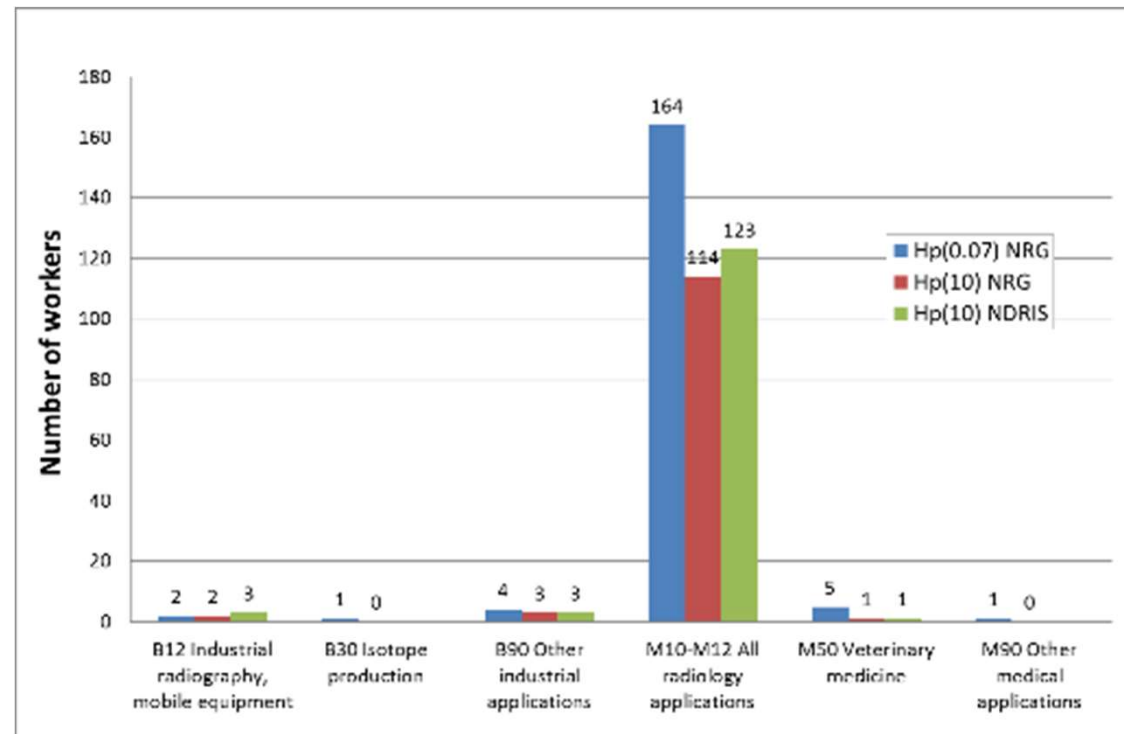
1. Interventional procedures in radiology and cardiology
2. Nuclear medicine
3. Industrial radiography
4. Veterinary medicine
5. Nuclear industry
6. Isotope production



Workers in The Netherlands with WBD > 15 mSv/year

4. TYPICAL WORKER GROUPS

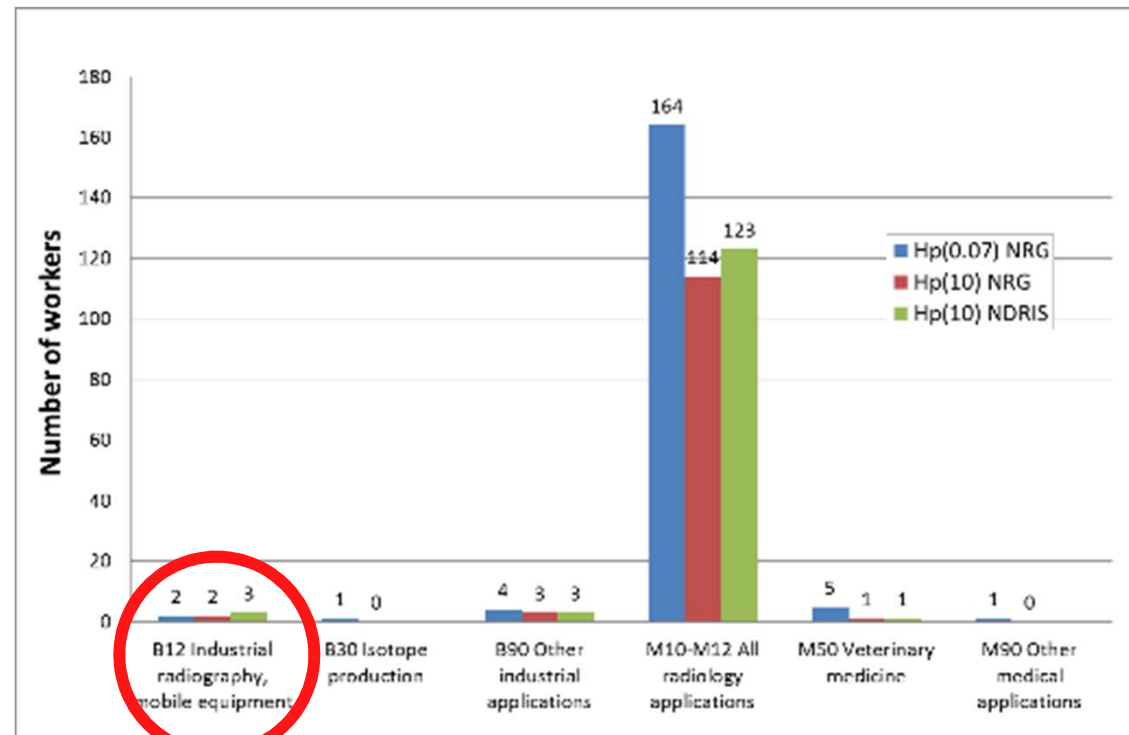
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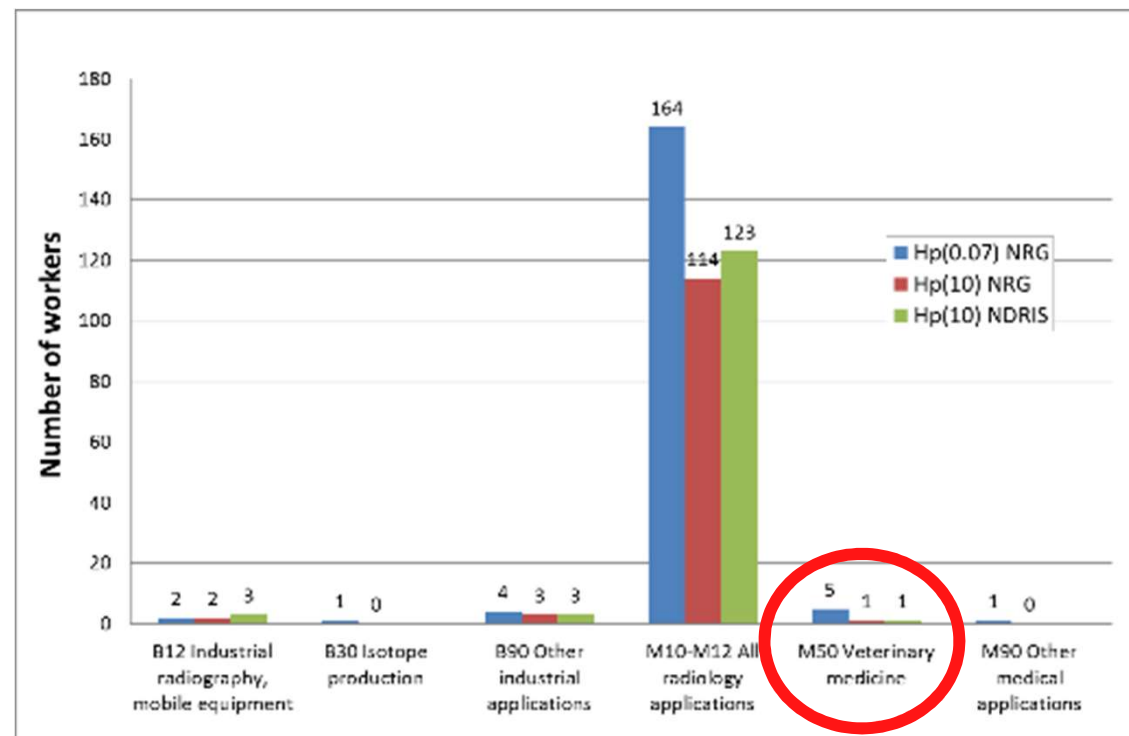
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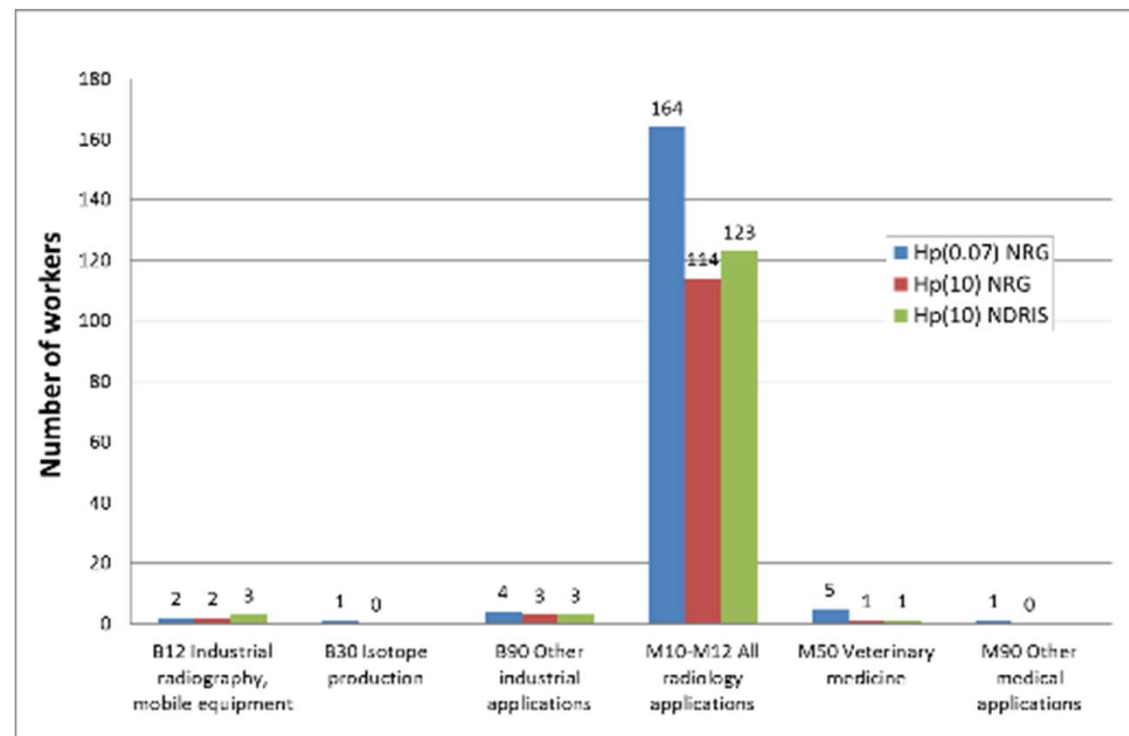
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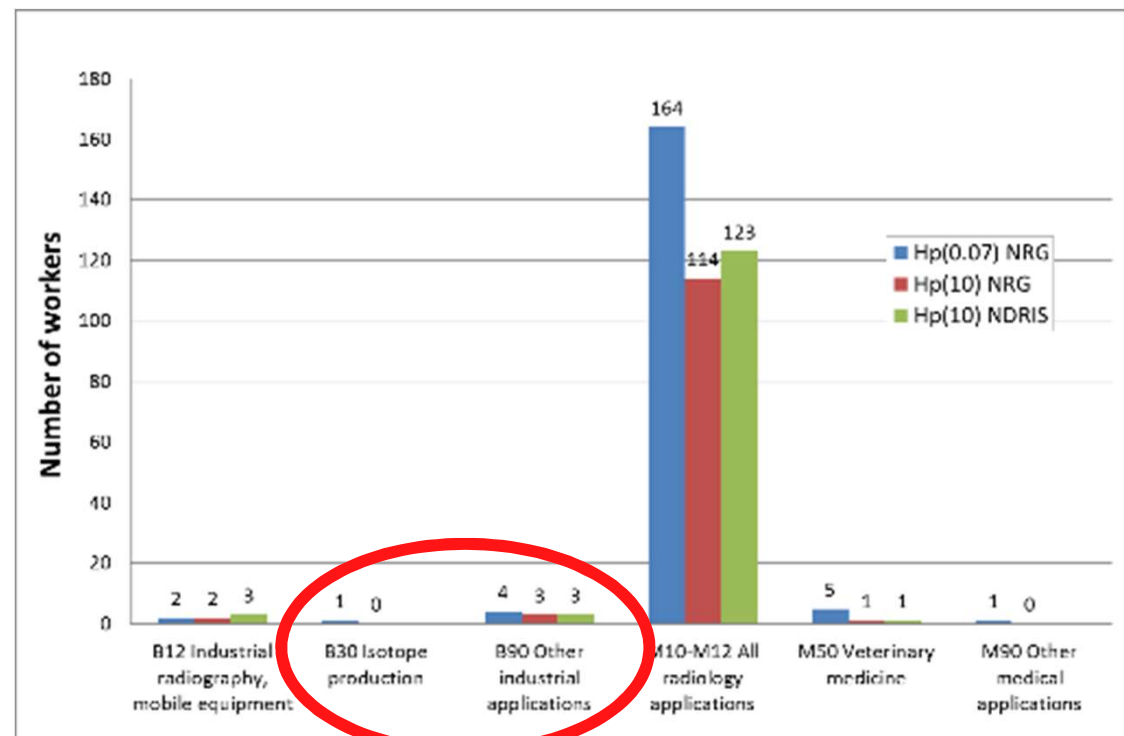
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Workers in The Netherlands with WBD > 15 mSv/year

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Workers in The Netherlands with WBD > 15 mSv/year

4. TYPICAL WORKER GROUPS – HIGHEST RISK GROUP

1. Interventional procedures in radiology and cardiology
2. Nuclear medicine
3. Industrial radiography
4. Veterinary medicine
5. Nuclear industry
6. Isotope production



Interventional cardiologist using cardiovascular imaging system
© MAD.vertise/Shutterstock.com, 2018.

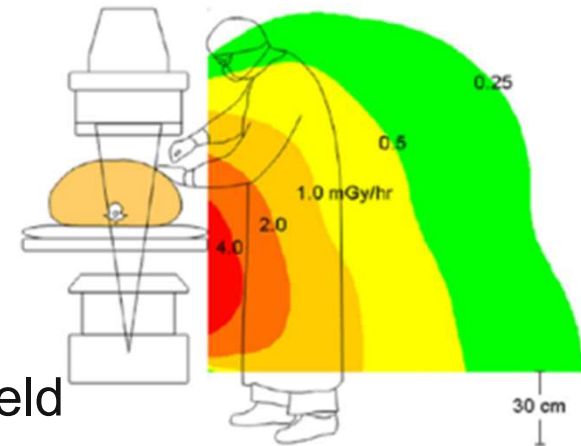
4. ADEQUATE MONITORING IN INTERVENTIONAL PROCEDURES

Adequate dose quantity:

- Mean energy may be < 40 keV
- Hp(0.07) or Hp(3) most adequate

Adequate wearing position:

- Small distance to patient \Rightarrow inhomogeneous field
 \Rightarrow monitoring near eye most adequate
- When eye protection in use \Rightarrow apply appropriate correction factor (ICRP139: DRF 2 is safe approach, don't use more than 4)



© RadioGraphics, 2006.

4. TYPICAL WORKER GROUPS – MODERATE RISK GROUPS

1. Interventional procedures in radiology and cardiology
2. Nuclear medicine
3. Industrial radiography
4. Veterinary medicine
5. Nuclear industry
6. Isotope production



Preparation of Radiopharmaceuticals
© IAEA, 2007

4. ADEQUATE MONITORING IN NUCLEAR MEDICINE

In general: expected eye lens dose < 10 mSv

Adequate dose quantity:

- SPECT applications: all quantities OK ($E > 100$ keV)
- PET & therapy (beta < 700 keV): Hp(3) or Hp(10) adequate
- PET & therapy (beta ≥ 700 keV): Hp(3) most adequate

Adequate wearing position:

- Small distance to source \Rightarrow inhomogeneous field
 \Rightarrow monitoring near eye most adequate
(partial shielding may be present as well)



Preparation of Radiopharmaceuticals
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4. TYPICAL WORKER GROUPS – MODERATE RISK GROUPS

1. Interventional procedures in radiology and cardiology
2. Nuclear medicine
3. Industrial radiography
4. Veterinary medicine
5. Nuclear industry
6. Isotope production



Inspection of welds thick-walled tube
© Shinobi /Shutterstock.com, 2018.

4. ADEQUATE MONITORING IN INDUSTRIAL RADIOGRAPHY

In general: expected eye lens dose < 10 mSv

Adequate dose quantity:

- High energy of sources (X-ray/¹⁹²Ir/⁶⁰Co) ⇒ all quantities OK

Adequate wearing position:

- In general: photon irradiation at larger distances ⇒ monitoring at the chest is adequate
- During sealed source transport: chest dose provides safe estimate
- During incidents?

4. TYPICAL WORKER GROUPS – MODERATE RISK GROUPS

1. Interventional procedures in radiology and cardiology
2. Nuclear medicine
3. Industrial radiography
4. **Veterinary medicine**
5. Nuclear industry
6. Isotope production



Imaging of a horse hoof © MXR Podoblock B.V., 2016

4. ADEQUATE MONITORING IN VETERINARY MEDICINE

In general: expected eye lens dose < 10 mSv

- Highest exposure found when imaging horses

Adequate dose quantity:

- Mean energy may be < 40 keV
- Hp(0.07) or Hp(3) most adequate

Adequate wearing position:

- Small distance to animal \Rightarrow inhomogeneous field
 \Rightarrow monitoring near eye most adequate



Imaging of a horse hoof
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4. TYPICAL WORKER GROUPS – MODERATE RISK GROUPS

1. Interventional procedures in radiology and cardiology
2. Nuclear medicine
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4. Veterinary medicine
5. Nuclear industry
6. Isotope production



Inspection of a steam generator © EPZ, 2018

4. ADEQUATE MONITORING IN NUCLEAR INDUSTRY



Adequate dose quantity:

- Mask is shielding low energy betas
- Remaining radiation has high energy \Rightarrow Hp(3) or Hp(10) adequate

Adequate wearing position:

- Inhomogeneous field with head closer to source than chest \Rightarrow Monitoring near eyes most adequate
- Headband system may compromise hermiticity of mask \Rightarrow outside of mask + apply appropriate correction factor

Note: nuclear industry contains many different exposure situations!

4. TYPICAL WORKER GROUPS – MODERATE RISK GROUPS

1. Interventional procedures in radiology and cardiology
2. Nuclear medicine
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Replacement of cyclotron target © GE Healthcare, 2017

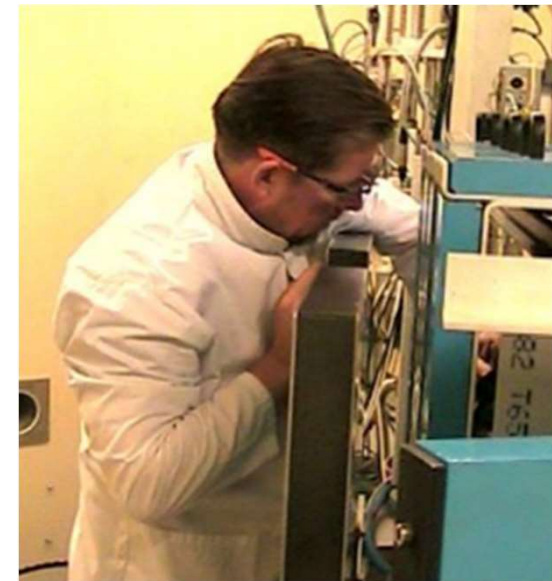
4. ADEQUATE MONITORING IN ISOTOPE PRODUCTION

Adequate dose quantity:

- Emitted photons with higher energies
⇒ all quantities OK

Adequate wearing position:

- Small distance + partially shielded field
⇒ monitoring near eye most adequate



Replacement of cyclotron target
© GE Healthcare, 2017

4. ADEQUATE MONITORING: NCS RECOMMENDATIONS

When expected eye lens dose > 15 mSv:

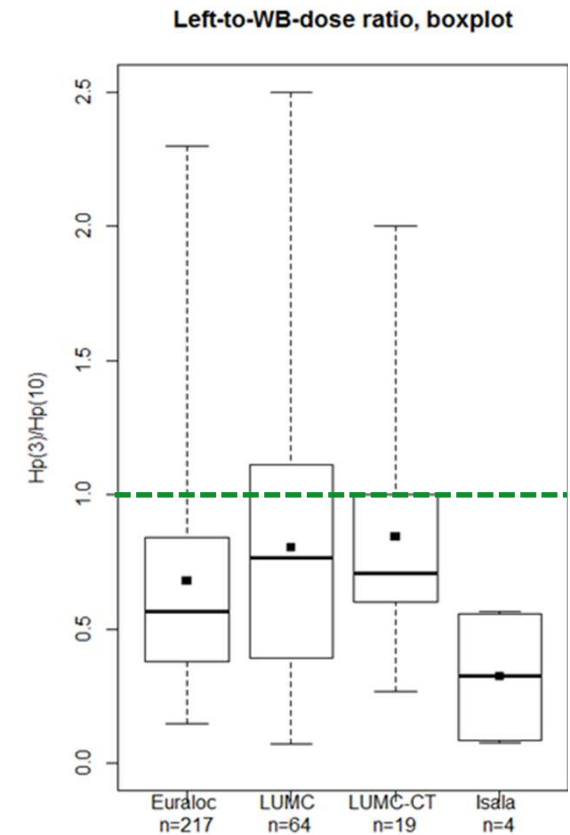
Adequate monitoring position	near eye lens	chest
1. Interventional applications	<input checked="" type="checkbox"/>	
2. Nuclear medicine	<input checked="" type="checkbox"/>	
3. Industrial radiography		<input checked="" type="checkbox"/>
4. Veterinary medicine	<input checked="" type="checkbox"/>	
5. Nuclear industry	<input checked="" type="checkbox"/>	
6. Isotope production	<input checked="" type="checkbox"/>	

5. DISCUSSION – THEORY VS PRACTICE

- How realistic is it to expect a structural use of eye lens dosimetry?
- Wearing discipline / compliance is difficult
- Consider estimations based with lower accuracy?
- Approaches for workers with an expected eye lens dose < 15 mSv

5. DISCUSSION – SURROGATES FOR ESTIMATION EYE LENS DOSE

- Estimate the eye lens dose with Hp(10) measurement?
- Specific circumstances where monitoring at the collar or chest may be adequate
 - ratio between Hp(3) and Hp(10) is constant
 - Hp(10) is consistently higher than Hp(3)
- Advise: verify assumptions with dosimetry!
- Pilot period: ≥ 3 sequential months (ISO15382)
- ICRP-139: *above a certain value (e.g. 10 mSv), it may be advisable to improve the accuracy of assessment by wearing an eye lens dosimeter adjacent to the most exposed eye*



6. CONCLUSIONS

- The legal framework for protection of the eye lens needs translation to the local workplaces
- An adequate system for eye lens dose monitoring should be set up for workers with an expected eye lens dose > 15 mSv
- Dependence on exposure conditions should be taken into account, including:
 - Particle type
 - Energy and angle
 - Geometry [homogeneity of field]
 - Presence of protective equipment
- Adequate eye lens dose monitoring in practical workplaces is a challenging job due to wearing discipline of workers

MULTIDISCIPLINARY WORK

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RPD paper on an adequate system for monitoring

RP Kollaard, E Carinou, M Ginjaume, L Struelens

Doi: [10.1093/rpd/ncz009](https://doi.org/10.1093/rpd/ncz009)

Radiation Protection Dosimetry (2019), pp. 1–7

doi:10.1093/rpd/ncz009

HOW TO ESTABLISH AN ADEQUATE SYSTEM FOR EYE LENS DOSE MONITORING: A PROPOSAL FOR TYPICAL WORKPLACES

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THANKS FOR YOUR ATTENTION

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