Radiation Hazard Evaluation and Control, Radiation Emergency Preparedness & Regulatory Requirements



#### **DR.P.K.DASH SHARMA**

dashsharma@aerb.gov.in

RADIOLOGICAL SAFETY DIVISION ATOMIC ENERGY REGULATORY BOARD NIYAMAK BHAVAN, ANUSHAKTINAGAR MUMBAI-400094

### What is in the presentation

- Radiotherapy facilities in India
- Hazard Evaluation & Control
- Emergency preparedness
- Regulatory System in India



### Radiotherapy Facilities in India

Radiotherapy Centres	: 336
<ul> <li>Telecobalt Units</li> <li>Telecobalt Units</li> <li>Linear Accelerators</li> <li>Gamma Knife</li> <li>Tomotherapy</li> <li>CyberKnife</li> </ul>	: 499 : 231 : 253 : 8 : 3 : 4
<ul> <li>Brachytherapy Facilities</li> <li>Remote Afterloading Units (HDR/MDR</li> <li>Manual Afterloading kits (Cs-137)</li> <li>Manual Afterloding Interstitial Implants</li> <li>Brachy facilities using Sr-90, I-125, Ru-</li> </ul>	L/LDR) : 221 : 61 s (Ir-192) : 20 106 : 48



### **Medical Electron Accelerators**



#### X-ray : 4 MV-18 MV

#### Electron: 4 MeV-20 MeV

#### Total units: 253



### Cyberknife



#### X-ray: 6 MV

#### Total units: 4









### RAL Brachytherapy Unit

Ir-192 : Single 10 Ci Co-60 : Single 2 Ci

Total units:221



Sorting mechanism
 Main safe
 Distributor
 Intermediate safe

Cs-137: Multiple sources 10-40 mCi each Ir-192 : Multiple sources 5-40 mCi each

MultiSource

### MAL (LDR) Brachytherapy sources

Intracavitary application Cs-137: Multiple sources (10-40 mCi each)



Ocular therapy I-125 Sr-90 Ru-106

Facilities: 48

#### Facilities: 61



Interstitial Implants Ir-192: Multiple sources (8 mCi – 40 mCi)

Facilities: 20

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### Intra-operative Brachytherapy Unit



X-ray : 50 kV, 40 µA

Total units: 2

### Simulator



#### X-ray : 125 kV

#### Total units: 150





#### **RADIAION PROTECTION**

To prevent deterministic effects
To reduce the probability of stochastic risk at an acceptable level



### **DOSE LIMITS**

Part of the body	Occupational Exposure Pu	blic Exposure
Whole body (Effective dose)	20 mSv/year averaged over 5 consecutive years; 30 mSv in any single year	1 mSv/y
Lens of eyes (Equivalent dose)	150 mSv in a year	15 mSv/y
Skin (Equivalent dose)	500 mSv in a year	50 mSv/y
Extremities Hands and Feet (Equivalent dose)	500 mSv in a year	-













#### **Exposure to** Life threatening dose **Radiation** *– more than 3000* Dose mSv Radiation illness – If a life threatening Passing dose (50% **Symptoms** probability) is illustrated by the No symptoms, mporary chánges in lood picture (A height of the Eiffel tower (over 300 scraper) No detectable meters), the dose effects (A House) limit for occupational (radiation) workers Limit for the Occupational Worker (A Man) corresponds to the height of a man (2 meters) and the limit Limit for the public for the public to the (A Brick) ----thickness of a brick (0.1 meters). ዉዉወ



### **Comparison of Risk**

Accident type	Indiv	idual risk/year
Motor vehicle Fires Air travel Electrocution Lightning	1 in 1 in 1 in 1 in	$\begin{array}{c} 4 \ 000 \\ 25 \ 000 \\ 100 \ 000 \\ 160 \ 000 \\ 2 \ 000 \ 000 \end{array}$

#### Radiation Industry

1 in 5 000 000 000



Average annual exposures		
Practice OA	verage annual dose	
	(mSv)	
<ul> <li>Industrial radiography</li> </ul>	0.9	
<ul> <li>Nucleonic gauges</li> </ul>	0.13	
<ul> <li>Gamma irradiators</li> </ul>	not significant	
<ul> <li>Teletherapy</li> </ul>	0.55	
<ul> <li>Brachytherapy</li> </ul>	0.49	
<ul> <li>Nuclear medicine</li> </ul>	0.54	
<ul> <li>Diagnostic radiology</li> </ul>	0.49	



### **Basic Safety Objective**

- Protection of occupational workers, patient, public and environment
- ALARA during normal operations
- Radiation exposure during normal operations with in relevant dose limits
- Potential exposures and the magnitude of such exposures are kept ALARA



#### **Basic Radiation Protection Techniques**

- For External Hazards:
  - I. TimeII. DistanceIII. Shielding
  - For Internal Hazards:
    - I. Contamination control









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- Less time = Less radiation exposure
- ©Use Radioactive Material only when necessary
- Ory runs (without radioactive material)
  - Identify portions of the experiment that can be altered in order to decrease exposure times
- Shorten time when near Radioactive Material
  Obtaining higher doses in order to get an experiment done quicker is NOT "reasonable"!





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Dose = 1 / 9

- More Distance = Less Radiation Exposure
- Tongs, Tweezers, Pipettes,
   Pliers







#### Shielding

- Materials "absorb" radiation
- Proper shielding = Less
   Radiation Exposure





- Medium / High Energy Beta Emitters (<sup>32</sup>P)
   Plastic
- X-ray & γ-ray Emitters (<sup>60</sup>Co, <sup>137</sup>Cs, <sup>192</sup>I, <sup>125</sup>I)
  - Lead, concrete, steel, etc.
- Neutron Sources (Accelerators, Reactors, Am/Be)
  - Water, plastic, paraffin, etc.



#### **Emergency Preparedness**

- Availability of Devices and Survey Meter for handling emergency and display of procedure to be followed
  - In control room of telecobalt/RAL Brachytherapy unit
  - In source handling area of manual brachytherapy
- Emergency situations include
  - failure of source movement mechanism of telegamma and remote after-loading brachytherapy equipment
  - loss of source in manual brachytherapy





### **Preparation of Emergency Action Plan**

- Foreseeable emergencies, include
  - Radioactive source failing to return to the safe shielding position
  - Dislodge/loss/theft of radioactive source during use, storage, transport, loss of shielding
  - Natural calamities such as fire, flood, or earthquake
  - Death of patient, with sources in situ
  - Selection of wrong treatment mode
  - Selection of wrong beam modifiers and wrong dose delivery.



### **Emergency Handling and Reporting**

- Display of Emergency Procedures
- Ensure that all workers are familiar with the emergency action plan
- Release of dead body containing sources, after removal and monitoring by RSO
- Report to licensee/employer immediately and to the competent authority within 24 hours
- Lodge written complaint with police in case of loss or theft of radioactive sources, if not traced within 24 hours.



# Reporting of emergency/unusual occurrences/accidental medical exposures

- Investigation report on emergency to be submitted to AERB which includes
  - (i) any equipment failure, accident, mishap, miscalculation or other unusual occurrence with the potential for causing a patient dose significantly different from that intended, and
  - (ii) any therapeutic treatment delivered to either the wrong patient, or the wrong tissue, or using wrong source, or with a dose or dose fractionation differing substantially from the value prescribed by the radiation oncologist, or that may lead to undue acute secondary effects.



### WHAT IS REGULATION ?

- Regulation refers to "controlling human or societal behavior by rules or restrictions"
- Costs for some and benefits for others
- Efficient where the total benefits to some people exceed the total costs to others
- Regulatory agencies deal in regulation or rulemaking and enforcing rules and regulations for the benefit of the public at large



### System of Regulatory Control

Issued by Central Government

• Act

(Atomic Energy Act, 1962)

• Rules

(Atomic Energy Radiation Protection) Rules, 2004)

#### Notifications

(Radiation Surveillance Procedures for Medical Applications of Radiation, 1989) Published by AERBSafety Codes



Safety Standards
Safety Guides
Safety Manuals





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### **Radiation Safety**

Total Radiation Safety is achieved by

**Built-in Safety** 

combined with

**Operational Safety** 





### **Built-in Radiation Safety**

 Sealed Source – Classification (safety of worker and public)

 Equipment – Type-approval Electrical, Mechanical, Radiological

(safety of rad. worker and patient)



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Al window

<sup>57</sup>Co in Rh M4

Laser welding Al capsule Rh matrix



### **Built-in Radiation Safety**

 Installation – Plan Approval Thick concrete walls, maze (safety of rad. worker, public and patients' relatives)



 Transport Package – Package approval
 (safety of worker, public)





## **Operational Safety**

#### **Components of operational safety**

- Qualified and certified persons
- Work place monitoring
- Personnel monitoring
- Safe and secure storage place
- Preventive maintenance of equipment
- Interaction with regulatory body
- Emergency planning and preparedness



### **Operational Safety**

## • Qualified and certified persons

(Radiation Oncologist, Medical Physicist, Radiation Therapy Technologist)



#### Personnel monitoring





### **Operational Safety**

#### • Work place monitoring



(Gamma Zone Monitor)

• Preventive maintenance



(Switches, Interlocks, Indicators)









### Control measures adopted in India

- Pre-licensing stage
  - Design Approval of Room layout
  - Approval for procurement of source
  - Commissioning approval
  - Licence for operation
- During the useful life
  - Information for any change in working condition
  - Radiation safety report
  - Reporting incidents or accidents
- Post use
  - Approval for Decommissioning/Disposal

### Clearance of the unit by AERB

- Prior to procurement, verify whether the unit is
  - Type Approved by AERB
  - If no, NOC from AERB
- Demand for the copy of the certificate issued by AERB from supplier



	GOVERNMENT OF	INDIA		
	परमाणु ऊर्जा नियामव	ः परिषद		
	ATOMIC ENERGY REGUL	ATORY BOARD		
आ	152281	नियामक भवन, अणुशांकि नगर, मुंबई 400094		
CHAIRMAN	MRMAN	Nyamak Bhavan, Anushakti Nagar, Mumbai-400094		
		BY COURIER		
AEF	RB/445/TAC/TC/RSD/RT/KT-901/2009/	November 19, 2009		
	Type Approval Certificate for Telegamma Thera Manufactured by M/s. Panacea Medical Technologies	py Unit Model Bhabhatron-II-AW (P) Ltd., Bangalore		
L.	M/s. Panacea Medical Technologies Pvt. Ltd., Bangalore is hereby informed that the Atomic Energy Regularoy Board (AERB) approves the Telegamma Therapy Unit Model Bhabhatron- II-AW manufactured by M/s. Panacea Medical Technologies (P) Ltd., Bangalore for sale, imitaliation and use in India.			
2.	The maximum strength of <sup>49</sup> Co source loaded in the Bh 555 TBq.	loaded in the Bhabhatron-II-AW head shall not exceed		
3.	This approval is valid till November 30, 2012	ovember 30, 2012		
4.	This type approval becomes invalid if any change is ma Unit model Bhabhatron-II-AW.	ny change is made in the approved Telegamma Therapy		
5.	The Telegamma Therapy Unit model Bhabhatron-II- authorised by Radiological Safety Division, AERB, M premise. A copy of this certificate shall be provided authorisation for procurement of the said unit, from AERI	i Bhabhatron-II-AW shall be supplied only to person rision, AERB, Mumbai and installed only at authorised shall be provided to the user to enable them to obtain d unit, from AERB.		
6.	M/s. Panacea Medical Technologies Pvt. Ltd., Bangalo commissioning, servicing and maintenance, sug decommissioning/dismantling and disposal of the radie from the source head of the telegamma therapy unit mode	Medical Technologies Pvt. Ltd., Bangalore shall be responsible for installation, g. servicing and maintenance, supply of sparse, source transfer, ning/dismantling and disposal of the radioactive source and mdioactive material ce band of the telegamma therapy unit model Bhabhatron-II-AW.		
7.	M/s. Panacea Medical Technologies Pvt. Ltd., Bangalore shall keep AERB informed about the sale, installation, commissioning, decommissioning and performance status of the Telegamma Therapy Unit model Bubblatter-IA-W. Sach information shall be in the form of reports to AERB in the months of January and July every year.			
8,	The sale of the unit after the expiry of the type approva type approval.	l is conditional upon revalidation of the		
		Competent Authority		
мю	Panacea Medical Technologies Put 1 td			

### Approval of Room Layout Plan

- Submission to AERB for design approval
- Not to construct without obtaining approval
- No modification to be carried out without concurrence of AERB





### Appointment of Staff

- Appoint adequate number of qualified staff as stipulated in AERB safety code
  - Radiation Oncologists min. one per unit
  - Medical Physicists min. one per unit
  - Radiological Safety Officer (nominate Medical Physicist, if eligible, to perform additional responsibility)
  - Radiotherapy Technologists min. two per unit



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### **Procurement of Equipments**

 Personnel Monitoring Badges from the agency recognised by AERB for all the radiation workers



 Pocket dosimeters for the radiation workers may also be procured





### Procurement of Equipments (contd...)

• Appropriate Monitoring equipment (survey meter. contamination monitor, gamma zone

monitor[auto/manual] etc.)









#### Procurement of other associated equipments

- TPS
- Simulator
- CT-Simulator
- Beam modifiers
- Moulds
- QA test tools







#### Authorisation to procure Radiation Sources

### Obtain authorisation from RSD, AERB for procurement of sources

- Issued based on availability of
  - adequate no. of qualified manpower
  - personnel monitoring badges for staff
  - approved and constructed room for source
  - radiation monitoring equipments
  - dosimetric equipments
  - minimum required QA tools



### **Receipt of Sources and Installation**

- Intimate regarding the receipt of the source
- •Install the unit
- Source transfer, in case of telecobalt unit, to be supervised by authorised Medical Physicist



### Acceptance test & Commissioning

- Acceptance tests to be carried out including survey
- Permission to be obtained from AERB for using the unit for the patient treatment
- The unit shall not be used for the patient treatment without obtaining the permission



### Licences for operation

Radiotherapy is the only practice, in which all category of licences to be issued as per RPR-2004

- Licence Operation of Telegamma & Accelerators
- Authorisation Operation of Brachytherapy
- **Registration** Operation of Therapy Simulator
- **Consent** Approval for
  - siting, design, construction
  - commissioning
  - decommissioning
  - sealed sources, radiation generating equipment
  - Equipment containing radioactive sources
  - package design for transport
  - shipment approval for radioactive consignments



### Periodic Performance/ Status Report

- Performance tests of the unit, integrity check of the sources, Survey of the installations to be carried out periodically
- Maintenance of records, to be produced during inspection
- Submission of annual safety status report by the end of each calendar year
- Reporting incidents or accidents within 24 hrs.



#### Decommissioning/Disposal of sources

- Decommissioning of the unit and disposal of sources with due approval
  - Disposal of radioactive materials
  - Segregation and disposal of Depleted Uranium and Contamination part
  - Verification to ensure no radioactivity in the equipment
  - **Deform** the equipment before handing over to scrap dealer so that it can not be reassembled
- Transport of sources as per the transport regulation for radioactive material



### Availability of forms and procedures

•All regulatory forms and procedures are available at our website

## www.aerb.gov.in

•Various other regulatory documents are also available in this website



## **THANK YOU**

Any container bearing this symbol probably houses a radioactive material



