



2ND REGIONAL IRPA WHO IOMP
WORKSHOP ON RADIOLOGICAL
PROTECTION CULTURE IN MEDICINE

ICRP and Radiation Protection Culture in Medicine

Eliseo Vaño (ICRP C3 Chair)

Annals of the ICRP

ICRP PUBLICATION 73

Radiological Protection and
Safety in Medicine

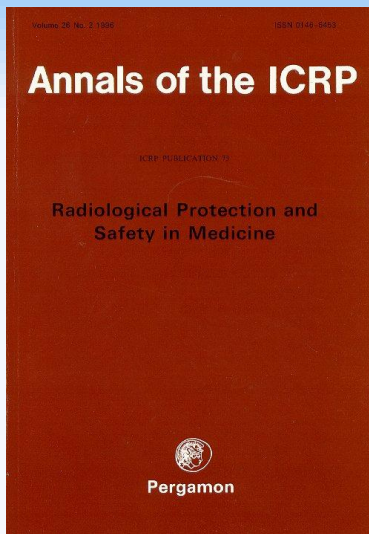
ICRP-73 (1996)



Pergamon

Management Requirements

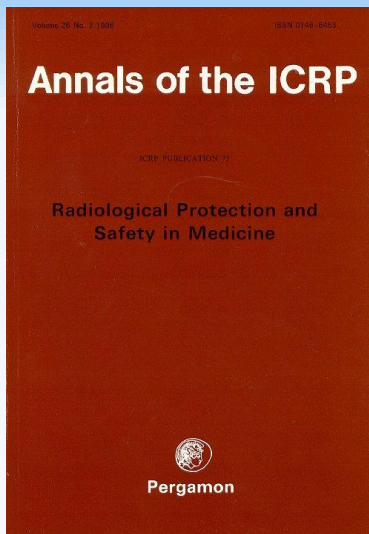
- Requirements, operating instructions, regulatory instruments, and other administrative devices are important, **but they are not, of themselves, enough to achieve an appropriate standard** of radiological protection and safety.
- Everyone in an undertaking, from the **individual workers** and their representatives to the senior management, should **regard protection and accident prevention as integral parts of their everyday functions**. In recent years, these attitudes have become known as a **safety culture**.



ICRP-73 (1996)

Management Requirements

- A safety culture is very important, but **it is not self-sustaining**. Without continuing regeneration by management action, it ceases to be effective.
- In medicine, a **safety culture may be undermined by a tradition that the benefit to the patient justifies overriding the protection of the medical staff**.
- In terms of radiological protection, this tradition is now rarely valid. There are few situations **(in 1996 !!)** in which the protection of the staff needs to be prejudiced by the needs of the patient.



ICRP-73 (1996)

- The safety culture should be reinforced by the creation of a formal management **structure for dealing with radiological protection.**
- These instructions should take account of any requirements applied to the **design of the equipment and of the installation as a whole**, and should cover subsidiary operations such as inspection and maintenance.
- If appropriate, the management structure should include a **radiation safety committee** to give advice on the radiological protection arrangements.

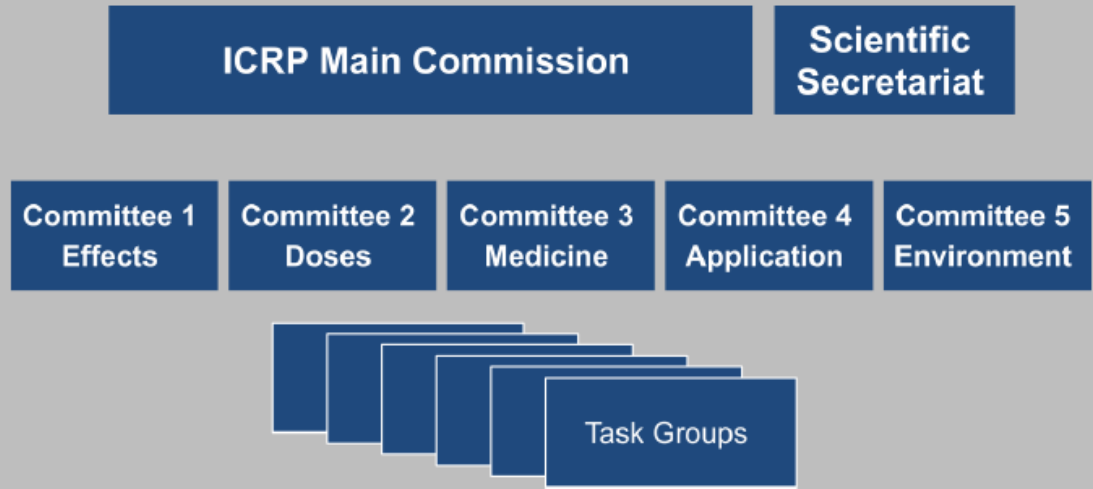


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STRATEGIC PLAN 2011-2017

STRUCTURE



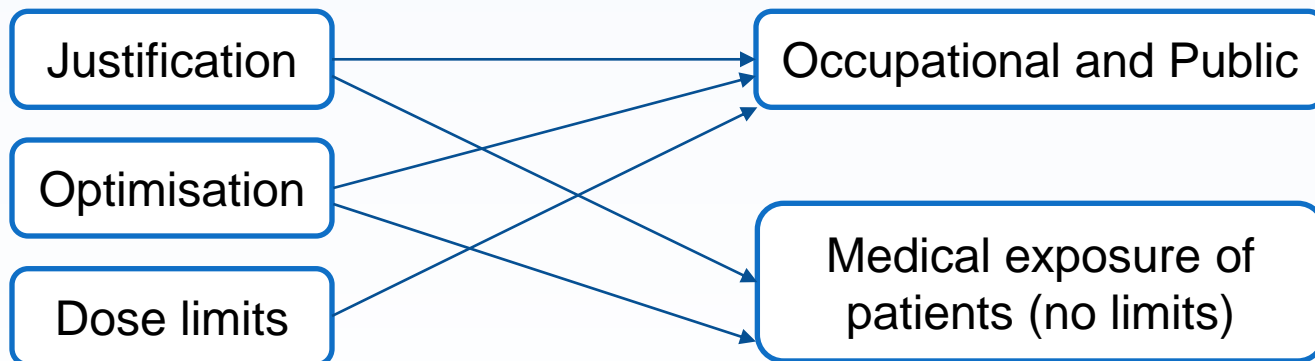
— **Committee 3, Protection in Medicine:** develops recommendations and guidance on the protection of patients, staff, and the public against radiation exposure in medicine.

STRATEGIC OBJECTIVES, 2011 – 2017

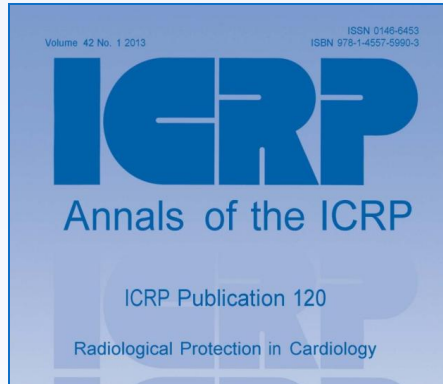
**Patients, Staff, Public
(radiation exposure
in Medicine)**

The RP system of ICRP

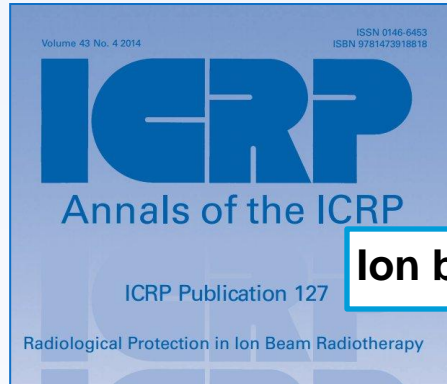
- Occupational exposures.
- Public exposures.
- Medical exposures of patients (*the exposure is intentional and for the direct benefit of the patient*).
 - Diagnostic.
 - Interventional.
 - Therapeutic procedures.



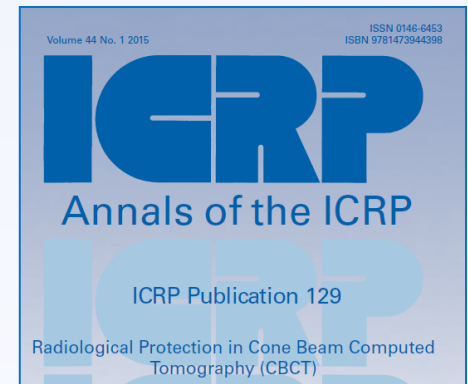
ICRP Committee 3: The most recent documents



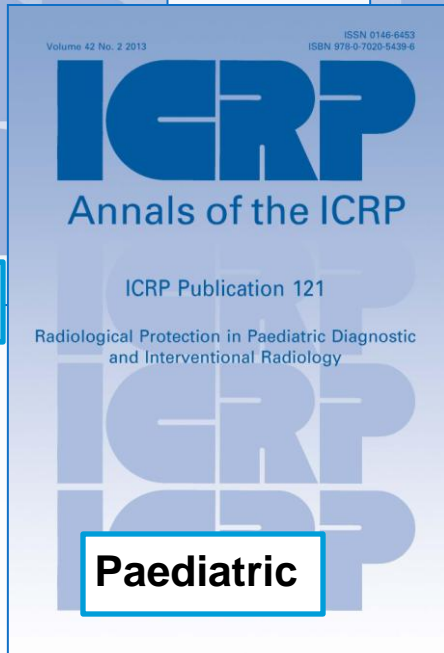
Cardiology



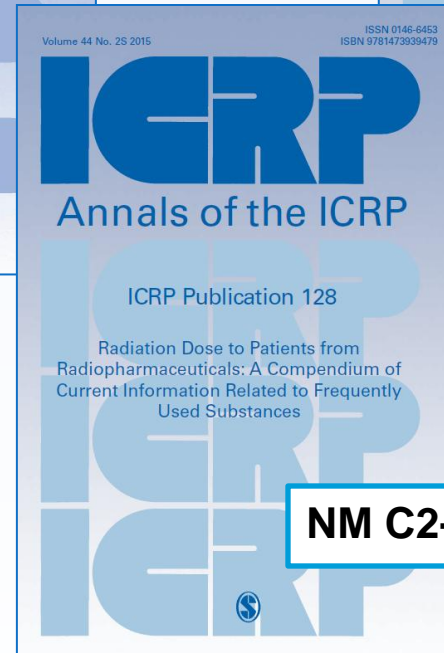
Ion beam RT



CBCT



Paediatric



NM C2-C3

ICRP-121 (Paediatrics)

- The development and regular updating of local, regional, or national diagnostic reference levels (DRLs) to assist in the optimisation process is encouraged.
- Also, regular audits of referral criteria, imaging quality, and imaging technique should be **implemented as part of the radiological protection culture.**

ICRP-112 (Accidental Exposures in RT)

- The establishment of a **safety culture** is of paramount importance in the prevention of accidental exposures in radiation therapy.
- **Good practice is necessary but not sufficient.** Detection and avoidance of errors require going beyond good practice, since even a well-designed system of controls and verification can suffer degradation with time if not monitored continuously.
- **Hospital administrators and the heads of radiation therapy** departments are responsible for cultivating the qualities and attitudes, and for encouraging excellence, particularly in matters related to safety.

Volume 44 No. 1 2015

ISSN 0146-6453
ISBN 9781473944398

ICRP

Annals of the ICRP

ICRP Publication 129

Radiological Protection in Cone Beam Computed
Tomography (CBCT)

2015



- **ICRP and Quality Assurance**

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Volume 42 No. 1 2013

ISSN 0146-6453
ISBN 978-1-4557-5990-3

ICRP

Annals of the ICRP

ICRP Publication 120

Radiological Protection in Cardiology

2013



- **ICRP and Quality Assurance**

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— **Committee 3, Protection in Medicine:** develops recommendations and guidance on the protection of patients, staff, and the public against radiation exposure in medicine.

- Protection of **patients, staff and public should be considered** in radiation exposure in medicine.
- The principal aim of medical exposures is to do more good than harm to the patient, **subsidiary account being taken** of the radiation detriment from the exposure of the radiological staff and of other individuals (ICRP-103).
- RP culture should be a relevant **part of the quality assurance programmes** in Medicine.

Thank you



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