
Radiation Exposure in Healthcare: Contributions of Nurses, Radiologic Technologists, Health Information Specialists, and Health Administrators

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Abstract:

In the healthcare setting, radiation exposure poses significant risks not only to patients but also to healthcare professionals such as nurses, radiologic technologists, health information specialists, and health administrators. Nurses play a critical role in educating patients about the risks and benefits of imaging procedures, ensuring that they are informed participants in their care decisions. Radiologic technologists are directly involved in the administration of radiation therapies and imaging studies; they implement safety protocols to minimize exposure to both themselves and patients. Their expertise is vital in calibrating equipment and ensuring that patients receive the lowest effective dose of radiation. Meanwhile, health information specialists contribute by managing and protecting patient records that involve imaging and treatment data, ensuring that exposure histories are accurately documented. Health administrators are responsible for establishing comprehensive safety policies and protocols to minimize radiation exposure throughout the organization. They oversee the training and continuous education of healthcare staff on the latest techniques and standards for radiation safety. Such administration is crucial for fostering a culture of safety and compliance with regulatory guidelines. By collaborating on multi-disciplinary teams, these professionals can assess and implement advancements in technology and processes that further reduce radiation risks. Overall, these contributions are essential for maintaining a safe environment and ensuring high-quality patient care while mitigating the dangers associated with radiation exposure in healthcare settings.

Keywords: Radiation exposure, healthcare professionals, nurses, radiologic technologists, health information specialists

Introduction:

Radiation exposure in healthcare is a multifaceted topic that encompasses a wide range of practices, technologies, and professional roles. As the utilization of diagnostic imaging and radiation therapy continues to rise in modern medicine, understanding the implications of radiation exposure becomes increasingly critical [1]. This issue is not only relevant from a medical standpoint but also

from a public health perspective, as healthcare organizations and professionals strive to balance the benefits of radiation-based procedures with the potential risks associated with exposure. In this context, the contributions of various healthcare professionals—namely nurses, radiologic technologists, health information specialists, and health administrators—play a crucial role in mitigating risks, enhancing patient safety, and

ensuring comprehensive compliance with regulatory standards [2].

Nurses are often the frontline caregivers in healthcare settings, responsible for a wide array of tasks, including patient education and monitoring during diagnostic and therapeutic procedures. Their direct interactions with patients place them in a pivotal position to reinforce the importance of radiation safety, both in terms of pre-procedure education and post-procedure care. An understanding of radiation exposure can empower nurses to address patient concerns effectively and to advocate for practices that minimize risk. By instilling knowledge about radiation safety protocols and potential side effects, nurses can contribute significantly to a culture of safety within healthcare environments [3].

Radiologic technologists, on the other hand, are specialized professionals trained in the application of imaging technologies that utilize radiation. Their expertise in various modalities, including X-rays, computed tomography (CT), and fluoroscopy, allows them to optimize imaging protocols to ensure that the minimal effective radiation dose is delivered to patients. The principle of ALARA (As Low As Reasonably Achievable) is fundamental to their practice, and technologists must continuously evaluate techniques and technologies to minimize exposure without compromising diagnostic quality. The evolving landscape of imaging technology presents both challenges and opportunities for radiologic technologists, necessitating ongoing education and adherence to best practices [4].

Health information specialists also play a pivotal role in the oversight of radiation exposure within healthcare facilities. They are tasked with ensuring that patient data, including radiologic histories and dosimetry information, are accurately recorded and readily accessible. This accessibility is essential for effective clinical decision-making, as it enables healthcare providers to assess prior radiation exposure when planning new imaging studies or therapeutic interventions. Furthermore, health information specialists can contribute to the analysis of radiation exposure data, allowing healthcare organizations to identify trends and implement strategies that enhance patient safety. Their role in data management and health informatics also intersects with radiation safety, as they facilitate

communication and collaboration among multidisciplinary teams [5].

Lastly, health administrators hold a leadership role in the management of healthcare facilities, encompassing the implementation of policies and procedures regarding radiation safety and exposure. Their responsibilities include ensuring compliance with regulatory frameworks, such as those set forth by the U.S. Food and Drug Administration (FDA) and the American College of Radiology (ACR), as well as fostering a culture of safety within healthcare organizations. Administrators are instrumental in allocating resources for staff training, investing in updated imaging technologies, and establishing protocols that prioritize patient safety. Ultimately, the commitment to reducing radiation exposure is a shared responsibility among all healthcare professionals, facilitated by strong leadership and clear policies aimed at minimizing risk [6].

The Role of Nurses in Mitigating Radiation Risks:

One of the most vital roles of nurses in mitigating radiation risks is patient education. Nurses are often the primary point of contact between patients and the healthcare system, making them ideally situated to convey critical information. They can explain the need for specific imaging studies or radiation treatments, ensuring that patients understand the risks and benefits. This transparency fosters informed consent and empowers patients to engage actively in their care decisions [7].

Moreover, nurses advocate for the reduction of radiation exposure by educating patients about alternative imaging modalities that may employ non-ionizing radiation, such as ultrasound and magnetic resonance imaging (MRI). By discussing these options, nurses can guide patients toward safer choices while maintaining the efficacy of diagnostic outcomes [8].

Nurses are fundamental in the implementation and adherence to established safety protocols designed to minimize radiation exposure. This role extends beyond patient interactions; nurses must work collaboratively with radiologists and radiation oncologists to adhere to the "As Low As Reasonably Achievable" (ALARA) principle. The ALARA principle emphasizes that the exposure to radiation should be kept as low as reasonably achievable

while ensuring the quality of diagnostic imagery and effective treatment outcomes [9].

Nurses are responsible for verifying that appropriate shielding measures, such as lead aprons or shields during radiological procedures, are employed. They also monitor equipment for compliance with safety standards, report any malfunctions, and participate in the routine checks of radiation doses received by patients. This vigilance ensures that equipment is functioning optimally, reducing unnecessary exposure for both patients and staff [10].

Mitigating radiation risks is not solely the responsibility of nurses; it requires a comprehensive, team-based approach. Nurses collaborate with technologists, radiologists, radiation therapists, and medical physicists to create a cohesive strategy for radiation safety. This interdisciplinary collaboration enhances the overall effectiveness of radiation safety protocols and fosters an environment of mutual accountability [11].

In cases where patients may require multiple imaging studies or radiation treatments, nurses play an integral role in tracking cumulative exposure levels. They must advocate for patients by ensuring that unnecessary scans or treatments are avoided. In addition, by coordinating with interdisciplinary teams, nurses can ensure that the totality of patient care programs align towards minimizing exposure while still addressing the patients' clinical needs [12].

The evolving nature of medical technology and practices necessitates that nurses continually expand their knowledge and skills related to radiation safety. Nurses must engage in ongoing educational opportunities, workshops, and training focused on the principles of radiation safety and the latest advancements in technology. Moreover, familiarity with up-to-date guidelines from organizations such as the National Council on Radiation Protection and Measurements (NCRP) and the American College of Radiology (ACR) is essential for informed practice [7].

Nurses can actively participate in quality improvement initiatives within their organizations focused on radiation safety. By identifying areas for improvement, nurses can advocate for changes in protocol or additional training to enhance safety measures, thus improving patient outcomes and reducing radiation-related risks [5].

Responsibilities of Radiologic Technologists in Radiation Safety:

Radiation is an effective tool in modern medicine used for various diagnostic procedures, including X-rays, computed tomography (CT) scans, magnetic resonance imaging (MRI), and fluoroscopy. While these imaging techniques are invaluable for accurate diagnosis and treatment planning, they also carry inherent risks associated with exposure to ionizing radiation. Ionizing radiation can potentially cause harmful biological effects, including cellular damage, increased cancer risk, and adverse reactions in sensitive populations such as children and pregnant women. Given these risks, the role of RTs in managing radiation exposure is of utmost importance [13].

First and foremost, radiologic technologists have a primary responsibility to ensure the safety of patients undergoing imaging procedures. This begins with adhering to the principle of ALARA (As Low As Reasonably Achievable) which emphasizes minimizing radiation exposure while still obtaining the necessary diagnostic information. To achieve this, RTs must employ appropriate techniques, adjust exposure settings as needed, and utilize the least amount of radiation necessary for effective imaging [14].

Additionally, RTs must conduct thorough patient assessments before any imaging procedure. This involves reviewing patient histories and previous imaging studies, assessing contraindications, and ensuring that patients are informed about the risks and benefits associated with the recommended imaging modalities. Clear communication is vital, as it empowers patients to make informed decisions about their healthcare [15].

Moreover, radiologic technologists should actively monitor patients during imaging procedures to identify any adverse reactions or discomfort. This vigilance extends to providing a supportive environment that encourages patients to voice concerns or report discomfort during scans. By fostering patient comfort and awareness, RTs contribute significantly to the overall safety of the imaging experience [12].

Another critical responsibility of radiologic technologists is their ongoing education concerning radiation safety. As technology and techniques in medical imaging continue to evolve, so too must the

knowledge and skills of RTs. Staying informed about the latest advancements, safety protocols, and best practices is essential for providing safe care. Professional organizations, such as the American Registry of Radiologic Technologists (ARRT) and the American Society of Radiologic Technologists (ASRT), offer resources and training programs that support lifelong learning for RTs [16].

Moreover, radiologic technologists have an obligation to educate their colleagues and staff about radiation safety practices. This includes training new employees, sharing relevant protocols, and creating an environment of safety awareness within the healthcare setting. Collaborative efforts can lead to enhanced proficiency in minimizing radiation exposure across different departments, reinforcing the culture of safety within the organization [17].

Radiologic technologists are also responsible for ensuring the quality and safety of the imaging equipment they operate. Regular maintenance and calibration of imaging devices are crucial for minimizing unnecessary radiation exposure to patients. RTs must work alongside medical physicists to conduct routine quality control tests, ensuring that the equipment meets regulatory standards and operates efficiently [18].

This responsibility extends to identifying equipment malfunctions or inconsistencies that could lead to increased radiation doses. By promptly reporting these issues and ensuring timely repairs, radiologic technologists mitigate risks not only to patients but also to staff and the public. Continuous quality assurance helps maintain high standards of imaging and reinforces the commitment to safety in all imaging modalities [19].

The responsibilities of radiologic technologists in radiation safety are closely aligned with regulatory standards established by health organizations and government bodies. RTs must be knowledgeable about guidelines set by the World Health Organization (WHO), the International Atomic Energy Agency (IAEA), and the United States Nuclear Regulatory Commission (NRC), among others. These organizations delineate safety protocols, patient protections, and employee safeguards that RTs must follow to ensure compliance with legal and ethical standards [11].

Maintaining appropriate licenses and certifications is also an integral part of regulatory compliance.

Radiologic technologists must meet continuing education requirements, demonstrating their commitment to professional development and adherence to the latest safety protocols. Failing to comply with regulatory standards poses a risk not only to individual practitioners but also to the entire healthcare institution [20].

In addition to their direct responsibilities within healthcare settings, radiologic technologists have a broader role as advocates for radiation safety. This involves participating in public outreach and education initiatives aimed at informing communities about the safe use of medical imaging. By engaging in conversations surrounding radiation safety, RTs can help alleviate fears, clarify misconceptions, and promote a better understanding of the benefits and risks associated with imaging procedures [13].

Furthermore, RTs can play a pivotal role in shaping policies and procedures related to radiation safety at local, regional, and national levels. Engaging with professional organizations, contributing to research, and advocating for evidence-based practices allow them to influence the development of guidelines that enhance patient safety in the long term [21].

Impact of Health Information Specialists on Radiation Exposure Documentation

Health Information Specialists are trained professionals who manage and analyze health data. Their roles encompass a variety of tasks, including ensuring the accuracy and confidentiality of patient records, analyzing healthcare data for quality improvement, and supporting compliance with regulatory standards. In the context of radiation exposure documentation, their responsibilities can be outlined in several key areas [22]:

1. **Data Accuracy and Integrity:** HIS are responsible for capturing, maintaining, and ensuring the accuracy of patient records. This includes documenting the types and amounts of radiation exposure patients undergo during various imaging procedures. Accurate records are critical not only for individual patient safety but also for public health initiatives aimed at minimizing unnecessary radiation exposure [23].

2. **Standardization of Documentation Practices:** HIS contribute significantly to the development and implementation of standardized

documentation procedures. By establishing consistent terminology, metrics, and protocols for recording radiation exposure, they help ensure that all healthcare providers within an institution adhere to best practices. Standardization minimizes inconsistencies and errors that could lead to inadequate patient care or safety hazards [24].

3. **Education and Training:** The educational component of health information management is crucial. HIS often train healthcare providers on the importance of documenting radiation exposure, demonstrating how accurate records can impact clinical decisions, treatment planning, and follow-up care. They help clinicians understand the risks associated with excessive exposure and the necessity of maintaining a comprehensive exposure history for each patient [23].

4. **Facilitation of Data Reporting and Analytics:** With the advent of electronic health records (EHRs), HIS have gained the ability to aggregate and analyze large datasets concerning radiation exposure. This capacity provides healthcare organizations with the tools needed to monitor trends, assess compliance with radiation safety protocols, and identify areas for improvement. Through data analytics, HIS can translate raw data into actionable insights, facilitating regulatory compliance and enhancing patient safety [25].

5. **Patient Advocacy:** HIS play a significant role in advocating for patients by ensuring that they are informed about the implications of radiation exposure. They facilitate communication between healthcare providers and patients regarding the necessity and risks associated with imaging procedures. By empowering patients with knowledge about their radiation exposure, HIS help foster a culture of safety and shared decision-making [26].

Radiation exposure documentation is governed by a myriad of regulations and guidelines set forth by organizations such as the American College of Radiology (ACR), the Radiological Society of North America (RSNA), and governmental agencies like the Food and Drug Administration (FDA) and the Nuclear Regulatory Commission (NRC). Health Information Specialists play a fundamental role in ensuring that healthcare institutions comply with these regulations. Non-compliance can result in

legal repercussions, financial penalties, and compromises in patient safety [25].

Through meticulous documentation practices, HIS help organizations meet Accreditation requirements and promote best practices in radiation safety. They contribute to quality assurance programs that aim to reduce unnecessary radiation exposure, thereby enhancing the overall quality of care delivered to patients [22].

Health Administrators: Leading the Charge in Safety Protocols

Safety protocols in healthcare settings are essential for minimizing risks associated with medical errors, infections, and other potential hazards that could impact patient care. The stakes in healthcare are exceptionally high; a single oversight can lead to dire consequences, including patient harm, legal ramifications, and financial penalties. According to the World Health Organization, millions of patients are affected by unsafe care every year, underlining the need for effective risk management strategies [27].

Health administrators are integral to instituting safety protocols that comply with national regulations, such as those set forth by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission. These organizations create frameworks within which health administrators must operate, necessitating the regular monitoring and updating of protocols to reflect the latest best practices and scientific research. Furthermore, healthcare-associated infections (HAIs) are a significant issue, accounting for millions of infections annually, making the role of administrators in designing and enforcing infection control protocols all the more critical [28].

Health administrators are often at the forefront of policy development, where they identify safety needs, evaluate existing protocols, and propose enhancements. This process typically entails conducting comprehensive risk assessments to identify vulnerabilities and the potential impact of various hazards. They coordinate with clinical staff to gather insights that can inform policy changes, blending operational knowledge with frontline experiences. For example, the rise of multidrug-resistant organisms has necessitated the introduction of stricter antibiotic stewardship programs, which

are regularly evaluated and adjusted by health administrators [29].

Moreover, health administrators must also keep abreast of current trends and emerging challenges, particularly in light of recent global events such as the COVID-19 pandemic. The pandemic has illuminated numerous gaps in safety protocols across healthcare systems worldwide and has necessitated rapid adaptations to existing frameworks. Health administrators are responsible for drafting crisis response policies that address such unprecedented issues, ensuring that they are integrated into everyday practices while accounting for the diverse needs of various healthcare settings [30].

While developing safety protocols is essential, the implementation of these protocols hinges on effective training and education. Health administrators are charged with creating and promoting training programs that ensure that all healthcare workers, from physicians and nurses to support staff, are well-versed in the protocols that govern their daily operations. This training often encompasses topics such as infection control procedures, emergency protocols, ethical considerations, and patient rights [31].

The significance of training cannot be overstated. A well-trained healthcare workforce is better equipped to recognize potential safety hazards, adhere to established protocols, and respond appropriately in emergencies. Health administrators must assess the knowledge gaps within their teams and tailor training programs accordingly, utilizing simulation exercises, e-learning platforms, and hands-on workshops. Moreover, fostering a culture of safety and open communication is vital in encouraging staff to report near misses and adverse events without fear of repercussions. This culture is nurtured through leadership, where health administrators model accountability and transparency in all operations [32].

Beyond policy development and training, health administrators actively engage in quality improvement initiatives to advance patient safety. This includes the establishment of performance metrics that gauge the effectiveness of safety protocols, enabling continuous monitoring and iterative enhancement. Administrators often analyze data on patient outcomes, staff compliance with

protocols, and operational efficiency to drive improvements [33].

Additionally, health administrators collaborate with interdisciplinary teams to research and implement evidence-based practices. By reviewing literature, conducting internal audits, and engaging with external experts, they can identify innovative strategies to enhance safety protocols. For example, the use of electronic health records (EHR) has revolutionized data collection and sharing, facilitating better continuity of care and communication among healthcare providers [34].

Furthermore, health administrators champion the implementation of patient safety initiatives that prioritize patient-centered care. This includes encouraging patient involvement in their care processes through transparency and education. For instance, the introduction of safety checklists and clear communication strategies can empower patients to participate actively in their care, thus reducing the risk of misunderstandings and errors [35].

As the healthcare environment continues to evolve, the role of health administrators in leading the charge in safety protocols will only grow in importance. The future will likely witness an increased emphasis on incorporating technology, such as artificial intelligence and telehealth, which presents unique challenges and opportunities for patient safety. Health administrators will be required to navigate the ethical implications of these technologies while ensuring that safety protocols are adaptable and effective [36].

Moreover, the rising focus on mental health and wellness within healthcare settings necessitates a holistic approach to safety protocols. Health administrators must advocate for initiatives that promote the well-being of both patients and staff, recognizing that a healthy workforce is integral to delivering safe and effective care [37].

Conclusion:

In conclusion, the issue of radiation exposure in healthcare is multifaceted and requires a coordinated effort among various professionals, including nurses, radiologic technologists, health information specialists, and health administrators. Each group plays a critical role in mitigating the risks associated with radiation through effective communication,

adherence to safety protocols, and the integration of advanced technologies. By fostering a culture of safety and interprofessional collaboration, healthcare organizations can enhance patient care while protecting both patients and staff from unnecessary exposure. As the healthcare landscape continues to evolve with new techniques and regulations, ongoing education and vigilance will be essential in ensuring that radiation safety remains a top priority. The collective efforts of these professionals not only safeguard individual health but also contribute to the overall improvement of healthcare practices, leading to safer environments for all.

References:

1. Hamada N, Fujimichi Y. Classification of radiation effects for dose limitation purposes: history, current situation and future prospects. *J Radiat Res.* 2014 Jul;55(4):629-40.
2. Frane N, Megas A, Stapleton E, Ganz M, Bitterman AD. Radiation Exposure in Orthopaedics. *JBJS Rev.* 2020 Jan;8(1):e0060.
3. Tsapaki V, Balter S, Cousins C, Holmberg O, Miller DL, Miranda P, Rehani M, Vano E. The International Atomic Energy Agency action plan on radiation protection of patients and staff in interventional procedures: Achieving change in practice. *Phys Med.* 2018 Aug;52:56-64.
4. Hayda RA, Hsu RY, DePasse JM, Gil JA. Radiation Exposure and Health Risks for Orthopaedic Surgeons. *J Am Acad Orthop Surg.* 2018 Apr 15;26(8):268-277.
5. Chodick G, Bekiroglu N, Hauptmann M, Alexander BH, Freedman DM, Doody MM, Cheung LC, Simon SL, Weinstock RM, Bouville A, Sigurdson AJ. Risk of cataract after exposure to low doses of ionizing radiation: a 20-year prospective cohort study among US radiologic technologists. *Am J Epidemiol.* 2008 Sep 15;168(6):620-31.
6. Kaplan DJ, Patel JN, Liporace FA, Yoon RS. Intraoperative radiation safety in orthopaedics: a review of the ALARA (As low as reasonably achievable) principle. *Patient Saf Surg.* 2016;10:27.
7. Sánchez RM, Vano E, Fernández JM, Rosales F, Sotil J, Carrera F, García MA, Soler MM, Hernández-Armas J, Martínez LC, Verdú JF. Staff doses in interventional radiology: a national survey. *J Vasc Interv Radiol.* 2012 Nov;23(11):1496-501.
8. Matityahu A, Duffy RK, Goldhahn S, Joeris A, Richter PH, Gebhard F. The Great Unknown- A systematic literature review about risk associated with intraoperative imaging during orthopaedic surgeries. *Injury.* 2017 Aug;48(8):1727-1734.
9. Lin Y. Internal radiation therapy: a neglected aspect of nuclear medicine in the molecular era. *J Biomed Res.* 2015 Sep;29(5):345-55.
10. Srinivasan D, Than KD, Wang AC, La Marca F, Wang PI, Schermerhorn TC, Park P. Radiation safety and spine surgery: systematic review of exposure limits and methods to minimize radiation exposure. *World Neurosurg.* 2014 Dec;82(6):1337-43.
11. Barakat MT, Thosani NC, Huang RJ, Choudhary A, Kochar R, Kothari S, Banerjee S. Effects of a Brief Educational Program on Optimization of Fluoroscopy to Minimize Radiation Exposure During Endoscopic Retrograde Cholangiopancreatography. *Clin Gastroenterol Hepatol.* 2018 Apr;16(4):550-557.
12. López M, Martín M. Medical management of the acute radiation syndrome. *Rep Pract Oncol Radiother.* 2011 Jul 13;16(4):138-46.
13. Mitchell EL, Furey P. Prevention of radiation injury from medical imaging. *J Vasc Surg.* 2011 Jan;53(1 Suppl):22S-27S.
14. Pradhan A, Lee J, Kim J. On the scenario of passive dosimeters in personnel monitoring: relevance to diagnostic radiology and fluoroscopy-based interventional cardiology. *J Med Phys.* 2016;41:81-84.
15. Hall EJ, Giaccia AJ. *Radiobiology for the Radiologist*, 7th ed Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins; 2012.
16. Mahesh M. *Radiation Dose Management for Fluoroscopically Guided Interventional Medical Procedures*, Vol 39. Alexandria, VA: American Association of Physicists in Medicine; 2012:5789-5790.
17. Rühm W, Azizova TV, Bouffler SD, et al. Dose-rate effects in radiation biology and radiation protection. *Ann ICRP.* 2016;45:262-279.
18. Chohan MO, Sandoval D, Buchan A, Murray-Krezan C, Taylor CL. Cranial radiation

- exposure during cerebral catheter angiography. *J Neurointerv Surg*. 2014;6:633–636.
19. Vano E, Kleiman NJ, Duran A, Romano-Miller M, Rehani MM. Radiation-associated lens opacities in catheterization personnel: results of a survey and direct assessments. *J Vasc Interv Radiol*. 2013;24:197–204.
20. Colangelo JE, Johnston J, Killion JB, Wright DL. Radiation biology and protection. *Radiol Technol*. 2009;80:421–441.
21. Domienik J, Brodecki M, Rusicka D. A study of the dose distribution in the region of the eye lens and extremities for staff working in interventional cardiology. *Radiat Meas*. 2012;47:130–138.
22. Toossi MTB, Mehrpouyan M, Nademi H, Fardid R. Preliminary results of an attempt to predict over apron occupational exposure of cardiologists from cardiac fluoroscopy procedures based on DAP (dose area product) values. *Austr Phys Eng Sci Med*. 2015;38:83–91.
23. Chida K, Kaga Y, Haga Y, et al. Occupational dose in interventional radiology procedures. *Am J Roentgenol*. 2013;200:138–141.
24. Jacob S, Boveda S, Bar O, et al. Interventional cardiologists and risk of radiation-induced cataract: results of a French multicenter observational study. *Int J Cardiol*. 2013;167:1843–1847.
25. Worgul BV, Kundiev Y, Likhtarev I, Sergienko N, Wegener A, Medvedovsky CP. Use of subjective and nonsubjective methodologies to evaluate lens radiation damage in exposed populations - an overview. *Radiat Environ Biophys*. 1996;35:137–144.
26. Mohapatra A, Greenberg RK, Mastracci TM, Eagleton MJ, Thornsberry B. Radiation exposure to operating room personnel and patients during endovascular procedures. *J Vasc Surg*. 2013;58:702–709.
27. Koukorava C, Farah J, Struelens L, et al. Efficiency of radiation protection equipment in interventional radiology: a systematic Monte Carlo study of eye lens and whole body doses. *J Radiol Prot*. 2014;34:509–528.
28. Racadio J, Nachabe R, Carelsen B, et al. Effect of real-time radiation dose feedback on pediatric interventional radiology staff radiation exposure. *J Vasc Interv Radiol*. 2014;25:119–126.
29. Ciraj-Bjelac O, Rehani M, Minamoto A, Sim KH, Liew HB, Vano E. Radiation-induced eye lens changes and risk for cataract in interventional cardiology. *Cardiology*. 2012;123:168–171.
30. Sandblom V, Mai T, Almén A, et al. Evaluation of the impact of a system for real-time visualisation of occupational radiation dose rate during fluoroscopically guided procedures. *J Radiol Prot*. 2013;33:693–702.
31. Haskal ZJ. Get protected: the eyes have it. *J Vasc Interv Radiol*. 2013;24:205–206.
32. Almasri HY, Kakinohana Y, Yogi T. Occupational radiation monitoring at a large medical center in Japan. *Radiol Phys Technol*. 2014;7:271–276.
33. Vano E, Kleiman NJ, Duran A, Rehani MM, Echeverri D, Cabrera M. Radiation cataract risk in interventional cardiology personnel. *Radiat Res*. 2010;174:490–495.
34. Sailer AM, Schurink GWH, Bol ME, et al. Occupational radiation exposure during endovascular aortic repair. *Cardiovasc Interv Radiol*. 2015;38:827–832.
35. Dumonceau JM, Garcia-Fernandez F, Verdun F, et al. Radiation protection in digestive endoscopy: European society of digestive endoscopy (ESGE) guideline. *Endoscopy*. 2012;44:408–424.
36. Antic V, Ciraj-Bjelac O, Rehani M, Aleksandric S, Arandjic D, Ostojic M. Eye lens dosimetry in interventional cardiology: results of staff dose measurements and link to patient dose levels. *Radiat Protect Dosimetry*. 2013;154:276–284.
37. Miller DL, Balter S, Cardella JF, et al. Occupational radiation protection in interventional radiology: A Joint Guideline of the Cardiovascular and Interventional Radiology Society of Europe and the Society of Interventional Radiology. *Cardiovasc Interv Radiol*. 2010;33:230–239.