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The basic evidence on radiation hazard has been obtained by survey measurements rather than by personal monitoring. Most protection groups have carefully avoided an outright statement on this point, particularly so that survey readings and pencil readings could be used interchangeably without necessitating corrections. The American Sterilization Association "Safety Code for the Industrial Use of X-Rays" has recently made a definite statement to the effect:

"2.2.3 Dose. "Dose" is the total quantity of radiation in roentgens at a given point, measured in air, \* integrated over the period of exposure.

"The expression "measured in air" has a definite meaning in radiology, namely, that the measurement is made at a given point in the radiation field without the presence of the human body."

Future practice will probably follow this policy.

The practical influence on the R. I. Section program and reports is negligible except in three specific instances:

1. Some exposure to soft gamma radiation on the hands only.

Detailed study of possible exposure occurring in the following cases may result in considering an observed pencil reading of over 100 mr as less than a permissible daily dose.

- (a) Fluoroscope operations - proposed pencil or badge limit 150 mr
- (b) X-Ray calibration - limit 150 mr
- (c) X-Ray diagnosis (Ladies Hospital) - 170 mr
- (d) Intermediate energy calibrations - to be measured

2. Some exposure to beta radiation from uranium on the hands only.

It has been shown that the permissible daily dose of 100 mr really permits the exposure of the skin to 150 mr measured in the tissue for familiar  $\gamma$ -radiation emitted at about 200 Kvp (100 KV quantum energy). It will be universally agreed that the relevant sensitive portions of the skin of the hands can tolerate an equal tissue-dose arising from beta irradiation. On the palm of the hands, there is a natural absorber, the layer of passive absorption, at least 40 mg/cm<sup>2</sup> thick. This transmits 7% of the beta radiation from an extended source in contact with the hand. For 150 mrcp at the base of the layer of passive absorption, the surface dose would be 150  $\times$  0.7 = 105 mrcp.

This value, which now includes backscatter and is not "measured in air" will henceforth be considered the permissible daily dose for this particular case. In the same terms, the decay-rate of uranium metal in contact with the hand is 250 mrcp/day.

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3. Limit exposure to beta radiation from other sources and to other parts of the body.

With the exception of the palms of the hands and the soles of the feet, other skin surfaces have a layer of passive absorption of about 20 mg/cm<sup>2</sup>. The absorption in this layer is a function of the beta-ray energy, the dimensions of the source and the source distance. In the average case, the transmission of the layer will be about 90%, and the penetration depth  $1.50 \pm 1.60$  mmp. Since the selection of 150 mmp (for 150 KV) is based

0.90 arbitrary, the general beta case should be handled with a limit of 150 mmp surface dose, including scatter.

REMARKS

For convenience in reporting, the difference between measurements "in air" and measurements "with backscatter" will normally be ignored. Special exceptions for X-ray exposures and for beta radiations, especially from uranium metal handling, will be provided. These provisions should be invoked only when the work load routinely approaches the otherwise tolerable limit. The preferred practice of restricting all planned exposure to about one-half of the permissible daily dose should be continued.

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