

## **ANNUAL TRAINING – HANDHELD X-RAY**

No individual will be permitted to operate or have access to the hand-held X-ray unit without specific authorization from the Radiation Safety Officer (or equivalent responsible individual). Authorization will be contingent upon the individual first receiving training in the basics of radiation safety and the specifics involving safe use and storage of the handheld unit. Today's training consists of the following topics:

- No bystanders are to be allowed within a 6-foot radius from the patient being examined with the hand-held device.
- The hand-held device can only be used in areas designated as examination areas for patients (i.e. the device may not be used in a break room, office area, waiting room, etc.).
- Always keep the end of the handheld PID within 2 cm of the patient's face during exposure.
- Do not aim the device in the direction of others.
- The device must be locked up in the designated storage location when not in use.
- Only personnel on the approved list can use the device.
- If it is discovered that the device has been used by unauthorized personnel or that the device has gone missing, then this must be reported immediately to the RSO and/or your direct supervisor. They are required to notify the Division of Rad Health immediately at [xray.registration@tn.gov](mailto:xray.registration@tn.gov) or 615-532-0364. All such incidents must be thoroughly documented and kept on file.
- All approved operators must read and demonstrated proficiency in the safety documentation provided by the manufacturer themselves.
- Within the first year of having the hand-held, all approved operators will be required to wear one whole body dosimetry badge and two ring finger badges (one for the right and one for the left hand). These shall always be worn when operating the handheld. At the end of the year, the dosimetry may be discontinued so long as the dosimetry reports are maintained on file and available for review. You may, however, continue with the badges if this seems appropriate.

Date of training: \_\_\_\_\_ Time in: \_\_\_\_\_ Time out: \_\_\_\_\_

Individual receiving the training: \_\_\_\_\_

Signature: \_\_\_\_\_

Individual conducting the training: \_\_\_\_\_

Signature: \_\_\_\_\_