


Lesson 16A. Radiation



### Hazards & Safety

February 24, 2005

L.B. Sandy Rock, MD, MPH  
Science Division  
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Radiation Hazards and Safety



Radiation has been around since the beginning of time. All plants and animals are continuously bombarded by radiation.

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### Wilhelm C. Roentgen

(1845-1923)

- ❖ Worked with "Crookes" tubes in late 1895.
- ❖ Crookes tubes are evacuated glass tubes with high DC voltage applied across them.



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## Discovering X-Rays

- ❖ Roentgen discovers that a piece of paper coated with barium platino-cyanide glows several centimeters away from the covered tube.



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## X-Ray Photography

- ❖ Roentgen notices that; "if the hand be held before the fluorescent screen, the bones show darkly, with only faint outlines of surrounding tissues."



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## Early Radiation Injury



Radiation injury to the skin of a Spanish-American War soldier as a result of an x-ray examination (1896)

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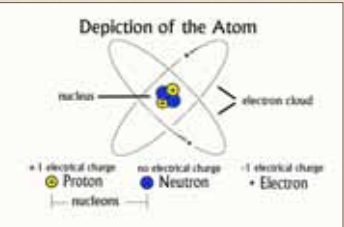
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### Radiation

Radiation means matter or energy moving outward from a point of origin.

**Depiction of the Atom**



Ionizing radiations are generated by interactions occurring within the atom.

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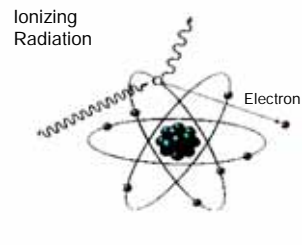
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### Ionizing Radiation

Ionizing radiation has enough energy to remove electrons from atoms.

**Ionizing Radiation**



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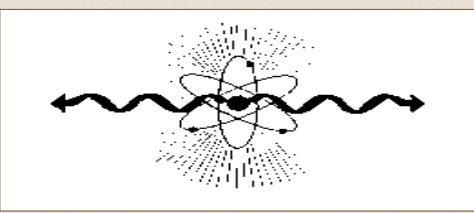
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### Ionizing Radiation



Atoms emit ionizing radiation to reduce excess energy and attempt to achieve stability.

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### Types of Ionizing Radiation.

Five basic types of ionizing radiation

X-ray results from electron energy changes

X-ray and gamma are identical except for origin

alpha, neutron, beta, and gamma come from the nucleus

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### Electromagnetic Spectrum

Gamma rays and x-rays are forms of energy, similar to visible light and radio, but much more energetic.

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### Radiation Jargon

Airborne Materials

Contamination

Radioactive Material

Radiation

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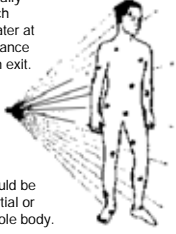
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### Radiation Hazards

Usually much greater at entrance than exit.



Could be partial or whole body.

May come from inhalation, ingestion, injection, absorption, or injury



Often concentrates in particular organs.

**EXTERNAL versus INTERNAL RADIATION HAZARDS**

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### Fate of Early Radiologists



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### Radiologist Fingers




Fig. 3-89. The hand of a desquamated diagnostic radiologist. The total dose is unknown but the changes are characteristic of acute radiation dermatitis with severe hyperkeratosis and paronychia. The right middle finger was amputated for a squamous cell carcinoma of the skin.

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## Radioactive Materials



Availability and use of radioactive materials "exploded" after World War II.

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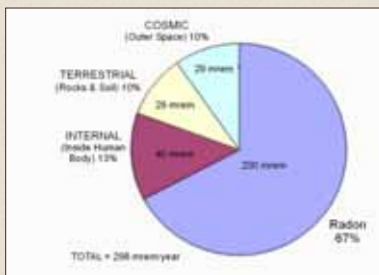
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## Background Radiation



Natural Background Radiation [about 3 mSv (300 mrem) per year]

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## Annual Radiation Dose Limits

- ❖ Occupational
  - > 0.05 Sv (5 rem or 5000 mrem) whole body
  - > no individual organ dose greater than 0.5 Sv (50 rem)
  - > Skin and extremities = 0.5 Sv (50 rem)
  - > Exception: Lens of eye = 0.15 Sv (15 rem)
- ❖ Embryo/Fetus (of radiation worker)
  - > 5 mSv (0.5 rem)
- ❖ General Public
  - > 1 mSv (0.1 rem)

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## Radiation Health Effects

- ❖ **High-level radiation** effects are **acute effects** which are manifested shortly after (hours, days, weeks) a large exposure (1 Sv or 100 rem+).
- ❖ **Low-level radiation** effects are described as either:
  - **latent effects**, appearing many years after a "non-lethal" acute dose, or as
  - **chronic effects** after many years of small doses (like radiation workers).

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## Radiation Effects

- ❖ **Acute/High Level Radiation Effects in Humans**
  - **Radiation Burns** (over 2 Sv or 200 rem) - local or whole body
  - **Keloids** - Thick scars in healed burns
  - **Cataracts** (over 1.5 Sv or 150 rem)
  - **Whole Body Bone Marrow Injury** (over 1 Sv or 100 rem)- may cause death if injury is severe.
  - **GI Tract Injury** (over 6 Sv or 600 rem) - causes death in days or weeks.
  - **Central Nervous System Injury** (over 50 Sv or 5000 rem) - causes death in hours or days.
  - **Other?**

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## Radiation Effects

- ❖ **Types of Low Level Radiation Induced Health Effects:**
  - **Genetic mutations** - probably takes 1 Sv (100 rem) to double mutation rate in man.
  - **Abnormalities induced in an exposed fetus** - about 4% chance of occurrence per 0.1 Sv (10 rem)
  - **Cancer in the exposed individual** - about 0.8% lifetime chance of death after 0.1 Sv (10 rem) acute exposure. Less for chronic exposures. Background rate of cancer death is about 20%

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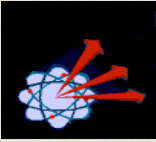
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### Radiation Protection



❖ Radiation Protection puts many scientific principles and techniques into practice.



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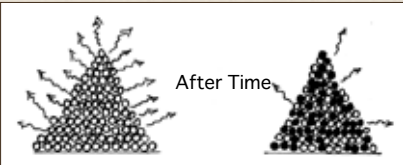
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### Radiation Protection

**RADIOACTIVE DECAY**



Pure Sample Full Activity      Decayed Sample Lower Activity

Radiation Protection for Both Internal and External Sources

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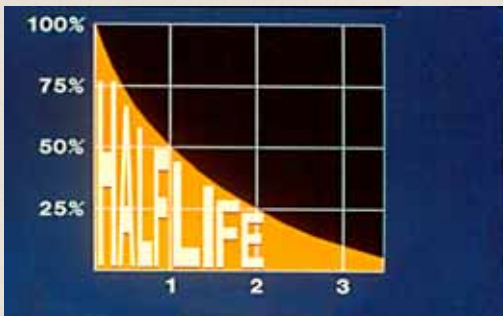
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### Radioactive Decay



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## Substitution

- ❖ Fossil fuel plants can replace nuclear power plants.
- ❖ Magnetic Resonance Imaging can replace x-ray imaging in a few situations.
- ❖ Fluorescent markers can replace radionuclides in some lab tests.
- ❖ Downside - Cost, other hazards?

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## Treatment?

- ❖ Not an option. Attempts have been made to "irradiate" radioactive materials to turn them into different radioisotopes with shorter half-life.
- ❖ Success is poor, and by-products are produced with long half-lives.
- ❖ If someone suggests that you invest in a radioisotope treatment scheme - save your money!

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## Isolation/Burial



Radioactive materials have historically been put into isolation and burial sites - with arguable success.

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### Change in Radiation Intensity with Distance



- ❖ Inverse Square Law:  $1/r^2$  relationship
- ❖ For example; doubling your distance cuts exposure to 1/4, and tripling distance cuts exposure to 1/9.

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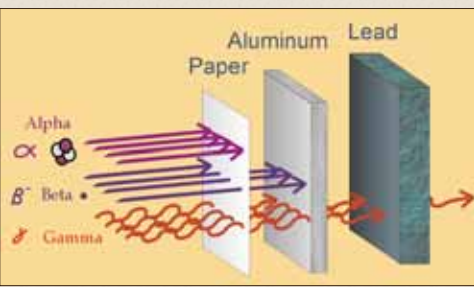
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### Penetration Ability



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### Ways to Reduce External Exposure

- ❖ Time
  - Reducing the amount of time around a radiation source directly reduces radiation exposure.
- ❖ Distance
  - Distance reduces exposure by  $1/r^2$  for x-ray and gamma radiation
    - Distance in air stops alpha and beta particles.
- ❖ Shielding
  - Shielding stops alpha and beta particles and greatly reduces x-ray and gamma radiation.

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### Methods to Reduce Internal Intake

- ❖ Containment and/or exhaust (fume hoods in labs).
- ❖ Contamination surveys.
- ❖ Good hygiene - washing hands, contaminated skin, and contaminated articles.
- ❖ Good personal habits - no hand to face/mouth contact, no eating/drinking, no application of cosmetics.

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### Methods to Reduce Internal Intake

Continued

- ❖ Use of protective clothing and personal protective equipment.
- ❖ General Protective Measures:
  - Knowledge of hazards.
  - Area Control: signage, records, and security.
  - Appropriate facilities and equipment for use and control of radioactive materials.

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### Radiation in the Workplace



Research

Medicine



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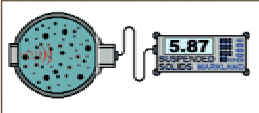
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### Radiation in the Workplace

Continued

Measurement and Quality Control



Static Control



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### Man-Made Radiation in the Environment

Biomedical/Industrial wastes or byproducts



Lost Sources



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### Man-Made Radiation in the Environment

Continued

Active Production or Processing Sites



Closed/Abandoned Production or Processing Sites



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### Dirty Bombs?

Radiological Dispersal Devices



Seattle Terrorism Drill

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### Lesson 16B. Noise



## Hearing Loss Prevention

**February 24, 2005**

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### Lesson 15. Noise



## Hearing Loss Prevention

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## Hearing Loss

The diagram illustrates the process of hearing. Sound waves enter the ear through the ear canal, hit the ear drum, and travel through the hearing nerve. A blue arrow labeled 'NOISE' points into the ear canal, and a yellow speech bubble labeled 'OW!' is near the hearing nerve, indicating pain or damage from noise.

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## Overview

- ❖ What we'll be covering today:
  - > Noise, hearing and hearing loss
  - > Occupational noise
    - How to measure it
    - How much is too much?
  - > Hearing loss prevention
    - Controls
    - Hearing protectors
  - > Non-occupational noise
  - > Community noise

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## The Problem

- ❖ Why noise doesn't get much attention:
  - > Lots of dangerous jobs in US
  - > Acute hazards are priority
  - > Chronic hazards easier to ignore...

RANK	OCCUPATION	FATALITY RATE
1	Timber Cutters	117.0
2	Fishers	71.1
3	Pilots & Navigators	69.0
4	Structural Metal Workers	56.2
5	Driver-Sales Workers	37.9
6	Roofers	37.0
7	Electrical Power Installers	32.5
8	Farm Occupations	28.0
9	Construction Laborers	27.7
10	Truck Drivers	25.0

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## Noise

- ❖ What the heck is noise, anyway?
- ❖ Is it...
  - Neighbor's dog barking at 2AM?
  - Airlines flying over your house?
  - Classmate snoring next to you?
- ❖ YES! It's all this and more!

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## Noise Continued

- ❖ Unwanted sound (vibrations in air)
- ❖ Measured by: sound pressure (loudness)
  - decibels (dB)
- ❖ And: frequency (pitch)
  - hertz (Hz) - vibrations per second



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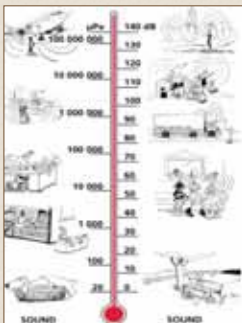
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## Why Decibels?

- ❖ Human ear: extremely large range of sound pressure sensitivity
- ❖ Convenient to convert linear scale (sound pressure,  $P_a$ ) to log scale (sound pressure level, dB)



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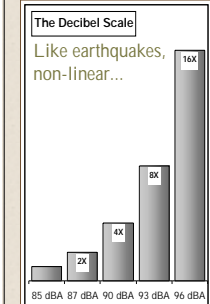
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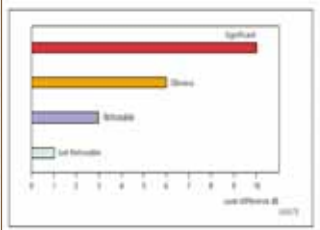
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## Decibels



**The decibel: funky, but useful**  
100 dB = 10x90 dB, 100x80 dB




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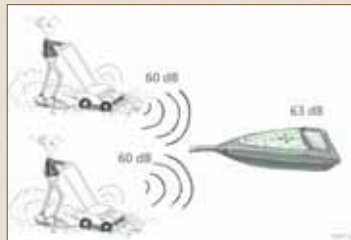
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## Addition of Decibels

Don't add arithmetically ...



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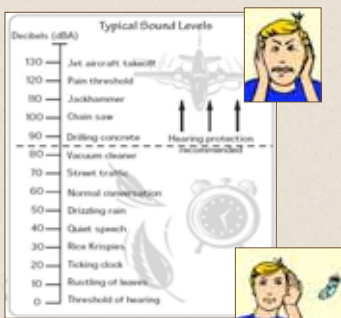
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## Noise Levels

Noise Levels of some familiar sounds



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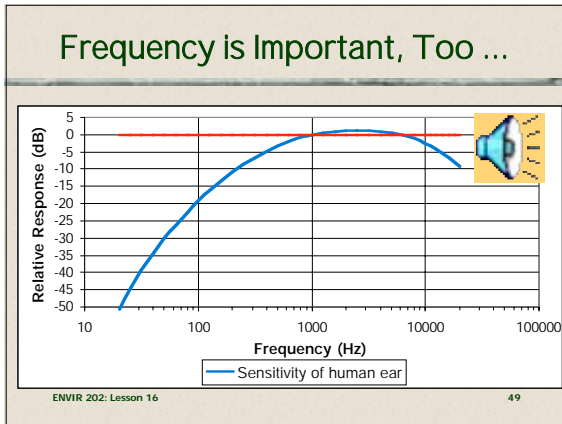
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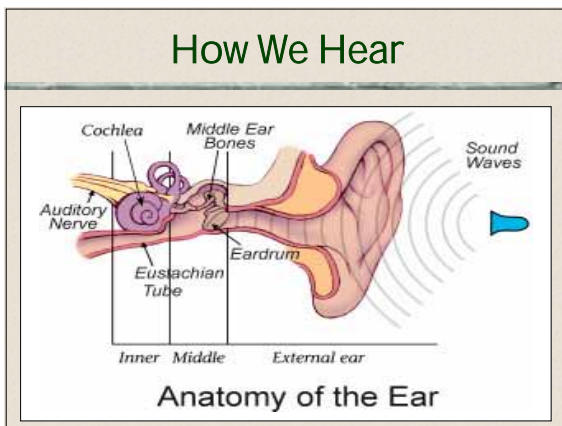
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### Types of Hearing Damage

- ❖ **Conductive**  
(outer or middle ear)
  - > Sometimes reversible
  - > Acoustic trauma, accident, etc
- ❖ **Sensorineural**  
(inner ear)
  - > Damage to nerves; irreversible
  - > Includes NIHL, presbycusis

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## Types of Hearing Damage

- ❖ Also:
  - Temporary Threshold Shift
  - Permanent Threshold Shift
  - Tinnitus (more on this later)



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## How is Hearing Tested?

- ❖ Sound-treated booth
- ❖ Tympanometry
- ❖ Standard audiometry
  - Pure tone air conduction
  - Pure tone bone conduction
  - 5 dB steps
- ❖ Other (newer) tests available, as well

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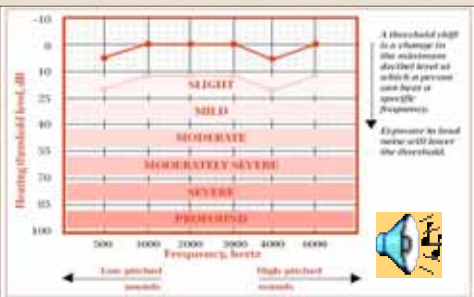
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## How We Measure Hearing



A threshold shift is a change in the minimum audible level as a result of noise or specific frequency.

Exposure to loud noise will lower the threshold.

Low-pitched sounds      High-pitched sounds

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## Hearing Loss

### Hearing loss is frequency-specific

Certain frequencies are considered indicative of NIHL

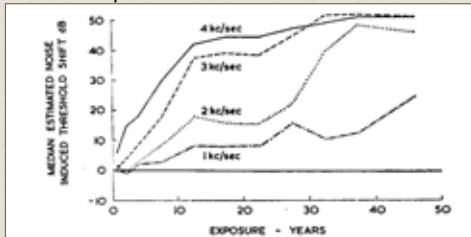


FIG. 5. Estimated noise-induced threshold shift as a function of duration of exposure.

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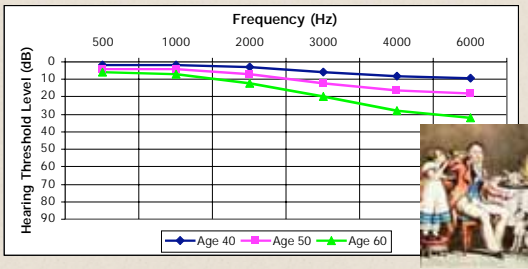
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## Age-related Hearing Loss

Even by age 60, the average person doesn't have hearing impairment from age alone




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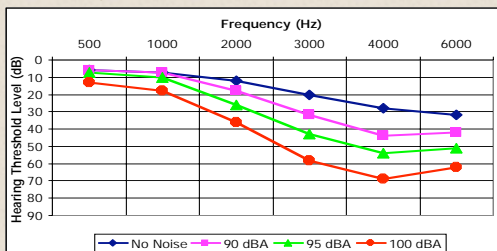
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## Hearing Loss vs. Noise

- ❖ Noise-induced loss additive to age-related loss
- ❖ Enter age correction...




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### Effects of NIHL

- ❖ NIHL affects high frequency hearing first
- ❖ NIHL makes it harder to communicate:
  - > On the job
  - > In situations w/ background noise (jobsite, restaurant)



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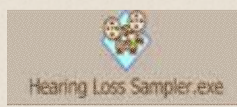
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### Effects of NIHL

- ❖ NIHL may affect ability to work
- ❖ NIHL can make it difficult to hear critical warnings:
  - > Back-up alarms
  - > Traffic on a street



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### Effects of NIHL

- ❖ NIHL can:
  - > Contribute to accidents, injuries
  - > Lower self-esteem
  - > Make people more dependent on others
  - > Damage relations with friends, family
  - > Make it hard to concentrate...



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### Other Effects of Noise



- Dilation on the pupil
- Secretion of thyroid hormone
- Heart palpitations
- Secretion of adrenalin
- Secretion of adrenalin cortex hormone
- Movement of the stomach and intestines
- Muscle reaction
- Constriction of blood vessels

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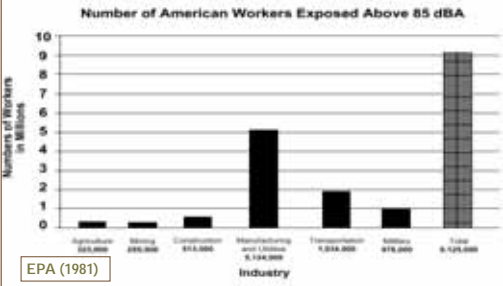
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### Noise Exposure Estimates

Who do YOU think might be exposed to too much noise?



EPA (1981)

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### Top 10 SICs

by % workers >85 dBA

Economic Sector	Total no. production workers	No. noise-exposed	% noise-exposed
Tobacco products	106,399	57,764	54.3
Primary metals	824,725	269,270	32.7
Paper and allied products	488,101	164,808	33.8
Textile mill products	615,322	262,108	42.6
Lumber and wood products	475,730	196,489	41.3
Transportation by air	312,931	94,656	30.3
Fabricated metal products	1,151,777	336,919	29.3
Furniture and fixtures	428,539	121,271	28.3
Hvy construction (not bldg)	517,969	124,610	24
Oil and gas extraction	330,841	76,525	23.1

Source: NIOSH, 1998 63

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### Other things that can Damage Hearing

- ❖ Ototoxic substances:
  - Aminoglycoside antibiotics, chemotherapy
  - Some metals (lead, arsenic, tin)
  - Solvents (toluene, benzene, styrene)
  - Carbon monoxide, hydrogen cyanide
  - Cigarette smoke (duh)
  - Even aspirin!
- ❖ Hand-arm and whole-body vibration



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### Other Developments in Hearing

- ❖ Hearing aids: friend or foe?
- ❖ Outer and inner hair cell regeneration
  - Birds do it - why can't we?
- ❖ Otoprotectants
  - A "morning after" pill?



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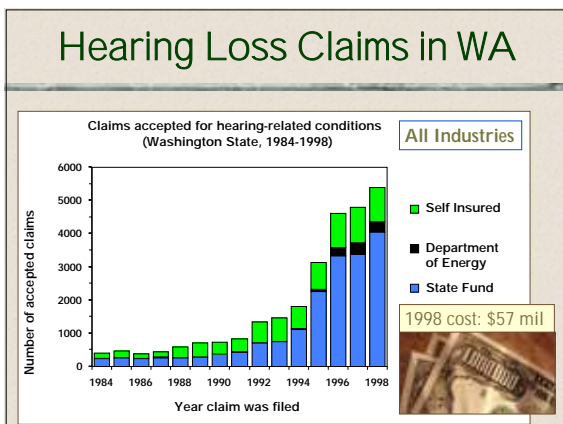
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## NIHL Claims

- ❖ How much is *your* hearing worth in WA?
- ❖ WA doesn't allow age-correction for claims
  - > \$10K maximum PPD payment for loss in 1 ear
  - > \$65K maximum PPD for both ears
- ❖ Differences in compensation for various occupations



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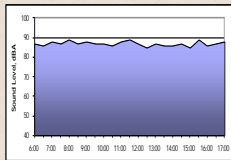
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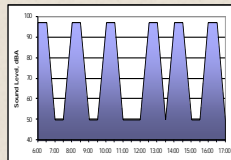
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## Noise Exposure Types

### Continuous



### Intermittent



General scientific consensus on effects on hearing

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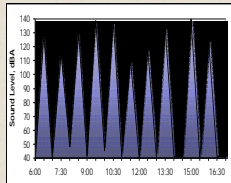
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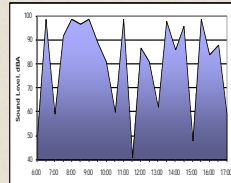
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## Noise Exposure Types

### Impact/Impulse



### Combination



No scientific consensus on effects on hearing

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### Ways to Measure Noise

- ❖ **Sound Level Meter**
  - > Area/personal measurements, point-in-time levels
  - > Cheap, easy, good for continuous noise, immediate HPD needs
- ❖ **Dosimeter**
  - > Area/personal measurements
  - > Point-in-time or average level, continuous or variable noise
  - > Expensive, but low labor

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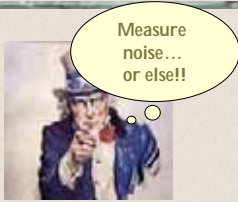
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### US Noise Standards

- ❖ 1936: Walsh-Healey Act
- ❖ 1968: ACGIH TLV
- ❖ 1971: OSHA PEL
- ❖ 1971: EPA ONAC
- ❖ 1974: NIOSH REL
- ❖ 1981: No more EPA ONAC
- ❖ 1983: OSHA Hearing Conservation
- ❖ 1990s: revised ACGIH TLV, NIOSH REL, MSHA PEL



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### Noise Standards OSHA vs. NIOSH

Assumes worker using no hearing protection

Noise Level (dBA)	NIOSH Allowable Exposure (Hrs)	OSHA Allowable Exposure (Hrs)
85	8	16
90	2	8
95	1	4
100	0.5	2
105	0.25	1
110	0.125	0.5
115	0.0625	0.25

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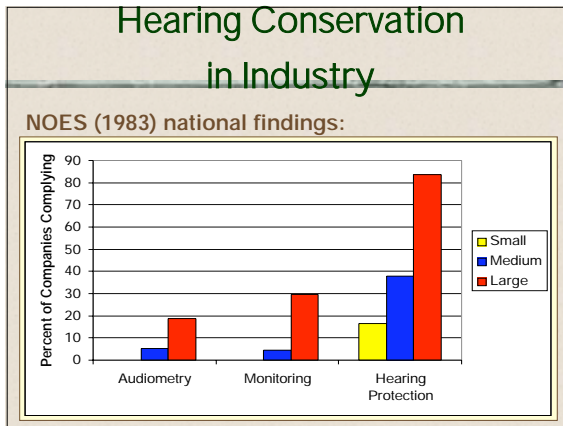
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### OSHA Citations & Fines



- ❖ Oct 1999 - Sept 2000
  - > 692 OSHA inspections, 1475 citations for noise exposure
  - > Manufacturing sector got 1284 of these citations, \$725,000 in fines
  - >  $\$725,000 \div 1284 = \$565$  per citation
- ❖ Cheaper to ignore HL than address it?
  - > No; fines don't account for worker suffering, claims costs, etc



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### On to Hearing Loss Prevention!

- ❖ Goal: reduce or eliminate noise exposure
- ❖ What's in a Hearing Loss Prevention Program?
  - > Noise exposure monitoring
  - > Controlling/reducing noise exposures
  - > Hearing protector selection, fitting and use
  - > Audiometric testing
  - > Employee education & training
  - > Program evaluation
- ❖ Protects:
  - > Employer from claims, employee from NIHL



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### Ways Exposures Can Be Reduced

**Hierarchy of Health and Safety Controls**

Most Effective

- 1) Elimination or Substitution
- 2) Engineering Controls
- 3) Warnings
- 4) Training and Procedures  
Administrative Controls
- 5) Personal Protective Equipment

Human Effort  
Defeatibility  
Long-Term Cost

Design In

Fix

With noise, we usually start at the bottom...

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### Noise Control

With controls, think of possible noise paths

Noise Source

Reflection

Absorption

Transmission

Diffraction

There are several ways to stop noise – or even selectively let desired sounds through

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### The Problem with Noise Controls

- ❖ Engineers will tell you that there's no way a non-engineer could possibly develop or implement an effective noise control
  - > Solution: avoid engineers at all costs!
- ❖ Controls CAN be developed, but they do require effort and resources, and (sometimes) technical knowledge
- ❖ Noise control development support critical

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### We used to have this support!



- ❖ US EPA Office of Noise Abatement and Control, 1972-82
  - Developed noise standards, researched noise controls, promoted Buy Quiet programs
  - Bill before congress every year to re-fund
- ❖ Europe committed in 2000
  - Noise levels specified for various equipment
  - Controls mandatory
  - Will make 50% of current construction equipment ineligible for EU sale in 2006



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### To Prevent Hearing Loss

- ❖ Employ the Engineering Control Strategies:
  - Substitution
  - Treatment
  - Isolation
  - Shielding



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### Substitution



- ❖ Eliminate noise or use quieter sources
  - ← Don't use this ...
  - ↓ When these will do!



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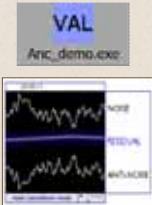
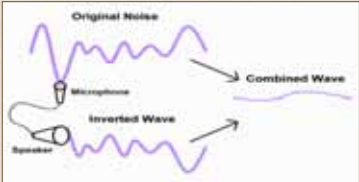
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### Treatment

- ❖ Active noise control (ANC)
  - Not good for everything, but pretty darn cool!



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### Isolation

- ❖ Enclose the noise source behind a barrier



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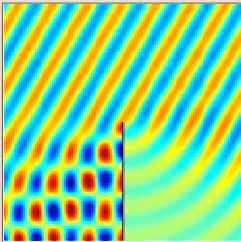
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### Barriers



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### Inverse Square Law

- ❖ Use distance as a barrier
  - > Distance/location: your friend for noise
  - > Sources away from reflective surfaces, workers
  - > 2x source-worker distance = 6 dB less
  - > Move out of corner = 6 dB less
  - > Move from 1 reflective surface = 3 dB less

Source  
d      2d      4d  
95 dBA    89 dBA    83 dBA

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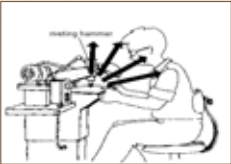
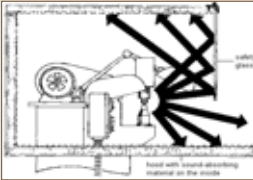
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### Shielding

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### Shielding

- ❖ Hearing Protection Devices (HPDs):
- ❖ 4 C's:
  - > Comfort
  - > Convenience
  - > Communications
  - > Cost



<b>IMPLANTS</b> Personal  1/16"    3/16"    1/2"	<b>SEMI-MASKS</b> Ear-muffs  2 flaps    3 flaps    4 flaps
<b>Ear-muffs</b> Perfect fit when on head 	<b>HEADSETS</b> Headset  Headset    20-30 dB Headset    20-30 dB
<b>Earbuds</b> Foam    Memory    Silicone 	<b>Headset in a hard hat</b> 

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### HPD Issues

- ❖ Workers **MUST** have training, selection
- ❖ Most earplugs alter quality of sound at different frequencies
  - Exception: flat response
- ❖ Speak up - don't mumble



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### Noise Reduction Rating

- ❖ Summary of HPD attenuation across various test frequencies achieved by test subjects
- ❖ Required by EPA regulation to appear on all HPDs sold in US
- ❖ Includes mean attenuation and variability data





NRR 33-38		ATTENUATION TESTED ACCORDING TO ANSI S3.19-1974							
Frequency (Hz)	125	250	500	1000	2000	3150	4000	6300	8000
Mean	33.1	36.3	36.8	38.4	38.7	44.1	45.9	45.4	46.2
Standard Deviation (dB)	2.8	1.8	2.1	1.7	2.1	2.3	2.2	2.3	2.4

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### Administrative Controls

- ❖ Schedule noise for fewest workers
- ❖ Maintain/repair/lub e equipment
- ❖ Rotation/break/limit time
- ❖ Signs
- ❖ No Walkman headphones!



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## Administrative Controls

- ❖ Establish and label high noise zones, require HPD use
- ❖ Noise map: a good excuse to use crayons



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## Administrative Controls

- ❖ Signs
  - Some signs are better than others...



BAD



BETTER



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## Effectiveness

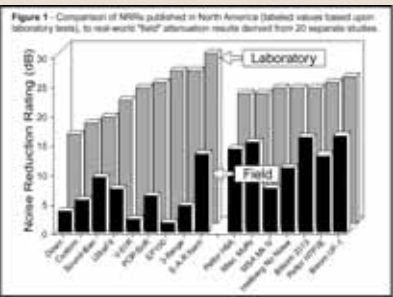


Figure 1 - Comparison of NRRs published in North America (labeled values based upon laboratory tests), to real-world "field" attenuation results derived from 20 separate studies.

Noise Reduction Rating (dB)

Laboratory

Field

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## Shielding

❖ **When to Wear Hearing Protection**

- > Whenever exposure likely to exceed 85 dBA - at work OR home
- > When using loud equipment
- When working in areas where loud equipment is being used
- > When you have to shout to be heard by someone 3 ft away



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## But How Often are HPDs Used?

Different people have different patterns of use of personal protective equipment like HPDs...

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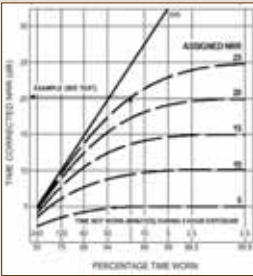
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## Protection Reduced if HPD Not Used...

❖ The more time an HPD isn't worn during noise exposure, the less it reduces the average exposure level

❖ If it's worn less than 50% of exposure time, might as well not wear it at all



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## Audiometric Testing

- ❖ Pre- and post-employment and annually best
  - but occasionally is better than never!
- ❖ Best opportunity for education about NIHL, need for protection
- ❖ If this is only HLPP effort:
  - Hearing loss documentation
- ❖ NIHL now must be reported to OSHA



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## Education

- ❖ Employees need motivation and training
  - Annually, or even better, delivered regularly in small chunks
  - Needs to cover basics:
    - Noise levels
    - Noise controls
    - Hearing loss
    - Audiometry
    - HPD use/care



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## HLPP Program Evaluation

- ❖ As with all programs, HLPP must be evaluated on an ongoing basis
- ❖ May not like what you see...
  - But that's all the more reason to do evaluation and institute improvements where necessary
- ❖ Look for:
  - NIHL rates, number workers exposed above 85 dBA, average exposure levels, HPD use, etc



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### Non-Occupational Noise

- ❖ Employers interested in non-occupational exposure
- ❖ Lots of sensational media reporting
- ❖ Little evidence of non-occupational NIHL
- ❖ If high occupational exposure, non-occupational noise insignificant

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### Non-Occupational Noise

- ❖ Hearing can be damaged by non-occupational activities, of course... For example:
  - > Shooting (especially without HPDs)
  - > Active duty/Guard military service
  - > Excessive exposure to noisy non-occupational activities
  - > Ototoxic exposures
- ❖ Best way to prevent non-occupational NIHL?
  - > Education received as part of HLPP



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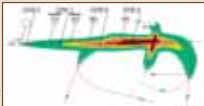


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### Community Noise

- ❖ Noise is consistently rated among the most annoying community issues in the US
- ❖ Lots of sources... Can anyone think of any?

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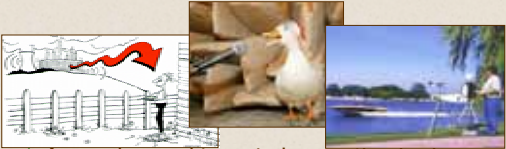
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## Community Noise



- ❖ Approaches used to control occupational noise exposure also work for community noise
- ❖ One difference:
  - With occupational noise, we want to prevent NIHL
  - With community noise, want to prevent NIHL, health effects, AND annoyance

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## Recommended Exposure Levels

Effect	Situation	Effect Threshold	
		Metric	Level (dBA)
<b>Any Hearing Impairment</b>	Occup	8-hr average	75
	Environ	24-hr average	70
<b>Hypertension</b>	Occup	8-hr average	<85
	Environ	Day-Night average	70
<b>Ischemic heart disease</b>	Environ	Day-Night average	70
<b>Annoyance</b>	Occup	8-hr avg	<85
	Environ	Day-Night average	42
<b>Performance</b>	School	Day average	70
<b>Sleep disturbance</b>			
⚡ Sleep pattern	Sleep	Night average	< 60
⚡ Sleep quality	Sleep	Night average	40
⚡ Mood next day	Sleep	Night average	< 60

Adapted from Passchier -Vermeer, *EHP* 2000

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## Conclusion

- ❖ Preventing Hearing Loss
  - Hearing loss = Safety hazard, social isolation
    - Cannot be reversed with hearing aids, surgery, etc.
    - About 10 million US workers have NIHL
  - HLPPs (and especially noise controls) are best protection from NIHL
  - Hearing loss NOT necessary for growing old
  - Noise can be confusing, but there's a solution to any exposure problem...

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Questions



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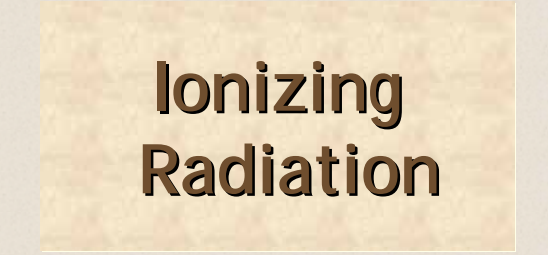
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Next Lesson



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Questions



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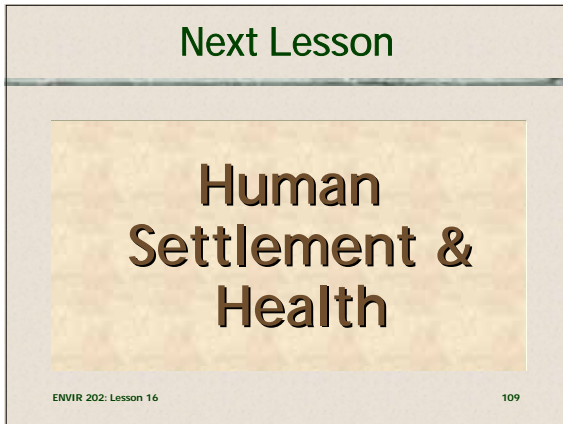
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Next Lesson

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**Human  
Settlement &  
Health**

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