

**MEDICAL UNIVERSITY OF SOUTH CAROLINA
RADIATION SAFETY OFFICE
DOUBLE BADGE PROGRAM GUIDELINES**

Individuals who participate in the Double Badge Program must sign this form indicating they understand these guidelines and return it to the Radiation Safety Office.

1. The Radiation Safety Office will determine eligibility for participation in the double badge program.
2. All employees present during fluoroscopic procedures shall wear a lead apron and a personal monitoring device (life threatening medical emergencies take precedence over this policy). All Double Badge Program Participants shall wear a thyroid shield in addition to a lead apron. The double badge system accounts for the reduction in the actual dose an individual receives while wearing a lead apron. The effective dose equivalent (EDE) that is posted to a double badge program participant's permanent record will be calculated as follows:

$$\text{EDE} = 0.04(\text{collar badge}) + 1.5(\text{waist badge})$$

3. Double Badge Program Participants shall wear the collar badge (red body figure) outside the lead apron at the collar and the waist badge (yellow body figure) under the lead apron at the waist. Ring badges shall be worn on the index finger.
4. The Radiation Safety Office recommends that double badge program participants use eye protection in addition to a lead apron and thyroid shield.
5. If your waist badge is not returned to the Radiation Safety Office, the reading on the collar badge worn outside the lead apron will be recorded as the dose of record. All doses will be posted in permanent records. All regulations concerning maximum permissible doses will be followed.
6. Your Permanent Lifetime Total is posted with 400mrem for each collar badge not returned and 4000mrem for each ring dosimeter not returned.

By my signature below, I understand that the calculated effective dose equivalent will be assigned as my permanent dose of record only if I wear my assigned collar badge outside my lead apron and my assigned waist badge under my lead apron.

Series	Department/Division	SSN	Date
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Print Name	Signature
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