Policy Statement 6.14 – Radiation Safety

1. Introduction

1.1. The radiation doses delivered by dental radiographic equipment to patients whilst usually low, vary according to the type of equipment used. Radiation protection is important for occupational exposure of dentists and their staff, as well as for the population at large as dental patients.

1.2. The Code of Practice and Safety Guide “Radiation Protection in Dentistry” (2005) published by the Australian Radiation Protection and Nuclear Safety Agency establishes the responsibilities of those involved in dental radiology, the requirements for equipment and siting, image receptors and film processing, and procedures to minimise exposure to ionising radiation.

1.3. The Royal Australian and New Zealand College of Radiologists publishes Position Statements, Guidelines, Policies and Practice Guidelines on medical radiology.

1.4. Dento-maxillofacial radiology is a recognised by the Board as a speciality of dentistry.

1.5. Radiology is regulated by the States and Territories.

Definitions

1.6. BOARD is the Dental Board of Australia.

1.7. DENTAL PRACTITIONER is a person registered by the Board to provide dental care.

1.8. DENTAL RADIOLOGY is the imaging of and diagnosing of diseases and developmental conditions of the teeth and jaws which are hidden from direct view on the surfaces of teeth and oral tissues.

1.9. MEDICAL PRACTITIONER is a person registered by the Medical Board of Australia to use the title Medical Practitioner and be recognised to receive Medicare and other benefits.

1.10. RADIATION SAFETY ACT is a Federal, State or Territory Act that regulates the practice of radiology.

1.11. RADIOGRAPH is a digital or analogue image generated by the interaction of x-ray photons with an image receptor subsequent to the passage of x-ray photons through an object.

2. Principles

2.1. Radiation safety practices ensure that patients, dentists and allied dental personnel are exposed to the minimum of risk while taking advantage of the diagnostic benefits of dental radiology.

2.2. Attaining the lowest reasonably achievable radiation exposure and maximum diagnostic outcome is applicable to all dental radiology.

2.3. Optimal imaging, quality control and interpretation of images is essential to achieve the maximum diagnostic capability in all radiography.

2.4. Dental radiography and radiology require appropriate training.

3. Policy

3.1. Dental radiography should only be prescribed by appropriately trained and qualified dental and medical practitioners.

3.2. Dental radiography should only be performed by suitably trained personnel.

3.3. Dentists and allied dental personnel must take all practical measures to minimise the risks of radiation.

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1 This Policy Statement is linked to other Policy Statements: 5.15 Consent to Treatment & 6.22 Dento-Maxillofacial Cone Beam Volumetric Tomography
exposure during dental radiography.

3.4. Optimal imaging and quality control must be achieved when radiographs are taken.

3.5. Any authority which develops radiation safety codes, guidelines and/or standards, relevant to dentistry, must seek expert dental opinion from the ADA.

3.6. Radiation safety regulations, codes, standards and guidelines for dental practice should be evidence based and uniform nationally.

3.7. Radiation Protection in Dentistry. Radiation Protection Series Publication No. 10, December 2005 (ARPANSA) should be used by the Board and practice accreditation authorities as the standard for radiation safety in dentistry.

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