

**International Conference on Occupational Radiation Protection:
Strengthening Radiation Protection of Workers –Twenty Years of Progress
and the Way Forward**

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Implementation of radiation protection committee in a university hospital

Aim: to describe the steps of constitution and the work plan of the new radiation protection committee in our University Hospital

Introduction: Military hospital of Tunis is a University Hospital using radiation in many fields: radiology, nuclear medicine and interventional procedures. As it started an accreditation process since 2018. We had decided to establish a specialised committee for the radiation protection to compensate the lack of regulation and to set up a control of ionising radiation exposure.

Steps of constitution:

We had integrated a representative member from every medical department using ionising radiation, the occupational medicine and the technical support service. We had prepared an action plan and took the approval from the medical committee of the hospital.

Action plan of the committee:

- Identification and categorization of all exposed workers:
 - o identification of all ionising radiation sources
 - o identification of all the operating workers
 - o setting up an exposition monitoring and a medical follow up
- Training of exposed healthcare workers in radiation protection issues
- Patient radiation protection: verifying the conformity to diagnostic reference levels and ALARA principle
- Patient Information: area signalisation, dosimetry data in the medical report

Results:

We identified five departments using ionising radiation (Radiology, Nuclear Medicine, Cardiology, Gastroenterology and Surgery operation bloc).

One hundred eleven workers are professionally exposed to radiation. All of them are monitored by the occupational medicine department, they all have TLD dosimetry records under the control of the “National Radiation Protection Centre”.

We found a lack of radiation protection means in many departments (not enough lead coats, no lead glasses, no active dosimeters). No specific training for technicians in surgery and gastroenterology.

The Committee decided to acquire all necessary tools for radiation protection off all the workers and prepared a technical specification sheet to buy lead coats, lead glasses and a platform for active dosimetry. All these acquisitions have been done, in short time, with the help of the hospital administration.

The radiation protection committee has designed a training program with the help of the DPC “Continued Personnel Development” committee and started to give a cyclic course for each category of exposed workers.

Conclusion:

Radiation protection issues in our university hospital are now better taken into account.

The staff are more aware of this dangerous activity and the administration is aware of the need to procure all necessary tools to maintain the exposure under the regulatory limits.

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