

# Optimization of Radiation Protection for Medical Staff

#### **Conclusion**

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- A lot of systematic measurements done: both IR/IC and NM
  - Large and usefull database
  - With realistic dose values
- Estimation of influence of RP measures: quantification
- Of course some limitations:
  - Correct use of RP measures?
  - Some parameters not measured (like time in NM)



- A lot of systematic simulations done: both IR/IC and NM
  - Very good and extensive results
  - Influence of different parameters separately is quantified
- Eye lens dosimetry
  - H<sub>p</sub>(3) formalism, calibration phantom, conversion coefficients
  - First dedicated eye lens dosemeter



- Estimation of annual doses
  - Important input for monitoring requirements
- We found some very high doses
- Positive message: the doses can be much lower if proper procedures and measures are taken
- Important for NM
  - Ratio's established between dosemeter and maximum dose



- Active personal dosemeters
  - Systematic tests in pulsed fields
    - Show limitations of current systems
    - Points of attention (energy, angular, dose rate)
  - Improved prototype, specially for IR/IC



• Practical recommendations

• Training material

• Dissemination through professional societies, conferences, publications

• We will continue to disseminate the results



## **ORAMED:** FUTURE

- ➤ ORAMED database of measurements
  - Reference for many years to come
- ➤ Use the ORAMED data for epidemiological studies
- > Improved monitoring of eye lens
- > Improved monitoring of extremities
- ➤ Lead to improved protection and lower doses for the staff
- ➤ More work ahead, new application for FP7?
  - ➤ Biological effects?



#### **ORAMED:** THANKS TO...

- All the hospitals where we have done measurements
- EC FP7: accepting the project (importance) and financial contribution
- Participating institutes: partially funded this project
- Partners
  - The many hours spent in hospitals following procedures
  - WP leaders





