Report on the Pre-Conference Workshop for Asia and the Pacific

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Participation

- 21 Member States from Asia-Pacific Region
- 43 participants (including experts)
- Local organization:
  National Environmental Agency, Singapore
  Ministry of Foreign Affairs, Singapore
Member States attended

- Australia
- Bangladesh
- India
- Indonesia
- Iran
- Iraq
- Japan
- Jordan
- Kuwait
- Korea

- Lebanon
- Malaysia
- Mongolia
- Myanmar
- Pakistan
- Philippines
- Singapore
- Sri Lanka
- Thailand
- United Arab Emirates
- Vietnam
Justification and Optimization

- Adopting an ‘all-hazards’ approach to justification

- Justification of population medical screening programs
  – co-operation between regulatory body, Department of health and professional bodies

- Acceptance of justification decisions across borders

- Subjective nature of good –vs– harm leads to inconsistent decision – making

- It may be helpful for the regulatory body to publish a list of justified and non-justified practices
Graded Approach

• Issues related to exemption and clearance include
  – consistency in applying the criteria for exemption and clearance
  – exemption criteria for multiple sources

• Many governments adopt a *de facto* conservative approach and this is reflected in the regulatory system and regulatory approach

• Need to screen potentially contaminated items (e.g. recycled steel) prior to export (and import). This is important to facilitate international trade

• Setting and monitoring compliance with dose constraints

• Potential for greater use of the graded approach?
Occupational Exposure

- Establishing controlled and supervised areas for site radiography
- Smaller countries have difficulty maintaining expertise in specialized work such as internal dosimetry
- Classification of workers such as cleaners - who decides
- Interpretation of a ‘significant dose’ (para. 3.100)
- Define controlled and supervised areas on the basis of contamination (as well as or instead of dose rate)
- Responsibilities during bankruptcy
Occupational Exposure

• Monitoring the dose to the lens of the eye

• Encouraging occupationally-exposed workers to be monitored

• Public dose limit – what is its value as it cannot be measured directly?
Medical Exposures

- Guidance is required on the establishment and use of Diagnostic Reference Levels (DRLs).
- Increasing range of medical professionals who work with radiation – these all need to be trained
- Shortage of trained medical physicists
- Co-ordination between multiple responsible authorities
- Establishing and documenting quality assurance programs
- Developing a strong safety culture and how the regulator can promote it
Existing Exposure Situations

- Decision-making on justification
- Establishing and applying reference levels as a part of optimization
- Stakeholder involvement
- Graded approach to ‘managing’ air crew exposure
- International guidance on radionuclides in drinking water is confusing
- Online trade in commodities/consumer products
- For large countries, can different reference levels be applied in different regions for radon exposure?
Non-Medical Human Imaging

- Dealing with justification decisions
- All exposures of children, even with parental consent
- Balancing individual rights against societal interests
- Multiple scanning of individuals (at borders and as part of security screening)
- Establishing dose constraints for specific practices
NORM

- Use of a graded approach
- Deriving measurable values (Bq/kg) that correspond to 1 mSv
- Definition of ‘bulk material’
- Interpretation of the term ‘of the order of…’ (this also applies to other situations)
Emergency Preparedness

• Combining normal and emergency exposure as part of a control on lifetime exposure of workers

• Transition to an existing exposure situation

• Coordination between the regulatory body and emergency response organizations

• Establishing reference levels as part of emergency preparedness
PRIORITIES IDENTIFIED IN WORKING GROUP DISCUSSIONS
Planned Exposure Situations

- Assessing compliance with the occupational dose limit for the lens of the eye
- Shortage of qualified experts, in particular medical physicists
- Establishing and applying Diagnostic Reference Levels
- Non-medical human imaging
- Justification of practices
- Competence (staff skills etc.) of the regulatory body
- Developing a safety culture among licensees
Emergency Exposure Situations

- Lack of integrated national policy for all emergencies
- Defining the role and responsibilities of the regulatory body
- Managing the exposure of emergency workers
- Setting reference levels
- Establishing baselines for radiation exposure
- Transition to an existing exposure situation
- Public education before an accident occurs
Existing Exposure Situations

• Optimization in the range 1-20 mSv
• Public focus on value of 1 mSv, which is used in several different situations and with different meanings
• Clearance of bulk material, esp. NORM
• Establishing reference levels for radon, food, drinking water etc. above 1 mSv
• Lack of national regulations
• Developing radon maps
• Managing legacy sites, inc. remediation
• Financing NORM clean-up
• Air crew exposure – if/how to manage using a graded approach
Thank you!