

# ICRP: Developments since the 1<sup>st</sup> International Conference on Occupational RP in 2002

**International Conference on Occupational Radiation Protection: Enhancing the  
Protection of Workers – Gaps, Challenges and Developments**

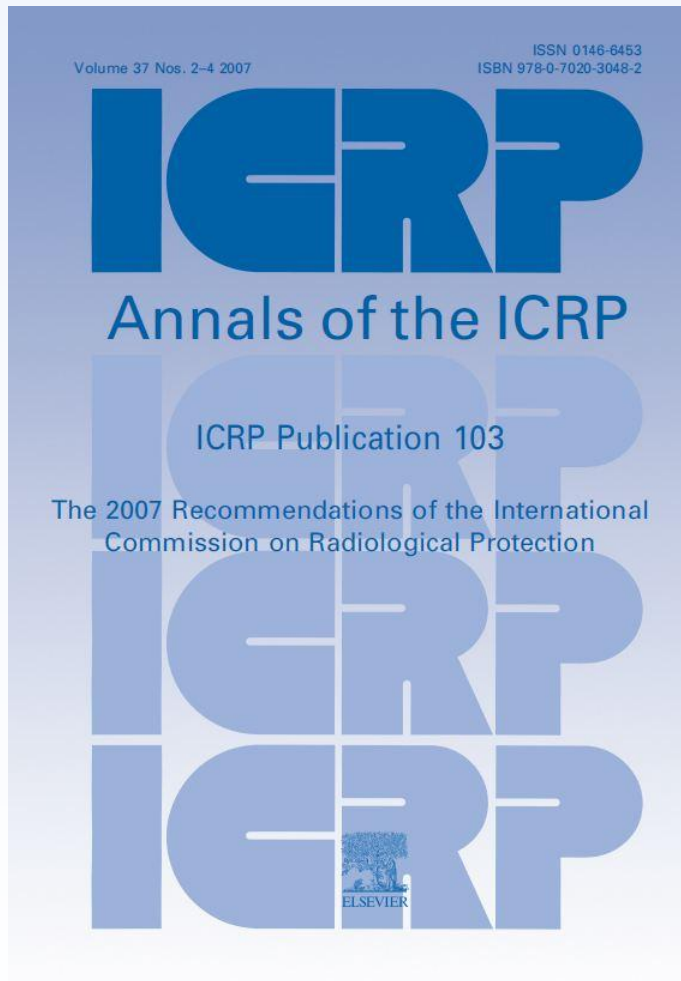
Session 1: International recommendations and standards on occupational radiation  
protection: Recent changes and the challenges in their practical implementation

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# Publication 103

## 2007 Fundamental Recommendations



- Move to planned, existing, and emergency *exposure situations*
- Optimisation applies universally
  - Use constraints to aid optimisation
- Declared pregnant workers:
  - Dose to embryo/fetus < ~1 mSv
  - Avoid accidental doses and radionuclide intakes
  - Avoid emergency actions with high dose

# *Publication 118*

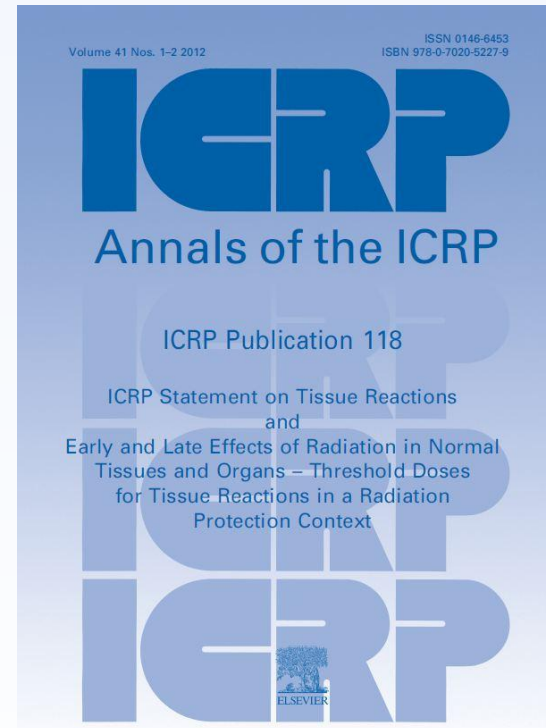
## **Dose Limit to the Lens of the Eye**

Threshold for cataract of the lens of the eye now considered to be 0.5 Gy

- Acute or protracted
- About 10x lower than previously thought

Eye dose limit for occupational exposure in planned exposure situation:

- 20 mSv/y, averaged over 5 y, no single year exceeding 50 mSv
- About 8x lower than previous 150 mSv/y
- Equal to whole-body dose limit
- Optimisation is explicit

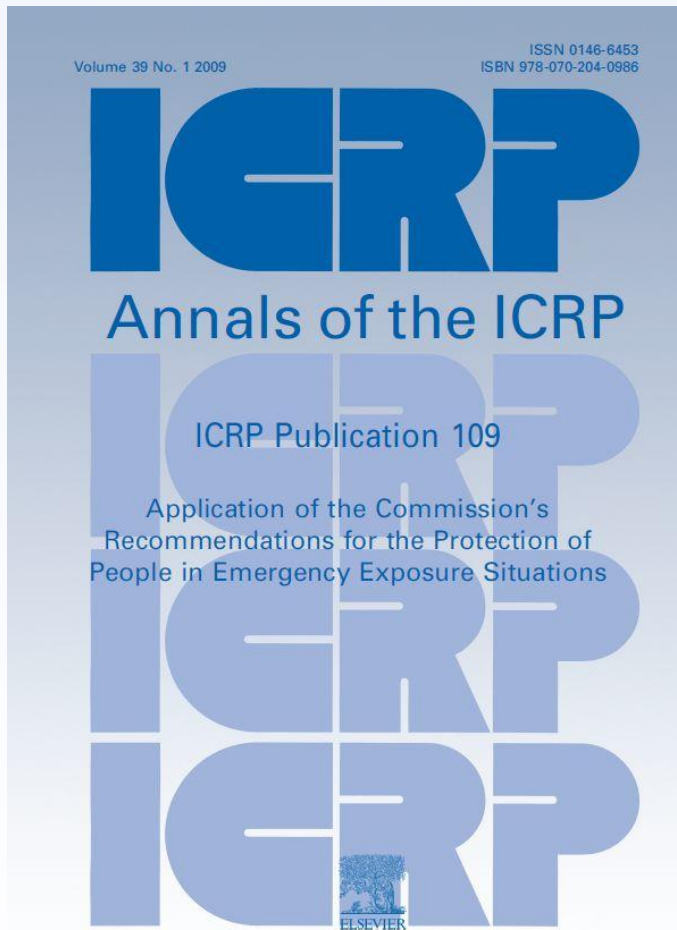


# Emergencies

- Ideally, manage protection as in normal circumstances
- Flexibility and possibly relaxation of normal controls may be needed
  - Avoid doses  $> 0.5$  or  $1$  Sv except for voluntary life-saving
- Once the emergency is under control, remedial work should be treated as “normal” occupational work
  - Doses in emergencies should be treated separately from any normal doses

# *Publication 109*

## Emergency Exposure Situations



- For early protective actions (not urgent actions on site or recovery actions):
  - Optimize protection below a reference level equivalent to occupational dose limit
- Pregnant/nursing avoid emergency role with doses  $>1$  mSv or significant contamination

# ICRP Task Group 93: Update to *Publications 109 and 111*

*“...occupational protection is not specifically tailored to workers who are not ‘radiation’ workers ... [e.g.] rescuers ... volunteer workers ...” (TG84)*

## **Some key issues**

- Distinctions between responders on and off site
- Distinctions between phases of emergency/recovery
- Levels of preparation of responders prior to emergency
- Handling recovery workers who received  $>100$  mSv in the emergency

*An ongoing effort – expect public consultation in 2015/16*

# Summary

- The ICRP System of Radiological Protection for occupational exposures is robust, and has been stable for decades
- This is particularly true for planned exposure situations (previously “practices”) where there has been almost no need for change
- Drawing on experience from the Fukushima Daiichi accident, refinements are underway for occupational exposure in emergency and existing exposure situations



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