# ICRP and NORM exposure: a report in preparation

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#### TG 76 on Protection against NORM Exposure

- Launched in 2007 (Peter Burn chair), membership updated in 2013 (J-Francois Lecomte new chair)
- To develop a report on the application of the Commission's recommendations (ICRP 103) on radiological protection against enhanced exposures from industrial processes using NORM
- RP System mainly focused on medical staff before WW2 and on nuclear industry after (ICRP 26, 60)
- Concerns about accidents, legacy, natural → ICRP 103
- From practices/intervention to Existing/Planned/Emergency ES
- + Stakeholder involvement
- Series of C4 reports on Existing ES: ICRP 111, 126, 132 + NORM + TG98
- Public consultation expected in 2017



#### TG 76 Membership

#### • Members:

- Jean-Francois Lecomte chair (France)
- Dejanira da Costa Lauria (Brazil)
- Philip Egidi (USA)
- Astrid Liland (Norway)
- Fu-dong Liu (China)
- Mika Markannen (Finland)
- Peter Shaw (UK)

#### Corresponding members:

- Stefan Mundigl (EC)
- Haridasan Pappinisseri-Puthanveedu, replaced by Halil-Burçin Hokyar (IAEA)

#### C4 critical reviewers:

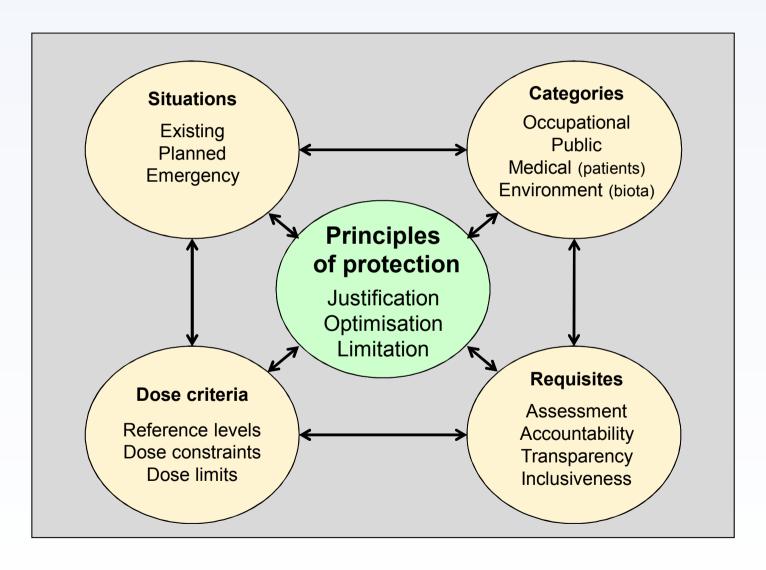
- Analia Canoba (Argentina)
- Thiagan Pather (South Africa)

#### MC critical reviewers:

- Carl-Magnus Larsson (Australia)
- Sergey Romanov (Russia)



# The ICRP System of Protection



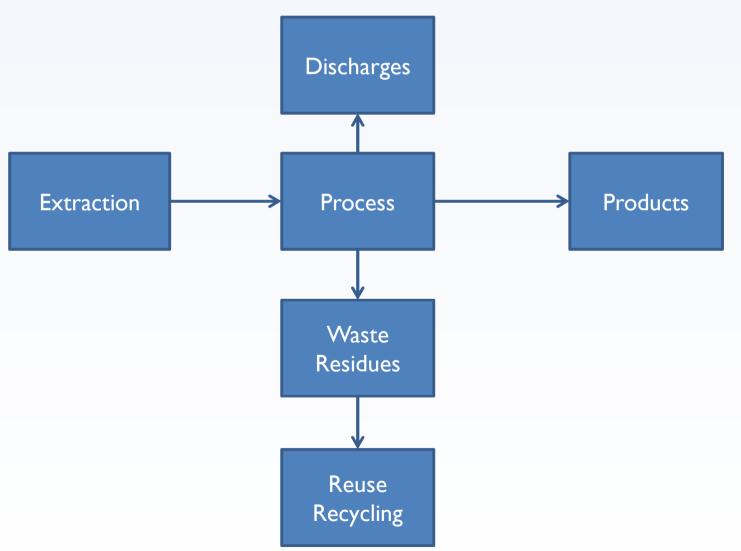


### NORM in the ICRP system of RP (1)

- NORM are existing exposure situations (ES), because the source is not deliberately introduced, it already exists when a decision on control is taken; concentration and dissemination of radionuclides are incidental
- Given the situation, some control is needed and should be provided; the level of protection should be commensurate with the risk
- A NORM activity is a planned ES when the materials are used for their radioactive properties
- NORM present no real prospect of radiological emergency
- Whatever the ES, ICRP recommends a common approach (although nuances): optimisation under dose restriction



# **NORM** cycle



## NORM in the ICRP system of RP (2)

- NORM can lead to public exposure, occupational exposure, environmental exposure
- Justification of establishing control is necessary
- If control justified, exposures are managed by optimisation of protection to keep doses, number of people exposed and likelihood of incurring exposures ALARA
- RL (or DC) in the 1-20 mSv/y band or below, as appropriate
- Characterisation of the situation is the 1<sup>st</sup> step, to determine the need for control and the level of control
- A graded approach is needed
- Radon and thoron exposures should be managed separately according to ICRP 126



#### Protection of workers: the approach

- Multi-hazard situation; radiation generally not the dominant risk → integrated approach (all risks)
- Graded approach according to:
  - Selection of the RL
  - Selection of the requisites
  - Implementation of selected requisites
- Workers can be occupationally exposed or not
- If not, treated in the same way as members of the public



#### Protection of workers: RL (or DC)

- Selected in one of the 3 following bands as relevant:
  - <1mSv/y
  - From 1 mSv/y to a few mSv/y
  - From a few mSv/y to 20 mSv/y
- RL is the starting point of the optimisation, not the goal



#### **Protection of workers: Requisites**

• 2 series:

 1 more related to the control of the workplace and the conditions of work (whatever who is the worker)

• 1 more related to the control of individuals (personally)

 With a graded implementation according to the risk and the context

#### Protection of workers: 1st series of requisites

- Characterisation of the situation (who is exposed, when, where, how): Sources (materials), pathways, exposed individuals, dose distribution, releases, evolution; ±detailed, realistic, taking account of existing precautions (for other than radiation)
- Suitable RP expertise (internal or external)
- Initial actions to prevent or reduce the hazard (e.g. alternatives, change of the process...)
- Demarcation of areas (+ signing using or not RP symbols)
- Engineered control (to restrict chronic exposure: design and layout of facility, retrieval and containment of materials, ventilation system...)
- Working procedures (to restrict time of exposure)



### Protection of workers: 2<sup>nd</sup> series of requisites

- Instruction and training: proportionate to the risks and the involvement of worker in their management; not necessarily related to the level of the RL
- PPE (as relevant, related to radiation risk)
- Dose assessment: in perspective of optimisation
  - Method depending on radionuclides & pathways
  - Workplace/individual monitoring
  - Realistic assumptions
  - Periodic reassessments
- Dose record: both workplace data and individual data
- Health surveillance: if relevant, presumably in a few cases, sometime for other hazards



#### Protection of public and environment

- Discharges: Both liquid & gaseous; radioactive or not
- Waste: Solid materials with no use planned; radioactive and not; large volume/low concentration + small volumes/high concentration; to be addressed from generation to disposal (if possible)
- Residues: Recycled and reused, with economic & ecological arguments; may be a new process (with occupational exposure); result is either consumer products or a new ES; may be an issue (easiest to manage as residue than as waste)
- Building materials: Radionuclides from raw materials or NORM residues
- Legacy sites: NORM at the origin of many legacy sites; an issue for TG98

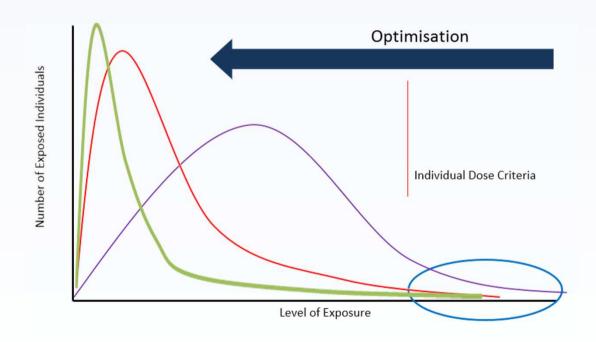
#### Protection of the environment

- May be an issue with NORM
- Dealt with together with protection of public
- Not only protection of biota
- But also protection of the overall quality of the environment
- No prospect for emergency but accidental release of large volume of NORM can result in environmental damage
- In existing ES, protection of public and environment may require remediation and durable institutional control

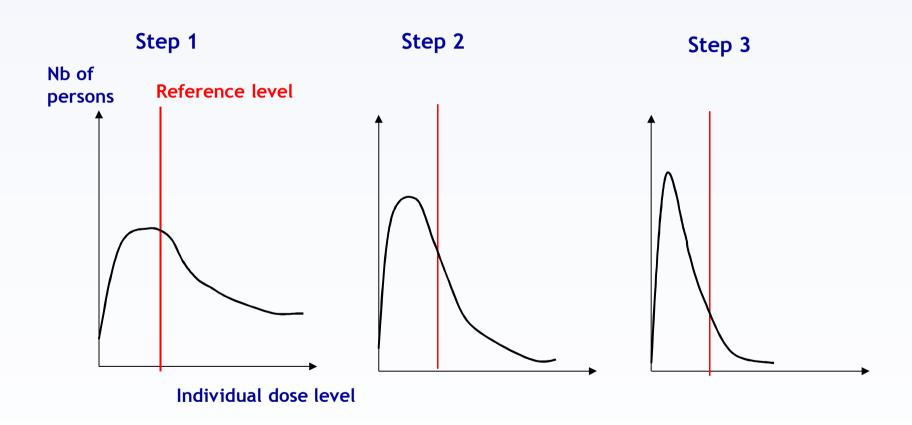


# **Optimisation and Dose Criteria**

- Identify exposures which warrant specific attention to reduce their magnitude
- Influence the entire dose distribution and shift exposures towards lower values
- Reduce inequity



# Emergency and Existing Situations: (step by step process)



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