

# The IAEA Safety Standards: from Science to Regulation

Division of Radiation, Transport and  
Waste Safety

Radiation Safety and Monitoring Section

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International Atomic Energy Agency

# Overview of the presentation

- IAEA's role in the system of radiation protection
- Safety Standards - way to harmonize radiation protection approaches
- Understanding of radiation effects - one pillar of radiation protection
- Radiation protection in the view of the Daiichi NPP accident – points to address?

# IAEA's Role in Radiation Safety

... to **(1) establish or adopt**, in consultation and, where appropriate, in collaboration with the competent organs of the United Nations and with the specialized agencies concerned, **standards for safety for protection of health and minimize of danger to life and property**, and to **(2) provide for the application of these standards**..., at the request of the parties, ... or at the request of a State...

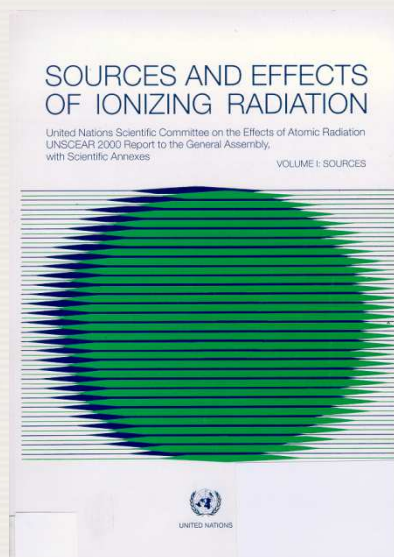
from the Statute of the IAEA, Article III.A.6

# Why there is a need for International Safety Standards

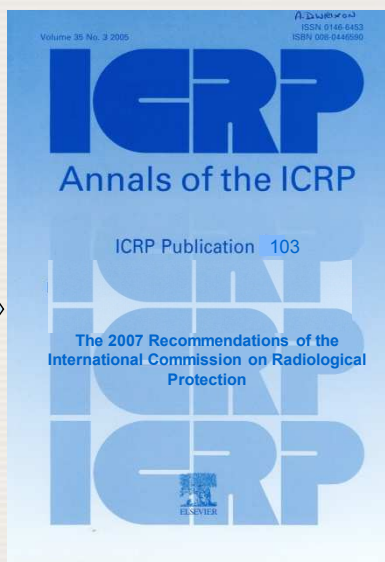
While radiation protection and safety is a national responsibility, international standards and approaches:

- (1) promote **consistency**;
- (2) help to **provide assurance** that nuclear and radiation related technologies are used safely; and
- (3) facilitate **international cooperation and trade**.

# Preparing Standards – Road from Science to Regulations



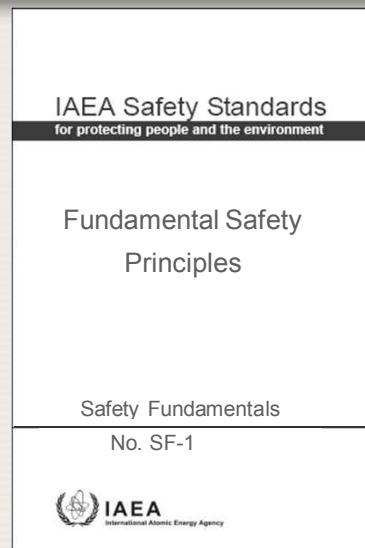
Effects of radiation



Recommendations for protection

**REVISED  
in 2007**

\*



**Essential principles  
(moral obligation)**



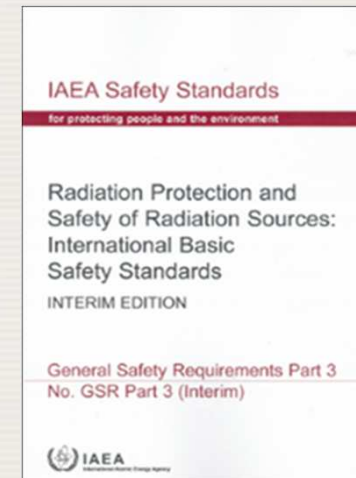
**REVISED  
in 2011**

**Essential requirements  
(legal obligation)**

# GSR Part 3: International Basic Safety Standards - holistic approach

The structure of the revised BSS follows the ICRP recommendations, ICRP Publ.103, 2007 in order to encompass all situations

- ***three exposure situations***
  - planned
  - emergency
  - existing
- ***three categories of exposure***
  - occupational
  - public
  - medical



# GSR-Part 3: Clearly defined responsibility

To establish and maintain a legal, regulatory and organizational framework

→ **Government**

To establish or adopt regulations and guides

→ **Regulatory body**

**Prime responsibility for protection and safety**

→ **Person or organization responsible for facilities and activities**

→ **Principal parties (registrants and licensees, employers, RMP, designated persons)**

**Specified responsibility for protection and safety**

→ **Other parties** (suppliers, RPO, experts, workers, etc.)

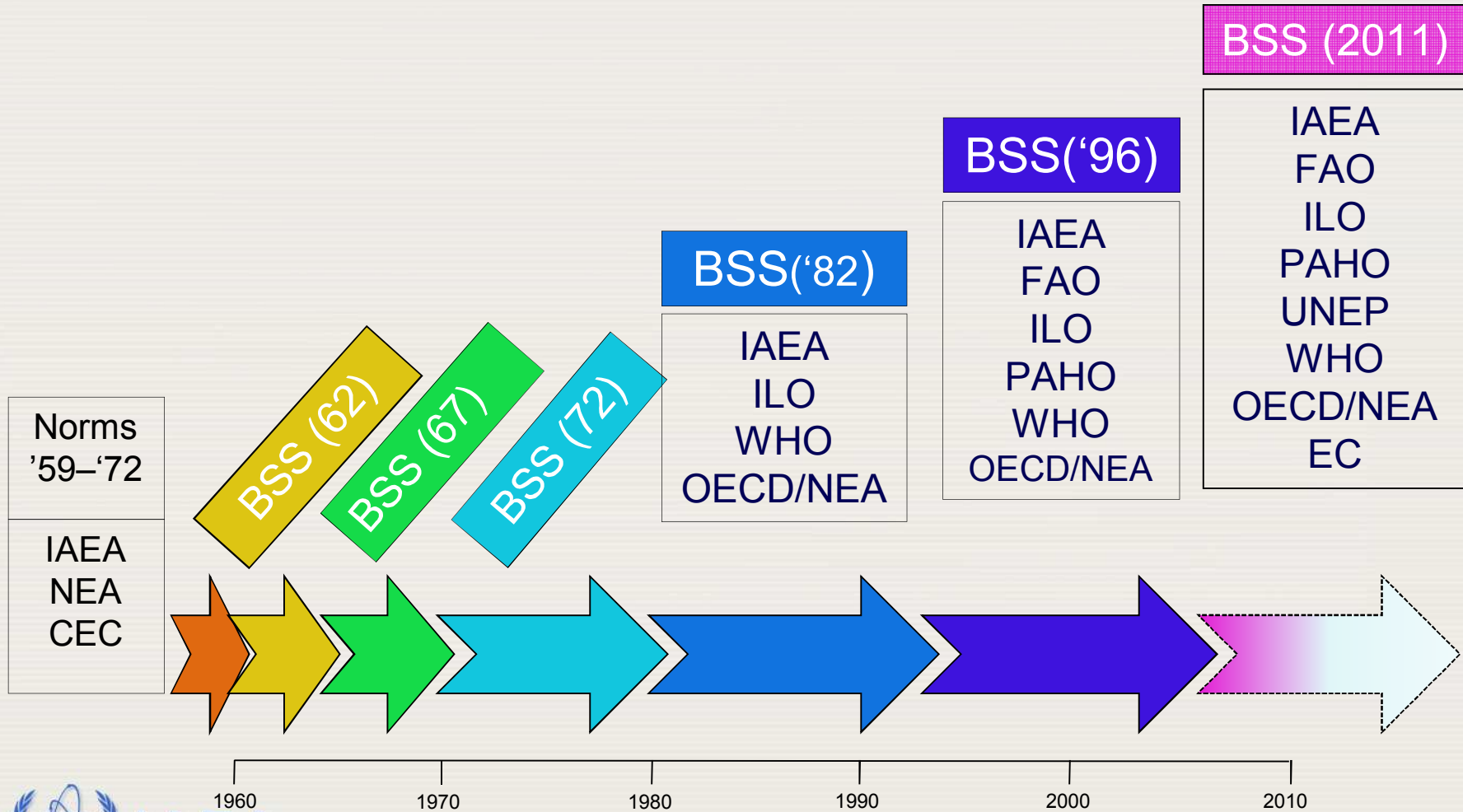


## GSR-Part 3: Dose limits

<b>Dose limits as in BSS 1996 and GS-R-Part 3, 2011*</b>			
	<b>Occupational exposure</b>		<b>Public exposure</b>
	over 18 years of age	16 to 18 years of age	
<b>Whole body</b>	<b>20</b> mSv averaged over 5 years max <b>50</b> mSv in a single year	<b>6</b> mSv	<b>1 (5 in a special circumstances) (1*)</b> mSv
<b>Lens of the eyes</b>	<b>150 (20*)</b>	<b>50 (20*)</b> mSv	<b>15</b> mSv
<b>Skin, extremities</b>	<b>500</b> mSv	<b>150</b> mSv	<b>50</b> mSv



# Complexity – need for involvement of a large number of intl organizations with their specific mandate



# Classification of radiation effects for radiation protection purposes

- **deterministic effect** (harmful tissue reactions)
  - it **WILL (100%)** happen to **irradiated** person
  - effect is attributed to exposed individual
- **stochastic effect** (cancer or heritable effects)
  - it **MAY (?%)** happen to **some** persons
  - probability of an effect to a given individual of an exposed population

## Point 1: Two main goals in radiation protection

1. to **protect** against **deterministic** effects  
i.e. to establish physical and/or medical protection measures preventing them to happen
2. to **restrict** occurrence of **stochastic** effects  
i.e. to minimize probability of their occurrence by setting radiation protection principles and standards in considering social and economical factors

# How to protect against deterministic effects ?...

## relatively simple task:

### Science

- to research, describe and propose threshold doses (limits) under which deterministic effects are not observed

### Government/Regulator

- to **establish and maintain regulatory framework** which includes limits as a guarantee that deterministic effects will not occur

### Registrant and Licensee

- To **implement regulations** in its activities and facilities

### Public

- to **follow information** from the Authorities
- to **apply wisdom** to avoid activities that may lead to higher exposure

## However...

### how to protect against stochastic effects ?

There are certain complications:

- **no threshold** (unlike in deterministic effects),  
assumption: no dose level below which “nothing” happens
- **non-zero probability** of occurrence of cancer even with small doses
- occurrence of radiation induced cancer **hidden in natural occurrence** of cancer, i.e. not a simple task to detect it at an early stage

## ... and then: How to set dose limits ?

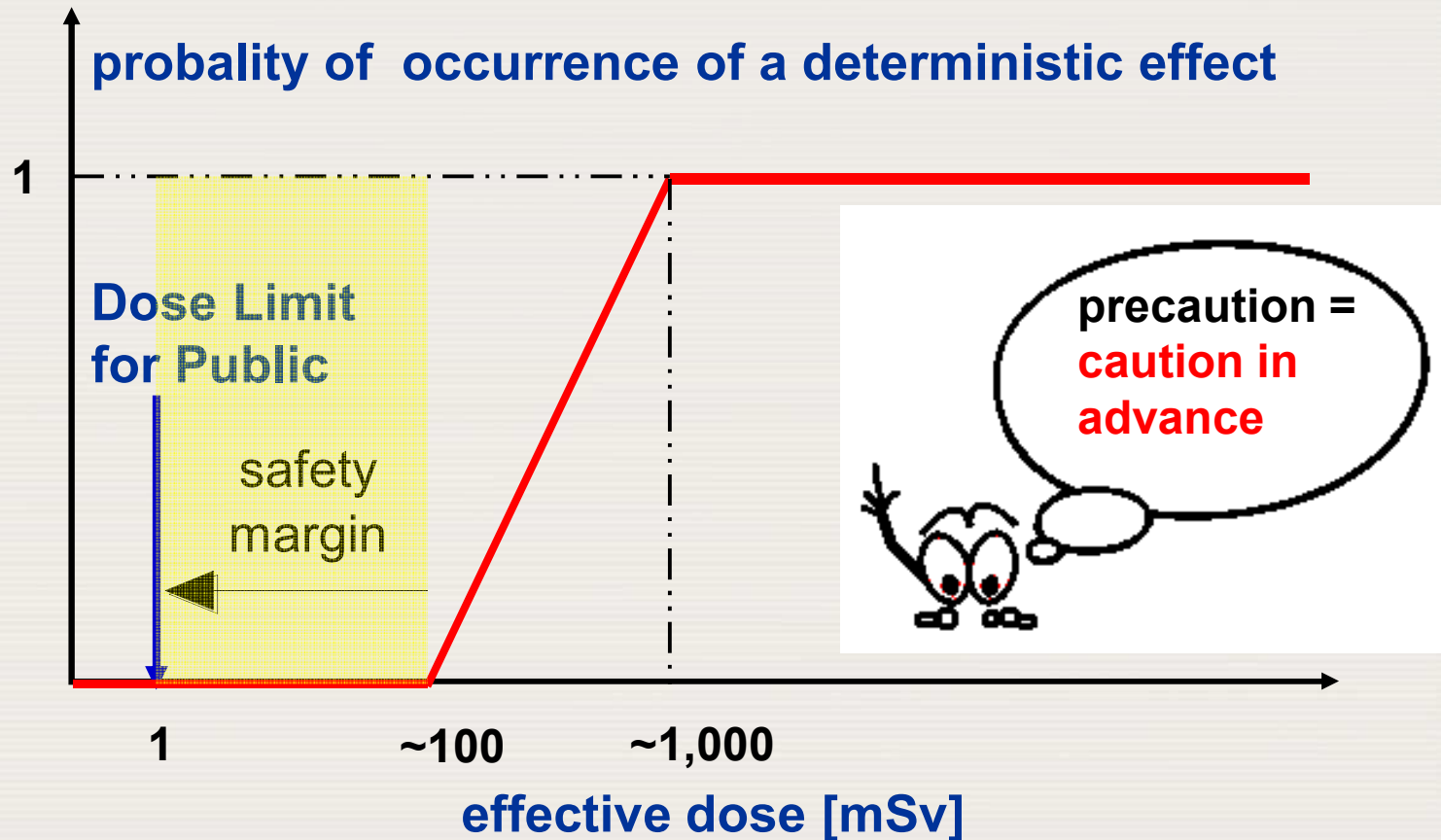
### if:

- for dose **below 100 mSv**: radiation risk is inconclusive, and in most cases can only be **theoretically assumed**
- even the **smallest dose** could cause some effect (so called **liner-non-threshold** model)

### and also if:

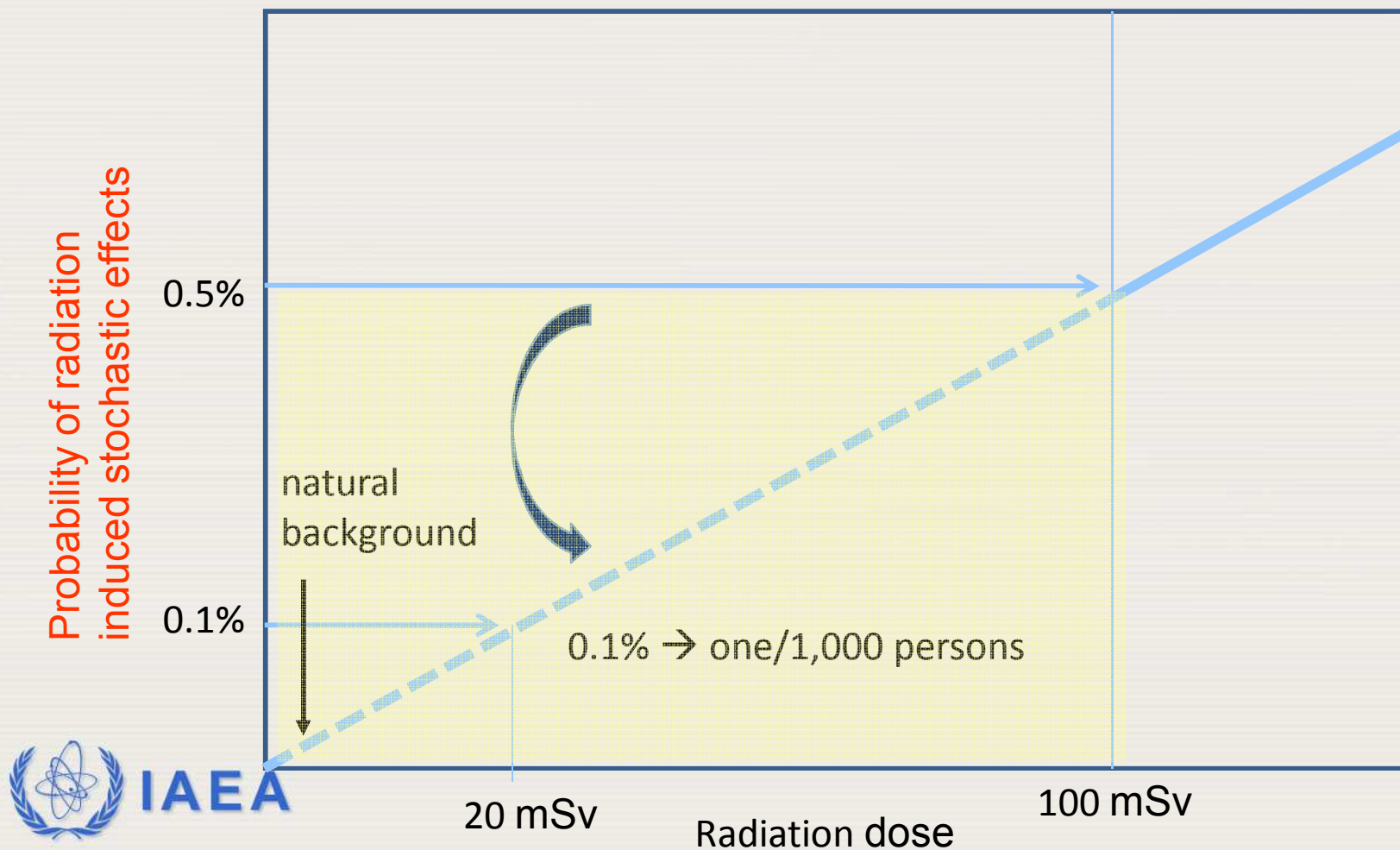
- even if for dose **around a few mSv** there is a radiation risk, this risk is **small** and incidence of radiation-induced cancer **cannot be distinguished** from general cancer rate

## Point 2: ... but there is a solution: dose limits are set on the precautionary principle



### Point 3: Below 100 mSv - no immediate effects - and delayed ones?

Yes, **stochastic effects may** occur with a small probability, and in proportion to the increase in dose over the background dose (ICRP Publ.103)





# THE Earthquake

- Date of occurrence: 14:46 on Friday, March 11, 2011
- Epicenter: Offshore Sanriku (38°N, 142.9°E), Depth of hypocenter: 24 km
- Magnitude: 9.0 (The largest in recorded history (130 years) in Japan. The U.S. Geological Survey Office placed the quake as the 4th largest in the world since 1900.)
- Seismic intensity:

- 7: Kurihara city, Miyagi prefecture

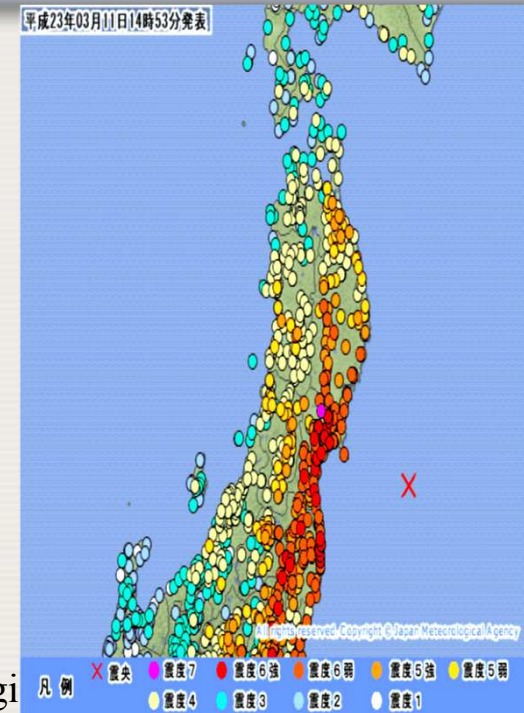
- **Upper 6**: Hitachi city, Ibaraki prefecture, Naraha-cho, Tomioka-cho, Okuma-machi, Futaba-cho, **Fukushima prefecture**, Natori city, Miyagi prefecture, etc.

- **Lower 6**: Ofunato city, Ishinomaki city, Onagawa-cho, Miyagi prefecture, Tokai village, Ibaraki prefecture, etc.

- **Upper 5**: Miyako city, Iwate prefecture, Fukushima city, Fukushima prefecture, Taihaku ward, Sendai city, Miyagi prefecture

- **Lower 5**: Kuji city, Iwate prefecture, Kariwa village, Niigata prefecture

- **4**: Rokkasho village and Higashidori village, Aomori prefecture, Kashiwazaki city, Niigata prefecture, Tadamicho, Fukushima prefecture



# THE Tsunami



**Minami Sanriku:**  
city literally “swept-out from  
the surface of the earth”  
(photos taken in August 2011)



Max (estimated) Tsunami height  
is **39 m** at Aneyoshi, Miyako City)



# THE nuclear accident and radiological consequences

## Dose rates in prefectures near Fukushima plants as of 24 March at 8:00

Regions and Prefectures of Japan



Prefecture/ Map reference	Dose Rate 24 March At 8:00- 9:00 ( $\mu\text{Sv/h}$ )	Normal Natural Radiation Dose Rate ( $\mu\text{Sv/h}$ )	Surface Contamination ( $\text{kBq/m}^2$ )	
			I-131	Cs-137
Yamagata (6)	0.083	0.025- 0.082	2.1	1.9
Ibaraki (8)	0.306	0.036 – 0.056	27	0.42
Tochigi (9)	0.135	0.030 – 0.067	23	0.099
Gunma (10)	0.092	0.017 – 0.045	0.31	ND
Saitama (11)	0.118	0.031 – 0.060	22	0.32
Chiba (12)	0.097	0.022 – 0.044	22	0.36
Tokyo (13)	0.139	0.028 – 0.079	36	0.34
Kanagawa (14)	0.094	0.035 – 0.069	1.3	0.064
Niigata (15)	0.047	0.031 – 0.153	ND	ND

Source: Ministry of Education, Culture, Sports, Science and Technology of Japan (MEXT)

public dose limit 1 mSv/y -  $\sim 0.1 \mu\text{Sv/h}$





## Point 4: Actions based on reference levels

Definition as in the revised BSS:

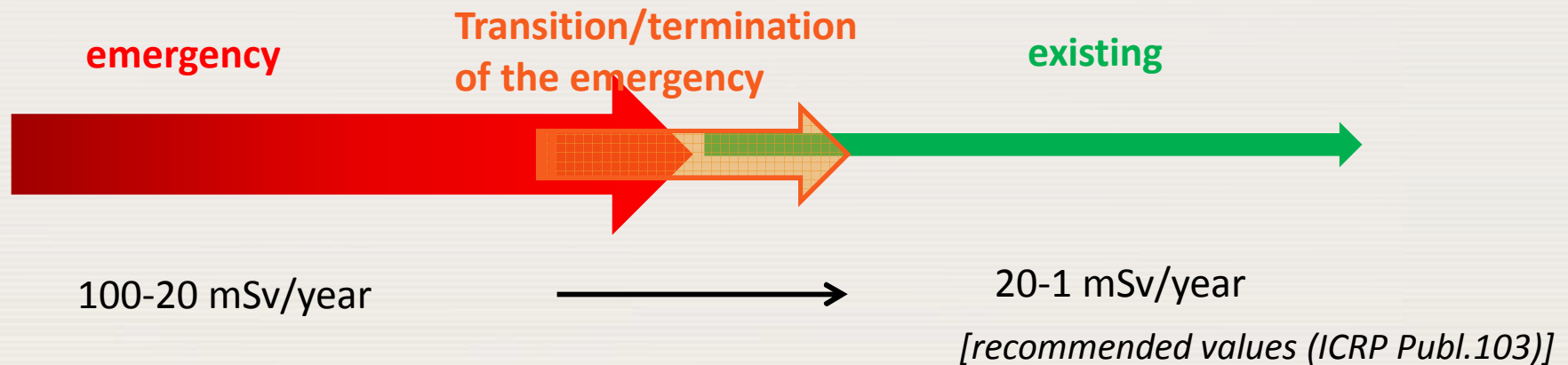
In an **emergency exposure situation** or an **existing exposure situation**, the level of **dose, risk or activity concentration** above which it is not appropriate to plan to allow exposures to occur and below which optimization of protection and safety would continue to be implemented.

⊖ The chosen value for a reference level will depend upon the prevailing circumstances for the exposure under consideration.

Reference levels are typically expressed as an **annual effective dose to the representative person**.

## Point 5: Transition from Emergency to Existing Exposure Situation

**By whom and at which values are reference levels set?**  
(an example for situation after accident)



**Government, regulatory body or another relevant authority**



**selects** an **appropriate values** to secure necessary activities be undertaken  
**or**

**(adopts** necessary **amendments** to existing laws (regulations) to secure it)



# Radiation protection – examples of points to address this week?

*Point 1: two main goals in radiation protection*

*Point 2: precautionary principle*

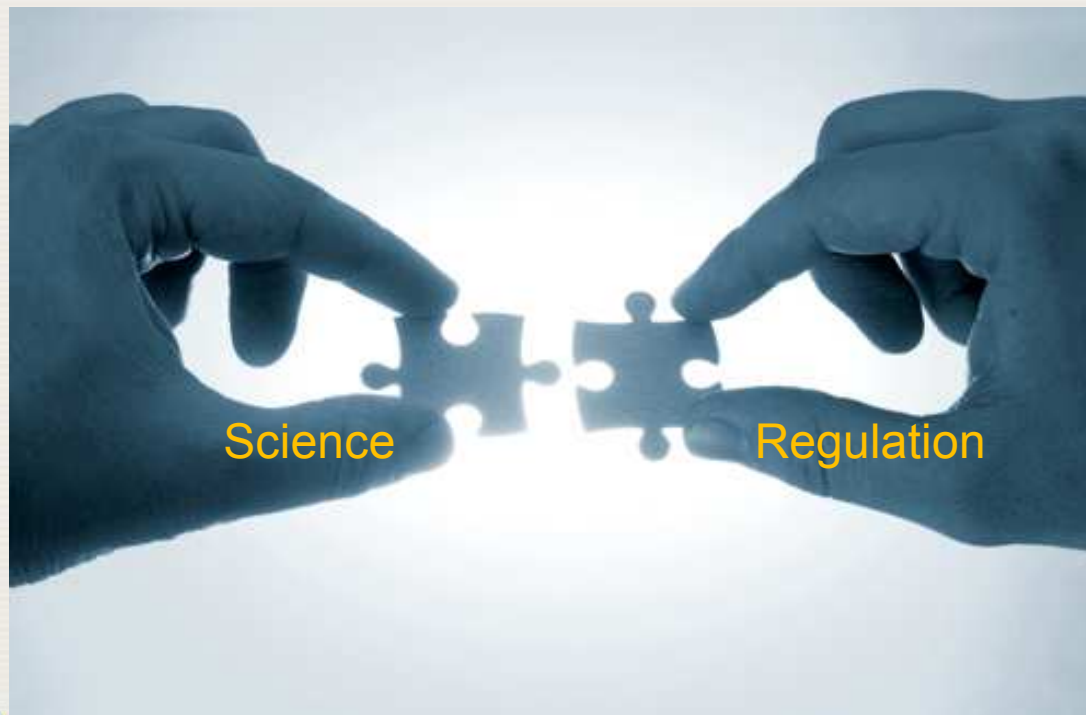
*Point 3: effects below 100 mSv*

*Point 4: actions based on reference levels*

*Point 5: transition from emergency to existing exposure situation*

**... and maybe there is a challenge for the  
radiation protection community**

***Do we provide sufficient and understandable  
information to help people make informed  
decisions?***



**Thank you for your attention**

