

At CEA and Cogema (Areva group), occupational health services and biological medical laboratories play an essential role in the prevention and treatment of the consequences of radiological incidents and accidents among workers, in particular for the committed dose assessments.

The role of occupational health services and biological medical laboratories in committed dose assessments

In the area of **internal exposure** monitoring, the work of the occupational health services (known as the SSTs) and the biological medical laboratories (LABMs) at CEA and Cogema is part of an overall system of risk management and prevention ranging from detection to dealing with possible individual consequences. The two services co-ordinate their action for the prescription, performance and interpretation of radiological monitoring (internal **dosimetry**) and the management of consequences in terms of fitness for work and, in the event of an incident, therapy when needed. This monitoring is based on hazard assessment at workplaces supported by risks related to job task. The complementary roles of the technical plant monitoring and the medical monitoring of workers through the prescription of

radiotoxicological examinations appropriate to the hazard lends consistency and acceptability to the overall system of management and prevention of internal exposure.

Routine and post-incident monitoring

Classically, two types of individual monitoring are recognised: routine monitoring, and monitoring after an incident (post-incident monitoring).

Termed *systematic monitoring*, the first type is intended to verify that regulatory and operational requirements are met (limits and **dose** constraints), but also to provide a collective picture of exposure, verify the correctness of the workplace hazard assessment, and validate the protection measures taken. Termed *special monitoring* (or post-incident monitoring), the second type is designed to evaluate, after exposure, the **intake** and **committed dose** (**effective** or for certain organs), and provides the information necessary to guide medical care provision (treatment, decision to return to **monitored area**, prescription of monitoring examinations).

The monitoring programmes are defined by the SST according to certain factors: type and physicochemical form of **radionuclides**, detection limits of laboratory methods, conditions of exposure at workplaces (hazard assessment), prior experience of **contamination** incidents (frequency, seriousness). This information determines the nature and frequency of the examinations to be carried out by the LABMs, analysis of biological samples *in vitro* and **whole-body** examinations *in vivo*. The objective of the monitoring is to detect any significant intake. The "recording" level is the level above which an intake will give rise to a dose assessment.

The dose assessment requires information from the operator and the **radioprotection** services, and close co-operation between the SST and the LABM (Figure).

The evaluation of the dose linked to the internal exposure often proves to be delicate owing to the various uncertainties concerning in particular the



Decontamination monitoring at the occupational health service (SST) at the CEA Saclay Centre (Essonne).

Francis Vigouroux/CEA

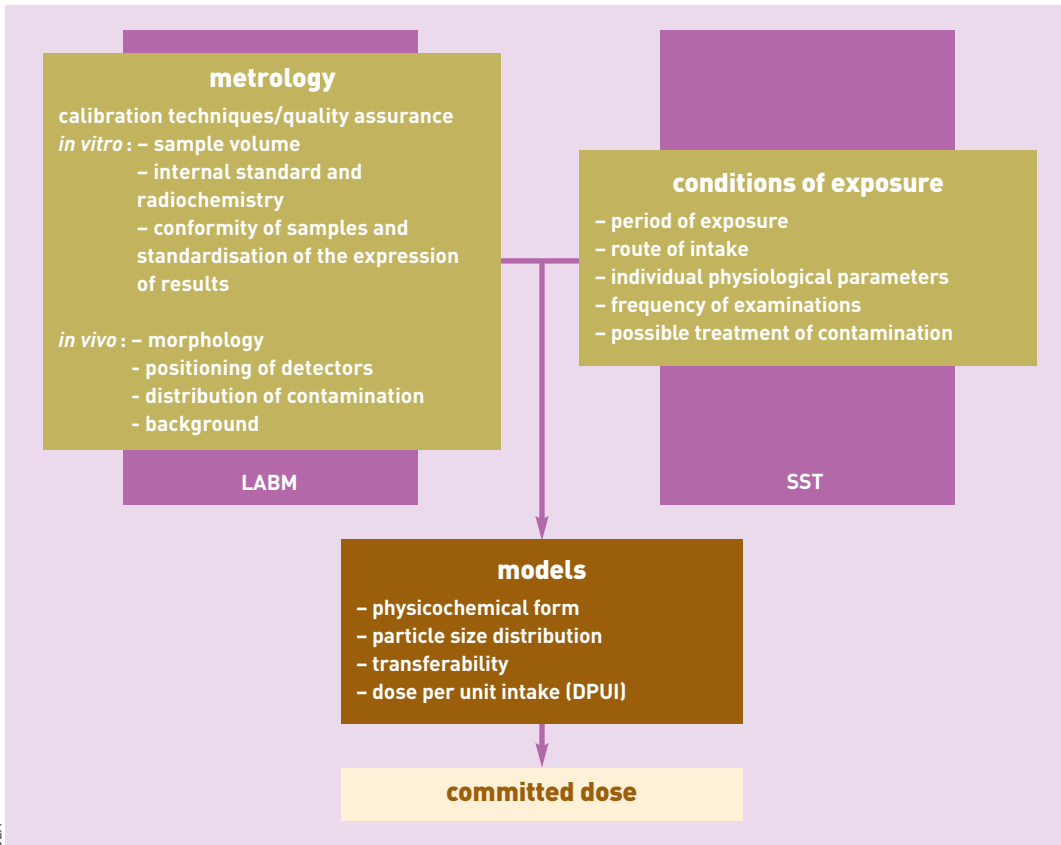


Figure. Role of the biological medical laboratories (LABM) and the occupational health services (SST) in managing the different parameters associated with dose assessments.



Biological medical laboratory at the CEA Le Ripault Centre (Indre-et-Loire).

physicochemical form of the substances incriminated, and sometimes the intake route, of which there may be more than one. In addition, in routine monitoring, the exact time of intake is seldom known. Estimating the internal dose thus requires investigation at the workplace and cross-checking inspections to arrive at an accurate figure. The number and frequency of the examinations and set analysis schedules can generate time constraints that may delay the definitive interpretation of data (by weeks or more).

Software has been developed to facilitate the interpretation of examination results (measurements of **activity** concerning the retention and excretion of radionuclides). They make it possible, from these results, to determine the quantities incorporated and the committed doses.

For the same **radioisotope**, individual monitoring can in practice differ from one site to another, or even from one workplace to another as exposure conditions vary.

Many years ago the CEA's medical adviser set up working groups to compare the experience of each centre, rationalise monitoring and optimise it by identifying specific contamination hazards. In addition, these groups develop their expertise through links with physicians, biologists and experts from other bodies (EDF, **IRSN**, etc.)

Lastly, the LABMs comply with the rules of good analytical practice. They are involved in the standardisation of medical biology acts and quality assurance of results. Regular intercomparisons constantly improve the accuracy of the analytical results and help to select the most useful methods. The CEA's LABMs have set up, with their Cogema colleagues, the Procorad association, which organises recognised intercomparison exercises, with in particular, the participation of the **IAEA** (International Atomic Energy Agency).

Controlling internal exposure is an important factor of credibility as regards the smooth running of plants and the provision of acceptable working conditions. The medical monitoring of workers, in addition to the technical and organisational radioprotection measures, helps to ensure this control through the evaluation of the individual exposure actually met by the workers.

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H How could the relative risk due to ionising radiation be estimated?

For exposure to **ionising radiation**, models of **dose/effect** relations are complex and perform poorly at low and very low doses. In addition, the quantities and units used are not readily understood by the general public. The objective of a relative risk scale such as that proposed opposite (Figure) is accordingly to provide an easy visual aid to risk appraisal, following the principle, *“Better be simple and approximate than accurate and incomprehensible”*.

For the sake of simplicity, the annual **“effective” dose** (whole body) has been retained. Acute irradiation and the influence of **dose rate** are not explicitly referred to, nor doses delivered to particular organs such as the thyroid, for example. **This scale therefore applies to practically constant body exposures over several years.**

The reference is natural exposure. The range 1 to 10 millisieverts (mSv) has

been retained as the most often encountered, although certain areas of the world presents much higher dose levels, up to about 100 mSv. This dose range can be considered as the “normal” situation before we take into account exposure due to human activity. The average exposure level has been rounded to 2.5 mSv (Box A, **Natural and artificial radioactivity**).

The scale itself has been divided into five segments numbered 0 to 4. The figure 0 was chosen because its segment is located below the regulation limit for the general population. The graduation values are given in millisieverts and rounded multiples of the average natural exposure level.

As an indication, the scale shows the regulatory values of the limits set for the general public and for workers (Box G, **The regulatory dose limits**).

The value of 10 mSv has also been

included as this is the generally accepted guide value used to determine whether countermeasures need to be taken in the event of lasting exposure of a population due to earlier practice or as the result of an accident.

An astronaut receives about 100 mSv during six months in space.

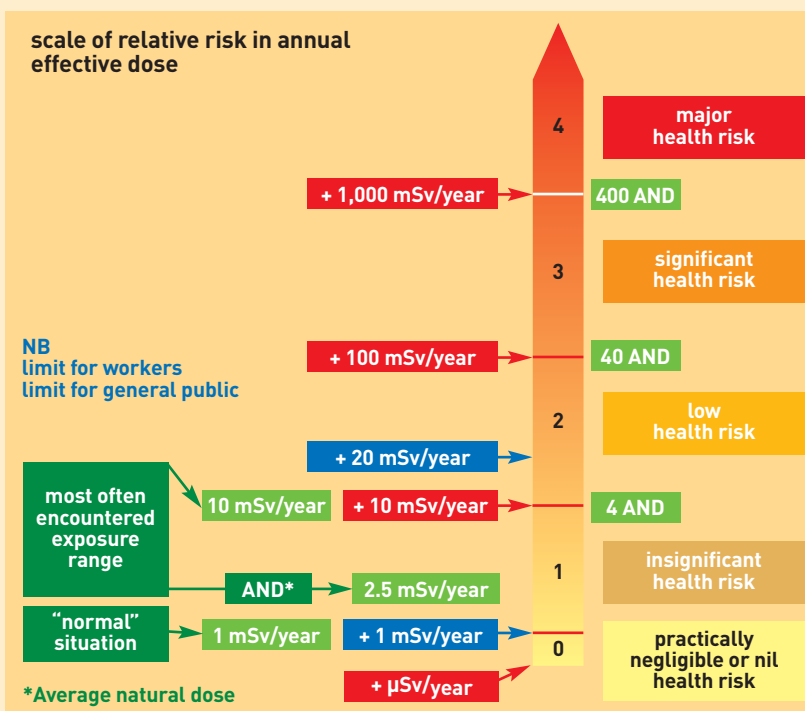
One sievert per year (1,000 mSv) was, for example, the (quite abnormal) dose received by certain nuclear workers in the former Soviet Union.

However, chronic exposure in excess of 100 mSv lasting several years is in practice most exceptional, irrespective of the source of exposure.

The unit μSv (microsievert) reminds us that a dose of a few μSv or tens of μSv added by human activities is of the same order of magnitude as the fluctuations of the natural radiation levels to which we are all exposed through our situations (altitude, telluric location, diet) and our life styles (air travel, high-altitude sports, etc.).

The risk segments are deliberately presented qualitatively and with no direct link with precise values, which outside their original context would be of arguable scientific value.

This simplified representation does not, however, obviate the rational management of exposure to low doses due to human activities or to appreciable levels of natural exposure (e.g., **radon**). Clearly, this scale is not applicable to the field of medical exposure, where the estimation of risk/benefit ratios determines whether or not the detection or treatment of a disease by radiological means is warranted.



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A Natural and artificial radioactivity

Everything on the earth's surface has always been exposed to the action of **ionising radiation** from natural sources. **Natural radiation**, which accounts for 85.5% of total radioactivity (natural plus artificial), is made up of 71% **telluric radiation** and about 14.5% **cosmic radiation**. The **radionuclides** formed by the interaction of **cosmic rays** arriving from stars, and especially the Sun, with the nuclei of elements present in the atmosphere (oxygen and nitrogen) are, in decreasing order of **dose** (Box F, *From rays to dose*) received by the population, carbon-14, beryllium-7, sodium-22 and tritium (hydrogen-3). The last two are responsible for only very low doses.

Carbon-14, with a **half life** of **5,730 years**, is found in the human body. Its **activity** per unit mass of carbon has varied over time: it has diminished as carbon dioxide emissions from the combustion of fossil fuels have risen, then was increased by atmospheric nuclear weapon tests.

Beryllium-7, with a half life of **53.6 days**, falls onto the leaf surfaces of plants and enters the body by **ingestion** (Box B, *Human exposure routes*). About **50 Bq** (becquerels) per person per year of beryllium-7 are ingested.

The main or "primordial" radionuclides are potassium-40, uranium-238 and thorium-232. Along with their radioactive decay products, these elements are present in rocks and soil and are therefore found in many building materials. Their concentrations are generally very low, but vary according to the nature of the mineral. The **gamma radiation** emitted by these radionuclides forms the **telluric radiation**, which is responsible for the **external exposure** of the body. The primordial radionuclides and many of their long-lived descendants

are also found in trace amounts in drinking water and plants: this results in an **internal exposure** by ingestion, plus an additional low exposure by **inhalation** of airborne suspended dust particles.

Potassium-40 is a **beta** and **gamma** emitter with a half life of **1.2 thousand million years**, and has no radioactive descendants. This radioactive **isotope** makes up 0.0118% of all natural potassium, and enters the body by ingestion. The mass of natural potassium in the human body is independent of the quantity ingested.

Uranium-238 is an **alpha** emitter with a half life of **4.47 thousand million years**. It has thirteen main alpha-, beta- and gamma-emitting radioactive descendants, including **radon-222** (**3.82 days**) and **uranium-234** (**0.246 million years**). Uranium-238 and its two descendants **thorium-234** (**24.1 days**) and **protactinium-234m**⁽¹⁾ (**1.18 min**), and **uranium-234** are essentially incorporated by ingestion and are mainly concentrated in the bones and kidneys. **Thorium-230**, derived from uranium-234, is an alpha emitter with a period of **80,000 years**. It is an **osteotrope**, but enters the body mainly by the pulmonary route (inhalation). **Radium-226**, a descendant of thorium-230, is an alpha emitter with a half life of **1,600 years**. It is also an osteotrope and enters the body mainly *via* food. Another osteotrope, **lead-210** (**22.3 years**), is incorporated by inhalation though mostly by ingestion.

Thorium-232 is an alpha emitter with a half life of **14.1 thousand million**

years. It possesses ten main alpha-, beta- and gamma-emitting radioactive descendants including **radon-220** (**55 s**). Thorium-232 enters the body mainly by inhalation. **Radium-228**, a direct descendant of thorium-232, is a beta-emitter with a half life of **5.75 years**. It enters the body mainly in food.

Radon, a gaseous radioactive descendant of uranium-238 and thorium-232, emanates from the soil and building materials, and along with its short-lived alpha-emitting descendants constitutes a source of internal exposure through inhalation. Radon is the most abundant source of natural radiation (about 40% of total radioactivity).

The human body contains nearly 4,500 Bq of potassium-40, 3,700 Bq of carbon-14 and 13 Bq of radium-226 essentially imported in food.

Natural radiation is supplemented by an **anthropic component**, resulting from the medical applications of ionising radiation and to a lesser extent from the nuclear industry. It accounts for about 14.5% of the total radioactivity worldwide, but much more in the developed countries. In the medical field (more than 1 mSv/year on average in France), irradiation by external sources predominates: radiodiagnosis (X-rays) and radiotherapy, long based on caesium-137 and cobalt-60 sources, but now more and more often using linear accelerators. Irradiation by internal routes (curietherapy with iridium-192) has more specialised indications (cervical cancer, for example). The metabolic and physicochemical properties of some twenty radionuclides are put to use for **medical activities** and in **biological research**. The medical applications comprise radiodiagnosics (**scintigraphy** and radio-

(1) m for metastable. A nuclide is said metastable when a transition delay exists between the excited state of the atom and the stable one.

A (next)

immunology), and treatment, including thyroid disorders using iodine-131, radioimmunotherapy in certain blood diseases (phosphorus-32) and the treatment of bone metastasis with strontium-89 or radiolabelled phosphonates alongside other uses of radiopharmaceuticals. Among the most widely used radionuclides are: **technetium-99m** (half life 6.02 hours) and **thallium-201** (half life 3.04 days) (scintigraphy), **iodine-131** (half life 8.04 days) (treatment of hyperthyroidism), **iodine-125** (half life 60.14 days) (radioimmunology), **cobalt-60** (half life 5.27 years) (radiotherapy), and **iridium-192** (half life 73.82 days) (curietherapy). The average contribution of radiological examinations to total radioactivity amounts to 14.2%.

The **early atmospheric nuclear weapon tests** scattered fallout over the whole of the earth's surface and caused the exposure of populations and the **contamination** of the food chain by a certain number of radionuclides, most of which, given their short radioactive half lives, have now vanished. There remain **cæsius-137** (30 years), **strontium-90** (29.12 years), some **krypton-85** (10.4 years) and **tritium** (12.35 years), and the isotopes of **plutonium** (half lives 87.7 years to 24,100 years). Currently, the doses corresponding to the fallout from these tests are essentially attributable to **fission products** (cæsius-137) and to carbon-14, rather than **activation products** and plutonium.

In the **Chernobyl accident** (Ukraine), which occurred in 1986, the total radioactivity dispersed into the atmosphere was of the order of 12 milliard milliard (10^{18}) becquerels over a period of 10 days. Three categories of radionu-

clides were disseminated. The first consisted of volatile fission products such as **iodine-131**, **iodine-133** (20.8 hours), **cæsius-134** (2.06 years), **cæsius-137**, **tellurium-132** (3.26 days). The second was composed of solid fission products and **actinides** released in much smaller amounts, in particular the strontium isotopes ^{89}Sr (half life 50.5 days) and ^{90}Sr , the ruthenium isotopes ^{103}Ru (half life 39.3 days) and ^{106}Ru (half life 368.2 days), and **plutonium-239** (24,100 years). The third category was rare gases which although they represented most of the activity released, were rapidly diluted in the atmosphere. They were mainly **xenon-133** (5.24 days) and **krypton-85**.

The contributions of the early atmospheric nuclear weapon tests and the Chernobyl accident to the total radioactivity are roughly 0.2% (0.005 mSv) and 0.07% (0.002 mSv) respectively.

The whole of the **nuclear-powered electricity production** cycle represents only about 0.007% of total radioactivity. Almost all the radionuclides remain confined inside the nuclear reactors and the **fuel** cycle plants. In a nuclear reactor, the reactions that take place inside the fuel yield **transuranics**. **Uranium-238**, which is non-**fissile**, can capture neutrons to give in particular plutonium isotopes ^{239}Pu , ^{240}Pu (half life 6,560 years) and ^{241}Pu (half life 14.4 years), and **americium-241** (432.7 years). The main fission products generated by the fission of **uranium-235** (704 million years) and **plutonium-239** are **iodine-131**, **cæsius-134**, **cæsius-137**, **strontium-90** and **selenium-79** (1.1 million years).

The main radionuclides present in releases, which are performed in a



Laurence Médard/CEA

Classical scintigraphy performed at the Frédéric-Joliot Hospital Service (SHFJ). The gamma-ray camera is used for functional imaging of an organ after administration, usually by the intravenous route, of a radioactive drug (radiopharmaceutical) to the patient. The radionuclides used are specific to the organ being studied: for example, technetium-99m for the kidneys and bones, thallium-201 for the myocardium. The injected radiopharmaceutical emits gamma photons, which are captured by two planar detectors placed at 180° or 45° according to the examination.

very strict regulatory framework are, in liquid release, **tritium**, **cobalt-58** (70.8 days), **cobalt-60**, **iodine-131**, **cæsius-134**, **cæsius-137** and **silver-110m** (249.9 days). In gaseous releases **carbon-14** is the most abundant radionuclide, emitted most often as carbon dioxide. In all the reactors in the world, the total production of radiocarbon dioxide amounts to one tenth of the annual production formed naturally by cosmic radiation.

In addition, certain radionuclides related to the nuclear industry exhibit **chemical toxicity** (Box D, **Radiological and chemical toxicity**).

B Human exposure routes

Human **exposure**, i.e., the effect on the body of a chemical, physical or radiological agent (irrespective of whether there is actual contact), can be external or internal. In the case of **ionising radiation**, exposure results in an energy input to all or part of the body. There can be direct **external irradiation** when the subject is in the path of radiation emitted by a radioactive source located outside the body. The person can be irradiated directly or after reflection off nearby surfaces.

The irradiation can be **acute** or **chronic**. The term **contamination** is used to designate the deposition of matter (here **radioactive**) on structures, surfaces, objects or, as here, a living organism. Radiological contamination, attributable to the presence of **radionuclides**, can occur by the **external** route from the

receptor medium (air, water) and vector media (soils, sediments, plant cover, materials) by contact with skin and hair (cutaneous contamination), or by the **internal** route when the radionuclides are **intaken**, by **inhalation** (gas, particles) from the atmosphere, by **ingestion**, mainly from foods and beverages (water, milk), or by penetration (injury, burns or diffusion through the skin). The term **intoxication** is used when the toxicity in question is essentially chemical.

In the case of **internal contamination**, the dose delivered to the body over time (called the **committed dose**) is calculated for 50 years in adults, and until age 70 years in children. The parameters taken into account for the calculation are: the nature and the intaken quantity of the radionuclide (RN), its

chemical form, its **effective half life**⁽¹⁾ in the body (combination of **physical** and **biological half lives**), the type of **radiation**, the mode of exposure (inhalation, ingestion, injury, transcutaneous), the distribution in the body (deposition in target organs or even distribution), the radiosensitivity of the tissues and the age of the contaminated subject. Lastly, the **radiotoxicity** is the toxicity due to the ionising radiation emitted by the inhaled or ingested radionuclide. The misleading variable called **potential radiotoxicity** is a *radiotoxic inventory* that is difficult to evaluate and made imprecise by many uncertainties.

(1) The effective half life (T_e) is calculated from the physical half life (T_p) and the biological half life (T_b) by $1 / T_e = 1 / T_p + 1 / T_b$.

F From rays to dose

Radioactivity is a process by which certain naturally-occurring or artificial **nuclides** (in particular those created by **fission**, the splitting of a heavy nucleus into two smaller ones) undergo spontaneous **decay**, with a release of energy, generally resulting in the formation of new nuclides. Termed **radionuclides** for this reason, they are unstable owing to the number of nucleons they contain (protons and neutrons) or their energy state. This decay process is accompanied by the emission of one or more types of **radiation**, ionising or non-ionising, and (or) particles. **Ionising radiation** is electromagnetic or corpuscular radiation that has sufficient energy to ionise certain atoms of the matter in its path by stripping electrons from them. This process can be *direct* (the case with alpha particles) or *indirect* (gamma rays and neutrons).

Alpha radiation, consisting of helium-4 nuclei (two protons and two neutrons), has low penetrating power and is stopped by a sheet of paper or the outermost layers of the skin. Its path in biological tissues is no longer than a few tens of micrometres. This radiation is therefore strongly ionising, i.e., it easily strips electrons from the atoms in the matter it travels through, because the particles shed all their energy over a short distance. For this reason, the hazard due to

radionuclides that are **alpha emitters** is **internal exposure**.

Beta radiation, made up of electrons (beta minus radioactivity) or positrons (beta plus radioactivity), has moderate penetrating power. The particles emitted by **beta emitters** are stopped by a few metres of air, aluminium foil, or a few millimetres of biological tissue. They can therefore penetrate the outer layers of the skin.

Gamma radiation composed of high energy photons, which are weakly ionising but have high penetrating power (more than the **X-ray** photons used in radiodiagnosis), can travel through hundreds of meters of air. Thick shielding of concrete or lead is necessary to protect persons.

The interaction of **neutron radiation** is random, and so it is stopped only by a considerable thickness of concrete, water or paraffin wax. As it is electrically neutral, a neutron is stopped in air by the nuclei of light elements, the mass of which is close to that of the neutron.

- The quantity of energy delivered by radiation is the **dose**, which is evaluated in different ways, according to whether it takes into account the quantity of energy absorbed, its rate of delivery, or its biological effects.

- The **absorbed dose** is the quantity of energy absorbed at a point per unit mass of matter (inert or living),

according to the definition of the International Commission on Radiation Units and Measurements (**ICRU**). It is expressed in **grays** (Gy): 1 gray is equal to an absorbed energy of 1 joule per kilogramme of matter. The *organ absorbed dose* is obtained by averaging the doses absorbed at different points according to the definition of the International Commission on Radiological Protection (**ICRP**).

- The **dose rate**, dose divided by time, measures the intensity of the irradiation (energy absorbed by the matter per unit mass and per unit time). The legal unit is the gray per second (Gy/s), but the gray per minute (Gy/min) is commonly used. Also, radiation has a higher **relative biological effectiveness (RBE)** if the effects produced by the same dose are greater or when the dose necessary to produce a given effect is lower.

- The **dose equivalent** is equal to the dose absorbed in a tissue or organ multiplied by a **weighting factor**, which differs according to the nature of the radiation energy, and which ranges from 1 to 20. Alpha radiation is considered to be 20 times more harmful than gamma radiation in terms of its biological efficiency in producing random (or **stochastic**) effects. The equivalent dose is expressed in sieverts (Sv).

- The **effective dose** is a quantity introduced to try to evaluate harm

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Foulon/CEA

Technicians operating remote handling equipment on a line at the Atalante facility at CEA Marcoule. The shielding of the lines stops radiation. The operators wear personal dosimeters to monitor the efficacy of the protection.

in terms of whole-body stochastic effects. It is the sum of *equivalent doses* received by the different organs and tissues of an individual, weighted by a factor specific to each of them (weighting factors) according to its specific sensitivity. It makes it possible to sum doses from different sources, and both external and internal radiation. For internal exposure situations (*inhalation, ingestion*), the effective dose is calculated on the basis of the number of **becquerels**

incorporated of a given radionuclide (**DPUI, dose per unit intake**). It is expressed in sieverts (Sv).

- The **committed dose**, as a result of internal exposure, is the cumulated dose received in fifty years (for workers and adults) or until age 70 (for those aged below 20) after the year of **incorporation** of the radionuclide, unless it has disappeared by physical shedding or biological elimination.
- The **collective dose** is the dose received by a population, defined

as the product of the number of individuals (e.g., those working in a nuclear plant, where it is a useful parameter in the optimisation and application of the ALARA system) and the average equivalent or effective dose received by that population, or as the sum of the individual effective doses received. It is expressed in man-sieverts (man.Sv). It should be used only for groups that are relatively homogeneous as regards the nature of their exposure.

D Radiological and chemical toxicity

The chemical toxics linked to the nuclear industry include **uranium** (U), **cobalt** (Co), **boron** (B), used for its neutron-absorbing properties in the heat-exchange fluids of nuclear power plants, **beryllium** (Be), used to slow neutrons, and **cadmium** (Cd), used to capture them. Boron is essential for the growth of plants. Cadmium, like lead (Pb), produces toxic effects on the central nervous system. When the toxicity of an element can be both radiological and chemical, for example that of plutonium (Pu), uranium, neptunium, technetium or cobalt, it is necessary whenever possible to determine what toxic effects are radiological, what are chemical, and what can be either radiological or chemical (see *Limits of the comparison between radiological and chemical hazards*).

For **radioactive** elements with long physical **half lives**, the chemical toxicity is a much greater hazard than the radiological toxicity, as exemplified by rubidium (Rb) and natural uranium.

Thus the chemical toxicity of uranium, which is more important than its radiological toxicity, has led the French regulators to set the **ingested** and **inhaled** mass limits for uranium in chemical compounds at 150 mg and 2.5 mg per day respectively, regardless of the **isotopic** composition of the element.

Certain metals or **metalloids** that are non-toxic at low concentrations can become toxic at high concentrations or in their radioactive form. This is the case for cobalt, which can be **genotoxic**, selenium (Se) (naturally incorporated in **proteins** or **RNA**), technetium (Tc) and iodine (I).



Cyrille Dupont/CEA

Two-dimensional gel electrophoresis image analysis carried out in the course of nuclear toxicology work at CEA Marcoule Centre in the Rhone Valley.