

Internal dosimetry of workers

Francois Paquet
ICRP Committee2

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This presentation has neither been approved nor endorsed by the Main Commission of ICRP

Internal exposures to radiations are managed by the use of the committed effective dose

$$e(\tau) = \sum_T w_T \left[\frac{h_T^M(\tau) + h_T^F(\tau)}{2} \right]$$

Cannot be measured !!

Calculating committed effective dose after internal contamination is a complex procedure

**Intake
(Bq)**



**Deposition
in tissues**



**Transformations
in tissues**



**Emitted
energy
(MeV)**



**Absorbed dose
in tissues (Gy)**



**Equivalent dose
in tissues (Sv)**



**Effective dose
(Sv)**

**Weighting factors
for tissues w_T**

**Nuclear
data**

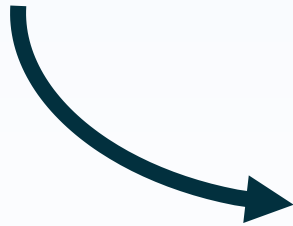
**Phantoms and
codes for
radiation transport**

**Weighting factors
for radiations
 w_R**

**For every isotope and
every chemical form
(and for every
particle size)**

Complex procedure, limited to experts

ICRP proposes tools, to allow non-specialists to perform dose assessment



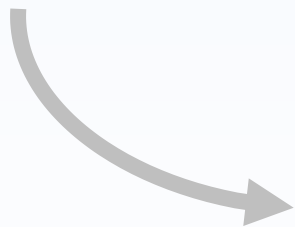
1. Biokinetic models

2. Dose coefficients

3. Bioassays functions

Complex procedure, limited to experts

ICRP proposes tools, to allow non-specialist to perform dose assessment



1. Biokinetic models

2. Dose coefficients

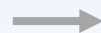
3. Bioassays functions

Biokinetic models

Intake



Deposition
in tissues



Transformations
in tissues



Emitted
energy
(Mev)



Absorbed dose
in tissues (Gy)



Equivalent dose
in tissues (Sv)



Effective dose
(Sv)

Weighting factors
for tissues w_T

Nuclear
data

Phantoms and
codes for
radiation transport

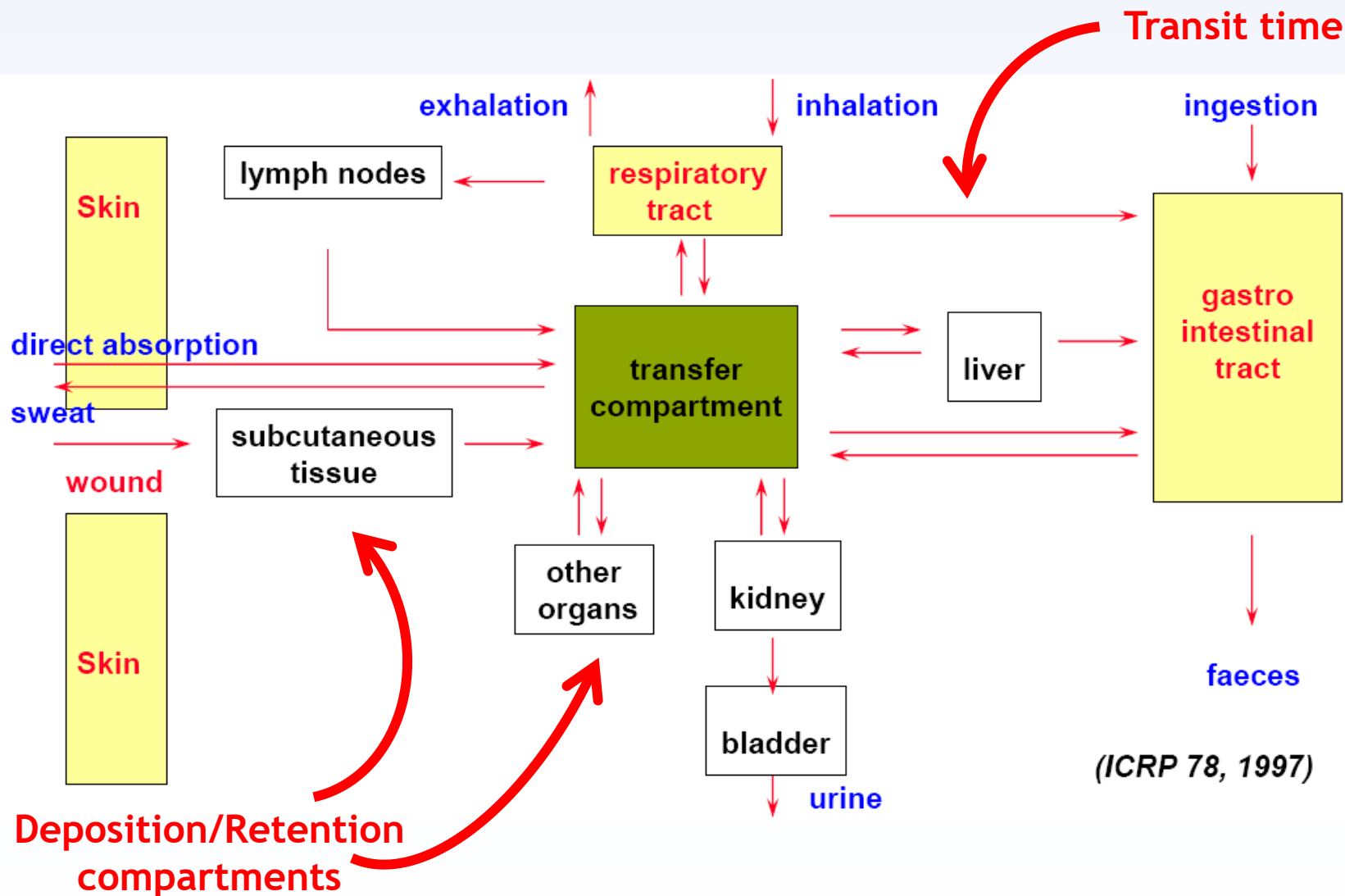
Weighting factors
for radiations
 w_R

Describe

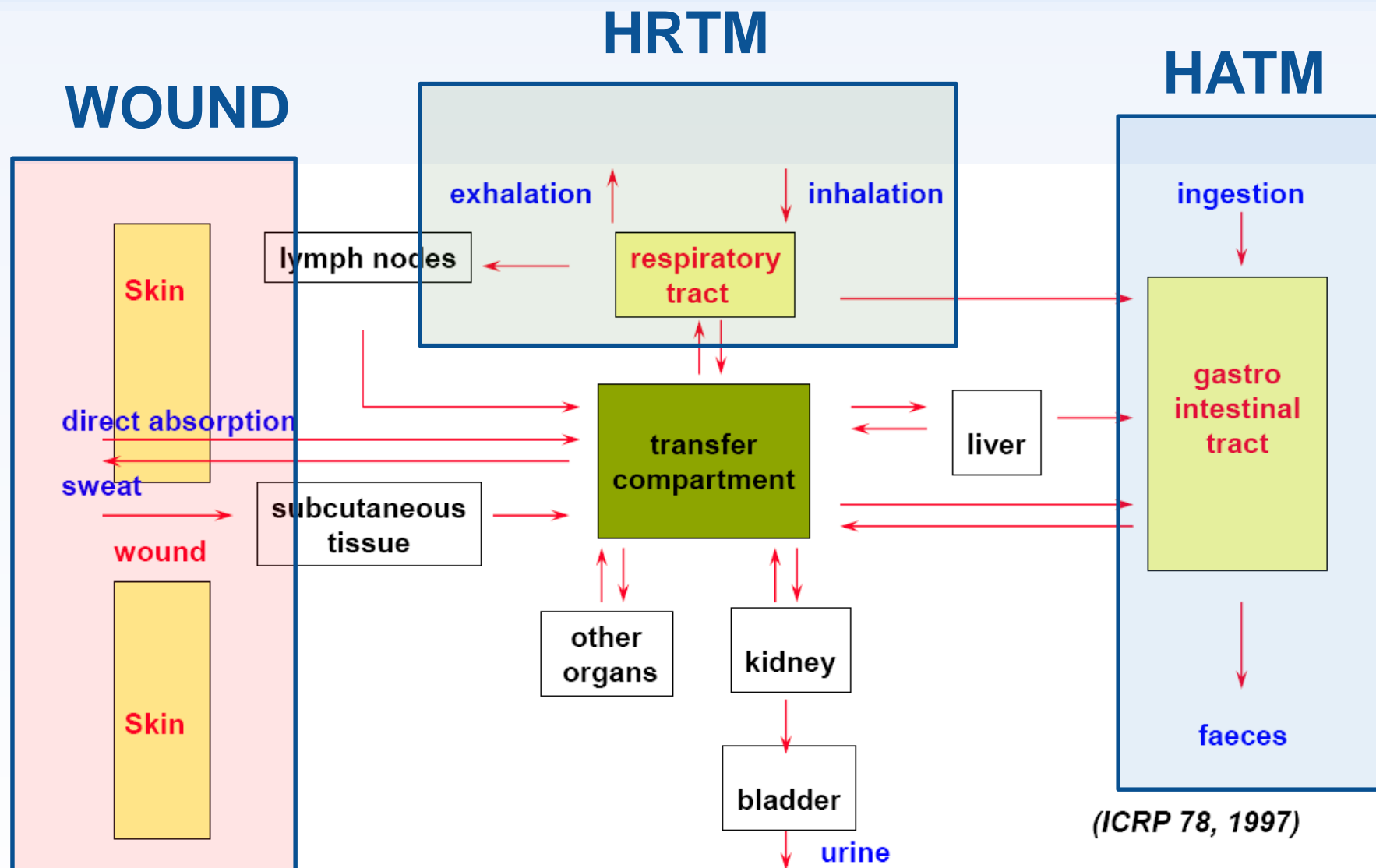
-Where the RN goes

-How long it stays

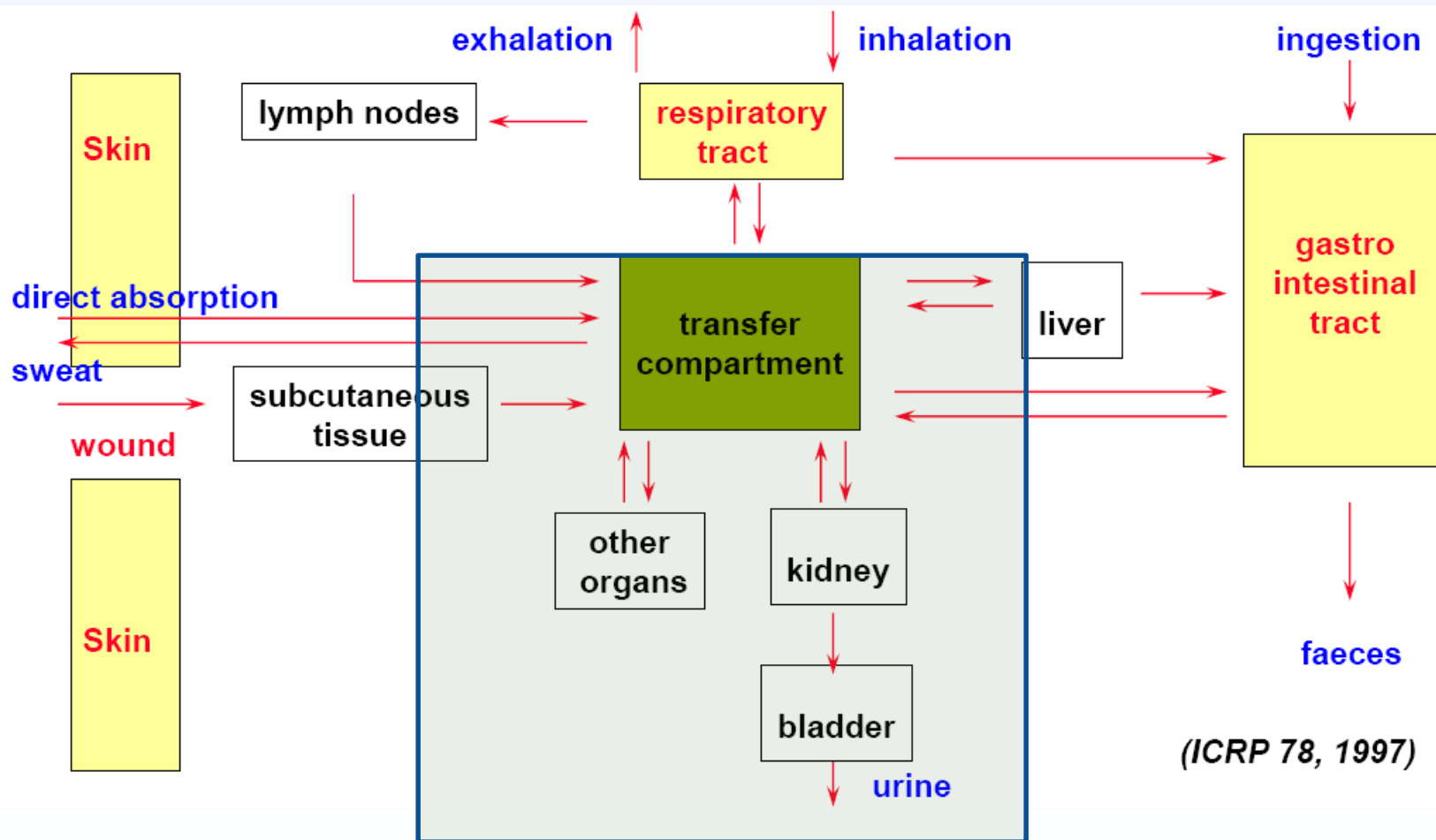
Generic biokinetic model



Parameters depend mainly on chemical forms

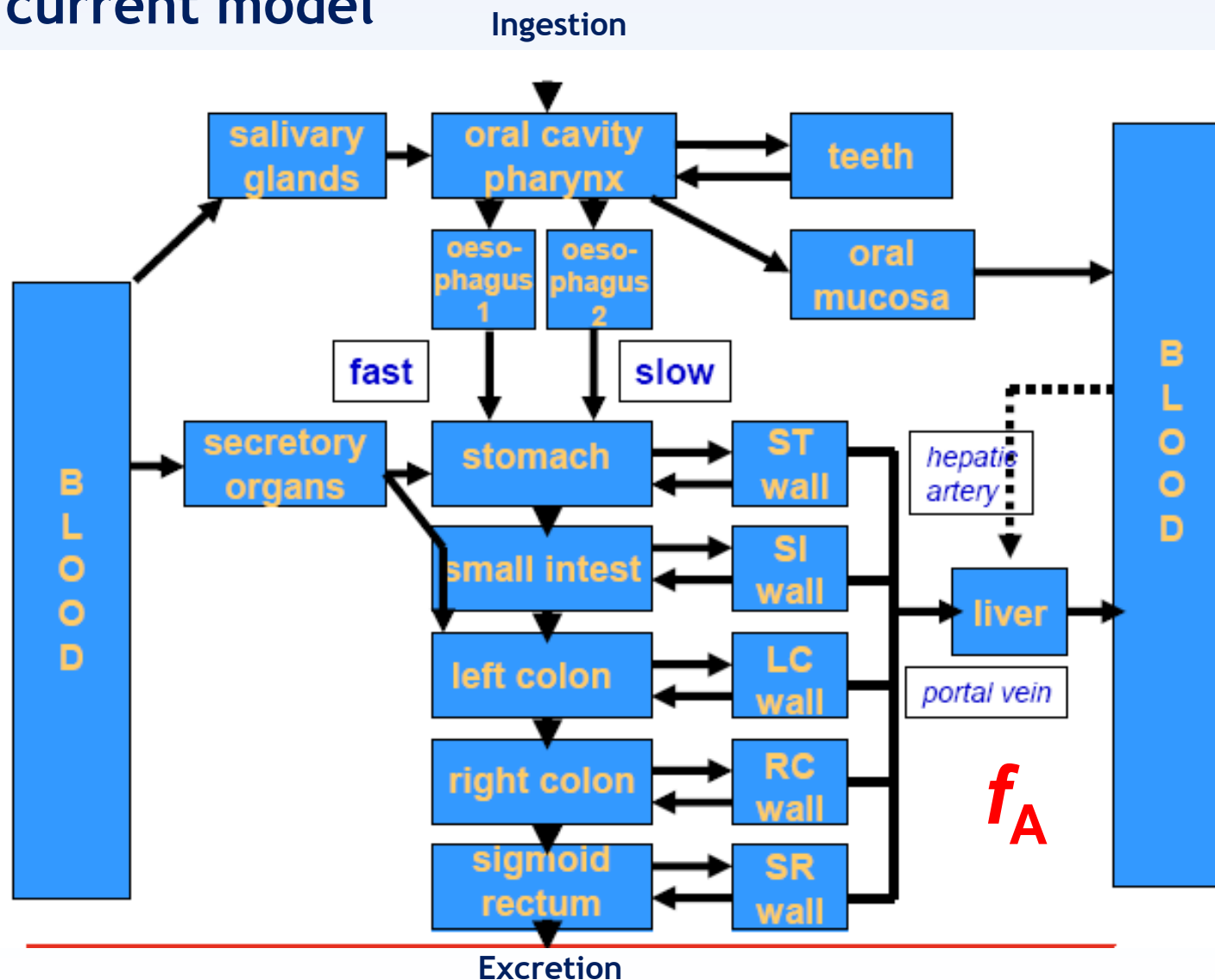


Parameters are element-specific

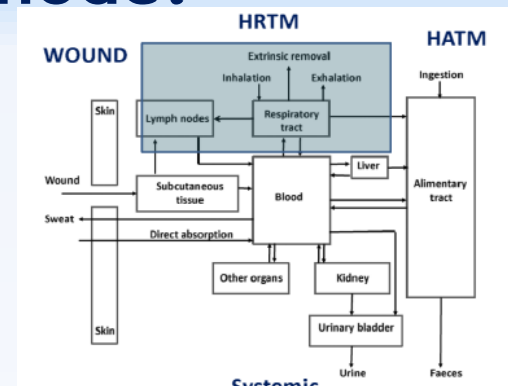


The Human alimentary tract model

The current model



The Human Respiratory Tract model



Extrathoracic airways

Bronchial

Bronchiolar

Alveolar interstitial

ET₁

ET₂

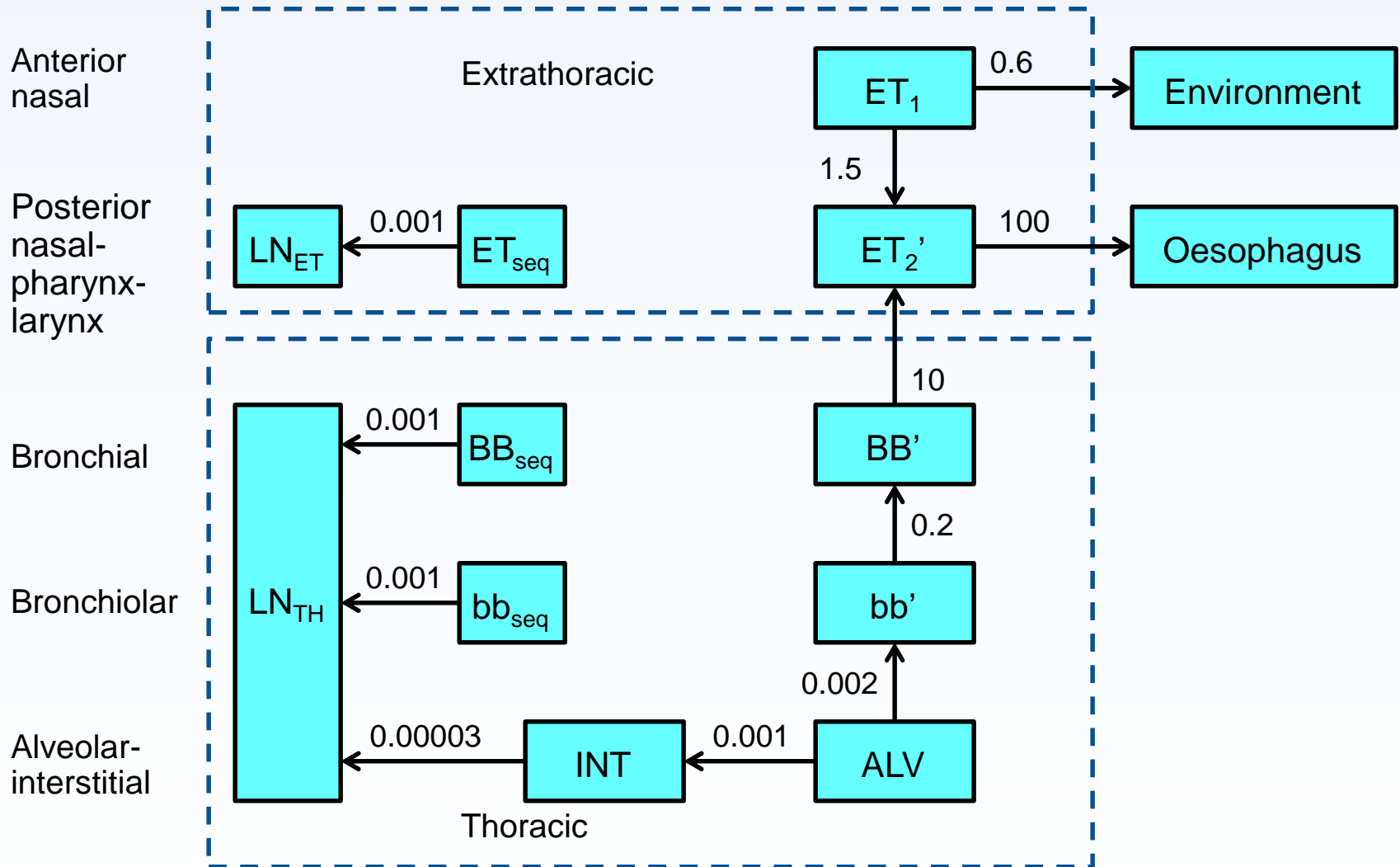
BB

bb

AI

12

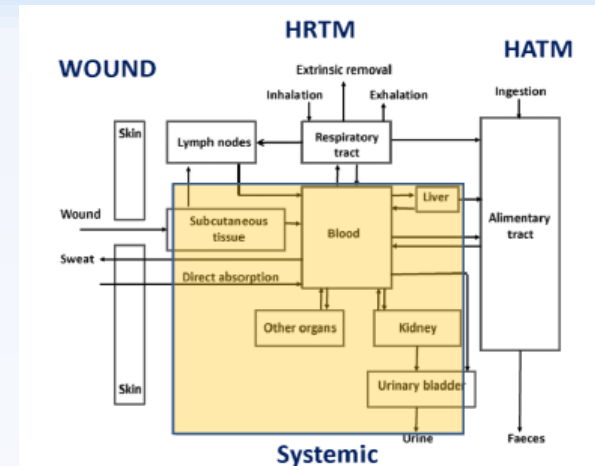
New particle transport model



Example of Uranium absorption

Compound	Absorption parameter values			Type
	f_r	s_r (d ⁻¹)	s_s (d ⁻¹)	
Default Type F (UF₆, U-TBP)	1.0	10		
Uranyl nitrate, UO ₂ (NO ₃) ₂	0.8	1	0.01	(F/M)
Uranium peroxide hydrate	0.8	1	0.01	(F/M)
Ammonium diuranate, ADU	0.8	1	0.01	(F/M)
Default Type M (UF₄)	0.2	3	0.005	
Uranium Octoxide U ₃ O ₈ ; Uranium dioxide	0.03	1	0.0005	(M/S)
Default Type S	0.01	3	0.0001	

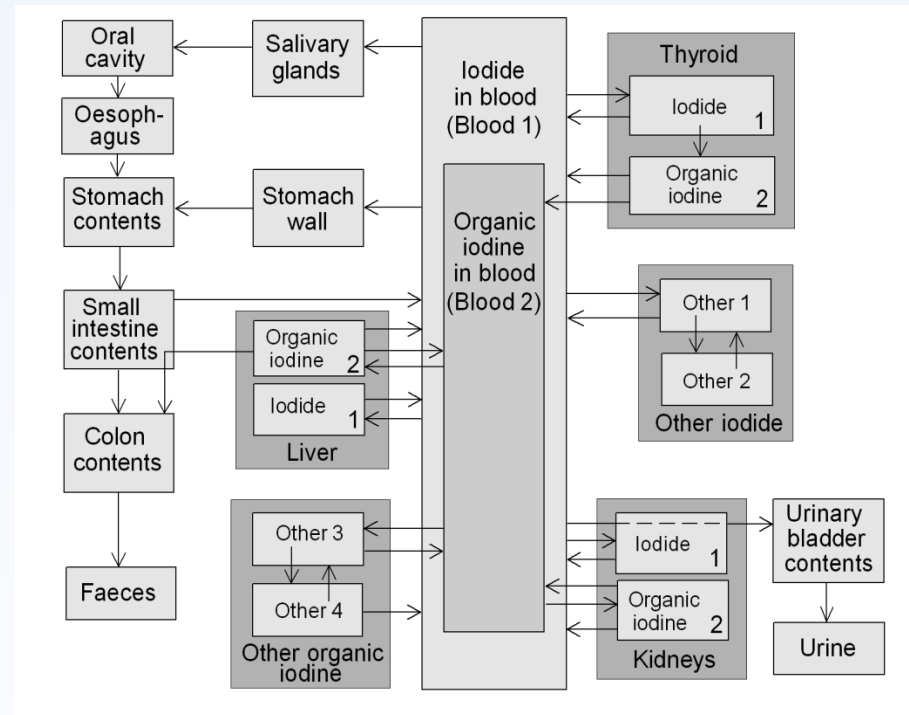
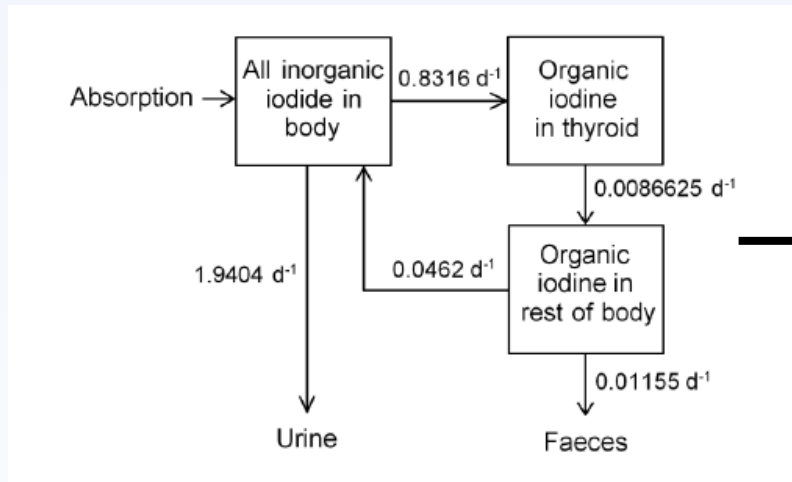
The systemic models



Describe the time-dependent distribution and retention of a radionuclide in the body after absorption to blood, and its excretion from the body.

New models are physiologically realistic, with recycling of elements

Systemic model for Iodine



The former model (ICRP 1994, 1997)

The new model
ICRP Publication 137 (2017)

Three subsystems:

- circulating inorganic iodide;
- thyroidal organic iodine
- extrathyroidal organic iodine.

Systemic model for Strontium

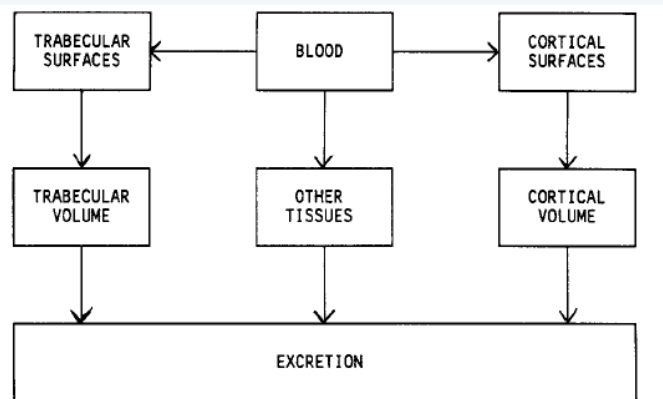
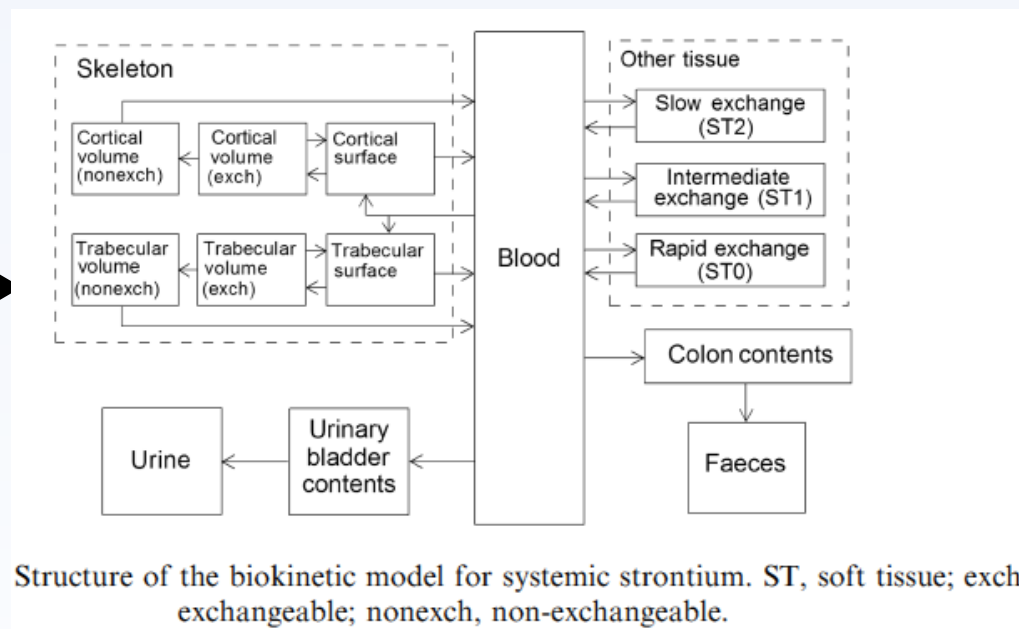


Fig. 2. Diagram of the biokinetic model for strontium.



Structure of the biokinetic model for systemic strontium. ST, soft tissue; exch, exchangeable; nonexch, non-exchangeable.

The former model (ICRP 1989)

**The new model
ICRP Publication 134, 2016**

Biokinetic models

Intake



Deposition
in tissues



Transformations
in tissues



Emitted
energy
(Mev)



Absorbed dose
in tissues (Gy)



Equivalent dose
in tissues (Sv)



Effective dose
(Sv)

Weighting factors
for tissues w_T

Nuclear
data

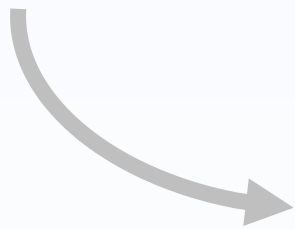
Phantoms and
codes for
radiation transport

Weighting factors
for radiations
 w_R

Biokinetic models make it possible to initiate the chain of dosimetric calculations

Complex procedure, limited to experts

ICRP proposes tools, to allow non-specialist to perform dose assessment



1. Biokinetic models

2. Dose coefficients

3. Bioassays functions

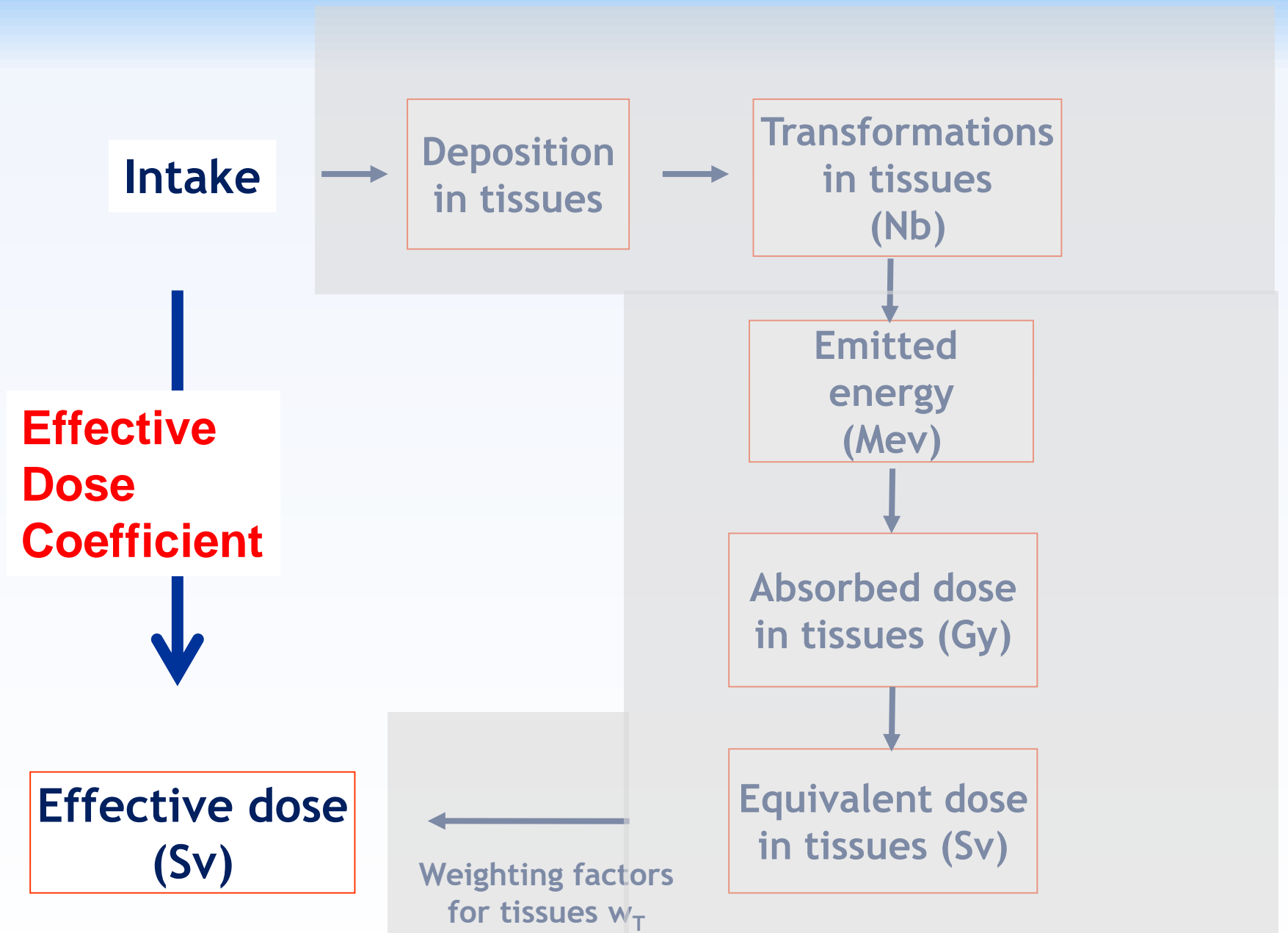


Table 22.16. Committed effective dose coefficients (Sv Bq^{-1}) for the inhalation or ingestion of ^{238}Pu , ^{239}Pu , ^{240}Pu , and ^{241}Pu compounds.

Inhaled particulate materials ($5\mu\text{m}$ AMAD aerosols)	Effective dose coefficients (Sv Bq^{-1})			
	^{238}Pu	^{239}Pu	^{240}Pu	^{241}Pu
Plutonium nitrate, $\text{Pu}(\text{NO}_3)_4$	1.2E-05	1.3E-05	1.3E-05	1.1E-07
^{239}Pu dioxide, $^{239}\text{PuO}_2$; plutonium in mixed oxide $[(\text{UO}_2 + \text{PuO}_2)$ or $(\text{U,Pu})\text{O}_2]$	2.3E-05	2.5E-05	2.5E-05	4.4E-07
^{238}Pu dioxide, $^{238}\text{PuO}_2$ ceramic	1.1E-05	—	—	—
^{238}Pu dioxide, $^{238}\text{PuO}_2$ non-ceramic	1.1E-05	—	—	—
Plutonium dioxide 1-nm nanoparticles, 1-nm PuO_2	1.6E-05	1.7E-05	1.7E-05	1.9E-07
Type F	1.8E-05	1.9E-05	1.9E-05	2.2E-07
Type M, plutonium citrate; plutonium tri-butyl-phosphate (Pu-TBP); plutonium chloride (PuCl_3)	1.2E-05	1.4E-05	1.4E-05	1.3E-07
Type S	1.7E-05	1.7E-05	1.8E-05	2.2E-07

Intake ?



Deposition
in tissues



Transformations
in tissues
(Nb)



Emitted
energy
(Mev)



Absorbed dose
in tissue (Gy)



Equivalent dose
in tissue (Sv)



**Effective dose
(Sv)**

Bioassays

Weighting factors
for tissues w_T

Nuclear
data

Fantoms and
codes for
particles transport

Weighting factors
for radiations
 w_R

Intake 

Deposition
in tissues

Transformations
in tissues
(Nb)

Nuclear
data

Emitted
energy
(Mev)

Fantoms and
codes for
particles transport

Absorbed dose
in tissus (Gy)

Weighting factors
for radiations
 w_R

Equivalent dose
in tissus (Sv)

Weighting factors
for tissues w_T

Bioassays

**Dose per
content**

**Effective dose
(Sv)**

Table 22.17. Dose per activity content of ^{238}Pu in the lungs and in daily excretion of aerosols inhaled by a reference worker at light work.

Time after intake (d)	Plutonium nitrate			Plutonium dioxide etc.			Dioxide, ceramic			Dioxide, non ceramic			
	Lung	Urine	Faeces	Lung	Urine	Faeces	Lung	Urine	Faeces	Lung	Urine	Faeces	Lung
1	2.0E-04	5.6E-01	1.4E-04	3.7E-04	5.6E+01	2.7E-04	1.8E-04	2.1E+04	1.3E-04	1.7E-04	3.4E+01	1.2E-04	3.2E-04
2	2.2E-04	3.0E-01	4.4E-05	3.8E-04	3.0E+01	8.6E-05	1.8E-04	6.9E+03	4.1E-05	1.7E-04	1.5E+01	3.9E-05	4.1E-04
3	2.3E-04	3.1E-01	6.8E-05	3.9E-04	3.1E+01	1.3E-04	1.9E-04	4.0E+03	6.3E-05	1.8E-04	1.2E+01	6.0E-05	5.0E-04
4	2.4E-04	3.6E-01	1.8E-04	4.0E-04	3.6E+01	3.4E-04	1.9E-04	2.7E+03	1.6E-04	1.8E-04	1.1E+01	1.6E-04	6.0E-04
5	2.5E-04	4.5E-01	6.0E-04	4.1E-04	4.5E+01	1.2E-03	1.9E-04	2.1E+03	5.5E-04	1.8E-04	1.0E+01	5.2E-04	6.8E-04
6	2.6E-04	5.6E-01	2.1E-03	4.1E-04	5.7E+01	4.1E-03	2.0E-04	1.6E+03	1.9E-03	1.9E-04	1.0E+01	1.8E-03	7.6E-04
7	2.7E-04	6.9E-01	6.6E-03	4.2E-04	7.1E+01	1.2E-02	2.0E-04	1.4E+03	5.7E-03	1.9E-04	9.6E+00	5.4E-03	8.2E-04
8	2.7E-04	8.3E-01	1.4E-02	4.2E-04	8.8E+01	2.3E-02	2.0E-04	1.2E+03	1.1E-02	1.9E-04	9.3E+00	1.1E-02	8.7E-04
9	2.7E-04	9.9E-01	2.0E-02	4.3E-04	1.1E+02	3.3E-02	2.0E-04	1.0E+03	1.6E-02	1.9E-04	9.0E+00	1.5E-02	9.1E-04
10	2.8E-04	1.1E+00	2.5E-02	4.3E-04	1.2E+02	4.1E-02	2.0E-04	8.9E+02	1.9E-02	2.0E-04	8.7E+00	1.8E-02	9.5E-04
15	2.9E-04	1.8E+00	5.4E-02	4.4E-04	2.1E+02	8.5E-02	2.1E-04	5.5E+02	4.1E-02	2.0E-04	7.7E+00	3.9E-02	1.0E-03
30	3.1E-04	2.7E+00	1.4E-01	4.6E-04	3.7E+02	2.2E-01	2.2E-04	2.5E+02	1.0E-01	2.2E-04	5.9E+00	1.0E-01	1.2E-03
45	3.3E-04	3.1E+00	1.6E-01	4.7E-04	4.6E+02	2.4E-01	2.3E-04	1.6E+02	1.2E-01	2.3E-04	4.9E+00	1.1E-01	1.3E-03
60	3.5E-04	3.3E+00	1.8E-01	4.9E-04	5.2E+02	2.6E-01	2.3E-04	1.2E+02	1.2E-01	2.4E-04	4.4E+00	1.2E-01	1.5E-03
90	3.9E-04	3.6E+00	2.1E-01	5.1E-04	5.9E+02	2.8E-01	2.5E-04	7.7E+01	1.3E-01	2.7E-04	3.7E+00	1.4E-01	1.8E-03
180	5.5E-04	4.3E+00	3.2E-01	6.0E-04	7.2E+02	3.7E-01	2.9E-04	4.2E+01	1.8E-01	4.1E-04	3.3E+00	2.4E-01	3.2E-03
365	1.0E-03	5.2E+00	7.8E-01	7.9E-04	7.8E+02	6.5E-01	4.0E-04	2.6E+01	3.3E-01	1.0E-03	4.0E+00	7.3E-01	9.9E-03

From ICRP 141, 2019

Many models, dose coefficients and bioassay functions have been issued since the 70s

For the workers

Publication 30 series (ICRP, 1979, 1980, 1981, 1988)

Publication 68 (ICRP, 1994)

For the members of the public

Publications 56, 67, 69, 71 and 72 (ICRP, 1989, 1993, 1995)

age-specific models

Publications 88 and 95 (2001, 2004)

transfers to embryo/fetus and infants

Up to date models, dose coefficients and bioassay functions for workers

OIR Part 1 *ICRP Publication 130, 2015*

Models and methods for monitoring

OIR Part 2 *ICRP Publication 134, 2016*

Hydrogen (H), Carbon (C), Phosphorus (P), Sulphur (S), Calcium (Ca), Iron (Fe), Cobalt (Co), Zinc (Zn), Strontium (Sr), Yttrium (Y), Zirconium (Zr), Niobium (Nb), Molybdenum (Mo) and Technetium (Tc).

OIR Part 3 *ICRP Publication 137, 2017*

Ruthenium (Ru), Antimony (Sb), Tellurium (Te), Iodine (I), Caesium (Cs), Barium (Ba),
Iridium (Ir), Lead (Pb), Bismuth (Bi), Polonium (Po), Radon (Rn), Radium (Ra), Thorium (Th) and Uranium (U).

OIR Part 4, *ICRP Publication 141, 2019*

Lanthanides series, actinium (Ac), protactinium (Pa) and transuranic elements

OIR Part 5, *ICRP Publication 151 (In Press)*

Most of the remaining elements

The « Public » series; 5 volumes to come

Public Part 1, *scheduled 2022*

Dose coefficients for 29 elements

Public Part 2, *scheduled 2023*

Dose coefficients for actinides and lanthanides

Public Part 3, *scheduled 2024*

Dose coefficients for every other elements

Public Part 4, > 2025

Breast-feeding Infant Internal Dose Coefficients from Maternal Intakes

Public Part 5, > 2025

In utero Internal Dose Coefficients from Maternal Intakes

The end

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