

RAS 5689

72-22-ISFSI - State Exhibit 218 - Recd 6/26/02

400R92001

**MANUAL OF PROTECTIVE ACTION GUIDES  
AND  
PROTECTIVE ACTIONS  
FOR NUCLEAR INCIDENTS**

DOCKETED  
USNRC



2003 JAN 31 PM 2:24

OFFICE OF THE SECRETARY  
RULEMAKINGS AND  
ADJUDICATIONS STAFF

Office of Radiation Programs  
United States Environmental Protection Agency  
Washington, DC 20460

Revised 1991  
Second printing, May 1992

N

This is page 1 of 274.

Choose a command for displaying the current document: (Help for Commands)

Template=SECY-028  
<http://www.epa.gov/cgi-bin/claritgw>

SECY-02  
1/18/01

NUCLEAR REGULATORY COMMISSION

Docket No. 72-22 Official Ex. No. Sub 218  
In the matter of PF  
Staff \_\_\_\_\_ IDENTIFIED   
Applicant \_\_\_\_\_ RECEIVED   
Intervenor  REJECTED \_\_\_\_\_  
Cont'g Off'r \_\_\_\_\_  
Contractor \_\_\_\_\_ DATE 6/24/72  
Other \_\_\_\_\_ Witness Penhoff  
Reporter Chese

## CHAPTER 4

### Protective Action Guides for the Intermediate Phase (Deposited Radioactive Materials)

#### 4.1 Introduction

Following a nuclear incident it may be necessary to temporarily relocate the public from areas where extensive deposition of radioactive materials has occurred until decontamination has taken place. This chapter identifies the levels of radiation exposure which indicate when relocation from contaminated property is warranted.

The period addressed by this chapter is denoted the "intermediate phase." This is arbitrarily defined as the period beginning after the source and releases have been brought under control and environmental measurements are available for use as a basis for decisions on protective actions and extending until these protective actions are terminated. This phase may overlap the early and late phases and may last from weeks to many months. For the purpose of dose projection, it is assumed to last for one year. Prior to this period protective actions will have been taken based upon the PAGs for the early phase. It is assumed that decisions will be made during the intermediate phase concerning whether particular areas or properties from which persons have been relocated will be decontaminated and reoccupied, or condemned and the

occupants permanently relocated. These actions will be carried out during the late or "recovery" phase.

Although these Protective Action Guides (PAGs) were developed based on expected releases of radioactive materials characteristic of reactor incidents, they may be applied to any type of incident that can result in long-term exposure of the public to deposited radioactivity.

PAGs are expressed in terms of the projected doses above which specified protective actions are warranted. In the case of deposited radioactivity, the major relevant protective action is relocation. Persons not relocated (i.e., those in less contaminated areas) may reduce their dose through the application of simple decontamination techniques and by spending more time than usual in low exposure rate areas (e.g., indoors).

The PAGs should be considered mandatory only for use in planning, e.g., in developing radiological emergency response plans. During an incident, because of unanticipated local conditions and constraints, professional judgment by responsible officials will be required in their application. Situations can be envisaged, where contamination from a nuclear incident

This is page 47 of 274.

Choose a command for displaying the current document: (*Help for Commands*)

occurs at a site or time in which relocation of the public, based on the recommended PAGs, would be impracticable. Conversely, under some conditions, relocation may be quite practicable at projected doses below the PAGs. These situations require judgments by those responsible for protective action decisions at the time of the incident. A discussion of the implementation of these PAGs is provided in Chapter 7.

The PAGs for relocation specified in this chapter refer only to estimates of doses due to exposure during the first year after the incident. Exposure pathways include external exposure to radiation from deposited radioactivity and inhalation of resuspended radioactive materials. Protective Action Guides for ingestion exposure pathways, which also apply during the intermediate phase, are discussed separately in Chapter 3.

Individuals who live in areas contaminated by long-lived radionuclides may be exposed to radiation from these materials, at a decreasing rate, over the entire time that they live in the area. This would be the case for those who are not relocated as well as for persons who return following relocation. Because it is usually not practicable, at the time of a decision to relocate, to calculate the doses that might be incurred from exposure beyond one year, and because different protective actions may be appropriate over such longer periods of time, these doses are not included in the dose specified in the PAGs for relocation.

#### 4.1.1 Exposure Pathways

The principal pathways for exposure of the public occupying locations contaminated by deposited radioactivity are expected to be exposure of the whole body to external gamma radiation from deposited radioactive materials (groundshine) and internal exposure from the inhalation of resuspended materials. For reactor incidents, external gamma radiation is expected to be the dominant source.

Almost invariably relocation decisions will be based on doses from the above pathways. (However, in rare cases where food or drinking water is contaminated to levels above the PAG for ingestion, and its withdrawal from use will create a risk from starvation greater than that from the radiation dose, the dose from ingestion should be added to the dose from the above pathways.) PAGs related specifically to the withdrawal of contaminated food and water from use are discussed in Chapter 3.

Other potentially significant exposure pathways include exposure to beta radiation from surface contamination and direct ingestion of contaminated soil. These pathways are not expected to be controlling for reactor incidents (AR-89).

#### 4.1.2 The Population Affected

The PAGs for relocation are intended for use in establishing the boundary of a restricted zone within an

This is page 48 of 274.

Choose a command for displaying the current document: (*Help for Commands*)

area that has been subjected to deposition of radioactive materials. During their development, consideration was given to the higher risk of effects on health to children and fetuses from radiation dose and the higher risk to some other population groups from relocation. To avoid the complexity of implementing separate PAGs for individual members of the population, the relocation PAG is established at a level that will provide adequate protection for the general population.

Persons residing in contaminated areas outside the restricted zone will be at some risk from radiation dose. Therefore, guidance on the reduction of dose during the first year to residents outside this zone is also provided. Due to the high cost of relocation, it is more practical to reduce dose in this population group by the early application of simple, low-impact, protective actions other than by relocation.

#### 4.2 The Protective Action Guides for Deposited Radioactivity

PAGs for protection from deposited radioactivity during the intermediate phase are summarized in Table 4-1. The basis for these values is presented in detail in Appendix E. In summary, relocation is warranted when the projected sum of the dose equivalent from external gamma radiation and the committed effective dose equivalent from inhalation of resuspended radionuclides exceeds 2 rem in the first year. Relocation to avoid exposure of

the skin to beta radiation is warranted at 50 times the numerical value of the relocation PAG for effective dose equivalent.

Persons who are not relocated, i.e., those in areas that receive relatively small amounts of deposited radioactive material, should reduce their exposure by the application of other measures. Possible dose reduction techniques range from the simple processes of scrubbing and/or flushing surfaces, soaking or plowing of soil, removal and disposal of small spots of soil found to be highly contaminated (e.g., from settlement of water), and spending more time than usual in lower exposure rate areas (e.g., indoors), to the difficult, and time-consuming processes of removal, disposal, and replacement of contaminated surfaces. It is anticipated that simple processes will be most appropriate for early application. Many can be carried out by residents themselves with support from response officials for assessment of the levels of contamination, guidance on appropriate actions, and disposal of contaminated materials. Due to the relatively low cost and risk associated with these protective actions, they may be justified as ALARA measures at low dose levels. It is, however, recommended that response officials concentrate their initial efforts in areas where the projected dose from the first year of exposure exceeds 0.5 rem. In addition, first priority should be given to cleanup of residences of pregnant women who may exceed this criterion.

This is page 49 of 274.

Choose a command for displaying the current document: (*Help for Commands*)

**Table 4-1 Protective Action Guides for Exposure to Deposited Radioactivity During the Intermediate Phase of a Nuclear Incident**

Protective Action	PAG (projected dose) <sup>a</sup>	Comments
Relocate the general population. <sup>b</sup>	≥2 rem	Beta dose to skin may be up to 50 times higher
Apply simple dose reduction techniques. <sup>c</sup>	<2 rem	These protective actions should be taken to reduce doses to as low as practicable levels.

<sup>a</sup>The projected sum of effective dose equivalent from external gamma radiation and committed effective dose equivalent from inhalation of resuspended materials, from exposure or intake during the first year. Projected dose refers to the dose that would be received in the absence of shielding from structures or the application of dose reduction techniques. These PAGs may not provide adequate protection from some long-lived radionuclides (see Section 4.2.1).

<sup>b</sup>Persons previously evacuated from areas outside the relocation zone defined by this PAG may return to occupy their residences. Cases involving relocation of persons at high risk from such action (e.g., patients under intensive care) should be evaluated individually.

<sup>c</sup>Simple dose reduction techniques include scrubbing and/or flushing hard surfaces, soaking or plowing soil, minor removal of soil from spots where radioactive materials have concentrated, and spending more time than usual indoors or in other low exposure rate areas.

#### 4.2.1 Longer Term Objectives of the Protective Action Guides

It is an objective of these PAGs to assure that 1) doses in any single year after the first will not exceed 0.5 rem, and 2) the cumulative dose over 50 years (including the first and second years) will not exceed 5 rem. For source terms from reactor incidents, the above PAG of 2 rem projected dose in the first year is expected to meet both of those objectives through

radioactive decay, weathering, and normal part time occupancy in structures. Decontamination of areas outside the restricted area may be required during the first year to meet these objectives for releases consisting primarily of long-lived radionuclides. For situations where it is impractical to meet these objectives through decontamination, consideration should be given to relocation at a lower projected first year dose than that specified by the relocation PAG.

This is page 50 of 274.

Choose a command for displaying the current document: ([Help for Commands](#))

After the population has been protected in accordance with the PAGs for relocation, return for occupancy of previously restricted areas should be governed on the basis of Recovery Criteria as presented in Chapter 8.

Projected dose considers exposure rate reduction from radioactive decay and, generally, weathering. When one also considers the anticipated effects of shielding from partial occupancy in homes and other structures, persons who are not relocated should receive a dose substantially less than the projected dose. For commonly assumed reactor source terms, we estimate that 2 rem projected dose in the first year will be reduced to about 1.2 rem by this factor. The application of simple decontamination techniques shortly after the incident can be assumed to provide a further 30 percent or more reduction, so that the maximum first year dose to persons who are not relocated is expected to be less than one rem. Taking account of decay rates assumed to be associated with releases from nuclear power plant incidents (SN-82) and shielding from partial occupancy and weathering, a projected dose of 2 rem in the first year is likely to amount to an actual dose of 0.5 rem or less in the second year and 5 rem or less in 50 years. The application of simple dose reduction techniques would reduce these doses further. Results of calculations supporting these projections are summarized in Table E-6 of Appendix E.

#### 4.2.2 Applying the Protective Action Guides for Relocation

Establishing the boundary of a restricted zone may result in three different types of actions:

1. Persons who, based on the PAGs for the early phase of a nuclear incident (Chapter 2), have already been evacuated from an area which is now designated as a restricted zone must be converted to relocation status.
2. Persons not previously evacuated who reside inside the restricted zone should relocate.
3. Persons who normally reside outside the restricted zone, but were previously evacuated, may return. A gradual return is recommended, as discussed in Chapter 7.

Small adjustments to the boundary of the restricted zone from that given by the PAG may be justified on the basis of difficulty or ease of implementation. For example, the use of a convenient natural boundary could be cause for adjustment of the restricted zone. However, such decisions should be supported by demonstration that exposure rates to persons not relocated can be promptly reduced by methods other than relocation to meet the PAG, as well as the longer term dose objectives addressed in Section 4.2.1.

Reactor incidents involving releases of major portions of the core inventory under adverse atmospheric conditions can be postulated for which

This is page 51 of 274.

Choose a command for displaying the current document: (*Help for Commands*)

large areas would have to be restricted under these PAGs. As the affected land area increases, they will become more difficult and costly to implement, especially in densely populated areas. For situations where implementation becomes impracticable or impossible (e.g., a large city), informed judgment must be exercised to assure priority of protection for individuals in areas having the highest exposure rates. In such situations, the first priority for any area should be to reduce dose to pregnant women.

#### 4.3 Exposure Limits for Persons Reentering the Restricted Zone

Individuals who are permitted to reenter a restricted zone to work, or for other justified reasons, will require protection from radiation. Such individuals should enter the restricted zone under controlled conditions in accordance with dose limitations and other procedures for control of occupationally-exposed workers (EP-87). Ongoing doses received by these individuals from living in a contaminated area outside the restricted zone need not be included as part of this dose limitation applicable to workers. In addition, dose received previously from the plume and associated groundshine, during the early phase of the nuclear incident, need not be considered.

#### References

- AR-89 Aaberg, Rosanne, Evaluation of Skin and Ingestion Exposure Pathways. EPA 520/1-89-016. U.S. Environmental Protection Agency, Washington, (1989).
- EP-87 U.S. Environmental Protection Agency. Radiation Protection Guidance to Federal Agencies for Occupational Exposure. Federal Register, 52, 2822; January 27, 1987.
- SN-82 Sandia National Laboratory. Technical Guidance for Siting Criteria Development. NUREG/CR-2239. U.S. Nuclear Regulatory Commission, Washington, (1982).

This is page 52 of 274.

Choose a command for displaying the current document: (Help for Commands)