

Member and Secretary, ICRP Committee 3 Harvard Medical School, Massachusetts General Hospital (MGH) Boston & Duke University

	Disclosures	
•None		
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Educational Objectives

- 1. To understand the international system of radiation protection and learn about the International Commission on Radiological Protection (ICRP)
- 2. To understand the recommendations that ICRP has provided over the years and how it develops its recommendations
- 3. To learn about the ICRP's ongoing and recent activities of interest to medical physicists and health physicists

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International Commission on Radiological Protection (ICRP)

- Since 1928, the ICRP has developed, maintained, and elaborated the International System of Radiological Protection
- The system has been used world-wide as the common basis for radiological protection standards, legislation, guidelines, programs, and practice.
- For nearly a century it has played a major and global role in radiation protection.

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ICRP has been instrumental in establishing

- the principles of radiation protection
- providing and periodically revising radiation and tissue weighing factors,
- developing the dose quantity "effective dose",
- providing and updating the recommended dose limits for occupational and public exposures,
- Concept of DRL
- · recommending dose levels for termination of pregnancy,
- estimating threshold doses for tissue reactions (deterministic effects).

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Official position of ICRP

- Unlike WHO and the IAEA, which are United Nations international organizations, ICRP is an independent charitable organization, registered in the United Kingdom.
- Nonetheless, its reputation is such that most countries adhere to its recommendations.
- ICRP has no enforcement powers, but its recommendations form the basis for international safety standards and for many national regulations.







Medical Physicist

- For more than half a century every medical physicist in the world has used ICRP's work in some way.
- The radiation protection component of the work of medical physicists has been increasing in recent years.
- Earlier radiation protection was dominated by occupational protection but in recent years it is patient protection that has taken centre stage.

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Limits on Occupational D	oses (ICRP)*
	Annual Dose Limit (mSv)
Effective dose, worker	20 averaged over 5 years (Max 50 in any year)
Equivalent dose to lens of eye	<u>150</u> 20
Equivalent dose to skin	500
Equivalent dose to hands and feet	500
Effective dose to embryo or fetus	1
Effective dose, public *Please follow the recommendations	1 as prescribed by you
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Limits on Occupational Doser	Annual Dose	
Effective dose, worker (average)	50 (5 rem)	
Equivalent dose to lens of eye	150 (15 rem)	
Equivalent dose to skin	500 (50 rem)	
Equivalent dose to hands and feet	500 (50 rem) 5 (0.5 rem)	
Effective dose to embryo or fetus		
Effective dose, public	1 (0.1 rem)	
http://www.nrc.gov/reading-rm/doc-co Rehani_AAPM 2016 ICRP	llections/cfr/part02	

The ICPP rer	orte on radiological protoctio	n (PP) in modicino
from 2000 (ir	20 publications) cover topic	
10111 2000, (1	1 20 publications), cover topic	5 011
 Pregnancy 	(P84) and Radiological Prot. in	Medicine (P105);
 Release of (P94); 	patients after therapy with unse	aled radionuclides
 Preventing 	accidental exp. in rad. therapy (P86, P97, P112);
 Radiation s radiotherap 	afety aspects of brachytherapy (P127);	(P98) and ion beam
 Doses to pa others); 	tients from radiopharmaceutica	ls (P116, P128 and
 Education a 	nd training in RP (113):	
 Managing r 	ad, dose in Interv, Rad, (P85), L	Digital Rad. (P93), CT
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ICRP Lens of Eye

- Threshold dose: 0.5 Gy (50 rads)
- Occupational dose limit: 20 mSv (2000 m rem) averaged over 5 years.
- NCRP is soon finalizing its recommendations

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Current Work Plan of Committee 3 (a) TG 36 (with C2): Radiation dose to patients from radiopharmaceuticals (D. Nosske and S. Mattsson). WP on Diagnostic reference levels (DRLs) in Medical Imaging. *Final draft completed* (E. Vano). TG 89: Occupational Radiological Protection in Brachytherapy (L. Dauer). WP on Occupational protection issues in intervent. fluoroscopically-guided and CT-guided procedures. *Final draft to be approved by C3* (P. Ortiz).

Current Work Plan of Committee 3 (b)

- WP on Justification (K. Åhlström-Riklund).
- WP on Radiological Protection in Therapy with Radiopharmaceuticals (Y. Yonekura and S. Mattsson).
- WP (with C1) on Radiological Protection in Medicine Related to Individual Radiosusceptibility (M. Bourguignon).
- WP on Radiation and Patient Protection (educational document) (S. Demeter).

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	ICRP Publication 130	Occupational Intakes of Radionuclides: Part 1
	ICRP Publication 129	Redotopical Protection in Core Beam Computed Tomography (CBCT)
	ICRP Publication 120	Endiation Dose to Patients from Radiopharmaceuticals: A Compandium of Current Information Related to Prequently Used Substances
	IGRP 2013 Proceedings	Proceedings of the Second International Symposium on the Sentem of Redislogical Protection (FREE PDP)
	ICRP Publication 127	Redological Protection in Ion Beam Redictherapy
	KRP Publication 126	Endolveiral Protection analysi Endon Personan

To be more Open

- International organizations and stakeholders are encouraged to
 propose topics of interest for new reports.
- In addition, a new mechanism, introduced at the second ICRP symposium, provides opportunities for symposium participants to provide input on suggested topics to the Commission's committees.

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Nominations to ICRP

- ICRP has introduced since 2012, a new open system for nomination for its membership every 4 years.
- Anyone can apply and go through process to be member of ICRP.
 The members of Task Groups and Working Party are selected by Chairs in meeting of Committee and thus in consultation with Committee.

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