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Status of work to implement ICP-MS for analysis of excreta and to update the technical basis for internal dosimetry

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Radiation Safety Technical Services Laboratory



External and internal individual monitoring for all operations under IAEA control or supervision around the globe

- 3000 monitored individuals, 45000 assessments per year
- Bound to IAEA Radiation Safety and Nuclear Security Regulations implementing requirements of International Basic Safety Standards



Services to events in 110 countries

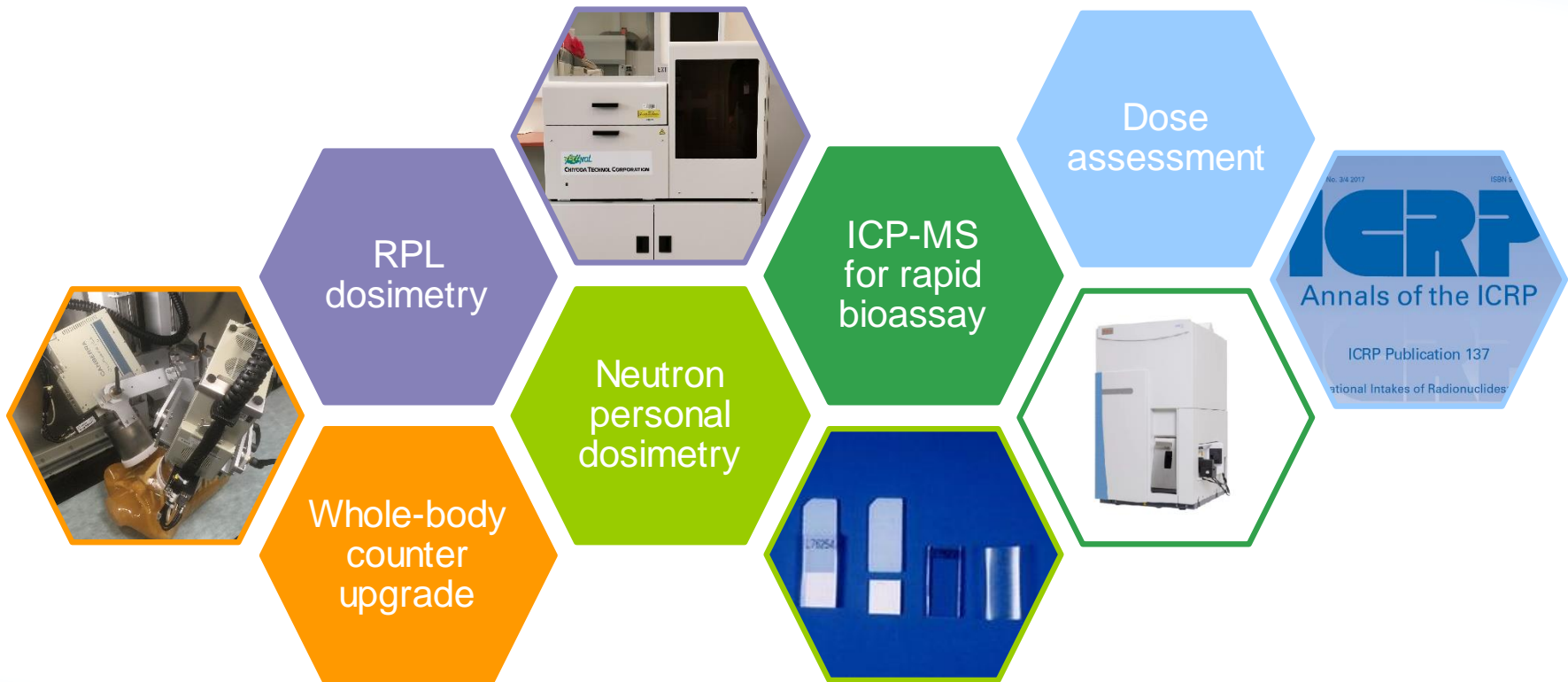
- Largest cohort of occupationally exposed workers monitored at regular intervals is from Safeguards
 - Nuclear safeguards inspectors
 - Staff in Nuclear Materials Laboratory

- Potential exposures to U, Pu, Am, Np, Cm and Th
 - Mixture of ^{238}Pu , ^{239}Pu , ^{240}Pu , ^{241}Pu , ^{242}Pu and ^{241}Am
 - Confirmatory and routine monitoring for possible intakes
 - Special monitoring in case of suspected accidental intake

- EN ISO/IEC 17025:2017 accreditation
 - In-vitro radiobioassay (urine, faeces and saliva; 9000 measurements per year)
 - In-vivo radiobioassay (whole-body counting; 2700 measurements per year)

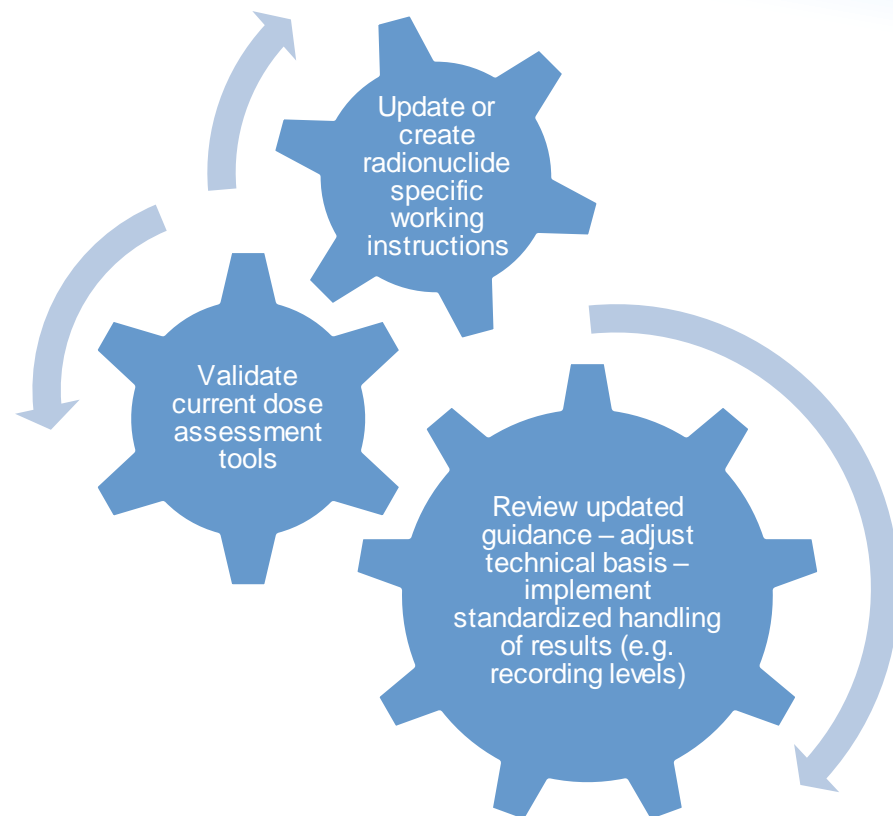
RADSED Major Capital Investment Project

■ Enhancing Radiation Safety through Efficient and Modern Dosimetry



Updated Technical Basis for Dose Assessment and Optimized Internal Monitoring

- Review of recent guidance to adjust technical basis and validate current dose assessment tools for internal dosimetry
 - ICRP Occupational Intakes of Radionuclides (OIR) series
 - EURADOS TECHREC (EC Radiation Protection No. 188)
 - ISO 27048:2011
- Development of Dosimetric Data Generator
- Update of work procedures for confirmatory, routine and special monitoring
- Technical recommendations on specification of recording levels for internal monitoring to standardize handling of results



Thermo Scientific™ iCAP TQ ICP-MS

■ ICP-MS purchased

- Reduce turn-around time
- Improve detection limits

■ Triple quadrupole ICP-MS

- Q1: 4 MHz, 2–240 u
- Q2: CRC (H₂/He/O₂/NH₃ and 13 other gases)
- Q3: 2 MHz, 2–290 u
- SQ mode not using CRC
- TQ on mass mode
- TQ on mass shift mode

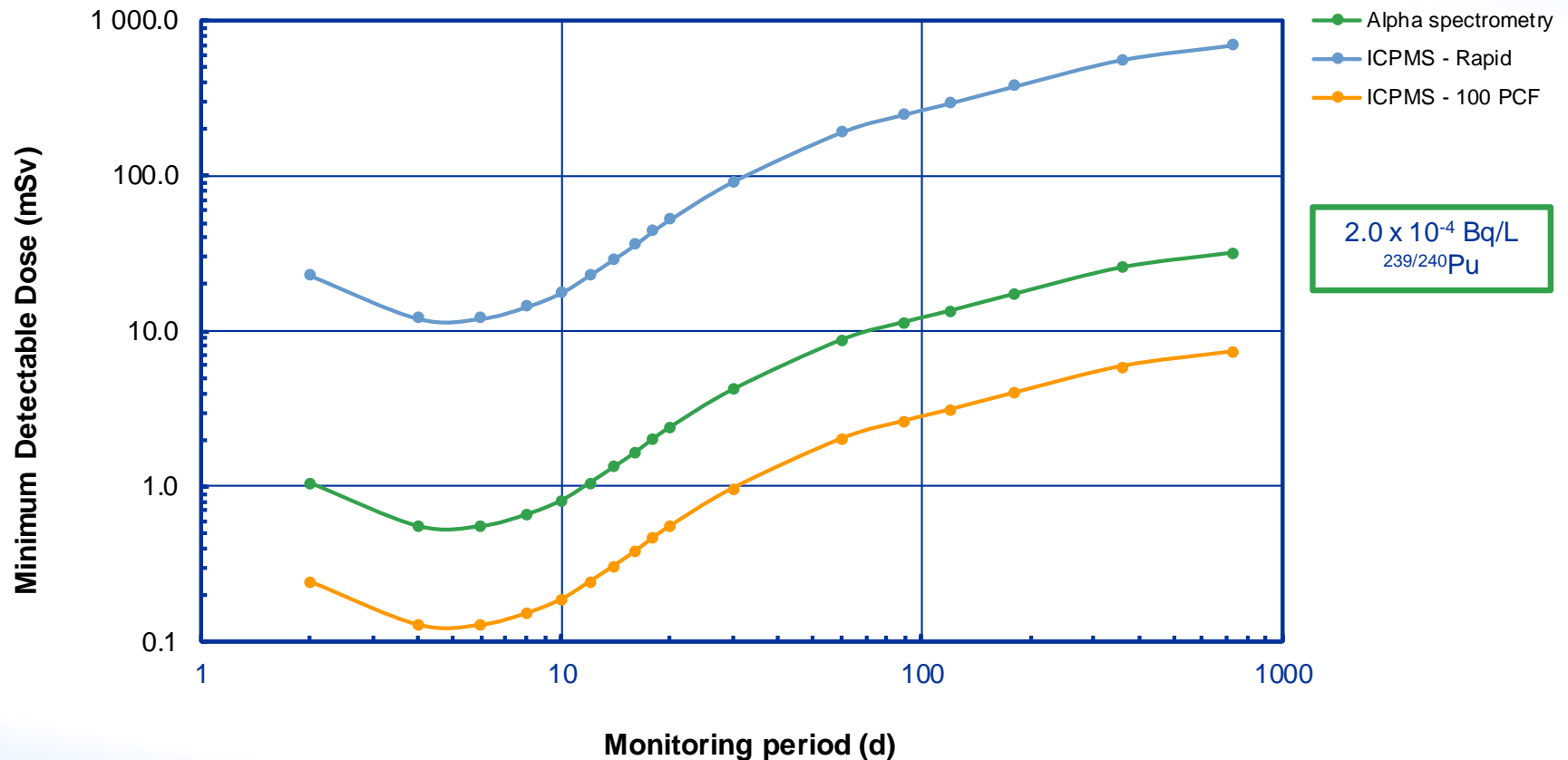


■ SC-2 DX autosampler (ESI)

We are very grateful for financial support provided by the USA!

Why ICP-MS? Consider Time and Minimum Detectable Dose

Minimum Detectable Dose (MDD) for typical Nuclear Materials Laboratory source term.
Most restrictive in urine, assuming that intake occurred at mid-point of monitoring period.



Anticipated Next Actions

Buy standard solutions

- ^{241}Am
- ^{239}Pu , ^{240}Pu , ^{241}Pu
- Others?

Note: Laboratory has ^{242}Pu , ^{232}U , ^{243}Am , ^{244}Cm , ^{237}Np and ^{229}Th

Sample introduction system

- Identify suitable sample introduction system (e.g. APEX Q/ Ω)

Collision/reaction Cell

- Currently only He
- Configure for CO_2 and NH_3

Testing with $^{239/242}\text{Pu}$ standard solutions

- Determine DLs with and without ^{238}U

Add and configure sample introduction system

Test and optimise collision/reaction cell for CO_2 and NH_3 using Pu and U standard solutions

- Optimise flow rate for most effective reaction

Test for Pu in urine with routine method(s)

- All nuclides
- Separated elements

Develop and test rapid method

We are very grateful for implementation support being provided by Health Canada

What does it take?

ICP-MS + Nebulizer and equipment + Standards

~€250K

Method development and optimization, method validation, procedure writing, training

~ 1.5 person year
(expert resources)

Data management software changes, increased scope of accreditation, ongoing intercomparison participation

Other things that we have forgotten?

We'll let you know



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Thank you!