



Public Health
England

Remediation of a former gas mantle factory contaminated with radioactive thorium-232

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Former industrial use

- Manufacture thorium gas mantles:
 - Past practice – not regulated historically
 - Different site usage prior to remediation
 - Remediation for residential use





Establishing radiological conditions

Comprehensive radiological survey AND review of historical information

1. Feed materials

- Quantities, Bq/g and chain equilibrium (then and now)
- Physical and chemical properties
 - Internal dosimetry, and possible spread on site

2. Processes

- Effect on individual radionuclides
- Localised accumulation and contamination

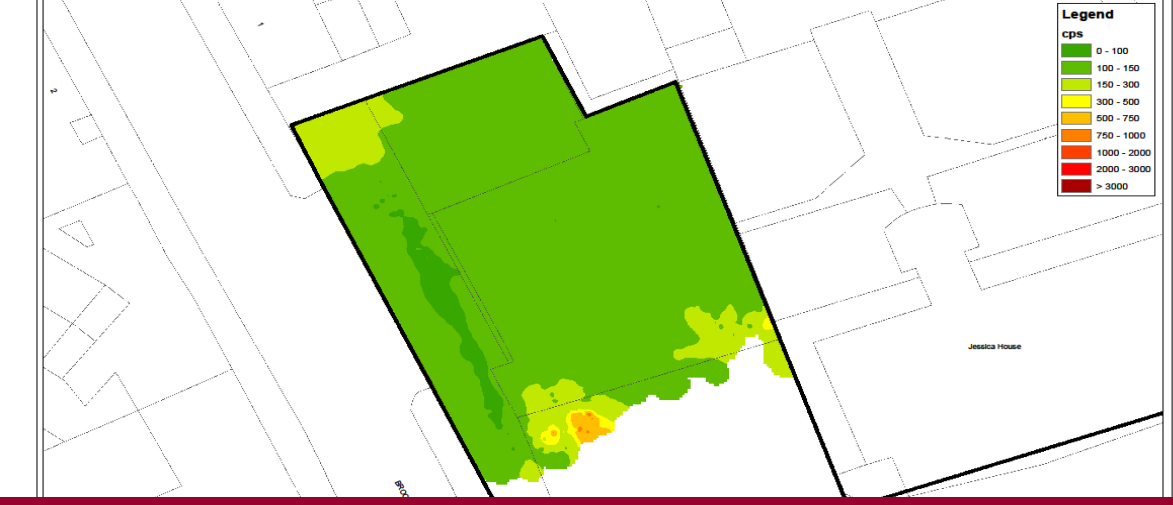
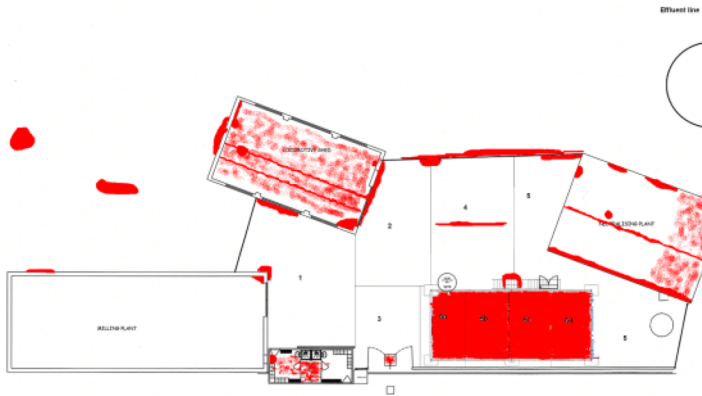
3. Historical waste management strategy

- Especially any on-site disposals



Pre-remediation survey methods

- Gamma “walk-over” survey
 - Detect “hidden” contamination
 - Contamination mapping and marking with paint
 - Dose rates for prior risk assessment
- Surface contamination measurements
 - Only for specific surfaces (and low background)
 - Can accurately delineate contamination
- Trial excavations (boreholes and pits)
- Sampling and gamma spectrometry
 - Empirical calibration of site measurements
 - Bq/g for prior risk assessment







Pre-remediation results

1. Activity concentrations

- Th-232: 0 – 100 Bq/g (500 Bq/g max)
- Outside and inside buildings
- On the surface, in the surface, and under the surface
- On and under the ground – up to 3 m depth

2. Gamma dose rates

- Up to 20 $\mu\text{Sv/h}$ in contact
- Up to 5 $\mu\text{Sv/h}$ whole body
- Can increase during remediation



Radiological end-points

- Dose constraint (NORM) = 300 $\mu\text{Sv/y}$ per site
 - Optimise below dose constraint
- Need to convert to Bq/g (residual)
 - Consistent with generic regulatory exclusion levels
- In practice, the following was agreed:
 - Residential use: $<0.1 \text{ Bq/g}$ (0.4 Bq/g max)
- Need to agree policy on AVERAGING



Radiation Protection Programme

- Prior risk assessment
 - External doses: 0.1 – 1 mSv
 - Internal doses (no RPE): 0.2 – 2 mSv
- Protection measures
 - Training (initial, plus regular “tool-box”) and supervision
 - Written “Method Statements”
 - Dust suppression (containment, extraction, damping down)
 - Entry/exit controls (barriers, PPE, change, “wash”, monitor and record)
 - “Industrial” PPE, including RPE when required
 - Individual dosimeters (TLD, Category B workers)
 - Periodic air sampling (mostly static samplers)
 - Contingency Plans for wounds and unexpected contamination





RP Programme: Results

- External and internal doses: <0.1 mSv
- Exit monitoring (over 1000 “exits”)
 - 66 (5%) - contaminated gloves
 - 2 (0.2%) - skin contamination (wrists – poorly fitted PPE)
 - 1 (0.1%) – contaminated shoes
- Site monitoring
 - No spread of contamination beyond designated areas
 - No increase in ambient Th air concentration at perimeter
 - Negligible doses to members of the public in vicinity of site
- Observation
 - Doses were negligible, but did we go beyond ALARA?



Waste Management Programme

- Site issued with waste permit (authorisation)
- Permit requires minimisation of active waste (“BAT”)
- General requirement to re-use and recycle materials
 - Need to segregate active and non-active waste
 - Practical waste screening strategy and methods
- Within UK regulatory structure
 - > 5 Bq/g Dispose to authorised disposal site
 - 0.5 – 5 Bq/g Exempt NORM waste – general landfill
 - <0.5 Bq/g Out of scope – leave, re-use, recycle
- Waste inventory records (Bq, Bq/g, volume, mass)



Waste screening methods

- Important pre-segregation via initial survey
 - Clear marking of contaminated materials
- Rapid screening measurements (as waste is produced)
 - Individual waste bags and drums (from buildings)
 - Excavator buckets, waste skips and trucks
 - Based on gamma emission computer modelling
- Confirmatory measurements
 - Sampling and gamma spectrometry
 - Rotating drum monitor (gamma spec)
 - Inter-comparisons with “test sources”





Incidents!

- Radiological incidents
 - 4 small wounds – no contamination
 - 1 misuse of PPE – prompted refresher training
- Mechanical incidents
 - Detached grinding wheel
 - Projectile rubble!
- Observation
 - Going beyond ALARA increases exposure to significant conventional risks





Conclusions

- Must agree in advance:
 - Radiological end-point (Bq/g) and averaging methods
 - Waste management strategy, and screening methods
- Do a comprehensive site survey AND historical review
- Gamma monitoring is best all-round tool
 - But use other techniques as well
- Buried contamination is common on industrial sites
 - Do boreholes/trial pits
- Assume that more contamination will be found
 - Regular repeat surveys during remediation



Conclusions cont.

- Do a realistic prior risk assessment
 - Use proportionate controls, adapting existing methods
 - $\ll 1$ mSv is readily achievable
- Training is important – but should be practical
- It's not always possible to fully decontaminate buildings
 - Cannot be demolished without precautions
 - Need to mark up contaminated materials, recover and screen post-demolition.
- Going beyond ALARA can increase exposure to significant conventional risks!



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And finally: The site today

