

CEMP TRAINING SESSION 15-17 JULY 2013

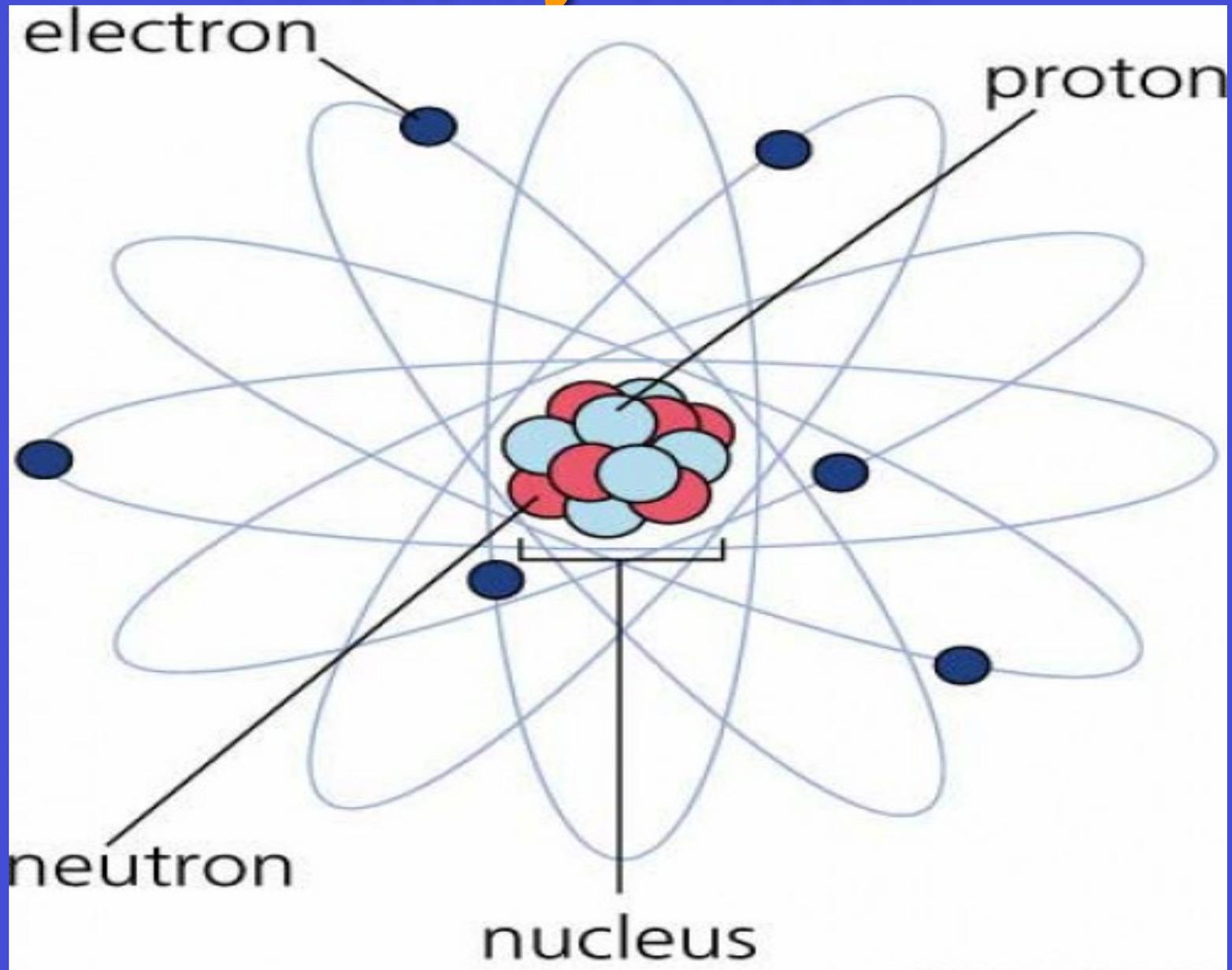
ATOMIC STRUCTURE & HISTORY

Instructor: Gary M. Sandquist, PhD, CHP
2013 Training Session

Training Outline

- **Basic Atomic Structure**
- **Introduction to Radioactivity**
- **Radiation Sources**
- **Biological Effects**
- **Radiation Risks**
- **Radiation Limits**

Anatomy of Atom



Atoms (nucleus & electrons)

Nucleus: (center core of atom contains)

Z protons and N neutrons

A atomic number = Z + N (nucleons)

Mass of nucleus = A >> electrons mass

Electrons:

Same number electrons as protons in neutral atom

Electrons surround and orbit nucleus

Isotopes

Atoms with same number protons
(same atomic number - Z) but different
number of neutrons in nucleus

(Mass number – Z differs but not atomic
number)

- ^{238}U versus ^{235}U atomic number $Z = 92$

Chemistry of isotopes identical!

^{238}U same chemistry as ^{235}U

Stable & Unstable Atoms

- Only certain combinations of neutrons & protons form stable nuclei
- Too many or too few neutrons for same number of protons then nucleus has excess energy & is unstable (radioactive)

Unstable atoms become more stable by reducing excess energy through release of particles and energy

Unstable nuclei known as radioactive atoms and undergo decay

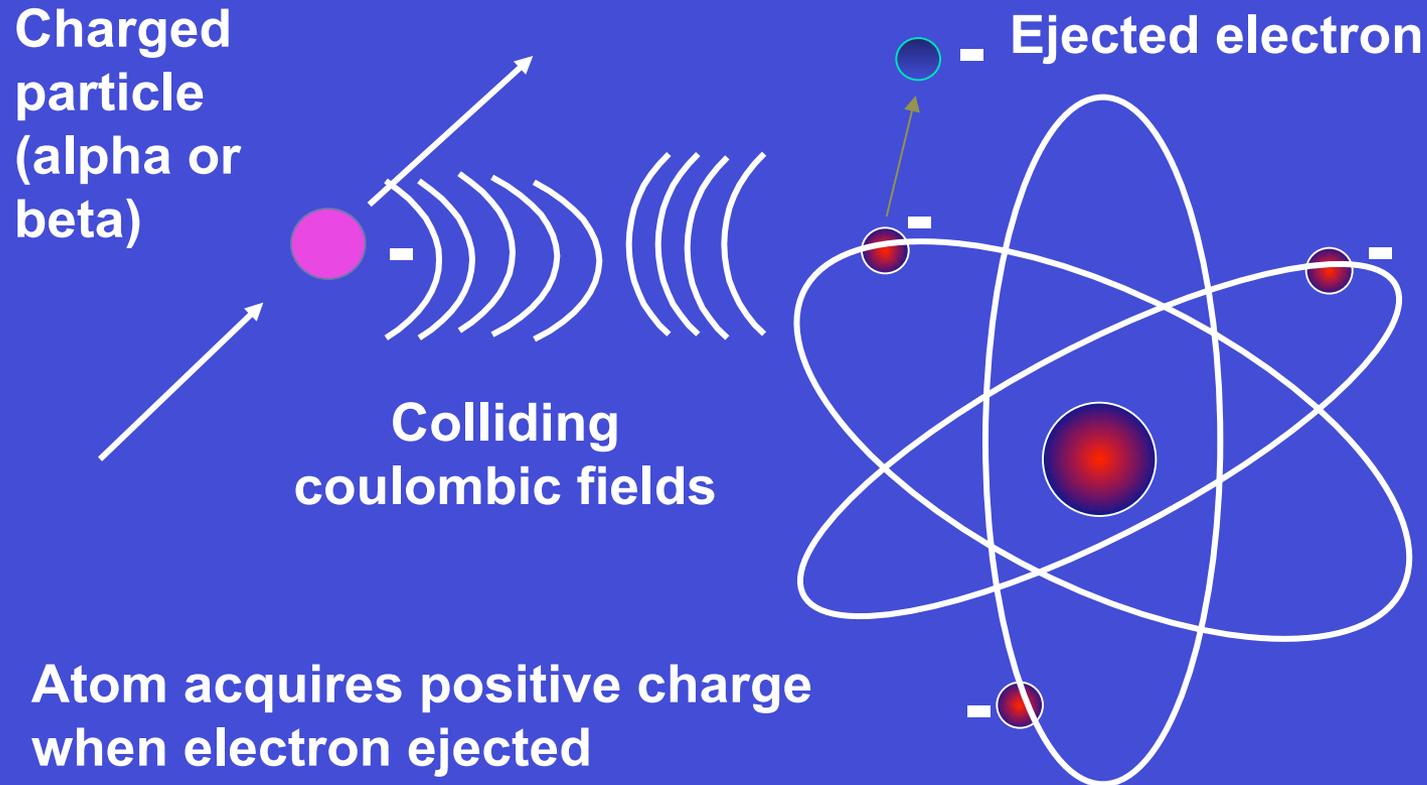
Ionizing radiation

Occurs from addition or removal of electrons from neutral atoms

Four main types of ionizing radiation
alpha, beta, gamma and neutrons

α	Alpha (helium nucleus)
β	Beta (electron or positron)
γ	Gamma (X-ray)
n	Neutron

Ionization



Alpha Particle (He-4 $A=4, Z=2$)

■ PHYSICAL CHARACTERISTICS

- Large mass
2 protons $Z = 2$, 2 neutrons,
no electrons
Positive charge +2
- Highly charged particle
emitted from nucleus of atom
- Positive charge +2 causes
alpha particle (+) to strip
electrons (-) from nearby atoms
as it passes through material,
thus ionizing these atoms

■ SHIELDING

- Stopped by
outer layer of skin,
few centimeters of air
or one sheet of paper

■ BIOLOGICAL HAZARD

- No external radiation
hazard
- Internally deposits large
amount of energy in small
volume of body

Beta Particle (e^{-1} or e^{+1})

■ PHYSICAL CHARACTERISTICS

- Small mass emitted from nucleus of atom with electrical charge of -1
- Cause ionization by displacing electrons from their orbits
- Same as electron
- (or positron)
- Ionization caused by repulsive force between beta particle (-) & atoms electron (-)

■ RANGE

- Limited penetrating ability (< 10 feet in air) because of negative charge

■ SHIELDING

- Most beta particles shielded by plastic, glass, metal foil, safety glasses

■ BIOLOGICAL HAZARD

- An internal hazard due to short range
- Hazardous to skin & eyes

Gamma/X Rays (γ or x)

■ PHYSICAL CHARACTERISTICS

- Electromagnetic wave or photon with no electrical charge
- Gamma rays similar to x rays, but from nucleus
- Gamma/x ray radiation ionizes by direct reaction with orbital electrons
- Energy of gamma/x ray radiation transmitted directly to target

■ RANGE

- Gamma/x rays have no charge or mass
- Very penetrating
- Range in air - few hundred feet

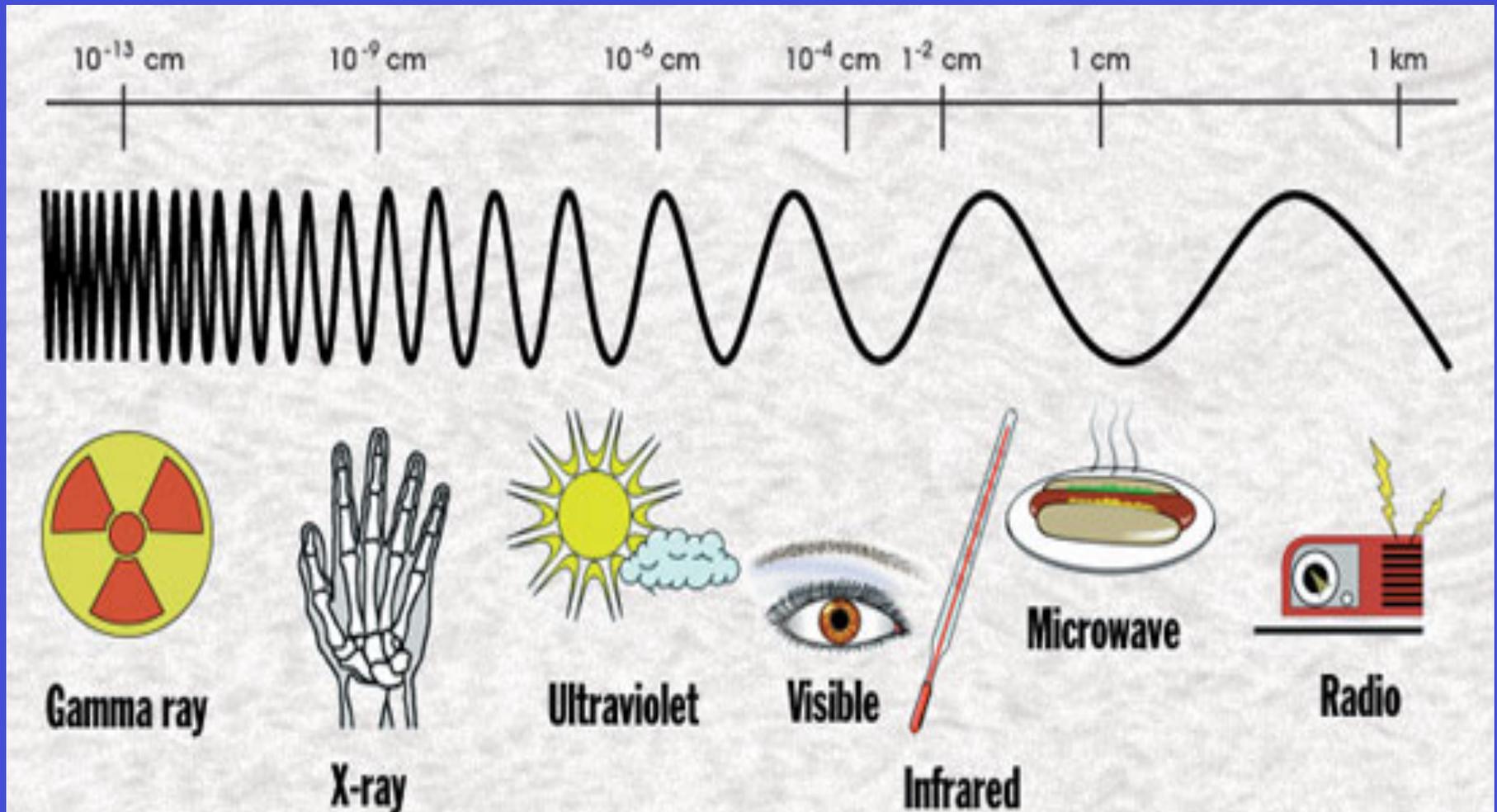
■ SHIELDING

- Best shielded by dense materials
(concrete, lead or steel)

■ BIOLOGICAL HAZARD

- Produces radiation exposure to whole body

Radiation Spectrum



Physics of nuclear reactions



- Conservation of total energy

$$\text{Total E (1+2)} = \text{Total E (3+4)}$$

- Conservation of nucleon number

$$A_1 + A_2 = A_3 + A_4$$

- Conservation of electric charge

$$Z_1 + Z_2 = Z_3 + Z_4$$

- Conservation of momentum

$$\underline{mv_1} + \underline{mv_2} = \underline{mv_3} + \underline{mv_4}$$



Example nuclear reactions

Decay U-238 by alpha emission



Fission of U^{235}_{92} by neutron capture



Solar fusion reaction of hydrogen



Radioactive decay of Co-60



Brief History of Radiation Health Effects

1895 - Roentgen announces discovery of X-rays

1896 - Reports of skin effects (burns) in x-ray researchers

1902 - First cases of radiation induced skin cancer reported

1906 - Pattern for differential radiosensitivity of tissues was discovered

1927 - Genetic effects of radiation including cancer risk

recognized by Hermann Joseph Muller genetic effects in fruit flies

Hermann Joseph Muller awarded Nobel Prize in 1946

1900's – 1930's Many physicians and companies marketed radioactive substances

- patent medicine , radiation cures, radioactive quackery.

Marie Curie warned effects of radiation on humans not well understood.

Curie died of aplastic anemia caused by radiation poisoning.

1932 - Eben Byers, famous American socialite, died of cancer 1932

His death drew public attention to dangers of radiation.

Brief History of Radiation Health Effects

**1928 Second International Congress of Radiology - ICRP
International Commission on Radiation Protection**

**1929 US National Council on Radiation Protection &
Measurements - NCRP is US equivalent to ICRP**

**1929 - 1970 US radiation exposures set by
Federal Radiation Council - FRC**

FRC composed of US Secretaries of

- **Agriculture, Commerce, Defense,**
- **Health, Education, Welfare and Labor,**
- **Atomic Energy Commission Chairman**

Brief History of Radiation Health Effects

**After 1970 FRC transferred to EPA
Environmental Protection Agency**

**Standards for radiation exposure used by EPA
called Radiation Protection Guides - RPGs**

**RPG's approved by US President
Binding on all US agencies**

**Most non US countries base radiation policy on
ICRP standards**

**Radiation standards by ICRP, NCRP & EPA
not identical.**

**Standards continually revised as membership of
US agencies change**

Types of Radiation Effects

Acute Effects: Short-term time effects

Very large radiation doses can kill humans

Lethal dose (LD) 50% population in 60 days termed $LD_{50/60}$

$LD_{50/60}$ from acute, whole body radiation ~400 to 500 rads (4-5 Gy)

Temperature rise in tissue caused by radiation less than 1°F

Biological response from X-ray radiation may result in

- 1) removal of electrons
- 2) changes in molecular structures

Chronic Radiation Effects Long-term effects (e.g., background radiation)

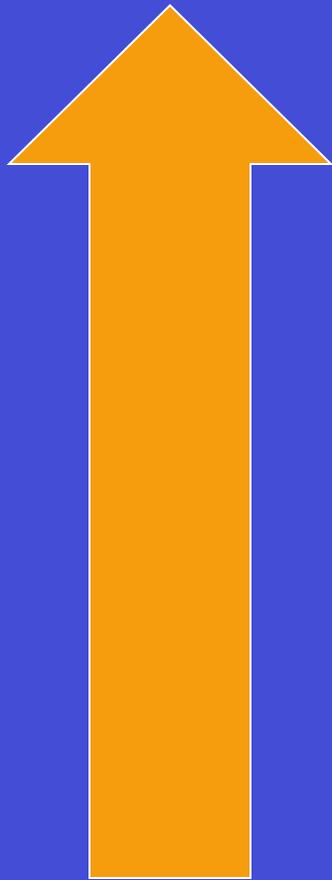
Deterministic Radiation Effects

Various radiation effects occur at high doses above **threshold**

Effects vary but eliminated if doses below 100 rad

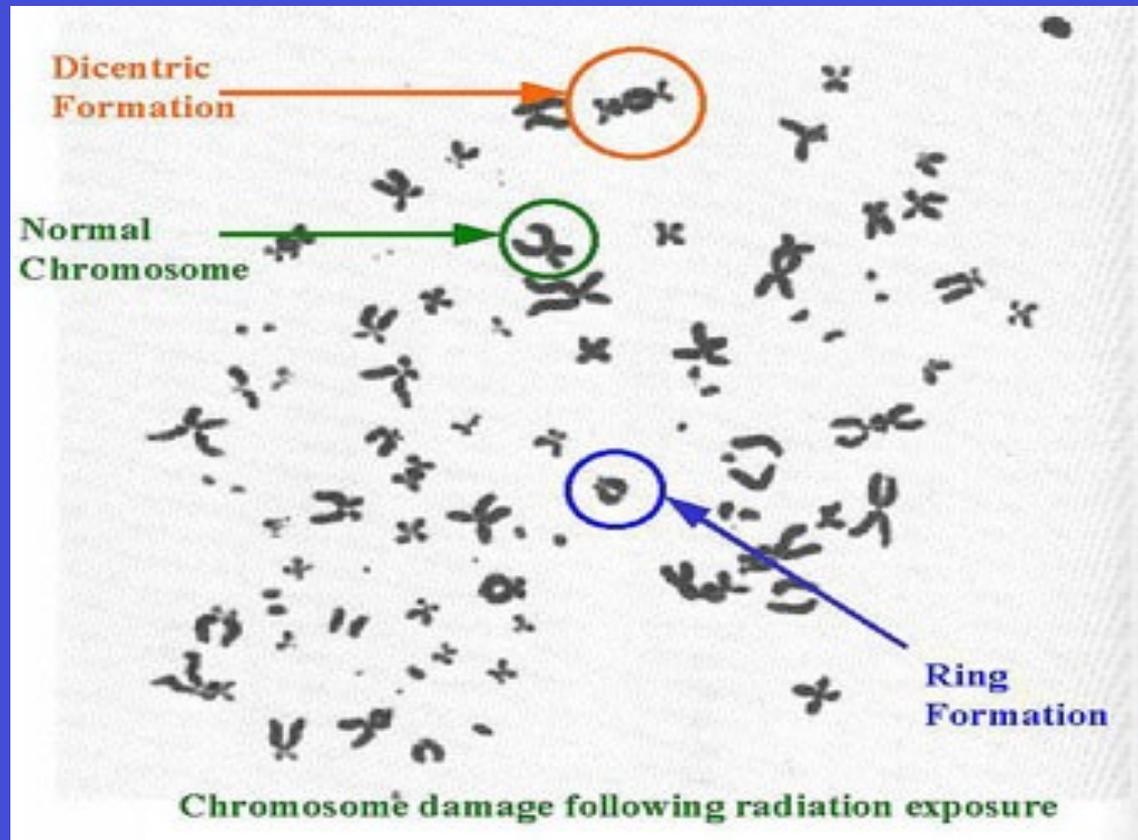
Severity of these effects increases with dose rate

Increasing Sensitivity to Radiation



- Lymphocytes
- Erythrocytes, Granulocytes
- Epithelial Cells
- Endothelial Cells
- Connective Tissue
- Bone Cells
- Nerve Cells
- Brain Cells
- Muscle Cells

Radiation-Induced DNA Damage



Radiation-induced structural changes to DNA can be readily observed (Figure 2-2)

Mechanisms of Radiation Injury

Radiation can directly interact with cell with producing damage

However, abundance of water in cells and body,

Radiation likely to interact with water molecule

Radiation interaction with water produces chemical species called free radicals (H^+) and ($\cdot OH^-$)

Free radicals can produce compounds e.g.,

hydrogen peroxide (H_2O_2) with high chemical toxicity

DNA and repair methods capable of protecting body

Only small damage fraction not repaired or repaired incorrectly

If DNA damaged, effects are

- damage repaired before end of cell's growth cycle
- cell dies
- very small chance cell survives and DNA mutates

Table: Acute Whole Body Radiation Effects

Syndrome	Symptoms	Dose (rad)
Radiation sickness	Nausea, vomiting	> 100 rad
Hemopoietic	Significant disruption of production of blood products)	> 250 rad
LD _{50/60d}	Death in half population	> 250 - 450 rad
GI	Failure of GI tract lining, loss of fluids, infections	> 500 rad
CNS	Brain death	> 2,000 rad

Total dose, dose rate, fractionation scheme, volume of irradiated tissue and radiation sensitivity affect a given organ's response to radiation.

Radiation more effective at causing damage when dose higher and delivered over short period

Fractionating dose (spread over time) reduces total damage since body can repair damage

Man-Made Sources

- Medical radiation ~ 48%
- Nuclear weapon tests < 0.1%
- Consumer products ~ 2%
- All energy production & research < 0.1% or < 0.5 mrem
- Industrial uses < 0.1%
- Fukushima: Dose ~ 1 ft elevation

Medical Radiation

- X-rays - medical (CT's, etc.) & dental
- Radioactive material for diagnosis
 ^{131}I , ^{99}Tc , ^{32}P , ^3H , ^{14}C
- Radioactive material for therapy
 ^{60}Co , ^{137}Cs , ^{226}Ra , neutrons
- Annual dose ~298 mrem ~48% total

LINEAR NO-THRESHOLD RADIATION DOSE ASSUMPTION

Linear extrapolation of effects at higher doses predicts small radiation doses have small risk of causing a cancer

Straight-line assumption no threshold, dose response relationship (LNT) simplest mathematical assumptions

Slope of LNT used as risk for risks for all radiation exposure

LNT hypothesis implies that any radiation increases cancer

So radiation doses minimized by ALARA

As Low As Reasonably Achievable

Normal incidence of cancer (~30%)- low cancer risk by radiation

Stochastic effects extrapolated from higher doses

LNT expected to provide most conservative, highest risk estimates

US radiation setting bodies limited to

- No deliberate exposure to radiation justified unless some benefit
- All radiation exposure must be kept “As Low As Reasonably Achievable”

ALARA

- Radiation doses to individuals should not exceed mass maximum permissible doses - MPD's.

No evidence for harm at low radiation levels

But following assumptions made

- **Linear non threshold dose relationship LNT applies for any radiation exposure (>0)**
- **no threshold for radiation doses below which no health effects occur**
- **No biological recovery from radiation effects at any dose level**

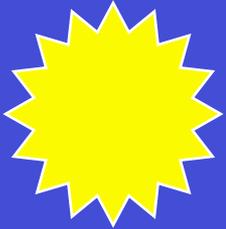
Risk of low radiation exposure only from

CANCER

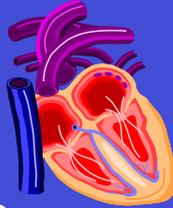
- **No observable workers injuries for exposures at regulatory levels**
- **Regulatory dose limits far below threshold for observable stochastic effects**

RADIOACTIVE SOURCES

Solar Radiation



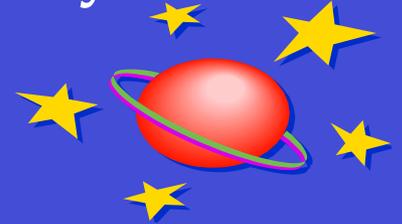
Nuclear
Medicine



X-Rays



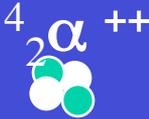
Cosmic
Rays



Consumer
Products



Radon



Each
Other



Radioactive
Waste



Terrestrial
Radiation



Food &
Drink



Nuclear
Power



Natural Sources (2006 NCRP)

- **Cosmic radiation ~ 5%**
- **Terrestrial radiation ~ 3%**
- **Internal radiation ~ 5%**
- **Radon / Thoron ~ 37 %**

Average Total Annual Dose

620 mrem

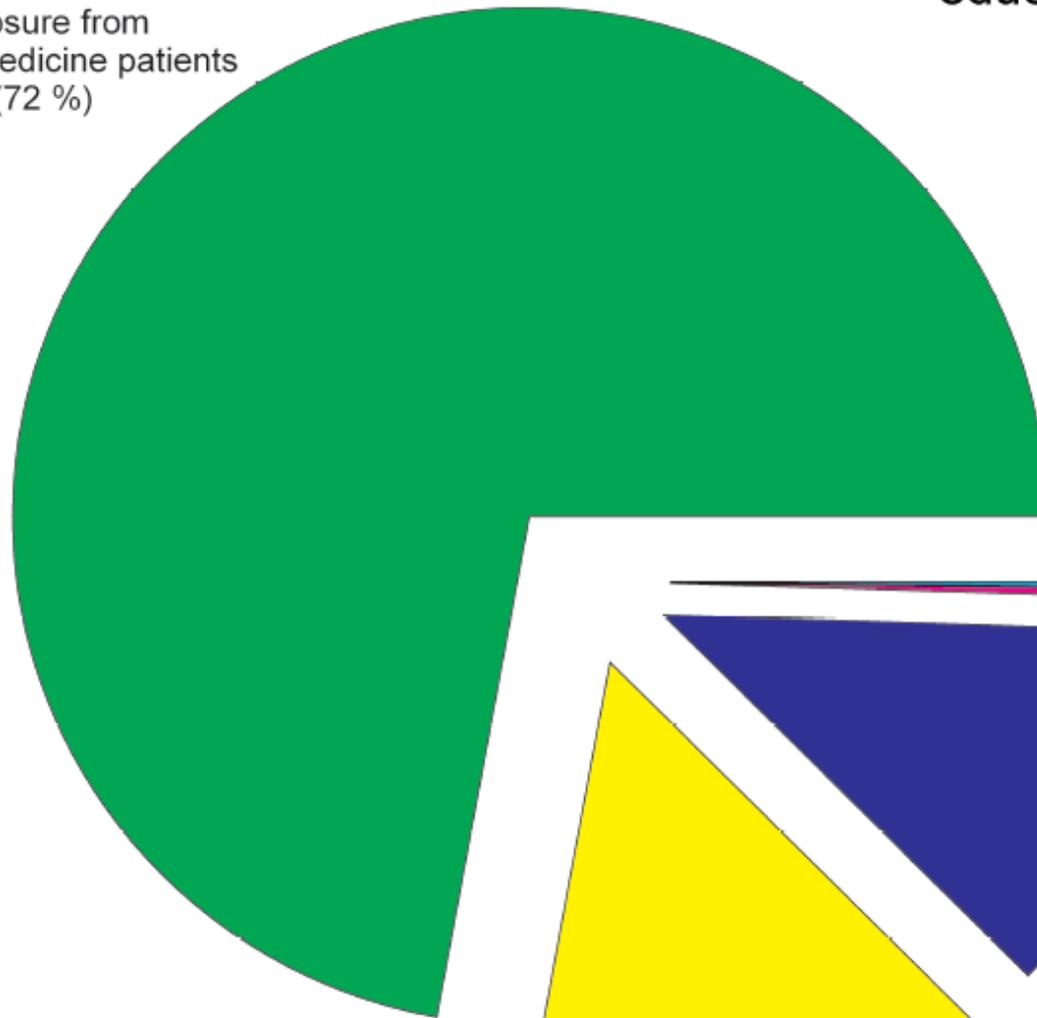
Total average US radiation exposure

(NCRP report 160 - 2006)

Prior US level - 360mrem

Industrial, security, medical,
education & research activities
(2006)
S

Exposure from
nuclear medicine patients
(72 %)



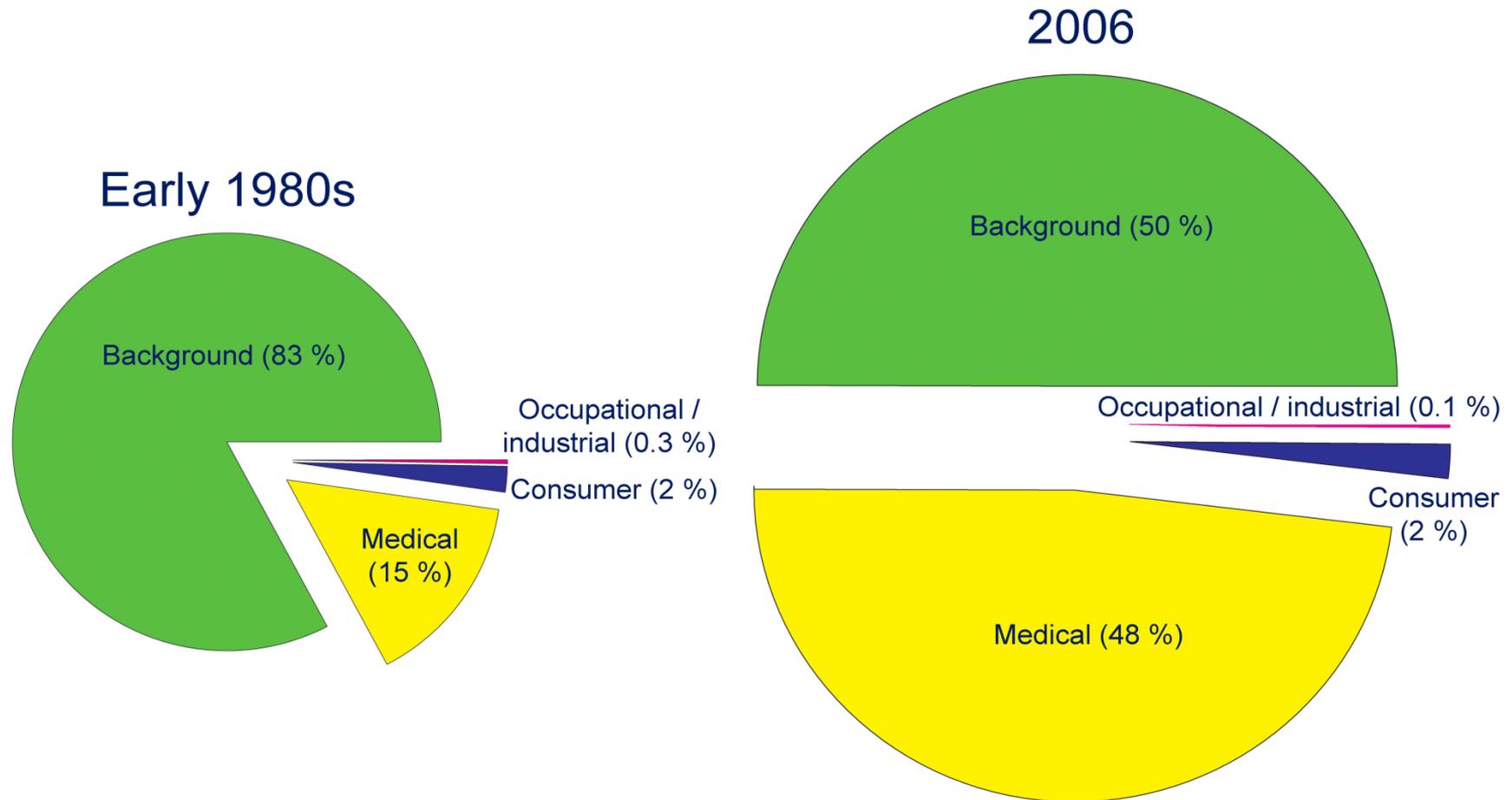
Research & education
(0.2 %)

Industry & commerce
(0.3 %)

Medical facilities
(12 %)

Nuclear power
(15 %)

NCRP Report No. 160, *Ionizing Radiation Exposure of the Population of the United States*



	Early 1980s	2006
Collective effective dose (person-Sv)	835,000	1,870,000
Effective dose per individual in the U.S. population (mSv)	3.6	6.2

All Categories S and E_{US}

