

This is an unofficial translation of the text.

The translation is prepared based on Ministerial Decree No. 16/2000 (VI. 8.) EüM
of the Minister

of Health being effective as of January 01, 2017

**Ministerial Decree 16/2000 (VI. 8.) EüM of the Minister of Health on the
Implementation of Certain Provisions of the Act CXVI of 1996 on
Atomic Energy**

On the basis of the mandate given by the Act CXVI of 1996 on Atomic Energy (hereinafter referred to as the Act on AE) in its Section 68, Subsection (2), Paragraphs a) to e), k) to o), as well as by the Act XCIII of 1990 on Dues, Section 67, Subsection (2), – in agreement with the concerned Ministers – I order the following:

Section 1-25

cancelled

Section 26

- (1) The determination of duties and the professional supervision of the implementation of the radiation hygienic tasks required for the management of incidents or accidents involving radioactive substances or equipment emitting ionising radiation - with the exception of the incidents occurring in nuclear facilities and of the nuclear emergency - are the responsibility of the National Radiation Hygiene Preparedness Service of the NRIRR.
- (2) The persons not performing activity belonging to the scope of the use of atomic energy, who suspect the presence of orphan radioactive sources, may notify the NRIRR. The NRIRR investigates the notification and performs the necessary measures.
- (3) Material means and personnel required for the operation of the National Radiation Hygiene Preparedness Service are provided by the Office of CMOS.
- (4) Measures and notification rules applicable in case of found or confiscated radioactive or nuclear materials are given in separate legal regulations.
- (5) The management of the nuclear emergency is governed by separate regulations.
- (6) The alarming system of the National Radiation Hygiene Preparedness Service and the tasks to be done in case of alarm are published by the Office of CMOS in its communiqué.

Section 27

To support the most efficient intervention in case of emergency the NRIRR keeps a National Registry of the workplaces applying ionising radiation and of the incidents and accidents that have occurred.

Treatment of radiation injured or potentially injured persons (with reference to the Act on AE, Section 68, Subsection (2), Paragraph o))

Section 28

(1) If a person received an effective dose exceeding 250 mSv (hereinafter radiation injured person), or if such a dose could possibly be received, he/she must immediately be medically examined and treated, if necessary. The person received an effective dose exceeding 250 mSv not from a therapy exposure, or based on clinical symptoms or dose estimation received radiation exposure (absorbed dose) exceeding 6 Gy on a part of the skin, 2 Gy on eye lens or 3 Gy in other organs (hereinafter as radiation injured person), or if the above is suspected, then he/she must immediately, but at least within 24 hours be medically examined and treated, if necessary.

(2) If a person incorporates an open radioactive source, or if such incorporation could possibly occur, the procedure prepared and published in its methodological letter by the NRIRR - in co-operation with the competent professional board - must be followed. The workplace specific radiation protection tasks to be carried out during the procedure are described in the Workplace RPR.

(3) The specialised treatment of radiation injured or potentially injured persons is performed at the designated health institutions listed in Annex 12, with the expert assistance of the NRIRR. The designated health institute establishes a working group, which is able to provide treatment to a combine radiation injured person.

(4) The manager of the designated health institute ensures the radiation medical training of doctors participating in working groups as per (3). The training course is delivered by NRIRR according to the training schedule approved by CMOS.

Section 29

cancelled

Closing provisions

Section 30

(1) This Decree - with the exception of parts specified in Subsection (2) - enters into force 30 days after its announcement.

(2) Paragraphs 2, 12, 16 and 26 in Annex 2 of Annex 2 of this Decree enter into force on January 1, 2003.

(3)-(4) cancelled

(5)-(6) cancelled

(7) In accordance with Section 3 of Act I of 1994, announcing the European Treaty on the association, signed by the Republic of Hungary and the European Union and its member states in Brussels on 16 December 1994, this Decree is in agreement with the regulations of the Council, concerning Directive No. 96/29/EURATOM on the protection of the workers and the public against the ionising radiation.

Annex 1 to the Ministerial Decree 16/2000 (VI. 8.) EüM

cancelled

Annex 2 to the Ministerial Decree 16/2000 (VI. 8.) EüM

I. - II.

cancelled

III. Emergency intervention and action levels

1. During the application of this Decree, in emergency (situations resulting from incidents or accidents or involving lasting conditions of exposure to ionising radiation) the measures to be taken to prevent or to mitigate the public exposure shall be adjusted to the intervention levels (dose) or to the action levels (activity concentration). During the decision about the extent and implementation of the protective measures the basic radiation protection principle of the justification shall be considered: the reduction of the detrimental health effects by the dose averted with an intervention or protective action must justify the harms, damages and costs associated with the measures taken. The mode, extent and timing of the intervention must be optimised.

2. The intervention levels applicable for emergency exposure are given in Annex 1; the action levels for the activity concentrations in foodstuffs and in drinking water are given in separate legal regulations.

3. The measures to be taken for the management and mitigation of an accident occurring on a site under the responsibility of the user of the atomic energy - providing that these measures exceed the capabilities of the user of the atomic energy - are contained in the workplace emergency plans (hereinafter Workplace EP). Measures applicable for the incidents or emergency situation occurring during the transportation of nuclear and radioactive materials or radioactive wastes are given in emergency plans (EP) defined in separate legal regulations. The emergency plans must be revised periodically (periods being regulated by the Workplace RPR or by separate legal regulations) and the emergency operations shall be exercised by the intervening personnel.

4. For the protection of the life and health of the public it is justified to take actions

appropriate to the radiation situation if the projected absorbed whole body or bone marrow dose, expectable within a short period of time (less than 2 days), exceeds 1 Gy, or the absorbed dose to the lens of the eye exceeds 2 Gy, or the dose to the skin or to the gonads exceeds 3 Gy, or the dose to the thyroid exceeds 5 Gy, or the dose to the lung exceeds 6 Gy.

5. At dose levels lower than those listed in Paragraph 4 intervention is justified only if the dose avoided by the given intervention (averted dose) and the resulting decrease of the radiation related detrimental health effects is great enough to compensate the harms and costs of the intervention. In case of the intervention levels (averted dose) given in Annex 1 the interventions are generally justified and optimised. When applying them it is expedient to consider the severity of the accident or emergency, the possibilities of the implementation, the prevailing meteorological conditions, the traffic conditions, as well as the expectable consequences.

IV.

cancelled

Appendix 1 of Annex 2

Intervention levels applicable in emergency exposure situations

1. The intervention level is expressed in avertable (effective or equivalent) dose. A protective action shall be implemented if the avertable dose exceeds the intervention level corresponding to the given intervention action.
2. The intervention levels expressed in avertable doses are to be considered average values over suitably chosen groups of the population.
3. The optimised generic intervention levels for urgent protective actions:

Protective action	Intervention level Effective dose, E	Committed absorbed dose in the thyroid gland
Sheltering	10 mSv, in a period of no more than 2 days	
Evacuation	50 mSv, in a period of no more than 1 week	
Iodine prophylaxis	-	100 mGy

4. The optimised generic intervention levels for the relocation of the population:

The type of relocation	Intervention level for initiating relocation	Intervention level for terminating relocation
	Effective dose, E	Effective dose, E
Temporary	30 mSv/month	10 mSv/month
Permanent	1 Sv/lifetime	

Appendix 2 of Annex 2

cancelled

Annexes 3 to 10 to the Ministerial Decree 16/2000 (VI. 8.) EüM

cancelled

Annex 11 to the Ministerial Decree 16/2000 (VI. 8.) EüM

cancelled

Annex 12 to the Ministerial Decree 16/2000 (VI. 8.) EüM

List of the health institutions designated for the specialised treatment of the radiation injured or potentially injured persons

1. Central Military Hospital of the Hungarian Defence Forces, Budapest
2. Hospital of the Borsod-Abaúj-Zemplén County Community, Miskolc
3. Debrecen University, Medical and Health Science Centre, Debrecen
4. United 'Szent István' Hospital and 'Szent László' Hospital of the Capital City Community, , Budapest
5. National Oncology Institute, Budapest
6. 'Petz Aladár' County Hospital, Győr
7. Pécs Science University, Medical and Health Science Centre, Pécs
8. Szeged Science University, Albert Szent-Györgyi Medical and Medicine Science Centre, Szeged
9. 'Balassa János' Hospital of the Tolna County Community, Szekszárd

Annex 13 to the Ministerial Decree 16/2000 (VI. 8.) EüM

cancelled

Annex 14 to the Ministerial Decree 16/2000 (VI. 8.) EüM

cancelled