Exposure assessment, industrial hygiene, and environmental management

As Environmental Health (5) on 29 Oct. 2015

Key Concepts

- Assessment of env. exposure -> Identify hazards -> understand the effect of hazards on health -> control the hazards -> monitor
- Industrial hygiene: anticipation, recognition, evaluation, control of workplace hazards
 - $\cdot\,$ using air sampling, biomonitoring
 - hierarchical control: eg. substitution ventilation personal protection
- Exposure science = new field: tools of industrial hygiene -> general environment, leading to environmental management

Four profession's paradigms of industrial hygiene

Anticipation: Proactive estimation of health and safety concerns (commonly or potentially) related with a given occupational or environmental setting

Recognition: Identification of potential and actual hazards in a workplace

Evaluation: Visual or instrumental monitoring of a site, measuring exposures

Control: Reduction of risk to health and safety through administrative or engineering measures

Exposure assessment

Start from industrial hygiene (exposure at workplace)

- Know the hazard of exposures
- < Quantify hazardous exposures
- eg. CO = asphyxiant (stop breathing)
 < How much CO exposure can be tolerated or dangerous? / How to measure, where and when they occur? -> We can understand biological effect of CO exposure completely
- In turn, we can identify acceptable level, set standard, monitor environments to be safe

Anticipation ~ pre-preliminary assessment

Traditional two focus areas: safety and health

Safety hazards -> Needs safety engineering

- Insufficient emergency egress (exit)
- Slippery surfaces / risks of trips and falls
- Chemical storage posing fire/explosion risk
- Moving machinery
- Unguarded catwalks
- Health hazards
 - Physical hazards: high noise levels, elevated temperatures and humidity, radiation, repetitive motion, ...
- Chemical hazards
- $\cdot\,$ Acute: high level chlorine gas -> disability, death
- Chronic: low level solvent exposure -> neurological damage / benzene -> bone marrow dysfunction, aplastic anemia / uranium -> lung cancer, ...
- New focus: environmental hazards (chlorine tank ruptures ->

endangered safety, plume of organic wastes -> polluted drinking water, smokestack -> tree damage, ecological damage (reduced O2 in water), land deterioration by heavy metals

Recognition

- After anticipation of <u>potential</u> hazard -> Recognition of <u>actual</u> hazard
- By a site visit or <u>walk-through</u> (visual inspection of the facility)
- both qualitative and quantitative info about occupational and environmental hazard
- review job category, number of workers in each, job description, health/safety program
- identify hazardous physical/chemical/biological exposures and mechanical/psychological factors
- find subpopulations with different hazard levels

Control

Control = Primary prevention

Approaches to modify workplaces (in Japanese, 作業環境 管理)

- Substitution: replacing hazardous material / process with a less hazardous one (eg. replace benzene by toluene)
- Isolation: limiting access to the hazardous process (eg. place metal cage around moving parts to reduce the likelihood of clothes catching on the parts)
- Ventilation: eg. introduction of fresh air, local exhaust ventilation, cool air

Use protective devices (in Japanese, 作業管理)

- Fail-safe instruments: using two-buttons for operation
- Personal protective equipments: gloves, safety glasses, ...
- $\label{eq:constraint} \mbox{Administrative strategies: rotating workers to limit aggregation, \dots }$

Evaluation

Where to sample?

- area sampling: at a part of workplace
- personal sampling: vicinity of individual workers
- biological sampling: bodies of individual workers
- How to sample?
 - "representative of population" vs "worst case"

Instruments

- Direct reading instruments: eg. digital thermometer, hygrometer, noise monitor, Geiger counter, GC-on-a-tip for organic vapors, ...
- Sample collection instruments: collect air sample on absorbing media (active vs passive sampling) -> measuring at laboratory
- Biological monitoring: human hair, saliva, blood or urine are common to be used for exposure (nails for long-term exposure)

Exposure science

- \cdot Quantifying the contaminant exposures in daily activities
 - Magnitude, frequency and duration of exposure (exposure profile): the difference of peak and mean concentrations is important
 - Acute/chronic/subchronic exposures
 - Route and pathways of exposure: inhalation? ingestion? dermal?
 - Various methods
 - $\cdot\,$ imputing or modeling (indirect exposure assessment, exposure scenarios, job-exposure matrix)
 - $\cdot \,$ measuring environmental exposures (eg. environmental monitor NO2, PM)
 - measuring personal exposures (eg. air monitor during work: see photo above, source: http://www.cameco.com/uranium_101/mining-milling/more-topics/safety/)
 - $\cdot\,$ aggregate and cumulative exposure assessment (cf. TDI / ADI)
 - \cdot measuring biomarkers (contaminants or its metabolic products in human body)

Evaluating factors that influence exposures

Exploring new measuring method: ingestion and skin absorptions are challenges. duplicate diet study, dietary diaries, and FFQ for ingestion, wearing skin patch for dermal exposure

 $\label{eq:second} \mbox{Exposure assessment} \sim \mbox{quantification of exposures in both occupational} \\ \mbox{and environmental settings}$