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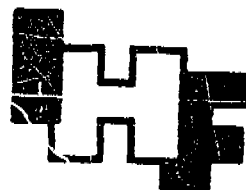
R&S 025319

INDUSTRIAL HYGIENE DIGEST

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Labor to conduct a study of "white lung" disease--silicosis or talcosis--and report findings and legislative recommendations to Congress within one year of passage of the bill. The measure must now go to the Senate for action, where its fate is uncertain. Senate Labor Subcommittee has tentatively scheduled public hearings for April. A veto by President Ford awaits the bill, should it survive Senate action.

--Job Safety & Health Report 6: 51, March 8, 1976

378/76

Fourfold Excess of Liver-Pancreas Deaths Reported in Swedish VC Workers.

K1711
A fourfold increase in deaths due to cancer of the liver and pancreas among 58 vinyl chloride/polyvinyl chloride workers studied in Sweden was reported by Dr. Anders Englund of Landsorganisationen, Stockholm, to a Symposium on Potential Environmental Health Hazards from Technological Hazards in Rubber and Plastic Industries. The symposium, co-sponsored by the World Health Organization and the National Institute of Environmental Health Sciences, was held March 1-3 at NIEHS in Research Triangle Park, N.C. It offered a unique opportunity for American and foreign investigators to share their experiences in occupational health conditions in the two industries. In another interesting paper on studies of the pathogenesis of angiosarcoma of the liver due to vinyl chloride, Dr. H. Antweiler of Medizinisches Institute for Luft Hygiene and Silikoseforschung, University of Dusseldorf, Germany, suggested that chloroacetaldehyde may be the carcinogenic metabolite of vinyl chloride. Reporting on investigations by Dr. Norpoth and co-workers in the Department of Occupational Medicine in Munster, Dr. Antweiler said they analyzed urine samples of patients who received iphosphamide, an analogue of cyclophosphamide, and stated that a chloroethyl group is claved by side chain oxidation so that chloroacetaldehyde can be produced. They also found thiodiacetic acid to be a metabolite of dichlorodiethylether and thus a conversion into chloroacetaldehyde is very probable. Dr. M. Saric of the Institute for Medical Research & Occupational Health in Zagreb, Yugoslavia, said that a study of the incidence of malignant tumors of the lung and the primary cytologically verified malignant tumors of the liver over a period of four years in an area with a PVC industry does not point to any association between the industry and the occurrence of analyzed tumors. Meanwhile, however, two cases of angiosarcoma of the liver have been reported in workers employed in the polymerization of vinyl chloride in the same industry.

--Occupational Health & Safety Letter 6: 5-6, March 8, 1976

380/76

Office Workers.

An OSHA report says office workers suffer 200 deaths and 40,000 disabling injuries every year. Despite the harmless appearance of offices, accidents do occur and the cost in medical and indemnity expense amounts to \$100 million each year.

--NEHC Occupational Health Notes 3: 2, March 1976

381/76

Chemicals Get Stern Warning From OSHA.

Dr. Morton Corn, the new head of the Occupational Safety & Health Administration, has served notice on the chemical industry that it is going to be a primary focus for his agency's regulatory efforts in the immediate future. And that emphasis will be continued. Speaking to a Manufacturing Chemists Association luncheon in Washington, D.C., Corn said that present OSHA standards are almost entirely related to safety hazards, but a major shift in emphasis has been made to stress agents in the work place that affect health. This new direction for OSHA will have increasing importance for the chemical industry, for there will "assuredly be future increased contact with OSHA compliance personnel." In the next two years, all new hires of compliance officers will be health compliance officers with their numbers increasing from the present 135 to 1000. "For those compounds not yet evaluated for toxic potential all the regulatory tools at the disposal of OSHA and (the Environmental Protection Agency) are ineffective," Corn said. At present, for compounds without known toxic properties, "we can only wait until effects on the health of the working population are such that individuals are conspicuous because they are different from their fellow workers; they are sick.... Some form of toxic substances legislation is urgently needed if we are to be aware of chemicals in the work environment which may cause ill effects." Further, "rather than place the burden of proof of the nontoxicity of a chemical compound on the regulator, the burden of proof should be on the user when a chemical is utilized in the production of a product. It should be demonstrated that men and women hired to work with the chemical and the general public purchasing the final product will not be harmed by exposure to, and utilization of the chemical and the final product."

--Chemical & Engineering News 54: 5, March 8, 1976

R&S 025320

382/76

Respiratory Protection to be Required for Vinyl Chloride Exposure on April 1.

K-1711

As of April 1, an employer will be required to provide appropriate respiratory protection to employees exposed to vinyl chloride and must assure that employees use this protection, according to Occupational Safety and Health Administration Field Information Memorandum 76-12, issued March 12. Until April 1, respiratory protection shall be at the discretion of each employee from exposures not exceeding 25 parts per million over any 15-minute period.

--Occupational Safety & Health Reporter 5: 1398-1399, March 25, 1976

383/76

AOMA Opposes Prophylactic Worker Chelation Treatment on Out-Patient Basis.

George E. Spencer, M.D., President of the American Occupational Medical Association, told John F. Finklea, M.D., Director of the National Institute for Occupational Safety and Health, that AOMA is opposed to the use of chelating agents for prophylactic treatment of workers on an out-patient basis because of the possibility that such chemicals in conjunction with lead in the blood can cause kidney damage. He added, "The prophylactic administration of chelating agents to reduce blood lead levels of workers, in lieu of employers acting to reduce the actual lead exposure, constitutes misuse of a drug and represents an ethically unacceptable medical practice." Dr. Spencer's statements were made in consultation with Dr. Finklea who had received information from the United Automobile Workers of America that many workers were, with the knowledge of their employers, routinely receiving chelation treatment away from their jobs and then returning to work. Dr. Finklea indicated that he plans to notify NIOSH regional officials and state public health directors of the possibility of such misuse of the drugs to lower workers blood lead levels, and to recommend that any instances of the practice that are uncovered be reported promptly to NIOSH or the Occupational Safety and Health Administration. Dr. Spencer said that members of the AOMA would also be so notified.

--AOMA Report, p. 1, March 1976

384/76

NIOSH Recommends Retention of 0.1 PPM Standard for Phosgene.

K-6629

National Institute for Occupational Safety and Health transmitted criteria to Occupational Safety and Health Administration last week, recommending retention of and adherence to the existing Federal standard of 0.1 part per million for workplace exposure to phosgene as a time-weighted average for up to a 10-hour workday, 40-hour workweek. NIOSH also proposed the addition of a 0.2 ppm ceiling value for any 15-minute exposure period. Phosgene was originally a war gas during World War I, and is used today primarily as a chemical intermediate in the manufacture of isocyanates, NIOSH said. In 1972, 657-million pounds of phosgene were produced, with approximately 85% being used in isocyanate manufacture. Most isocyanate manufacturers produce phosgene for their own use. NIOSH estimated that 10,000 workers have potential occupational exposure to phosgene during its manufacture and use. In addition, phosgene can be formed by decomposition of chlorinated hydrocarbons when they are exposed to heat or ultraviolet radiation. Accordingly, NIOSH said the proposed standard should apply to occupational situations in which phosgene is manufactured, stored, handled, used or formed.

--Job Safety & Health Report 6: 37, February 23, 1976

385/76

Part 1904--Recording and Reporting Occupational Injuries and Illnesses; Employers of Ten or Fewer Employees. Occupational Safety and Health Administration

In accordance with 29 CFR 1904.15(a), an employer who had no more than ten (10) employees at any one time during calendar year 1975 need not comply with any of the requirements of 29 CFR Part 1904, except §1904.8 concerning fatalities or multiple hospitalization accidents (i.e., he need not prepare the log, OSHA 100; the supplementary record, OSHA 101; nor prepare or post the summary, OSHA 102). The exception to complying with the requirements of 29 CFR Part 1904 in paragraph (a) of this section shall, in accordance with 29 CFR 1904.15(b), not apply when an employer of only ten or fewer employees has been notified in writing by the Bureau of Labor Statistics that he has been selected to participate in a statistical survey of occupational injuries and illnesses for 1976. If selected, an employer will be required to maintain a log of occupational injuries and illnesses, OSHA 100, in accordance with 29 CFR 1904.2 and to make reports in accordance with 29 CFR 1904.21 for the period of time which is specified in the notice. This notice which replaces the notice published on February 19, 1975 (40 FR 7094) is effective March 16, 1976, and will continue to be applicable for as long as the funding limitation in Pub. Law 94-206 remains in effect, unless modified or revised by the Assistant Secretary in the Federal Register.

--Federal Register 41: 11022, March 16, 1976