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(100)

ASBESTOS - All Forms

C 5 mppcf (2 mppcf, time-weighted average)

or 12 fibers/ml > 5 μ in length

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Asbestos is a generic term that applies to a number of mineral silicates, incombustible in air and separable into filaments. The most widely used in industry is chrysotile, a magnesium silicate from serpentine. Other types include amosite (an iron magnesium silicate) crocidolite (a sodium iron silicate), tremolite (a calcium magnesium silicate) and anthophyllite (also an iron magnesium silicate).

That exposure to asbestos is associated with development of a potentially disabling pneumoconiosis in man has been amply demonstrated by industrial experience (1,2,3,4,5,6,7,8,9). A threshold limit of 5 mppcf was recommended by Dreessen et al. (6), in 1938 after studying 541 employees in 4 asbestos textile plants where massive exposures to chrysotile occurred. Only 3 doubtful cases of pneumoconiosis were found at the time of the study in those exposed to dust concentrations under 5 mppcf, whereas numerous well-marked cases were found above 5 mppcf. Counts were from impinger-collected samples in ethyl alcohol and distilled water. Both fibrous and nonfibrous particles were counted, but the latter greatly predominated. Although chemical analyses of collected samples of air-borne dust corresponded to those of settled dust, it is believed that dust counts of particulates by impinger can be expected to give only an indirect measure of the risk of asbestosis because impinger sampling collects all particulates, including asbestos.

A conference on the biologic effects of asbestos (10) in 1965, called attention to the very real probability that the 5 mppcf limit recommended by Dreessen is inadequate to give complete working-life-time protection against all forms of asbestos. Medical data on which the limit had been based were

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inadequate; more than half of the asbestos workers studied were under 30 years of age and thus provided an insufficient exposure time for asbestosis to develop. Of the 105 workers exposed to < 5 mppcf, 82 had worked < 5 years; 101, < 10 years; only 4 had > 10 years exposure. Seven of 36 workers exposed to 5 - 9.9 mppcf for 5 - 9.9 years had asbestosis; 3 of 50 workers exposed to 10 - 19.9 mppcf for < 5 years had asbestosis (6). Moreover, it was a "point-in time" study; many of the ill were missing and the dead uncounted, hence not considered in the over-all evaluation of the limit.

The asbestos conference (10) further called attention to the rising worldwide rate of increase in lung cancer among asbestos workers, particularly bronchial cancers, and also noted with alarm a widespread incidence of pleural and diffuse mesotheliomas, tumors heretofore overlooked and only recently (1959) associated with exposure to asbestos. The epidemiology of the early cases was especially revealing in pointing out the scope of asbestos exposures; many of the mesothelioma cases had no industrial association, but were "neighborhood" cases or cases traced to users of asbestos. Exposures to asbestos extend far beyond those of miners and millers of asbestos or textile weavers, and include carpenters (sawing asbestos board), insulators and pipe ladders, dockers handling asbestos cargo, brake-lining workers, rubber compounders and several others.

The Committee on Hygienic Standards of the British Occupational Hygiene Society from an evaluation of medical evidence from Great Britain and data from the U. S. Public Health Service Study (6) has recommended the following criteria for limiting exposure to chrysotile asbestos assuming a 1% risk of contracting asbestos disease during a 50-year working exposure (11).

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Dust Category	Chrysotile Concentration ^{a)} Fibers/ml ^{b)}
N Negligible	< 0.5
Low	0.5 - 2.0
Medium	> 2 - 10
High	> 10

a) Averaged during a 3-month period

b) Greater than 5 μ in length

From these criteria, a limit of 100 fibers/ml-years was proposed, hence a limit of 2 fibers/ml averaged over a 50-year period.

In arriving at an asbestos limit based on American experience and considerations applicable to the American industrial scene, the following predominated. Recent evaluation of the health experience in asbestos plants indicated that the 5 mppcf limit was not sufficiently low to protect workers exposed for 30 years, a period rarely exceeded in America. Balzer and Cooper (12) supported this view in a report that asbestosis is occurring among insulation workers from levels that were deemed highly unlikely to have exceeded a time-weighted average of 5 mppcf. A retrospective investigation of the association between lung cancer in asbestos workers and smoking by Selikoff et al. (13) revealed that asbestos neoplasias were strongly associated with smokers.

In accordance with these findings, the 5 mppcf limit was made a ceiling value below which all concentrations should fluctuate. This is equivalent to a time-weighted average value of slightly less than 2 mppcf, as shown by Ayer (14) from the following determined for asbestos, where 3% of the samples only exceed the 5 mppcf limit:

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<u>% Samples Exceeding 5 mppcf</u>	<u>Average Concentration mppcf</u>
1	1.3
2	1.5
<u>5</u>	<u>1.9</u>
10	2.4
25	4.5

Inasmuch as the count by impinger procedure often consists primarily of extraneous particulates (textile plants) an alternate fiber-count may be made by the membrane filter method using phase-contrast illumination at 430 X magnification (15). For the purposes of determining significant asbestos exposure, the membrane-filter method in which only fibers greater than 5 micra (μ) in length are counted, is recommended. On this basis, 6 fibers/milliliter greater than 5 μ had been found to be equivalent to 1 mppcf. Hence for a time-weighted average limit by count of asbestos particles of 2 mppcf, the corresponding limit based on fibers of specified size is 12 fibers/ml. This limit is intended to reduce to an insignificant risk, the occurrence of asbestos disease among those exposed for 30 years to all forms of asbestos.

There is still asbestos disease appearing in industry. It is not known to what extent this represents a reservoir effect of past exposures, or if the 5 mppcf level is still contributing to the disease incidence. For this reason the 5 mppcf is recommended as a ceiling value (2 mppcf as a time-weighted average) until a more definite value can be established based on medical findings.

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Asbestos, contd.

REFERENCES:

1. Merewether, E. R. A.: J. Ind. Hyg., 12, 198, 239 (1930). Pneumoconiosis Abstracts, 1926-1938, Vol. 1 p. 128.
2. Wood, W. B., Gloyne, S. R.: Lancet, Dec. 22, 1934, pp. 1383-1385.
3. Fulton, W. B., Dooley, A., Matthews, J. L., Eoutz, R. L.: Penn. Dept. of Labor and Ind. Bull. 42 (1935).
4. Lanza, A. J., McConnell, W. J., Fehnel, J. W.: Pub. Health Rep. 50, 1 (1935).
5. Donnelly, J.: J. Ind. Hyg. & Tox. 18, 222, (1936).
6. Dreessen, W. C., DallaValle, J. W., Edwards, T. T., Miller, J. W., Sayers, R. R.: Pub. Health Bull. No. 241, Washington, D. C. 1938.
7. Lynch, M.: Arch. Ind. Health 11, 185, (1955).
8. Smith, K. W.: Arch. Ind. Health 12, 198 (1955).
9. Cartier, P.: Arch. Ind. Health 11, 204 (1955).
10. Biologic Effects of Asbestos, H. E. Whipple, ed., Ann. N. Y. Acad. Sciences 132, Art. 1, 1965, 765 pp.
11. Report of Committee on Hygiene Standards, Brit. Occ. Hlth. Soc. "Hygiene Standards for Chrysotile Asbestos Dust" December 1967.
12. Balzer, J. L., Cooper, W. C., Ind. Hyg. News Report Dec. 1967.
13. Selikoff, I. V., Hammond, E. C., Churg, V., J. Am. Med. Assn. 204, 104 (1968).
14. Ayer, H. E.: Memorandum to Committee Member Jan. 1968.
15. Ayer, H. E., Lynch, J. R., Fanney, J. H.: Ann. N. Y. Acad. Sciences 132, Art. 1, p. 274 (1965).

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