Beryllium, Industrial Hygiene Sampling Issues

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Disclaimer

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Standard Industrial Hygiene Practice

- Maintain exposures below the occupational exposure limit
- However, it appears
 - Rates of sensitization and CBD could be related to work areas where particle sizes are small
 - Total mass measurement of beryllium in air is a poor marker of biological risk of chronic beryllium disease

Review Relevant Toxicological Characteristics

- CBD mainly occurs in alveolar region
- CBD is an immuniological-based disease
- Macrophage/particle interactions
- · Toxicity based on solubility of the Be

Beryllium Particle Issues

- Relationship between ultra-fine (0.01 0.05 μm) particles and high risk of CBD
 - Deposited Submicrometer Particulate
- Particle morphology
 - Particles entering alveolar space
 - Smaller particles have greater surface area per unit mass
 - Total mass exposure made up from large and/or small particles

Beryllium Particle Issues (Cont.)

- Normal pulmonary clearance of inhaled particles
- For equal mass dramatic increase in number of small particles:

Beryllium Particle Issues (Cont.)

 Particle number for a given mass (Illustrative)

Aerodynamic Diameter (um)	Number of Particles
100	1
10	1,000
1	1,000,000
0.1	1,000,000,000

Workplace Evaluations and Risk Assessment

- Putting together what is suspected so far:
 - Sensitization and CBD related to particle size and relative to surface area
 - Sensitization and CBD related to chemical form

Workplace Evaluations and Risk Assessment (Cont.)

- Is measuring total beryllium mass concentration obscuring the exposureresponse relationship?
- Evaluating the relationship of particle size and CBD
 - Are we currently using an exposure standard with the wrong metric?

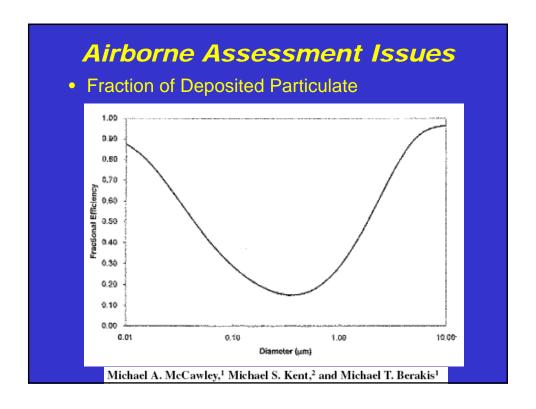
Workplace Evaluations and Risk Assessment (Cont.)

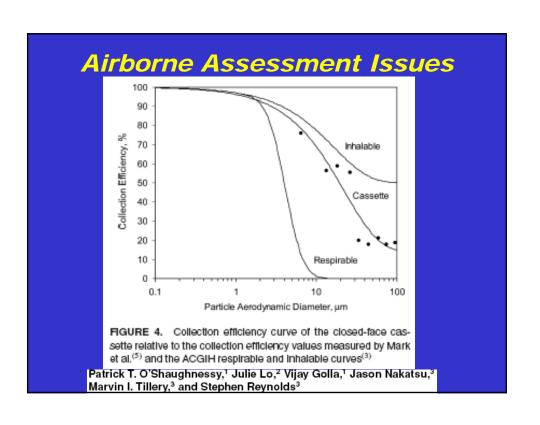
- Current Occupational Exposure Limits
 - OSHA (29 CFR 1910.1000 Table Z-2)
 - 2 ug/m3 8-Hour TWA
 - 5 ug/m3 Ceiling
 - 25 ug/m3 Acceptable Maximum Peak (30 Min)
 - NIOSH
 - 0.5 ug/m3 any time
 - ACGIH
 - 0.05 ug/m3 TWA Inhalable
 - DoE (10 CFR 850)
 - 2 ug/m3 8-Hour TWA with an Action Level of 0.2 ug/m3

Airborne Assessment

- Current airborne assessment technique
 - 37 mm cassette 0.8 um MCEF
- Other available assessment techniques
 - IOM Sampler Inhalable mass
 - Cyclone Respirable mass
 - Anderson (Marple)
 - MOUDI Micro orifice uniform deposit impactor







Airborne Assessment Issues

- Should exposure be based on # particles deposited (particle number concentration) as it relates to risk?
- #Deposited Be Particles = (#Deposited Particles) (% Be)

Ultrafine Particles

Contributing Factors for Concern

- Long residence time in air
- High deposition efficiency in gas exchange region of lung
- Greater particle number per mass causing higher specific surface area

What OEL to Use?

- Define a safe air concentration limit? "Not likely" (K. Kreiss, 2007)
 - Need to know physicochemical characteristics of the aerosols
 - Characterized by:
 - Chemistry
 - Size
 - Surface area
 - Solubility in body fluid compartments

Conventional Aerosol Sampling & Analysis Issues

- Should air sampling for aerosols include the entire aspiration of particles no matter where they reside in the sampler?
- Can the use of the standard 37 mm closed face cassette (CFC) be used as a surrogate for sampling devices designed to match the "inhalable" sampling efficiency curve?

Conventional Aerosol Sampling & Analysis Issues Recommendations

- Include the additional step to rinse and wipe the interior surfaces of the cassette for the analysis of aerosol samples for metals (wall loss)
- Understand the issues/risks ****

Other Workplace Assessment Issues

- Surface Contamination
 - Regulated areas
 - Is there a correlation surface contamination and airborne exposures?
 - DoE surface contamination limits
 - Housekeeping (3 ug/100 cm2)
 - Release of equipment (0.2 ug/100 cm2)

Other Workplace Assessment Issues (Cont.)

- Skin Exposures (route of entry)
 - Particle penetration (S. Tinkle 2003)
- Soluble salts hypersensitivity
- Being sensitized by the skin
 - Lung deposition with an already activated immune system



Questions?