

# OCCUPATIONAL SAFETY AND HEALTH GUIDELINE FOR DDT POTENTIAL HUMAN CARCINOGEN

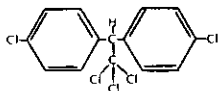
## INTRODUCTION

This guideline summarizes pertinent information about DDT for workers, employers, and occupational safety and health professionals who may need such information to conduct effective occupational safety and health programs. Recommendations may be superseded by new developments in these fields; therefore, readers are advised to regard these recommendations as general guidelines.

## SUBSTANCE IDENTIFICATION

• **Formula:** C<sub>14</sub>H<sub>9</sub>Cl<sub>5</sub>

• **Structure:**



• **Synonyms:** Citox; genitox; dichlorodiphenyltrichloroethane; 1,1,1-trichloro-2,2-bis(p-chlorophenyl)ethane

• **Identifiers:** CAS 50-29-3; RTECS KJ3325000; DOT 2761

• **Appearance and odor:** Colorless crystals or white to slightly off-white powder with a slightly aromatic odor

## CHEMICAL AND PHYSICAL PROPERTIES

### • Physical data

1. Molecular weight: 354.48
2. Boiling point (at 760 mmHg): 260°C (500°F)
3. Specific gravity (water = 1): 1.56
4. Vapor density (air = 1 at boiling point of DDT): 12.2
5. Melting point: 105-109°C (221-228°F)
6. Vapor pressure at 20°C (68°F): 1.5 x 10<sup>-7</sup> mmHg
7. Practically insoluble in water

### • Reactivity

1. Incompatibilities: DDT should not be stored in iron containers; DDT should not be mixed with iron and aluminum salts or with alkaline materials. Temperatures greater than 100°C (212°F) may cause decomposition.
2. Hazardous decomposition products: Toxic vapors and gases (e.g., hydrogen chloride) may be released in a fire involving DDT.

3. Caution: DDT should be stored in a tightly closed container in a well-ventilated area.

### • Warning properties

Evaluation of warning properties for respirator selection: Warning properties are not considered in recommending respirators for use with carcinogens.

## EXPOSURE LIMITS

The current Occupational Safety and Health Administration (OSHA) permissible exposure limit (PEL) for DDT is 1 milligram of DDT per cubic meter of air (mg/m<sup>3</sup>) as a time-weighted average (TWA) concentration over an 8-hour workshift (Skin). The notation "Skin" refers to the potential contribution to overall exposure by the cutaneous route including the mucous membranes and eyes. The National Institute for Occupational Safety and Health (NIOSH) recommends that DDT be controlled and handled as a potential human carcinogen in the workplace and that exposure be minimized to the lowest feasible limit. The NIOSH recommended exposure limit (REL) is 0.5 mg/m<sup>3</sup> as a TWA for up to a 10-hour workshift, 40-hour workweek. The NIOSH REL is the lowest concentration reliably detectable by current NIOSH-validated sampling and analytical methods. The American Conference of Governmental Industrial Hygienists (ACGIH) threshold limit value (TLV<sup>®</sup>) is 1 mg/m<sup>3</sup> as a TWA for a normal 8-hour workday and a 40-hour workweek; the short-term exposure limit (STEL) is 3 mg/m<sup>3</sup> (Table 1).

**Table 1.—Occupational exposure limits  
for DDT**

	Exposure limits mg/m <sup>3</sup>
OSHA PEL TWA (Skin)*	1
NIOSH REL TWA (CA)†	0.5§
ACGIH TLV <sup>®</sup> TWA	1

\* (Skin): Potential contribution to overall exposure by the cutaneous route including mucous membranes and eyes.

† (Ca): NIOSH recommends treating as a potential human carcinogen.

§ Lowest reliably detectable level.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service    Centers for Disease Control  
National Institute for Occupational Safety and Health  
Division of Standards Development and Technology Transfer

**NOTE:** A general ban was ordered by the Environmental Protection Agency on the registration of DDT, effective December 31, 1972. Effective the same date, the ban for uses of DDT by public health officials in disease control programs and by USDA and the military for health quarantine and prescription drugs use was lifted.

## HEALTH HAZARD INFORMATION

### • Routes of exposure

DDT may cause adverse health effects following exposure via inhalation, ingestion, or dermal or eye contact.

### • Summary of toxicology

*Effects on animals:* Acute oral administration of DDT to rats caused tissue destruction (necrosis) of the liver, mild degeneration of kidney tubules, and changes in electroencephalograms. Chronic oral administration of DDT caused decreased fertility in rats and increased mortality of their offspring, toxic effects on the liver (including necrosis, fat deposition, increased weight, and increased enzyme activity), and liver cancer. In mice, chronic oral administration of DDT produced cancers of the liver, lungs, and lymphatic system.

### • Signs and symptoms of exposure

*Short-term (acute):* Exposure to DDT can cause a prickling sensation of the tongue, lips, and face, a general feeling of ill health, headache, fatigue, vomiting, dizziness, tremors, convulsions, partial paralysis of the hands, and coma. DDT can also cause irritation of the eyes and skin.

## RECOMMENDED MEDICAL PRACTICES

### • Medical surveillance program

Workers with potential exposures to chemical hazards should be monitored in a systematic program of medical surveillance intended to prevent or control occupational injury and disease. The program should include education of employers and workers about work-related hazards, placement of workers in jobs that do not jeopardize their safety and health, earliest possible detection of adverse health effects, and referral of workers for diagnostic confirmation and treatment. The occurrence of disease (a "sentinel health event," SHE) or other work-related adverse health effects should prompt immediate evaluation of primary preventive measures (e.g., industrial hygiene monitoring, engineering controls, and personal protective equipment). A medical surveillance program is intended to supplement, not replace, such measures.

A medical surveillance program should include systematic collection and epidemiologic analysis of relevant environmental and biologic monitoring, medical screening, morbidity, and mortality data. This analysis may provide information about the relatedness of adverse health effects and occupational exposure that cannot be discerned from results in individual workers. Sensitivity, specificity, and predictive values of biologic monitoring and medical screening tests should be evaluated on an industry-wide basis prior to application in any given worker group. Intrinsic to a surveillance program is the dissemination of summary data to those who need to know, including employers, occupational health professionals, potentially exposed workers, and regulatory and public health agencies.

### • Preplacement medical evaluation

Prior to placing a worker in a job with a potential for exposure to DDT, the physician should evaluate and document the worker's baseline health status with thorough medical, environmental, and occupational histories, a physical examination, and physiologic or laboratory tests appropriate for the anticipated occupational risks. These should concentrate on the function and integrity of the eyes, skin, liver, and reproductive and nervous systems.

A preplacement medical evaluation is recommended in order to detect and assess preexisting or concurrent conditions which may be aggravated or result in increased risk when a worker is exposed to DDT at or below the NIOSH REL. The examining physician should consider the probable frequency, intensity, and duration of exposure, as well as the nature and degree of the condition, in placing such a worker. Such conditions, which should not be regarded as absolute contraindications to job placement, include chronic liver disease. Workers should inform their physicians of their potential for exposures to DDT because internal absorption of this chemical pathologically increases the liver's ability to metabolize and eliminate medications which may be prescribed or taken "over the counter."

### • Periodic medical screening and/or biologic monitoring

Occupational health interviews and physical examinations should be performed at regular intervals. Additional examinations may be necessary should a worker develop symptoms that may be attributed to exposure to DDT. The interviews, examinations, and appropriate medical screening and/or biologic monitoring tests should be directed at identifying an excessive decrease or adverse trend in the physiologic function of the eyes, skin, liver, and reproductive and nervous systems as compared to the baseline status of the individual worker or to expected values for a suitable reference population.

### • Medical practices recommended at the time of job transfer or termination

The medical, environmental, and occupational history interviews, the physical examination, and selected physiologic and laboratory tests which were conducted at the time of placement should be repeated at the time of job transfer or termination. Any changes in the worker's health status should be compared to those expected for a suitable reference population. Because occupational exposure to DDT may cause adverse reproductive effects or diseases of prolonged induction-latency, the need for medical surveillance may extend well beyond termination of employment.

## MONITORING AND MEASUREMENT PROCEDURES

### • TWA exposure evaluation

Measurements to determine worker exposure to DDT should be taken so that the TWA exposure is based on a single entire workshift sample or an appropriate number of consecutive samples collected during the entire workshift. Under certain conditions, it may be appropriate to collect several short-term interval samples (up to 30 minutes each) to determine the average exposure level. Air samples should be taken in the worker's breathing zone (air that most nearly represents that inhaled by the worker).

• **Method**

Sampling and analysis may be performed by collecting DDT vapors with charcoal adsorption tubes followed by desorption with carbon disulfide and analysis by gas chromatography. Detector tubes or other direct-reading devices calibrated to measure DDT may also be used if available. A detailed sampling and analytical method for DDT may be found in the *NIOSH Manual of Analytical Methods* (method number S 274).

**PERSONAL PROTECTIVE EQUIPMENT**

Chemical protective clothing (CPC) should be selected after utilizing available performance data, consulting with the manufacturer, and then evaluating the clothing under actual use conditions.

Workers should be provided with and required to use CPC, gloves, and other appropriate protective clothing necessary to prevent skin contact with DDT.

**SANITATION**

Clothing which is contaminated with DDT should be removed immediately and placed in sealed containers for storage until it can be discarded or until provision is made for the removal of DDT from the clothing. If the clothing is to be laundered or cleaned, the person performing the operation should be informed of DDT's hazardous properties. Reusable clothing and equipment should be checked for residual contamination before reuse or storage.

Change and shower rooms should be provided with separate locker facilities for street and work clothes.

Workers should be required to shower following a workshift and prior to putting on street clothes. Clean work clothes should be provided daily.

Skin that becomes contaminated with DDT should be promptly washed with soap and water.

The storage, preparation, dispensing, or consumption of food or beverages, the storage or application of cosmetics, the storage or smoking of tobacco or other smoking materials, or the storage or use of products for chewing should be prohibited in work areas.

Workers who handle DDT should wash their faces, hands, and forearms thoroughly with soap and water before eating, smoking, or using toilet facilities.

**COMMON OPERATIONS AND CONTROLS**

Common operations in which exposure to DDT may occur and control methods which may be effective in each case are listed in Table 2.

**Table 2.—Operations and methods of control for DDT**

<b>Operations</b>	<b>Controls</b>
During preparation and handling of insecticide	Process enclosure, local exhaust ventilation, personal protective equipment
During maintenance of equipment and storage containers	Personal protective equipment

**EMERGENCY FIRST AID PROCEDURES**

In the event of an emergency, remove the victim from further exposure, send for medical assistance, and initiate emergency procedures.

• **Eye exposure**

Where there is any possibility of a worker's eyes being exposed to DDT, an eye-wash fountain should be provided within the immediate work area for emergency use.

If DDT gets into the eyes, flush them immediately with large amounts of water for 15 minutes, lifting the lower and upper lids occasionally. Get medical attention as soon as possible. Contact lenses should not be worn when working with this chemical.

• **Skin exposure**

Where there is any possibility of a worker's body being exposed to DDT, facilities for quick drenching of the body should be provided within the immediate work area for emergency use.

If DDT gets on the skin, wash it immediately with soap and water. If DDT penetrates the clothing, remove the clothing immediately and wash the skin with soap and water. Get medical attention promptly.

• **Rescue**

If a worker has been incapacitated, move the affected worker from the hazardous exposure. Put into effect the established emergency rescue procedures. Do not become a casualty. Understand the facility's emergency rescue procedures and know the locations of rescue equipment before the need arises.

**SPILLS AND LEAKS**

Workers not wearing protective equipment and clothing should be restricted from areas of spills or leaks until cleanup has been completed.

If DDT is spilled or leaked, the following steps should be taken:

1. Ventilate area of spill or leak.
2. For small quantities of liquids containing DDT, absorb on paper towels and place in an appropriate container.
3. Large quantities of liquids containing DDT may be absorbed in vermiculite, dry sand, earth, or a similar material and placed in an appropriate container.
4. If in solid form, DDT may be collected and placed in an appropriate container.
5. DDT dust may be collected by vacuuming with an appropriate high-efficiency filtration system.

**WASTE REMOVAL AND DISPOSAL**

U.S. Environmental Protection Agency, Department of Transportation, and/or state and local regulations shall be followed to assure that removal, transport, and disposal are in accordance with existing regulations.

**RESPIRATORY PROTECTION**

It must be stressed that the use of respirators is the least preferred method of controlling worker exposure and should not normally be used as the only means of preventing or

minimizing exposure during routine operations. However, there are some exceptions for which respirators may be used to control exposure: when engineering and work practice controls are not technically feasible, when engineering controls are in the process of being installed, or during emergencies and certain maintenance operations including those requiring confined-space entry (Table 3).

In addition to respirator selection, a complete respiratory protection program should be instituted which as a minimum complies with the requirements found in the OSHA Safety and Health Standards 29 CFR 1910.134. A respiratory protection program should include as a minimum an evaluation of the worker's ability to perform the work while wearing a respirator, the regular training of personnel, fit testing, periodic environmental monitoring, maintenance, inspection, and cleaning. The implementation of an adequate respiratory protection program, including selection of the correct respirators, requires that a knowledgeable person be in charge of the program and that the program be evaluated regularly.

Only respirators that have been approved by the Mine Safety and Health Administration (MSHA, formerly Mining Enforcement and Safety Administration) and by NIOSH should be used. **Remember! Air-purifying respirators will not protect from oxygen-deficient atmospheres.**

## BIBLIOGRAPHY

- American Conference of Governmental Industrial Hygienists: "DDT," *Documentation of the Threshold Limit Values and Biological Exposure Indices* (5th ed.), Cincinnati, 1986.
- American Conference of Governmental Industrial Hygienists: *TLVs® Threshold Limit Values and Biological Exposure Indices for 1987-88*, Cincinnati, 1987.
- American Lung Association of San Diego and Imperial Counties: "Taking the Occupational History," *Annals of Internal Medicine*, 99:641-651, November 1983.
- Cabral, J., Hall, R., Rossi, L., Bronezyk, S., and Shubik, P.: "Effects of Long-Term Intake of DDT on Rats," *Tumori*, 68:11-17, 1982.
- Clayton, G.D., and Clayton, F.E. (eds.): *Toxicology*, Vol. IIB of *Patry's Industrial Hygiene and Toxicology* (3rd rev. ed.), John Wiley & Sons, Inc., New York, 1981.
- *Code of Federal Regulations*, U.S. Department of Labor, Occupational Safety and Health Administration, 29 CFR 1910.134, 1910.1000, OSHA 2206, revised July 1, 1986.
- *Code of Federal Regulations*, U.S. Department of Transportation, 49 CFR 172.101, Transportation 49, revised October 1, 1982.
- *Federal Register*, Vol. 37, No. 31, pp. 13369-13376, July 7, 1972.
- Goldman, R.H., and Peters, J.M.: "The Occupational and Environmental Health History," *Journal of the American Medical Association*, 246:2831-2836, 1981.
- Halperin, W.E., Ratcliffe, J., Frazier, T.M., Wilson, L., Becker, S.P., and Shulte, P.A.: "Medical Screening in the Workplace: Proposed Principles," *Journal of Occupational Medicine*, 28(8): 547-552, 1986.
- International Agency for Research on Cancer: *IARC Monographs on the Carcinogenic Risk of Chemicals to Man, Some*

*Organochlorine Pesticides*, Vol. 5, Lyon, France, 1974.

- Leidel, N.A., Busch, K.A., and Lynch, J.R.: *Occupational Exposure Sampling Strategy Manual*, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control, National Institute for Occupational Safety and Health, DHEW (NIOSH) Publication No. 77-173, Cincinnati, 1977.
- Levy, B.S., and Wegman, D.H. (eds.): *Occupational Health: Recognizing and Preventing Work-Related Disease*, Little, Brown and Company, Boston, 1983.
- Mark, H.F., Othmer, D.F., Overberger, C.G., Seaborg, G.T., Grayson, M., and Eckroth, D. (eds.): *Kirk-Othmer Encyclopedia of Chemical Technology* (3rd ed.), John Wiley & Sons, Inc., New York, 1981.
- National Institute for Occupational Safety and Health, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control: "Criteria for a Recommended Standard. . . Occupational Exposure During the Manufacture and Formulation of Pesticides," DHEW (NIOSH) Publication No. 78-174, Cincinnati, 1978.
- National Institute for Occupational Safety and Health, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control: "DDT," *NIOSH Manual of Analytical Methods* (2nd ed., Vol. 3), Taylor, D.G. (ed.), DHEW (NIOSH) Publication No. 78-175, Cincinnati, 1978.
- National Institute for Occupational Safety and Health, U.S. Department of Health, Education, and Welfare, Public Health Service, Center for Disease Control: *Special Occupational Hazard Review for DDT*, DHEW (NIOSH) Publication No. 78-200, Rockville, 1978.
- National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, Public Health Service, Center for Disease Control: *Registry of Toxic Effects of Chemical Substances* (Microfiche Edition), Sweet, D.V., and Lewis, R.J. (eds.), Cincinnati, April 1985.
- Parmeggiani, L. (ed.): *Encyclopedia of Occupational Health and Safety* (3rd ed.), International Labour Office, Geneva, Switzerland, 1983.
- Proctor, N.H., and Hughes, J.P.: *Chemical Hazards of the Workplace*, J.B. Lippincott Company, Philadelphia, 1978.
- Rom, W.N. (ed.): *Environmental and Occupational Medicine*, Little, Brown and Company, Boston, 1983.
- Rothstein, M.A.: *Medical Screening of Workers*, Bureau of National Affairs, Washington, DC, 1984.
- Rutstein, D.D., Mullan, R.J., Frazier, T.M., Halperin, W.E., Melius, J.M., and Sestito, J.P.: "Sentinel Health Events (Occupational): A Basis for Physician Recognition and Public Health Surveillance," *American Journal of Public Health*, 73:1054-1062, 1983.
- Sax, N.I. (ed.): *Dangerous Properties of Industrial Materials* (6th ed.), Van Nostrand Reinhold Company, New York, 1984.
- *Toxic and Hazardous Industrial Chemicals Safety Manual*, The International Technical Information Institute, Tokyo, Japan, 1976.
- U.S. Department of Transportation, Coast Guard: *CHRIS Hazardous Chemical Data*, GPO Stock No. 050-012-00147-2, 1978.
- Windholz, M. (ed.): *The Merck Index* (10th ed.), Merck & Co., Inc., Rahway, New Jersey, 1983.

**Table 3.—Respiratory protection for DDT**

<b>Condition</b>	<b>Minimum respiratory protection*</b>
Any detectable concentration	Any self-contained breathing apparatus with a full facepiece and operated in a pressure-demand or other positive pressure mode  Any supplied-air respirator with a full facepiece and operated in a pressure-demand or other positive pressure mode in combination with an auxiliary self-contained breathing apparatus operated in a pressure-demand or other positive pressure mode
Planned or emergency entry into environments containing unknown or any detectable concentration	Any self-contained breathing apparatus with a full facepiece and operated in a pressure-demand or other positive pressure mode  Any supplied-air respirator with a full facepiece and operated in a pressure-demand or other positive pressure mode in combination with an auxiliary self-contained breathing apparatus operated in a pressure-demand or other positive pressure mode
Firefighting	Any self-contained breathing apparatus with a full facepiece and operated in a pressure-demand or other positive pressure mode
Escape only	Any air-purifying full facepiece respirator (gas mask) with a chin-style or front- or back-mounted organic vapor canister having a high-efficiency particulate filter  Any appropriate escape-type self-contained breathing apparatus

\* Only NIOSH/MSHA-approved equipment should be used.

