

OCCUPATIONAL SAFETY AND HEALTH GUIDELINE FOR DIELDRIN POTENTIAL HUMAN CARCINOGEN

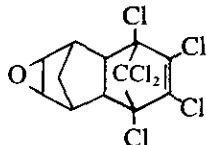
INTRODUCTION

This guideline summarizes pertinent information about dieldrin 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 Recommendations may be superseded by new developments in these fields; therefore, readers are advised to regard these recommendations as general guidelines.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:** C₁₂H₈Cl₆O

• **Structure:**



• **Synonyms:** Dieldrex; dieldrine; 1,2,3,4,10,10-hexachloro-6,7-epoxy-1,4,4a,5,6,7,8,8a-octahydro,endo,exo-1,4:5,8-dimethanonaphthalene; illoxol; octalox

• **Identifiers:** CAS 60-57-1; RTECS IO1750000; DOT 2761

• **Appearance and odor:** Light brown crystals with a mild chemical odor

CHEMICAL AND PHYSICAL PROPERTIES

• Physical data

1. Molecular weight: 380.90
2. Boiling point (at 760 mmHg): Decomposes
3. Specific gravity (water = 1): 1.75
4. Vapor density (air = 1 at boiling point of dieldrin): 13.2
5. Melting point: 176 °C (349 °F)
6. Vapor pressure at 20 °C (68 °F): 1.8 x 10⁻⁷ mmHg
7. Solubility in water, mg/l water at 25 °-29 °C (77 °-84 °F): 0.186

• Reactivity

1. Incompatibilities: Dieldrin may react with concentrated mineral acids, acid catalysts, acid oxidizing agents, phenols, or reactive metals.
2. Hazardous decomposition products: Hydrochloric acid fumes and other chlorinated decomposition products may be released in a fire involving dieldrin.
3. Caution: Dieldrin should be stored in a tightly closed container in a well-ventilated area.

• Flammability

Nonflammable

• 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 dieldrin is 0.25 milligrams of dieldrin per cubic meter of air (mg/m³) 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 dieldrin 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 0.15 mg/m³ 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[®]) is 0.25 mg/m³ (Skin) as a TWA for a normal 8-hour workday and a 40-hour workweek (Table 1).

Table 1.—Occupational exposure limits for dieldrin

	Exposure limits mg/m ³
OSHA PEL TWA (Skin)*	0.25
NIOSH REL TWA (Ca)†	0.15§
ACGIH TLV [®] (Skin)	0.25

* (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.

NOTE: Most uses of dieldrin were suspended by the Environmental Protection Agency, effective October 18, 1974. The only

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uses allowed are direct soil application, seed treatment if labeled "not for food use," dipping of plant roots and tops, sub-surface termite control, and hot-caps.

HEALTH HAZARD

• Routes of exposure

Dieldrin may cause adverse health effects following exposure via inhalation, ingestion, or dermal or eye contact. Dermal absorption is substantially increased when dieldrin is dissolved in organic solvents.

• Summary of toxicology

1. *Effects on animals:* Acute oral administration of dieldrin to rats caused liver and kidney degeneration. Chronic oral administration of dieldrin produced enlarged livers and increased liver enzyme activities in mice and rats, liver and lung cancers in mice, and adrenal cancer in rats. Dieldrin fed to pregnant mice and hamsters caused increased fetal deaths, congenital anomalies, and growth retardation in the offspring.

2. *Effects on humans:* Dieldrin is a neurotoxin and may cause adverse health effects following exposure via inhalation, ingestion, or dermal or eye contact.

• Signs and symptoms of exposure

1. *Short-term (acute):* Exposure to dieldrin can cause hyperirritability, headache, dizziness, nausea, vomiting, blood in the urine, tremors, convulsions, and coma.

2. *Long-term (chronic):* Exposure to dieldrin can cause dermatitis, weight loss, muscular twitching, and convulsions.

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 dieldrin, 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 skin, eyes, liver, kidneys, and hematopoietic (blood-cell-forming), 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 dieldrin 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: preexisting chronic diseases of the skin, liver, kidneys, and hematopoietic and reproductive systems. Workers should inform their physicians of their potential for exposures to dieldrin 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." The physician should obtain baseline values for liver function tests and a complete blood count with a reticulocyte count.

• 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 dieldrin. 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 integrity and physiologic function of the eyes, skin, liver, kidneys, and hematopoietic, 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 dieldrin may cause diseases of prolonged induction-latency, the need for medical surveillance may extend well beyond termination of employment.

• Sentinel health events

1. Acute SHE's include: Non-autoimmune hemolytic anemia.
2. Delayed onset SHE's include: Cataract, toxic hepatitis, and non-autoimmune hemolytic anemia.

MONITORING AND MEASUREMENT PROCEDURES

• TWA exposure evaluation

Measurements to determine worker exposure to dieldrin 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 dieldrin with glass fiber filters followed by extraction with isooctane and analysis by gas chromatography. A detailed sampling and analytical method for dieldrin may be found in the *NIOSH Manual of Analytical Methods* (method number S283).

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 dieldrin.

SANITATION

Clothing which is contaminated with dieldrin 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 dieldrin from the clothing. If the clothing is to be laundered or cleaned, the person performing the operation should be informed of dieldrin'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 dieldrin 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 materials, or the storage or use of products for chewing should be prohibited in work areas.

Workers who handle dieldrin 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 dieldrin 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 dieldrin

Operations	Controls
During formulation and handling of insecticide	Personal protective equipment, local exhaust ventilation
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 dieldrin, an eye-wash fountain should be provided within the immediate work area for emergency use.

If dieldrin 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 dieldrin, facilities for quick drenching of the body should be provided within the immediate work area for emergency use.

If dieldrin gets on the skin, wash it immediately with soap and water. If dieldrin 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 dieldrin is spilled or leaked, the following steps should be taken:

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

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.**

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Table 3.—Respiratory protection for dieldrin

Condition	Minimum respiratory protection*
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.

