Occupational Health Guideline for Malathion

INTRODUCTION

This guideline is intended as a source of information for employees, employers, physicians, industrial hygienists, and other occupational health professionals who may have a need for such information. It does not attempt to present all data; rather, it presents pertinent information and data in summary form.

SUBSTANCE IDENTIFICATION

- Formula: $C_{10}H_{19}O_6PS_2$
- Synonyms: O,O-Dimethyl dithiophosphate of diethyl mercaptosuccinate; O,O-dimethyl S-(1,2-dicarbethoxyethyl) phosphorodithiocite
- Appearance and odor: Colorless to brown liquid with a mild skunk-like odor.

PERMISSIBLE EXPOSURE LIMIT (PEL)

The current OSHA standard for malathion is 15 milligrams of malathion per cubic meter of air (mg/m^3) averaged over an eight-hour work shift. NIOSH has recommended a permissible exposure limit of 15 mg/m^3 averaged over a work shift of up to ten hours per day, forty hours per week. The NIOSH Criteria Document for Malathion should be consulted for more detailed information.

HEALTH HAZARD INFORMATION

- **Routes of exposure**

Malathion can affect the body if it is inhaled, if it comes in contact with the eyes or skin, or is swallowed. It may enter the body through the skin.

- **Effects of overexposure**

1. Short-term Exposure: Malathion is one the least toxic of the organophosphate insecticides. Very large exposures are required to cause symptoms. After inhalation of malathion, breathing and eye effects are the first to appear. These include tightness of the chest, wheezing, a bluish discoloration of the skin, small pupils, aching in and behind the eyes, blurring of the vision, tearing, runny nose, headache, and watering of the mouth. After swallowing malathion, loss of appetite, nausea, vomiting, abdominal cramps and diarrhea may appear within two hours. After skin absorption, sweating and twitching in the area of absorption may occur, usually within 15 minutes to four hours. With severe intoxication by all routes, in addition to the above symptoms, weakness, generalized twitching and paralysis may occur and breathing may stop. In addition, dizziness, confusion, staggering, slurred speech, generalized sweating, irregular or slow heartbeat, convulsions, and coma may occur.

2. Long-term Exposure: Repeated exposure to malathion may make a person more susceptible to the effects of this and related chemicals.

3. Reporting Signs and Symptoms: A physician should be contacted if anyone develops any signs or symptoms and suspects that they are caused by exposure to malathion.

- **Recommended medical surveillance**

The following medical procedures should be made available to each employee who is exposed to malathion at potentially hazardous levels:

1. Initial Medical Examination:

—A complete history and physical examination: The purpose is to detect pre-existing conditions that might place the exposed employee at increased risk, and to establish a baseline for future health monitoring. Persons with a history of reduced pulmonary function or recent exposure to anticholinesterase agents would be expected to be at increased risk from exposure. Examination of the respiratory system, liver, and attention to the cholinesterase levels in the blood should be stressed.

—Cholinesterase determination: Malathion can cause depressed levels of activity of cholinesterase in the serum and erythrocytes. The cholinesterase activity in the erythrocytes should be measured by using medically acceptable biochemical tests before employment (or exposure) in order to establish an individual baseline

These recommendations reflect good industrial hygiene and medical surveillance practices and their implementation will assist in achieving an effective occupational health program. However, they may not be sufficient to achieve compliance with all requirements of OSHA regulations.

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value, which should be the mean of two ChE activity measurements, taken at least one day apart.

—14" x 17" chest roentgenogram: Malathion causes human lung damage. Surveillance of the lungs is indicated.

—FVC and FEV (1 sec): Malathion is a respiratory irritant. Persons with impaired pulmonary function may be at increased risk from exposure. Periodic surveillance is indicated.

—Liver function tests: Malathion may cause liver damage. A profile of liver function should be obtained by utilizing a medically acceptable array of biochemical tests.

2. Periodic Medical Examination: The aforementioned medical examinations should be repeated on an annual basis, with the exception of the cholinesterase determination which should be performed quarterly or at any time overexposure is suspected or signs and symptoms of toxicity occur.

• **Summary of toxicology**

Malathion is a mild anticholinesterase agent; absorption may occur from inhalation of the mist, from skin absorption of solutions, or from ingestion. Malathion is less toxic to humans than most anticholinesterase agents because it is metabolized in the liver to an inactive form. However, ingestion of 50 to 90 cc of a 50% solution of malathion in a petroleum hydrocarbon base caused severe intoxication; the human LD50 is estimated to be about 1 g/kg. Signs and symptoms of intoxication by anticholinesterase agents are caused by the inactivation of the enzyme cholinesterase, which results in the accumulation of acetylcholine at synapses in the nueromuscular system, and secretory glands. After inhalation of extremely high concentrations, respiratory and ocular effects may appear simultaneously. Respiratory effects include tightness in the chest, wheezing, laryngeal spasms, and excessive salivation. Ocular effects include miosis, aching in and behind the eyes (attributed to ciliary spasm), blurring of distant vision, tearing, rhinorrhea, and frontal headache. After ingestion, gastrointestinal effects such as anorexia, nausea, vomiting, abdominal cramps, and diarrhea appear. Effects on the central nervous system may include giddiness, confusion, ataxia, and slurred speech. In a group of workers with maximum exposure of 56 mg/m^3 for 5 hours and an average of 3.3 mg/m^3, the cholinesterase levels in the blood were not significantly lowered and no one exhibited signs of cholinesterase inhibition. In a human experiment in which 4 men were exposed 1 hour daily for 42 days to 84.8 mg/m^3, there was moderate irritation of nose and conjunctiva but there were no cholinergic signs or symptoms.

CHEMICAL AND PHYSICAL PROPERTIES

• **Physical data**

1. Molecular weight: 330
2. Boiling point (760 mm Hg): Decomposes
3. Specific gravity (water = 1): 1.23
4. Vapor density (air = 1 at boiling point of malathion): Not applicable
5. Melting point: 2.8 C (37 F)
6. Vapor pressure at 20 C (68 F): 0.00004 mm Hg
7. Solubility in water, g/100 g water at 20 C (68 F): 0.0145
8. Evaporation rate (butyl acetate = 1): Not applicable

• **Reactivity**

1. Conditions contributing to instability: Starts to decompose at 49 C (140 F) but is not hazardous.
2. Incompatibilities: Contact with strong oxidizers may cause fires and explosions.
3. Hazardous decomposition products: Toxic gases and vapors (such as sulfur dioxide, phosphoric acid mist, and carbon monoxide) may be released in a fire involving malathion.
4. Special precautions: Malathion will attack some forms of plastics, rubber, and coatings.

• **Flammability**

1. Not combustible.

• **Warning properties**

Since malathion has a negligible vapor pressure, warning properties are not considered.

Grant states that "undiluted technical liquid malathion dropped on a rabbits's eye caused slight immediate irritation with conjunctival hyperemia and edema of the lids, but the eye returned to normal in twenty-four hours."

The *Documentation of TLV's* notes that workers exposed to 84.8 mg/m^3 experienced moderate eye irritation.

MONITORING AND MEASUREMENT PROCEDURES

• **General**

Measurements to determine employee exposure are best taken so that the average eight-hour exposure is based on a single eight-hour sample or on two four-hour samples. Several short-time interval samples (up to 30 minutes) may also be used to determine the average exposure level. Air samples should be taken in the employee's breathing zone (air that would most nearly represent that inhaled by the employee).

• **Method**

An analytical method for malathion is in the *NIOSH Manual of Analytical Methods*, 2nd Ed., Vol. 3, 1977, available from the Government Printing Office, Washington, D.C. 20402 (GPO No. 017-033-00261-4).

RESPIRATORS

• Good industrial hygiene practices recommend that engineering controls be used to reduce environmental concentrations to the permissible exposure level. However, there are some exceptions where respirators may be used to control exposure. Respirators may be used when engineering and work practice controls are not

technically feasible, when such controls are in the process of being installed, or when they fail and need to be supplemented. Respirators may also be used for operations which require entry into tanks or closed vessels, and in emergency situations. If the use of respirators is necessary, the only respirators permitted are those that have been approved by the Mine Safety and Health Administration (formerly Mining Enforcement and Safety Administration) or by the National Institute for Occupational Safety and Health.

- In addition to respirator selection, a complete respiratory protection program should be instituted which includes regular training, maintenance, inspection, cleaning, and evaluation.

PERSONAL PROTECTIVE EQUIPMENT

- Employees should be provided with and required to use impervious clothing, gloves, face shields (eight-inch minimum), and other appropriate protective clothing necessary to prevent repeated or prolonged skin contact with malathion.
- Non-impervious clothing which becomes contaminated with malathion should be removed promptly and not reworn until the malathion is removed from the clothing.
- Employees should be provided with and required to use splash-proof safety goggles where liquid malathion may contact the eyes.
- Where there is any possibility that employees' eyes may be exposed to malathion, an eye-wash fountain should be provided within the immediate work area for emergency use.

SANITATION

- Skin that becomes contaminated with malathion should be promptly washed or showered with soap or mild detergent and water to remove any malathion.
- Employees who handle malathion should wash their hands thoroughly with soap or mild detergent and water before eating, smoking, or using toilet facilities.
- Eating and smoking should not be permitted in areas where malathion is handled, processed, or stored.

COMMON OPERATIONS AND CONTROLS

The following list includes some common operations in which exposure to malathion may occur and control methods which may be effective in each case:

Operation	Controls
Formulation of pesticide products	Process enclosure; local exhaust ventilation; personal protective equipment
Application as an insecticide for treatment of grain, nut, fruit, and fiber crops; grasses, seeds, and tobacco; animals; agricultural premises	Personal protective equipment
Manufacture of malathion	Process enclosure; local exhaust ventilation; personal protective equipment

EMERGENCY FIRST AID PROCEDURES

In the event of an emergency, institute first aid procedures and send for first aid or medical assistance.

- **Eye Exposure**

If malathion or formulations containing malathion get into the eyes, wash eyes immediately with large amounts of water, lifting the lower and upper lids occasionally. Get medical attention immediately. Contact lenses should not be worn when working with this chemical.

- **Skin Exposure**

If malathion or formulations containing malathion get on the skin, promptly wash the contaminated skin using soap or mild detergent and water. If malathion or formulations containing malathion penetrate through the clothing, remove the clothing promptly and wash the skin using soap or mild detergent and water. Get medical attention immediately.

- **Breathing**

If a person breathes in large amounts of malathion, move the exposed person to fresh air at once. If breathing has stopped, perform artificial respiration. Keep the affected person warm and at rest. Get medical attention as soon as possible.

- **Swallowing**

When malathion or formulations containing malathion have been swallowed and the person is conscious, give the person large quantities of water immediately. After the water has been swallowed, try to get the person to vomit by having him touch the back of his throat with his finger. Do not make an unconscious person vomit. Get medical attention immediately.

- **Rescue**

Move the affected person from the hazardous exposure. If the exposed person has been overcome, notify someone else and 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.

SPILL, LEAK, AND DISPOSAL PROCEDURES

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

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

1. Ventilate area of spill or leak.
2. Collect for reclamation or absorb in vermiculite, dry sand, earth, or a similar material.

• Waste disposal method:

Malathion may be disposed of by absorbing in vermiculite, dry sand, earth, or a similar material and disposing in sealed containers in a secured sanitary landfill.

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RESPIRATORY PROTECTION FOR MALATHION

Condition	Minimum Respiratory Protection* Required Above 15 mg/m³
Particulate or Vapor Concentration	
150 mg/m³ or less	Any chemical cartridge respirator with an organic vapor cartridge(s) and dust, fume, and mist filter(s), including pesticide respirators which meet the requirements of this class.** Any supplied-air respirator.** Any self-contained breathing apparatus.**
750 mg/m³ or less	Any chemical cartridge respirator with a full facepiece and an organic vapor cartridge(s) and dust, fume, and mist filter(s), including pesticide respirators which meet the requirements of this class. A gas mask with a chin-style or a front- or back-mounted organic vapor canister and dust, fume, and mist filter(s), including pesticide respirators which meet the requirements of this class. Any supplied-air respirator with a full facepiece, helmet, or hood. Any self-contained breathing apparatus with a full facepiece.
5000 mg/m³ or less	A powered chemical cartridge respirator with a full facepiece, helmet, or hood, an organic vapor cartridge, and high efficiency particulate filter, including pesticide respirators which meet the requirements of this class. A Type C supplied-air respirator with a full facepiece operated in pressure-demand or other positive pressure mode or with a full facepiece, helmet, or hood operated in continuous-flow mode.
Greater than 5000 mg/m³ or entry and escape from unknown concentrations	Self-contained breathing apparatus with a full facepiece operated in pressure-demand or other positive pressure mode. A combination respirator which includes a Type C supplied-air respirator with a full facepiece operated in pressure-demand or other positive pressure or continuous-flow mode and an auxiliary self-contained breathing apparatus operated in pressure-demand or other positive pressure mode.
Fire Fighting	Self-contained breathing apparatus with a full facepiece operated in pressure-demand or other positive pressure mode.
Escape	Any gas mask providing protection against organic vapors and particulates. Any escape self-contained breathing apparatus.

*Only NIOSH-approved or MSHA-approved equipment should be used.

**If an employee informs his employer that he is experiencing eye irritation from malathion while wearing a half- or quarter-mask respirator, the employer should provide an equivalent respirator with a full facepiece, helmet, or hood.