

OCCUPATIONAL SAFETY AND HEALTH GUIDELINE FOR VINYL CHLORIDE POTENTIAL HUMAN CARCINOGEN

INTRODUCTION

This guideline summarizes pertinent information about vinyl chloride 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 Recommendations may be superseded by new developments in these fields; therefore, readers are advised to regard these recommendations as general guidelines.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:** C₂H₃Cl
- **Structure:** CH₂=CHCl
- **Synonyms:** Chlorethene, chlorethylene, monochlorethylene, chloroethylene
- **Identifiers:** CAS 75-01-4; RTECS KU9625000; DOT 1086, label required: "Flammable Gas"
- **Appearance and odor:** Colorless gas with a sweet odor

CHEMICAL AND PHYSICAL PROPERTIES

- **Physical data**
 1. Molecular weight: 62.50
 2. Boiling point (at 760 mmHg): -14°C (7°F)
 3. Specific gravity (water = 1): 0.9121
 4. Vapor density (air = 1 at boiling point of vinyl chloride): 2.15
 5. Melting point: -155.7°C (-243.4°F)
 6. Vapor pressure at 20°C (68°F): 2,580 mmHg
 7. Solubility in water, g/100 g water at 24°C (75°F): 0.11
 8. Ionization potential: 9.995 eV
- **Reactivity**
 1. Incompatibilities: Atmospheric oxygen and strong oxidizers may react with vinyl chloride to produce peroxide, which can initiate a violent polymerization reaction.

2. Hazardous decomposition products: Toxic vapors and gases (e.g., hydrogen chloride and carbon monoxide) may be released in a fire involving vinyl chloride.
3. Caution: Check valves for leaks.

• **Flammability**

1. Flash point: -78°C (-108°F) (open cup)
2. Autoignition temperature: 472°C (882°F)
3. Flammable limits in air, % by volume: Lower, 3.6; Upper, 33.0
4. Class IA Flammable Liquid Gas (29 CFR 1910.106), Flammability Rating 4 (NFPA)

• **Warning properties**

1. Odor threshold: 3,000 ppm
2. 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 vinyl chloride is 1 part of vinyl chloride per million parts of air (ppm) as a time-weighted average (TWA) concentration over an 8-hour workshift, and the ceiling concentration which shall at no time be exceeded is 5 ppm as determined in any 15-minute sampling period. The National Institute for Occupational Safety and Health (NIOSH) recommends that vinyl chloride be controlled and handled as a potential human carcinogen in the workplace, and the NIOSH recommended exposure limit (REL) is that exposure be minimized to the lowest feasible limit. The American Conference of Governmental Industrial Hygienists (ACGIH) has designated vinyl chloride as an A1 substance (suspected human carcinogen) with an assigned threshold limit value, TLV[®] of 5 ppm [10 milligrams of vinyl chloride per cubic meter of air (mg/m³)] as a TWA for a normal 8-hour workday and a 40-hour workweek (Table 1).

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

Table 1.—Occupational exposure limits for vinyl chloride

	Exposure limits	
	ppm	mg/m ³
OSHA PEL TWA	1	—
Ceiling (15 min)	5	—
NIOSH REL (Ca)*	Lowest feasible limit	
ACGIH TLV [®] TWA (Ala)†	5	10

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

† (Ala): Human carcinogen with an assigned TLV.

HEALTH HAZARD INFORMATION

• Routes of exposure

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

• Summary of toxicology

1. *Effects on animals:* Acute inhalation of vinyl chloride by multiple species of animals caused central nervous system depression, coma, and death; acute inhalation by dogs also caused cardiac arrhythmias. In mice, rats, and hamsters, chronic inhalation or oral administration of vinyl chloride produced cancers of the liver, kidney, central nervous system, skin, and mammary and ear duct glands.

2. *Effects on humans:* Acute exposure of workers to vinyl chloride has caused narcotic and anesthetic effects. Repeated exposure of workers to vinyl chloride has caused increased blood pressure, decreased blood platelet counts, increased liver enzyme levels, restricted blood flow, bone degeneration in the fingers, liver and spleen enlargement, nervous system disturbances, central nervous system depression, decreased respiratory function, and emphysema. Cancer of the liver has been associated with exposure of workers to vinyl chloride during the polyvinyl chloride production process. Cancers of the lung, brain, skin, nervous system, gall bladder, mouth, and pharynx have also been observed in workers with a history of exposure to vinyl chloride. An increase in fetal mortality has been reported among wives of workers who had been exposed to vinyl chloride.

• Signs and symptoms of exposure

1. *Short-term (acute):* Exposure to vinyl chloride can cause dizziness, light-headedness, nausea, dullness of visual and auditory responses, drowsiness, and unconsciousness. Irritation of the skin and eyes can also occur. Skin contact with the liquid can cause frostbite.

2. *Long-term (chronic):* Exposure to vinyl chloride can cause thickening of the skin, contact and allergic dermatitis, fatigue, coughing and sneezing, abdominal pain, gastrointestinal bleeding, nausea, vomiting, indigestion, diarrhea, jaundice, weight loss, anorexia, and a cold and tingling sensation of the hands and feet.

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 the 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 vinyl chloride, the physician should evaluate and document the worker's baseline health status with thorough medical, environmental, and occupational histories, a physical examination, and physiologic and laboratory tests appropriate for the anticipated occupational risks. These should concentrate on the function and integrity of the skin, liver, kidneys, and cardiovascular, hematopoietic (blood cell forming), nervous, and respiratory systems. Medical surveillance for respiratory disease should be conducted by using the principles and methods recommended by NIOSH and the American Thoracic Society (ATS).

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 vinyl chloride. 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 diseases of the liver. The physician should obtain baseline values for serological tests of liver function and markers for infection with Hepatitis B virus.

• **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 vinyl chloride. 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 skin, liver, kidneys, and cardiovascular, hematopoietic, nervous, and respiratory systems as compared to the baseline status of the individual worker or to expected values for a suitable reference population. The following test should be used and interpreted according to standardized procedures and evaluation criteria recommended by NIOSH and ATS: standardized questionnaires and test of lung function.

• **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 vinyl chloride may cause diseases of prolonged induction-latency, the need for medical surveillance may extend well beyond termination of employment.

• **Sentinel health events**

Delayed-onset SHE's include: Liver cancer (hemangiosarcoma) and "white finger" (Raynaud's syndrome, secondary to vasculitis)

MONITORING AND MEASUREMENT PROCEDURES

• **Method**

Sampling and analysis may be performed by collecting vinyl chloride vapors with tandem charcoal tubes followed by desorption with carbon disulfide and analysis by gas chromatography. Direct-reading devices calibrated to measure vinyl chloride may also be used if available. A detailed sampling and analytical method for vinyl chloride may be found in the *NIOSH Manual of Analytical Methods* (method number 1007).

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 vinyl chloride.

SANITATION

Clothing which is contaminated with vinyl chloride 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 vinyl chloride from the clothing. If the clothing is to be laundered or cleaned, the person performing the operation should be informed of vinyl chloride's hazardous properties. Reusable clothing and equipment should be checked for residual contamination before reuse or storage.

A change room with showers, washing facilities, and lockers that permit separation of street and work clothes should be provided.

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 vinyl chloride 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 vinyl chloride 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 vinyl chloride 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 vinyl chloride

Operations	Controls
During the manufacture of monomer, polymer, copolymer, and terpolymer	Process enclosure, personal protective equipment
During the transfer of monomer to tank cars or polymerization reactors; during maintenance work on tanks or reactors	Local exhaust ventilation, personal protective equipment
During the cleaning of polymerization reaction tanks	Process enclosure, 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 vinyl chloride, an eye-wash fountain should be

provided within the immediate work area for emergency use.

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

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

1. Stop the flow of gas. If the source of the leak is a cylinder and the leak cannot be stopped in place, remove the leaking cylinder to an area with local exhaust ventilation and repair the leak or allow the cylinder to empty.
2. Remove all ignition sources.
3. Ventilate area of spill or leak.

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 vinyl chloride

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 pressure-demand or other positive pressure mode
Firefighting	Any self-contained breathing apparatus with a full facepiece and operated in 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 canister providing protection against the compound of concern Any appropriate escape-type self-contained breathing apparatus

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