

# Occupational Health Guideline for Zinc Oxide Fume

## 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: ZnO
- Synonyms: None
- Appearance: White fume.

## PERMISSIBLE EXPOSURE LIMIT (PEL)

The current OSHA standard for zinc oxide fume is 5 milligrams of zinc oxide fume per cubic meter of air ( $\text{mg}/\text{m}^3$ ) averaged over an eight-hour work shift. NIOSH has recommended that the permissible exposure limit be changed to 5  $\text{mg}/\text{m}^3$  averaged over a work shift of up to 10 hours per day, 40 hours per week, with a ceiling level of 15  $\text{mg}/\text{m}^3$  averaged over a 15-minute period. The NIOSH Criteria Document for Zinc Oxide should be consulted for more detailed information.

## HEALTH HAZARD INFORMATION

- **Routes of exposure**  
Zinc oxide fume can affect the body if it is inhaled.
- **Effects of overexposure**
  1. **Short-term Exposure:** Zinc oxide fume causes a flu-like illness called metal fume fever. Symptoms of metal fume fever include headache, fever, chills, muscle aches, nausea, vomiting, weakness, and tiredness. The symptoms usually start several hours after exposure. The attack may last 6 to 24 hours. Metal fume fever is more likely to occur after a period away from the job (after weekends or vacations). High levels of exposure to zinc oxide fume may cause a metallic or sweet taste in

the mouth, dryness and irritation of the throat, and coughing at the time of exposure.

2. **Long-term Exposure:** None known.

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 zinc oxide fume.

- **Recommended medical surveillance**

The following medical procedures should be made available to each employee who is exposed to zinc oxide fume 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. Examination of the respiratory system should be stressed.

—14" x 17" chest roentgenogram: Zinc oxide fume may cause respiratory impairment. Persons with pulmonary disease may be more susceptible to the effect of zinc oxide fume. Surveillance of the lungs is indicated.

—FVC and FEV (1 sec): Persons with pre-existing pulmonary disease may be more susceptible to the effects of zinc oxide fume. Periodic surveillance is indicated.

2. **Periodic Medical Examination:** The aforementioned medical examinations should be repeated on an annual basis, except that an x-ray is considered necessary only when indicated by the results of pulmonary function testing. Determination of zinc in the urine may be helpful in evaluating the extent of absorption.

- **Summary of toxicology**

Inhalation of zinc oxide fume causes an influenza-like illness termed metal fume fever. Heavy human exposure to zinc oxide fume may cause an immediate dryness and irritation of the throat, a sweet or metallic taste followed by substernal tightness and constriction in the chest, and a dry cough. Several hours following exposure the subject develops fever, lassitude, malaise, fatigue, frontal headache, low back pain, muscle cramps, and occasionally blurred vision, nausea, and vomiting.

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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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Physical examination reveals fever, eventually followed by perspiration and chills, dyspnea, rales throughout the chest, and tachycardia; in some instances there has been a reversible reduction in pulmonary vital capacity; there is usually leukocytosis, which may amount to 12,000 to 16,000/MM<sup>3</sup>. An attack usually subsides after 6 to 12 hours but may last for up to 24 hours; recovery is usually complete. Most workers rapidly develop an immunity to these attacks, but it is as quickly lost; attacks tend to be more severe on the first day of the work-week. Only freshly formed fume causes the illness, presumably because flocculation occurs in the air; the larger particles that form are deposited in the upper respiratory tract and do not penetrate deeply into the lungs. Chills have been reported in workers from exposure to concentrations of zinc oxide fume below 5 mg/m<sup>3</sup>.

## CHEMICAL AND PHYSICAL PROPERTIES

### • Physical data

1. Molecular weight: 81.37
2. Boiling point (760 mm Hg): Solid sublimes
3. Specific gravity (water = 1): 5.6 (solid)
4. Vapor density (air = 1 at boiling point of zinc oxide fume): Not applicable
5. Melting point: Greater than 1800 C (greater than 3272 F)
6. Vapor pressure at 20 C (68 F): Not applicable
7. Solubility in water, g/100 g water at 20 C (68 F): Insoluble (solid)
8. Evaporation rate (butyl acetate = 1): Not applicable

### • Reactivity

1. Conditions contributing to instability: None
2. Incompatibilities: Zinc oxide fume may react violently with chlorinated rubber.
3. Hazardous decomposition products: None
4. Special precautions: None

### • Flammability

1. Not combustible

### • Warning properties

Zinc oxide fume is not known to be an eye irritant.

## MONITORING AND MEASUREMENT PROCEDURES

### • Eight-Hour Exposure Evaluation

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).

### • Ceiling Evaluation

Measurements to determine employee ceiling exposure are best taken during periods of maximum expected

airborne concentrations of zinc oxide fume. Each measurement should consist of a fifteen (15) minute sample or series of consecutive samples totalling fifteen (15) minutes in the employee's breathing zone (air that would most nearly represent that inhaled by the employee). A minimum of three (3) measurements should be taken on one work shift and the highest of all measurements taken is an estimate of the employee's exposure.

### • Method

Sampling and analyses may be performed by collection of zinc oxide on a cellulose membrane filter, followed by solubilizing the zinc with nitric acid and analyzing by atomic absorption spectrophotometry. An analytical method for zinc oxide fume is in the *NIOSH Manual of Analytical Methods*, 2nd Ed., Vol. 4, 1978, available from the Government Printing Office, Washington, D.C. 20402 (GPO No. 017-033-00317-3).

## 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.

## COMMON OPERATIONS AND CONTROLS

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

<b>Operation</b>	<b>Controls</b>
Liberation during brazing, welding, burning, and cutting of zinc and galvanized metals	General dilution ventilation; process enclosure; local exhaust ventilation; personal protective equipment
Liberation from founding of brass, copper, and zinc, and galvanizing of iron and steel	General dilution ventilation; process enclosure; local exhaust ventilation; personal protective equipment
Liberation from abrasive cleaning of galvanized metal surface	General dilution ventilation; process enclosure; local exhaust ventilation; personal protective equipment
Liberating during use as a ceramic flux	General dilution ventilation; process enclosure; local exhaust ventilation; personal protective equipment
Liberation during recovery of impure lead blast furnace slag; from manufacture of glass to increase brilliance and luster of glass	General dilution ventilation; process enclosure; local exhaust ventilation; personal protective equipment
Liberation from use as an intermediate in manufacture of other zinc compounds; in manufacture of electronic devices	General dilution ventilation; process enclosure; local exhaust ventilation; personal protective equipment
Liberation from use as a filler material in crushed stone industry	General dilution 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.

### • Breathing

If a person breathes in large amounts of zinc oxide fume, 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.

### • 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.

## LEAK PROCEDURES

- Persons not wearing protective equipment and clothing should be restricted from areas of releases until cleanup has been completed.
- If potentially hazardous amounts of zinc oxide fume are inadvertently released, ventilate the area of the release to disperse the fume.

## REFERENCES

- American Conference of Governmental Industrial Hygienists: "Zinc Oxide Fume," *Documentation of the Threshold Limit Values for Substances in Workroom Air* (3rd ed., 2nd printing), Cincinnati, 1974.
- American Industrial Hygiene Association: "Zinc Oxide," *Hygienic Guide Series*, Detroit, Michigan, 1969.
- Browning, E.: *Toxicity of Industrial Metals* (2nd ed.), Butterworths, London, 1969.
- Fishburn, C. W., and Zenz, C.: "Metal Fume Fever," *Journal of Occupational Medicine*, 11:142-144, 1969.
- Hamdi, E. A.: "Chronic Exposure to Zinc of Furnace Operators in a Brass Foundry," *British Journal of Industrial Medicine*, 26:126-134, 1969.
- McCord, C. P.: "Metal Fume Fever As an Immunological Disease," *Industrial Medicine and Surgery*, 29:101-107, 1960.
- National Institute for Occupational Safety and Health, U.S. Department of Health, Education, and Welfare: *Criteria for a Recommended Standard . . . Occupational Exposure to Zinc Oxide*, HEW Publication No. (NIOSH) 76-104, GPO No. 017-033-00109, U.S. Government Printing Office, Washington, D.C., 1975.
- Patty, F. A. (ed.): *Toxicology*, Vol. II of *Industrial Hygiene and Toxicology* (2nd ed. rev.), Interscience, New York, 1963.
- Rohrs, L. C.: "Metal-Fume Fever from Inhaling Zinc Oxide," *A.M.A. Archives of Industrial Health*, 16:42-47, 1957.
- Turner, J. A.: "An Occupational Dermatoconiosis Among Zinc Oxide Workers," *Public Health Reports*, 36:2727-2732, 1921.
- Vallee, B. L.: "Zinc and Its Biological Significance," *A.M.A. Archives of Industrial Health*, 16:147-154, 1957.

## RESPIRATORY PROTECTION FOR ZINC OXIDE FUME

Condition	Minimum Respiratory Protection* Required Above 5 mg/m <sup>3</sup>
Particulate Concentration	
50 mg/m <sup>3</sup> or less	Any fume respirator or high efficiency particulate filter respirator. Any supplied-air respirator. Any self-contained breathing apparatus.
250 mg/m <sup>3</sup> or less	A high efficiency particulate filter respirator with a full facepiece. Any supplied-air respirator with a full facepiece, helmet, or hood. Any self-contained breathing apparatus with a full facepiece.
2,500 mg/m <sup>3</sup> or less	A powered air-purifying respirator with a high efficiency particulate filter. A Type C supplied-air respirator operated in pressure-demand or other positive pressure or continuous-flow mode.
Greater than 2,500 mg/m <sup>3</sup> 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.

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