

## Why dermal exposure assessment? Concawe H/STF-29 Jan Urbanus, Shell (Chair)

Dermal Exposure Studies on Workers and Consumers for Petroleum Substance REACH Dossiers Concawe Symposium, Brussels, BE

24<sup>th</sup> February 2015





## Background

Exposure Scenarios are one of the cornerstones of the REACH registration dossiers

- They describe how hazardous substances can be used safely without harm to people or the environment
- Exposures via inhalation and via dermal uptake
  - Compare exposure levels to limit value (the Derived No Effect Level, DNEL); if exposure < DNEL, then 'safe'</p>

## Recommended approach:

- Simplistic but conservative estimate based on analogies for comparable substances in comparables circumstances
- If not 'safe', refine exposure estimates with more specific data including measurements from field studies







- Heavy Fuel Oil (components): proven toxic including CMR effects via the dermal route – very low DNEL for dermal exposure:
  - Expected difficult to prove 'safety' based on conservative, simplistic models
  - Diesel fuel, service station attendants: initial estimates > DNEL, had to assume use of gloves in REACH dossier of 2010 to prove 'safety'
    - But attendants in the main do not wear gloves
    - Contaminated gloves not acceptable for customer-facing staff
- Consumer handling of diesel fuel and lubricants: DNELs for consumers lower than DNELs for workers
  - Direct studies on consumers not practicable, therefore used panel of volunteers to simulate exposures

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Conducted before DNELs were known (anticipated to be low, but even lower when established)

Study took ~2 years, >100K € to sample some 60 workers

- Workplaces and worker tasks studied
  - Refineries: line spading, filter cleaning, product sampling, heat exchanger tubes cleaning
  - Distribution terminals: pump maintenance, ship and truck loading, product sampling
  - Power plant: product unloading, pump maintenance, filter and spillage cleaning, tank dipping
  - Marine engine repair facility: cleaning injector nozzles, drip trays, filter cleaning and changing
  - Almost all workers wore leather or PVC gloves
  - ▶ Note: HFO usually at elevated temperature which would cause skin burns
- Developed novel exposure sampling and analytical techniques

Reproduction permitted Wipe sampling of hands, forearms and neck





- General: HFO was detected in 60% of hand wipe samples
  - And in ~20% of the samples from forearms
  - But only 3% of neck samples
- General: Detected levels on hands were ~10x higher than on forearms
- Industry with highest exposure levels was marine engine repair, followed by distribution terminals
- Worker activities with highest exposure levels were cleaning and maintenance, followed by product sampling
  - No glove use in maintenance involving fine repair work due to dexterity issue – could be overcome with special thin gloves

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- Study execution was challenging, expensive and time consuming
  - >1000 € per sampled worker
- Limited but very informative data set obtained
  - Very good sensitivity by using PAH trace analytical technique
- Exposure levels (much) lower than predicted by simplistic ECHA recommended Tier-1 models so study was worth doing
  - Able to show that these levels were below the dermal DNEL for HFO
  - > 4 orders of magnitude difference in some data set for a given task
  - High temperature of bulk product will also cause avoidance of contact
    - > Studies with e.g. Metal-working fluids show much higher levels
- Gloves <u>reduce</u> exposure, but do <u>not prevent</u> it
- Due to the classification as CMR, all exposures to HFO need to be managed to levels as low as reasonably practicable



