

NIOSH

Comments to DOL

Assistant Secretary of Labor
Occupational Safety and Health Administration

APR 18 1973

PB90153784



Director, National Institute for
Occupational Safety and Health

Emergency Temporary Standard for Carcinogens

In response to a request from the Office of Standards, OSHA, NIOSH has reviewed the draft of the proposed emergency standard for carcinogens. We support the need for the development of standards for the control of the 14 chemical carcinogens listed in your petition as indicated in our letter of July 14, 1972, to Mr. Chain Robbins, Deputy Assistant Secretary, recommending that a use permit system be utilized as the mechanism for control of worker exposure and compliance under OSHA.

The approach proposed in the OSHA draft emergency standard is a work practice and not a use permit standard. Detailed work practices that will effectively control exposure to 14 different compounds used for many purposes and in different industrial processes are desirable, but this goal will be difficult to meet with any degree of success. For these reasons, the Institute strongly supports the development of a use permit system. It must be recognized that the OSHA proposed emergency work practice standard would also be a deterrent to the development of a use permit standard at a later date. As an example, the requirement for installation of ventilation systems, removal of drinking fountains, washing facilities, building of separate areas to change clothing and environmental surveillance programs will establish a precedent that will be difficult to overcome in attempting to change to a use permit standard when the permanent standard is promulgated within 6 months. The position of the Institute remains the same as it was in July--that the approach should be for a use permit system standard.

In response to the draft submitted by OSHA for our consideration, I would like to comment only on those major issues that would relate to the recommendation of a use permit emergency temporary standard but are included in the proposed work practice standard.

(1) We strongly support the identification of carcinogenic compounds as being those where the composition of identified carcinogens must be 1% or more by weight for inclusion as a carcinogen.

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(2) The scope and application of the proposal is limited to "manufactured, processed, used, repackaged, or otherwise handled or used in any manner which may present a risk of exposure to employees." This wording would preclude the identification of carcinogenic compounds for those emissions that are generated or synthesized as by-products of a specific operation, i.e., coke oven emissions. This should be changed to include by-product and other emissions.

(3) The Institute supports the reporting requirements to both the Assistant Secretary and to the Director of NIOSH by industry of those workers exposed to carcinogenic compounds.

(4) The requirement for environmental surveillance does not seem to be appropriate. It is questionable whether effective analytical techniques are available for all of the carcinogens and the utilization of such an extensive monitoring system would not be effective, even if analytical methodology were available, due to the delay between obtaining samples, analysis and reporting of results, which would in effect result in an unrealistic control procedure when samples are taken on a daily basis.

(5) The Institute supports the requirement that industry submit a plan for medical surveillance to OSEA for approval.

We recognize that OSHA has made the decision to go with an emergency standard now and a permanent standard later. The emergency standard should be a brief and concise statement requiring protection of exposed workers. It should not have the specifics detailed regarding ventilation, monitoring of the air, wipe testing and medical testing which it now specifies. These details should come from the user when he applies for a use permit as spelled out in the permanent standard.

It is our belief that the most effective control of exposure can be gained by the use permit system and endorse again this approach. By recommending a use permit system for control of carcinogenic compounds, the Institute recognizes that OSHA will be faced with the responsibility for the evaluation of use permits received in response to the regulation. NIOSH will lend any assistance possible in evaluating such proposals within the limited resources available to us. We will, of course, be available for continuing consultation if it is determined desirable.

Marcus M. Key, M.D.
Assistant Surgeon General

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| 15. Supplementary Notes <i>Re: Emergency Temporary Standard for Carcinogens by M. M. Key, April 18, 1973</i> | | | | |
| 16. Abstract (Limit: 200 words) — In this testimony the need for standards for the control of 14 chemical carcinogens listed in a petition from OSHA drafted prior to July of 1972 was supported. The approach proposed in the draft from OSHA was clearly a work practice and not a use permit standard. NIOSH agreed that detailed work practices which would effectively control exposure to these 14 different compounds would be desirable, but cautioned that the goal will be difficult to meet and urged the passage of a use permit system. NIOSH stressed that the institution of a work practice standard at this time would be a deterrent to later instituting a use permit standard. NIOSH supported the identification of carcinogenic compounds as those whose composition of identified carcinogens must be 1 percent or more by weight. NIOSH requested that the wording be changed from its present form, which would limit the scope and application of the proposal so as to effectively exclude from control those compounds produced as by products of a specific operation such as coke oven emissions. NIOSH supported the reporting requirements to the Assistant Secretary and to the Director of NIOSH by industry of those workers exposed to carcinogenic compounds. The appropriateness of the requirement for environmental surveillance was questioned, but the requirement that industry submit a plan for medical surveillance to OSHA for approval was supported. | | | | |
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