

## RECOMMENDED INTERVENTION — BACKGROUND

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This is a bridge session, between this morning when we were concerned with trying to characterize and identify, and this afternoon when we will try to consider what we are going to do about it.

Historically, if we look back at what has been called good industrial hygiene practice or good occupational health practice, we find that when we reached a certain measurable quantity of some air contaminant in the work place, we used that to trigger off some sort of control.

I think that the current concept, in engineering technology at least, is to design the hazards out of the operation initially. We are concerned that any corrections to existing facilities might get to be quite an expensive proposition and, in fact, really not do the job that we are in business for.

I would like to read to you seven precautions for manufacturers of synthetic rubber.

*One*, a complete pre-employment physical examination should be given all workmen.

*Two*, all operating personnel should be examined every three months.

*Three*, all operating personnel should be impressed with the toxic hazards of the various compounds and taught to handle them properly.

*Four*, a closed type of operation should be mandatory and continuous inspection of all the equipment for possible leaks should be enforced.

*Five*, a set of safety rules regarding the use of protective equipment, gloves, goggles, masks, should be posted at the danger spot.

*Six*, both personal and group safety equipment should be supplied as needed.

Finally, *seven*, adequate ventilation, both local

and general, should be maintained at all times.

I'm sure this is familiar to many of you because this was published by R. H. Wilson in the Journal of the American Medical Association in 1944. So after all this time, we have reached a point where we in NIOSH in terms of intervention against hazards are going back really roughly thirty years.

I would like to clarify a point of concern. A couple of years ago, Dr. Maurice Johnson and Dr. Irving Tabershaw came to visit us at NIOSH in Rockville and they had a new problem. It turned out to be the vinyl chloride problem. Not too many weeks ago, I talked with Dr. Johnson on the phone again and it almost sounded like a repeat of our couple-of-years-ago dissertation. Roughly, the same numbers of people, the same types of data, and that type of thing.

I don't honestly believe that this morning, we have been able to really pinpoint what the hazards are — but, I think it's worthwhile that we dig into the situation. I think what Dick Lemen pointed out as an approach is one approach. When we first got involved with the vinyl chloride situation, we met in Ohio, and we discussed this same thing. We wanted cooperation then and, certainly, we need that just as much now and maybe more so because at least then we had some kind of an index, we had identified a contaminant, vinyl chloride, and we were very sure in our minds that that was the direction to go.

Here, we have a whole spectrum of different kinds of air contaminants and different kinds of hazards, if you will. And so, with that, we've got to characterize not only the workmen, but we must characterize that environment and so, to talk first on how do you characterize an environment in terms of sampling and analytical methodology, we have Dr. Alexander Teass.

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