

A LITERATURE REVIEW OF WORKPLACE INTERVENTIONS

WITH RESPECT TO RISK MANAGEMENT MEASURES AND THEIR IMPACT ON OCCUPATIONAL EXPOSURE LEVELS TO HAZARDOUS SUBSTANCES

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Background and Aims

In order to avoid or adequately reduce worker exposure to hazardous substances effective and appropriate risk management measures (RMMs) have to be implemented at the workplace. Intervention studies play an important role in supporting and complementing scientific validation of results of non-intervention assessments of the effectiveness of RMMs under controlled conditions.

This study reviewed existing scientific literature on workplace intervention studies with the aim to identify different types of interventions and evaluation approaches used to assess their effects on occupational exposure levels to hazardous substances. The work presented here gives an overview of a selection of 25 out of a total of 50 most relevant, published studies included in this review.

Methods

Intervention studies published in English from the 1999 up to January 2017 were considered for inclusion. The selection was based on a systematic search of Pubmed.

Workplace interventions were defined as:

- events aimed at reducing occupational exposure to hazardous substances at the workplace or
- where reductions occurred as a side effect, e.g. due to changes in the production process.

Discussion

Methods and findings varied considerably and hence limit the scope to directly compare results from the different studies and subsequently the effectiveness of the different interventions.

Opportunities to assess the full extent / all aspects of an intervention are not always given as this is dependent on data availability, available funding, etc..

Overall this review showed that the majority of the interventions, irrespective of their nature, have been successful at reducing exposure levels.

Conclusions

There is evidence that decreases in workplace exposure levels to hazardous substances followed a variety of workplace interventions in a variety of industries underlining the benefits of implementing RMMs at workplaces.

However, a direct comparison of a specific RMM among different studies, even when focussing on one specific industry, remains difficult as the majority of studies assessed the implementation of a set of different RMMs; hence the quantification of the impact of individual interventions on exposure remains difficult due to the heterogeneity in methods.

Investigator	Intervention(s)	Study period	Exposure to	Exposure assessment by	Main findings
Gimsrud et al. 2000	Nickel refineries, Norway: Abandonment of Hybinette method in 1978; technical changes with time	1910 - 1994	Ni compounds	Department-time-exposure-matrix	1973 - 1994 (based on measurements): ↓ Ni by factor 5 in roasting, factor 6 in electrolyte purification, factor 8 in copper leaching department
Sanderson et al. 2001	Reading beryllium plant, U.S.: Major production changes btw. 1940's - 1970's	1935 - 1992	Be compounds	Job-Exposure-Matrix (JEM)	Estimates varied considerably btw. jobs; dramatic ↓ Be btw. 1940's - 1970's for all jobs; selected example: Arc furnace workers: 1935-1960 vs. 1981 - 1992: ↓ ~ 99% Be fume
Doko Jelincic et al. 2005	Aluminium production factory, Mostar, Bosnia and Herzegovina: After destruction in 1991/1992 rebuilding & modernisation	1982 - 2004	Dust; CO, CO ₂ , SO ₂ , HF, NO ₂ , difluoro sulphide, benzene, phenol, chlorine, butane, propane	Measurements prior & after rebuilding / modernization	Post-modernization: ↓ exposure; ↓ emission of harmful gases, primarily HF; pot modernization & modern devices for processing anode gases eliminated 96-99% of all pot emissions
Lavoie et al. 2008	7 aluminium smelters, Quebec, Canada: Various control measures with time especially in Söderberg pot rooms and carbon plants	1916 - 1999	Coal tar pitch volatiles: BaP, benzene-soluble materials (BSM)	JEM	1960 - 1980 major ↓ exposure: Computerized control of smelting process, mechanization of tasks, alkaline scrubbing ventilation systems, >1980 ↓ at slower rate: Microenvironment machines; up to ~ ↓ 90% BSM and BaP comparing 1940/50's to 1990's
Thomas et al. 2009	Copper-beryllium alloy processing plant, U.S.: Targeted engineering controls etc. btw. 2000 - 2007	1995 - 2007	Airborne Be	Survey to identify high-risk processes → 2000-2007 implementation phase	~ ↓ 90% mean exposure after implementation; rod and wire processes: Highest air concentrations for all study periods → post-intervention: ↓ by ~ 95% (limited sample size)
Winker et al. 2008	Semiconductor plant, Germany: RMMs (technical & organisational) for workers with contact with open plasma etching systems in 1992	1991 & 2004	Boron trifluoride and boron trichloride; biomonitoring (BM)	2 surveys: Urinary excretion of fluoride; continuous air monitoring; micronucleus tests	Survey 1 & 2: air concentrations below detection limit; no difference in urinary fluoride; pre-intervention: Significantly ↑ mean level of micronuclei in exposed workers; post-intervention: ↓ 100% (to same range as controls)
Couch et al. 2010	Beryllium processing facility, Elmore, Ohio: Engineering & administrative controls with time	1953 - 2006	Airborne Be	JEM	Decade AM daily weighted average 2000's vs. 1950's: ↓ 76% airborne Be exposure for all jobs
Sauri et al. 2010	Kokkola cobalt plant, Finland: Production process change in 1987	1967 - 2003	Dust, cobalt, Ni, SO ₂ , H ₂ S, NH ₃	Static & personal sampling; identification of asthma cases & confirmation: Bronchial challenge tests	Selected example: Sulphatizing roasting department: Highest SO ₂ concentrations 1977-1986 → post-intervention: Mean cobalt sulphate: ↓ 100% → ↓ diagnosed asthma cases
Seyseth et al. 2016	7 aluminium plants, Norway: Various control measures with time	1986 - 1995	Total dust, fluorides, PAH	JEM	Total dust, fluorides, and PAH ↓ p.a. by 9.2%, 11.7%, 14.9%, respectively
Beattie et al. 2017	53 electroplating companies, Great Britain: Repeat BM to drive sustainable improvements in exposure control	2008 - 2011	Cr & Ni	Multiple occasions over 3 yrs: Urine samples; hand wash sampling; surface wipe samples; personal air monitoring	General: Air conc. below exposure limits; +ve correlations btw. hand contamination & BM; company subset (more control deficiencies): BM Ni: ↓ 33% in Ni-electroplaters & ↓ 38% in other (directly exposed) Ni workers; BM Cr: ↓ 23% in Cr-electroplaters & ↓ 27% in other Cr workers
Meeker et al. 2007	Pipefitters, U.S.: Effectiveness of commercially available portable LEV (experimental and field setting)	2006 (?)	Mn; (TPs)	Field scenario: Full-shift breathing zone samples, 8 days from 2 pipefitters	Field setting: LEV (compared to no LEV): GM ↓ 53% in Mn exposure; ↓ 10% in TPs
Meeker et al. 2010	Chromium-containing steel welders, experimental & field setting (boilermakers & pipefitters), U.S., Canada: Effectiveness of portable LEV	2007 - 2008	Cr(VI)	Examined data: OSHA compliance data: Welding Institute (TWI); field survey; controlled trials	General: No LEV → ↑ exposures; e.g. TWI data: LEV (compared to no LEV): Median ↓ 81% Cr (VI); field surveys: All samples: GM for shifts: ↓ 40% Cr (VI)
Flynn & Susi 2010	Welders' datasets, U.S., U.K., Canada: Influence of LEV, degree of confinement, sampler location	1973 - 2008	Metal fumes, including Mn, iron, TPs	Examined data by construction trade: TWI, Center for Construction Research and Training, OSHA compliance data	General: No LEV → ↑ exposures; greater degree of enclosure → ↑ exposures TWI data: LEV (compared to no LEV): Mean TP: ↓ 35%, iron: ↓ 41%, Mn: ↓ 31%
Bowler et al. 2011	43 confined space welders, San Francisco-Oakland Bay Bridge, U.S.: Shift in welding process from automated to manual	2005 - 2008	Mn; BM	Blood Mn, status of mood, movement/neuromotor & cognitive function, & of olfaction → GLM	Automated welding (associated with higher Mn exposure (Bowler et al. 2007)): 3-fold ↑; manual welding: 2.5-fold ↑; mean blood Mn concentration: ↓ 16%
Lehnert et al. 2014	WELDOX study Germany: Improvements of exhaust ventilation and respiratory protection during flux-cored arc welding of stainless steel	2008 - 2011	Welding fume, Cr, Ni, Mn; BM	243 welders from 23 companies; breathing zone & stationary sampling, post-shift: spot urine & purified air supply; urinary metal & mean Mn blood concentration	(i) respirable particles by ~ 88%; ↓ airborne metal compounds: Mn: 98%; ↓ Cr: 97%; ↓ Ni: 96%; most striking ↓ inside helmets with purified air supply; urinary metal & mean Mn blood concentration
Nij et al. 2002	Construction industry, Netherlands: Control measures to ↓ quartz dust exposure: LEV, wet suppression, PPE	1998 - 1999	Respirable dust & quartz dust	Full-shift (n = 61) & short-term measurements & questionnaire (n=1335 workers) → mixed effect model	Controls not very strongly associated with full-shift estimates, but with short-term measurements (% dust reduction); e.g. recess milling lime sandstone: LEV: >99%; sawing in lime sandstone: LEV: >99%; wet suppression: 81-92%
Farragan et al. 2003	9 large construction sites, U.S.: Control measures on silica dust exposure on 8 dust-producing construction tasks	2000 - 2001	Respirable dust	Task with vs. task without controls; 42 on-site days per site	Box fan in use (GMS ↓): Surface grinding: ↓ 57%; floor sanding inside: ↓ 50%; vacuum/shroud in use: Surface grinding outside: ↓ 71%
Croteau et al. 2009	6 commercial construction sites, Seattle, WA: Commercially available LEV system during concrete surface grinding by cement masons	2001 - 2002	Respirable dust & crystalline silica	28 paired personal samples (with & without LEV)	LEV: ↓ GM respirable dust exposure of 92% and of crystalline silica of 86.4%
Deursen et al. 2015	8 construction companies, Netherlands: Multidimensional intervention to ↓ quartz exposure (engineering, organisational, behavioural)	2011 - 2012	Respirable dust & quartz	Randomized controlled trial (4 control, 4 intervention group); Bayesian hierarchical models	Substantial overall ↓ in quartz exposure baseline vs. follow-up: ↓ 73% in intervention vs. ↓ 40% in control group
Meijster et al. 2009	Flour processing industry, Netherlands: Intervention programme to ↓ flour dust and fungal α-amylase levels	1993 - 2007	Flour dust, fungal α-amylase contents	Surveys pre- (1993 & 2001) and post-intervention (2007); 638 personal exposure measurements	Annual trend: (i) Bakeries: Modest ↓ by 2% for flour dust & 8% for amylase; (ii) Flour mills: Flour dust ↓ 12%; no significant trend for amylase; (iii) Modest ↑ in use of control measures and proper work practices in most sectors, especially LEV
Baatijs et al. 2014	30 bakeries of large supermarket chain store, South Africa: Interventions to ↓ flour dust	n.a.	Flour dust, wheat & rye allergens levels	Exposure measurements in 15 bakeries (intervention) vs. 15 controls	Overall 50% decrease in mean flour dust, wheat and rye allergen exposure; greatest reduction in flour dust due to use of mixer lid
LaMontagne et al. 2004	Hospitals, U.S.: Policy-level intervention (OSHA standards) on ethylene oxide (EO) exposure over time	1984 - 2001	EIO	Personal samples from 2265 hospitals; random effect modelling	Exposure ↓ steadily after OSHA standards set: > 1996 ↑ in probability of exceeding short-term excursion limit → coincides with ↓ in enforcement; permissible exposure limit exceedances 1988 - 2001: ↓ 96%
Vandenplas et al. 2009	88 hospitals, Belgium: Changes in glove policies: Substitution of natural rubber latex (NRL) with NRL-free gloves	1980's - 2004	NRL-induced occupational asthma (OA) cases	Retrospective review of OA claims; survey on glove policies	Overall ↓ usage of powdered NRL-gloves by ~ 80% from 1989 - 2004; parallel ↓ incident cases of NRL-induced OA
Miyake et al. 2013	Hospital, Japan: Effects of closed-system drug transfer device on surface contamination & exposure of pharmacists to cyclophosphamide (CP)	2007 - 2009	CP concentration; BM (urine)	Wipe tests for CP of compounding room before daily cleaning; 24-hr urine of 4 pharmacists	Post-intervention: ↓ of surface contamination to almost undetectable levels; ↓ pharmacists' mean urinary CP conc. by ~ 90%
Zhang et al. 2016	2 hospitals, China: Effect of pharmacy intravenous admixture service on occupational antineoplastic drug (AD) exposure in female oncology nurses	2009 - 2013	BM: blood cell count; renal & liver BMs	202 nurses in intervention hospital, 190 in control group; BM & self-reporting questionnaire	Post-intervention: Health risks to AD significantly alleviated in intervention group; significant restoration of blood cell counts & kidney function, ↓ adverse reproductive outcomes

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