January 2010

Army Industrial Hygiene News and Regulatory Summary

This information is published by the Industrial Hygiene and Medical Safety Management (IHMSM) for the U.S. Army Public Health Command (Provisional), formerly U.S. Army Center for Health Promotion and Preventive Medicine as a service to the Army Industrial Hygiene Program, Federal agencies, and industrial hygienist throughout the Federal and private sector.

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TOPIC OF THE MONTH

Study Says Household Dust Can Include Lead and Arsenic

Scientists at the University of Arizona, report that most of the dust found indoors comes from outdoors. Their report, "Migration of Contaminated Soil and Airborne Particulates to Indoor Dust", appears in the American Chemical Society's Environmental Science & Technology, a semi-monthly journal.

In the study, the scientists note that household dust consists of a potpourri that includes dead skin shed by people, fibers from carpets and upholstered furniture, tracked-in soil, and airborne particles blown in from outdoors. Household dust can include lead, arsenic and other potentially harmful substances that migrate indoors from outside air and soil, which can be a special concern for children, who consume those substances by putting dust-contaminated toys and other objects into their mouths.

The scientists describe development and use on homes in the Midwest of a computer model that can track distribution of contaminated soil and airborne particulates into residences from outdoors. Layton and Beamer found that more than 60 percent of house dust originates outdoors. They estimated that nearly 60 percent of the arsenic in floor dust could come from arsenic in the surrounding air, with the remainder derived from tracked-in soil. The researchers point out that

Use of trademarked names does not imply endorsement by the U.S. Army but is intended only to assist in identification of a specific product.
the model could be used to evaluate methods for reducing contaminants in dust and associated human exposures.

To read the article: http://pubs.acs.org/stoken/presspac/presspac/full/10.1021/es9003735?cookieSet=1

KEY INDUSTRIAL HYGIENE TOPICS

Ergonomics

NIOSH Recommends Precautions for Home Health Care Workers in Hazards Review

NIOSH recommended in a new health hazard review that home health care workers take precautions to prevent musculoskeletal injuries, latex allergies, exposures to bloodborne pathogens, occupational stress, and violence.

A review released, Occupational Hazards in Home Healthcare, recommended both employers and home health care workers implement controls and participate in training related to various hazards.

According to the document, in 2007 nearly 900,000 home health care workers recorded more than 27,000 injuries. Furthermore, the Bureau of Labor Statistics projects the home health care industry will be among the fastest-growing occupations between 2006 and 2016.

Workers face risks of musculoskeletal injuries when lifting patients or repeating other physical activities without adequate recovery time, the review said. Up to 40% of home health care patients may be incapacitated to some degree, while workers might spend nearly half their time in poor posture positions, according to the document.

The document recommends employers provide ergonomic training and assistive devices as necessary, while workers should use such devices and also avoid dangerous postures. Home health care workers also face a high risk of needlestick injuries, although many go unreported, the document said.

“Home health care workers give various reasons for not reporting such injuries,” the document said. “Time-consuming post-injury process; anxiety surrounding the process; fear of being blamed as careless or thought of as a bad nurse by the employer…or fear of implications for present or future job prospects.”

Employers must comply with OSHA's bloodborne pathogens standard (29 C.F.R. 1910.1030) and create a written exposure-control plan, as well as implement engineering and work practice controls such as using needleless systems when possible and properly disposing of sharps. Workers should avoid bending or recapping contaminated needles, the review said.

“The views expressed in this article are those of the author and do not reflect the official policy of the Department of the Army, Department of Defense, or the U.S. Government.”
In addition to ergonomic and needlestick injuries, the document also recommended ways for workers to reduce occupational stress and violence. Home health care workers face stress factors from ill and dying patients, time pressures, and patient aggression, the document said.

To reduce stress, workers should develop effective coping strategies, such as “putting a positive spin on things,” the document said. Employers should provide supervision and staff support as well as hold regular staff meetings where employees can discuss frustrations, it added. Workers are also at risk of attacks in high-crime neighborhoods where their patients might live or from the patients themselves.

The document recommends employers establish a standard definition for workplace violence, which includes verbal abuse, train employees, and investigate all complaints.


**Noise**

**Combined Exposure to Noise and Ototoxic Substances**

Noise-induced hearing loss remains one of the most prominent occupational diseases in Europe. However, noise is no longer perceived as the only source of work-related hearing damage and increasing attention is being paid to the risks of combined exposure to high-level noise and ototoxic substances, that is, those which can affect the structures and/or the function of the inner ear and the associated signal transmission pathways in the nervous system. This publication aims to provide an up-to-date picture of our knowledge in this field. It includes: a description of the basic features of the physiological mechanisms leading to hearing impairment, current diagnostic tools, and an overview of the chemicals that may be deleterious to the inner ear, ranking the certainty of their ototoxic properties in a defined weight-of-evidence approach. The review also identifies the health effects resulting from exposure to multiple ototoxic substances and also from the interaction of ototoxic substances and noise, pointing out the work areas where exposure to ototoxic substances is likely. Finally, the report highlights gaps in our current knowledge for proposed future action and research.


**Respirators**

**Free Respirator Training Videos Available**

NIOSH and OSHA have produced two 5-minute videos on respirator training: The Difference Between Respirators and Surgical Masks and Respirator Safety, which includes instructions on donning (putting on) and doffing (taking off) and user seal checks. These videos are available in both English and Spanish and are available for download at: [http://www.osha.gov/SLTC/respiratoryprotection/index.html](http://www.osha.gov/SLTC/respiratoryprotection/index.html)
Hazardous Substances

Anthrax

Anthrax Letters: Personal Exposure, Building Contamination, and Effectiveness of Immediate Mitigation Measures

This report is the first detailed and quantitative study of potential mitigation procedures intended to deal with anthrax letters using a simulated anthrax letter release within an actual office building. Spore aerosols were created by opening letters containing 0.1 g of dry powdered Bacillus atrophaeus spores. Culturable aerosol samples were collected using slit-to-agar and filter-based samplers. Five test scenarios were designed to determine whether simple mitigation procedures or activities carried out by the person who opened the letter made a significant difference to aerosol concentrations in comparison to a control scenario where no activity took place. Surface contamination of the letter opener was measured at 10 body points for Scenarios 1 to 4. A sixth scenario, based on published Centers for Disease Control and Prevention anthrax letter response guidelines, used letters containing 1 g of spores. Results demonstrated that the spore aerosol spread throughout the building in less than 4.5 min. Potential mitigation techniques such as closing the office door or shutting off the ventilation system were not effective. Activities carried out by the letter opener including moving, walking to another location, and spraying water onto the contaminated desk with a hand sprayer all resulted in significantly higher aerosol concentrations in comparison to control. The potential total inhalational hazard for the letter opener during the five test scenarios ranged from 4.1 105 to 1.6 106 colony forming units (CFU) compared to 3.9 105 CFU for the control. Surface contamination of the letter opener (Scenarios 1 to 4) was highest on the right hip (4.8 104 to 1.0 105 CFU/cm-2) and lowest on the right or left side of the head (2.2 102 to 3.7 103 CFU/cm-2). The statistically based methodology used in this study provided the means to objectively assess anthrax letter protocols to determine their effectiveness under realistic conditions. Potential mitigation procedures tested in this study did not reduce aerosol hazard or surface contamination.

Source: Journal of Occupational and Environmental Hygiene, Volume 7, Issue 2 February 2010 (Available with AIHA Membership)

Asbestos

Many Australian Tradesmen Handling Asbestos Improperly

A study done for Safe Work Australia also showed that many in the country's trades do not follow standard safety precautions to protect themselves against exposure to asbestos fibers.

Safe Work Australia released a study that indicates many Australian tradesmen do not comply with basic precautions to protect themselves and others against exposure to asbestos fibers as they work. 85% of the trades members who were surveyed are self-employed. Most of them were aware of the potential health risks of asbestos, but many did not know how to recognize asbestos or control the risks when working with it. Few work premises had labeled materials or areas containing asbestos, the survey found.

While almost all workers surveyed "thought they could protect themselves from the risk of asbestos, ...the overall level of compliance with safety procedures was much lower than was estimated by these workers," according to the report, which said 41% of the respondents said they inappropriately dispose of asbestos and contaminated materials. Fortunately, atmospheric monitoring of a limited number of selected work tasks
showed that all exposures were below the current Workplace Exposure Standard. The use of asbestos has been banned in Australia since 2003, but many older building contain the material.

"It is concerning that although trades people have a high level of awareness and confidence in being able to protect themselves, this is not matched with the use of necessary safety precautions when working with asbestos," according to the 86 page report, "Asbestos Exposure and Compliance Study of Construction and Maintenance Workers."

The results of this study will be used to inform effective strategies to eliminate, or reduce, worker exposure to asbestos, particularly the development of practical advice on how workers can protect themselves from exposure to asbestos, and on safe asbestos removal and disposal. This will help to reduce both individual suffering and the substantial cost to families and the community.

Respondents were asked what they do with their respirators/dust masks when their work with asbestos-containing materials is done. More than half (32 of 56 respondents) said they throw it away with ordinary waste, and 7% said they reuse it. Only 36% said they dispose of it along with asbestos waste.


**Formaldehyde**

Panel Recommends Listing Formaldehyde as Known Carcinogen

A panel of experts convened by the National Toxicology Program (NTP) recommends listing formaldehyde as a known human carcinogen in the NTP’s 12th *Report on Carcinogens* (RoC). Formaldehyde is currently listed as “reasonably anticipated to be a human carcinogen” in the 11th RoC.

The panel, which included 10 scientists from the public and private sectors, met Nov. 2–4 in Research Triangle Park, N.C. The panel reviewed a draft background document on formaldehyde, recommended a listing for the substance in the 12th RoC, and provided a scientific rationale for its recommendation.

The expert panel report, available at http://ntp.niehs.nih.gov/go/29682, states that epidemiological studies of workers in a variety of occupations indicate “a causal relationship between exposure to formaldehyde and cancer in humans.” The panel also cites animal studies as a significant contributing factor in its decision to recommend upgrading formaldehyde to a known human carcinogen.

The International Agency for Research on Cancer has listed formaldehyde as carcinogenic to humans since 2004.

The NTP requests written comments on the proposed listing by Feb. 8, 2010. Comments should be sent to Dr. Ruth Lunn, Director, RoC Center, at lunn@niehs.nih.gov. The 12th RoC is expected to be published in 2010. For more information about the NTP, visit http://ntp.niehs.nih.gov.
TCE

TCE Linked with Parkinson's Disease in Workers

Workers exposed to trichloroethylene, or TCE, which formerly was widely used as a dry cleaning solvent and to degrease metal equipment, were up to $5^{1/2}$ times more likely to develop Parkinson's disease than were twin siblings who were not exposed, according to a study summary released Feb. 7 by the American Academy of Neurology. The study also found an increased risk of Parkinson's disease for workers exposed to tetrachloroethylene, or PERC, which is still used for dry cleaning. The study will be presented during the academy's 62nd annual meeting in Toronto, which runs from April 10-17. This is the first time a population-based study has confirmed case reports that exposure to TCE may increase a person's risk of developing Parkinson's disease. Work histories for 99 pairs of twins and examined their exposures to several solvents and concluded those twins exposed to TCE or PERC had a “markedly increased risk” compared to their non-exposed siblings.

Source: Occupational Safety and Health Reporter (access via DENIX http://news.bna.com/osln/OSLNB/split_display.adp?fedfid=16308747&vname=oshnotallissues&fn=16308747&jd=a0c2b5b5p1&split=0)

Nanotechnology

Nanoparticle Usage and Protection Measures in the Manufacturing Industry—A Representative Survey

Addressing the risks of nanoparticles requires knowledge about release into the environment and occupational exposure. However, such information currently is not systematically collected; therefore, this risk assessment lacks quantitative data. The goal was to evaluate the current level of nanoparticle usage in Swiss industry as well as health, safety, and environmental measures, and the number of potentially exposed workers. A representative, stratified mail survey was conducted among 1626 clients of the Swiss National Accident Insurance Fund (SUVA), which insures 80,000 manufacturing firms; representing 84% of all Swiss manufacturing companies (947 companies answered the survey for a 58.3% response rate). The extrapolation to all Swiss manufacturing companies results in 1309 workers (95% confidence interval [CI]: 1073 to 1545) potentially exposed to nanoparticles in 586 companies (95% CI: 145 to 1027). This corresponds to 0.08% of workers (95% CI: 0.06% to 0.09%) and to 0.6% of companies (95% CI: 0.2% to 1.1%). The industrial chemistry sector showed the highest percentage of companies using nanoparticles (21.2%). Other important sectors also reported nanoparticles. Personal protection equipment was the predominant protection strategy. Only a few applied specific environmental protection measures. This is the first nationwide representative study on nanoparticle use in the manufacturing sector. The information gained can be used for quantitative risk assessment. It can also help policymakers design strategies to support companies developing a safer use of nanomaterial. Noting the current low use of nanoparticles, there is still time to proactively introduce protective methods. If the predicted “nano-revolution” comes true, now is the time to take action.

Source: Journal of Occupational and Environmental Hygiene, Volume 7, Issue 4 April 2010 (Available with AIHA Subscription)
DEPLOYMENT HEALTH AND SAFETY

Radiation

Depleted Uranium

The Army Medical Command has recently published a revision of their policy on management of Army personnel exposed to depleted uranium. The policy is OTSG/MEDCOM Policy 09-038 and can be found on the DHCC DU Page under Policies and Directives Army. Source: http://www.pdhealth.mil/du.asp#army

Study Shows Deployments’ Impact on Army Wives

Army wives whose husbands deploy seek mental health services at a higher rate than others, and the longer the deployment, the greater the impact, according to a new study. Researchers from the Uniformed Services University of the Health Sciences, RTI International and the University of North Carolina at Chapel Hill conducted the study, which was published this month in the New England Journal of Medicine.
To read the full article: http://www.health.mil/Press/Release.aspx?ID=1154

Virtual Reality Exposure Therapy to Combat PTSD

This summer, thousands of Joint Base Lewis-McChord Soldiers will return home from deployments to Iraq and Afghanistan, ready to reunite with family and loved ones. But for some, the war will not be over.

The Improvised Explosive Device that killed their best friend while on a mission will play over and over again in a few Soldiers' minds. For others, who may have just finished up their third or fourth deployment in less than a decade, may recall traumatic events and describe them with little or no emotion, similar to giving results for an after-action review.

Behavioral health providers have treatment options for Soldiers dealing with these serious examples of Post Traumatic Stress Disorder (PTSD), but one in particular is receiving lots of attention in the medical community - Virtual Reality Exposure Therapy (VRET).

The DoD National Center for Telehealth and Technology, in partnership with the Defenses Center of Excellence for Psychological Health and Traumatic Brain Injury, and the Department of Psychology at Madigan, were funded by the U.S. Army Medical Research and Materiel Command, to conduct a four-year study to determine the effectiveness of VRET on active-duty service members returning from Operations Iraqi Freedom and Enduring Freedom who are suffering from PTSD.

Through VRET, behavioral health providers can use 360-degree, interactive computer-generated environments uniquely tailored to expose the patients back into the environment and experience where the trauma occurred, to help reduce anxiety and post-traumatic stress.

The congressionally-funded medical research study is the first randomized clinical trial that uses active-duty military diagnosed with combat-related PTSD to compare VRET results to traditional "imaginal" prolonged exposure therapy, and to a control group that waits five weeks for any type of treatment.
DEPLOYMENT HEALTH AND SAFETY (con’t)

The study's sample size is 120 service members to complete the three types of treatment options. Treatment sessions for each type of therapy last about 90 minutes, and the best way to participate in the study is to be recommended by a behavioral health specialist at Madigan Healthcare System or Naval Hospital Bremerton.

Established prolonged exposure requires a person to imagine, in as much detail as possible, the traumatic situation and describe the image or memory verbally. This treatment is repeated by the patient over and over again, until the stress is reduced. It is currently the technique most used by clinicians throughout the DoD. "Imaginal" exposure is less effective for combat trauma than other types of trauma.

They linked the lowered success rate to Soldiers, for example, having to endure multiple deployments for 12 to 15 months at a time. Some people find it difficult to imagine in sufficient detail or for a long enough period of time to reduce anxiety. VRET is traditionally used to treat phobias like fear of heights or flying, in a cost-effective manner.

Patients undergoing VRET still explain to the therapist what happened that caused the trauma, but are exposed to a variety of computer-generated stimuli with the program "Virtual Iraq." VRET is designed to promote a multi-sensory emotional connection to the memory, thus helping the patient be able to gradually face the traumatic experiences that underlie his or her distressing memories after a number of treatment sessions.

This connection is facilitated by having the patient put on a head-mounted display (over-the-eyes video glasses) and either ride or drive in a simulated convoy, and match the scenario to the event. Or a Soldier will be given a dummy M-4 with a mounted game controller and conduct a dismounted patrol, and even simulate gunfire.

The simulation experience can be customized to ensure ample control of the exposure to the programmed situations - changing weather conditions, terrain, helicopter flyovers, and types of attack; even add in Muslim prayer call.

The DoD is expanding its use of VRET treatments. Walter Reed Army Medical Center in Washington, D.C., and the Naval Medical Center San Diego are conducting their own VRET-based studies; Tripler Army Medical Center in Hawaii and a number of Veterans Affairs hospitals are starting to use virtual reality, as more service members transition into veterans.


PREVENTIVE MEDICINE ISSUES

Wearing the Wrong Size Latex Surgical Gloves Impairs Manual Dexterity

Universal precautions mandate that health care workers wear gloves when dealing with patients, often in situations requiring a high level of technical skill. Although it seems obvious that wearing the wrong size gloves could impair or prolong tasks involving manual dexterity, the issue has not been formally studied. We tested the hypothesis that wearing the wrong size gloves impairs manual dexterity. We administered a grooved pegboard test to 20 healthy, paid, volunteer health care workers. The subjects performed the test with bare hands and while wearing their preferred size of latex surgical gloves, gloves that were a full size smaller, and gloves that were a full size larger. Each subject did three runs with each size glove and three runs with bare hands.
hands. The time necessary to insert pegs was measured with a stopwatch. Peg insertion time was not affected by wearing preferred size gloves (vs. bare-handed) but was increased 7-10% by gloves that were either too small or too large (both effects: $P < 0.05$ vs. preferred size; both $P < 0.001$ vs. bare-handed). The subjects reported that the too-small gloves limited hand motion or hurt their hands, whereas the too-large gloves were clumsy but comfortable. Health care workers should wear gloves that fit properly when doing tasks that require manual dexterity. If the preferred size is unavailable, wearing gloves that are too large seems the best alternative.

Source: Journal of Occupational and Environmental Hygiene, Volume 7, Issue 3 March 2010 (Available with AIHA Subscription)

**Exposure to World Trade Center Dust, Fumes May Lead to Headaches Years Later**

Workers and residents exposed to dust and fumes caused by the collapse of the World Trade Center on Sept.11, 2001, frequently reported headache years later, according to new research.

The study involved 765 people who were enrolled in the Bellevue Hospital World Trade Center Environmental Health Center 7 years after the building collapse and who did not have headaches prior to 9/11. Of those, about 55 percent reported having exposure to the initial World Trade Center dust cloud.

Headaches in the 4 weeks prior to enrollment were reported by 43 percent of those surveyed, suggesting that headache is a common and persistent symptom in those exposed to World Trade Center dust and fumes. People caught in the initial dust cloud were slightly more likely to report headaches than those not caught in the dust cloud, which may indicate that greater exposure may be associated with a greater risk of developing persistent headache. People with headaches were also more likely to experience wheezing, breathlessness with exercise, nasal drip or sinus congestion and reflux disease after 9/11.

More research needs to be done on the possible longer-term effects of exposure to gasses and dust when the World Trade Center fell and additional studies to understand the relationship between headaches, other physical symptoms and mental health issues.

The findings will be presented at the American Academy of Neurology’s annual meeting in Toronto in April. This study was supported by the National Institutes of Health.


**Take Caution When Using Disinfectants**

The use of disinfectants has increased because of the concern about exposure to infectious agents, such as the 2009 H1N1 influenza virus. A patient seen recently at the Michigan State University Clinic, one of the clinics in the Association of Occupational and Environmental Clinics, complained of respiratory symptoms that had developed at work after exposure to a spray disinfectant. Aerosol cans of disinfectant had been distributed by supervisors and, when people coughed at work, disinfectant was inappropriately sprayed in the air instead of surfaces, according to the clinic. A summary of the allergenic/irritant effects of disinfectants can be found at [www.oem.msu.edu/userfiles/file/News/v20n2.pdf](http://www.oem.msu.edu/userfiles/file/News/v20n2.pdf).
PREVENTIVE MEDICINE ISSUES (con’t)

Some tobacco companies have voluntarily listed product ingredients online in recent years but never with the specificity they must give the FDA. For example, Altria Group Inc., based in Richmond and the parent company of the nation's largest tobacco maker, Philip Morris USA, has posted general ingredients on its Web site since at least 1999.

Cigarette makers say their products include contain tobacco, water, sugar and flavorings, along with chemicals like diammonium phosphate, a chemical used to improve burn rate and taste, and ammonium hydroxide, used to improve the taste. Scientific studies suggest those chemicals also could make the body more easily absorb nicotine, the active and addictive component of tobacco.

About 46 million people, or 20.6% of U.S. adult smoke cigarettes, according to the Centers for Disease Control and Prevention, down from about 24% 10 years ago. It also estimates that about 443,000 people in the U.S. die each year from diseases linked to smoking.

Tax increases, health concerns, smoking bans and social stigma continue to cut into the number of cigarettes sold, which were estimated to be down about 12.6% in the third quarter compared with the same period last year.

Cigarettes and their smoke contain more than 4,000 chemicals; among them are more than 60 known carcinogens, according to the American Cancer Society. But scientists say they can't yet tell all they'll learn from the new data because so little is known about how the chemicals combine to affect people.

Source: http://www.federalnewsradio.com/?sid=1866743&nid=37&_hw=FDA+Cigarettes

SAFETY

Ski Helmets Encouraged for All

Helmets reduce skiers' and snowboarders' risk of head injury by 35 percent and don't increase the risk of neck injury, a new study shows. Some people believe that helmets may increase the risk of neck injury when skiers and snowboarders fall, particularly children, who have a greater head-to-body ratio. In this study, Canadian researchers analyzed the findings of 12 studies conducted in Asia, Europe and North America and concluded that helmets were beneficial.

Data from numerous countries suggest that head injuries account for up to 19 percent and neck injuries up to 4 percent of all ski and snowboard injuries reported by ski patrols and emergency departments. Among skiers and snowboarders, traumatic brain injury is the leading cause of death and serious injury.

A Board View, a Look Back, a Look Forward

The Board of Directors serve as the primary strategic planners for both ABIH and the professional certification needs of industrial hygienists. Here’s a summary of some recent reflections from Scott Merkle (outgoing Chair) and Torey Nalbone (incoming Chair). The full text of their comments can be found on the ABIH home website page.

2009 Accomplishments:
• **ANSI Accreditation** - This new accreditation (to ISO/IEC 17024) clearly demonstrated that ABIH is providing a high-quality system, meeting internationally recognized standards, making the CIH even more value-added for those who do work outside the U.S.
• **Updated CIH Examination** – The examination was updated based on a new Job Analysis involving an expert panel and a survey of >1000 CIHs. This ensured that the exam continues to appropriately evaluate and discriminate for current IH knowledge and skills.

2010 Plans:
• **Maintain/Improve Our Core Strengths** – The Board is committed to strengthen ABIH’s resources so that our stakeholders (those certified and desiring certification) are provided the service they have come to appreciate.
• **A New Focus on High Quality Training** – The Board is evaluating a way to increase recognition for high quality training events so that Diplomates can have greater assurance of learning excellence.
• **Increased International Focus** – The Board will seek ways to ensure high quality certification experiences outside the U.S., especially in the world’s growth regions.
• **Enhance Sustainability of the CIH** – As part of an intersociety effort, the Board will increase efforts to “sell” the investment made in hiring and retaining a CIH. This will also help ensure that an adequate number of future replacements will be maintained.
• **Technicians/Technologist Certifications** – The Board is participating in a collaborative effort to develop an internationally recognized scheme of credentialing for occupational hygiene technicians/technologists.

The Board welcomes your input on these and other items of interest to the CIH/CAIH community. Please feel free to contact any of the Board Directors.


**EPA**

The EPA is setting the first standards that will reduce emissions of formaldehyde, benzene, acrolein and other toxic air pollutants from certain stationary diesel engines, according to an agency press statement. These pollutants are known or suspected to cause cancer or other serious health problems and environmental damage.

The emission limits apply to existing diesel engines meeting certain criteria for age, size, and use. EPA estimates that more than 900,000 of the engines generate electricity and power equipment at industrial, agricultural and other facilities. The engines also are used in emergencies to produce electricity and pump water for flood and fire control. Emergency engines used at most residences, hospitals and other institutional facilities,
and commercial facilities such as shopping centers are not covered by this rule. To meet the emissions requirements, owners and operators of the largest of the engines will need to install emissions controls, such as catalysts, to engine exhaust systems. Emergency engines covered by this rule need to comply with operating requirements that will limit emissions.

EPA estimates that the rule will reduce annual air toxics emissions by 1,000 tons, particle pollution by 2,800 tons, carbon monoxide emissions by 14,000 tons, and organic compound emissions by 27,000 tons when fully implemented in 2013.

EPA will issue final emissions standards for similar existing stationary engines that burn gasoline, natural gas and landfill gas, known as spark ignition engines, by August 10, 2010.

Source: http://www.ishn.com/Articles/Industry_News/BNP_GUID_9-5-2006_A_10000000000000760837

NIO SH

New NIOSH Internet Site Highlights Regulatory Agenda

NIOSH has released a new Web page (http://www.cdc.gov/niosh/regulatory.html) designed to make it easier for stakeholders to find, read, and track NIOSH’s proposed regulations and regulatory changes. The new Web page lists and links to the proposed regulations and regulatory changes that NIOSH has posted on the federal government’s Unified Regulatory Agenda (as required by EO 12866 Section 4(b).


OSHA

OSHA Moves to Restore MSD Column to 300 Form

OSHA is proposing to revise its Occupational Injury and Illness Recording and Reporting regulation by restoring a column on the OSHA Form 300 to better identify work-related musculoskeletal disorders (MSDs), such as carpal tunnel syndrome and tendonitis. The rule does not change existing requirements for when and under what circumstances employers must record MDSs on their injury and illness logs.

Many employers are currently required to keep a record of workplace injuries and illnesses, including work-related MSDs, on the OSHA Form 300 (Log of Work-Related Injuries and Illnesses). The proposed rule would require employers to place a check mark in a column for all MSDs they have recorded. OSHA plans to host a public meeting on this proposal March 9.

The proposed requirements are identical to those contained in the OSHA recordkeeping regulation that was issued in 2001. Prior to 2001, OSHA's injury and illness logs contained a column for repetitive trauma disorders that included noise and MSDs. In 2001, OSHA separated noise and MSDs into two separate columns, but the MSD column was deleted in 2003 before the provision became effective. OSHA is now proposing to restore the MSD column to the OSHA Form 300 log.
INDUSTRIAL HYGIENE PROFESSIONAL NEWS (con’t)

Restoring the MSD column will improve the ability of workers and employers to identify and prevent work-related musculoskeletal disorders by providing simple and easily accessible information. It will also improve the accuracy and completeness of national work-related injury and illness data.

For more information, view OSHA’s proposal at: www.dol.gov/federalregister/msdcolumn

Did You Know?

For about 4 years, the National Library of Medicine has offered Tox Town, (http://toxtown.nlm.nih.gov), an interactive guide to commonly encountered toxic substances, your health, and the environment. Tox Town helps users explore a Port, Town, City, Farm, or US-Mexico Border community to identify common environmental hazards.

Each neighborhood is toured by selecting “Location” or “Chemical” links. For example, a user can click on the hospital in the City scene for a list of chemicals that might be found in a hospital and a list of resources about environmental concerns for hospital patients and staff. A user also can click on a chemical, like mercury, to see where it might be found in a neighborhood and to learn more about it. Cutaway views give an inside look at the school, a home, and other buildings for more detail.

Tox Town uses color, graphics, sounds, and animation to convey connections between chemicals, the environment, and the public's health. It is designed to provide:

- Facts on everyday locations where toxic chemicals might be found
- Information about how the environment can affect human health
- Non-technical descriptions of chemicals
- Links to authoritative chemical information on the Internet
- Internet resources on environmental health topics.

Tox Town is available en español (http://toxtown.nlm.nih.gov/espanol/).

Tox Town is recommended for high school and college students, educators, and the concerned public. It is a companion to the extensive information in the TOXNET® collection of databases that are typically used by toxicologists and health professionals.

Tox Town's chemical and environmental information comes from the TOXNET, MedlinePlus® and MedlinePlus en español® resources of the National Library of Medicine (NLM), and other authoritative sources. Chemical descriptions are based on TOXNET and other resources and are reviewed by NLM toxicology staff. Tox Town is accredited by the Health on the Net Foundation (HON).

Tox Town is a project of the Specialized Information Services Division of the NLM and is part of its mission to address the toxicology and environmental health information needs of the general public.