# **Chemical Hazards**

By

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- Outline of Toxicology
- Spectrum of toxic effects
- Body defense mechanism to toxicants exposure
- The hazard of a given chemical substances are related to different substances
- Fate of toxins
- Assessment of exposure
  - A. Environmental monitoring
  - **B.** Biological monitoring
- Early detection of occupational diseases
- •Some important chemical uses in industry with adverse effects e.g. (lead, mercury, cadmium. Arsenic, manganese, chromium, nickel, CO, CO2, Hydrogen sulfide H2S, Benzene C6H6, Carbon tetrachloride CCL4,C2H3, organophosphorus compound, insecticide)
- Lung diseases (Pneumoconiosis)

Asbestosis, Silicosis, Byssinosis

# **Toxicology**

- **Toxicology (from Greek words toxicos and logos)**
- Is the study of the adverse effects of chemicals on living organisms.
- It is the study of symptoms, mechanisms, treatment and detection of poisoning, especially the poisoning of people.
- Is a science deal with chemical, physical and its adverse effect on living organism
- Types, element of chemical or physical agents capable to produce response on side of action.
- Biological mechanism on which harmful effect are produce.
- No chemical agent is entirely safe or entirely harmful.
- •When concentration of chemical agent below minimal effective level there is no effect.
- •The term LD50 refers to the dose of a toxic substance that kill 50 percent of a test population (typically rats or other surrogates when the test concerns human toxicity) LD50 estimation in animals are no longer required for regulatory submissions as a part of pre-clinical development package.

# Types of toxicity

- A. Environmental
  - Pollution
  - Industrial
  - Residue
- **B.** Economic

**Development drugs** 

- Food additive
- Pesticides
- Insecticides
- **C.Forensic**
- Medicolegal aspect
- Diagnosis therapy

# Classification of toxic agents.

Toxic agents are classified in a variety of way e.g.

- •Related to target organ (liver, kidney, haemopiotic)
- •Their user ( pesticides , solvent , food additive)
- •Their effects (carcinogenic, mutagenic)
- •Their sources (animal, plant)
- •Their physical state (gases, dusts, vapors, fumes, mists)
- •Their labeling requirements (explosive, flammable, oxidizers)
- •Their chemistry (aniline derivative, halogenated hydrocarbons)
- Their poisoning potentials (extremely toxic, very toxic, slightly toxic)
- Their biochemical action on the body (sulhpahydral inhibition )
- More general classification e.g. air pollution, acute and chronic poisoning

## **Spectrum of toxic effect**

- 1. Immediate or delayed toxicity.
- 2. Reversible or irreversible toxic effects.
- 3. Local or systemic toxicity.

#### Interaction of chemical

- 1. Additive effect.
- 2. Synergistic effect.
- 3. Potentiation effect.
- 4. Antagonism effect.

## **Toxicity rating chart**

- 1. Particularly non toxic.
- 2. Slightly toxic.
- 3. Moderately toxic.
- 4. Very toxic.
- 5. Extremely toxic.
- 6. Super toxic.

#### **Body defense mechanism to toxicants**

- 1. Physical or anatomic defense mechanism to toxicant; skin, mucus membrane, coughing.
- 2. physiological defense mechanism prevention of absorption of agents e.g. protein binding as barrier to toxicants, binding to RBC, excretion of chemical or metabolites.
- 3. Biological defenses

  Act at cellular level to prevent or repair damage.

## The hazards of chemical substances is related to:-

#### A. Chemical factors

- 1. Its absolute toxicity
- 2. Its physico-chemical properties (solubility, size of particle)
- 3. Concentration level
- 4. Length of exposure
- 5. route of entry
  - Inhalation +++
  - Skin ++
  - Ingestion +
- 6. Sensitivity of certain organ (target organs)

#### **B.** Workers factors

- 1. age
- 2. sex
- 3. ethnic grouping
- 4. genetic
- 5. endocrine status
- 6. atopic state
- 7. nutrition
- 8. fatigue
- 9. coexistence diseases e.g. heart failure, diabetic
- 10. coexistence exposure to other synergistic or antagonist
- 11. coexistence exposure to the same agent
- 12. individual susceptibility
- 13. previous exposure to the toxic agent

#### Fate of toxins

- 1. Metabolism to non-toxic end product
- 2. Metabolism to toxic product (menthol to formaldehyde)
- 3. Tissue localization
  - A. Protein binding (Hg, Cr, Cd)
  - B. Fat—DDT high lipid solubility, localized in fat tissue
  - C. Bone—Pb, radiation have affinity to bone marrow
- 4. Combination of fates e.g. Pb
- A. store
- B. metabolism
- C. excretion
- D. unchanged
- 5. Excretion of toxins or metabolites
- A. Volatile—expired air (benzene)
- B. GIT—bile, feces
- C. Urine—Pb, Cd, Hg
- D. Saliva—Pb

# Storage of toxic substances

- 1. Plasma protein
- 2. liver and kidney
- 3. fat
- 4. Bone

# Assessment of exposure

- 1. Environmental Work places air samples
- 2. Biological assessment (monitoring)
  Biological media—blood, urine, enzyme
- 3. Health examination
  - A. Pre-placement medical (pre-employment)
    - 1. Medical history
    - 2. Physical examination
  - B. Periodical medical examination
- C. Screening test particularly on risk group

# Early detection of occupational diseases

Occupational diseases can be prevented:-

- 1. The causal agents can be identified, measured, and controlled
- 2. The population at risk are usually easily accessible and can regularly supervised and treated
- 3. Initial changes are often reversible if treated properly

