

Assessing isocyanate skin and surface contamination in car painters using SWYPE-RGB analysis

Siti Marwanis Anua, PhD student
Supervisors:

Dr Finlay Dick and Dr Sean Semple

Environmental and Occupational Medicine, University of Aberdeen







BACKGROUND: Isocyanate Occupational Asthma

- Isocyanate; the most frequently reported causative agents of allergic occupational asthma
- Affect 1 to 25% of the isocyanate-exposed population
- Asthma cases reported among car body painters
- Isocyanate can cause sensitization leading to asthma.

ISOCYANATE AND DERMAL EXPOSURE

- Respiratory sensitisation may be induced via skin exposure (Redlich 2010) as well as inhalation route
 - toxicological and epidemiological evidence (Bello et al. 2007)
 - dermal exposure to TDI can result in sensitisation of the
 respiratory tract in guinea pigs (Karol et al. 1981)
 - increase in urinary isocyanates in workers with skin contamination where airborne isocyanate levels were low.

(Creely et al. 2006)

TAKE HOME PATHWAY

Workers may take home the sensitising agent from the workplace *via* contaminated skin and clothes, so exposing their family members to occupational sensitisers and the risk of developing asthma.

AIMS AND OBJECTIVES

- Identify suitable methods for dermal sampling and analysis of isocyanate
- Validate the selected method in characterizing isocyanate exposure

METHODS

(Based on Ceballos et al. 2009 with modification)

Sampling method:

Skin and surface wiping using SWYPETM pad (CLI Colormetric Laboratory Inc.)



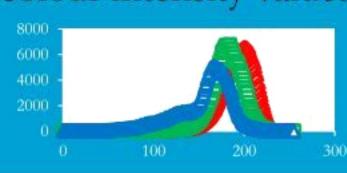


Scan SWYPETM
using a photo scanner
attached to a laptop
computer



SWYPESTM RGB histogram:

Results represented as mean colour intensity values.





Scanned images were saved as raw TIFF files and analyzed using Image J (National Institute of Health, US) for Red-Green-Blue histogram

METHODS

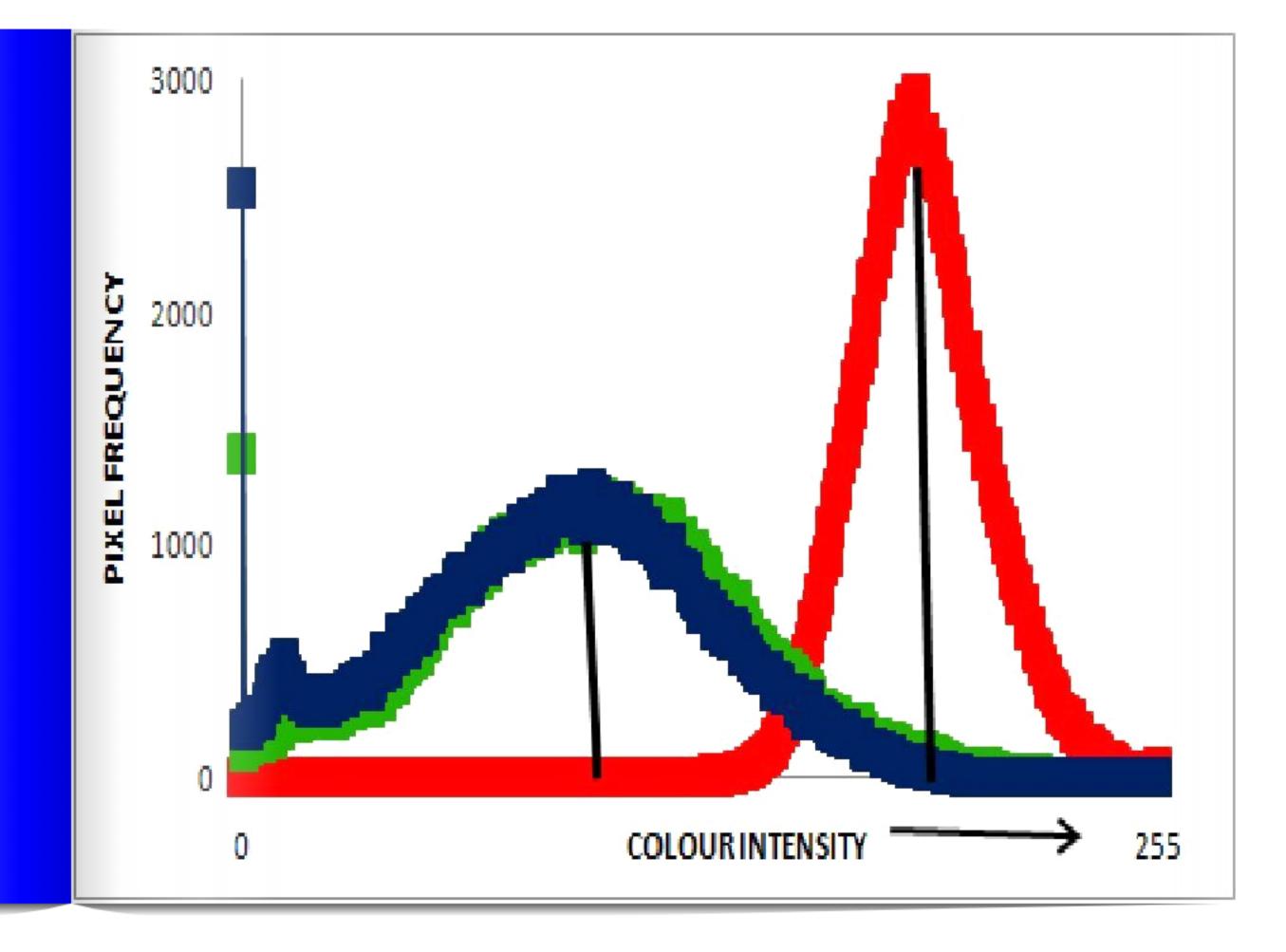
■ The study involves three components:

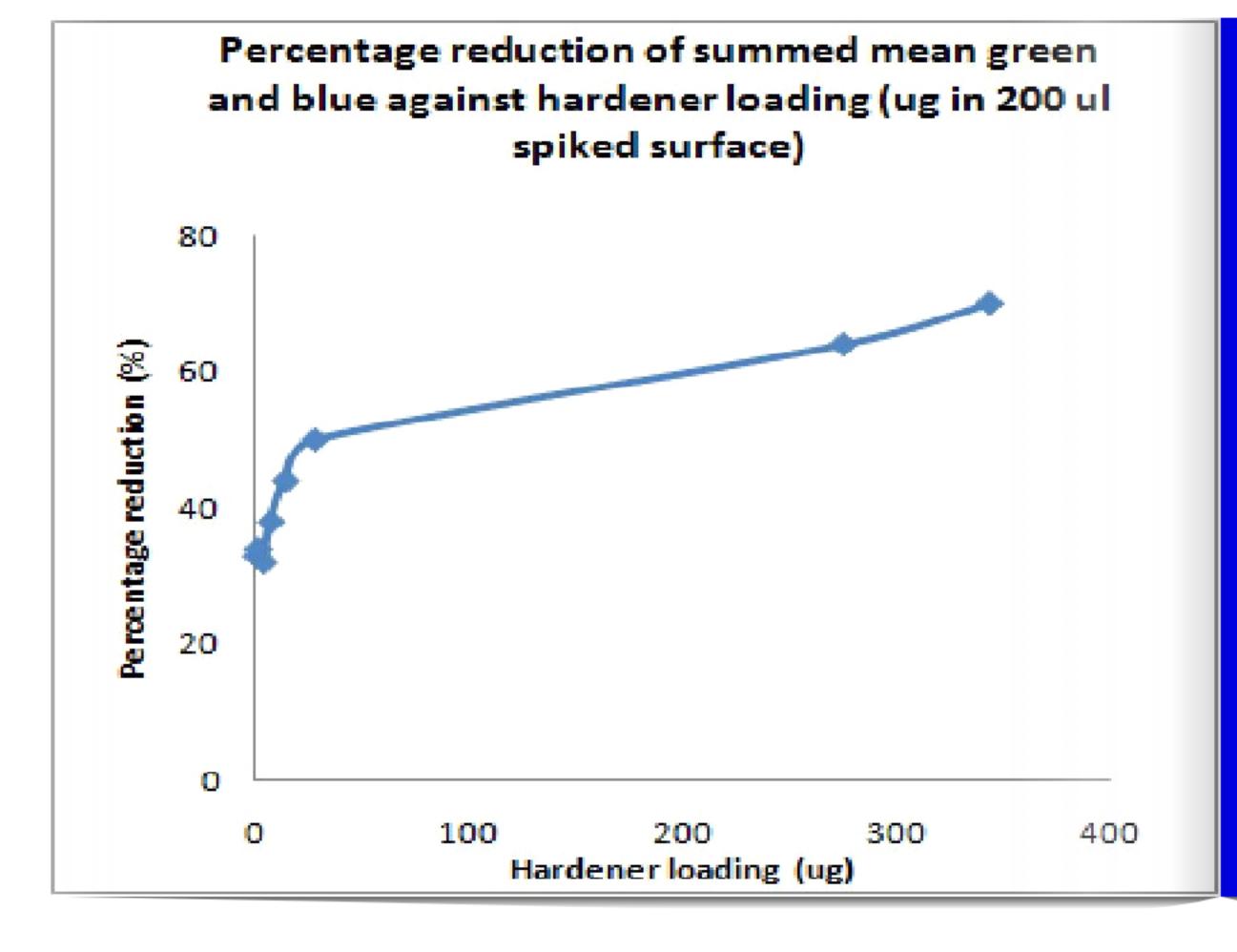
Method development (laboratory testing)

Validation of method (characterizing exposure)

Take home exposure determination

RESULTS FOR LABORATORY TESTING AND ISOCYANATE EXPOSURE CHARACTERIZATION IN THE WORKPLACE

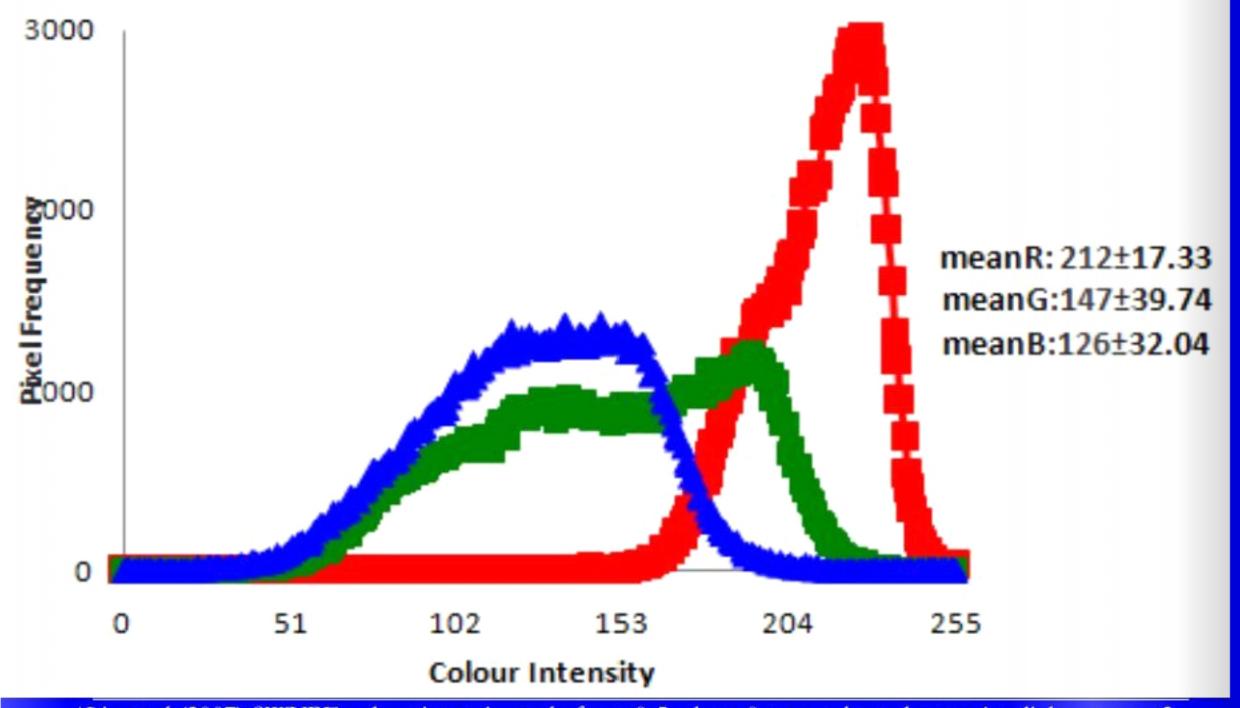




Percentage Recovery

	Percentage Recovery (%)	
	Summed Green and Blue	Average
Low Spiked NCO (6.88 ug)	75.8	
Medium Spiked NCO (34.4 ug)	79.4	70.6
High Spiked NCO (275 ug)	56.7	

Example results of characterization of isocyanate exposure at car body workshop



*Liu et al (2007) SWYPE colour intensity scale from 0-5 where 0= no colour change, 1 = light orange, 2 = orange, 3 = deep orange, 4 = red orange and 5 = deep red

RESULTS: TAKE HOME EXPOSURE

- Four car body workshops agreed to participate (40 approached within Aberdeenshire; <40 miles)
- N=12 (7 car sprayers, 2 panel beaters, 1 paint mixer, 1 manager and 1 finishing/untaping worker)

SWYPE skin and surface sampled	Positive results	
Skin (n=12)	n=1 (finishing worker's)	
Footwear (n=12)	n=2 (car sprayers')	
Car body workshop exit door handle (n=4)	none	
Car steering wheel (n=4)	none	
House door handle (n=1)	none	

DISCUSSION/CONCLUSION

- SWYPE technique was able to recover 70% of isocyanate loaded from hard surfaces.
- The methods (SWYPE) could be utilized in measuring the take home dermal contamination for the actual fieldwork.
- Interferences of RGB analysis: eg dirt and wet paint.

FURTHER WORKS

- To validate the SWYPE-RGB analysis with quantitative assay MDHS 25/3 (HSE 1999).
- To determine the take home contamination of isocyanate among car painters utilizing the technique.
- To make a conceptual model of transfer of take home contamination; eg
 - from sources of exposure to skin, surface to skin, skin to surface, skin to skin, surface to surface

ACKNOWLEDGEMENTS

Dr Finlay Dick and Dr Sean Semple All participants







Thank you, for your kind attention.

REFERENCES

- Bello et al. 2007. Skin exposure to isocyanates: reason for concern. Environ Health Perspect 115:328-335
- Ceballos *et al.* 2009. Objective colour scale for the SWYPE surface samplingtechnique using computerized image analysis tools. *Journal of Occupational and Environmental Hygiene* 6:10, 604-611
- Creely et al. 2006. Assessing isocyanate exposures in polyurethane industry sectors using biological and air monitoring methods. Ann Occup Hyg 50(6):609-621
- HSE 1999. Methods for the determination of hazardous substances: organic isocyanate in air. MDHS 25/3
- Karol et al. 1981. Dermal contact with toluene diisocyanate (TDI) produces respiratory tract hypersensitivity in guinea pigs. Toxicol Appl Pharmacol 58(2):221-230
- Liu *et al* 2007. Skin exposure to aliphatic polyisocyanates in the auto body repair and refinishing industry: a qualitative assessment. *Ann Occup Hyg* 51(5):429-439
- Redlich CA 2010. Skin exposure and asthma, is there a connection? Proceeding of the American Thoracic Society 7:134-137