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CRYSTALLINE SILICA REVIEW 20170409

1. CRYSTALLINE SILICA - INTRODUCTION

- 2. Naturally Occurring Material
- 3. Silicon Dioxide (SiO₂) Ubiquitous
- 4. Present in building materials
- 5. Cutting, chipping, sanding or sawing activities may release harmful microscopic dust particles which may be inhaled & deposited deep in the lungs
 - 6. Sand
 - 7. Concrete Products
 - 8. Cut stone Products
 - 9. Mortar
 - 10. Glass Products
 - 11. Pottery Products
 - 12. Structural clay products (Bricks)
 - 13. Ceramic Products
 - 14. Foundries
 - 15. Paintings and coatings
 - 16. Jewelry production

17. **DEFINITIONS**:

- 18. "Respirable crystalline silica" means quartz, cristobalite, and/or tridymite contained in airborne particles that are determined to be respirable –up to 10μm
- 19. Competent Person means
 - 20. a) "an individual who is capable of identifying existing and foreseeable respirable silica hazards in the workplace and
 - 21. b) who has authorization to take prompt corrective measures to eliminate or minimize them"

22. ANALYSIS OF CRYSTALLINE SILICA

- **23.** OSHA ID-142 Analytical Method for Crystalline Silica in the Workplace
- 24. Air Samples 5um PVC Filter & Cyclone 25. XRD X-ray Diffraction Analysis

26. HEALTH EFFECTS

- 27. Primary Entry: Inhalation
- 28. Natural Defense Mechanisms Of The Human Body:
 - 29. Nose Hairs a crude air filter
 - 30. Cilia "Mucociliary Escalator"
 - 31. Macrophage giant white blood cells
- 32. Risk Factors
 - 33. Duration & Intensity Of Exposure Cumulative
 - 34. Age at First Exposure
 - 35. Particle Size Of Silica Inhaled
 - 36. Lung Cancer, Arthritis
 - 37. Synergistic Cigarette Smoking + work with Silica unprotected INCREASED RISK

38. SILICA DISEASES

- 39. Latency Period up to 30 years
- 40. Dependent on exposure, dose & duration

41. SILICOSIS – (Not a Cancer)

- 42. Cumulative Fibrotic Scarring, dose response
- 43. Diffuse Interstitial Fibrosis
- 44. Caused By Accumulation Of Particles In Lung

46. LUNG CANCER - Common

- 47. High Risk to Workers
- 48. Mucocilliary Escalator Nicotine Paralyzes

45. White Blood Cell Defense Ineffective

- 49. Latency Period up to 30 years
- 50. Strong Cumulative Dose-Response Relationship

51. SILICOSIS RELATED DISEASES

- 52. Susceptible to Infections
 - 53. Tuberculosis
 - 54. Fungal infections
- 55. Immune Compromised Diseases
 - 56. Sclermoderma (Hardening of Skin)
 - 57. Nephritis (Kidney Disease)
 - 58. Rheumatoid Arthritis
- 59. Stress on Organ Systems
 - 60. Coronary Stress Heart Attack
 - 61. Lung Chronic Obstructive Pulmonary Disease
 - 62. Lung Emphysema

63. MEDICAL SURVEILLANCE - Triggers

- 64. 1) Exposure \geq AL > 30 days/year
- 65. 2)Exposure > PEL
- 66. Wearing a Negative Pressure Respirator 30 days/year

67. MEDICAL SURVEILLANCE

- 68. Within 30 days + EVERY 3 years
- 69. Written Medical Surveillance Plan
- 70. Medical & Occupational History
- 71. Physician or Licensed Health Care Professional (PLHCP)
- 72. Physical exam Emphasis Respiratory System
- 73. Pulmonary Function Tests (PFT)
- 74. Baseline Tuberculosis Testing (TB)
- 75. Chest x-ray
 - 76. Baseline Prior to employment
 - 77. Every 5 years if <20 years exposure
 - 78. Every 2 years if >20 years exposure
 - 79. More frequently if requested by physician
 - 80. Upon Employment Termination
- 81. Information To Physician
 - 82. Copy Of Standard And Appendices
 - 83. Description Of Duties
 - 84. Representative Exposure Levels
 - 85. Description Of PPE Used
 - 86. Information from Physician
 - 87. Written Opinion Results Of Medical Exam
 - 88. Medical Conditions Which Place Employee At Increased Risk From Exposure
 - 89. Employee Limitations/Restrictions On PPE
 - 90. Examination Results & Medical Conditions Which May Result From Silica Exposure

91. PERSONAL PROTECTIVE EQUIPMNET (PPE)

- 92. Respirators
 - 93. HEPA (99.97% < 0.3um) N, R, P-100
 - 94. Written Respirator Protection Plan

- 95. Fit Test Annual
 - 96. Qualitative Chemicals
 - 97. Saccharin, Banana Oil (isoamyl nitrate), Bitrex, Irritant Smoke (Stannic Chloride)
 - 98. Quantitative Instrument
 - 99. Portacount, Quantifit
- 100.User Seal Check Each Use
- 101. Coveralls, Gloves, Shoes, Hard-hats, etc.

102.RECORDKEEPING

- 103. Medical Records Length of Employment + 30 Years
- 104. Exposure Monitoring 30 Years
- 105. Training Length of Employment + 1 Year

106.REGULATIONS - OSHA Worker Protection

- 107. Construction OSHA 29CFR1926.55
 - 108.Scope
 - 109. Definitions
 - 110. Specified Exposure Control Methods
 - 111. Alternative Exposure Control Methods
 - 112.Permissible Exposure Limit
 - 113.Exposure Assessment
 - 114.Regulated Areas
 - 115. Methods of Compliance
 - 116.Respiratory Protection
 - 117. Housekeeping
 - 118. Written Exposure Control Plan
 - 119.Medical Surveillance
 - 120. Communication of Respirable Crystalline
 - 121. Silica Hazards to Employees
 - 122.Recordkeeping
- 123.OSHA General Industry & Maritime
 - 29CFR1910.1000
- 124.OSHA HAZCOM 29CFR1910.1053

125. Negative Pressure Enclosure = NPE <-0.02" H₂O

- 126.# NAMS = for 4 air changes per hour =
- 127. [Vol ft³ *4/hr] / [60 min/hr * NAM (ft³/min)]
- 128. [Vol ft³] / [15 min * NAM (ft³/min)]

129. OSHA Approved State-Plans

- 130. 22 States Cover Public & Private Employees
 - 131.AK, AZ, CA, HI, IN, IA, KY, MD, MI, MN, OR, PR, SC, TN, UT, VT, VA, WA, WY
- 132. 6 States Cover Public Sector Employees Only
- 133.CT, IL, ME, NJ, NY, Virgin Islands

134.EPA National Ambient Air Quality Standards for PM₁₀

- 135.a 24-h average PM10 standard of 150 μg/m³
- 136.an annual mean PM_{10} standard of 50 $\mu g/m^3$

137.SILICA LEVELS

- 138.OSHA ACTION LEVEL (AL) \geq 25 ug/m³ TWA
- 139.OSHA Permissible Exposure Limit (PEL) > 50 ug/m³
- $140.\text{ACGIH TLV} = 0.1 \text{ mg/m}^3 = 100 \text{ ug/m}^3$
- 141.NIOSH REL = $0.05 \text{ mg/m}^3 = 50 \text{ ug/m}^3$