

# **Skin Notation (SK) Profile**

## **Sodium fluoroacetate (SFA)**

**[CAS No. 62-74-8]**

**Department of Health and Human Services**  
Centers for Disease Control and Prevention  
National Institute for Occupational Safety and Health

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## Foreword

As the largest organ of the body, the skin performs multiple critical functions, such as serving as the primary barrier to the external environment. For this reason, the skin is often exposed to potentially hazardous agents, including chemicals, which may contribute to the onset of a spectrum of adverse health effects ranging from localized damage (e.g., irritant contact dermatitis and corrosion) to induction of immune-mediated responses (e.g., allergic contact dermatitis and pulmonary responses), or systemic toxicity (e.g., neurotoxicity and hepatotoxicity). Understanding the hazards related to skin contact with chemicals is a critical component of modern occupational safety and health programs.

In 2009, the National Institute for Occupational Safety and Health (NIOSH) published *Current Intelligence Bulletin (CIB) 61 – A Strategy for Assigning New NIOSH Skin Notations* [NIOSH 2009-147]. This document provides the scientific rationale and framework for the assignment of multiple hazard-specific skin notations (SK) that clearly distinguish between the systemic effects, direct (localized) effects, and immune-mediated responses caused by skin contact with chemicals. The key step within assignment of the hazard-specific SK is the determination of the hazard potential of the substance, or its potential for causing adverse health effects as a result of skin exposure. This determination entails a health hazard identification process that involves use of the following:

- Scientific data on the physicochemical properties of a chemical
- Data on human exposures and health effects
- Empirical data from *in vivo* and *in vitro* laboratory testing
- Computational techniques, including predictive algorithms and mathematical models that describe a selected process (e.g., skin permeation) by means of analytical or numerical methods.

This *Skin Notation Profile* provides the SK assignments and supportive data for sodium fluoroacetate (SFA). In particular, this document evaluates and summarizes the literature describing the hazard potential of the substance and its assessment according to the scientific rationale and framework outlined in CIB 61. In meeting this objective, this *Skin Notation Profile* intends to inform the audience—mostly occupational health practitioners, researchers, policy- and decision-makers, employers, and workers in potentially hazardous workplaces—so that improved risk-management practices may be developed to better protect workers from the risks of skin contact with the chemicals of interest.

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## Abbreviations

ACGIH	American Conference of Governmental Industrial Hygienists
ATSDR	Agency for Toxic Substances and Disease Registry
CIB	Current Intelligence Bulletin
cm <sup>2</sup>	squared centimeter(s)
cm/hr	centimeter(s) per hour
cm/s	centimeter(s) per second
DEREK	Deductive Estimation of Risk from Existing Knowledge
DIR	skin notation indicating the potential for direct effects to the skin following contact with a chemical
EC	European Commission
GHS	Globally Harmonized System for Classification and Labelling of Chemicals
GPMT	guinea pig maximization test
hr	hour(s)
IARC (IRR)	International Agency for Research on Cancer subnotation of SK: DIR indicating the potential for a chemical to be a skin irritant following exposure to the skin
$k_{aq}$	coefficient in the watery epidermal layer
$k_p$	skin permeation coefficient
$k_{pol}$	coefficient in the protein fraction of the stratum corneum
$k_{psc}$	permeation coefficient in the lipid fraction of the stratum corneum
LD <sub>50</sub>	dose resulting in 50% mortality in the exposed population
LD <sub>Lo</sub>	dermal lethal dose
LLNA	local lymph node assay
LOAEL	lowest-observed-adverse-effect level
log $K_{OW}$	base-10 logarithm of a substance's octanol–water partition
$M$	molarity
m <sup>3</sup>	cubic meter(s)
mg	milligram(s)
mg/cm <sup>2</sup> /hr	milligram(s) per square centimeter per hour
mg/kg	milligram(s) per kilogram body weight
mg/m <sup>3</sup>	milligram(s) per cubic meter
mL	milliliter(s)
mL/kg	milliliter(s) per kilogram body weight
MW	molecular weight
NIOSH	National Institute for Occupational Safety and Health
NOAEL	no-observed-adverse-effect level
NTP	National Toxicology Program
OEL	occupational exposure limit
OSHA	Occupational Safety and Health Administration
ppm	parts per million

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REL	recommended exposure limit
RF	retention factor
SEN	skin notation indicating the potential for immune-mediated reactions following exposure of the skin
SFA	sodium fluoroacetate
SI ratio	ratio of skin dose to inhalation dose
SK	skin notation
$S_w$	solubility in water
SYS	skin notation indicating the potential for systemic toxicity following exposure of the skin
USEPA	United States Environmental Protection Agency
$\mu\text{g}$	microgram(s)
$\mu\text{g}/\text{cm}^2$	microgram(s) per square centimeter
$\mu\text{g}/\text{cm}^2/\text{hr}$	microgram(s) per square centimeter per hour
$\mu\text{L}$	microliter(s)
$\mu\text{mol}$	micromole(s)

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## Glossary

**Absorption**—The transport of a chemical from the outer surface of the skin into both the skin and systemic circulation (including penetration, permeation, and resorption).

**Acute exposure**—Contact with a chemical that occurs once or for only a short period of time.

**Cancer**—Any one of a group of diseases that occurs when cells in the body become abnormal and grow or multiply out of control.

**Contaminant**—A chemical that is (1) unintentionally present within a neat substance or mixture at a concentration less than 1.0% or (2) recognized as a potential carcinogen and present within a neat substance or mixture at a concentration less than 0.1%.

**Cutaneous (or percutaneous)**—Referring to the skin (or through the skin).

**Dermal**—Referring to the skin.

**Dermal contact**—Contact with (touching) the skin.

**Direct effects**—Localized, non-immune-mediated adverse health effects on the skin, including corrosion, primary irritation, changes in skin pigmentation, and reduction/disruption of the skin barrier integrity, occurring at or near the point of contact with chemicals.

**Immune-mediated responses**—Responses mediated by the immune system, including allergic responses.

**Sensitization**—A specific immune-mediated response that develops following exposure to a chemical, which, upon re-exposure, can lead to allergic contact dermatitis (ACD) or other immune-mediated diseases such as asthma, depending on the site and route of re-exposure.

**Substance**—A chemical.

**Systemic effects**—Systemic toxicity associated with skin absorption of chemicals after exposure of the skin.

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# 1.0 Introduction

## 1.1 General Substance Information

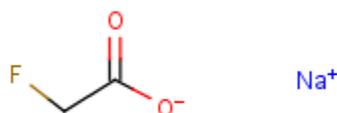
**Chemical:** Sodium fluoroacetate (SFA)

**CAS No:** 62-74-8

**Molecular weight (MW):** 100.3

**Molecular formula:** FCH<sub>2</sub>COONa

**Structural formula:**



**Synonyms:** SFA; sodium monofluoroacetate

**Uses:** SFA is an organofluorine compound used primarily as a preadicide [USEPA 1995]. No estimate of the annual volume produced or used in the United States was identified during this assessment.

## 1.2 Purpose

This skin notation profile presents (1) a brief summary of epidemiological and toxicological data associated with skin contact with SFA and (2) the rationale behind the hazard-specific skin notation (SK) assignment for SFA. The SK assignment is based on the scientific rationale and logic outlined in the *Current Intelligence Bulletin (CIB) 61: A Strategy for Assigning New NIOSH Skin Notations* [NIOSH 2009]. The summarized information and health hazard assessment are limited to an evaluation of the potential health effects of dermal exposure to SFA. A literature search was conducted through February 2013 to identify information on SFA, including but not limited to data relating to its toxicokinetics, acute toxicity, repeated-dose systemic toxicity, carcinogenicity, biological system/function-specific effects (including reproductive and developmental effects and immunotoxicity), irritation, and sensitization. Information was considered from studies of humans, animals, or appropriate modeling systems that are relevant to assessing the effects of dermal exposure to SFA.

### 1.3 Overview of SK Assignment

SFA may potentially be capable of causing adverse health effects following skin contact. A critical review of available data has resulted in the following SK assignment for SFA: ID<sup>(SK)</sup>. Table 1 provides an overview of the critical effects and data used to develop the SK assignment for SFA.

**Table 1. Summary of the SK Assignment for SFA**

Skin Notation	Critical Effect	Available Data
ID <sup>(SK)</sup>	-	-

## 2.0 Systemic Toxicity from Skin Exposure (SK: SYS)

No *in vivo* or *in vitro* toxicokinetic studies were identified that estimated the degree of absorption of SFA through the skin of humans or animals following dermal exposure. The potential of SFA to pose a skin absorption hazard was also evaluated, with use of a predictive algorithm for estimating and evaluating the health hazards of dermal exposure to substances [NIOSH 2009]. The evaluation method compares an estimated dose accumulated in the body from skin absorption and an estimated dose from respiratory absorption associated with a reference occupational exposure limit. On the basis of this algorithm, a ratio of the skin dose to the inhalation dose (SI ratio) of 161.7 was calculated for SFA. An SI ratio of  $\geq 0.1$  indicates that skin absorption may significantly contribute to the overall body burden of a substance [NIOSH 2009]; therefore, SFA is considered to be absorbed through the skin following dermal exposure. Additional information on the SI ratio and the variables used in its calculation are included in the appendix.

No estimate of the human dermal lethal dose (LD<sub>Lo</sub>) was identified for SFA, and no dermal LD<sub>50</sub> (the dose resulting in 50% mortality in the exposed animals) values were identified for SFA.

No epidemiological, occupational exposure studies, or case reports and no repeat-dose, subchronic or chronic toxicity studies in animals were identified that evaluated the potential for SFA to cause systemic toxicity following dermal exposure. Burns and Connolly [1995] reported that lambs wearing punctured livestock protection collars (LPC) for 7 days, exposing them to SFA, did not exhibit dermal erythema or edema but died after ingesting the product.

No standard toxicity or specialty studies were identified that evaluated the potential for SFA to cause biological system/function specific effects (including reproductive and developmental effects and immunotoxicity) following dermal exposure. No epidemiological studies or animal bioassays were identified that evaluated the carcinogenic potential of SFA following dermal exposure. Table 2 summarizes carcinogenic designations of multiple governmental and nongovernmental organizations for SFA.

**Table 2. Summary of the carcinogenic designations for SFA by numerous governmental and nongovernmental organizations**

<b>Organization</b>	<b>Carcinogenic designation</b>
NIOSH [2005]	No designation
NTP [2014]	No designation
USEPA [2015]	No designation
European Parliament [2008]	No GHS designation
IARC [2012]	No designation
EC [2013]*	No designation
ACGIH [2001]	No designation

ACGIH = American Conference of Governmental Industrial Hygienists; EC = European Commission, Joint Research, Institute for Health and Consumer Protection; GHS = Globally Harmonized System for Classification and Labelling of Chemicals; IARC = International Agency for Research on Cancer; NIOSH = National Institute for Occupational Safety and Health; NTP = National Toxicology Program; USEPA = United States Environmental Protection Agency.

\*Date accessed.

Although the mathematical model predicted sodium fluoroacetate to be dermally absorbed through the skin following dermal exposure, no toxicokinetic studies or acute toxicity studies were identified that estimated the degree of absorption of SFA, or toxicity following dermal exposure. Therefore, on the basis of the data for this assessment, SFA is not assigned the SK: SYS notation.

### **3.0 Direct Effects on Skin (SK: DIR)**

No human or animal *in vivo* studies were identified that evaluated the skin corrosivity of SFA or *in vitro* tests for corrosivity using human or animal skin models or *in vitro* tests of skin integrity using cadaver skin. Additionally, no case reports or standard skin irritation tests were identified that evaluated the potential of SFA to be corrosive or irritating to the skin of humans or animals. Therefore, on the basis of the data for this assessment, SFA is not assigned the SK: DIR (IRR) notation.

### **4.0 Immune-mediated Responses (SK: SEN)**

No diagnostic (human patch) tests or predictive tests in animals (for example, guinea pig maximization tests, Buehler tests, murine local lymph node assays, or mouse ear swelling tests) or any other studies that were identified that evaluated the potential for SFA to cause skin sensitization. However, the USEPA [1995] has waived the requirement for dermal sensitization study for SFA due to severe acute toxicity of the compound (oral LD<sub>50</sub> values reported in rats were 0.22 mg/kg, 0.055 mg/kg for dogs, and 0.34 mg/kg for rabbits), and the restriction of its use in a livestock protection collar. Therefore, on the basis of the data for this assessment, SFA is not assigned the SK: SEN notation.

### **5.0 Summary**

Although the mathematical model predicted sodium fluoroacetate to be dermally absorbed through the skin following dermal exposure, no toxicokinetic studies or acute toxicity studies were identified that

estimated the degree of absorption of SFA, or toxicity following dermal exposure. No epidemiological or occupational exposure studies or case reports and no repeat-dose, subchronic or chronic toxicity studies were identified that evaluated the potential for SFA to be systemically toxic. No studies were identified that evaluated the skin corrosivity or potential for skin irritation after dermal exposure to SFA. Although no diagnostic (human patch) tests or predictive tests in animals were identified that evaluated the potential of the compound to be a skin sensitizer, the USEPA [1995] waived the requirement for dermal sensitization study for SFA due to severe acute toxicity of the compound and the restriction of its use in a livestock protection collar. Therefore, on the basis of these assessments, SFA is assigned a skin notation of **ID<sup>(SK)</sup>**.

Table 3 summarizes the skin hazard designations for SFA previously issued by NIOSH and other organizations. The equivalent dermal designation for SFA, according to the Global Harmonization System (GHS) of Classification and Labelling of Chemicals, is Acute Toxicity Category 1 (Hazard statement: Fatal in contact with the skin) [European Parliament 2008].

**Table 3. Summary of previous skin hazard designations for SFA**

<b>Organization</b>	<b>Skin hazard designation</b>
NIOSH [2005]	[skin]: Potential for dermal absorption
OSHA [2015]*	[skin]: Potential for dermal absorption
ACGIH [2001]	[skin]: Based on rapid absorption through intact and abraded or cut skin
EC [2013]*	R27: Very toxic in contact with skin

ACGIH = American Conference of Governmental Industrial Hygienists; EC = European Commission, Joint Research, Institute for Health and Consumer Protection; NIOSH = National Institute for Occupational Safety and Health; OSHA = Occupational Safety and Health Administration.

\*Date accessed.

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## Appendix: Calculation of the SI Ratio for SFA

This appendix presents an overview of the SI ratio and a summary of the calculation of the SI ratio for 1,3-D. Although the SI ratio is considered in the determination of a substance's hazard potential following skin contact, it is intended only to serve as supportive data during the assignment of the NIOSH SK. An in-depth discussion on the rationale and calculation of the SI ratio can be found in Appendix B of the *Current Intelligence Bulletin (CIB) 61: A Strategy for Assigning New NIOSH Skin Notations* [NIOSH 2009].

### Overview

The SI ratio is a predictive algorithm for estimating and evaluating the health hazards of skin exposure to substances. The algorithm is designed to evaluate the potential for a substance to penetrate the skin and induce systemic toxicity [NIOSH 2009]. The goals for incorporating this algorithm into the proposed strategy for assigning SYS notation are as follows:

- (1) Provide an alternative method to evaluate substances for which no clinical reports or animal toxicity studies exist or for which empirical data are insufficient to determine systemic effects.
- (2) Use the algorithm evaluation results to determine whether a substance poses a skin absorption hazard and should be labeled with the SYS notation.

The algorithm evaluation includes three steps:

- (1) determining a skin permeation coefficient ( $k_p$ ) for the substance of interest,
- (2) estimating substance uptake by the skin and respiratory absorption routes, and
- (3) evaluating whether the substance poses a skin exposure hazard.

The algorithm is flexible in the data requirement and can operate entirely on the basis of the physicochemical properties of a substance and the relevant exposure parameters. Thus, the algorithm is independent of the need for biologic data. Alternatively, it can function with both the physicochemical properties and the experimentally determined permeation coefficient when such data are available and appropriate for use.

The first step in the evaluation is to determine the  $k_p$  for the substance to describe the transdermal penetration rate of the substance [NIOSH 2009]. The  $k_p$ , which represents the overall diffusion of the substance through the stratum corneum and into the blood capillaries of the dermis, is estimated from the compound's molecular weight ( $MW$ ) and base-10 logarithm of its octanol-water partition coefficient ( $\log K_{ow}$ ). In this example,  $k_p$  is determined for a substance with use of Equation 1. A self-consistent set of units must be used, such as outlined in Table A1. Other model-based estimates of  $k_p$  may also be used [NIOSH 2009].

### Equation 1: Calculation of Skin Permeation Coefficient ( $k_p$ )

$$k_p = \frac{1}{\frac{1}{k_{psc} + k_{pol}} + \frac{1}{k_{aq}}}$$

where  $k_{psc}$  is the permeation coefficient in the lipid fraction of the stratum corneum,  $k_{pol}$  is the coefficient in the protein fraction of the stratum corneum, and  $k_{aq}$  is the coefficient in the watery epidermal layer. These components are individually estimated by

$$\begin{aligned}\log k_{psc} &= -1.326 + 0.6097 \times \log K_{ow} - 0.1786 \times MW^{0.5} \\ k_{pol} &= 0.0001519 \times MW^{-0.5} \\ k_{aq} &= 2.5 \times MW^{-0.5}\end{aligned}$$

The second step is to calculate the biologic mass uptake of the substance from skin absorption (skin dose) and inhalation (inhalation dose) during the same period of exposure. The skin dose is calculated as a mathematical product of the  $k_p$ , the water solubility ( $S_w$ ) of the substance, the exposed skin surface area, and the duration of exposure. Its units are milligrams (mg). Assume that the skin exposure continues for 8 hours to unprotected skin on the palms of both hands (a surface area of 360 squared centimeters [ $\text{cm}^2$ ]).

### Equation 2: Determination of Skin Dose

$$\begin{aligned}\text{Skin dose} &= k_p \times S_w \times \text{Exposed skin surface area} \times \text{Exposure time} \\ &= k_p(\text{cm/hr}) \times S_w(\text{mg/cm}^3) \times 360 \text{ cm}^2 \times 8 \text{ hr}\end{aligned}$$

The inhalation dose (in mg) is derived on the basis of the occupational exposure limit (OEL) of the substance—if the OEL is developed to prevent the occurrence of systemic effects rather than sensory/irritant effects or direct effects on the respiratory tract. Assume a continuous exposure of 8 hours, an inhalation volume of 10 cubic meters ( $\text{m}^3$ ) inhaled air in 8 hours, and a factor of 75% for retention of the airborne substance in the lungs during respiration (retention factor, or RF).

### Equation 3: Determination of Inhalation Dose

$$\begin{aligned}\text{Inhalation dose} &= \text{OEL} \times \text{Inhalation volume} \times \text{RF} \\ &= \text{OEL}(\text{mg/m}^3) \times 10 \text{ m}^3 \times 0.75\end{aligned}$$

The final step is to compare the calculated skin and inhalation doses and to present the result as a ratio of skin dose to inhalation dose (the SI ratio). This ratio quantitatively indicates (1) the significance of dermal absorption as a route of occupational exposure to the substance and (2) the contribution of dermal uptake to systemic toxicity. If a substance has an SI ratio greater than or equal to 0.1, it is considered a skin absorption hazard.

## Calculation

Table A1 summarizes the data applied in the previously described equations to determine the SI ratio for 1,3-D. The calculated SI ratio was 161.7. On the basis of these results, 1,3-D is predicted to represent a skin absorption hazard.

**Table A1. Summary of Data used to Calculate the SI Ratio for 1,3-D**

Variables Used in Calculation	Units	Value
<b>Skin permeation coefficient</b>		
Permeation coefficient of stratum corneum lipid path ( $k_{psc}$ )	cm/hr	$3.808 \times 10^{-6}$
Permeation coefficient of the protein fraction of the stratum corneum ( $k_{pol}$ )	cm/hr	$1.517 \times 10^{-5}$
Permeation coefficient of the watery epidermal layer ( $k_{aq}$ )	cm/hr	0.25
Molecular weight ( $MW$ ) <sup>*</sup>	amu	100.3
Base-10 logarithm of its octanol–water partition coefficient ( $\text{Log } K_{ow}$ ) <sup>*</sup>	None	-3.78
Calculated skin permeation coefficient ( $k_p$ )	cm/hr	$1.897 \times 10^{-5}$
<b>Skin dose</b>		
Water solubility ( $S_w$ ) <sup>*</sup>	mg/cm <sup>3</sup>	1110
Calculated skin permeation coefficient ( $k_p$ )	cm/hr	$1.897 \times 10^{-5}$
Estimated skin surface area (palms of hand)	cm <sup>2</sup>	360
Exposure time	hr	8
Calculated skin dose	mg	
<b>Inhalation Dose</b>		
Occupational exposure limit (OEL) <sup>†</sup>	mg/m <sup>3</sup>	0.05
Inhalation volume	m <sup>3</sup>	10
Retention factor (RF)	None	0.75
Inhalation dose	mg	0.375
<b>Skin dose–to–inhalation dose (SI) ratio</b>	None	161.7

<sup>\*</sup>Variables identified from SRC [ND].

<sup>†</sup>The OEL used in calculation of the SI ratio for 1,3-D was the NIOSH recommended exposure limit (REL) [NIOSH 2005].

## **Appendix References**

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