

Occupational Health Guideline for Copper Fume

INTRODUCTION

This guideline is intended as a source of information for employees, employers, physicians, industrial hygienists, and other occupational health professionals who may have a need for such information. It does not attempt to present all data; rather, it presents pertinent information and data in summary form.

SUBSTANCE IDENTIFICATION

- Formula: Cu/Cu₂O/CuO
- Synonyms: None
- Appearance: Finely divided particulate dispersed in air.

PERMISSIBLE EXPOSURE LIMIT (PEL)

The current OSHA standard for copper fume is 0.1 milligram of copper fume per cubic meter of air (mg/m³) averaged over an eight-hour work shift. The American Conference of Governmental Industrial Hygienists has recommended for copper fume a Threshold Limit Value of 0.2 mg/m³.

HEALTH HAZARD INFORMATION

- Routes of exposure
Copper fume can affect the body if it is inhaled or if it comes in contact with the eyes or skin.
- Effects of overexposure
 1. *Short-term Exposure:* Copper fume causes irritation of the eyes, nose, and throat, and a flu-like illness called metal fume fever. Symptoms of metal fume fever include fever, muscle aches, nausea, chills, dry throat, cough, and weakness. It may also cause a metallic or sweet taste in the mouth.
 2. *Long-term Exposure:* Repeated or prolonged exposure to copper fume may cause the skin and hair to change color.
 3. *Reporting Signs and Symptoms:* A physician should be contacted if anyone develops any signs or symptoms

and suspects that they are caused by exposure to copper fume.

- Recommended medical surveillance

The following medical procedures should be made available to each employee who is exposed to copper fume at potentially hazardous levels:

1. *Initial Medical Screening:* Employees should be screened for history of certain medical conditions (listed below) which might place the employee at increased risk from copper fume exposure.

—Chronic respiratory disease: In persons with impaired pulmonary function, especially those with obstructive airway diseases, the breathing of copper fume might cause exacerbation of symptoms due to its irritant properties.

—Hepatolenticular degeneration (Wilson's disease): Persons with pre-existing Wilson's disease may be more susceptible to the effects of this agent.

2. *Periodic Medical Examination:* Any employee developing the above-listed conditions should be referred for further medical examination.

- Summary of toxicology

Inhalation of copper fume results in irritation of the upper respiratory tract and an influenza-like illness termed metal fume fever. Signs and symptoms of metal fume fever include chills, muscle aches, nausea, fever, dry throat, cough, weakness, and lassitude. There is usually leucocytosis, which may amount to 12,000 to 16,000/ml; recovery is usually rapid, and there are no sequelae. Most workers develop an immunity to these attacks, but it is quickly lost; attacks tend to be more severe on the first day of the work-week. Other effects from copper fume are irritation of the upper respiratory tract, metallic or sweet taste, and in some instances discoloration of the skin and hair. Exposure of workers to concentrations of 1 to 3 mg/m³ for short periods resulted in altered taste response but no nausea; levels of from 0.02 to 0.4 mg/m³ produced no complaints. Transient irritation of the eyes has followed exposure to a

These recommendations reflect good industrial hygiene and medical surveillance practices and their implementation will assist in achieving an effective occupational health program. However, they may not be sufficient to achieve compliance with all requirements of OSHA regulations.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service Centers for Disease Control
National Institute for Occupational Safety and Health

U.S. DEPARTMENT OF LABOR
Occupational Safety and Health Administration

fine dust of oxidation products of copper produced in an electric arc.

CHEMICAL AND PHYSICAL PROPERTIES

• Physical data

1. Molecular weight: 63.5 to 143.1
2. Boiling point (760 mm Hg): Not applicable
3. Specific gravity (water = 1): Not applicable
4. Vapor density (air = 1 at boiling point of copper fume): Not applicable
5. Melting point: Not applicable
6. Vapor pressure at 20 C (68 F): Essentially zero
7. Solubility in water, g/100 g water at 20 C (68 F): Insoluble
8. Evaporation rate (butyl acetate = 1): Not applicable

• Reactivity

1. Conditions contributing to instability: None
2. Incompatibilities: Contact with acetylene gas may cause formation of copper acetylides that are sensitive to shock.
3. Hazardous decomposition products: None
4. Special precautions: None

• Flammability

1. Not applicable

• Warning properties

Copper fume is not known to be a significant eye irritant.

MONITORING AND MEASUREMENT PROCEDURES

• General

Measurements to determine employee exposure are best taken so that the average eight-hour exposure is based on a single eight-hour sample or on two four-hour samples. Several short-time interval samples (up to 30 minutes) may also be used to determine the average exposure level. Air samples should be taken in the employee's breathing zone (air that would most nearly represent that inhaled by the employee).

• Method

Sampling and analyses may be performed by collection of copper fume on a cellulose membrane filter, followed by treatment with nitric acid, solution in acid, and analysis with an atomic absorption spectrophotometer. An analytical method for copper fume is in the *NIOSH Manual of Analytical Methods*, 2nd Ed., Vol. 4, 1978, available from the Government Printing Office, Washington, D.C. 20402 (GPO No. 017-033-00317-3).

RESPIRATORS

• Good industrial hygiene practices recommend that engineering controls be used to reduce environmental concentrations to the permissible exposure level. How-

ever, there are some exceptions where respirators may be used to control exposure. Respirators may be used when engineering and work practice controls are not technically feasible, when such controls are in the process of being installed, or when they fail and need to be supplemented. Respirators may also be used for operations which require entry into tanks or closed vessels, and in emergency situations. If the use of respirators is necessary, the only respirators permitted are those that have been approved by the Mine Safety and Health Administration (formerly Mining Enforcement and Safety Administration) or by the National Institute for Occupational Safety and Health.

• In addition to respirator selection, a complete respiratory protection program should be instituted which includes regular training, maintenance, inspection, cleaning, and evaluation.

COMMON OPERATIONS AND CONTROLS

The following list includes some common operations in which exposure to copper fume may occur and control methods which may be effective in each case:

Operation	Controls
Liberation during construction and installation of materials fabricated from copper metal or copper alloys; during copper metal processing of castings, sheets, rods, tubing, and wire; during copper metal smelting and refining operations	Local exhaust ventilation; general dilution ventilation; personal protective equipment

EMERGENCY FIRST AID PROCEDURES

In the event of an emergency, institute first aid procedures and send for first aid or medical assistance.

• Breathing

If a person breathes in large amounts of copper fume, move the exposed person to fresh air at once. If breathing has stopped, perform artificial respiration. Keep the affected person warm and at rest. Get medical attention as soon as possible.

• Rescue

Move the affected person from the hazardous exposure. If the exposed person has been overcome, notify someone else and put into effect the established emergency rescue procedures. Do not become a casualty. Understand the facility's emergency rescue procedures and know the locations of rescue equipment before the need arises.

SPILL PROCEDURES

- Persons not wearing protective equipment and clothing should be restricted from areas of releases until cleanup has been completed.
- If potentially hazardous amounts of copper fume are inadvertently released, ventilate the area of the release to disperse the fume.

REFERENCES

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RESPIRATORY PROTECTION FOR COPPER FUME

Condition	Minimum Respiratory Protection* Required Above 0.1 mg/m ³
Particulate Concentration	
1 mg/m ³ or less	Any fume respirator or high efficiency particulate filter respirator. Any supplied-air respirator. Any self-contained breathing apparatus.
5 mg/m ³ or less	A high efficiency particulate filter respirator with a full facepiece. Any supplied-air respirator with a full facepiece, helmet, or hood. Any self-contained breathing apparatus with a full facepiece.
100 mg/m ³ or less	A powered air-purifying respirator with a high efficiency particulate filter. A Type C supplied-air respirator operated in pressure-demand or other positive pressure or continuous-flow mode.
200 mg/m ³ or less	A Type C supplied-air respirator with a full facepiece operated in pressure-demand or other positive pressure mode or with a full facepiece, helmet, or hood operated in continuous-flow mode.
Greater than 200 mg/m ³ or entry and escape from unknown concentrations	Self-contained breathing apparatus with a full facepiece operated in pressure-demand or other positive pressure mode. A combination respirator which includes a Type C supplied-air respirator with a full facepiece operated in pressure-demand or other positive pressure or continuous-flow mode and an auxiliary self-contained breathing apparatus operated in pressure-demand or other positive pressure mode.
Fire Fighting	Self-contained breathing apparatus with a full facepiece operated in pressure-demand or other positive pressure mode.

*Only NIOSH-approved or MSHA-approved equipment should be used.