

Occupational Health Guideline for TEDP

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: $(C_2H_5)_4P_2S_2O_5$
- Synonyms: Tetraethyl pyrophosphorodithionate; sulfotep; tetraethyl dithionopyrophosphate; tetraethyl dithiopyrophosphate
- Appearance and odor: Yellow liquid with a garlic odor.

PERMISSIBLE EXPOSURE LIMIT (PEL)

The current OSHA standard for TEDP is 0.2 milligram of TEDP per cubic meter of air (mg/m^3) averaged over an eight-hour work shift.

HEALTH HAZARD INFORMATION

• Routes of exposure

TEDP can affect the body if it is inhaled, if it comes in contact with the eyes or skin, or if it is swallowed. It may enter the body through the skin.

• Effects of overexposure

1. Short-term Exposure: After inhalation of TEDP, breathing and eye effects are the first to appear. These include tightness of the chest, wheezing, a bluish discoloration of the skin, small pupils, aching in and behind the eyes, blurring of vision, tearing, runny nose, headache, and watering of the mouth. After swallowing TEDP, loss of appetite, nausea, vomiting, abdominal cramps, and diarrhea may appear within 2 hours. After skin absorption, sweating and twitching in the area of absorption may occur usually within 15 minutes to four hours. With severe intoxication by all routes, in addition

to all the above symptoms, weakness, generalized twitching, and paralysis may occur and breathing may stop. In addition, dizziness, confusion, staggering, slurred speech, generalized sweating, irregular or slow heartbeat, convulsions, and coma may occur.

2. Long-term Exposure: Repeated exposure to levels of TEDP may make a person more susceptible to the effects of this and related chemicals. Repeated exposure to concentrations which are too small to produce symptoms after a single exposure may result in the onset of symptoms.

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 TEDP.

• Recommended medical surveillance

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

1. Initial Medical Examination:

—A complete history and physical examination: The purpose is to detect pre-existing conditions that might place the exposed employee at increased risk, and to establish a baseline for future health monitoring. Persons with a history of reduced pulmonary function, convulsive disorders, or recent exposure to anticholinesterase agents would be expected to be at increased risk from exposure. Examination of the respiratory system, nervous system, cardiovascular system, and attention to the cholinesterase levels in the blood should be stressed.

—Cholinesterase determination: TEDP causes depressed levels of activity of cholinesterase in the serum and erythrocytes. The cholinesterase activity in the serum and erythrocytes should be determined by using medically acceptable biochemical tests prior to new period of exposure.

2. Periodic Medical Examination: The aforementioned medical examinations should be repeated on an annual basis, with the exception of the cholinesterase determination which should be performed quarterly or at any

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.

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time overexposure is suspected or signs and symptoms of toxicity occur.

• **Summary of toxicology**

TEDP (tetraethyl dithionopyrophosphate) is an anticholinesterase agent; absorption may occur from inhalation of the mist, by skin absorption, or ingestion of the liquid. Signs and symptoms of overexposure are caused by the inactivation of the enzyme cholinesterase, which results in the accumulation of acetylcholine at synapses in the nervous system, skeletal and smooth muscles, and secretory glands. The sequence of the development of systemic effects varies with the route of entry. The onset of signs and symptoms occurs promptly and almost always within 12 hours. After inhalation, respiratory and ocular effects are the first to appear, often within a few minutes after exposure. Respiratory effects include tightness in the chest and wheezing due to bronchoconstriction and excessive bronchial secretion; laryngeal spasms and excessive salivation may add to the respiratory distress; cyanosis may also occur. Ocular effects include miosis, aching in and behind the eyes (attributed to ciliary spasm), blurring of distant vision, tearing, rhinorrhea, and frontal headache. After ingestion, gastrointestinal effects such as anorexia, nausea, vomiting, abdominal cramps, and diarrhea appear within 15 minutes to 2 hours. After skin absorption, localized sweating and muscular fasciculations in the immediate area occur usually within 15 minutes to 4 hours; skin absorption is somewhat greater at higher ambient temperatures and is increased by the presence of dermatitis. With severe intoxication by all routes, an excess of acetylcholine at the neuromuscular junctions of skeletal muscle causes weakness aggravated by exertion, involuntary twitchings, fasciculations, and eventually paralysis; the most serious consequence is paralysis of the respiratory muscles. Effects on the central nervous system include giddiness, confusion, ataxia, slurred speech, Cheyne-Stokes respiration, convulsions, coma, and loss of reflexes. The blood pressure may fall to low levels, and cardiac irregularities including complete heart block may occur; these effects may sometimes be reversed by establishing adequate pulmonary ventilation. Complete symptomatic recovery usually occurs within one week; increased susceptibility to the effects of anticholinesterase agents persists for one to several days after exposure. Daily exposure to concentrations which are insufficient to produce symptoms following a single exposure may result in the onset of symptoms. Continued daily exposure may be followed by increasingly severe effects.

CHEMICAL AND PHYSICAL PROPERTIES

• **Physical data**

1. Molecular weight: 322.2
2. Boiling point (760 mm Hg): Decomposes
3. Specific gravity (water = 1): 1.19
4. Vapor density (air = 1 at boiling point of TEDP): Not applicable

5. Melting point: Data not available
6. Vapor pressure at 20 C (68 F): Very low
7. Solubility in water, g/100 g water at 20 C (68 F): 0.0025
8. Evaporation rate (butyl acetate = 1): Not applicable

• **Reactivity**

1. Conditions contributing to instability: Elevated temperatures may cause containers to burst.
2. Incompatibilities: Contact with strong oxidizers may cause fires and explosions.
3. Hazardous decomposition products: Toxic gases and vapors (such as sulfur dioxide, phosphoric acid mist, and carbon monoxide) may be released when TEDP decomposes.
4. Special precautions: TEDP will attack some forms of plastics, rubber, and coatings.

• **Flammability**

1. Not combustible

• **Warning properties**

1. Odor Threshold: No quantitative information available concerning the odor threshold of TEDP.
2. Eye Irritation Level: TEDP is not known to be an eye irritant.
3. Evaluation of Warning Properties: Since no quantitative information is available relating warning properties to air concentrations of TEDP, this substance is treated as a material with poor warning properties.

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**

At the time of publication of this guideline, no measurement method for TEDP had been published by NIOSH.

RESPIRATORS

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

PERSONAL PROTECTIVE EQUIPMENT

- Employees should be provided with and required to use impervious clothing, gloves, face shields (eight-inch minimum), and other appropriate protective clothing necessary to prevent any possibility of skin contact with TEDP.

- Clothing contaminated with TEDP should be placed in closed containers for storage until it can be discarded or until provision is made for the removal of TEDP from the clothing. If the clothing is to be laundered or otherwise cleaned to remove the TEDP, the person performing the operation should be informed of TEDP's hazardous properties.

- Where there is any possibility of exposure of an employee's body to TEDP, facilities for quick drenching of the body should be provided within the immediate work area for emergency use.

- Non-impervious clothing which becomes contaminated with TEDP should be removed immediately and not reworn until the TEDP is removed from the clothing.

- Employees should be provided with and required to use splash-proof safety goggles where there is any possibility of TEDP contacting the eyes.

- Where there is any possibility that employees' eyes may be exposed to TEDP, an eye-wash fountain should be provided within the immediate work area for emergency use.

SANITATION

- Skin that becomes contaminated with TEDP should be immediately washed or showered with soap or mild detergent and water to remove any TEDP.

- Eating and smoking should not be permitted in areas where TEDP is handled, processed, or stored.

- Employees who handle TEDP should wash their hands thoroughly with soap or mild detergent and water before eating, smoking, or using toilet facilities.

COMMON OPERATIONS AND CONTROLS

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

Operation	Controls
Formulation of insecticides	Process enclosure; local exhaust ventilation; personal protective equipment
Application of insecticide by aerosol or fumigation on flowering plants in commercial greenhouses	Personal protective equipment
Manufacture of TEDP	Process enclosure; local exhaust 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.

• Eye Exposure

If TEDP or formulations containing TEDP get into the eyes, wash eyes immediately with large amounts of water, lifting the lower and upper lids occasionally. Get medical attention immediately. Contact lenses should not be worn when working with this chemical.

• Skin Exposure

If TEDP or formulations containing TEDP get on the skin, immediately wash the contaminated skin using soap or mild detergent and water. If TEDP or formulations containing TEDP penetrate through the clothing, remove the clothing immediately and wash the skin using soap or mild detergent and water. Get medical attention immediately.

• Breathing

If a person breathes in large amounts of TEDP, 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.

• Swallowing

When TEDP or formulations containing TEDP have been swallowed and the person is conscious, give the person large quantities of water immediately. After the water has been swallowed, try to get the person to vomit by having him touch the back of his throat with his finger. Do not make an unconscious person vomit. Get medical attention immediately.

• 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, LEAK, AND DISPOSAL PROCEDURES

- Persons not wearing protective equipment and clothing should be restricted from areas of spills or leaks until cleanup has been completed.

- If TEDP is spilled or leaked, the following steps should be taken:

1. Ventilate area of spill or leak.

3. Collect for reclamation or absorb in vermiculite, dry sand, earth, or a similar material.

- Waste disposal method:

TEDP may be disposed of by absorbing in vermiculite, dry sand, earth, or a similar material and disposing in sealed containers in a secured sanitary landfill.

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RESPIRATORY PROTECTION FOR TEDP

Condition	Minimum Respiratory Protection* Required Above 0.2 mg/m ³
Particulate or Vapor Concentration	
2 mg/m ³ or less	Any supplied-air respirator. Any self-contained breathing apparatus.
10 mg/m ³ or less	Any supplied-air respirator with a full facepiece, helmet, or hood. Any self-contained breathing apparatus with a full facepiece.
35 mg/m ³ or less	A Type C supplied-air respirator operated in pressure-demand or other positive pressure or continuous-flow mode.
Greater than 35 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.
Escape	Any gas mask providing protection against organic vapors and particulates, including pesticide respirators which meet the requirements of this class. Any escape self-contained breathing apparatus.

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

**Use of supplied-air suits may be necessary to prevent skin contact while providing respiratory protection from airborne concentrations of TEDP; however, this equipment should be selected, used, and maintained under the immediate supervision of trained personnel. Where supplied-air suits are used above a concentration of 35 mg/m³, an auxiliary self-contained breathing apparatus operated in positive pressure mode should also be worn.

