



Occupational Exposure Banding 2.0: A Preliminary Case Study

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Occupational Exposure Banding Objective

To create a consistent and documented process to characterize chemical hazards so timely and well-informed risk management decisions can be made for chemicals lacking OELs.

RISK MANAGEMENT

Reduce

Control

Mitigate

What is Occupational Exposure Banding?

A mechanism to quickly and accurately assign chemicals into “categories” or “bands” based on their health outcomes and potency considerations



Higher Concentrations

Lower Concentrations

NIOSH Occupational Exposure Bands

Occupational Exposure Band	Airborne Target Range	
	for Particulate Concentration (mg/m ³)	for Gas or Vapor Concentration (ppm)
A	>10mg/m ³	>100 ppm
B	>1 to 10 mg/m ³	>10 to 100 ppm
C	>0.1 to 1 mg/m ³	>1 to 10 ppm
D	>0.01 to 0.1 mg/m ³	>0.1 to 1 ppm
E	≤0.01 mg/m ³	≤0.1 ppm

How is the Banding Process Organized?

Bands are assigned based on:

- acute toxicity
- skin corrosion and irritation
- serious eye damage and irritation
- respiratory sensitization
- skin sensitization
- genotoxicity
- carcinogenicity
- reproductive/developmental toxicity
- specific target organ toxicity resulting from repeated exposure

Tier 1 —GHS Hazard Codes

User: Health and safety generalist

A Tier 1 evaluation utilizes GHS Hazard Statements and Categories to identify chemicals that have the potential to cause irreversible health effects.



Tier 2— Secondary Data Sources

User: Properly trained occupational hygienist

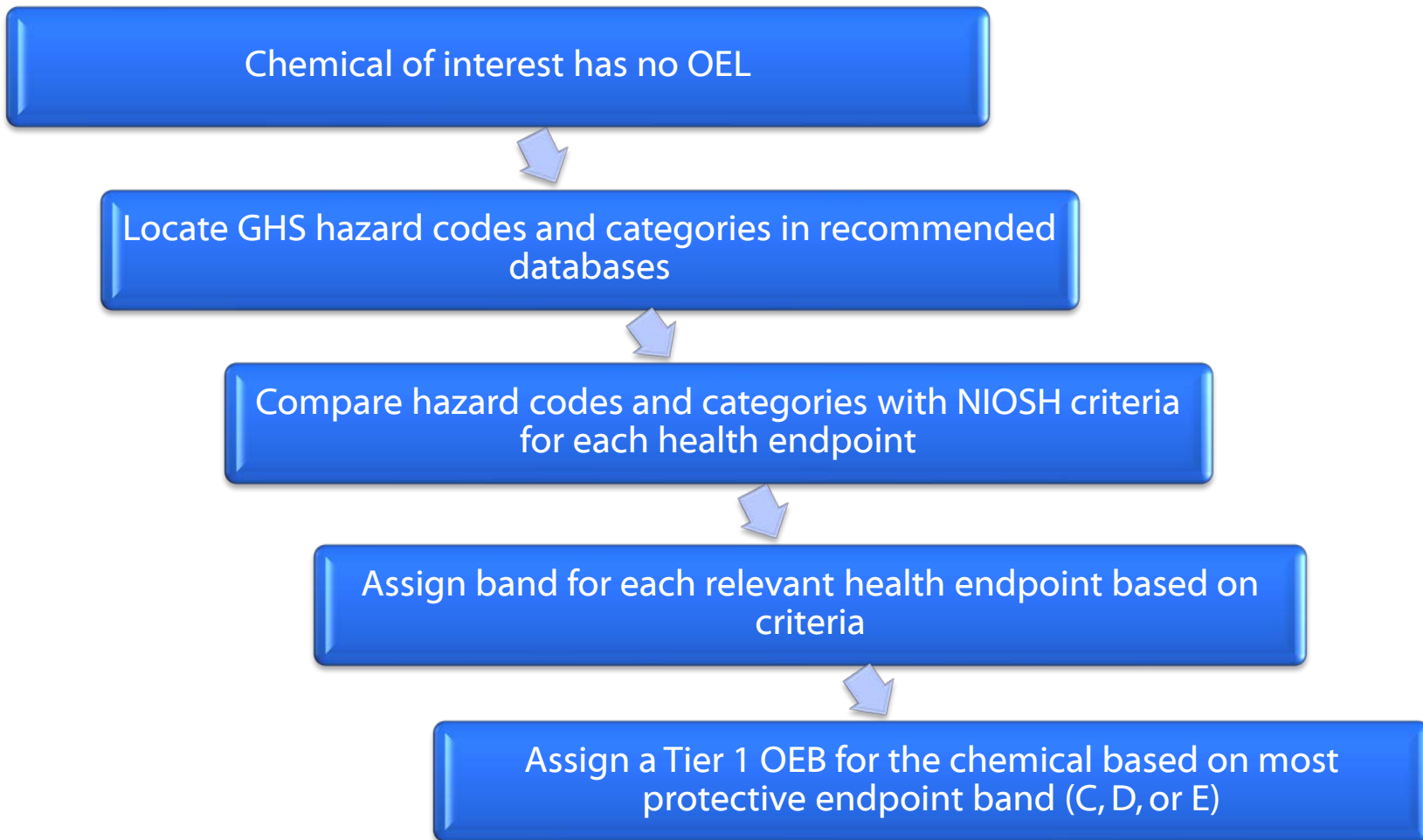
A Tier 2 evaluation produces a more refined OEB, based on point of departure data from reliable sources. Data availability and quality are considered.



Tier 3—Expert Judgement

User: Toxicologist or experienced occupational hygienist

Tier 3 involves the integration of all available data and determining the degree of conviction of the outcome.



TIER 1 Criteria		C	D	E
OEL Ranges	Particle	> 0.1 to ≤ 1 mg per cubic meter of air (mg/m ³)	> 0.01 to ≤ 0.1 mg/m ³	≤ 0.01 mg/m ³
	Vapor	> 1 to ≤ 10 parts per million (ppm)	> 0.1 to ≤ 1 ppm	≤ 0.1 ppm
Acute Toxicity		H301 Category 3 H302 Category 4 H331 Category 3 H332 Category 4 H311 Category 3 H312 Category 4	H300 Category 2 H330 Category 2 H310 Category 2	H300 Category 1 H330 Category 1 H310 Category 1
Skin Corrosion/ Irritation		H315 Category 2		H314 Category 1, 1A, 1B, or 1C
Serious Eye Damage/ Eye irritation		H319 Category 2, 2A or 2B		H318 Category 1
Respiratory and Skin Sensitization		H317 Category 1B	H317 Category 1 or 1A	
			H334 Category 1B	H334 Category 1 or 1A
Genotoxicity			H341 Category 2	H340 Category 1, 1A or 1B
Carcinogenicity				H350 Category 1, 1A, or 1B H351 Category 2
Toxic to Reproduction		H361 (including H361f, H361d, and H361fd) Category 2	H360 (including H360f, H360d, and H360fd) Category 1B	H360 (including H360f, H360d, and H360fd) Category 1 or 1A
Specific Target Organ Toxicity		H371 Category 2 H373 Category 2		H370 Category 1 H372 Category 1

Tier 2

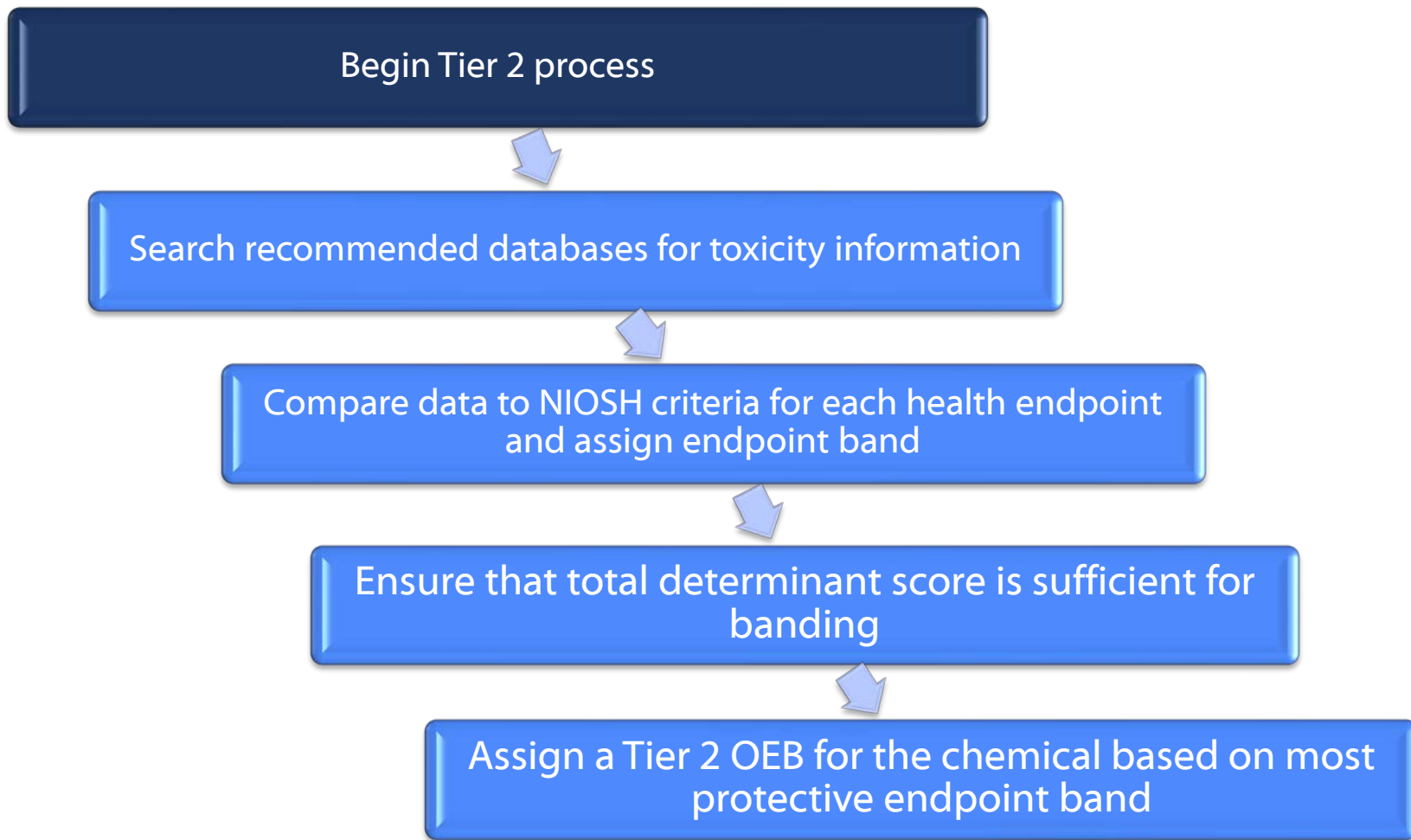
Tier 2 is always recommended, but especially useful when:

- there are no GHS H codes
- the outcome of the Tier 1 analysis is incomplete, or an insufficient reflection of the health potency of the chemical

Tier 2

Tier 2 — Both Qualitative and Quantitative

- Some training in toxicology
- Based on readily available secondary data from authoritative sources (government, professional health agencies, authoritative toxicological benchmarks)
- Needs sufficient data to generate reliable OEB
- Prescriptive analytical strategy to ensure consistency
- Potential for chemicals to be moved from the Tier 1 OEB to a more¹ or less protective OEB



Recommendation --- Rane Test 1(1)

Chemical Name: Rane Test 1					
CAS Number: 1					
Liquid/Vapor Range: <= 0.1 ppm					
Particle Range: <= 0.01 mg/m ³					
Recommended Band				TDS=85	E
Endpoint	Source	Data	EDS	Endpoint Band	
Carcinogenicity Quant	EPA IRIS Slope Factor	1 x 0.00001 (mg/kg-day) ⁻¹	30	C	
	California Slope Factor	1 x 0.000001 (mg/kg-day) ⁻¹		C	
Carcinogenicity WOE	U.S. EPA IRIS	Group C (possible human carcinogen)	20	D	
Reproductive Toxicity					
Target-Organ Toxicity	U.S. EPA: IRIS	Rank 1; NOAEL; 90 hrs; 4.8 ppm	30	E	
Genotoxicity Toxicity					
Respiratory Sensitization	WHO: International Programme on Chemical Safety	Rank: 1; Results: Mixed	10	C	
Skin Sensitization					
Acute Toxicity	National Library of Medicine ChemID Plus	Rank: 1; Type: Oral LD50; Duration: 4.00 hrs; Input: 661	5	B	
Skin Irritation	WHO: International Programme on Chemical Safety	Rank: 1; Results: Skin corrosion/irreversible effects	5	E	
	Organization for Economic Co-operation and Development	Rank: 1; Results: Moderate to severe irritation		C	
Eye Irritation	WHO: International Programme on Chemical Safety	Rank: 1; Results: Irreversible eye damage	5	E	
Notes	Carcinogenicity: Cancer Test Information: https://ntp.niehs.nih.gov/pubhealth/roc/index.html				
	STOT: STOT Test Information: https://ntp.niehs.nih.gov/testing/types/heathandsafety/index.html				
	Acute Tox: Acute Toxicity Information: http://www.inchem.org/				

Tier 2 Endpoints with Quantitative Criteria

- Carcinogenicity
 - Potency estimate (inhalation unit risk, slope factor)
 - *Qualitative assessment (Y/N in absence of potency determination)*
- Reproductive toxicity (includes developmental toxicity)
 - Potency based on NOAEL, BMDL, BMCL
- Specific target organ toxicity
 - Potency based on NOAEL, BMDL, BMCL
- Skin sensitization
 - Potency based on LLNA, GPMT, Beuhler
 - *Qualitative assessment (Y/N in absence of potency determination)*
- Acute toxicity
 - Potency based on LD₅₀, LC₅₀

Tier 2 Endpoints with Qualitative Criteria

- Genotoxicity
 - Positive, mixed, negative results
- Respiratory Sensitization
 - Positive, mixed, negative results
- Skin Irritation or Corrosion
 - Non-irritating, mild to moderate, moderate to severe, irreversible
- Eye irritation or Damage
 - Non-irritating, mild to moderate, moderate to severe, irreversible

Tier 3 banding process

- Requires expert in toxicology
- Requires intensive review and evaluation of primary data
- Is required when insufficient data for Tier 2 banding
- No detailed guidance is available

Problem

- Many chemicals would not meet minimum data set requirement
 - What is the best way to consider chemicals with insufficient data?
- Are read-across or QSAR methods reliable enough to use?
- Are read-across or QSAR methods simple enough to use with a broad audience?
 - What are the uncertainties associated with these methods?
- How can these methods be reliably and reproducibly used to predict toxicity?

Potential Solution?

- **Read-across methods**
 - Strengths and weaknesses?
 - How much data is needed on other chemicals?
 - How are classes of chemicals defined reproducibly?
- **QSAR**
 - Expert- or data-driven?
 - What are the boundaries of the chemical structures that could be considered?
 - Strengths and weaknesses?

Other Solutions?

- What other methods should NIOSH consider?
- Are there existing methods that would serve or could be adapted?
 - Strengths and weaknesses?
 - Reproducibility?
 - Reliability?

Let's Discuss!