



Occupational Health Clinics for Ontario Workers Inc.

Mining Diesel Emissions Council (MDEC) Conference 2022

The Past, Present & Future: Diesel Exhaust Exposures in Mining – A Tool to Assess Lung Cancer Risk

Kevin Hedges, PhD., M. App. Sc., BSc., COH, CIH Occupational Hygienist Kimberley O'Connell M.Sc (A), CIH, ROH, CRSP Executive Director Occupational Health Clinics for Ontario Workers Inc. http://www.ohcow.on.ca/

















MDEC 2022





Health Canada (2016) – Human Health Risk Assessment for Diesel Exhaus	<u>t</u>
Health effects	Evidence
Lung cancer	Sufficient
Acute adverse respiratory health outcomes	Sufficient
Chronic adverse respiratory health outcomes	Sufficient
Acute adverse cardiovascular health outcomes	Sufficient
Immunological effects	Sufficient
Bladder cancer	Suggestive
Chronic adverse cardiovascular health outcomes	Suggestive
Reproductive and developmental effects	Suggestive
Central nervous system effects based on acute neurophysiological symptoms in overexposed workers	Suggestive
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HEI study in Europe finds evidence of health effects at lower levels of air pollution

2021 Air Pollution, Nitrogen Oxides, Multipollutant Mixtures, Ozone & Oxidants, Particulate Matter, Exposure Methods A major new HEI report presents a study examining associations between exposures to relatively low levels of air pollution and several ΗEI health outcomes among participants in 22 European cohorts. RESEARCH REPORT In the report, the investigators describe the development of new exposure models for all of Europe for four pollutants: fine particulate HEALTH EFFECTS Mortality and Morbidit Long-Term Exposure to BC, NO₂, and O₃: An An matter (PM_{2.5}), black carbon (BC), nitrogen dioxide (NO₂), and ozone (O₃), as well as PM_{2.5} particle composition. Number 200 Bert Brunekreef at the Institute for Risk Assessment Sciences, Utrecht University, the Netherlands, and colleagues reported that exposure to PM2.5.BC, and NO2 showed significant associations of air pollution exposure with natural-cause, cardiovascular, respiratory, and lung cancer mortality.) They also reported that they did not find positive associations between O3 and all causes of death examined. https://www.healtheffects.org/announcements/hei-study-europe-finds-evidence-health-effects-lower-levels-air-pollution Mortality and Morbidity Effects of Long-Term Exposure to Low-Level PM2.5, BC, NO2, and O3: An Analysis of European Cohorts in the ELAPSE Project (Health Effects Institute, 2021) Occupational Health Clinics for Ontario Workers Inc. Prevention Through Intervention





						Crite	ria overview:	GHS H-codes and	l categories for	Tier 1
Classifica	tion	1		Label	ling	Hazard	MOCUT			
Hazard class Hazard category		Pict	ogram	Simol		statement codes	Criteria	с	D	E
		GHS	UN Model Regulations	word	Hazard statement		ē			
	I, IA, IB Not required Danger May cause cancer (state route of econour ef it is conclusive) protein that no other routes of econour ef H350		Exposure ranges Dust/particle	>0.1 to \leq 1 mg/m ³	>0.01 to ≤0.1 mg/m	≤0.01 mg/m ³				
arcinogenicity		×			cause the hazard)		Gas/vapor	>1 to ≤10 ppm	>0.1 to ≤ 1 ppm	≤0.1 ppm
	2 Not required Warning Suspected of causing cancer (state proven that no other routes of proven that no other routes of proven that no other routes of proven that no other routes of that the state proven that no other routes of that the state proven that no other routes of the state proven that no other routes the state proven the state proven		H351	Carcinogenicity	-	-	H350, Category 1, or 1B			
								-	—	H351, Category 2
<u>GHS</u>	Rev.8) (2019	<u>))</u>	tom	.e		Reproductive toxicity	H361, Category 2	H360, Category 1B	H360, Category 1 or 1A
<u>Globally Harmonized System of</u> <u>Classification and Labelling of Chemicals</u>					<u>Chemicals</u>	Specific target organ toxicity- repeated exposure	H371, Category 2	-	H370, Category 1	
<u>(GHS</u>	1		-	the second			repeated exposure	H373, Category 2		H372, Category 1
A						Genotoxicity	_	H341, Category 2	H340, Category 1, or 1B	
1							Respiratory and skin sensitization	H317, Category 1B (skin)	H317, Category 1 or 1A	-
		-	Carlo La	- Int				H335, Category 3	H334, Category 1B	H334, Category 1 or 1A
<u>TECH</u>	NICAL	REPO	RT The	NIOSI	<u>H (2019) Occupat</u>	ional Exposure	e Banding Proc	cess for Chemical	Risk Managem	ient
								A B	CD	E
Occi Prev	upational rention Tl	Health C hrough In	linics for O tervention	ntario W	/orkers Inc.		Particulate/Dust Gas/Vapor	>10 mg/m ³ >100 ppm >1 to 10 mg/m ³ >10 to 100 ppm	>0.1 to 1 mg/m ³ >1 to 10 ppm >0.01 to 0. >0.1 to 1	1 mg/m³ ≤0.01 mg/m³ I ppm ≤0.1 ppm





Exposure limits

Jurisdiction	OEL	Marker of	Notes	
		exposure		
Adopted (and legally enforceable)	OELs			
US Mine Safety and Health	8-h TWA (Time-Weighted	TC; respirable dust	Since 2006. Applies to underground	Barn et al. 2021, "Canada Should
Administration (MSHA)	Average): 160 µg m-3		metal and non-metal mines.	Move Toward Adapting
EU	8-h TWA: 50 μg m-3	EC	Adopted December 2018. Becomes	Nove Ioward Adopting
			effective in 2026 in underground mining	Harmonized Evidence-Based
			and construction tunnels and in 2023 in	OELs to Consistantly
	0.1 mmm1 + 600		other industries.	OELS to Consistently
Switzerland	8-h TWA: 100 μg m ⁻³	EC	Since 2012.	and Adequately Protect Workers
Germany	8-h TWA: 50 μg m ⁻³	EC	Set in 2017. Does not apply to under- ground mines until 2022.	
Austria	8-h TWA: 300 μg m ⁻¹	EC/respirable aerosol	Underground mines (since 2011).	Annals of Work Exposures and
	8-h TWA: 100 µg m-3		All other industries (since 2011).	Annais of work Exposures and
Australia	8-h TWA: 100 μg m ⁻³	EC	Adopted by Queensland, Western	Health, 2021, Vol. 65, No. 4, 367
			Australia, New South Wales.	372
New Zealand	8-h TWA: 100 μg m ⁻³	EC	Enacted 2016.	572
Recommended OELs (Note 1)				https://acadomic.oup.com/app
California Department of	8-h TWA: 20 μg m-3	Diesel particulates		https://acaueinic.oup.com/ann
Public Health (California, USA)				weh/article/65/4/367/6041193
Finnish Institute of	8-h TWA: 5 μg m ⁻³	EC	Applies to general workplaces.	
Occupational Health (Finland)	8-h TWA: 20 µg m ⁻³		Applies to mines, underground construction.	
Health Council of the	8-h TWA: 0.011 μg m ⁻³	Respirable EC	Target risk level (Note 2).	
Netherlands (Netherlands)	8-h TWA: 1.03 µg m-3		Prohibition risk level (Note 3).	
Australian Institute of	8-h TWA: 100 µg m-1	EC		
Occupational Hygienists				
(Australia)				



There is no simple conversion to convert total carbon (TC) to elemental carbon (EC) as the ratio of TC to EC due to the high variability (Noll et al. 2015, p.208) as the range of ratios TC to EC was reported as 1.10 to 1.50. This is particularly important where diesel particulate filters (DPFs) are fitted on equipment where at a concentration of \leq 0.05 mg/m3 the TC/EC ratio can range from 1 to close to 2.5 (Noll et al. 2015).

Using a conversion factor of 1.27 is therefore not good science.

Using the ratio range of 1.1 to 1.5 of TC/EC means that an exposure of 0.4 mg of TC equates to EC exposures ranging from 0.27 to 0.36.

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In addition, according to by Birch M 2016, NIOSH Manual of Analytical Methods (NMAM), 5th Edition "If EC concentrations are high and samples are relatively free of OC contaminates, the TC concentration is a reasonable measure of the diesel particulate mass, and the EC:TC ratio is representative of the EC fraction of the mass. However, this situation is uncommon outside of mines. In general industry, EC and OC levels are normally much lower. And when EC levels are low, the <u>EC:TC ratios</u> are not reliable estimates of the EC fraction of DPM because OC interferences can skew the ratios low and increase variability in the apparent ratio. In such cases, TC is an inaccurate measure of the diesel particulate concentration". https://www.cdc.gov/niosh/doc/2014-151/pdf/chapter.dt.pdf

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Ratio TC / EC	95% CI
1.6	0.48 – 5.5
Ratio RCD / EC	95% CI
1.8	0.44 - 7.1

 $\mathbf{TC}-\mathbf{total}$ carbon, $\mathbf{EC}-\mathbf{elemental}$ carbon, $\mathbf{RCD}-\mathbf{respirable}$ combustible dust.

This means that the MSHA OEL of 0.16mg/m 3 TC equates to 0.1 mg/m 3 EC

Debia et al. 2017, <u>Diesel engine exhaust exposures in two underground mines</u>, International Journal of Mining Science and Technology Volume 27, Issue 4, July 2017, Pages 641-645

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Diesel exhaust exposure lung cancer risk calculator

Exposure to diesel exhaust is a known lung carcinogen with an unacceptable level of risk even below a lifetime exposure below the current occupational exposure (Regulation 854 – Mines and Mining Plants under OHSA. Section 183.1(5) time-weighted average limit for DPM in underground mines at **0.4 mg/m³** (total carbon).

<u>Consultation</u> through the MLTSD 3 years ago (March 2018), was made to lower this limit and apply a revised limit to all workplaces and not just mining – this limit has still to be reduced. A limit for elemental carbon (EC) will apply.

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The International Agency for Research on Cancer (IARC) has concluded that Diesel Engine Exhaust (DEE) is a cause of lung cancer (Group 1: carcinogenic to humans). CAREX
Canada estimates that approximately 897,000 Canadians are currently exposed to diesel engine exhaust at work. Approximately 2.4% (OCRC) to 6% (Vermeulen et al 2014) of annual lung cancer deaths may be due to DEE exposure. Combined data from three U.S. occupational cohort studies including more than 40,000 workers in the trucking and mining industries (Vermeulen et al 2014) have provided a powerful estimate of the risk of lung cancer based on the level and duration of exposure to DEE. The truckers' study Garshick et al. (2012) and miners' studies Silverman et al. (2012), (Attfield et al. 2012), (Stewart et al. 2010) combined, allows for a determination of the risk of lung cancer based on the level of exposure to diesel particulate matter (DPM). DPM measured as elemental carbon (EC) is the best surrogate of exposure.

Meta analysis

Through **meta-analysis**, researchers can combine studies, essentially making them into one big study, which may help show an effect. Additionally, a metaanalysis can help increase the accuracy of the results. This is also because it is, in effect, increasing the size of the study.

This is why the trucker's study has been combined with the miner's study!



DPM measured as elemental carbon (EC) is the best surrogate of exposure.

A tool (risk calculator) developed by the Occupational Health Clinics for Ontario Workers Inc. (OHCOW), can be used as a guide to communicate the risk from DEE exposure. This should provide a heightened awareness about the risk of lung cancer from exposure, as well as further provide the impetus for both lowering the occupational exposure limit (OEL) and provide a catalyst for improved controls around exposure reduction.

The tool requires an estimate of exposure, as EC (NIOSH 5040) (CDC) and duration of exposure.

Where the only measures available are total carbon (NIOSH 5040) or Respirable Combustible Dust (RCD) conversion factors are discussed in line with Debia et al. 2017. An example is provided with recent (anonymous) EC exposure data, from a survey of mines across Ontario, representative of the years 2013 to 2018.

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Also noted:

"Estimated numbers of excess lung cancer deaths through 80 years of age for lifetime occupational exposures of 1, 10, and 25 μ g/m³ EC were 17, 200, and 689 per 10,000, respectively. For lifetime environmental exposure to 0.8 μ g/m³ EC, we estimated 21 excess lung cancer deaths per 10,000. Based on broad assumptions regarding past occupational and environmental exposures, we estimated that approximately 6% of annual lung cancer deaths may be due to DEE exposure" (Vermeulen et al. 2014).

Refer to previous (2020 and 2021) OHCOW webinars:

Exposure to diesel exhaust what is the health risk (OHCOW 2020).

<u>Diesel Exhaust Exposure and Health Risk in Transportation and the Community</u> (OHCOW 2021).

Occupational Health Clinics for Ontario Workers Inc. Prevention Through Intervention For an exposure of say 0.1 mg/m³ of EC which is 3 to 4 times lower than the current OEL and close to what is being proposed by the MLTSD then the relative risk (RR) of lung cancer can be calculated using the following calculator:



This means that for 25 years of exposure with an average elemental exposure of 0.1 mg/m^3 ($100 \mu \text{g/m}^3$) the relative risk someone exposed to that level is 2.9 (1.5 - 5.6). If the OEL is set at this level then it will be expected that there will be ongoing compensation claims well into the future.





Primary Causal Agent	Compensated	Expected*	
Asbestos	1,291	7,850	
Defoliants and herbicides	38		
Crystalline silica	23	2,000	
Benzene	21	125	
Solar & ultraviolet radiation	24	14,000	
Coal Tar	14		Compensated claims
Foundry emissions	13	[950 for	cancer from exposur
Coke oven emissions	11		diesel exhaust 2009
Nickel & sinter plant emissions	18	800	2018 : Accepted 7,
Welding fumes	9	1000	expected 1700
Uranium [presumed to be radon]	8	600	
Exhaust gases - diesel	7	1700	
Expected based on the Burden of Occu	pational Cancer Proje	Ct Towards a cancer-free workp	splace



					- 104990 VZ 20090	GM			ANNE CONST
–	Description	Agent	Duration	n	AM (SD)	(GSD)	Location	Year	Ref
Exposure data	Underground								
from the	Production (NM/NI)	ECS	1->4	13	163 (141)	84 (4.3)	US	2001- 2002	
literature	Production (NM)	$\text{EC}_{\mathbb{R}}$	NI	6 (a)	148 (136)	85 (3.5)	UK	2004(p)	(<u>Leeming, et al.,</u> <u>2004</u>)
Pronk et al. 2011	Production (NM)	ECR	>4	343	202 (32- 144)	111 (1.4- 4.8)	US	2002(p)	(<u>Cohen, et al.,</u> <u>2002</u>)
	Production (NM)	ECS	>4	38	219 (65– 193)		US	1997(p)	(<u>Stanevich, et al.,</u> <u>1997</u>)
International	Production (C)	ECR	>4	4	241 ^e	202 (1.8)	Estonia	2002 (p)	(<u>Boffetta, et al.,</u> <u>2002</u>)
	Production (M)	ECR	>4	15	637 (75– 508)		US	1999	(<u>McDonald, et</u> <u>al., 2002</u>)
	Production (NI)	EC_{I}	<1-4	12	538 (512)		US	2007 (p)	(<u>Burgess, et al.,</u> <u>2007</u>)
	Maintenance (NM)	EC_{S}	>4	8	53 (46)		US	1997(p)	(<u>Stanevich, et al.,</u> <u>1997</u>)
	Maintenance (NM)	ECR	>4	269	144 (17- 462)	66 (1.7- 4.6)	US	2002(p)	(<u>Cohen, et al.,</u> <u>2002</u>)
								<u>Open i</u>	in a separate windo
Occupational Health Clinics for Ontario Worker Prevention Through Intervention	rs Inc. <u>https</u>	://ww	w.ncbi.r	<u>lm.ni</u>	h.gov/pn	nc/articl	es/PMC	307345	53/#!po=28.8

Australia

Estimation of quantitative levels of diesel exhaust exposure and the health impact in the contemporary <u>Australian mining industry</u>

Results Personal EC measurements (n=8614) were available for 146 different jobs at 124 mine sites. The mean estimated EC exposure level in 2011 for underground occupation groups ranged from 18 to 44 μ g/m³.

Peters, S. and de Klerk, N. and Reid, A. and Fritschi, L. and Musk, A. and Vermeulen, R. 2016. Estimation of quantitative levels of diesel exhaust exposure and the health impact in the contemporary Australian mining industry. Occupational and Environmental Medicine. 74 (4): pp. 282–289.

Underground diesel loader operators had the highest exposed specific job: 59 µg/m3.

A lifetime career (45 years) as an underground miner, experiencing exposure levels as estimated for 2011 (44 μ g/m³ EC), was associated with 38 extra lung cancer deaths per 1000 males.

https://espace.curtin.edu.au/handle/20.500.11937/3693

Peters, S. and de Klerk, N. and Reid, A. and Fritschi, L. and Musk, A. and Vermeulen, R. 2016. Estimation of quantitative levels of diesel exhaust exposure and the health impact in the contemporary Australian mining industry. Occupational and Environmental Medicine. 74 (4): pp. 282–289.



	Canada		
	Years	Average / GM EC mg/m ³	
	1999 to 2003	0.20 Infor from	mation shared
	2004 to 2005	0.10 <u>NRC</u>	(2005) MDEC
	2014 to 2018 (Gor Cana	0.03 (maximum 0.65) man Ng M 2022 The Idian Association of	Why – older tier engines, not fitted with DPF
Occupational Prevention Th	Health Clinics for Ontario Workers Inc. CARV rough Intervention	WH 2022 conference)	perhaps?















Conclusions

- Some Ontario mining workers are exposed at levels that may cause lung cancer. From the survey, seventy two percent (70%) of elemental carbon measurements (representing diesel engine exhaust exposure) exceeded the OCRC recommended health-based exposure limit value of 0.02 mg/m³ (or 20 $\mu g/m^3$) representing exposures between 2014 and 2018.
- When compared with the proposed statutory limit of 0.12 mg/m3 (EC), 10% exceeded this proposed compliance-based limit. This exceedance will likely be lower in 2022.
- Respiratory protection, along with a respiratory protection program, (CSA94.4) will be required until exposures are reduced as an interim measure.
- The results also suggest an encouraging trend of annual reductions in exposure levels for EC (10.7% per year) and progress toward reducing the risk of occupational lung cancer for Ontario miners.



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