ETHYLENE OXIDE MANAGEMENT POLICY

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INTRODUCTION
Ethylene oxide is a toxic and flammable substance that forms a colorless gas with an ethanol odor at room temperature. Employees must follow safe work practices if undesirable health effects are to be avoided.

EXPOSURE EFFECTS
Exposure to liquid ethylene oxide may result in eye irritation, injury to the cornea, frostbite, and severe irritation and blistering of the skin upon prolonged contact. Ingestion of ethylene oxide can cause gastric irritation and liver cancer. Inhalation of vapors may result in respiratory irritation and lung injury, headache, nausea, vomiting, diarrhea, shortness of breath, and a blue or purple coloring of the skin. Exposure has been associated with reproductive disorders, mutagenic effects, neurotoxicity, and allergic sensitization.

EXPOSURE MONITORING
Exposure monitoring (air sampling) for ethylene oxide has been required since June 15, 1983. The permissible exposure level is one part per million. The short-term exposure limit is five parts per million. The action level is 0.5 parts per million (ppm). Periodic monitoring is required every six months for exposure at or above the action level but below the permissible exposure level, and every three months for exposure at or above the permissible exposure level. A baseline measurement was taken by OSHP using Chemdaq Chemical Systems Badge media. 24 hour monitoring is conducted by the Chemdaq Steri-Trac Sterilant monitoring system and stored on the system hard drive. Monitoring may be terminated when exposures fall below the action level, however, experience has shown that changes in work processes can occur. For this reason, monitoring at MUSC is conducted by the ETO system daily to ensure that levels have remained below the action level.

Medical surveillance is required for employees subject to occupational exposure to ethylene oxide. Medical evaluations will be performed prior to initial assignment, at employment termination, after emergencies, and when signs and symptoms of ethylene oxide exposure are apparent or when an employee wants medical advice on present or past ethylene oxide exposure in regard to childbearing.

The medical surveillance record will include at least the following information:
- Name and employee identification number of the employee,
- Physicians' written opinions,
- Whether the employee has any detected medical condition that would place him or her at increased risk to ethylene oxide exposure,
- Recommended work limitations on the employee,
- Limitations on the employee's use of personal protective equipment such as clothing or respirators,
- A statement that the employee has been informed by the physician of the results of the exam and of the medical conditions resulting from ethylene oxide exposure that require fuller explanation or treatment.
EXPOSURE CONTROL
Engineering and work practice controls are the primary compliance methods for maintaining a hazard free environment, with respirators serving only as a supplement. Employees wearing respirators or subject to the possibility of wearing a respirator must comply with the requirements of the Medical University Respiratory Protection Program which requires pulmonary lung function testing and formal fit-testing.

HAZARD COMMUNICATION
Ethylene oxide is subject to the Hazard Communication Standard. Safety data sheets must be available to employees in the work area. Employee information concerning the nature of the hazard, approved operating procedures, protective clothing and equipment availability and use, and emergency procedures must be provided upon initial assignment to the work area, as well as annually or when a new work practice is introduced.

Regulated ethylene oxide areas must have signs posted that read as follows: "Danger. Ethylene Oxide; Cancer Hazard and Reproductive Hazard. Authorized Personnel Only. Respirators and Protective Clothing May Be Required to Be Worn in This Area."

In compliance with OSHA requirements for an Emergency alarm as specified in section 29 CFR Part 1910.1047, the Medical University of South Carolina has installed a continuous air monitoring system in sterile processing. The continuous monitoring system was installed to provide regulated ETO area air sampling data and to alert employees of potential ETO exposures. This system, if in alarm of 3 ppm, will constitute emergency and employees will follow the steps outlined in the section “Emergency Situations” in the Medical University of South Carolina “Ethylene Oxide Management Plan.”

PROTOCOL FOR LOADING AND UNLOADING ETHYLENE OXIDE STERILIZER

1. Load sterilizer and lock door.

2. Only qualified personnel may enter the room to start sterilizers.

3. Start sterilizers and leave workroom until cycles are complete. Additional loads can be run if monitored limits are below 1 ppm.

4. When the cycle is complete, fully open door and transfer treated articles from sterilizer to transport device.
PRECAUTIONS FOR SAFE USE, HANDLING AND STORAGE

- Ethylene oxide is a flammable liquid and its vapors can easily form explosive mixtures in air. ETO canisters must be stored in a flammable storage cabinet.

- Ethylene Oxide must be stored in cool (below 85°F), well-ventilated areas, away from heat, sparks, flames, strong oxidizers, alkalines and metals such as copper, silver and their alloys.

- Use only non-sparking tools when working in the Ethylene Oxide regulated area.

- No food or beverages are allowed in the Ethylene Oxide sterilization area.

- Employees working in the Ethylene Oxide sterilization area should know where emergency equipment is located (fire extinguishers and emergency showers) and how to operate it.

FIRST AID PROCEDURES

- **Eye Exposure:** If Ethylene Oxide gets into the eyes, wash eyes immediately with copious amounts of water for at least 15 minutes. (Obtain medical attention after applying water). Do not wear contact lenses when working in ETO areas.

- **Skin Exposure:** If ethylene oxide gets on the skin, immediately wash with copious amounts of water for at least 15 minutes. (Obtain medical attention after applying water). If ethylene oxide contaminates clothing or shoes, remove immediately. Thoroughly wash contaminated clothing before reusing. Contaminated leather shoes or other leather articles should not be reused.

- **Inhalation:** If large amounts of ethylene oxide are inhaled, the exposed person must be moved to fresh air at once. If breathing has stopped, perform cardiopulmonary resuscitation. Keep the affected person warm and at rest. Obtain medical attention at once.

- **Swallowing:** If ethylene oxide has been swallowed, give person large quantities of water immediately. After the water has been swallowed, try to get the person to vomit by having him, or her, touch the back of the throat with his, or her, finger. Do not make an unconscious person vomit.
EMERGENCY SITUATIONS
In the event of an Ethylene Oxide (ETO) alarm, the following action will be taken:

1. Ascertain if the ETO sterilizer is running.

2. If yes, immediately notify Occupational Safety and Health Programs (OSHP) and Biomed.

3. Shift Supervisor is to monitor the computer system and document readings every 5 minutes until Biomed personnel arrive on site. Sterile Processing Department staff are to continue working in the area.

4. If the monitor documents 3 ppm or higher ETO release, all staff are to evacuate the area.

5. Biomed and OSHP staff will determine when reentry is allowed.