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# Exposure assessment and workers' protection

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# Institute of Environmental Medicine (IMM)

## IMM performs

- Research
  - occupational and environmental medicine
  - epidemiology
  - toxicology
  - physiology
- Education
  - MSc Toxicology & Work and Health
  - PhD education
- Health risk assessment



<https://ki.se/en/imm/institute-of-environmental-medicine>

# Exposure

## External exposure

- Contact between an agent (chemical, physical or biological) and a target
- Exposure takes place at the point of contact (exposure surface)
  - Mainly skin, respiratory tract, gastrointestinal tract
- For a certain period of time
  - Acute, short-term, chronic, life-long exposure

## Dose – internal exposure

- The amount of an agent that enters a target after crossing an exposure surface / absorption barrier of an organism

# Exposure assessment

Aims to identify and quantify past, present and future exposures to chemical, physical, and biological agents that may cause health effects.

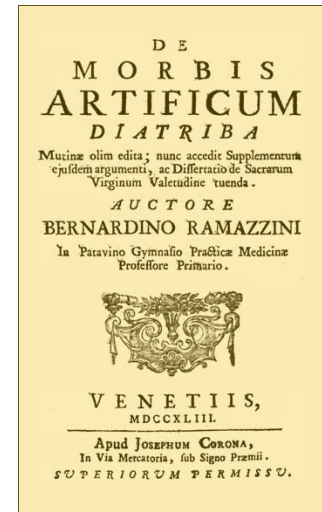
Comprises all the methods available to describe, estimate and determine, qualitatively and quantitatively, the agents' contact with, and entry into, the body.

# Why occupational exposure assessment?

- **To prevent disease, injury and early death**
- 59.3% of the global population aged 15 or older is in employment (ILO 2022 estimate)
- Poor working conditions are a major issue:
  - Each year: 340 million occupational accidents and 160 million victims of occupational disease globally;
  - ~2.3 million fatalities (ILO.org)
- Everyone should be able to get home safe and healthy from work every day – and into retirement!

# Why: Identifying hazardous exposures

- Connections between certain diseases and occupations (or exposures) have been made since long
  - ~ 400 BC Hippocrates suggested that environmental and behavioural factors might influence the development of disease.
  - 1700 Ramazzini: Diseases of Workers
- Some well-known examples:
  - Asbestos and asbestosis & mesothelioma
  - Quartz and silicosis & lung cancer
  - Benzene and leukemia
- Better exposure assessments – more information about potential exposure–response



Scand J Work Environ Health 2022;48(8):651-661  
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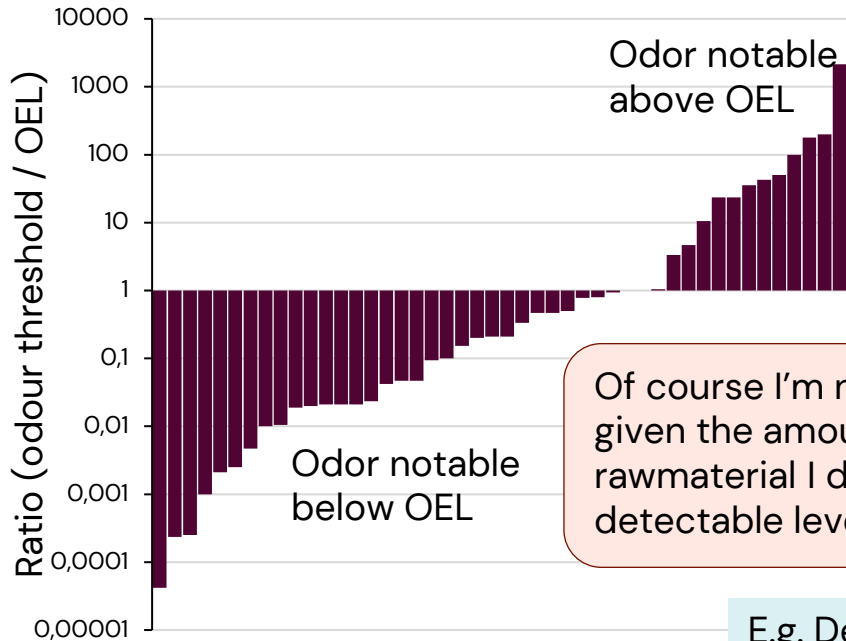
doi:10.5271/sjweh.4047

**Does occupational forward bending of the back increase long-term sickness absence risk? A 4-year prospective register-based study using device-measured compositional data analysis**

by Gupta N, Bjerregaard SS, Yang L, Forsman M, Rasmussen CL, Rasmussen CDN, Clays E, Holtermann A

Forward bending of the back at work is associated with higher sickness absence, but such knowledge is primarily based on self-reported forward bending, which is known to be inaccurate and biased. For the first time, we confirmed such association using device-measured forward bending and provide specific and accurate estimates of such association compared to previous studies using self-reported forward bending.

# Why: Hazards not always detectable by our senses



- Nor necessarily something we predict based on products/processes:

We were told that stainless steel is only a source of Cr(VI) if you're welding...

Of course I'm not certain... but given the amounts of Cr in our rawmaterial I don't think we can get detectable levels of Cr(VI) in the air

Informant, steel industry  
(measured Cr(VI): 1-13  $\mu\text{g}/\text{m}^3$ )

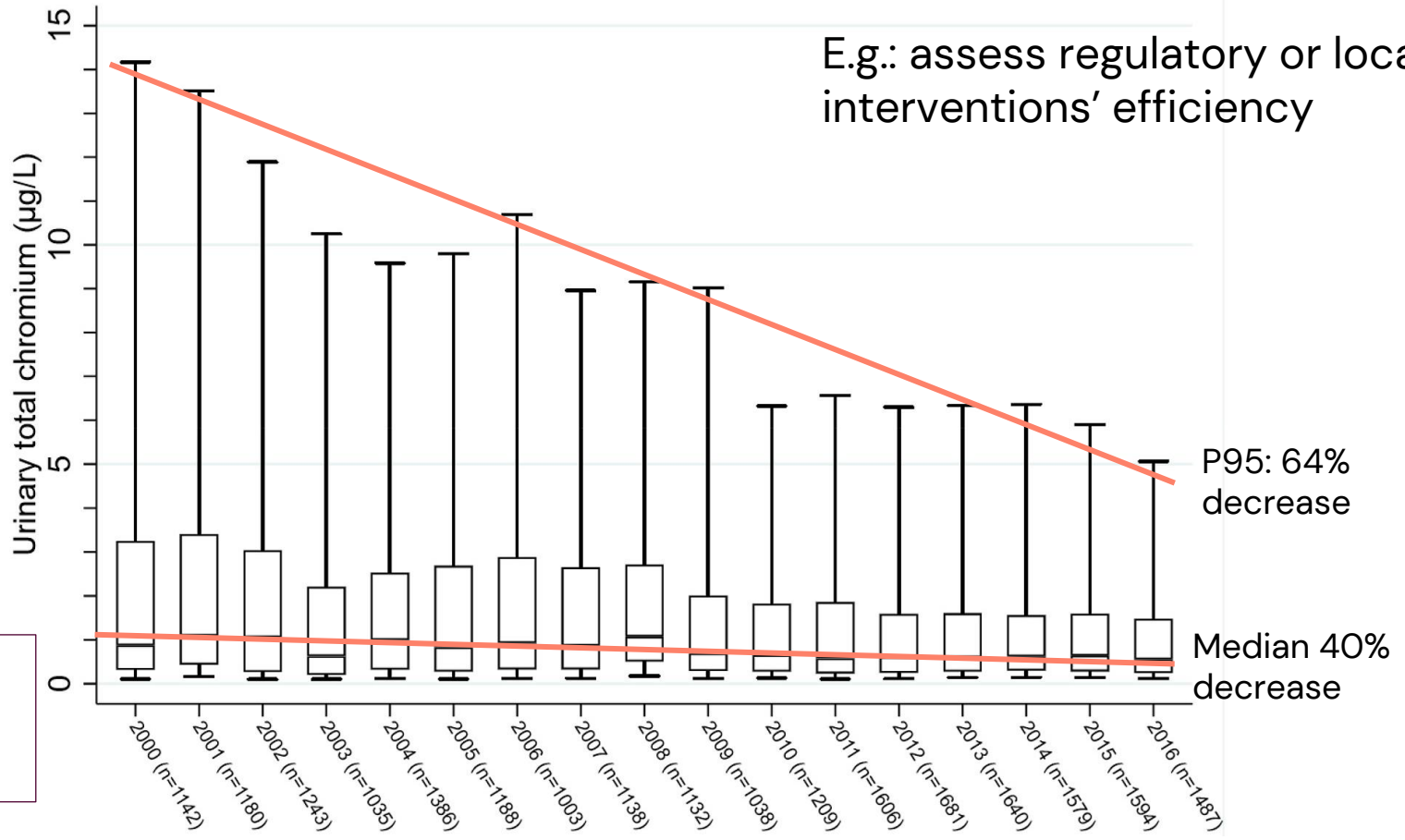
Informant, recycling  
(measured Cr(VI): 70% > LOD, all below 0.5  $\mu\text{g}/\text{m}^3$ )

E.g. Denmark intends to lower the Cr(VI) OEL to 0.25  $\mu\text{g}/\text{m}^3$



# Why: To evaluate developments over time

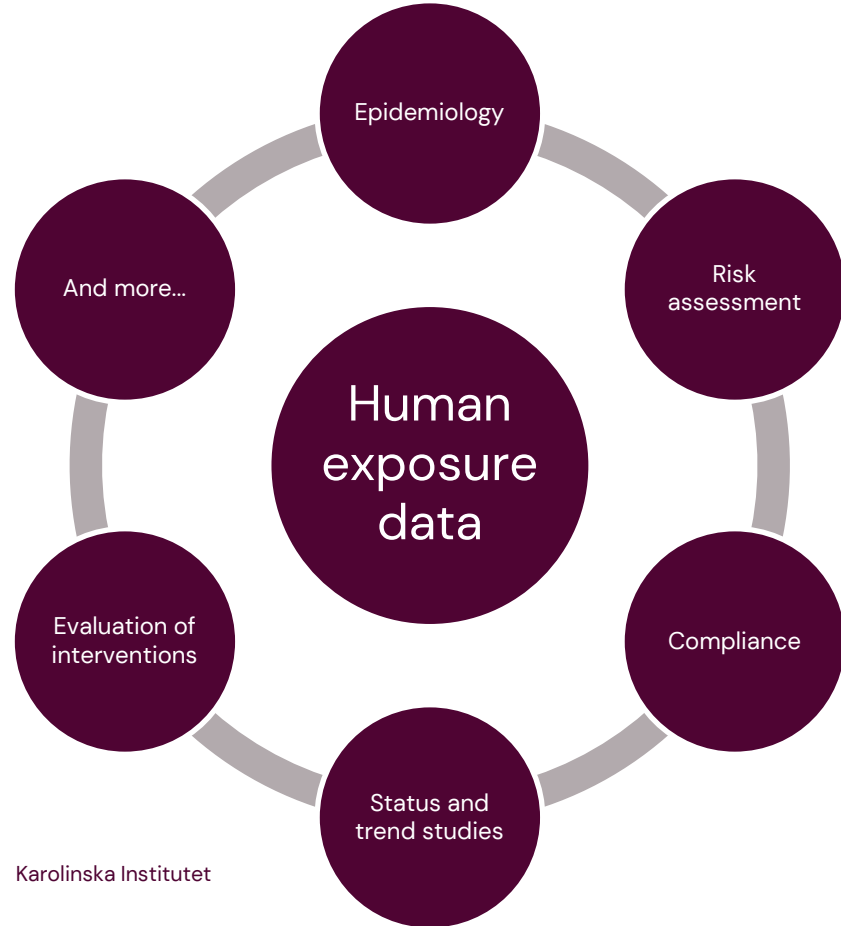
E.g.: assess regulatory or local interventions' efficiency



>42000 Finnish workers  
Maihout et al., Regul  
Toxicol Pharmacol  
2022

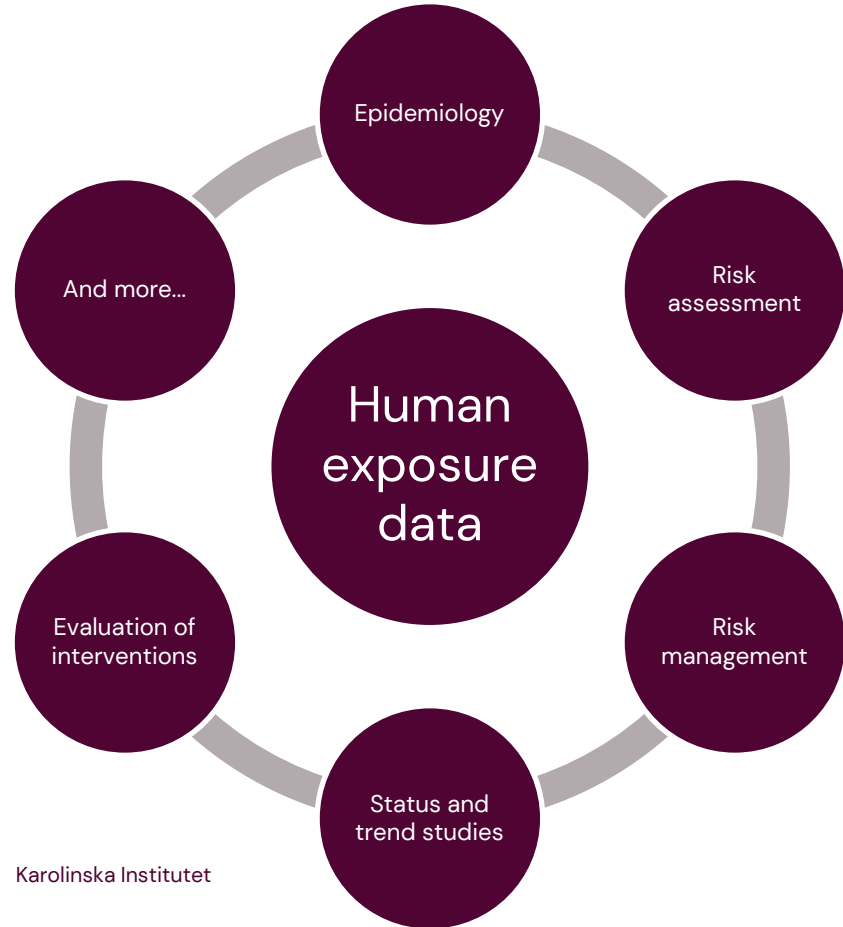


# Summary: Applications of exposure assessment



- Identify hazardous exposures and exposure – response data
- Characterise nature and magnitude of health risks
- Controlling compliance with guidelines and regulations (brb!)
- Trend analysis of emerging hazards as they are recognised (and later managed)
- Identify determinants & evaluate interventions' effectiveness

# Assessment strategy depends on purpose...



## ...and feasibility

- Biological relevance (e.g. peak vs cumulative)
- Best estimate vs worst case
- Direct vs indirect methods

Past	Present	Future
Historic monitoring data	Measurements / Monitoring	⇒
Indirect methods (quantitative, semi-, qualitative)		



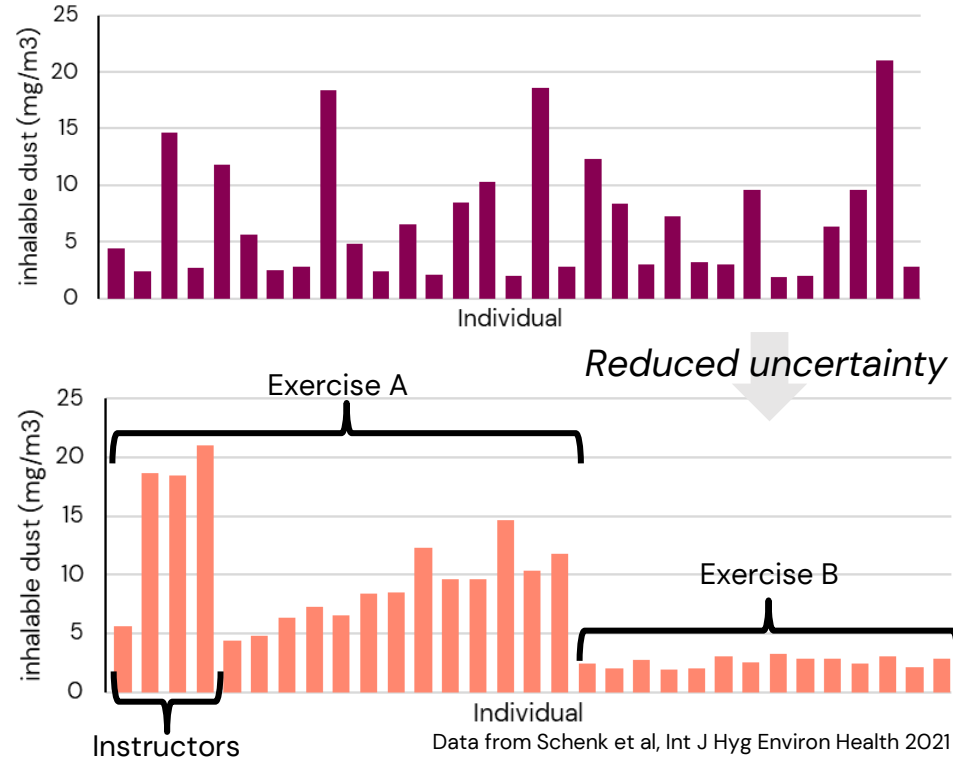
# Variability between workers, tasks etc..

Exposures vary (within &) between

- Persons
- Tasks
- Shifts
- Days
- Seasons

Large in comparison to analytical and sampling errors!

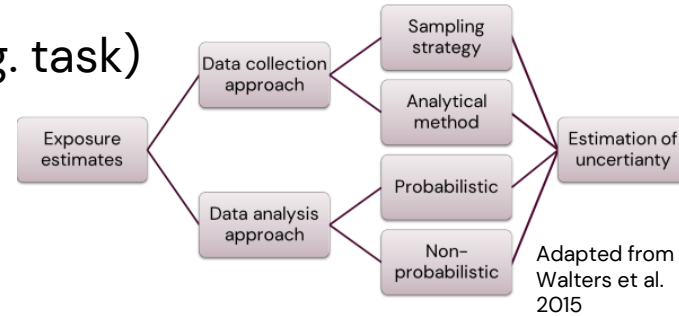
Inhalable dust outdoor training



# Uncertainty and variability

## Uncertainty

- Lack of knowledge about specific factors (e.g. task)
- Result of measurement or sampling errors



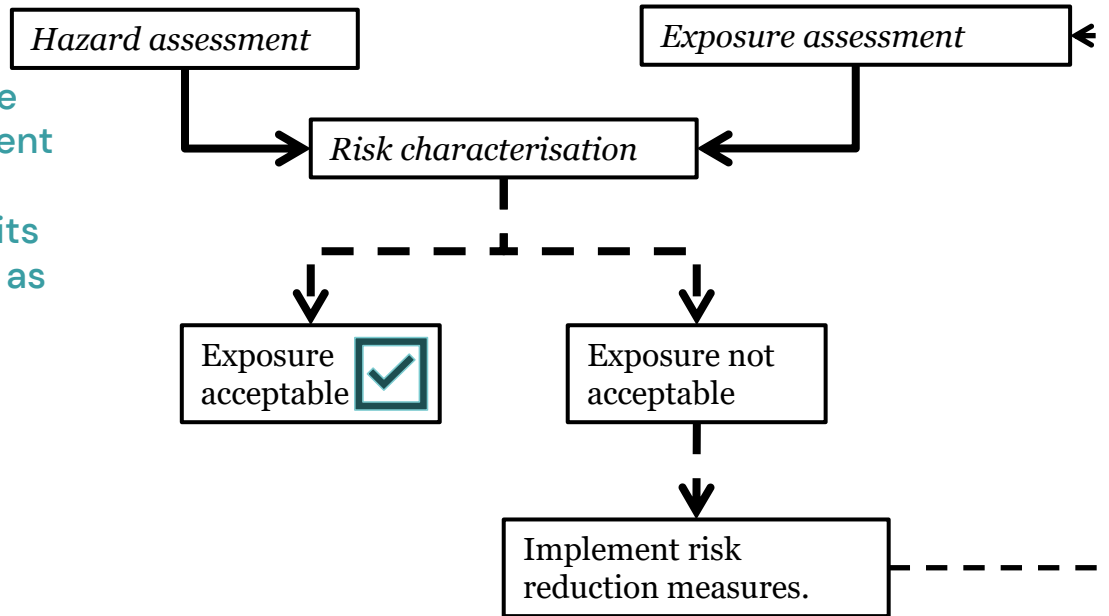
## Variability

- True differences between individual data (cannot be reduced)
- E.g. standard deviation, variance (between or within)

To improve transparency, understanding and inform about reliability we should as far as possible characterize variability, reduce and describe uncertainty.

# Health risk assessment / Compliance OELs

For workplace risk assessment occupational exposure limits may be used as the hazard assessment

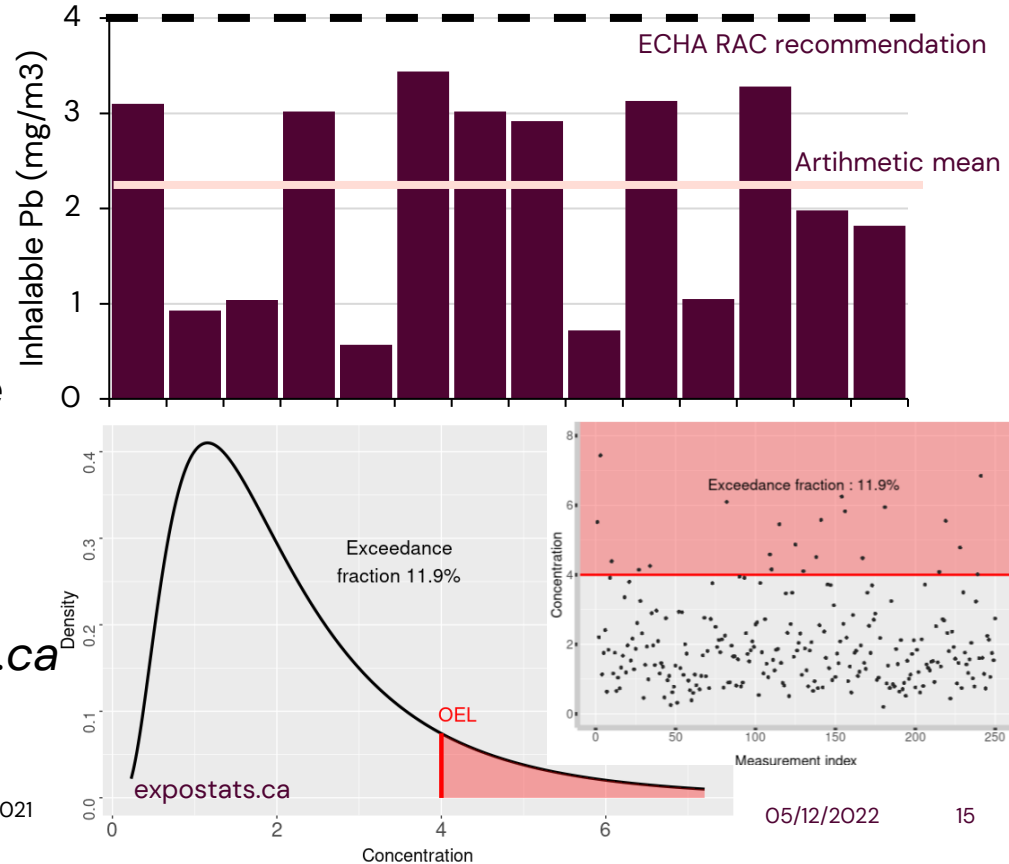


**Deterministic**  
Point estimate compared to point estimate

**Probabilistic**  
Based on distributional data, takes variation between individuals into account

# Compliance with Occupational Exposure Limits

- All under OEL = all good?  
(Central estimates under OEL)
- Not necessarily..
- Free tools for visualising exposure distributions:
  - AIHA IHSTAT excel [aiha.org](http://aiha.org)
  - AltrexChimie software [inrs.fr](http://inrs.fr)
  - **Expostats** webtool [expostats.ca](http://expostats.ca)



# Side note: Occupational Exposure Limits

- Many sources of OELs, see e.g. GESTIS ILV database
- Organisations with robust and transparent derivation methods and open documents: MAK commission, ANSES, ECHA RAC, DECOS (Schenk&Johanson, Regul Toxcol Pharmacol, 2021)

The screenshot displays the GESTIS International Limit Values website. The left panel shows the search interface with the IFA logo (Institut für Arbeitsschutz der Deutschen Gesetzlichen Unfallversicherung) and a search form for substances and CAS numbers. The right panel shows a detailed view for 'Lead and inorganic compounds' (CAS No. 7439-92-1), listing limit values for various countries and regions.

Substance	Limit value - Eight hours		Limit value - Short term
	ppm	mg/m <sup>3</sup>	ppm
Australia		0,05	
Austria		0,1 inhalable aerosol	
Belgium		0,15 (1)	
Canada - Ontario		0,05 (1)	
Canada - Québec		0,05	
Denmark		0,05 inhalable aerosol	
European Union		<b>0,15</b>	
Finland		0,1	
France		<b>0,1 inhalable aerosol</b>	
Germany (AGS)		0,15 inhalable aerosol (1)	



# Conclusions

- Exposure assessment is key to identifying, assessing and managing risk
  - From epidemiology to intervention
- The one certainty: no one has the exact same exposure
- Important to characterise uncertainty and variability in exposure assessments
- Probabilistic methods may offer more realistic basis for assessing risk
  - Ideally both hazard assessment and exposure assessment
  - There are tools available for visualising exposure distributions and evaluating likelihood of e.g. OEL compliance

# Further reading (examples)

## Exposure Estimation and Interpretation of Occupational Risk: Enhanced Information for the Occupational Risk Manager

Martha Waters,<sup>1</sup>Lauralynn McKernan,<sup>2</sup> Andrew Maier,<sup>3</sup> Michael Jayjock,<sup>4</sup> Val Schaeffer,<sup>5</sup> and Lisa Brosseau<sup>6</sup>

**Uncertainty and Data Quality in Exposure Assessment**

Part 1:  
**Guidance Document on Characterizing and Communicating Uncertainty in Exposure Assessment**

Part 2:  
**Hallmarks of Data Quality in Chemical Exposure Assessment**

**IOMC**  
INTERNATIONAL OCCUPATIONAL MEDICINE PROGRAMME FOR THE EUROPEAN COMMUNITY OF CHEMISTS  
A cooperative agreement among OIEP, ILO, IARC, WHO, UNIDO, UNEP and ECDC

tools for the x +  
poststats.ca/site/en/tools.html

**EXPOSTATS**  
BAYESIAN CALCULATOR

STATISTICAL TOOLS FOR THE INTERPRETATION OF INDUSTRIAL HYGIENE DATA

Home / Interpretation Tools

**Tool 1: Estimation of parameters of the lognormal distribution (OEL)**

**Tool 2: Comparison to an occupational exposure limit (OEL)**

**Tool 3: Assessment of the effect of a categorical variable:**

**Multi-Tool (Offline)**

Show Expostats version history ↻

Last (minor) modification: 2021-07-28 12:00:23

Annals of Work Exposures and Health, 2018, 1–13  
doi: 10.1093/annweh/wzy100  
Original Article



OXFORD

Original Article

## Expostats: A Bayesian Toolkit to Aid the Interpretation of Occupational Exposure Measurements

Jérôme Lavoué<sup>1,2,\*</sup>, Lawrence Joseph<sup>3</sup>, Peter Knott<sup>4</sup>, Hugh Davies<sup>5</sup>, France Labrèche<sup>1,6</sup>, Frédéric Clerc<sup>7</sup>, Gautier Mater<sup>7</sup> and Tracy Kirkham<sup>8</sup>

<sup>1</sup>Department of Environmental and Occupational Health, School of Public Health, University of Montreal, 2375, chemin de la Côte Ste-Catherine, Montréal, Québec, H3T1A8, Canada; <sup>2</sup>University of Montreal hospital research center, 850 rue St-Denis, Montréal, Québec, H2X 0A9, Canada; <sup>3</sup>Division of clinical epidemiology, McGill University Health Centre, 2155 Guy Street, Montréal, Québec, H3H2R9, Canada; <sup>4</sup>GCG Health Safety Hygiene, 7/34 Navigator Place, Hendra, QLD 4011, Australia; <sup>5</sup>School of Population & Public Health, University of British Columbia, 2206 East Mall, Vancouver, British Columbia, V6T1Z3, Canada; <sup>6</sup>Institut de recherche Robert-Sauvé en santé et en sécurité du travail, 505 boul. De Maisonneuve Ouest, Montréal, Québec H3A3C2, Canada; <sup>7</sup>Institut National de Recherche et de Sécurité pour la prévention des accidents du travail et des maladies professionnelles (INRS), 65 boulevard Richard Lenoir, 75011 Paris, France; <sup>8</sup>Dana Lana School of Public Health, University of Toronto, 155 College Street, Toronto, Ontario, M5T3M7, Canada

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### Abstract

**Introduction:** Interpretation of exposure measurements has evolved into a framework based on the lognormal distribution. Most available practical tools are based on traditional frequentist statistical procedures that do not satisfactorily account for censored data and are not amenable to simple probabilistic risk statements. Bayesian methods offer promising solutions to these challenges. Such methods have been proposed in the literature but are not widely and freely available to practitioners.

**Methods:** A set of computer applications were developed aimed at answering typical inferential questions that are important to occupational health practitioners: Is a group of workers compliant with an occupational exposure limit? Are some individuals within this group likely to experience substantially higher exposure than its average member? How does an intervention influence the distribution of exposures? These questions were addressed using Bayesian models, simultaneous observation for left-censored, and interval-censored data with multiple censoring points. The models



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# Thank you for your attention!

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