

# Practical Application of Human Human Health Risk Assessment for the IH/OH

## *Vapor Intrusion at an Elementary School*

*Presented by:*

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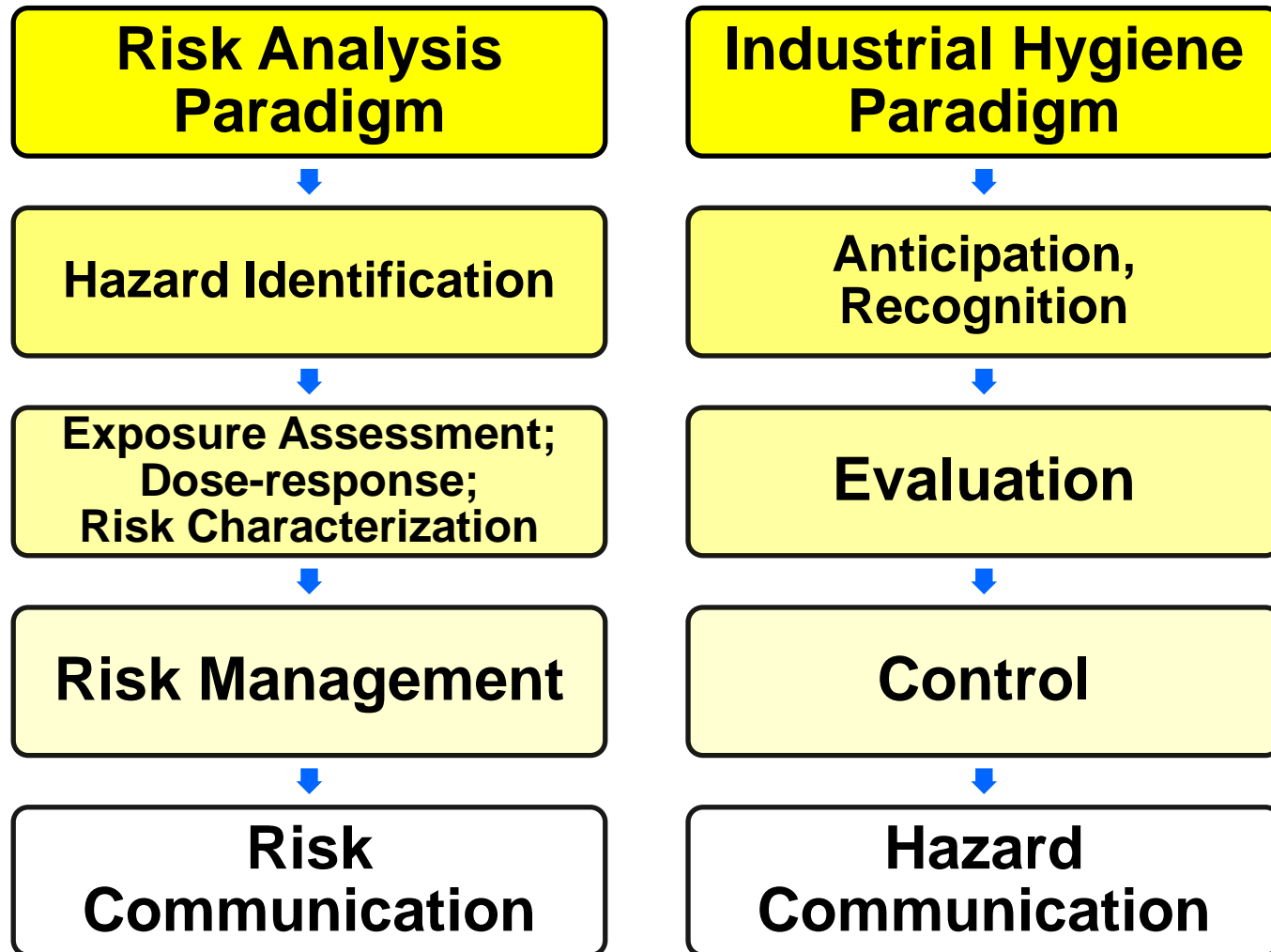
*Forensic Analytical Consulting Services*

# Human Health Risk Assessment

- **Hazard Identification**
  - *Generation of a Conceptual Site Model (CSM)*
  - *Selection of Chemicals of Potential Concern (COPCs)*
- **Dose Response**
  - *Cancer or non-cancer endpoints*
  - *Selection of toxicological criteria*
- **Exposure Assessment**
  - *Estimation of lifetime exposure/dose*
- **Risk Characterization**
  - *Calculation of risk and selection of acceptance criteria*

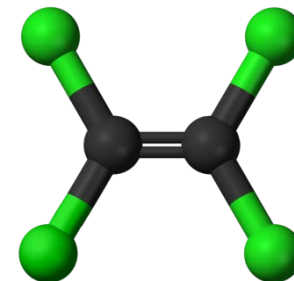
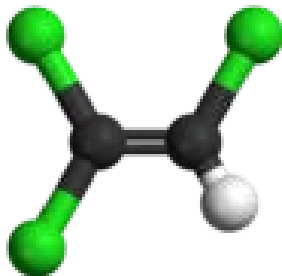


# Human Health Risk Assessment



# Project Background

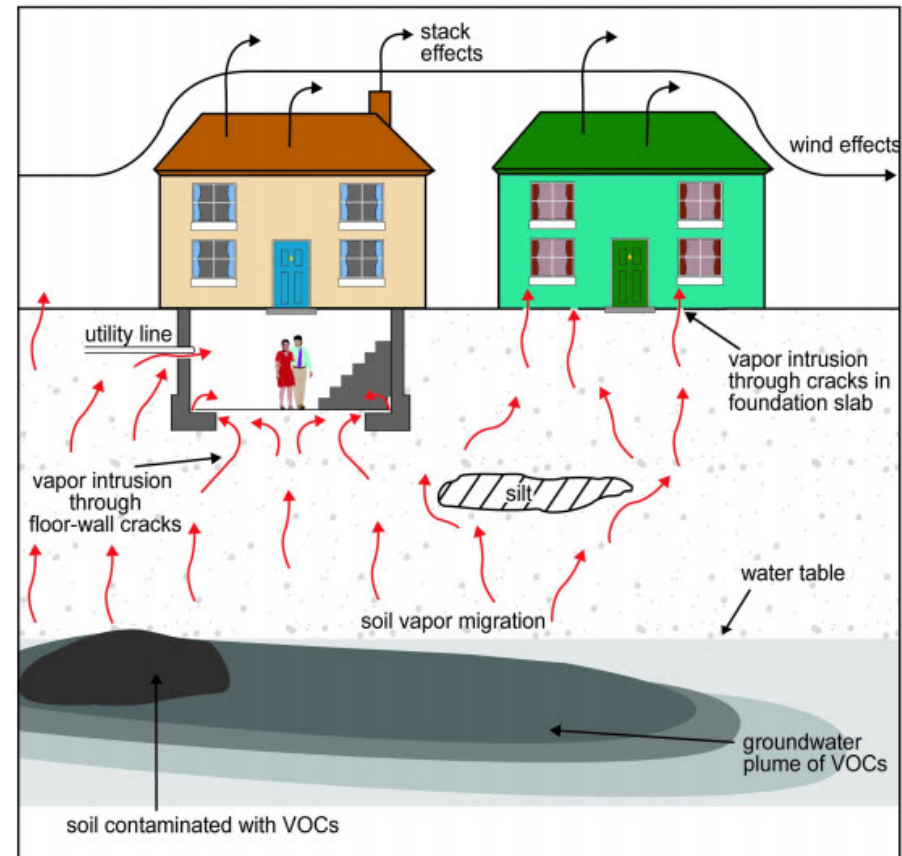
- Aerospace parts manufacturing facility
- Operated through the 1950s
- Heavy use of chlorinated solvents
- Adjacent elementary school built in 1952
- Groundwater contamination plume identified in 1987; regular monitoring at former site
- Regular monitoring at school since 1994





# Hazard Identification

- COPCs
  - Perchloroethylene (PCE)
  - Trichloroethylene (TCE)
  - Chloroform
  - Breakdown products
- Indoor air contaminants “match” plume contaminants
- PCE =  $8.31 \mu\text{g}/\text{m}^3$   
(95<sup>th</sup> percentile)



# Dose Response, Cancer

## *Inhalation Unit Risk (IUR)*

### II.C. QUANTITATIVE ESTIMATE OF CARCINOGENIC RISK FROM INHALATION EXPOSURE

#### II.C.1. SUMMARY OF RISK ESTIMATES

II.C.1.1 **Inhalation Unit Risk:  $1.8 \times 10^{-3}$  per ppm, or  $2.6 \times 10^{-7}$  per  $\mu\text{g}/\text{m}^3$  ( $2 \times 10^{-3}$  per ppm, or  $3 \times 10^{-7}$  per  $\mu\text{g}/\text{m}^3$ , rounded to one significant figure)**

The inhalation unit risk is derived from the  $\text{BMCL}_{10}$ , the 95% lower bound on the exposure associated with a 10% extra cancer risk, by dividing the risk (as a fraction) by the  $\text{BMCL}_{10}$ , and represents an upper bound, continuous lifetime exposure risk estimate:

$\text{BMCL}_{10}$ , lower 95% bound on exposure at 10% extra risk – 57 ppm, or  $3.9 \times 10^5 \mu\text{g}/\text{m}^3$ .

$\text{BMC}_{10}$ , central estimate of exposure at 10% extra risk – 80 ppm, or  $5.4 \times 10^5 \mu\text{g}/\text{m}^3$ .

\*\* *Tox data obtained from US EPA Integrated Risk Information System (IRIS)*

$$\text{IUR} = 2.6 \times 10^{-7} (\mu\text{g}/\text{m}^3)^{-1}$$

# Dose Response, Non-Cancer

## Reference Concentration (RfC)

### I.B.1. CHRONIC INHALATION RfC SUMMARY

Principal Study / Critical Effect	POD (mg/m <sup>3</sup> )	UFs	Candidate RfDs (mg/m <sup>3</sup> )	RfC (mg/m <sup>3</sup> ) <sup>‡</sup>
Echeverria et al. (1995): neurotoxicity (reaction time, cognitive effects) in occupationally-exposed adults	LOAEL = 56	1,000	0.056	0.04

*\*\* Tox data obtained from US EPA Integrated Risk Information System (IRIS)*

$$\text{RfC} = 0.04 \text{ mg/m}^3 = 40 \text{ } \mu\text{g/m}^3$$



# Exposure Assessment

Screening Calculation, Lifetime Exposure:

$$EC = \frac{CA \times ET \times EF \times ED}{AT}$$

Where:

EC = Exposure Concentration, ( $\mu\text{g}/\text{m}^3$ )

CA = Concentration in Air, ( $\mu\text{g}/\text{m}^3$ ) – sample concentration

ET = Exposure Time, (hours/day) – 8.5 hours/day

EF = Exposure Frequency, (days/year) – 250 days/year

ED = Exposure Duration, (years) – 25 years

AT = Averaging Time, (hours)

- cancer = 613,200 hours (70 years in hours)
- non-cancer = same as ED, 219,000 hours (25 years in hours)

# Exposure Concentration, EC

## EC, Cancer

$$EC_{(PCE)} = \frac{(8.31 \mu\text{g}/\text{m}^3)(8.5 \text{ hrs}/\text{day})(250 \text{ days}/\text{yr})(25 \text{ yrs})}{613,200 \text{ hours}}$$

$$EC_{(PCE)} = \mathbf{0.72 \mu\text{g}/\text{m}^3}$$

## EC, Non-cancer

$$EC_{(PCE)} = \frac{(8.31 \mu\text{g}/\text{m}^3)(8.5 \text{ hrs}/\text{day})(250 \text{ days}/\text{yr})(25 \text{ yrs})}{219,000 \text{ hours}}$$

$$EC_{(PCE)} = \mathbf{2.02 \mu\text{g}/\text{m}^3}$$

# Lifetime Risk, Cancer

$$\text{Risk} = \text{EC} \times \text{IUR}$$

Where:

Risk = Upper bound of lifetime cancer risk estimate, unitless

EC = Exposure Concentration, ( $\mu\text{g}/\text{m}^3$ )

IUR = Inhalation Unit Risk, ( $\mu\text{g}/\text{m}^3$ )<sup>-1</sup>

$$*EC_{(PCE)} = 0.72 \mu\text{g}/\text{m}^3 \text{ (cancer)}$$

$$*IUR_{(PCE)} = 2.6 \times 10^{-7} (\mu\text{g}/\text{m}^3)^{-1}$$

$$\text{Risk}_{(PCE)} = (0.72 \mu\text{g}/\text{m}^3) \times (2.6 \times 10^{-6} \mu\text{g}/\text{m}^3)^{-1}$$

$$\text{Risk}_{(PCE)} = 1.9 \times 10^{-6} \text{ or } 1.9 \text{ in } 1,000,000$$

# Hazard Quotient, Non-cancer

$$\mathbf{HQ = EC / RfC}$$

Where:

HQ = Hazard Quotient (ratio), unitless

EC = Exposure Concentration, ( $\mu\text{g}/\text{m}^3$ )

RfC = Reference Concentration - Inhalation, ( $\mu\text{g}/\text{m}^3$ )

$$*EC_{(PCE)} = 2.02 \mu\text{g}/\text{m}^3 \text{ (non-cancer)}$$

$$*RfC_{(PCE)} = 40 \mu\text{g}/\text{m}^3$$

$$HQ_{(PCE)} = (2.02 \mu\text{g}/\text{m}^3) / (40 \mu\text{g}/\text{m}^3)$$

$$\mathbf{HQ_{(PCE)} = 0.05}$$

# Risk Characterization

- MANY ways to characterize and interpret risk
- What is acceptable? What is unacceptable?
- Often varies based on perception
  - Who is exposed?
  - Who are the stake holders?
  - Who is the decision maker?
  - Who is making the judgment?
  - Who is the regulatory agency?
  - What will it cost to manage/mitigate risk?

Severity Likelihood	Higher Lower			
↑	Yellow	Yellow	Red	Red
More Less	Green	Yellow	Yellow	Red
↓	Green	Green	Yellow	Yellow
	Green	Green	Green	Yellow

Acceptable with Mitigation

Acceptable

Unacceptable

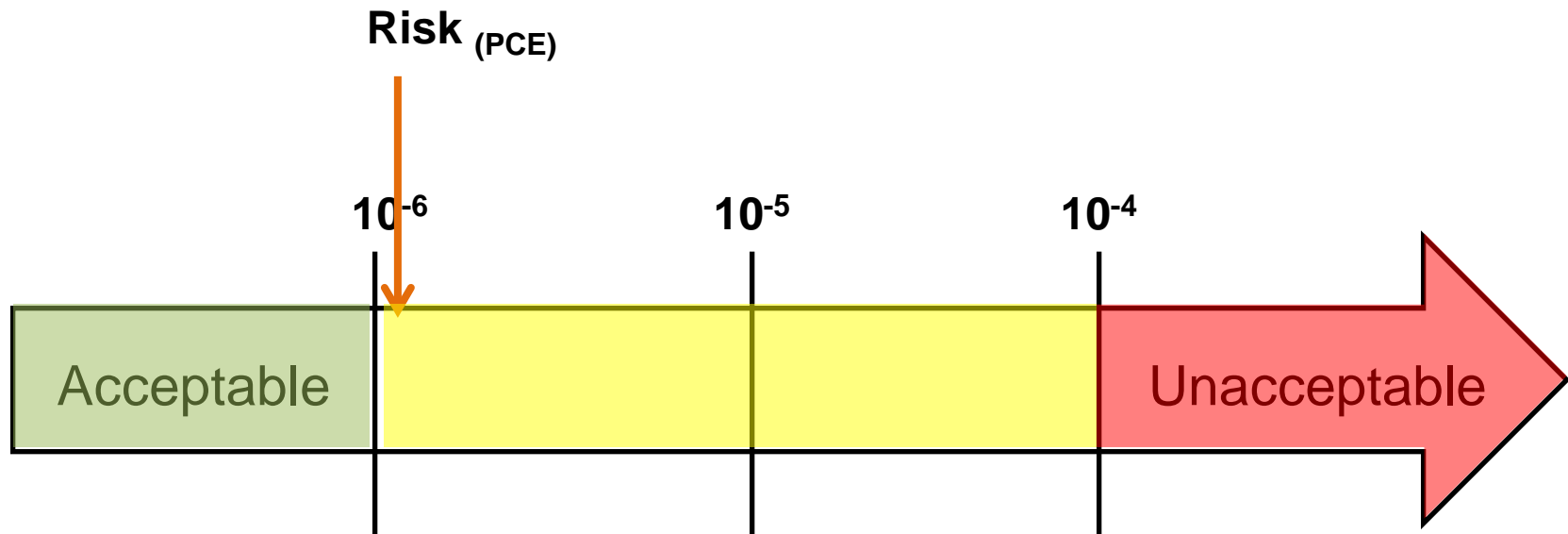
# Interpreting Risk

## Non-Cancer Endpoints

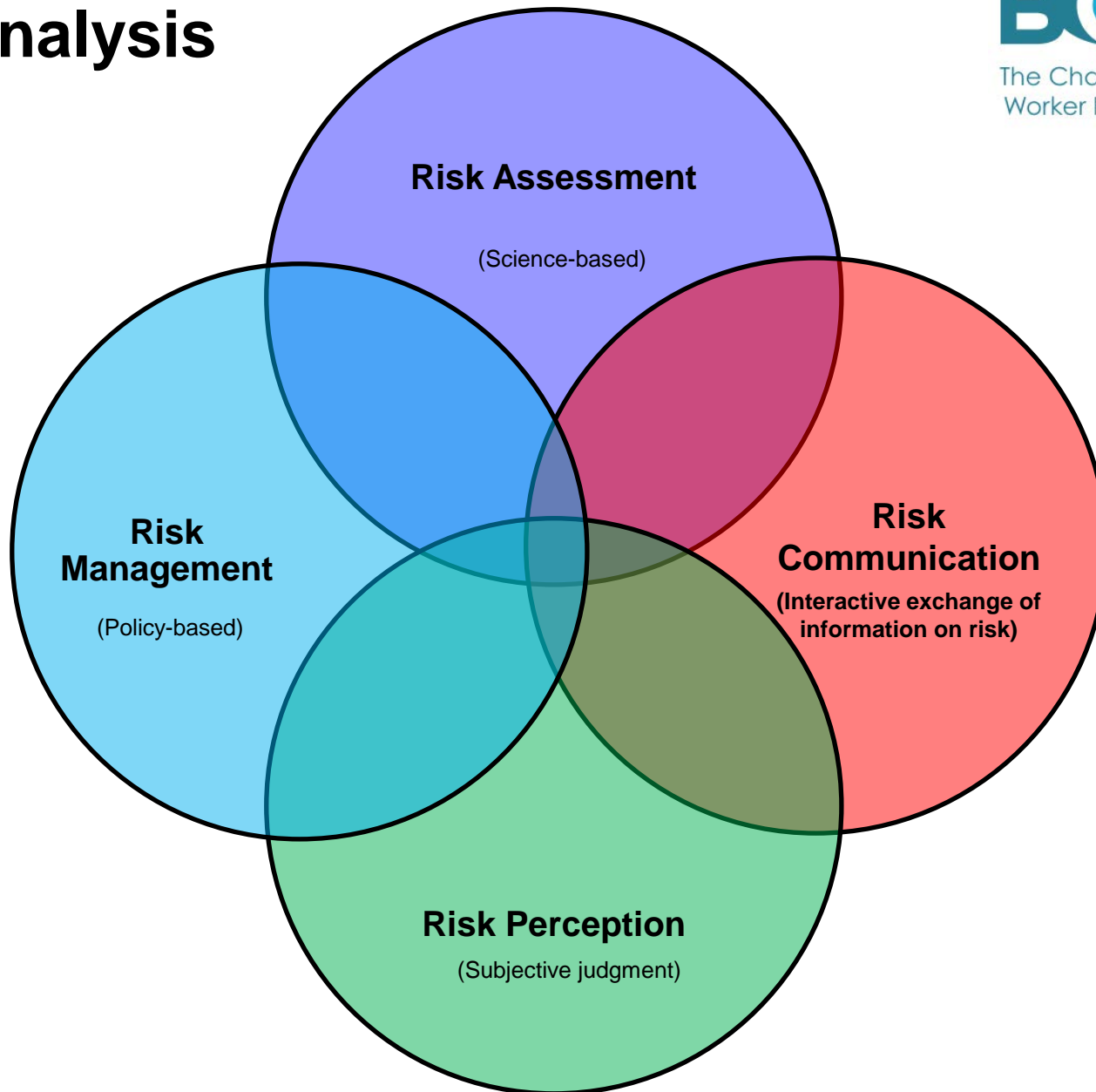
Hazard Quotient = 1 (Exposure = Reference)?

Hazard Quotient = 0.1 (Protective)?

## Cancer Endpoints



# Risk Analysis

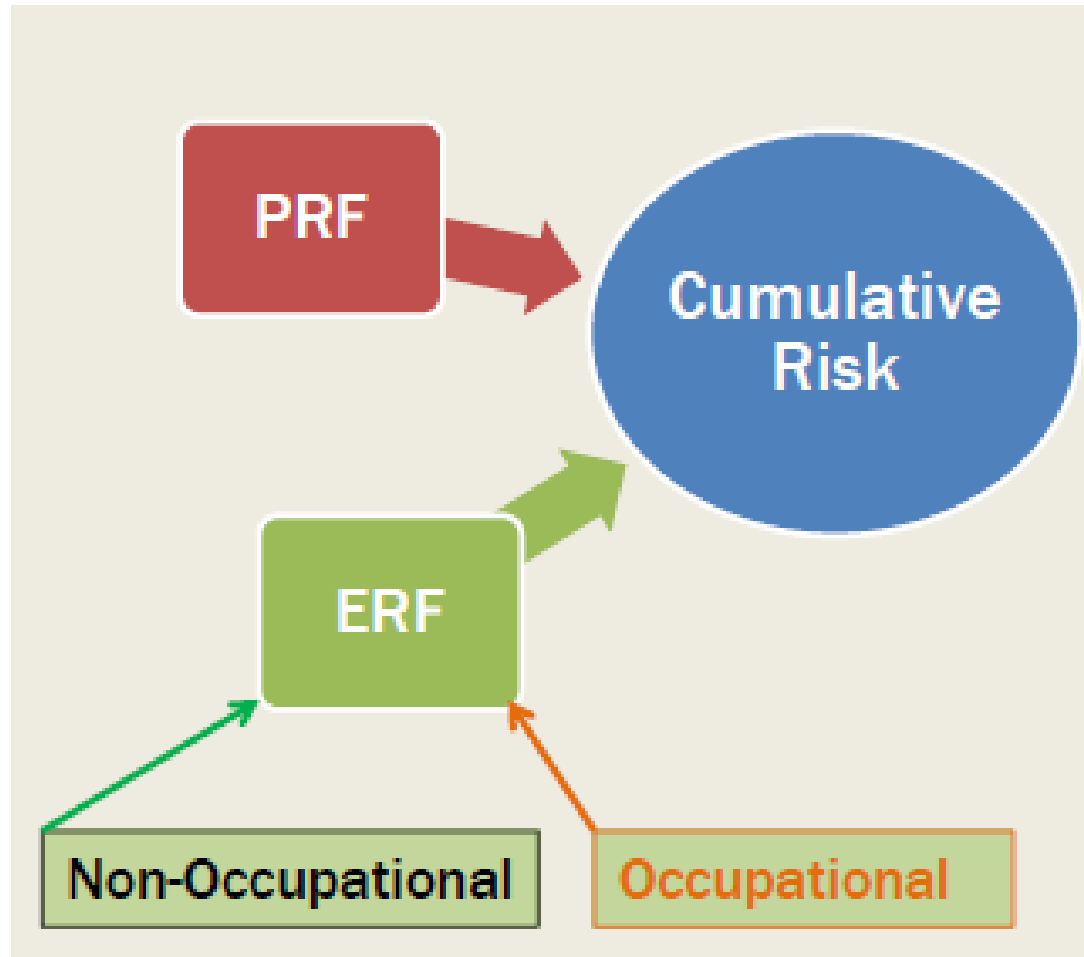


# Closing Thoughts

- This is only a screening tool to assist in risk management decision making
- Narrow viewpoint, one puzzle piece
- Risk is cumulative...
  - Single chemical exposures?
  - Co-exposures to multiple chemical agents?
  - Non-chemical agents (biological, physical)?
  - Psychosocial factors or stressors?
  - Exposure outside the workplace?
  - Personal vs. environmental factors?
  - Sensitive populations?
  - Predisposition?



# Cumulative Risk



*Courtesy of: NIOSH CRA (G. Scott Dotson)*

# Questions?

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# Thank You!!

