FOX VALLEY TRAFFIC PAINT BLUE
FIRST AID

INGESTION

- Avoid giving milk or oils.
- Avoid giving alcohol.
- Not considered a normal route of entry.
- If spontaneous vomiting appears imminent or occurs, hold patient's head down, lower than their hips to help avoid possible aspiration of vomitus.

EYE CONTACT

If aerosols come in contact with the eyes:

- Immediately hold the eyelids apart and flush the eye continuously for at least 15 minutes with fresh running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- Transport to hospital or doctor without delay.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN CONTACT

If solids or aerosol mists are deposited upon the skin:

- Flush skin and hair with running water (and soap if available).
- Remove any adhering solids with industrial skin cleansing cream.
- **DO NOT** use solvents.
- Seek medical attention in the event of irritation.

INHALATION

If aerosols, fumes or combustion products are inhaled:

- Remove to fresh air.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- If breathing is shallow or has stopped, ensure clear airway and apply resuscitation, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor.

INDICATION OF ANY IMMEDIATE MEDICAL ATTENTION AND SPECIAL TREATMENT NEEDED

Treat symptomatically.
For acute or short term repeated exposures to ethylene glycol:

- Early treatment of ingestion is important. Ensure emesis is satisfactory.
- Test and correct for metabolic acidosis and hypocalcaemia.
- Apply sustained diuresis when possible with hypertonic mannitol.
- Evaluate renal status and begin haemodialysis if indicated. [I.L.O]
- Rapid absorption is an indication that emesis or lavage is effective only in the first few hours. Cathartics and charcoal are generally not effective.
- Correct acidosis, fluid/electrolyte balance and respiratory depression in the usual manner. Systemic acidosis (below 7.2) can be treated with intravenous sodium bicarbonate solution.
- Ethanol therapy prolongs the half-life of ethylene glycol and reduces the formation of toxic metabolites.
- Pyridoxine and thiamine are cofactors for ethylene glycol metabolism and should be given (50 to 100 mg respectively) intramuscularly, four times per day for 2 days.
- Magnesium is also a cofactor and should be replenished. The status of 4-methylpyrazole, in the treatment regime, is still uncertain. For clearance of the material and its metabolites, haemodialysis is much superior to peritoneal dialysis.

[Ellenhorn and Barceloux: Medical Toxicology]
It has been suggested that there is a need for establishing a new biological exposure limit before a workshift that is clearly below 100 mmol ethoxy-acetic acids per mole creatinine in morning urine of people occupationally exposed to ethylene glycol ethers. This arises from the finding that an increase in urinary stones may be associated with such exposures.
Laitinen J., et al: Occupational & Environmental Medicine 1996; 53, 595-600
Following acute or short term repeated exposures to toluene:

- Toluene is absorbed across the alveolar barrier, the blood/air mixture being 11.2/15.6 (at 37 degrees C.) The concentration of toluene, in expired breath, is of the order of 18 ppm following sustained exposure to 100 ppm. The tissue/blood proportion is 1/3 except in adipose where the proportion is 8/10.
- Metabolism by microsomal mono-oxygenation, results in the production of hippuric acid. This may be detected in the urine in amounts between 0.5 and 2.5 g/24 hr which represents, on average 0.8 gm/gm of creatinine. The biological half-life of hippuric acid is in the order of 1-2 hours.
- Primary threat to life from ingestion and/or inhalation is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (eg cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases (pO_2 <50 mm Hg or pCO_2 > 50 mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial damage has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.

- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenaline) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.
- Lavage is indicated in patients who require decontamination; ensure use.

BIOLOGICAL EXPOSURE INDEX - BEI

These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

DETERMINANT	INDEX	SAMPLING TIME	COMMENTS
o-Cresol in urine	0.5 mg/L	End of shift	B
Hippuric acid in urine	1.6 g/g creatinine	End of shift	B, NS
Toluene in blood	0.05 mg/L	Prior to last shift of workweek	

NS: Non-specific determinant; also observed after exposure to other material

B: Background levels occur in specimens collected from subjects NOT exposed

For acute or short term repeated exposures to xylene:
- Gastro-intestinal absorption is significant with ingestions. For ingestions exceeding 1-2 ml (xylene)/kg, intubation and lavage with cuffed endotracheal tube is recommended. The use of charcoal and cathartics is equivocal.
- Pulmonary absorption is rapid with about 60-65% retained at rest.
- Primary threat to life from ingestion and/or inhalation, is respiratory failure.
- Patients should be quickly evaluated for signs of respiratory distress (e.g. cyanosis, tachypnoea, intercostal retraction, obtundation) and given oxygen. Patients with inadequate tidal volumes or poor arterial blood gases ($pO_2 < 50$ mm Hg or $pCO_2 > 50$ mm Hg) should be intubated.
- Arrhythmias complicate some hydrocarbon ingestion and/or inhalation and electrocardiographic evidence of myocardial injury has been reported; intravenous lines and cardiac monitors should be established in obviously symptomatic patients. The lungs excrete inhaled solvents, so that hyperventilation improves clearance.
- A chest x-ray should be taken immediately after stabilisation of breathing and circulation to document aspiration and detect the presence of pneumothorax.
- Epinephrine (adrenalin) is not recommended for treatment of bronchospasm because of potential myocardial sensitisation to catecholamines. Inhaled cardioselective bronchodilators (e.g. Alupent, Salbutamol) are the preferred agents, with aminophylline a second choice.

BIOLOGICAL EXPOSURE INDEX - BEI
These represent the determinants observed in specimens collected from a healthy worker exposed at the Exposure Standard (ES or TLV):

DETERMINANT	INDEX	SAMPLING TIME	COMMENTS
Methylhippu-ric acids in urine	1.5 gm/gm creatinine	End of shift	
	2 mg/min	Last 4 hrs of shift	