

BioPharma Briefs



Control Banding, Part II

Growth in the use of chemicals in small- and medium-sized businesses has led to the development of a new approach to the control of chemicals. Called control banding, this innovative approach uses information from chemical suppliers to offer users practical ways to reduce exposures to safe levels.

How It Works

The control banding process starts with a health hazard assessment of the materials being handled. Toxicity information is gathered from medical literature and other sources. The material is assigned to an appropriate health hazard category. Typical categories may include:

- Skin or respiratory irritant
- Harmful on single exposure
- Very toxic or caustic on single exposure
- Reproductive hazard, carcinogens, or causes asthma

The next step of the control banding process looks at the way this material will be handled and judges the approximate exposure to workers. This is a combined judgment based on the quantity used and the tendency of the material to become airborne (such as a fine vs. coarse powder).

Finally, the hazard exposure assessments are matched to a standardized control strategy. These may include general ventilation, local exhaust ventilation or process enclosure. The detailed process controls depend on the unit operation, such as drum dumping or bag filling.

Status of Control Banding

Control banding would not be used in place of an OSHA-permissible exposure limit (PEL), but it has potential application where there is no PEL. The best applications are:

- Industries that handle numerous different products of varying hazards using standard operations, such as pharmaceuticals
- Nanotechnology materials, for which a valid PEL may never be established
- International small- and medium-sized enterprises where national regulations may lag

The BarnesCare BioPharma Support Services team can provide hazard assessment in support of a control banding program. For more information, please contact a Corporate Health Consultant at **314-747-5846**.



This article was written by **Thomas Kibby, MD, MPH**
BarnesCare