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**NATIONAL OCCUPATIONAL HEALTH STANDARD OF THE
PEOPLE'S REPUBLIC OF CHINA**

GBZ 33-2002

**Diagnostic Criteria of Occupational Acute Formaldehyde
Poisoning
(English Translation)**

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Foreword

Article 6.1 of this standard is recommended and the remainder is mandatory.

According to the "People's Republic of China Occupational Disease Prevention Law" to develop this standard. Since the implementation of the standard date, the original standard GB 8791-1988 inconsistent with this standard, the standard shall prevail.

Formaldehyde is a stimulating gas, the eye, skin and mucous membranes have a strong stimulating effect, often due to accidents in professional activities Into the run, take, drip, leak, through the respiratory tract inhalation of formaldehyde caused by acute poisoning exposure.

The revised standard is in line with GBZ 73, and highlights the characteristics of acute formaldehyde poisoning, so that the standard classification further Reasonable and easy to apply.

Appendix A to this standard is an informative appendix.

This standard is proposed and centralized by the Ministry of Health of the People's Republic of China.

1 Scope

This standard specifies the diagnostic criteria and principles of occupational acute formaldehyde poisoning.

This standard applies to the diagnosis and treatment of occupational acute formaldehyde poisoning, non-occupational acute formaldehyde poisoning can refer to the implementation.

2 Normative reference documents

The terms of the following documents are hereby incorporated by reference into this standard. Any date that references the date of the document all subsequent amendments (excluding corrigenda) or revisions do not apply to this standard, however, the parties to the agreement are able to use the latest version of these documents. Those who do not mind the date of the reference file, its latest the version applies to this standard.

GBZ 18 Diagnosis of occupational dermatosis (general) GBZ 54 Occupational chemical eye burns diagnostic criteria Identification of Occupational Injury and Occupational Disease Disability in Staff and Workers GB/T 16180

3 Diagnostic principles

According to the short-term exposure to higher concentrations of formaldehyde gas occupational history, eye and respiratory acute clinical manifestations and chest Department of X-ray findings, reference to the scene of labor hygiene survey results, comprehensive analysis, and exclude other causes of similar diseases Disease can be diagnosed.

4 Stimulus response

Manifested as a transient eye and upper respiratory tract irritation symptoms, no positive signs of the lungs, chest X-ray examination no abnormal hair Now.

5.1 Mild poisoning

Have one of the following.

a) with obvious eye and upper respiratory tract mucosal irritation symptoms, signs of conjunctival hyperemia, edema, the two lungs Rough, may have scattered dry, wet rales, chest X-ray examination with increased lung texture, thickening. Above performance Complicated with acute tracheal - bronchitis.

b) One to two laryngeal edema.

5.2 Moderate poisoning

One of the following.

a) persistent cough, expectoration, chest tightness, difficulty breathing, lungs dry, wet rales, chest X-ray examination in the dotted or small patchy shadows. The above performance in line with acute bronchial pneumonia.

b) three laryngeal edema Blood gas analysis was mild to moderate hypoxemia.

5.3 Severe poisoning

One of the following.

a) pulmonary edema;

b) four throat edema.

Blood gas analysis was severe hypoxemia.

6.1 Principles of treatment

6.1.1

site treatment immediately from the scene, the timely removal of contaminated clothing, the use of contaminated skin a lot of water Rinse thoroughly, and then use soapy water or 2% sodium bicarbonate solution. Splash into the eye immediately with plenty of water to rinse.

6.1.2

short-term inhalation of a large number of formaldehyde gas, the upper respiratory tract irritation reaction observed at least 48 hours, to avoid living Move after the aggravated condition.

6.1.3

exposure to high concentrations of formaldehyde can be given 0.1% of fresh ammonia inhalation; early, adequate, short-term use of glucocorticoids, can effectively prevent laryngeal edema, pulmonary edema.

6.1.4

to keep the airway to give bronchial spasmoditis, to the foam agent, if necessary, tracheotomy.

6.1.5

reasonable oxygen therapy.

6.1.6

symptomatic treatment, prevention of infection, prevention and treatment of complications.

6.2 Other treatments

Mild and moderate poisoning treatment, after short-term rest, generally can be engaged in the original job; but allergy to formaldehyde should be transferred from the original Industry; severe poisoning as a result of disease recovery, as appropriate, do not contact poison work. For the identification of labor capacity according to GB/T 16180 of the relevant provisions.

7 Correctly use the instructions in this standard

See Appendix A (informative).

Appendix A

(Informative)

Correctly use the instructions in this standard AI This standard applies to acute formaldehyde poisoning. Other aldehydes, especially low-molecular aldehydes and open-chain aldehydes such as acetaldehyde, Acrolein and other acute poisoning can also be implemented with reference to this standard.

A.2 The disease is mainly respiratory injury, so the diagnosis of respiratory symptoms and signs and chest X-ray examination as the main clinic Off the basis of laboratory tests as a reference index, such as clinical manifestations and chest X-ray examination does not match, according to more stringent Heavy indicators to make grading diagnosis. Stimulation does not belong to acute poisoning, acute bronchitis and once to twice the throat Edema of the diagnosis of the starting point of the disease.

A.3 acute formaldehyde poisoning may be associated with eye burns or skin damage, the diagnosis of grading see GBZ 54, GBZ 18.

A.4 caused by formaldehyde poisoning laryngeal edema caused by difficulty in breathing four degrees, once. quiet when no breathing difficulties, activities were smoking Gas breathing difficulties; second. quiet was "three concave", activities increased, but does not affect sleep, no irritability Three degrees. breathing difficulty breathing obvious, "three depression" significantly, and there are irritability, difficulty falling asleep; four degrees. in addition to three Degree of difficulty breathing performance, there are restless, cold sweats, pale or cyanosis.

A.5 Formaldehyde can cause asthma, is an allergic disease, this standard is not listed.

A.6 The incubation period of this disease up to 48 hours before the onset of no obvious clinical symptoms and signs, so the exposure to high concentrations Formaldehyde should