

ICS 13.100
CCS C 60



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

GBZ 34-2002

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

Issued on: April 8, 2002

Implemented on: June 1, 2002

Issued by: the Ministry of Health of the People's Republic of China

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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 8792-1988 inconsistent with this standard, the standard shall prevail.

In contact with pentachlorophenol or sodium pentachlorate in the professional activities, can cause acute pentachlorophenol poisoning. In order to protect the contact body health Kang, easy to carry out poisoning prevention and control work, has released GB 8792-1988, this standard is a revised version.

This revision, according to the clinical case summary analysis of the acute poisoning onset, disease changes and damage to vital organs, Partial adjustment and revision of the diagnostic grade, highlighting the clinical characteristics of acute pentachlorophenol poisoning.

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 pentachlorophenol poisoning.

This standard is applicable to acute poisoning caused by exposure to pentachlorophenol and sodium pentachlorophenol in occupational activities. Non-professional live Dynamic exposure to pentachlorophenol acute poisoning, but also refer to the use of this standard.

2 Normative reference standard 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 diagnostic criteria for occupational dermatosis (general)

3 Diagnostic principles

According to the short-term exposure to a large number of epichlorohydes occupational history, the typical clinical manifestations, combined with on-site labor hygiene survey, Comprehensive analysis, and exclude other causes of similar diseases, can be diagnosed.

4 Contact reaction

Have close contact history and mild dizziness, headache, sweating, lower limb weakness and other symptoms.

5.1 Mild poisoning

In addition to the above symptoms, the emergence of low fever, polydipsia, palpitations, shortness of breath, chest tightness, and may be associated with nausea, vomiting, abdominal pain and other symptoms.

5.2 Severe poisoning

After mild symptoms of poisoning, short-term (1-2 hours) rapid changes in the condition, there is high fever, sweating, extreme Fatigue, rapid heart rate, shortness of breath, irritability, and even sudden death.

6.1 Principles of treatment

6.1.1 Immediately remove contaminated clothing and wash contaminated skin with soapy water.

6.1.2

Respondents should be observed at least 24 hours, with particular attention to changes in consciousness and body temperature, take timely and necessary measures.

6.1.3

early treatment is very important, especially when patients have fever, immediately take a variety of cooling measures, such as physical cooling, winter Sleep drugs and so on.

6.1.4

treatment to symptomatic and supportive therapy based. Reasonable rehydration, maintain electrolyte balance, if necessary, given adrenal glucocorticoid Hormones, supply energy, and pay attention to the protection of major organs.

6.1.5

avoid atropine, barbiturate drugs.

6.2 Other treatments

Acute pentachlorophenol poisoning patients after active treatment, symptoms and signs disappeared, urinary pentachlorophenol determination returned to normal before they can be restored jobs. In the absence of laboratory conditions, mild poisoning patients discharged at least one month after discharge, severe poisoning patients discharged at least after Transferred to three months to restore the original work.

7 Correctly use the instructions in this standard

See Appendix A (informative).

Appendix A

(Informative)

Correctly use the instructions in this standard A.1 Occupational acute pentachlorophenol poisoning often due to the provisions of the use of personal protective equipment, so that the skin directly with pentachlorophenol Contact, so ask the occupation history and physical examination, should pay attention to understand the skin contact with pentachlorophenol situation, can not ignore the respiratory tract Inhalation.

A.2 acute pentachlorophenol poisoning acute onset, mainly fever, sweating, fatigue, loss of appetite, nausea, vomiting embolism shape. Should pay attention to heat stroke, influenza

and other fever and acute digestive diseases identified.

A.3 acute pentachlorophenol poisoning clinical features for the rapid development of the disease, body temperature can be 1-2 hours suddenly rose to 40 °C or more.

The patient soon coma, or even sudden death. The light is generally 24 hours can be alleviated, so the contact should be closely observed by the disease changes and actively carry out symptomatic supportive care.

A.4 severe poisoning often obvious heart, liver, kidney, brain damage, mainly manifested as myocardial damage, liver function was significantly changed and hematuria, proteinuria and renal dysfunction and disturbance of consciousness.

A.5 This standard is based on the diagnosis of acute pentachlorophenol poisoning clinical manifestations and classification, urinary pentachlorophenol is Reflect the human body on the degree of absorption of pentachlorophenol specific indicators, but with the severity of the disease is not completely parallel relationship, it is not for the diagnosis and Graded indicators, can be used as auxiliary diagnostic criteria. Normal human urine does not contain pentachlorophenol. The biological threshold for urinary pentachlorophenol is 2mg/L. This standard to urinary pentachlorophenol less than 2mg/L as a return to normal.

A.6 treatment to control the main heat, can be used physical cooling, hibernation therapy. Hibernation drugs can be used chlorpromazine plus isopropyl . Atropine can inhibit the heat sweating and aggravate the condition, barbiturate drugs on the poison poisoning effect should be disabled. Will cool down to be in the early, body temperature has not yet exceeded 38.5 °C when the beginning, in order to achieve better efficacy, such as in the high fever has occurred before the active rule Treatment, the effect is often poor. The disease occurred in the hot season, in the treatment of patients with cooling measures at the same time, should pay attention Environmental cooling.

A.7 severe poisoning patients urinary pentachlorophenol excretion is slow, often in three months before the return to normal, so severe poisoning after cure should be transferred at least three months before the restoration of the original work.

A.8 Diagnosis and treatment of acute contact dermatitis caused by pentachlorophenol See GBZ 18.