LETTERS TO THE EDITOR

MEDICAL ASSESSMENT FOR LICENSING OF TAXI DRIVERS BY SCOTTISH LOCAL AUTHORITIES


Sir,

I was interested to read the article on Medical Assessment for Licensing of Taxi Drivers by Scottish Local Authorities in which it is stated that the licensing of taxi drivers in the United Kingdom is dealt with by local Government authorities. I should like to point out that in Northern Ireland, responsibility for taxi licensing remains with central Government, namely the Department of the Environment (Transport Licensing and Enforcement Branch). Medical advice is given to the Department on fitness to hold taxi licences by medical advisers of the Northern Ireland Civil Service Occupational Health Service who apply the PCV/LGV standards to these cases. Applicants for taxi licences have a medical examination carried out by their General Practitioner and submit applications similar to the procedure for PCV/LGV. Those containing medical queries are referred to the Medical Adviser.

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POOR CONTROL OF EXPOSURE AND ILL HEALTH EFFECTS AT SOLVENT VAPOUR DEGREASERS

Sir,

Occupational exposure to solvents takes place across a wide range of UK industries. One of the most frequent uses is in the cleaning of metal components prior to further metal finishing. A variety of solvents may be used for this activity although trichloroethylene and 1,1,1 trichloroethane have been the most common. 1,1,1 trichloroethane is an ozone depleter and has been phased out under the Montreal Protocol.

Degreasing typically involves the boiling of a solvent in a tank. As the solvent vapour is formed it rises, condenses on the cool components and dissolves or washes off grease and dirt/particles. Baskets of dirty components are lowered into the vapour zone in the tank, held there for a time and then raised up into the free board zone between the cooling coils and the rim extraction to drain off residues of solvent.

A survey of vapour degreasing operations was undertaken by field inspectors of the Health and Safety Executive over a 6 month period between April and September 1994 to assess the control of exposure to solvents used in degreasing activities. One hundred and seventy non-random companies across the UK were visited by inspectors from 20 offices, all of whom completed a standardized protocol. One hundred and twenty companies were using trichloroethylene and the results presented below represent the activities of 1,500 employees and an estimated 3% of UK trichloroethylene usage.

Inspectors found that only 19% of the installations did not require some improvements and in particular the following deficiencies were reported:

- Seventy-two (60%) of companies had their degreasers sited in a location affected by or likely to be affected by draughts (which could cause solvent drag out);
- Forty-seven (39%) either had no covers over the tank or the covers were not used;
- Four (5%) had no ventilation around the rim of the tank;
- Twenty-nine (24%) were entered for cleaning out and in 62% of these the procedures for entering confined spaces were inadequate. Entry into degreasers for cleaning causes an average of one fatality per year and many ‘near misses’.

Self-reported ill health effects attributed to trichloroethylene exposure were reported at 17 (20%) of the sites in the study. These self-reported symptoms were not confirmed by an occupational physician. Facial flushing (degreasers flush) was the most common symptom reported, occurring at four (24%) of the 17 sites. Symptoms affecting the gastrointestinal, respiratory and central nervous systems were reported in degreasers at three (18%) sites each. At only one site was a case of dermatitis reported.
Such was the general standard of control of exposure to solvents used for degreasing that in the course of the survey, 10 prohibition and 18 improvement notices were served by the inspectors.

Occupational physicians need to be aware that workers carrying out degreasing tasks may be exposed to significant levels of solvents and may report health effects related to those exposures. This knowledge needs to be extended to general practitioners and hospital physicians because the type of symptoms which are reported may lead to investigation for persistent headaches, complaints of respiratory irritation or persistent tiredness when the cause is really occupational exposure and not an underlying medical disorder.

Should such symptoms develop, a review of control procedures is indicated to protect the health of workers carrying out degreasing, with further monitoring to ensure that symptoms resolve as control improves.

A full report on the study is available from the authors.

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