APPENDIX 4.

INTERIM GUIDANCE FOR SELECTING DEFAULT INHALATION RATES FOR CHILDREN AND ADULTS

DEPARTMENT OF PESTICIDE REGULATION MEMORANDUM

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MEMO NO. HSM-00010

DECEMBER 1, 2000



Department of Pesticide Regulation

Gray Davis Governor Winston H. Hickox Secretary, California Environmental Protection Agency

HSM-00010

MEMORANDUM

TO: Worker Health and Safety Branch Staff

Medical Toxicology Branch Staff

FROM: Chuck Andrews, Chief

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[Original signed by C Andrews and G Patterson]

DATE: December 1, 2000

SUBJECT: Interim Guidance for Selecting Default Inhalation Rates for Children and Adults

The Worker Health and Safety and Medical Toxicology Branch jointly developed the attached document entitled "Interim Guidance for Selecting Daily Inhalation Rates for Children and Adults." This document supercedes Branch policies regarding the selection of default inhalation rates for children and adults to estimate acute and chronic exposures. The default rates in the document should be used when estimating inhalation exposures in exposure assessment and risk characterization documents when actual data are unavailable. These inhalation rates should be used for any documents currently under development and any future documents to be developed. If a document has gone through Branch or DPR peer review, the author should discuss with his or her supervisor whether revisions should be made. Authors do not need to revise completed documents.

If you have any questions, please contact your supervisor.

Attachment

cc: Dr. Tobi Jones, Assistant Director



Interim Guidance for Selecting Default Inhalation Rates for Children and Adults

(December 1, 2000)

<u>Purpose</u>

This Guidance Document addresses the selection of default daily inhalation rates (in term of m³/kg/day) for adults and children for both acute and chronic exposures. These values should be considered to calculate exposures, regulatory limits, and other values which require inhalation rate measurements and when actual data are not available. These rates are interim values until more detailed analyses are conducted to determine the appropriate rates for different age groups, gender, and duration of exposure (*i.e.*, acute and chronic exposures).

Background

Daily inhalation exposure is calculated from the air concentration (amount of chemical/m³ of air) and inhalation rate (e.g., m³/kg/day). Since inhalation rate is generally not measured in exposure or toxicity studies, default values have been adopted based on available data. Historically, the Medical Toxicology (MT) Branch and Worker Health and Safety (WH&S) Branch have used different default inhalation rates because of different application needs and the resources and references used. For adult daily inhalation rates, the values used by the Branches were similar. The MT Branch used 0.26 m³/kg/day and the WH&S Branch used 0.28 m³/kg/day. The default daily inhalation rates for children were significantly different. WH&S Branch used a value of 0.74 m³/kg/day for a 6-year old child to represent all children. This value was based on an U.S. EPA 1985 analysis (U.S. EPA, 1997). MT Branch used a mean value of 0.46 m³/kg/day for 1-10 year old children based on the analyses by the International Commission of Radiological Protection (ICRP) (Snyder *et al.*, 1975).

In 1997, U.S.EPA presented recommendations for short-term activity-based and long-term inhalation rates in the revised Exposure Factors Handbook (U.S. EPA, 1997; Table 5-23). These rates were based on more recent analyses of studies (Adams, 1993; Layton, 1993; Linn *et al.*, 1992 and 1993; Spier *et al.*, 1992) of California only residents (except Layton, 1993).

MT Branch and WH&S Branch discussed the U.S. EPA recommendation and available databases. To ensure consistency between the Branches, staff agreed to develop one set of default daily inhalation rates for adults and children. The recommended interim values are presented in this Document.

Recommendations

- 1. For adults and children, when the duration of activity and activity pattern are specified or known, use recommended short-term rates for the appropriate population in U.S. EPA Exposure Factors Handbook (Table 5-23 in U.S. EPA, 1997) (Attachment 1 and 2).
- 2. For children, when duration of activity and activity pattern are <u>not</u> specified, use the default value of **0.59** m³/kg/day for infants since infants have the highest value among all children group when body weight is considered (Attachment 1).

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<u>Basis for default value:</u> This rate is based on the inhalation rates (m³/day) and body weights determined by Layton (1993). These rates were estimated from the food-energy intakes of individuals sampled in the 1977-1978 National Food Consumption Survey data. The rationale is that energy expenditures associated with basic metabolic requirements and physical activities equals food energy intake. Therefore, the energy content of a person's diet can be used to estimate his or her energy expenditures and related respiratory requirements.

The U.S. EPA adopted these as recommended long-term inhalation rates (m³/day) for children in the Exposure Factors Handbook (U.S. EPA, 1997). When these rates are expressed in terms of body weights, the infants have the highest daily inhalation rate (0.59 m³/kg/day for 4.5 m³/day and 7.6 kg body weight). Therefore, DPR is selecting the infant inhalation rate as the default value to represent all children.

3. For adults, when the duration of activity and activity pattern are <u>not</u> specified, use the default value of **0.28** m³/kg/day for both genders.

Basis for default value: These default inhalation rates are based on the activity pattern, inhalation rate per activity, and default body weights (Attachment 2). The activity pattern was based on specific activities reported for persons 18 years old and older in a survey conducted by the California Air Resources Board (Table 4.1; Wiley *et al., 1991*). The time spent in the activity categories were: 8.5 hours rest, 13.2 hours light, 1.4 hours moderate, and 0.27 hours of heavy activity (Attachment 3). The inhalation rates per activity were the mean of rates determined by Adams (1993) and Layton (1993). These rates were recommended in the U.S. EPA Exposure Factor Handbook for age's 19-65 years (U.S. EPA, 1997). These rates were: 0.4 m³/hr (rest), 1.0 m³/hr (light), 1.6 m³/hr (moderate), and 3.2 m³/hr (heavy). The default body weight was 71.8 kg as the mean body weight for ages 18<75 (Table 7-2 in U.S. EPA, 1997).

The recommended long-term rates for adults, based on the analysis of the 1977-1978 NFCS data by Layton (1993), were not selected as default values. The rates of 12-17 m³/day are lower than the 20 m³/day default commonly used by regulatory agencies, including the U.S. EPA. Also, the direct measurement of activity patterns and inhalation rates are available for adults (*i.e.* Wiley et al., 1991 and Adams, 1993).

- 4. For both children and adult exposures, inhalation rates for specific age groups should be considered whenever it is appropriate. For example, a specific age group may be selected in an aggregate exposure assessment to ensure an age-correspondence across multiple routes or pathways.
- 5. When the long-term inhalation rates are used to estimate acute exposure, it should be explicitly stated in the risk characterization document that they contribute toward an underestimation of exposure. Short-term high-end inhalation rates are likely to be higher than the amortized average value for long-term exposure.

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- 6. In the future, the MT and WH&S Branches will conduct a more detailed analysis of the database using distributional methodology. This will require time and commitment from the staff of both Branches. Building a reliable database not only will lend support to a default point estimate of inhalation rate, but also facilitate a distributional analysis in the future.
- 7. Staff should consult their respective Branch Chief on the implementation of these recommended values. This Guidance Document is subject to revisions for the incorporation of new data and approaches.

References

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- Linn, W.S., C.E. Spier, and J.D. Hackney, 1993. Activity patterns in ozone-exposed construction workers. J. Occup. and Med. Tox. 2(1):1-14.
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- Snyder, W.S., M.J. Cook, L.R.Karhausen, E.S. Nasset, G.P. Howells, and I.H. Tipton, 1975. Report of the task group on reference man, No. 23. International Commission on Radiological Protection (ICRP), Peragamon Press, New York, N.Y.
- Spier, C.E., D.E. Little, S.C. Trim, T.R. Johnson, W.S. Linn, and J.D. Hackney, 1992. Activity patterns in elementary and high school students exposed to oxidant pollution. J. Exp. Anal. Environ. Epid. 2(3):277-293.

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- U.S. EPA, 1997. Exposure Factors Handbook Volume 1- General Factors. EPA/600/P-95/002Fa, August, 1997. Office of Research and Development, U.S. Environmental Protection Agency, Washington, D.C.

Attachment 1: Daily Inhalation Rates for Children.

When activity pattern is specified:							
Activity	Inhalation rate (m³/ hour) ^a	Daily inhalation rate (m³/kg/day)					
Rest	0.3	Depends on body weights and activity pattern selected for the age group of interest					
Sedentary	0.4						
Light	1.0						
Moderate	1.2						
Heavy	1.9						
When activity pattern is not specified:							
Age years	Mean body weight (kg) ^b	Inhalation rate (m³/day) ^b	Daily Inhalation rate (m³/kg/day)				
Infants male/female	7.6	4.5	0.59				
1-2 male/female	13	6.8	0.52				
3-5 male/female	18	8.3	0.46				
6-8 male/female	26	10	0.38				
9-11 male	36	14	0.39				
9-11 female	36	13	0.36				
12-14 male	50	15	0.30				
12-14 female	49	12	0.24				
15-18 male	66	17	0.26				
15-18 female	56	12	0.21				

a/ Data from U.S. EPA (1997, Table 5-23) for short-term exposures and were based on analyses by Spier *et al.*, 1992; Layton, 1993; Linn *et al.*, 1992, and Adam, 1993.

b/ Data from Layton, 1993 (Tables 3 and 5) and recommended by U.S. EPA (1997) for long-term exposures.

Attachment 2: Daily Inhalation Rates for Adults.^a

When activity p	attern	is specified:	<u> </u>				
Activity		Inhalation rate (m³/ hour) ^a			Daily inhalation rate (m³/kg/day)		
Rest		0.4			Depends on body weights and activity pattern selected for the age group of interest		
Sedentary		0.5					
Light		1.0					
Moderate		1.6					
Heavy		3.2					
When activity p	attern	is not specif	fied:	l			
Activity	Но	ours/day ^b Inhalati (m³/ ho		ation rate nour) ^a	e Inhalation rate (m³/day)		
Rest	8.5	5 0.4		,	20 m³/day		
Light	13	13.2 1.0					
Moderate	1.4	1	1.6				
Heavy	0.2	27	3.2				
	L		1				
Age years				Inhalation (m³/day)	rate	Daily Inhalation rate (m³/kg/day)	
Both	71		-	20		0.28	

Data from U.S. EPA (1997, Table 5-23) for short-term exposures and were based on analyses by Layton, 1993 and Adam, 1993.

Data from Wily *et al.*, (1991) and categorization of activities from OEHHA (2000).

Mean body weight for ages 18<75 for both genders (Table 7-2 (U.S. EPA, 1997). a/

b/

c/

Attachment 3: Categorization of Specific Activities^a

a/

night sleep naps/day sleep think, relax Travel to/from work sleep think, relax Travel to/from work sleep Travel to/from work sleep Todd preparation meal cleanup plant care plant care other household work Helping/teaching Other child care Travel, child care personal services Medical appointments car repair services other repair services	(0.27 hours) active sports outdoor walking or hiking
night sleep naps/day sleep Clothes care think, relax Travel to/from work sleep Tood preparation Clothes care think, relax Animal care Animal care Travel, child care car repair services other services other services other repair services	outdoor walking or
dressing travel, personal care other classes other education volunteer/helping religious group religious practice other organizations sports events movies museums parties other social activities travel, education volunt/family other organizations sports events movies theatre museums visiting parties other social activities travel, events/social hobbies domestic crafts games travel, recreation TV records/tapes Read books Reading newspaper students' classes chidents' classes religious group	

Based on activity (minutes/day) analyses of Wiley et al., (1991) and categorization of activities of OEHHA (2000).