Risk Assessment of Metals in Consumer Products Intended for Children

Wade, M., Sciullo, E., Day, K., Sarala, R., Chand, D., DeGuzman, M., Garcha, J., Hussain, F., Snider, M., Behrsing, T.

Department of Toxic Substances Control, CalEPA, Sacramento, CA, USA

ABSTRACT

Recently concerns have been raised about toxic chemicals, especially metals, found in consumer products (CPs). An example is lead (Pb) in children's taxs and iewelry. We encountered numerous challenges and uncertainties in attempting to network the second seco assessments on CPs containing toxic metals. Risk assessment protocols, and toxicity and toxicokinetic (TK) data developed for evaluating chronic exposure are often inadequate for assessing short-term exposure to CPs; and risk assessments for some CPs were developed years ago. We developed a general framework for CP risk assessment by evaluating risk and identifying uncertainties on a product-specific basis. Potential bazards from multi-component CPs designed for children and advertised as lead-free were evaluated by testing metal content, and extractability in saline and dilute acid solutions mimicking mouthing and swallowing, respectively. Two separate CPs contained up to 47000 ppm (4.7%) total Pb and 700.000 ppm (70%) total cadmium (cd) Simulated insertion extracted 67 us cd which exceeds the US EPA one-day drinking water advisory dose-equivalent of 60 ug/day for a 15 kg child. Simulated mouthing extracted a total of 3.6 ug Cd, compared to the Agency for Toxic Substances and Disease Registry intermediate duration Minimum Risk Level of 7.5 µg/day. While total Pb contents were high, the amounts extracted from simulated ingestion were well below the threshold set by US Consumer Product Safety Commission for evaluating acute exposures and no Pb was detected via saline extraction. Major uncertainties exist, CPs can be made by a dozen different manufacturers and metal composition among CP samples varies, which could indicate poor quality control during manufacturing and impact chemical properties of metals such as solubility. Other key uncertainties include use of in vitro simulations, and lack of relevant TK data and acute toxicity criteria. Given the potential for leaching toxic metals from CPs, and lack of data for assessing short-term exposures, more information is needed for assessing risk from CPs.

INTRODUCTION

Consumer product (CP) safety is currently the focus of much attention - particularly children's products.

Major uncertainties in CP risk assessment exist. Public awareness is great, making the need for risk assessments which are predictive of real-life exposures even more critical

Recent legislation aimed at addressing concerns for metals such as lead. Exposure to toxic metals (e.g. cadmium) used as substitutes for lead is an emerging concern.

This poster discusses considerations for CP risk assessment, presents an example risk evaluation, and identifies key uncertainties and information needed for assessing CP risk.

		Limited List of the Oral Toxicity Criteria				
	Primary Health Effects ¹	Acute	Intermediate	Chronic	Cal/EPA Prop 65	
Lead	-CNS-reduced IQ -Peripheral Nervous System -Anemia -Kidney	• 175 µg/day (CPSC)		• 6 µg /day (OEHHA ² & PTTIL-US FDA) • 15 µg /day (CPSC)	• 0.5 µg /day (MADL/oral- OEHHA) • 15 µg /day (NSRL/oral- OEHHA)	
Cadmium	-Kidney – renal tubule -GI Tract (acute) -Skeletal Alterations – decrease in bone mineral density	• 0.04 mg/L (1 & 10-Day HA- USEPA) ³	• 5E-1 µg/kg-d (MRL-ATSDR) • 2.7E-2 µg/kg-d (DTSC) ⁴	• 5E-1 µg/kg-d (RfDo-IRIS) • 1E-1 µg/kg-d (MRL-ATSDR) • 6.3E-3 µg /kg-d (ADD-OEHHA)	• 4.1 µg/day (MADL/oral- OEHHA)	

INSPEA One, and Ten. Day Health Artigory Levels for radmium in drivision water are designed to rentert a 10 in child assumed to insert 11 of water ner day for up to one and ten pa to explore requestions, requestions). The following parameters were used to derive this value for an intermediate exposure to cadmium in soil: NOAEL of 19 µg/day (from the OEHHA PHC Cadmium document), catalably factor of 10, and body weight 70 kg.

NSRL - No Significant Risk Level RTTE - Residences Total Triarable

CONSUMER PRODUCTS IN THE NEWS

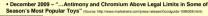
"Death of a Child After Ingestion of Metallic Charm --- Minnesota, 2006" Source: US Centers for Disease Control and Prevention, http://www.odc.gov/mmwr/oreview/ mm55d323a1 html

Lead

Cadmium

exceeds this value







Toys reported to contain metals at levels exceeding federal standards

CPSC confirmed that Zhu Zhu Pets do not exceed federal standards

Weak Acid Extraction

(intended to mimic ingestion scenario)

Estimated total amount of extractable lead over 6 hrs:

Total amount extracted below CPSC's criterion for acute

exposures and OEHHA. US FDA, and CPSC's chronic criteria

1

Hours Extracted (Dilute Acid

Estimated total amount of extractable cadmium over 6 hrs:

US EPA One- and Ten-Day HA level is equivalent to 4 µg/kg

or 60 up for 15 kg child. Total amount extracted for CP #1

CP #1: 67 µg (19 7 + 19 5 + 27 8)

CP #2: 16.8 µg (16.47 + 0.33)

CP #1: 1.3 μg (0.9 + 0.4 + below DL)

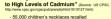
CP #2: 3.4 µg (2.7 + 0.7)

Source: http://www.washingtonpost.com/wo-dvn/content/article/2009/12/07/AR2009120702243.html?wprss=rss_business) GoodGuide say they regret the error of comparing their X-ray fluorescence XRE) data to federal standards which are based on solubility test www.marketwire.com/nress.release/GoodGuide.Issues.Correction.about.its.Tov.Testino.Methodology.1095821.htm



Emerging Concern for Children's Jewelry: Cadmium

· "AP IMPACT: With lead use barred, tests reveal toxic cadmium



in children's iewelry from China" (Source: The Associated Press.

http://ca.news.vahoo.com/s/capress/100110/business/us_cadmium_iewelry_1)

- First recall of children's jewelry in United States due to cadmium

January 2010 - "Cadmium New Fears in Kids' Trinkets" - (Source)



Toxic metal found in high levels in iewelry for kids from China - 91% cadmium International chain store Claire's says it will no longer sell the Reindeer charm bracelet

GENERAL CONCLUSIONS Evaluating risk from CPs remains uncertain.

· Analytical methodology selection for use in determining compliance with regulations and assessing risk is of critical importance.

- The recent headlines regarding antimony and chromium clearly demonstrate this issue with respect to compliance
- Methodologies used for determining regulatory compliance may differ from those needed for use in assessing risk. Data collected for use in exposure assessment must consider product-specific exposure pathways.
- · Traditionally, risk assessments have been built on chronic studies of toxicity and may not be applicable to acute exposures to heavy metals in CPs.
- o Risk assessment protocols and toxicity criteria for acute and intermediate exposures to cadmium in CPs are lacking.
- Relevant scientific data in current regulations may not reflect the current scientific data.
- In the case of lead, the assessment utilizes the 10 µg/dl blood lead threshold as opposed to the more recently adopted criteria (increase of 1 µg/dl blood lead).
- No standardization with regards to CPs.
- o Metal composition, manufacturing processes, and quality assurance protocols vary across CPs and manufacturers.
- May affect chemical properties such as metal solubility which can impact toxicity.

 It is our position that toxic metals should not be used in consumer products intended for children.

REFERENCES

OEHHA, 2006. Public Health Goals for Chemicals in Drinking Water, Cadmium. December. U.S. Consumer Product Safety Commission (CPSC), Consumer Product Safety Improvement Act. http://www.cpsc.gov/businfo/cpsa.pdf.

DISCLAIMER

Professional affiliations are listed for contact purposes only. Analysis and conclusions contained herein are solely those of the authors and do not represent guidance or official policy of the California Department of Toxic Substances Control or California Environmental Protection Agency.

		BACKGROUN					
Lead	d, Cadmium, ai	nd Antimony i	n Products Inter	nded for Child	iren ⁶	 Two separate, multi-component CP #2) designed for children 	
	Federal		European	California		 Advertised as lead-free 	
	CPSIA7	ASTM F963- 07 16 CFR 1303	EN 71:Part 3: 1994	CA Health and Safety Code ¹	Lead Containing Jewelry Law ²	US CPSC testing methodology followed. Individual CP compon- Total metal concentration Extractability in saline – mi	
Regulated Item	Child's products including jewelry	<u>Toys</u>	Toys	Toys	Jewelry	scenario • Extractability in dilute acid ingestion scenario	
Lead (Pb)	300 ppm ³ (content limit) 90 ppm (paint limit)	90 ppm SS ⁴	90 ppm SS ⁴	600 ppm			
Cadmium (Cd)	ao ppin (paint innit)	75 ppm SS ⁴	75 ppm SS ⁴	> 0.1% SS ⁵		METHODOLO	
Antimony (Sb)		60 ppm SS ⁴	60 ppm SS ⁴	> 0.1% SS ⁵		 Four duplicate samples of each (designated 1-4) 	
unless CPSC determines the and Sb exceed 0.1% when di	lower limit is not technologically	feasible. "SS = Soluble in 0.0" tions & standards presented fo		= Components are considered	d soluble if quantities of Cd	Separate components of each (individually CP #1 components: A, B, ai CP #2 components: D and B	
		Lead C	California Containing Jew	elrv I aw ¹		 <u>Total Metals</u>: Samples digester (and 30% H₂O₂ and 1:1 HCl, if ap 	



Glaze Either a Class I material or < 600 ppm lead by weight Motallic Materia ²Nonmetallic Class ⁴ Does not violate glass/crystal restrictions Matoria Nonmetallic Class 2 Plastic or rubber materials <200 ppm lead by weight Dve or surface coating <600 ppm leady by weight Matoria Class 3 Material <200 nnm lead by weight

nia Health and Safety Code sections 2014 (-).202144 2. "<u>Crises I Balandor</u> stainless or surgical steel, konst gold, stering silver, plainum, paladum, indum, rubenium, rhodum n mikud or cultured parks, glass, commic, or crystal decorative components, grantices, attaict, batiris, taktor, noga, at natural decorative material, abativis, "<u>Class 2 Materials</u> and and urgitales material, plandor cultured. Society Components and plandor dorisons, and plandor dorison (PCT), dipor variables, advantave <u>Class 2 Materials</u> and plandor dorison (PCT), diport surgitales and and culture and plandor dorison (PCT), diport surface comp. Nat a Santa T-2 material



Lead

METHODOLOGY Four duplicate samples of each CP evaluated esignated 1-4) Separate components of each CP tested

discidurally CP #1 components: A. B. and C CP #2 components: D and E

BACKGROUND

Two separate, multi-component CPs (CP #1 and

Total Metals: Samples digested with 1:1 HNO. Cadmium nd 30% H₂O₂ and 1:1 HCl, if applicable) over a hot plate. Digests cooled, filtered, and made to final volume with deionized H₂O. Metal analysis of digests by inductively coupled plasma atomic emission spectroscopy (ICP-AES)

Saline Extraction: Samples extracted with 0.9% saline soln (volume in mls equal to 50X weight of sample in gms) for 1 hr at 37°C in a shaking water hath After 1 hr saline soln is taken out and replaced with same volume of fresh saline soln. Extraction is reneated for 2 hrs and then 3 hrs with fresh saline soln used for each timed extraction. Each of the 3 extracted solns individually analyzed using ICP spectrometer

 Weak Acid Extraction: Same as for saline extraction, except 0.07 N HCl used instead of Lead All analyses non-detect with a method detection limit of 0.05 µg lead Cadmium

Total Metals

 Total [Cd] ranged from non-detect – 70% Total [Cd] per component as high as 3810 mg Similar to lead large variability observed.



Part C3 Part D3

OEHHA: 0.1 ug/d

CP #1: 3.6 µg (0.5 + 1.2 + 1.9)

CP #2: 0.7 µg (0.65 + 0.05)

For mouthing scenario, intermediate toxicity criteria deemed applicable. Dose equivalents for a 15 kg child ATSDR-MRL: 7.5 µg/d DTSC: 0.4 µg/d For comparison, dose equivalents for chronic oral oxicity criteria assuming a 15 kg child: ATSDR-MRL: 1.5 µg/d · US EPA RfDo: 7.5 µg/d



RESULTS AND COMPARISON TO REGULATORY LIMITS AND TOXICITY CRITERIA

Saline Extraction

(intended to mimic mouthing scenario)

Estimated total amount of extractable cadmium over 6 hrs

Part C4
Part D4
Part D4
Part C4
Part D4
Part D



