

# A review about Diphotérine® the solution for emergency decontamination of chemical splashes

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## Introduction

The diverse range of chemicals currently being used throughout industry present a significant potential hazard to health<sup>(1)</sup> when personnel become contaminated as a result of accidental splashes<sup>(2)</sup>. The need to use a polyvalent and active rinsing solution becomes more and more necessary.

## Materials and methods

Diphotérine® is an emergency first aid rinsing solution for eye/skin chemical splashes. Using its hypertonicity<sup>(3)</sup> and its chemical properties<sup>(4)</sup>, Diphotérine® is able to stop and absorb the aggressiveness of a wide spectrum of chemicals and remove them from the tissues. Diphotérine® is a non toxic<sup>(5)</sup> solution (Oral Toxicity LD<sub>50</sub>>2000 mg/Kg, Test 6564 TAR 1990 CIT, France; Acute Dermal Toxicity LD<sub>50</sub>>2000 mg/Kg, test 133/9, 1988, Safepharm Laboratories, UK). It is slightly irritant on the skin and non irritant in the eye (test 133/3-133/4, 1987, Safepharm Laboratories, UK). Its residues with acids and bases are non irritant (test 6463TAL/6462TAL, 1990, CIT, France). The environmental effects of Diphotérine® have been studied and it was found non toxic by Microtoxicity (CE<sub>50</sub>-15 minutes>5000 mg/l, CE<sub>50</sub>-30 minutes>5000 mg/l) and Aquatic Toxicity (on Daphnia Magna, CE<sub>50</sub>-24h>5000 mg/l) (tests n°D9811/0611, 1998, SGS Crépin Laboratory, France). Diphotérine® is a medical device CE 0459, first classifying and sterile. Most of the companies mentioned in this report, were previously using water for emergency first aid decontamination of eye/skin chemical splashes without complete success : irremediable sequelae, numerous secondary care and loss of work. Subsequently, the Medical and Health and Safety Services decided to introduce Diphotérine® (or Previn®) for rinsing chemical splashes and to train workers to use it correctly. Previn® is the German version of Diphotérine®. Each ocular or cutaneous chemical splash was rinsed in emergency (some seconds to a few minutes) with Diphotérine®, on location, while undressing if necessary. Then each person went to the medical centre for an examination. In the MANNESMANN company, a secondary rinsing with Diphotérine® was performed in the medical centre.

## Results

### A SERIE<sup>(6)</sup> OF 24 CHEMICAL SPLASHES rinsed with Diphotérine® in the MANNESMANN factory, in Germany, 1994-1998

Exposure	Cutaneous splashes	Ocular splashes
Acids*	8	11
Bases**	1	4

\*acids : sulfuric acid, nitric acid, phosphoric acid or sulfamic acid, alone or in mixture with the other acids, with a concentration of 5 to 100%.  
\*\*bases : calcium oxide, 30-45% sodium hydroxide, 30% basic solution

**Results : no DAMAGE, no secondary care, no loss of work  
excepted two accidents with one day lost from time**

### Preliminary results on 652 cases<sup>(7)</sup> rinsed with Diphotérine® versus water in the ATOFINA factory, in France, 1992-2000

In total, 652 chemical splashes were reported in the infirmary of ELF ATOCHEM in Saint-Avold between the 1.1.1992 and the 30.04.2000, involving either ELF ATOCHEM workers or subcontractors. After 1995, 68% of the chemical splashes were rinsed with Diphotérine®. On 652 chemical splashes, 379 splashes were due to the 5 main products (AA, Acrylates, H<sub>2</sub>SO<sub>4</sub>, NaOH, ADAME). Four cases of wrong use of the protocol with Diphotérine® were excluded. The preliminary analysis of the results was made on these 379 cases of chemical splashes which are divided as follows :

#### Analysis of the criterion "no after effect"

The percentage of chemical splashes without any after effect (52%) is significantly different (p<0.05) from the one noted for washing with water rinsing ((33%). The criterion "no after effect" means a simple registration in the infirmary without any care.

Primary rinsing	water	Diphotérine®
Total number of cases	205	170
No after-effect	68	88
With after-effect	137	82

#### Analysis of the criterion "Loss of work"

In this analysis, we can exclude the 4 cases in which the rinsing protocole with Diphotérine® has not been respected (no sufficient rinsing) and we note a significant difference according to Fischer test (p<0.05) on the losses of work.

Rinsing	water	Diphotérine®
With loss of work	7	0
Without loss of work	198	170

### A STATISTICAL STUDY<sup>(6)</sup> ABOUT 42 SODIUM HYDROXIDE (40-600 g/L) SPLASHES rinsed with different rinsing solutions in the MARTINSWERK factory, Germany, 1991-1993

	Diphotérine®	Acetic acid	Water
Loss of work	0,18d ± 0,4	2,91d ± 4,3	8d ± 8,12
No care	100% ± 15%	0 ± 15%	0 ± 15%
Simple care	0 ± 15%	80% ± 15%	25% ± 15%
Medical care	0 ± 15%	20% ± 15%	75% ± 15%

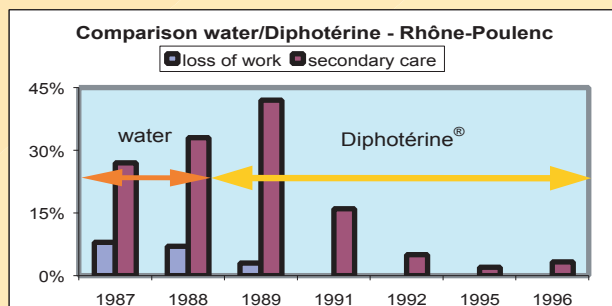
**Results : Using Diphotérine® resulted in a noticeable decrease in sick leave average and a standard deviation. No secondary care was necessary. There is a significant difference (p<0.05) between Diphotérine® and water concerning secondary care.**

### A STATISTICAL STUDY<sup>(6)</sup> ABOUT 195 CHEMICAL ACCIDENTS in the RHÔNE-POULENC factory, France, 1987-1996 with two periods

**\* Until 1989 : Immediate rinsing with water during 15 minutes  
=> Two splashes with big sequelae**

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|--|---|
| <ul style="list-style-type: none"> <li>- Concentrated, hot nitric acid inducing</li> <li>- burns on head, torso, all of the body, eye</li> <li>- Hypertension for the right eye</li> <li>- reject for the left corneal grafting</li> <li>- ocular vision stable at 2/10</li> </ul> | <ul style="list-style-type: none"> <li>- Condensa of soda inducing</li> <li>- burns on back and right buttock</li> <li>- important necrosis of the buttock</li> <li>- 48 hours after the accident</li> <li>- Necessary of a grafting</li> </ul> |
|--|---|

**\* from 1989 to 1996 : Immediate rinsing with Diphotérine®  
=> No accidents with sequelae**



**Results : Using Diphotérine® instead of water completely suppressed loss of work and significantly reduced the need for secondary care.**

## Conclusion

The emergency use of Diphotérine® is a good way for the decontamination of ocular or cutaneous chemical splashes. Its emergent use often gives an immediate pain relief. It achieves a reduction of loss of work and secondary care in all cases and avoids sequelae for the workers.

## References

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