Aircraft cabin air contamination and oil seals

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Disclaimer

- I am an independent PhD researcher in the area of bleed air contamination.
- I undertake some research on behalf of the Global Cabin Air Quality Executive (GCAQE).
- I declare no conflicts of interest.

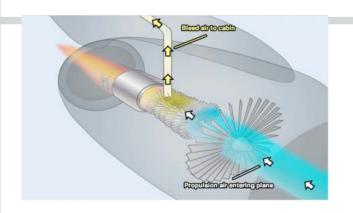


Who am I?

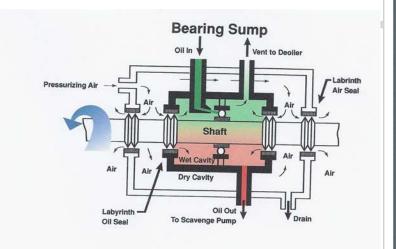


PhD - http://handle.unsw.edu.au/1959.4/50342

Bleed air = Cabin air













UNFILTERED



Move to bleed air to supply cabin air

Non Bleed air





Bleed air





B727: 737: DC9...



The problem

- → Synthetic engine oils
 - Leakage past seals into super heated compressor/ bleed air
- Compromising flight safety
- → Adverse health effects
- → Other substances can leak into bleed air hydraulic/deicing fluids...



Pressurised air/seals

- → Compressor pressurised air used to:
 - Supply cabin ventilation air supply &
 - Seal oil bearing chamber
- Seals leak oil at low levels in normal operations and will enter air supply (not just during failure condition)
- Toxicity of super heated oils recognised in 1954-USAF
- → Reports of adverse effects commenced after introduction of bleed air



Substances - Oils

- → Synthetic ester base stock ~95%
- → Antiwear additive Triaryl phosphate (OP) ~3%
 - TCP includes orthos isomers/TOCP... & TXP...
- \rightarrow Amine antioxidant (1%)
- Proprietary substances
- → Wide variety of pyrolysis substances
- → Endocrine disruptors (TCP; TBP; TPP)



EU/UN Hazard Classifications (CLP / REACH)

Oil, hydraulic, deicing fluids: HAZARDS



Harmful if swallowed/dermal:	Eye/skin irritant & ? Respiratory irritant
May (suspected) cause damage fertility or harm the unborn child	→ Skin sensitizer
 Single exposure & repeated target organ toxicity - nervous system 	Very toxic by inhalation
May cause genetic defects	May cause allergy/asthma or breathing difficulties if inhaled
May (Suspected) of causing cancer	May cause drowsiness or dizziness



TXP – Substance of Very High Concern (SVHC) – REACH

→ May cause harm to the unborn/Impair fertility



ICSC/HSDB- adverse effects



➤ Oils, Hydraulic & de-icing fluids associated with a wide range of acute and long-term effects: e.g:

Irritant of skin, eyes, mucous membranes, respiratory tract	Gastrointestinal upset	Decrease in strength of arms/ legs	Tingling of hands, feet (limbs)
Vertigo	Headache	Numbness	Cramps
Abdominal Pain, diarrhea.	Formation of Methemoglobin in blood	Low blood pressure	Attack on Peripheral nerves/ pyramidal tract
Irritability	Nausea/vomiting	Dizziness	Visual disturbances
Muscular weakness	Blue lips/ fingernails/skin	Confusion	Skin redness
Excessive sweating	Convulsions/ Unconsciousness	Cough/sore throat	Pain/redness in eyes

PhD research objective 1

- → Review health problems reported by aircrew when exposed to contaminated bleed air whilst flying;
- → Undertake a health survey of BAe 146 pilots exposed to contaminated air in aircraft.

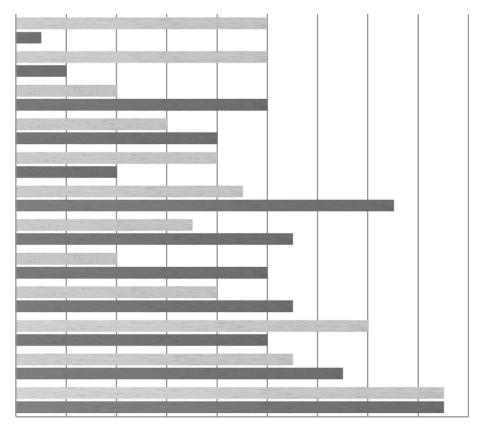




BAe 146 pilot health survey

BAe 146/RJ - Health effects n=219

Chronic fatigue Cardiovascular Dizziness Confusion Tingling - extremities/nerve problems Exhaustion/fatigue Nausea/GI Vision problems Headache Memory impairment Performance decrement Upper airway and breathing problems



0% 2% 4% 6% 8% 10% 12% 14% 16% 18%

Medium/longterm

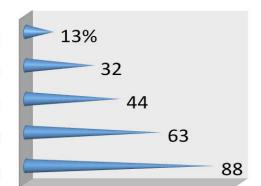
Immediate/short term

Adverse effects

Chronic ill health 37- 433% above controls

BAe 146 adverse health effects n=274

Lost medical/health
Medium-long-term effects
Immediate/short-term
reported adverse effects
Aware of exposures

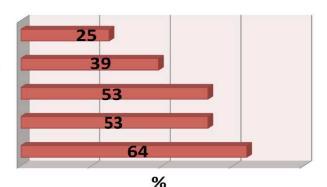


Aircrew/passengers are reporting: Chronic neurological, respiratory disease consistent with exposure to jet engine oils including OPs

Cancers: Higher than population averages

Chronic ill health effects

Cardiovascular Respiratory General Neurological Neuropsychological



Aerotoxic Syndrome is a valid term

- Causative relationship exists
- Published literature 🗸

Michaelis S (2010) PhD – 'Health and Flight Safety Implications from Exposure to Contaminated Air in Aircraft'.



Short & long-term symptoms

Crew Effects from Toxic Exposures on Aircraft

Publisher: Springer-Verlag GmbH. August 2005.

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Table 2 Aerotoxic syndrome: short- and long-term symptoms

	Short term exposure	Long term exposure	
	Neurotoxic symptoms: blurred or tunnel vision, nystagmus, disorientation, shaking and tremors, loss of balance and vertigo, seizures, loss of consciousness, parathesias;	Neurotoxic symptoms: numbness (fingers, lips, limbs), parathesias;	
	Neuropsychological or Psychotoxic symptoms: memory impairment, headache, light-headedness, dizziness, confusion and feeling intoxicated;	Neuropsychological or Psychotoxic symptoms: memory impairment forgetfulness, lack of coordination, severe headaches, dizziness balance, sleep disorders;	
	Gastro-intestinal symptoms: nausea, vomiting;	Gastro-intestinal symptoms: salivation, nausea, vomiting, diarrhoea;	
	Respiratory symptoms: cough, breathing difficulties (shortness of breath), tightness in chest, respiratory failure requiring oxygen;	Respiratory symptoms: breathing difficulties (shortness of breath), tightness in chest, respiratory failure, susceptibility to upper respiratory tract infections;	
	Cardiovascular symptoms: increased heart rate and palpitations;	Cardiovascular symptoms: chest pain, increased heart rate and palpitations;	
		Skin symptoms: skin itching and rashes, skin blisters (on uncovered body parts), hair loss;	
	Irritation of eyes, nose and upper airways.	Irritation of eyes, nose and upper airways;	
Winder, C., Michaelis. S. (2005) .'Aircraft Air Quality Malfunction Incidents - Crew Effects from Toxic Exposures on Aircraft'. Air Quality in Airplane Cabins and Similar Enclosed Spaces – The Handbook of Environmental Chemistry –		Sensitivity: signs of immunosuppression, chemical sensitivity leading to acquired or multiple chemical sensitivity	
		General: weakness and fatigue (leading to chronic fatigue), exhaustion, hot flashes, joint pain, muscle weakness and	

pain.



Bradford Hill

- Strength − ✓ Extensive history & recognition of exposure
- Consistency ✓ effects repeatedly observed globally
- Specificity ✓ Onset of symptoms specific to flight
- Temporality ✓ Close relationship : exposure & effects
- Dose response **★** Many reports after repeat low-level exposure
- Plausibility ✓ Both biologically & in terms of engineering
- Coherence ✓ Cause & effect between flying & illness
- Experiment ✓ Each crew member onset, recovery, recurrence
- Analogy ✓ F111 workers; veterans; agricultural workers...



Various published studies

Treon: (USAF) 1954 – Oil pyrolysis

Aldridge: 1954 – TCP neurotoxicity

Montgommer: 1977 – Case study

Winder: 2002 - Aerotoxic Syndrome

Coxon: 2002, 2014 – Cognitive

Michaelis: 2002; 2003; 2005 – Crew health

Harper: 2005 – Occupational

Mackenzie Ross: 2008; 2016 – Cognitive

Abou-Donia: 2005: 2013, 2014 – Chronic neurotoxicity

OHRCA: 2009 – Medical protocol

Michaelis: 2010 - PhD

Burdon: 2011; 2012/2014 – Respiratory

Baker: 2012 – TAP biomarkers Furlong: 2011 – TAP biomarkers

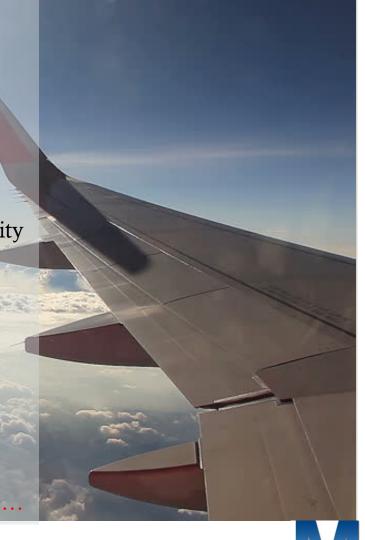
Hausherr: 2014 – Glutamate Signaling

Kojima: 2014 – EDs TCP, TBP.... Reneman: 2015 – TOCP P450s

Reinen: 2015 - P450s & TCP

Megson: 2016 – Oil pyrolysis

& Many more...



Toxic cabin air - 5th biggest engine problem - manufacturer

High rates of crew impairment: $\sim 32\%$

Temporal relationship between "perceived" fume events and acute ill health (COT 2013)



High Court of Australia - Oil injures the lungs/ causes harm

General acceptance of oil leakage- AAIB 2013

> Frequency – varies from infrequent to 1% of flights (COT 2007) to all flights as a feature of design (Michaelis 2011; 2016)

TCP studies: 25-100% of flights/ samplespositive

Low-level exposure to

heated complex mixture V high dose individual substance exposure

TLVs/OELs - DO NOT apply

health evaluation not undertaken; low awareness

Under-reporting;

Strong industry underrecognition

Cabin fumes - can be low-levels of oil and difficult to investigate & eliminate - manufacturer



Industry/Government positions

- → No evidence X
- → No epidemiological studies with monitoring
 - → Case studies & no detection systems despite requirement by regulation
 - → Symptoms due hyperventilation/ nocebo X
- → Symptoms not consistent with TOCP toxicity X
- 10% of population get such symptoms daily ?
- → Too few effected X
 - data not collated/ low awareness/ passengers not advised
- Substances cause irritation only/not toxicity X
- Aviation medical community show corporate conflict of interest
- +Aviation regulators do not have OHS/hazardous substances expertise & OHS regulators not given access with OHS directives.... Ignored

Airbus COO (Farnborough 2014) contaminated air is absurd/does not happen

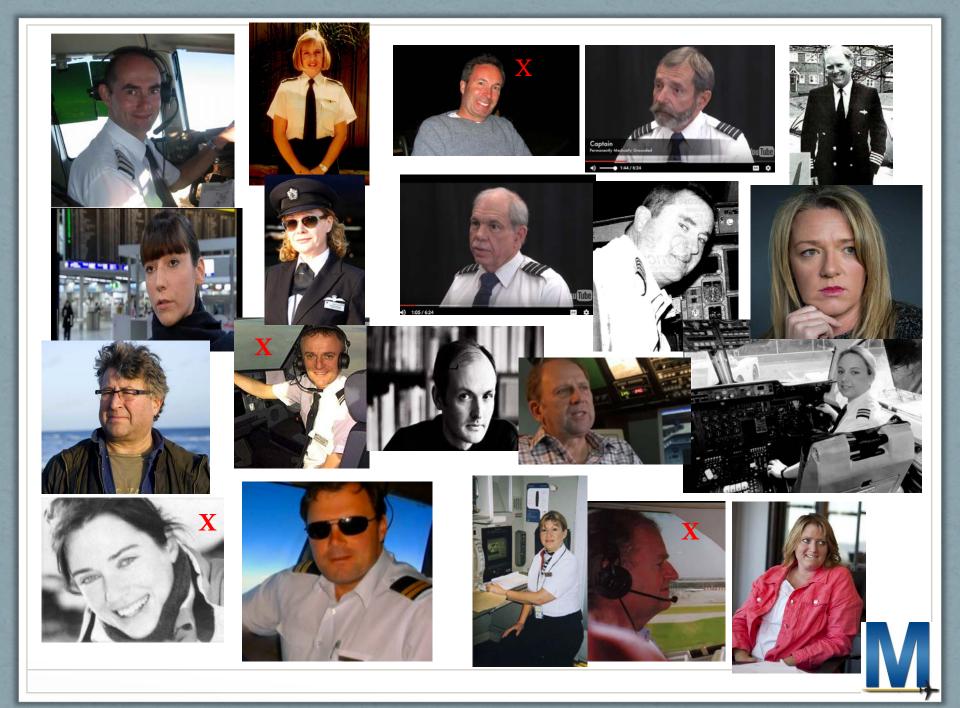


Solutions

- Bleed free aircraft
- Filter/clean bleed air
- Detection systems
- Better engine design & sealing systems
- → Health studies independent We need your help!!

Director General for DG employment, Mr Koos Richelle: "Cabin air quality can be a genuine workplace health issue & there may be a need to start looking at such areas."





Thank you

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