

Sodium dichloroisocyanurate

Sodium dichloroisocyanurate is the sodium salt of a chlorinated hydroxytriazine and is used as a source of free available chlorine, in the form of hypochlorous acid, for the disinfection of water. It is widely used as a stable source of chlorine for the disinfection of swimming pools and in the food industry. It is also used as a means of disinfecting drinking-water, primarily in emergencies, when it provides an easy-to-use source of free chlorine, and, more recently, as the form of chlorine for household point-of-use water treatment.

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| Guideline values | <i>Sodium dichloroisocyanurate</i> : 50 mg/l (50 000 µg/l) <i>Cyanuric acid</i> : 40 mg/l (40 000 µg/l) |
| Occurrence | Where sodium dichloroisocyanurate is used for the disinfection of drinking-water, exposure will be to both the chlorinated species and residual cyanuric acid. The concentrations will relate directly to the quantities added to achieve adequate disinfection. |
| TDI | 2.2 mg/kg body weight for anhydrous sodium dichloroisocyanurate and 1.54 mg/kg body weight for cyanuric acid, based on a NOEL of 154 mg/kg body weight per day (equivalent to 220 mg/kg body weight per day as anhydrous sodium dichloroisocyanurate) for urinary tract and cardiac lesions from a 2-year study of rats exposed to sodium cyanurate and using an uncertainty factor of 100 for interspecies and intraspecies variation |
| Limit of detection | 0.001 mg/l by GC with flame thermionic specific detection; 0.05 mg/l by reversed-phase LC with UV detection; 0.09 mg/l by GC with MS selective ion monitoring |
| Treatment performance | At very high chlorine doses (up to 10 mg/l), the sodium cyanurate concentration would be below 11 mg/l. In emergency situations, "topping up" might be done in an attempt to maintain a free chlorine residual, but this practice should be discouraged. In this case, it would be possible for the sodium cyanurate concentration to build up to undesirable levels. In such cases, it would be very desirable to monitor the concentration of sodium cyanurate. |
| Guideline value derivation | <ul style="list-style-type: none"> • allocation to water 80% of TDI • weight 60 kg adult • consumption 2 litres/day |
| Additional comments | <p>The controlling factors are the level of free chlorine and the residue of cyanuric acid, particularly if there is topping up of chlorine in a static system under emergency conditions. The concentration of free chlorine should normally be such that it should not give rise to unacceptable tastes and should not normally exceed the guideline value of 5 mg/l for free chlorine.</p> <p>Sodium dichloroisocyanurate used for disinfecting drinking-water should be of adequate purity so that there is no increase in any inorganic or organic contaminants in the drinking-water. The amounts of sodium dichloroisocyanurate used should be the lowest consistent with adequate disinfection, and the concentrations of cyanuric acid should be managed to be kept as low as is reasonably possible.</p> |

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| Assessment date | 2007 |
| Principal references | FAO/WHO (2004) <i>Evaluation of certain food additives and contaminants</i> WHO (2008) <i>Sodium dichloroisocyanurate in drinking-water</i> |

Studies of the toxicity of sodium cyanurate are appropriate for assessing the safety of sodium dichloroisocyanurate, because any residues of intact sodium dichloroisocyanurate in drinking-water would be rapidly converted to cyanuric acid on contact with saliva. Both sodium dichloroisocyanurate and sodium cyanurate have low acute oral toxicity. Sodium cyanurate does not induce any genotoxic, carcinogenic or teratogenic effects. The NOEL from which the guideline value was derived was based on multiple lesions of the urinary tract (calculi and hyperplasia, bleeding and inflammation of the bladder epithelium, dilated and inflamed ureters and renal tubular nephrosis) and cardiac lesions (acute myocarditis, necrosis and vascular mineralization) in male rats exposed at the next higher dose.

Styrene

Styrene, which is used primarily for the production of plastics and resins, is found in trace amounts in surface water, drinking-water and food. In industrial areas, exposure via air can result in intake of a few hundred micrograms per day. Smoking may increase daily exposure by up to 10-fold.

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| Guideline value | 0.02 mg/l (20 µg/l) |
| Occurrence | Has been detected in drinking-water and surface water at concentrations below 1 µg/l |
| TDI | 7.7 µg/kg body weight, based on a NOAEL of 7.7 mg/kg body weight per day for decreased body weight observed in a 2-year drinking-water study in rats, and using an uncertainty factor of 1000 (100 for interspecies and intraspecies variation and 10 for the carcinogenicity and genotoxicity of the reactive intermediate styrene-7,8-oxide) |
| Limit of detection | 0.3 µg/l by GC with photoionization detection and confirmation by MS |
| Treatment performance | 0.02 mg/l may be achievable using GAC |
| Guideline value derivation | |
| • allocation to water | 10% of TDI |
| • weight | 60 kg adult |
| • consumption | 2 litres/day |
| Additional comments | May affect the acceptability of drinking-water at the guideline value |
| Assessment date | 1993 |
| Principal reference | WHO (2003) <i>Styrene in drinking-water</i> |

Following oral or inhalation exposure, styrene is rapidly absorbed and widely distributed in the body, with a preference for lipid depots. It is metabolized to the active intermediate styrene-7,8-oxide, which is conjugated with glutathione or further metabolized. Metabolites are rapidly and almost completely excreted in urine. Styrene