

**Committee of Experts on the Transport of Dangerous Goods
and on the Globally Harmonized System of Classification
and Labelling of Chemicals**

**Sub-Committee of Experts on the Globally Harmonized
System of Classification and Labelling of Chemicals**

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Item 3 (b) of the provisional agenda

**Hazard communication issues: improvement of annexes 1 to 3
and further rationalisation of precautionary statements**

Medical advice and medical attention

Transmitted by the expert from the United States of America

Background

1. Working document ST/SG/AC.10/C.4/2106/20, transmitted by the European Union, addresses the terms “medical advice” and “medical attention” which are used in P313, P314, and P315. In particular, the paper indicates that the terms have been difficult to translate into other languages, and suggests that there is no meaningful distinction between. As such, the paper suggests deleting “medical attention” in those statements.

2. As noted by the expert from the European Union in Inf. 19, 31st session (paragraphs 3-4), these changes were suggested, but ultimately rejected in adopting the fifth revision of the GHS. Instead, the guidance “Manufacturer/supplier or the competent authority to select medical advice or attention as appropriate” was adopted in the fifth revision for each statement.

3. This paper presents research and resulting considerations on the use of “medical attention” and “medical advice” developed by the United States in response to the EU’s paper.

Use of the phrases “medical attention” and “medical advice”

4. The United States consulted with several national hazard communication experts, including one who participated in drafting the ANSI standards for Hazardous Workplace Chemicals—Evaluation and Safety Data Sheet and Precautionary Labeling Preparation (ANSI Z400.1Z129.1-2010 and -2004) and Hazardous Industrial Chemicals—Precautionary Labeling (ANSI Z129.1-2006). These standards use the phrase “medical attention.”

5. As a result of this research, it is our view that “medical attention” implies that the patient should be physically examined and evaluated by a health care professional. This examination and evaluation might, but would not necessarily, result in treatment, and treatment is not provided by a competent medical professional without an initial examination or evaluation. In contrast, “medical advice” implies that the patient should consult with a health care professional, but that consultation does not necessarily need to be in person. It could be by telephone or computer.

6. Distinguishing “medical attention” from “medical advice” is valuable because it can save a patient time and expense and places less demand on medical resources.

7. The ANSI standard ensures that the gradation of first aid recommendations is commensurate with the degree of hazard and possible outcomes following an exposure. More aggressive first aid statements are given with the possible outcome of exposure is more serious (e.g., a corrosive burn), while less demanding statements are used for a milder outcome (e.g. erythema (redness) of irritation).

8. Thus ANSI standard allocates the highest degree of first aid immediacy and treatment language to the highest degree of hazard (e.g., “immediately flush skin with water for at least 15 minutes”). The term “get medical treatment” would be appropriate for this degree of hazard. Lower severity hazards use lower degrees of immediacy and treatment (e.g., “if irritation develops and persists, flush skin with plenty of water”), and the “get medical advice” statement would be appropriate.

Implications for P313, P314 and P315

9. This logic suggests that changes to the current medical response statements might be appropriate. For example, P315 (“Get immediate medical advice/attention”) is assigned only to the refrigerated liquefied gas category of the compressed gas hazard class. A modification to “Get immediate medical attention,” might be appropriate because the hazard involved is severe immediate effect of cryogenic burns which should be treated immediately.

10. Similarly, P314 (“Get medical advice/attention if you feel unwell”) is only used for STOT - Repeated Exposure. In this case, deleting the option “medical advice” might also be appropriate because the precautionary phrase also contains the modifier “if you feel unwell”. While the effect is not immediate, target organ effects are serious, and because the phrase demands action only if one is already “feeling unwell,” then “medical attention” is again perhaps more appropriate.

11. Alternatively, this logic suggests that P313 (“Get medical advice/attention”) is correct as it currently appears in Rev. 6. P313 is associated with a broader range of hazard classes/categories: skin irritants, eye irritants, and categories 1& 2 for carcinogenicity, mutagenicity, and reproductive toxins. Given the varying degrees of severity for this collection of hazard classes/categories then “medical advice” or “medical attention” may be appropriate, depending on the circumstances. Under the logic advanced above, “medical advice” alone might be appropriate for the relatively minor effects associated with skin irritation, while “medical attention” might be appropriate for the more serious chronic hazards.

12. The United States believes that the distinction between medical attention and medical advice should be retained since it provides valuable guidance to the person exposed. We therefore believe that the EU’s proposal to delete “medical attention” from P313-P315 is incorrect.

13. However, it appears that it may be appropriate to provide more specific medical response statements for the endpoints currently assigned to P313 – P315.

Suggestion for a way forward

14. If it provides assistance to the EU, we have no objection to changing “medical advice/attention” to “medical attention” in P314 and P315, but we do not agree at this point to a change in P313. However, in light of the complexity involved, perhaps the better course is defer any changes until the next biennium so that they may be considered as part of the work proposed for the correspondence group on Annexes 1 to 3.