

EXPOSURE TO PARTICULATE MATTER IN FIRE STATIONS: PRELIMINARY RESULTS

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Firefighters are at increased risk for many types of health diseases (IARC, 2010). While most of the studies on this topic focus on exposures and their impacts due to the fire combats (Oliveira et al., 2017), firefighters spend large portions of their day-by-day shift within the fire stations, where they can be exposed to a variety of air pollutants, including particulate matter (PM), i.e., a known carcinogen. This work aimed to assess the levels of particulate matter (PM) at fire stations and to investigate the possible parameters that may influence the respective levels.

This study was conducted consecutively during 2 weeks in summer 2021 in the north of Portugal. Seven fire houses were included in this study, all of them located in rural areas of Bragança district. Sampling of different indoor (living rooms, rest areas, and etc.) and outdoor spaces was conducted concurrently in each station. Four different fractions, namely PM₁, PM_{2.5}, PM₄ and PM₁₀ were continuously monitored by Dustrak™ Aerosol Monitor (model 8532, TSI Inc., Shoreview, USA) and by Lighthouse Handheld particle counter (model 3016 IAQ; Lighthouse Worldwide Solutions, Fremont, USA) using logging interval of 1 min.

Across all fire stations, indoor PM_{2.5} and PM₁₀ means ranged between 6.3 and 14.1 µg/m³ (mean 8.7 µg/m³) and from 7.5–16.1 µg/m³ (10.5 µg/m³), respectively. These results showed that indoor PM was well below the limits set by Portuguese legislation for public spaces (25 and 50 µg/m³ for PM_{2.5} and PM₁₀, respectively; Decreto-Lei 118/2013). Indoor PM_{2.5} was mainly constituted of PM₁ (97%) but respirable (PM_{2.5} and PM₄) fraction accounted for majority of indoor particles (82–88 %, respectively). Outdoor concentrations exhibited similar mean values (4.3 µg/m³ for PM_{2.5}, 20.6 µg/m³ for PM₁₀) but the individual means across all fire stations demonstrated different ranges: for PM_{2.5} 2.3–7.7 µg/m³ and 15.8–26.9 µg/m³ for PM₁₀. Once again, the obtained levels fulfilled the existing guidelines for ambient air (Directive 2008/50/EC). Similarly to indoors, PM₁ constituted the large portion of PM_{2.5} (up to 76%), but the contribution of coarse particles (*i.e.*, larger than 2.5 µm) in outdoor air was much larger than indoors (79% outdoors *vs.* 18–12% indoors), most likely resulting from resuspended dust.

The results of the study showed that human occupancy and the activities conducted indoors were the main indoor emission sources; ventilation was also associated with indoor PM. Whereas PM concentrations were relatively low, the chronic exposures, even in small quantities, require further assessment to determine the respective health risks. In addition, assessment of and co-exposure to other pollutants in these settings would be precious.

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