

Brompheniramine

sc-205609



The Power is Question

Material Safety Data Sheet

Hazard Alert Code
Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

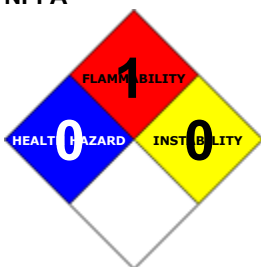
PRODUCT NAME

Brompheniramine

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Santa Cruz Biotechnology, Inc.
2145 Delaware Avenue
Santa Cruz, California 95060
800.457.3801 or 831.457.3800

EMERGENCY

ChemWatch

Within the US & Canada: 877-715-9305

Outside the US & Canada: +800 2436 2255

(1-800-CHEMCALL) or call +613 9573 3112

SYNONYMS

C16-H19-Br-N2, 1-(p-bromophenyl)-1-(2-pyridyl)-3-dimethylaminopropane, 2-[p-bromo-alpha-(2-dimethylaminoethyl)benzyl]pyridine, 2-[p-bromo-alpha-[2-(dimethylamino)ethyl]benzyl]pyridine, "2-pyridinepropanamine, gamma-(4-bromophenyl)-N, N-dimethyl-", "3-(4-bromophenyl)-N, N-dimethyl-3-(2-pyridinyl)-1-propanamine", "3-(p-bromophenyl)-3-(2-pyridyl)-N, N-dimethylpropylamine", parabromdylamine, "pheniramine, bromo-", Aleffer, Antial, Antiflam, Brombay, "p-Bromdylamine maleate", "Bromfeniramina maleato", "Brompheniramine maleate", Bromprophenpyridamine, "Bromrun D. 721", Dimegan, Dimergan, Dimetane, Dimotane, Dinotane, Drauxin, Ebalin, Finistin, Gammistin, Histar, Iluin, Malhistin, Med-Tane, Metodin-B, Nagemid, "Parabromdylamine maleate", Rolabromophen, Spentane, "Symptom 3", Veltane, antihistamine

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

	Min	Max	
Flammability:	1		
Toxicity:	2		
Body Contact:	2		Min/Nil=0
Reactivity:	1		Low=1
Chronic:	3		Moderate=2
			High=3
			Extreme=4

CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Possible risk of irreversible effects.

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

Ingestion may produce health damage*.

Cumulative effects may result following exposure*.

May produce discomfort of the eyes*.

Possible skin sensitiser*.

May be harmful to the foetus/embryo*.

* (limited evidence).

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

■ Accidental ingestion of the material may be damaging to the health of the individual.

■ Antihistamines have side effects such as sedation, stomach upset (nausea, vomiting, diarrhoea or constipation), blurred vision, ringing in the ears, mood changes, irritability, nightmares, loss of appetite, difficulty urinating, dry mouth, chest tightness and tingling, heaviness and weakness in the hands, nervousness, restlessness, irritability, feeling of well-being, disturbed eye movements, difficulties moving the face, "pins and needles", palpitations, faintness, increased heart rate, uncommonly irregular heart rhythms, lung swelling, and disturbed sleep and dreaming.

Treatment may cause side effects within 15 minutes including a dry mouth and throat, blocked nose, wheeze, thick phlegm, fever, sweating, smell disturbances, skin flushing, double vision and dilated pupils.

■ Muscarine-like drugs activate muscarinic receptors, affecting both peripheral and central nervous systems.

Muscarinic symptoms include: miosis, dilation of blood vessels, depressed heart output and conduction, phlegm, diarrhoea, vomiting, urination and sweating.

EYE

■ There is some evidence to suggest that this material can cause eye irritation and damage in some persons.

■ Anticholinergic eye drops can cause stinging, dryness, redness, itch, dilated pupils, and loss of focus with blurred vision.

Pupil Reflexes may be lost or diminished for 3 days.

SKIN

■ The liquid may be miscible with fats or oils and may degrease the skin, producing a skin reaction described as non-allergic contact dermatitis.

The material is unlikely to produce an irritant dermatitis as described in EC Directives .

■ Open cuts, abraded or irritated skin should not be exposed to this material.

■ Entry into the blood-stream, through, for example, cuts, abrasions or lesions, may produce systemic injury with harmful effects.

Examine the skin prior to the use of the material and ensure that any external damage is suitably protected.

INHALED

■ The material is not thought to produce either adverse health effects or irritation of the respiratory tract following inhalation (as classified by EC Directives using animal models).

Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum and that suitable control measures be used in an occupational setting.

■ The use of anticholinergic agents is associated with temporary impairment of vision.

They cause an increase in heart rate, decreased production of saliva, sweat, and bronchial, nasal, gastric and intestinal secretions, decreased bowel movements and inhibition of urination.

CHRONIC HEALTH EFFECTS

■ Strong evidence exists that this substance may cause irreversible mutations (though not lethal) even following a single exposure.

Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

There is limited evidence that, skin contact with this product is more likely to cause a sensitisation reaction in some persons compared to the general population.

There is some evidence from animal testing that exposure to this material may result in toxic effects to the unborn baby.

Chronic intoxication with ionic bromides, historically, has resulted from medical use of bromides but not from environmental or occupational exposure; depression, hallucinosis, and schizophreniform psychosis can be seen in the absence of other signs of intoxication. Bromides may also induce sedation, irritability, agitation, delirium, memory loss, confusion, disorientation, forgetfulness (aphasias), dysarthria, weakness, fatigue, vertigo, stupor, coma, decreased appetite, nausea and vomiting, diarrhoea, hallucinations, an acne like rash on the face, legs and trunk, known as bronchoderma (seen in 25-30% of case involving bromide ion), and a profuse discharge from the nostrils (coryza).

Long-term use of antihistamines can cause sugar in the urine, obstructive jaundice, skin discolouration associated with loss of platelets,

early periods, loss of milk production, breast development in males and decreased sex drive. Disturbances in the blood include anaemia, loss of white blood cells and platelets. Allergic reactions include fever, eczema, red wheal and blistering, a measles-like or scarlet-fever like rash, itching, sensitivity to light, swelling of the extremities, throat and other areas, asthma, lupus-like symptoms and anaphylactic shock. Prolonged use may cause difficulty in moving the muscles of the face. Withdrawing the drug generally improves these effects.

Wide area external application of antihistamines can cause various side effects, including sensitisation and eczema.

Prolonged exposure to anticholinergic agents may irritate the eyes, causing allergic lid reactions, conjunctivitis, swelling, excess blood flow to the eyes, and sensitivity to light. Increase in eye pressure may lead to closed angle glaucoma. There may be hypersensitivity shown by conjunctivitis, rash and eczema. Anticholinergics can also cause chronic constipation with blockage of the intestine by faeces.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
bromopheniramine	86-22-6	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.

EYE

If this product comes in contact with the eyes:

- Wash out immediately with fresh running water.
- Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.
- Seek medical attention without delay; if pain persists or recurs seek medical attention.
- Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.

SKIN

If skin contact occurs:

- Immediately remove all contaminated clothing, including footwear.
- Flush skin and hair with running water (and soap if available).
- Seek medical attention in event of irritation.

INHALED

- If fumes, aerosols or combustion products are inhaled remove from contaminated area.
- Other measures are usually unnecessary.

NOTES TO PHYSICIAN

- Treat symptomatically.

In severe overdose of antihistamines, the stomach should be emptied by aspiration and lavage. Emetics should not be used.

Section 5 - FIRE FIGHTING MEASURES

Vapour Pressure (mmHG):	Not Available
Upper Explosive Limit (%):	Not Available
Specific Gravity (water=1):	Not Available
Lower Explosive Limit (%):	Not Available

EXTINGUISHING MEDIA

- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use water delivered as a fine spray to control fire and cool adjacent area.

When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 100 metres in all directions.

GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

- Combustible.
- Slight fire hazard when exposed to heat or flame.
- Heating may cause expansion or decomposition leading to violent rupture of containers.
- On combustion, may emit toxic fumes of carbon monoxide (CO).

Combustion products include: carbon dioxide (CO₂), hydrogen bromide, nitrogen oxides (NO_x), other pyrolysis products typical of burning organic material.

FIRE INCOMPATIBILITY

- Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

Environmental hazard - contain spillage.

- Clean up waste regularly and abnormal spills immediately.
- Avoid breathing dust and contact with skin and eyes.
- Wear protective clothing, gloves, safety glasses and dust respirator.
- Use dry clean up procedures and avoid generating dust.

MAJOR SPILLS

Environmental hazard - contain spillage.

Moderate hazard.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.
- Prevent, by any means available, spillage from entering drains or water course.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- DO NOT allow clothing wet with material to stay in contact with skin
- Avoid all personal contact, including inhalation.
- Wear protective clothing when risk of exposure occurs.
- Use in a well-ventilated area.
- Prevent concentration in hollows and sumps.

RECOMMENDED STORAGE METHODS

- Glass container is suitable for laboratory quantities
- Metal can or drum
- Packaging as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- bromopheniramine: CAS:86-22-6

PERSONAL PROTECTION



RESPIRATOR

- Type A-P Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

EYE

When handling very small quantities of the material eye protection may not be required.

For laboratory, larger scale or bulk handling or where regular exposure in an occupational setting occurs:

- Chemical goggles
- Face shield. Full face shield may be required for supplementary but never for primary protection of eyes
- Contact lenses may pose a special hazard; soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lens or restrictions on use, should be created for each workplace or task. This should include a review of lens absorption and adsorption for the class of chemicals in use and an account of injury experience. Medical and first-aid personnel should be trained in their removal and suitable equipment should be readily available. In the event of chemical exposure, begin eye irrigation immediately and remove contact lens as soon as practicable. Lens should be removed at the first signs of eye redness or irritation - lens should be removed in a clean environment only after workers have washed hands thoroughly. [CDC NIOSH Current Intelligence Bulletin 59], [AS/NZS 1336 or national equivalent]

HANDS/FEET

NOTE:

- The material may produce skin sensitisation in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.
- Contaminated leather items, such as shoes, belts and watch-bands should be removed and destroyed.

Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include:

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity
- Rubber gloves (nitrile or low-protein, powder-free latex). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Protective shoe covers. [AS/NZS 2210]

OTHER

- For quantities up to 500 grams a laboratory coat may be suitable.
- For quantities up to 1 kilogram a disposable laboratory coat or coverall of low permeability is recommended. Coveralls should be buttoned at collar and cuffs.
- For quantities over 1 kilogram and manufacturing operations, wear disposable coverall of low permeability and disposable shoe covers.
- For manufacturing operations, air-supplied full body suits may be required for the provision of advanced respiratory protection.

ENGINEERING CONTROLS

- Enclosed local exhaust ventilation is required at points of dust, fume or vapour generation.

HEPA terminated local exhaust ventilation should be considered at point of generation of dust, fumes or vapours.

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.

When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g. 6-12 air changes per hour) is preferred.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Liquid.

State	Liquid	Molecular Weight	319.24
Melting Range (°F)	Not Available	Viscosity	Not Available
Boiling Range (°F)	297- 306 (0.5 mm Hg)	Solubility in water (g/L)	Partly Miscible
Flash Point (°F)	Not Available	pH (1% solution)	Not Available
Decomposition Temp (°F)	Not Available	pH (as supplied)	Not Applicable

Autoignition Temp (°F)	Not Available	Vapour Pressure (mmHG)	Not Available
Upper Explosive Limit (%)	Not Available	Specific Gravity (water=1)	Not Available
Lower Explosive Limit (%)	Not Available	Relative Vapour Density (air=1)	Not Available
Volatile Component (%vol)	Not Available	Evaporation Rate	Not Available

APPEARANCE

Oil liquid with characteristic amine odour; does not mix well with water. Soluble in dilute acids. The halogenated alkylamine antihistamines all exhibit optical isomerism and brompheniramine products contain racemic brompheniramine maleate whereas dexbrompheniramine (Drixoral) is the dextrorotary (right-handed) stereoisomer.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.
- Hazardous polymerisation will not occur.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidising agents

For incompatible materials - refer to Section 7 - Handling and Storage.

Section 11 - TOXICOLOGICAL INFORMATION

bromopheniramine

TOXICITY AND IRRITATION

- No significant acute toxicological data identified in literature search.

CARCINOGEN

BROMINE COMPOUNDS (ORGANIC OR INORGANIC)	US Environmental Defense Scorecard Suspected Carcinogens	Reference(s) P65-MC
--	--	---------------------

Section 12 - ECOLOGICAL INFORMATION

Very toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

This material and its container must be disposed of as hazardous waste.

Avoid release to the environment.

Refer to special instructions/ safety data sheets.

Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
bromopheniramine	No Data Available	No Data Available		

Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions

All waste must be handled in accordance with local, state and federal regulations.

- Containers may still present a chemical hazard/ danger when empty.
- Return to supplier for reuse/ recycling if possible.

Otherwise:

- If container can not be cleaned sufficiently well to ensure that residuals do not remain or if the container cannot be used to store the same product, then puncture containers, to prevent re-use, and bury at an authorised landfill.
- Where possible retain label warnings and MSDS and observe all notices pertaining to the product.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction

- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. If it has been contaminated, it may be possible to reclaim the product by filtration, distillation or some other means. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

- DO NOT allow wash water from cleaning or process equipment to enter drains.
- It may be necessary to collect all wash water for treatment before disposal.
- In all cases disposal to sewer may be subject to local laws and regulations and these should be considered first.
- Where in doubt contact the responsible authority.
- Recycle wherever possible or consult manufacturer for recycling options.
- Consult State Land Waste Authority for disposal.
- Bury or incinerate residue at an approved site.
- Recycle containers if possible, or dispose of in an authorised landfill.

Section 14 - TRANSPORTATION INFORMATION



DOT:

Symbols:	G	Hazard class or Division:	9
Identification Numbers:	UN3077	PG:	III
Label Codes:	9	Special provisions:	8, 146, 335, B54, IB8, IP3, N20, T1, TP33
Packaging: Exceptions:	155	Packaging: Non-bulk:	213
Packaging: Exceptions:	155	Quantity limitations: Passenger aircraft/rail:	No limit
Quantity Limitations: Cargo aircraft only:	No limit	Vessel stowage: Location:	A
Vessel stowage: Other:	None		

Hazardous materials descriptions and proper shipping names:
Environmentally hazardous substance, solid, n.o.s

Air Transport IATA:

ICAO/IATA Class:	9	ICAO/IATA Subrisk:	None
UN/ID Number:	3077	Packing Group:	III
Special provisions:	A97		

Cargo Only

Packing Instructions:	956	Maximum Qty/Pack:	400 kg
Passenger and Cargo		Passenger and Cargo	
Packing Instructions:	956	Maximum Qty/Pack:	400 kg
Passenger and Cargo Limited Quantity		Passenger and Cargo Limited Quantity	
Packing Instructions:	Y956	Maximum Qty/Pack:	30 kg G

Shipping name: ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S. (contains bromopheniramine)

Maritime Transport IMDG:

IMDG Class:	9	IMDG Subrisk:	None
UN Number:	3077	Packing Group:	III

EMS Number:	F-A,S-F	Special provisions:	274 335
Limited Quantities:	5 kg	Marine Pollutant:	Yes
Shipping name:ENVIRONMENTALLY HAZARDOUS SUBSTANCE, SOLID, N.O.S.(contains bromopheniramine)			

Section 15 - REGULATORY INFORMATION



bromopheniramine (CAS: 86-22-6) is found on the following regulatory lists;
 "Canada List of Prohibited and Restricted Cosmetic Ingredients (The Cosmetic Ingredient ""Hotlist"")", "Canada Non-Domestic Substances List (NDSL)", "US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Ingestion may produce health damage*.
 - Cumulative effects may result following exposure*.
 - May produce discomfort of the eyes*.
 - Possible skin sensitiser*.
 - May be harmful to the foetus/embryo*.
- *(limited evidence).

Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
bromopheniramine	86- 22- 6	Mut3; R68 Xn; R22 R43 Xi; R38 N; R50/53

■ Classification of the preparation and its individual components has drawn on official and authoritative sources as well as independent review by the Chemwatch Classification committee using available literature references.
 A list of reference resources used to assist the committee may be found at:
www.chemwatch.net/references.

■ The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings.

- For detailed advice on Personal Protective Equipment, refer to the following U.S. Regulations and Standards:
 OSHA Standards - 29 CFR:
 1910.132 - Personal Protective Equipment - General requirements
 1910.133 - Eye and face protection
 1910.134 - Respiratory Protection
 1910.136 - Occupational foot protection
 1910.138 - Hand Protection
 Eye and face protection - ANSI Z87.1
 Foot protection - ANSI Z41
 Respirators must be NIOSH approved.

This document is copyright. Apart from any fair dealing for the purposes of private study, research, review or criticism, as permitted under the Copyright Act, no part may be reproduced by any process without written permission from CHEMWATCH. TEL (+61 3) 9572 4700.
www.Chemwatch.net

Issue Date: May-23-2010
 Print Date:Apr-14-2012