

Hydrochlorothiazide

sc-207738



The Power to Question

Material Safety Data Sheet

Hazard Alert Code Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

Hydrochlorothiazide

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

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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

C7-H8-Cl-N3-O4-S2, "2H-1, 2, 4-benzothiadiazine-7-sulfonamide, 6-chloro-3, 4-dihydro-, 1, 1-", dioxide, "6-chloro-3, 4-dihydro-2H-1, 2, 4-benzothiadiazine-7-sulfonamide 1, 1-", dioxide, dihydrochlorothiazide, "3, 4-dihydrochlorothiazide", hypothiazide, Aquarius, Bremil, Diclortide, Disalunil, Esidrex, HCTZ, Hydril, Hydro-Aquil, Hydro-Diuril, "thiazide diuretic/ anti-hypertensive"

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability:	1	
Toxicity:	2	
Body Contact:	2	
Reactivity:	1	
Chronic:	3	

Min/Nil=0
Low=1
Moderate=2
High=3
Extreme=4



CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Harmful if swallowed.
Danger of cumulative effects.
May cause SENSITISATION by inhalation and skin contact.
Possible risk of irreversible effects.
Toxic to soil organisms.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

- Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.
- Large doses of thiazide diuretics can cause gastrointestinal disturbances with nausea, vomiting and increased bowel movements, and severe mineral imbalance.

Potassium deficiency can result in confusion, dizziness and muscle weakness.

- Sulfonamides and their derivatives can cause extensive kidney damage, and destroy red blood cells.

Overdose may cause an accumulation of acid in the blood or a diminished blood sugar level with confusion and coma resulting.

EYE

- There is some evidence to suggest that this material can cause eye irritation and damage in some persons.
- Eye drops with sulfonamides can cause local irritation, sensations of burning and stinging, blurred vision and loss of depth perception. The conjunctiva and cornea may become inflamed, and the cornea and lens may become clouded.

SKIN

- Skin contact is not thought to produce harmful health effects (as classified using animal models).

Systemic harm, however, has been identified following exposure of animals by at least one other route and the material may still produce health damage following entry through wounds, lesions or abrasions.

- 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 using animal models).

Nevertheless, adverse 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.

- Persons with impaired respiratory function, airway diseases and conditions such as emphysema or chronic bronchitis, may incur further disability if excessive concentrations of particulate are inhaled.

- Limited evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.

CHRONIC HEALTH EFFECTS

- Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Strong evidence exists that the substance may cause irreversible but non-lethal mutagenic effects following a single exposure.

Inhaling this product is more likely to cause a sensitization reaction in some persons compared to the general population.

Skin contact with the material is more likely to cause a sensitization reaction in some persons compared to the general population.

Exposure to the material may result in a possible risk of irreversible effects. The material may produce mutagenic effects in man. This concern is raised, generally, on the basis of appropriate studies using mammalian somatic cells in vivo. Such findings are often supported by positive results from in vitro mutagenicity studies.

There is some evidence to provide a presumption that human exposure to the material may result in impaired fertility on the basis of: some evidence in animal studies of impaired fertility in the absence of toxic effects, or evidence of impaired fertility occurring at around the same dose levels as other toxic effects but which is not a secondary non-specific consequence of other toxic effects.

Exposure to the material may cause concerns for humans owing to possible developmental toxic effects, on the basis that similar materials tested in appropriate animal studies provide some suspicion of developmental toxicity in the absence of signs of marked maternal toxicity, or at around the same dose levels as other toxic effects but which are not a secondary non-specific consequence of other toxic effects.

Prolonged oral treatment with sulfonamides has caused nausea, vomiting, diarrhea, abdominal pain, loss of appetite, inflammation of the mouth cavity, impaired folic acid absorption, exacerbation of porphyria, acidosis, liver damage with impaired blood clotting, jaundice and inflammation of the pancreas. Effects on the kidney include blood and crystals in the urine, painful and frequent urination or lack of urine with nitrogen retention.

Long term exposure to high dust concentrations may cause changes in lung function i.e. pneumoconiosis; caused by particles less than 0.5 micron penetrating and remaining in the lung.

There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment.

Animals exposed to 3-50000 ppm for up to 2 years exhibited chronic renal disease with parathyroid hyperplasia, mineralisation in multiple organs and fibrous osteodystrophy. Proliferative lesions in the haematopoietic system were reported in female rats. Other animals studies have described cardiac thrombosis, polyarteritis, osteitis fibrosa and calcification of the aorta, other arteries, mucosa of the glandular stomach, muscles of the forestomach, heart and pulmonary alveoli.

Some evidence of carcinogenic activity was reported in male mice with an increased incidence of hepatocellular neoplasms.

Equivocal evidence of carcinogenic evidence was reported in male rats with a marginal increase in the incidence of neoplasms of the Zymbal gland. No evidence of carcinogenic activity was found in female rats or mice. NTP TR-357

Hydrochlorothiazide crosses the placental barrier and may cause foetal or neonatal jaundice, thrombocytopenia, haemolytic anaemia, electrolyte imbalances and hypoglycaemia. It is excreted in milk. The thiazides are chemically related to the sulfonamides.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
hydrochlorothiazide	58-93-5	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

· IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. · Where Medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

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.

SKIN

■ If skin contact occurs: · Immediately remove all contaminated clothing, including footwear · Flush skin and hair with running water (and soap if available).

INHALED

· If dust is inhaled, remove from contaminated area. · Encourage patient to blow nose to ensure clear passage of breathing. · If irritation or discomfort persists seek medical attention.

NOTES TO PHYSICIAN

■ In massive overdose treatment should be symptomatic and directed at fluid and electrolyte replacement. In case of recent ingestion gastric lavage should be carried out.

In cases of recent sulfonamide overdose the stomach should be emptied by aspiration and lavage. If kidney function is adequate, a saline purgative, such as sodium sulfate, 30 g in 250 ml water, may be given to promote peristalsis and elimination of sulfonamide in the urine may be assisted by giving alkalis, such as sodium bicarbonate and increasing fluid intake.

Section 5 - FIRE FIGHTING MEASURES

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

EXTINGUISHING MEDIA

· Foam.
· Dry chemical powder.

FIRE FIGHTING

· Alert Emergency Responders and tell them location and nature of hazard.
· Wear breathing apparatus plus protective gloves.

GENERAL FIRE HAZARDS/HAZARDOUS COMBUSTIBLE PRODUCTS

· Combustible solid which burns but propagates flame with difficulty.
· Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), hydrogen chloride, phosgene, nitrogen oxides (NO_x), sulfur oxides (SO_x), other pyrolysis products typical of burning organic material.

May emit poisonous fumes.

May emit corrosive fumes.

FIRE INCOMPATIBILITY

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

PERSONAL PROTECTION

Glasses:
Chemical goggles.
Gloves:
Respirator:
Particulate

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.
- Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
- Dampen with water to prevent dusting before sweeping.
- Place in suitable containers for disposal.

MAJOR SPILLS

- Environmental hazard - contain spillage.
- Moderate hazard.
- CAUTION: Advise personnel in area.
- Alert Emergency Responders and tell them location and nature of hazard.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
 - Wear protective clothing when risk of exposure occurs.
- Empty containers may contain residual dust which has the potential to accumulate following settling. Such dusts may explode in the presence of an appropriate ignition source.
- Do NOT cut, drill, grind or weld such containers.
 - In addition ensure such activity is not performed near full, partially empty or empty containers without appropriate workplace safety authorisation or permit.

RECOMMENDED STORAGE METHODS

- Glass container.
- Polyethylene or polypropylene container.
- Check all containers are clearly labelled and free from leaks.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- hydrochlorothiazide: CAS:58-93-5

PERSONAL PROTECTION



RESPIRATOR

- particulate. (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].

HANDS/FEET

■ NOTE: The material may produce skin sensitization in predisposed individuals. Care must be taken, when removing gloves and other protective equipment, to avoid all possible skin contact.

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

- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374) is recommended.
- Contaminated gloves should be replaced.

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

- 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.
- Head covering.

Experience indicates that the following polymers are suitable as glove materials for protection against undissolved, dry solids, where abrasive particles are not present.

- polychloroprene
- nitrile rubber
- butyl rubber
- fluorocarbon
- polyvinyl chloride

Gloves should be examined for wear and/ or degradation constantly.

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.
- Eye wash unit.
- Ensure there is ready access to an emergency shower.
- For Emergencies: Vinyl suit.

ENGINEERING CONTROLS

■ Enclosed local exhaust ventilation is required at points of dust, fume or vapor generation.

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

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Does not mix with water.

State	Divided solid	Molecular Weight	297.72
Melting Range (°F)	Not available	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	Partly miscible
Flash Point (°F)	Not available	pH (1% solution)	Not applicable
Decomposition Temp (°F)	523- 527	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not available	Vapour Pressure (mmHG)	Negligible
Upper Explosive Limit (%)	Not available.	Specific Gravity (water=1)	Not available

Lower Explosive Limit (%)	Not available	Relative Vapor Density (air=1)	Not Applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

APPEARANCE

White crystalline powder with faint odour; does not mix well with water. Soluble in dilute ammonium hydroxide. sodium hydroxide solution, alcohol, butylamine, dimethylformamide.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

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

Section 11 - TOXICOLOGICAL INFORMATION

hydrochlorothiazide

TOXICITY AND IRRITATION

HYDROCHLOROTHIAZIDE:

- unless otherwise specified data extracted from RTECS - Register of Toxic Effects of Chemical Substances.

TOXICITY	IRRITATION
Oral (woman) TDLo: 0.5 mg/kg	Nil Reported
Oral (rat) LD50: 2750 mg/kg	
Intraperitoneal (rat) LD50: 234 mg/kg	
Subcutaneous (rat) LD50: 1270 mg/kg	
Intravenous (rat) LD50: 990 mg/kg	
Oral (mouse) LD50: 1175 mg/kg	
Intraperitoneal (mouse) LD50: 578 mg/kg	
Subcutaneous (mouse) LD50: 1470 mg/kg	
Intravenous (mouse) LD50: 590 mg/kg	
Intravenous (dog) LD50: 250 mg/kg	
Intravenous (rabbit) LD50: 461 mg/kg	

■ Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's edema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Allergic reactions involving the respiratory tract are usually due to interactions between IgE antibodies and allergens and occur rapidly. Allergic potential of the allergen and period of exposure often determine the severity of symptoms. Attention should be paid to atopic diathesis, characterized by increased susceptibility to nasal inflammation, asthma and eczema. Exogenous allergic alveolitis is induced essentially by allergen specific immune-complexes of the IgG type; cell-mediated reactions (T lymphocytes) may be involved. Such allergy is of the delayed type with onset up to four hours following exposure.

NOTE: Substance has been shown to be mutagenic in at least one assay, or belongs to a family of chemicals producing damage or change to cellular DNA.

Oral (woman) LDLo: 2.5 mg/kg/5d - I

CARCINOGEN

Hydrochlorothiazide	International Agency for Research on Cancer (IARC) - Agents Reviewed by the IARC Monographs	Group	3
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Section 12 - ECOLOGICAL INFORMATION

Toxic to soil organisms.

Ecotoxicity

Ingredient	Persistence:	Persistence: Air	Bioaccumulation	Mobility
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	Water/Soil			
hydrochlorothiazide	HIGH	No Data Available	LOW	HIGH

Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions

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

‡ Puncture containers to prevent re-use and bury at an authorized landfill.

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. 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 equipment to enter drains. Collect all wash water for treatment before disposal.

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult Waste Management Authority for disposal if no suitable treatment or disposal facility can be identified.

Section 14 - TRANSPORTATION INFORMATION

NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS: DOT, IATA, IMDG

Section 15 - REGULATORY INFORMATION

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- May produce discomfort of the eyes*.
- Limited evidence of a carcinogenic effect*.
- May affect fertility*.
- May possibly be harmful to the foetus/ embryo*.

* (limited evidence).

Denmark Advisory list for selfclassification of dangerous substances

Substance CAS Suggested codes hydrochlorothiazide 58- 93- 5 Carc3; R40 Rep3; R63 R43

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- 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. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

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