

Chloroquine Phosphate

sc-205629



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

Chloroquine Phosphate

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Company: Santa Cruz Biotechnology, Inc.

Address:

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Santa Cruz, CA 95060

Telephone: 800.457.3801 or 831.457.3800

Emergency Tel: CHEMWATCH: From within the US and
Canada: 877-715-9305

Emergency Tel: From outside the US and Canada: +800 2436
2255 (1-800-CHEMCALL) or call +613 9573 3112

PRODUCT USE

Antimalarial drug. Has a rapid schizonticidal effect and appears to affect cell-growth by interfering with DNA. Preferential accumulation in the affected erythrocyte may also account for its action. Chloroquine kills the erythrocytic form of parasite at all stages of development but does not attack the parasite in human liver cells. Normally given by mouth but may be given by injection in patients too sick to swallow. Also found to be of value in skin lesions associated with forms of lupus erythematosus and in the management of photoallergic reaction. Rheumatoid arthritis, giardiasis and porphyria have also been treated with chloroquine. Intermediate

SYNONYMS

C18-H32-Cl-N3-O8-P2, "quinoline, 7-chloro-4-((-4-diethylamino-1-methyl-butylamino)-, ", diphosphate, "quinoline, 7-chloro-4-((-4-diethylamino-1-methyl-butylamino)-, ", diphosphate, "7-chloro-4-((4'-diethylamino-1-methylbutyl)amino)quinoline diphosphate", "7-chloro-4-((4'-diethylamino-1-methylbutyl)amino)quinoline diphosphate", "2-(p-chloro-alpha-(2-(dimethylamino)ethyl)benzyl)pyridine maleate (1:1)", "2-(p-chloro-alpha-(2-(dimethylamino)ethyl)benzyl)pyridine maleate (1:1)", "chloroquine diphosphate", "chloroquin diphosphate", "2-pyridinepropanamine, gamma-(4-chlorophenyl)-N, N-dimethyl-, ", "2-pyridinepropanamine, gamma-(4-chlorophenyl)-N, N-dimethyl-, ", "(Z)-2-butendioate (1:1)", "(Z)-2-butendioate (1:1)", "Alermine Aralen diphosphate Aralen phosphate Arechin Arochlor 54", "Avloclor Bemaphate Chingamin Chingamin phosphate Chloroin", "Chlor-Trimeton CQ Delagil Gontochin phosphate Histaspan", "H-Stadur Khingamin Noscosed Resochin Resochin diphosphate", "Resoquine 3377-RP Sanoquin SN 7618 Tanakan Teldrin Telodron", "alkaloid antimalarial"

Section 2 - HAZARDS IDENTIFICATION

CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Harmful if swallowed.

May cause SENSITIZATION by skin contact.

Limited evidence of a carcinogenic effect.

May cause long-term adverse effects in the aquatic environment.

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.

■ The main toxic effects of chloroquine are related to its quinidine-like (membrane stabilizing) actions on the heart. Other acute effects are respiratory depression and severe gastro-intestinal irritation.

Manifestations appear rapidly within one to three hours after ingestion and include:

- Cardiac disturbances: circulatory arrest, shock, conduction disturbances, ventricular arrhythmias. Neurological symptoms: drowsiness, coma and sometimes convulsions.
- Visual disturbances
- Respiratory symptoms: apnoea.
- Gastrointestinal symptoms: severe gastrointestinal irritation; nausea, vomiting, cramps, diarrhoea.

Side-effects of the chloroquines are usually dose related and may include headache, dizziness, blurred vision, double vision and other changes in visions, difficulty in reading (difficulty in accommodation), loss of appetite, nervousness or restlessness, bleaching of the hair or hair loss, blue-black discolouration of

the skin, fingernails or inside of the mouth, gastrointestinal disturbances (nausea, vomiting, diarrhoea and abdominal cramps), pruritis, and macular, urticarial and purpuric skin eruptions. Occasional psychotic episodes, convulsions, hypotension and cardiovascular collapse, and ECG changes have been reported following chloroquine therapies. Overdose may produce blurred vision, low blood pressure, drowsiness, headache, extreme excitability, seizures, coma, respiratory and cardiovascular depression, arrhythmias, shock, followed by convulsions, respiratory and cardiac arrest and death.

■ Large doses of quinine and its derivatives may produce severe poisoning characterized by headache, fever, vomiting, muscle weakness, excitement, confusion, blindness (possibly permanent), deafness and loss of consciousness; blood pressure falls and a feeble pulse results. Occasionally, renal failure ensues; death may occur, usually in coma, from respiratory failure.

■ Agranulocytosis is an acute condition with loss of white blood cells, especially those with multiple nuclei. This may lead to infected ulcers in the throat, intestine, other mucous membranes and skin.

EYE

■ Although the material is not thought to be an irritant, direct contact with the eye may cause transient discomfort characterized by tearing or conjunctival redness (as with windburn). Slight abrasive damage may also result. The material may produce foreign body irritation in certain individuals.

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. Good hygiene practice requires that exposure be kept to a minimum and that suitable gloves be used in an occupational setting.

■ 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.

CHRONIC HEALTH EFFECTS

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

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

Limited evidence suggests that repeated or long-term occupational exposure may produce cumulative health effects involving organs or biochemical systems.

There is some evidence that inhaling this product is more likely to cause a sensitization reaction in some persons compared to the general population.

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. Prime symptom is breathlessness; lung shadows show on X-ray.

Prolonged administration of high doses of chloroquines (common in the treatment of rheumatoid arthritis) may lead to pigmented deposits and opacities in the cornea which are reversible if treatment is withdrawn. There is a risk of retinopathy with lesions, defects in colour vision, optic nerve atrophy, scotomas, field defects and blindness. Uncommon adverse effects include loss of hair, bleaching of hair pigment, bluish-black pigmentation of mucous membranes and skin, photosensitivity, lichen planus like eruptions, aural defects, neuromyopathy and myopathy. Blood disorders such as agranulocytosis, thrombocytopenia and neutropenia have been reported on rare occasions.

Use of the chloroquines is not recommended during pregnancy because other closely related compounds have caused central nervous system damage (including congenital deafness) in the foetus. Given in weekly chemoprophylactic doses, however, these substances do not appear to produce adverse effects in the foetus.

Repeated exposure to quinines can result in symptoms such as nausea, vomiting, headache, ringing in the ear, deafness, visual disturbance and temporary blindness. Some people are hypersensitive to quinine, and small doses in these persons may cause swelling, asthma and other allergic phenomena. Quinine can also cause hemolytic anemia and loss of platelets.

Exposure to small quantities may induce hypersensitivity reactions characterized by acute bronchospasm, hives (urticaria), deep dermal wheals (angioneurotic edema), running nose (rhinitis) and blurred vision. Anaphylactic shock and skin rash (non-thrombocytopenic purpura) may occur. An individual may be predisposed to such anti-body mediated reaction if other chemical agents have caused prior sensitization (cross-sensitivity).

HAZARD RATINGS

	Min	Max	
Flammability:	1		
Toxicity:	2		
Body Contact:	0		
Reactivity:	1		
Chronic:	2		

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



NAME	CAS RN	%
chloroquine phosphate	50-63-5	>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:
- For advice, contact a Poisons Information Center or a doctor.
- Urgent hospital treatment is likely to be needed.
- If conscious, give water to drink.
- INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.

NOTE: Wear a protective glove when inducing vomiting by mechanical means.

- In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition.
- If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the MSDS should be provided. Further action will be the responsibility of the medical specialist.
- If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the MSDS.

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.
- 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 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

for chloroquines:

Patients with chloroquine overdose should always be admitted to an intensive care unit. Treatment depends on the dose ingested and on the severity of poisoning. It includes gastric lavage. IV diazepam to prevent or reduce cardiotoxicity, and supportive treatment with artificial ventilation, inotropic and vasopressor drugs. Vital signs (ECG, blood pressure, respirations) and serum potassium concentrations should be monitored.

- In gross overdose prompt treatment is essential.
- Empty the stomach by inducing emesis or by aspiration and lavage.
- The use of charcoal has been suggested.
- Respiration may require assistance and intravenous fluids and vasopressors may be given for hypotension.
- Ammonium chloride in doses of up to 8 gm daily by mouth has been recommended to enhance urinary excretion but hazards exist in forced diuresis.
- Sodium lactate injection has been given intravenously to counter depressant effects of chloroquine on the heart.
- Electrical pacing of the heart may be required.
- Dialysis procedures seem to offer little benefit.

An alternate treatment regime has been published in the US Pharmacopeia.

Treatment should be symptomatic and supportive and may include the following:

- Empty stomach with gastric lavage
- Administer activated charcoal with a cathartic. The dose of activated charcoal should be 5 to 10 times the estimated dose of the material ingested.
- Force diuresis and acidify the urine with ammonium chloride to enhance elimination. Adjust the dose of the acidifying agent to maintain a urinary pH of 5.5 to 6.5.
- Treat repetitive seizures or status epilepticus with intravenous diazepam (in 2.5 to 5 mg increments).
- Manage life-threatening ventricular arrhythmias or cardiac arrest as per Advances Cardiac Life Support guidelines.
- For hypotension and circulatory shock, administer fluids at a sufficient rate to maintain urine output. Administer intravenous

pressor and/ or inotropic drugs such as norepinephrine, dopamine, isoproterenol, or dobutamine, if required.

- Monitor plasma protein
- Secure and maintain a patent airway, minister oxygen, and institute assisted or controlled respiration as required. In severe overdose, early mechanical ventilation has been suggested to prevent hypoxaemia.

USP DI 20th Ed. 200).

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

- Water spray or fog.
- Foam.
- Dry chemical powder.
- BCF (where regulations permit).
- Carbon dioxide.

FIRE FIGHTING

- Alert Emergency Responders 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.
- Use water delivered as a fine spray to control fire and cool adjacent area.
- DO NOT approach containers suspected to be hot.
- Cool fire exposed containers with water spray from a protected location.
- If safe to do so, remove containers from path of fire.
- Equipment should be thoroughly decontaminated after use.

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.
- Dry dust can be charged electrostatically by turbulence, pneumatic transport, pouring, in exhaust ducts and during transport.
- Build-up of electrostatic charge may be prevented by bonding and grounding.
- Powder handling equipment such as dust collectors, dryers and mills may require additional protection measures such as explosion venting.

Combustion products include: carbon monoxide (CO), carbon dioxide (CO₂), hydrogen chloride, phosgene, nitrogen oxides (NO_x), phosphorus oxides (PO_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

- 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

- Moderate hazard.
- CAUTION: Advise personnel in area.
- Alert Emergency Responders and tell them location and nature of hazard.
- Control personal contact by wearing protective clothing.
- Prevent, by any means available, spillage from entering drains or water courses.
- Recover product wherever possible.
- IF DRY: Use dry clean up procedures and avoid generating dust. Collect residues and place in sealed plastic bags or other

- containers for disposal. IF WET: Vacuum/shovel up and place in labelled containers for disposal.
- ALWAYS: Wash area down with large amounts of water and prevent runoff into drains.
- If contamination of drains or waterways occurs, advise emergency services.

ACUTE EXPOSURE GUIDELINE LEVELS (AEGL) (in ppm)

AEGL 1: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience notable discomfort, irritation, or certain asymptomatic nonsensory effects. However, the effects are not disabling and are transient and reversible upon cessation of exposure.

AEGL 2: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience irreversible or other serious, long-lasting adverse health effects or an impaired ability to escape.

AEGL 3: The airborne concentration of a substance above which it is predicted that the general population, including susceptible individuals, could experience life-threatening health effects or death.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- 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.
- DO NOT enter confined spaces until atmosphere has been checked.
- DO NOT allow material to contact humans, exposed food or food utensils.
- Avoid contact with incompatible materials.
- When handling, DO NOT eat, drink or smoke.
- Keep containers securely sealed when not in use.
- Avoid physical damage to containers.
- Always wash hands with soap and water after handling.
- Work clothes should be laundered separately.
- Launder contaminated clothing before re-use.
- Use good occupational work practice.
- Observe manufacturer's storing and handling recommendations.
- Atmosphere should be regularly checked against established exposure standards to ensure safe working conditions are maintained.

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.
- Store in a cool, dry, well-ventilated area.
- Store away from incompatible materials and foodstuff containers.
- Protect containers against physical damage and check regularly for leaks.
- Observe manufacturer's storing and handling recommendations.

SAFE STORAGE WITH OTHER CLASSIFIED CHEMICALS



X: Must not be stored together

O: May be stored together with specific preventions

+: May be stored together

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

Source	Material	TWA	TWA	STEL	STEL	Peak	Peak	TWA	Notes
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Source	Material	ppm	mg/m ³	ppm	mg/m ³	ppm	mg/m ³	F/CC	Notes
US - Oregon Permissible Exposure Limits (Z3)	chloroquine phosphate (Inert or Nuisance Dust: (d) Total dust)		10						*
US OSHA Permissible Exposure Levels (PELs) - Table Z3	chloroquine phosphate (Inert or Nuisance Dust: (d) Respirable fraction)		5						
US OSHA Permissible Exposure Levels (PELs) - Table Z3	chloroquine phosphate (Inert or Nuisance Dust: (d) Total dust)		15						
US - Hawaii Air Contaminant Limits	chloroquine phosphate (Particulates not otherwise regulated - Total dust)		10						
US - Hawaii Air Contaminant Limits	chloroquine phosphate (Particulates not otherwise regulated - Respirable fraction)		5						
US - Oregon Permissible Exposure Limits (Z3)	chloroquine phosphate (Inert or Nuisance Dust: (d) Respirable fraction)		5						*
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	chloroquine phosphate (Particulates not otherwise regulated Respirable fraction)		5						
US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	chloroquine phosphate (Particulates not otherwise regulated (PNOR)(f)- Respirable fraction)		5						
US - Michigan Exposure Limits for Air Contaminants	chloroquine phosphate (Particulates not otherwise regulated, Respirable dust)		5						

MATERIAL DATA

CHLOROQUINE PHOSPHATE:

■ It is the goal of the ACGIH (and other Agencies) to recommend TLVs (or their equivalent) for all substances for which there is evidence of health effects at airborne concentrations encountered in the workplace. At this time no TLV has been established, even though this material may produce adverse health effects (as evidenced in animal experiments or clinical experience). Airborne concentrations must be maintained as low as is practically possible and occupational exposure must be kept to a minimum.

NOTE: The ACGIH occupational exposure standard for Particles Not Otherwise Specified (P.N.O.S) does NOT apply.

Airborne particulate or vapor must be kept to levels as low as is practically achievable given access to modern engineering controls and monitoring hardware. Biologically active compounds may produce idiosyncratic effects which are entirely unpredictable on the basis of literature searches and prior clinical experience (both recent and past).

PERSONAL PROTECTION



Consult your EHS staff for recommendations

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
-
- Respirators may be necessary when engineering and administrative controls do not adequately prevent exposures.
- The decision to use respiratory protection should be based on professional judgment that takes into account toxicity information, exposure measurement data, and frequency and likelihood of the worker's exposure - ensure users are not subject to high thermal loads which may result in heat stress or distress due to personal protective equipment (powered, positive flow, full face apparatus may be an option).
- Published occupational exposure limits, where they exist, will assist in determining the adequacy of the selected respiratory . These may be government mandated or vendor recommended.
- Certified respirators will be useful for protecting workers from inhalation of particulates when properly selected and fit tested as part of a complete respiratory protection program.
- Use approved positive flow mask if significant quantities of dust becomes airborne.
- Try to avoid creating dust conditions.

RESPIRATOR

Protection Factor	Half-Face Respirator	Full-Face Respirator	Powered Air Respirator
10 x PEL	P1	-	PAPR-P1
	Air-line*	-	-
50 x PEL	Air-line**	P2	PAPR-P2
100 x PEL	-	P3	-
	-	Air-line*	-
100+ x PEL	-	Air-line**	PAPR-P3

* - Negative pressure demand ** - Continuous flow

Explanation of Respirator Codes:

Class 1 low to medium absorption capacity filters.

Class 2 medium absorption capacity filters.

Class 3 high absorption capacity filters.

PAPR Powered Air Purifying Respirator (positive pressure) cartridge.

Type A for use against certain organic gases and vapors.

Type AX for use against low boiling point organic compounds (less than 65°C).

Type B for use against certain inorganic gases and other acid gases and vapors.

Type E for use against sulfur dioxide and other acid gases and vapors.

Type K for use against ammonia and organic ammonia derivatives

Class P1 intended for use against mechanically generated particulates of sizes most commonly encountered in industry, e.g. asbestos, silica.

Class P2 intended for use against both mechanically and thermally generated particulates, e.g. metal fume.

Class P3 intended for use against all particulates containing highly toxic materials, e.g. beryllium.

The local concentration of material, quantity and conditions of use determine the type of personal protective equipment required.

Use appropriate NIOSH-certified respirator based on informed professional judgement. In conditions where no reasonable estimate of exposure can be made, assume the exposure is in a concentration IDLH and use NIOSH-certified full face pressure demand SCBA with a minimum service life of 30 minutes, or a combination full facepiece pressure demand SAR with auxiliary self-contained air supply. Respirators provided only for escape from IDLH atmospheres shall be NIOSH-certified for escape from the atmosphere in which they will be used.

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.

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

The need for respiratory protection should also be assessed where incidental or accidental exposure is anticipated: Dependent on levels of contamination, PAPR, full face air purifying devices with P2 or P3 filters or air supplied respirators should be evaluated.

Fume-hoods and other open-face containment devices are acceptable when face velocities of at least 1 m/s (200 feet/minute) are achieved. Partitions, barriers, and other partial containment technologies are required to prevent migration of the material to uncontrolled areas. For non-routine emergencies maximum local and general exhaust are necessary. Air contaminants generated in the workplace possess varying "escape" velocities which, in turn, determine the "capture velocities" of fresh

circulating air required to effectively remove the contaminant.

Type of Contaminant:	Air Speed:
solvent, vapors, etc. evaporating from tank (in still air)	0.25-0.5 m/s (50-100 f/min.)
aerosols, fumes from pouring operations, intermittent container filling, low speed conveyer transfers (released at low velocity into zone of active generation)	0.5-1 m/s (100-200 f/min.)
direct spray, drum filling, conveyer loading, crusher dusts, gas discharge (active generation into zone of rapid air motion)	1-2.5 m/s (200-500 f/min.)
Within each range the appropriate value depends on:	
Lower end of the range	Upper end of the range
1: Room air currents minimal or favourable to capture	1: Disturbing room air currents
2: Contaminants of low toxicity or of nuisance value only.	2: Contaminants of high toxicity
3: Intermittent, low production.	3: High production, heavy use
4: Large hood or large air mass in motion	4: Small hood-local control only

Simple theory shows that air velocity falls rapidly with distance away from the opening of a simple extraction pipe. Velocity generally decreases with the square of distance from the extraction point (in simple cases). Therefore the air speed at the extraction point should be adjusted, accordingly, after reference to distance from the contaminating source. The air velocity at the extraction fan, for example, should be a minimum of 1-2.5 m/s (200-500 f/min.) for extraction of gases discharged 2 meters distant from the extraction point. Other mechanical considerations, producing performance deficits within the extraction apparatus, make it essential that theoretical air velocities are multiplied by factors of 10 or more when extraction systems are installed or used.

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Solid.

Mixes with water.

State	Divided solid	Molecular Weight	515.9
Melting Range (°F)	379.4- 383;210-215	Viscosity	Not Applicable
Boiling Range (°F)	Not available	Solubility in water (g/L)	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)	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, odourless, crystalline powder with very bitter taste; mixes with water (1:3).

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

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

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

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

Section 11 - TOXICOLOGICAL INFORMATION

chloroquine phosphate

TOXICITY AND IRRITATION

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

TOXICITY	IRRITATION
Oral (Human) TDLo: 8.571 mg/kg	
Oral (Human) LD: 250 mg/kg	
Oral (Human) LD: 179 mg/kg	
Intravenous (Rabbit) TDLo: 12.5 mg/kg	
Oral (Human) LD: 298 mg/kg	
Oral (Human) TDLo: 138 mg/kg	

Oral (Rat) LD50: 623 mg/kg

Oral (Mouse) LD50: 500 mg/kg

Intraperitoneal (Mouse) LD50: 68 mg/kg

Subcutaneous (Mouse) LD50: 200 mg/kg

Intravenous (Dog) LD: 8 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. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitization potential: the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitizing substance which is widely distributed can be a more important allergen than one with stronger sensitizing potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

Section 12 - ECOLOGICAL INFORMATION

Refer to data for ingredients, which follows:

CHLOROQUINE PHOSPHATE:

- May cause long-term adverse effects in the aquatic environment.
- Do NOT allow product to come in contact with surface waters or to intertidal areas below the mean high water mark. Do not contaminate water when cleaning equipment or disposing of equipment wash-waters. Wastes resulting from use of the product must be disposed of on site or at approved waste sites.
- The principal problems of phosphate contamination of the environment relates to eutrophication processes in lakes and ponds. Phosphorus is an essential plant nutrient and is usually the limiting nutrient for blue-green algae. A lake undergoing eutrophication shows a rapid growth of algae in surface waters. Planktonic algae cause turbidity and flotation films. Shore algae cause ugly muddying, films and damage to reeds. Decay of these algae causes oxygen depletion in the deep water and shallow water near the shore. The process is self-perpetuating because anoxic conditions at the sediment/ water interface causes the release of more adsorbed phosphates from the sediment. The growth of algae produces undesirable effects on the treatment of water for drinking purposes, on fisheries, and on the use of lakes for recreational purposes.
- DO NOT discharge into sewer or waterways.

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.
- Dispose of by: Burial in a licensed land-fill or Incineration in a licensed apparatus (after admixture with suitable combustible material)
- Decontaminate empty containers. Observe all label safeguards until containers are cleaned and destroyed.

Section 14 - TRANSPORTATION INFORMATION

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

Section 15 - REGULATORY INFORMATION

chloroquine phosphate (CAS: 50-63-5) is found on the following regulatory lists;

"Canada Domestic Substances List (DSL)", "OSPAR List of Substances of Possible Concern", "US - Maine Chemicals of High Concern List"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Cumulative effects may result following exposure*.
 - Possible respiratory sensitizer*.
- * (limited evidence).

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■ Classification of the mixture 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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