# **Pralidoxime Chloride**



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## SYNONYMS

C7-H9-Cl-N2-O, "pralidoxime methochloride", "pyridinium, 2-formyl-1-methyl-, chloride, oxime", "2-formyl-1-methylpyridinium chloride oxime", "2-formyl-N-methylpyridinium oxide choride", "2-hydroxyiminomethyl-1-methylpyridinium chloride", "1-methyl-2-aldoximinopyridinium chloride", "1-methyl-2-hydroxyiminomethylpyridinium chloride", "N-methylpyridinium-2-aldoxime chloride", "2-PAM, "protopam choride", "2-pyridine aldoxime chloride", "pyridine-2-aldoxime methyl chloride", "pyridine-2-aldoxime methyl chloride", "pyridine-2-aldoxime methyl chloride", "pyridine-2-aldoxime nethyl chloride", "pyridine-2-aldoxime nethyl chloride", "pyridinium-2-aldoxime N-methyl, chloride"





## EMERGENCY OVERVIEW

#### RISK

May form explosive peroxides. Harmful by inhalation, in contact with skin and if swallowed. Irritating to eyes, respiratory system and skin. Toxic to aquatic 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.

• Concentrated solutions of many cationics may cause corrosive damage to mucous membranes and the oesophagus. Nausea and vomiting (sometimes bloody) may follow ingestion. Serious exposures may produce an immediate burning sensation of the mouth, throat and abdomen with profuse salivation, ulceration of mucous membranes, signs of circulatory shock (hypotension, laboured breathing, and cyanosis) and a feeling of apprehension, restlessness, confusion and weakness. Weak convulsive movements may precede central nervous system depression. Erosion, ulceration, and petechial haemorrhage may occur through the small intestine with glottic, brain and pulmonary oedema. Death may result from asphyxiation due to paralysis of the muscles of respiration or cardiovascular collapse. Fatal poisoning may arise even when the only pathological signs are visceral congestion, swallowing, mild pulmonary oedema or varying signs of gastrointestinal irritation. Individuals who survive a period of severe hypertension may develop kidney failure. Cloudy swelling, patchy necrosis and fatty infiltration in such visceral organs as the heart, liver and kidneys shows at death.

#### EYE

This material can cause eye irritation and damage in some persons.

- If applied to the eyes, this material causes severe eye damage.
- Pyridine and its derivatives generally produce local irritation oncontact with the cornea.

#### SKIN

- Skin contact with the material may be harmful; systemic effects may result following absorption.
- This material can cause inflammation of the skin oncontact in some persons.
- The material may accentuate any pre-existing dermatitis condition.
- 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.
- Pyridine and derivatives cause local irritation to the skin; absorption through the skin can cause similar effects as inhalation.

#### INHALED

■ Inhalation of dusts, generated by the material, during the course of normalhandling, may be harmful.

The material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.

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.

If prior damage to the circulatory or nervous systems has occurred or if kidney damage has been sustained, proper screenings should be conducted on individuals who may be exposed to further risk if handling and use of the material result in excessive exposures.

Pyridine and its derivatives generally produce local irritation on contact with the mucous membranes. Overexposure to pyridine and some of its derivatives may produce headache, nausea, loss of consciousness, nervousness, loss of appetite, sleeplessness and narcosis.

#### **CHRONIC HEALTH EFFECTS**

• Long-term exposure to respiratory irritants may result in disease of the airways involving difficult breathing and related systemic problems.

There has been some concern that this material can cause cancer or mutations but there is not enough data to make an assessment. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

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.

There are generally two types of oximes ketoximes, derived from ketones and aldoximes, derived from aldehydes. Several ketoximes have elicited cancer-causing effects on chronic exposure. Aldoximes can be metabolized to cyanide, causing toxic effects of the latter. Aldoximes can be dehydrated to form nitriles via the cytochrome P450 system.

Oximes are toxic to red blood cells, due to hydroxylamine, a product of hydrolysis. Hydroxylamine produces blood effects such as methaemoglobinaemia and enlarged spleen, in mice, similar to those observed after exposure to oximes. Studies showed the formation of haeme-associated free radicals in red blood cells exposed to hydroxylamine, leading to peroxidation of membrane lipids. Lipid peroxidation in cellular membranes may produce several alterations, leading to membrane aggregation, deformation, or breakage. This may result in the release of hydrolytic enzymes which in turn may degrade functional macromolecules and cause secondary damage. In

addition membrane-bound enzyme systems may be disrupted. Levels of hydroxylamine produced as a result of hydrolysis are thought to be too low to produce another sign of hydroxylamine toxicity, namely the formation of Heinz bodies.

Oximes are not easily oxidized at near neutral conditions; rather, they are likely to be hydrolysed by liver microsomes or S9. Another possibility is that oximes are oxidatively metabolized to yield a ketone or aldehyde and some yet to be determined nitrogen-containing species. Cytochrome P450 appears to provide a source of superoxide and hydrogen peroxide which catalyses oxidation in the presence of iron. At least part of the nitrogen in the oxime is converted to nitric oxide which complexes with haeme to give a nitrosylhaemoglobin complex.

Prolonged or repeated skin contact may cause degreasing with drying, cracking and dermatitis following.

Data from experimental studies indicate that pyridines represent a potential cause of cancer in man. They have also been shown to cross the placental barrier in rats and cause premature delivery, miscarriages and stillbirths. PAs are passed through breast milk. Pyridine has been implicated in the formation of liver cancers.

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS				
NAME		CAS RN	%	
Pralidoxime Chloride		51-15-0	>98	

## Section 4 - FIRST AID MEASURES

#### SWALLOWED

- IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY.
- For advice, contact a Poisons Information Centre or a doctor.
- Urgent hospital treatment is likely to be needed.
- 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.

Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise

 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.

#### EYE

If this product comes in contact with the eyes

- Immediately hold eyelids apart and flush the eye continuously with 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.
- Continue flushing until advised to stop by the Poisons Information Centre or a doctor, or for at least 15 minutes.
- Transport to hospital or doctor without delay.
- 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 or combustion products are inhaled remove from contaminated area.
- Lay patient down. Keep warm and rested.
- Prostheses such as false teeth, which may block airway, should be removed, where possible, prior to initiating first aid procedures.
- Apply artificial respiration if not breathing, preferably with a demand valve resuscitator, bag-valve mask device, or pocket mask as trained. Perform CPR if necessary.
- Transport to hospital, or doctor, without delay.

#### NOTES TO PHYSICIAN

■ for poisons (where specific treatment regime is absent)

BASIC TREATMENT

- Establish a patent airway with suction where necessary.
- Watch for signs of respiratory insufficiency and assist ventilation as necessary.
- Administer oxygen by non-rebreather mask at 10 to 15 L/min.
- Monitor and treat, where necessary, for pulmonary oedema .

- Monitor and treat, where necessary, for shock.
- Anticipate seizures .
- DO NOT use emetics. Where ingestion is suspected rinse mouth and give up to 200 ml water (5 ml/kg recommended) for dilution where patient is able to swallow, has a strong gag reflex and does not drool.

ADVANCED TREATMENT

- · Consider orotracheal or nasotracheal intubation for airway control in unconscious patient or where respiratory arrest has occurred.
- Positive-pressure ventilation using a bag-valve mask might be of use.
- Monitor and treat, where necessary, for arrhythmias.
- Start an IV D5W TKO. If signs of hypovolaemia are present use lactated Ringers solution. Fluid overload might create complications.
- Drug therapy should be considered for pulmonary oedema.
- Hypotension with signs of hypovolaemia requires the cautious administration of fluids. Fluid overload might create complications.
- Treat seizures with diazepam.

• Proparacaine hydrochloride should be used to assist eye irrigation.

BRONSTEIN, A.C. and CURRANCE, P.L.

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For pralidoxime

Pralidoxime is distributed throughout the extracellular water; it is not bound to plasma protein. The drug is rapidly excreted in the urine partly unchanged, and partly as a metabolite produced by the liver. Consequently, pralidoxime is relatively short acting. Treat symptomatically.

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 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 courses.
- 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; it is estimated that most organic dusts are combustible (circa 70%) according to the circumstances under which the combustion process occurs, such materials may cause fires and / or dust explosions.
- Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions).
- 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 (420 micron or less) may burn rapidly and fiercely if ignited - particles exceeding this limit will generally not form flammable dust clouds.; once initiated, however, larger particles up to 1400 microns diameter will contribute to the propagation of an explosion.
- In the same way as gases and vapours, dusts in the form of a cloud are only ignitable over a range of concentrations; in principle, the concepts of lower explosive limit (LEL) and upper explosive limit (UEL) are applicable to dust clouds but only the LEL is of practical use; - this is because of the inherent difficulty of achieving homogeneous dust clouds at high temperatures (for dusts the LEL is often called the "Minimum Explosible Concentration", MEC)
- When processed with flammable liquids/vapors/mists,ignitable (hybrid) mixtures may be formed with combustible dusts. Ignitable
  mixtures will increase the rate of explosion pressure rise and the Minimum Ignition Energy (the minimum amount of energy required
  to ignite dust clouds MIE) will be lower than the pure dust in air mixture. The Lower Explosive Limit (LEL) of the vapour/dust mixture
  will be lower than the individual LELs for the vapors/mists or dusts
- A dust explosion may release of large quantities of gaseous products; this in turn creates a subsequent pressure rise of explosive

force capable of damaging plant and buildings and injuring people.

- Usually the initial or primary explosion takes place in a confined space such as plant or machinery, and can be of sufficient force to damage or rupture the plant. If the shock wave from the primary explosion enters the surrounding area, it will disturb any settled dust layers, forming a second dust cloud, and often initiate a much larger secondary explosion. All large scale explosions have resulted from chain reactions of this type.
- 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.
- All movable parts coming in contact with this material should have a speed of less than 1-meter/sec
- A sudden release of statically charged materials from storage or process equipment, particularly at elevated temperatures and/ or
  pressure, may result in ignition especially in the absence of an apparent ignition source
- One important effect of the particulate nature of powders is that the surface area and surface structure (and often moisture content) can vary widely from sample to sample, depending of how the powder was manufactured and handled; this means that it is virtually impossible to use flammability data published in the literature for dusts (in contrast to that published for gases and vapours).
- Autoignition temperatures are often quoted for dust clouds (minimum ignition temperature (MIT)) and dust layers (layer ignition temperature (LIT)); LIT generally falls as the thickness of the layer increases.

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

May emit poisonous fumes.

May emit corrosive fumes.

## 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

- 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 Services 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.

## 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.
- Organic powders when finely divided over a range of concentrations regardless of particulate size or shape and suspended in air or some other oxidizing medium may form explosive dust-air mixtures and result in a fire or dust explosion (including secondary explosions)
- Minimise airborne dust and eliminate all ignition sources. Keep away from heat, hot surfaces, sparks, and flame.
- Establish good housekeeping practices.
- Remove dust accumulations on a regular basis by vacuuming or gentle sweeping to avoid creating dust clouds.
- Use continuous suction at points of dust generation to capture and minimise the accumulation of dusts. Particular attention should be given to overhead and hidden horizontal surfaces to minimise the probability of a "secondary" explosion. According to NFPA Standard 654, dust layers 1/32 in (0.8 mm) thick can be sufficient to warrant immediate cleaning of the area.
- Do not use air hoses for cleaning.
- Minimise dry sweeping to avoid generation of dust clouds. Vacuum dust-accumulating surfaces and remove to a chemical disposal area. Vacuums with explosion-proof motors should be used.
- Control sources of static electricity. Dusts or their packages may accumulate static charges, and static discharge can be a source of ignition.
- Solids handling systems must be designed in accordance with applicable standards (e.g. NFPA including 654 and 77) and other national guidance.
- Do not empty directly into flammable solvents or in the presence of flammable vapors.
- The operator, the packaging container and all equipment must be grounded with electrical bonding and grounding systems. Plastic bags and plastics cannot be grounded, and antistatic bags do not completely protect against development of static charges.

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 is suitable for laboratory quantities
- 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.

# Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

## **EXPOSURE CONTROLS**

The following materials had no OELs on our records

• 2-pyridinealdoxime methochloride CAS51-15-0

## PERSONAL PROTECTION



#### RESPIRATOR

Particulate. (AS/NZS 1716 & 1715, EN 1432000 & 1492001, 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

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

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739, AS/NZS 2161.1 or national equivalent).

- 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, AS/NZS 2161.10.1 or national equivalent) 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, AS/NZS 2161.10.1 or national equivalent) 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, latex/ nitrile). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Change gloves frequently and when contaminated, punctured or torn.
- Wash hands immediately after removing gloves.
- Protective shoe covers. [AS/NZS 2210]

#### 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
- fluorocaoutchouc
- 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 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. Quantities up to 1 kilogram may require a designated laboratory using fume hood, biological safety cabinet, or approved vented enclosures. Quantities exceeding 1 kilogram should be handled in a designated laboratory or containment laboratory using appropriate barrier/ containment technology.

Manufacturing and pilot plant operations require barrier/ containment and direct coupling technologies.

Barrier/ containment technology and direct coupling (totally enclosed processes that create a barrier between the equipment and the room) typically use double or split butterfly valves and hybrid unidirectional airflow/ local exhaust ventilation solutions (e.g. powder containment booths). Glove bags, isolator glove box systems are optional. HEPA filtration of exhaust from dry product handling areas is required.

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, vapours, 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) Within each range the appropriate value depends on	1-2.5 m/s (200-500 f/min.)
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.

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.

The following protective devices are recommended where exposures exceed the recommended exposure control guidelines by factors of

10; high efficiency particulate (HEPA) filters or cartridges

10-25; loose-fitting (Tyvek or helmet type) HEPA powered-air purifying respirator.

25-50; a full face-piece negative pressure respirator with HEPA filters

50-100; tight-fitting, full face-piece HEPA PAPR

100-1000; a hood-shroud HEPA PAPR or full face-piece supplied air respirator operated in pressure demand or other positive pressure mode.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

## PHYSICAL PROPERTIES

Solid. Mixes with water.			
State	Divided solid	Molecular Weight	172.61
Melting Range (°F)	419- 437 (decomp)	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)	419	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 Vapour Density (air=1)	Not Applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

## APPEARANCE

Odorless, hygroscopic, crystalline powder; mixes with water (1<2).

# Section 10 - CHEMICAL STABILITY

#### CONDITIONS CONTRIBUTING TO INSTABILITY

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

## STORAGE INCOMPATIBILITY

- Explosion or violent decomposition during distillation of aldoximes has been attributed to the presence of peroxides arising from autooxidation.
- Peroxides may form on the -C=NOH system (both aldehydes and hydroxylamine peroxides) or perhaps arise from unreacted aldehyde.
- Explosion hazards are inherent to ketoximes and many of their derivatives. Such hazard has been attributed to the inadvertent
  occurrence of acidic conditions leading to the highly exothermic Beckmann rearrangement accompanied by potentially catastrophic
  gas evolution.
- The presence of acidic salts (iron(III) chloride), or the ketoxime hydrochloride markedly lowers decomposition temperatures.
- A range of exothermic decomposition energies for oximes is given as 170-230 kJ/mol. The relationship between energy of decomposition and processing hazards has been the subject of discussion; it is suggested that values of energy released per unit of mass, rather than on a molar basis (J/g) be used in the assessment. For example, in "open vessel processes" (with man-hole size openings, in an industrial setting), substances with exothermic decomposition energies below 500 J/g are unlikely to present a danger, whilst those in "closed vessel processes" (opening is a safety valve or bursting disk) present some danger where the decomposition energy exceeds 150 J/g.
- BRETHERICK Handbook of Reactive Chemical Hazards, 4th Edition.
- Avoid oxidising agents, acids, acid chlorides, acid anhydrides, chloroformates.
- Avoid strong bases.

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

Section 11 - TOXICOLOGICAL INFORMATION

2-pyridinealdoxime methochloride

#### TOXICITY AND IRRITATION

2-PYRIDINEALDOXIME METHOCHLORIDE

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

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## Nil Reported

IRRITATION

Intramuscular (mouse) LD50 150 mg/kg

#### Oral (mouse) LD50 4100 mg/kg

Intravenous (rat) LD50 96 mg/kg

Asthma-like symptoms may continue for months or even years after exposure to the material ceases. This may be due to a non-allergenic condition known as reactive airways dysfunction syndrome (RADS) which can occur following exposure to high levels of highly irritating compound. Key criteria for the diagnosis of RADS include the absence of preceding respiratory disease, in a non-atopic individual, with abrupt onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. A reversible airflow pattern, on spirometry, with the presence of moderate to severe bronchial hyperreactivity on methacholine challenge testing and the lack of minimal lymphocytic inflammation, without eosinophilia, have also been included in the criteria for diagnosis of RADS. RADS (or asthma) following an irritating inhalation is an infrequent disorder with rates related to the concentration of and duration of exposure to the irritating substance. Industrial bronchitis, on the other hand, is a disorder that occurs as result of exposure due to high concentrations of irritating substance (often particulate in nature) and is completely reversible after exposure ceases. The disorder is characterised by dyspnea, cough and mucus production.

#### For pralidoxime

Forty to 60 minutes after intramuscular injection, mild to moderate pain may be experienced at the site of injection.

Pralidoxime may cause blurred vision, diplopia and impaired accommodation, dizziness, headache, drowsiness, nausea, tachycardia, increased systolic and diastolic blood pressure, hyperventilation, and muscular weakness when given parenterally to normal volunteers who have not been exposed to anticholinesterase poisons. In patients, it is very difficult to differentiate the toxic effects produced by atropine or the organophosphate compounds from those of the drug.

Elevations in SGOT and/or SGPT enzyme levels were observed in 1 of 6 normal volunteers given 1200 mg of pralidoxime chloride intramuscularly, and in 4 of 6 volunteers given 1800 mg intramuscularly. Levels returned to normal in about 2 weeks. Transient elevations in creatine phosphokinase were observed in all normal volunteers given the drug. A single intramuscular injection of 330 mg in 1 mL in rabbits caused myonecrosis, inflammation, and haemorrhage.

When atropine and pralidoxime are used together, the signs of atropinization may occur earlier than might be expected when atropine is used alone. This is especially true if the total dose of atropine has been large and the administration of pralidoxime has been delayed. Excitement and manic behavior immediately following recovery of consciousness have been reported in several cases. However, similar behavior has occurred in cases of organophosphate poisoning that were not treated with pralidoxime.

Since pralidoxime chloride is indicated for short-term emergency use only, no investigations of its potential for carcinogenesis, mutagenesis, or impairment of fertility have been reported in the literature.

Animal reproduction studies have not been conducted with pralidoxime. It is also not known whether pralidoxime can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity.

It has been reported that the supplemental use of oxime cholinesterase reactivators (such as pralidoxime) reduces the incidence and severity of developmental defects in chick embryos exposed to such known teratogens as parathion, bidrin, carbachol, and neostigmine. This protective effect of the oximes was shown to be dose related.

Most undiluted cationic surfactants satisfy the criteria for classification as Harmful (Xn) with R22 and as Irritant (Xi) for skin and eyes with R38 and R41.

Blood pressure elevation, bronchiolar constriction, including asthma, cyanosis recorded.

## Section 12 - ECOLOGICAL INFORMATION

Toxic to aquatic organisms.

#### Ecotoxicity

Ingredient	Persistence: Water/Soil	Persistence: Air	Bioaccumulation	Mobility
2-pyridinealdoxime methochloride	HIGH	No Data Available	LOW	MED

#### 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. 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. In most instances the supplier of the material should be consulted.

- 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.
- Consult manufacturer for recycling options or consult local or regional waste management authority for disposal if no suitable treatment or disposal facility can be identified.
- Dispose of by: burial in a land-fill specifically licenced to accept chemical and / or pharmaceutical wastes or Incineration in a licenced 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

#### 2-pyridinealdoxime methochloride (CAS: 51-15-0) is found on the following regulatory lists;

"Canada Substances in Products Regulated Under the Food and Drugs Act (F&DA) That Were In Commerce between January 1, 1987 and September 13, 2001 (English)"

#### **Section 16 - OTHER INFORMATION**

#### LIMITED EVIDENCE

- Cumulative effects may result following exposure\*.
- Limited evidence of a carcinogenic effect\*.
- Eve contact may produce serious damage\*.
- \* (limited evidence).

■ 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.

■ 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.

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