

Succinylcholine Chloride

sc-215918

Material Safety Data Sheet



The Power is Question

Hazard Alert Code
Key:

EXTREME

HIGH

MODERATE

LOW

Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME

Succinylcholine Chloride

STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

NFPA



SUPPLIER

Santa Cruz Biotechnology, Inc.
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800.457.3801 or 831.457.3800

EMERGENCY

ChemWatch
Within the US & Canada: 877-715-9305
Outside the US & Canada: +800 2436 2255
(1-800-CHEMCALL) or call +613 9573 3112

SYNONYMS

C14H30Cl2N2O4, "choline, chloride, succinate (2:1)", "bis(2-dimethylaminoethyl)succinate bis(methochloride)", bis(succinyldichlorocholine), chlorosuccinylcholine, "diacetylcholine chloride", "diacetylcholine dichloride", "2-dimethylaminoethyl succinate dimethochloride", "ethanaminium, 2, 2' -((1, 4-dioxo-1, 4-butanediyl)bis(oxy)bis(N, N, N-", "trimethyl dichloride", "(2-hydroxyethyl)trimethylammonium chloride succinate", "SCH chloride", "scoline chloride", "succinic acid, bis(beta-dimethylaminoethyl) ester dihydrochloride", "succinic acid, bis(beta-dimethylaminoethyl)ester dimethochloride", "succinic acid, diester with choline chloride", "succinoylcholine chloride", succinyl-ASTA, "succinyl bischoline chloride", "succinylbischoline dichloride", "succinylcholine dichloride", "succinylcholine hydrochloride", "succinyldicholine chloride", "suxamethonium chloride", "suxamethonium chloride", "suxamethonium dichloride", "suxethonium chloride", Anectine, "Anectine Chloride", Dilitin, Dilitine, Listenon, Lystenon, Lysthenon, Midarine, Myoplegine, Pantolax, Quelicin, Skolin, Succicuran, SuccinylForte, Sucostrin, "Sucostrin Chloride", Suramethinium, Suxcert, Suxinyl, "Ultrapal Chloride", "muscle relaxant/", "depolarising agent"





Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS

Flammability: 1

Min	Max
1	2

Min/Nil=0
Low=1
Moderate=2

Toxicity:	2	
Body Contact:	3	
Reactivity:	1	
Chronic:	2	

High=3
Extreme=4

CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Harmful if swallowed.

Causes burns.

Risk of serious damage to eyes.

Very toxic to aquatic organisms.

Inhalation may produce health damage*.

Cumulative effects may result following exposure*.

Possible skin sensitiser*.

*(limited evidence).

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 material can produce chemical burns within the oral cavity and gastrointestinal tract following ingestion.
- Adverse effects of choline esters include nausea, vomiting, abdominal pain, flushing, sweating, salivation, watery eyes, runny nose, belching, loss of bowel and kidney control, reduced heart rate, heart block, constriction of airways, low blood pressure and tightening of the chest.

EYE

- The material can produce chemical burns to the eye following direct contact. Vapours or mists may be extremely irritating.
- If applied to the eyes, this material causes severe eye damage.

SKIN

- The material can produce chemical burns following direct contact with the skin.
- Skin contact is not thought to produce harmful health effects (as classified under EC Directives 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

- If inhaled, this material can irritate the throat and lungs of some persons.
 - Inhalation of dusts, generated by the material during the course of normal handling, may be damaging to the health of the individual.
 - 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.

CHRONIC HEALTH EFFECTS

Repeated or prolonged exposure to corrosives may result in the erosion of teeth, inflammatory and ulcerative changes in the mouth and necrosis (rarely) of the jaw. Bronchial irritation, with cough, and frequent attacks of

bronchial pneumonia may ensue. Gastrointestinal disturbances may also occur. Chronic exposures may result in dermatitis and/or conjunctivitis.

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

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

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.

Exposure to small quantities may induce hypersensitivity reactions characterised by acute bronchospasm, hives (urticaria), deep dermal wheals (angioneurotic oedema), 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 sensitisation (cross-sensitivity).

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
succinylcholine chloride	71-27-2	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

- For advice, contact a Poisons Information Centre or a doctor at once.
- Urgent hospital treatment is likely to be needed.
- If swallowed do NOT induce vomiting.
- If vomiting occurs, lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration.
- Observe the patient carefully.
- Never give liquid to a person showing signs of being sleepy or with reduced awareness; i.e. becoming unconscious.
- Give water to rinse out mouth, then provide liquid slowly and as much as casualty can comfortably drink.
- Transport to hospital or doctor without delay.

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 or hair contact occurs:

- Immediately flush body and clothes with large amounts of water, using safety shower if available.
- Quickly remove all contaminated clothing, including footwear.
- Wash skin and hair with running water. Continue flushing with water until advised to stop by the Poisons Information Centre.
- Transport to hospital, or doctor.

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.

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.

EMERGENCY CARE FOR HAZARDOUS MATERIALS EXPOSURE: 2nd Ed. 1994.

Atropine sulfate, usually in doses of 600 microgram may be given intravenously, intramuscularly, or subcutaneously to control the muscarinic effects of choline esterase inhibitors. Supportive treatment may be required.

MARTINDALE: The Extra Pharmacopoeia, Twenty-ninth Edition

While other antimuscarinic agents (e.g., scopolamine) can counteract the effects of cholinesterase inhibitors, their inherent toxic effects in patients who do not have cholinesterase inhibitor poisoning have led to their rejection in favor of atropine. Glycopyrrolate in doses of 1-2 mg, I.V., (0.025 mg/kg in children) has been suggested as an alternative to atropine, and is said to have fewer CNS side effects. However, its use has not been extensively evaluated.

Atropine works by competitively occupying muscarinic receptor sites, thus reducing the effects of excessive acetylcholine on these sites brought about by cholinesterase inhibition.

Atropine is not thought to have significant effect on nicotinic receptors, and thus does not counteract fasciculations, weakness, or flaccid paralysis. Thus, even when given sufficient doses of atropine, patients may need artificial ventilation, sometimes for weeks.

A number of authors have recommended the "atropine challenge" as an aid to diagnosis.

When given to a normal person who has not been exposed to cholinesterase inhibitors, a 2 mg dose of atropine (0.025-0.050/kg in pediatric cases) causes:

- A dry mouth.
- An increase in heart rate of about 35 beats/minute (which is usually not noticed by the recipient) within 3-5 minutes of an I.V. dose, and a maximal increase in heart rate of about 35-45 beats/minute with I.M. or autoinjector administration, respectively, within about 35-45 minutes (the longer being with I.M. injection).
- Blurred near-vision.
- Dry, hot skin.
- Mydriasis (pupillary dilation).

Most of these effects will dissipate within 4-6 hours, except blurred near-vision which may persist for 24 hours.

It has been suggested that when these physiological changes do not occur with this dose (sometimes referred to as an atropine challenge), this is indicative of cholinesterase inhibitor toxicity.

Cautions

- If miosis (pupillary constriction) is due to direct conjunctival vapor exposure, it is relatively unresponsive to parenteral atropine. Although, it does respond to topical administration).
- In 2-13% of cases of cholinesterase inhibitor toxicity, mydriasis (pupillary dilation) --- rather than miosis (pupillary constriction), and tachycardia --- rather than bradycardia (3-77% of cases), may be a presenting signs.

- One author points out that this strategy has never been empirically tested and may not be very sensitive or specific (Parenteral atropine is not generally recommended for those whose sole manifestation of toxicity is miosis (pupillary constriction).
- Some cases of mild to moderate poisonings may improve with these doses of atropine. Thus, signs of atropinization do not always exclude the presence of cholinesterase inhibitor toxicity.

In approximate order of preference, the following routes of administration can be used for the administration of atropine

- Intravenous: bolus, followed by I.V. drip. .
- Intraosseous: (American Heart Association 2005) bolus, followed by continuous infusion.
- Military MARK I atropine autoinjector: Although intravenous injection is the preferred route of administration, use of the autoinjector may be more practical in the field, where it can be rapidly administered even through clothing.) Blood levels are achieved more rapidly than by other forms of IM injection. Note that each MARK I kit contains an atropine autoinjector, containing 2 mg of atropine plus another autoinjector containing 600 mg of 2-PAM. Paediatric atropine autoinjector syringes are available in 0.5 mg and 1 mg sizes.
- Intramuscular: Research for this Case Study did not turn up any comparisons of intramuscular with inhalation routes of atropine administration.
- Inhalation: by nebulised inhalation or via the intratracheal route. The intratracheal route can be used, but absorption is notably less complete and less reliable than the intravenous or intraosseous routes, which are preferred. The optimal intratracheal dose is unknown, but is typically administered in an amount 2-2½ times the intravenous dose. The American Heart Association recommends that the dose be diluted in 5-10 ml water or normal saline. American Heart Association 2005; American Heart Association 2005)
- Oral: use has been reported after I.V. administration became unnecessary.
- Ophthalmic: Anticholinergic eye drops (e.g., atropine or homatropine) have been recommended for severe eye pain caused by miosis (pupillary constriction), and secondary reflex nausea and vomiting, but may result in blurred vision. However, one author questions whether there is enough evidence to recommend this practice.

Tachycardia should not be used as an end-point, because it sometimes is a nicotinic manifestation of toxicity.

Resolution of miosis [Miosis has been defined as pupillary diameter of <3 mm in the dark, along with sluggish or absent response to light] should not be used as an end-point, because:

- Miosis (pupillary constriction) from systemic exposure may be a late finding.
- When miosis (pupillary constriction) is present, it may be resistant to systemic atropine therapy.
- Miosis (pupillary constriction) may reflect only localized ophthalmic exposure to vapor without systemic effects.
- Pupils are of normal size in a significant minority of poisoned patients (20% in one series).
- Toxic patients may present with mydriasis (pupillary dilation) due to occasional dominance of nicotinic effects from cholinesterase inhibitors.

Case Studies in Environmental Medicine (CSEM) Cholinesterase Inhibitors Including Insecticides and Chemical Warfare Nerve Agents Part 4: The Cholinergic Toxidrome; Section 11: Management of the Cholinergic Toxidrome Management Strategy 3: Medications Atropine Agency for Toxic Substance and Disease Registry ATSDR (USA).

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 full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Use fire fighting procedures suitable for surrounding 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.

When any large container (including road and rail tankers) is involved in a fire, consider evacuation by 800 metres in all directions.

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 (NO_x), other pyrolysis products typical of burning organic material.

May emit poisonous 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

- Remove all ignition sources.
- Clean up all spills immediately.
- Avoid contact with skin and eyes.
- Control personal contact by using protective equipment.
- Use dry clean up procedures and avoid generating dust.
- Place in a suitable, labelled container for waste disposal.

MAJOR SPILLS

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear full body protective clothing with breathing apparatus.
- Prevent, by any means available, spillage from entering drains or water course.
- Stop leak if safe to do so.
- Contain spill with sand, earth or vermiculite.
- Collect recoverable product into labelled containers for recycling.
- Neutralise/decontaminate residue (see Section 13 for specific agent).
- Collect solid residues and seal in labelled drums for disposal.
- Wash area and prevent runoff into drains.
- After clean up operations, decontaminate and launder all protective clothing and equipment before storing and re-using.
- 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

- Lined metal can, lined metal pail/ can.
- Plastic pail.
- Polyliner drum.
- Packing as recommended by manufacturer.
- Check all containers are clearly labelled and free from leaks.

For low viscosity materials

- Drums and jerricans must be of the non-removable head type.
- Where a can is to be used as an inner package, the can must have a screwed enclosure.

For materials with a viscosity of at least 2680 cSt. (23 deg. C) and solids (between 15 C deg. and 40 deg C.):

- Removable head packaging;
 - Cans with friction closures and
 - low pressure tubes and cartridges
- may be used.

-

Where combination packages are used, and the inner packages are of glass, there must be sufficient inert cushioning material in contact with inner and outer packages *.

-

In addition, where inner packagings are glass and contain liquids of packing group I and II there must be sufficient inert absorbent to absorb any spillage *.

-

* unless the outer packaging is a close fitting moulded plastic box and the substances are not incompatible with the plastic.

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.

NOTE: Store in the dark.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- succinylcholine chloride: CAS:71-27-2 CAS:6101-15-1

PERSONAL PROTECTION



RESPIRATOR

- Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

EYE

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

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

HANDS/FEET

NOTE:

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

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

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

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.

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)	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.

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	361.30
Melting Range (°F)	313- 325 (.2H ₂ O)	Viscosity	Not Applicable
Boiling Range (°F)	Not applicable	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not available	pH (1% solution)	4-5 (0.5% soln)
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 Vapour Density (air=1)	>1
Volatile Component (%vol)	Negligible	Evaporation Rate	Not applicable

APPEARANCE

Odourless, hygroscopic, crystals or crystalline powder with saline taste; mixes with water (1:1), alcohol (1:350), methanol and glacial acetic acid. Rapidly destroyed by alkali. Solutions without stabilisers (typically 0.1% methyl p-hydroxybenzoate) must be refrigerated. Aqueous solutions undergo progressive hydrolysis with loss of activity and increase in acidity.

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

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

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidising agents

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

Section 11 - TOXICOLOGICAL INFORMATION

succinylcholine chloride

TOXICITY AND IRRITATION

SUCCINYLCHOLINE CHLORIDE:

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

TOXICITY	IRRITATION
Intravenous (man) TDLo: 1.429 mg/kg	Nil Reported
Intraperitoneal (mouse) LD50: 1.25 mg/kg	
Intravenous (mouse) LD50: 0.43 mg/kg	
Intravenous (rabbit) LD50: 0.24 mg/kg	
Intravenous (Human) TDLo: 1.429 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 alkyltrimethylammonium chloride (ATMAC)

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. In addition, certain surfactants will satisfy the criteria for classification as Corrosive with R34 in addition to the acute toxicity.

According to Centre Europeen des Agents de Surface et de leurs Intermediaires Organiques (CESIO), C8-18 alkyltrimethylammonium chloride (ATMAC) (i.e., lauryl, coco, soya, and tallow) are classified as Corrosive (C) with the risk phrases R22 (Harmful if swallowed) and R34 (Causes burns). C16 ATMAC is classified as Harmful (Xn) with the risk phrases R22 (Harmful if swallowed), R38 (Irritating to skin), and R41 (Risk of serious damage to eyes). C20-22 ATMAC are classified as Irritant (Xi) with R36/38 (Irritating to eyes and skin).

Toxokinetics and Acute Toxicity: The few available absorption studies conducted with cationic surfactants indicate that absorption occurs in small amounts through the skin. Percutaneous absorption of radiolabelled C12

alkyltrimethylammonium bromide (ATMAB) in 3% aqueous solution (applied to an 8 cm² area with occlusion) in the rat was low and corresponded to 0.6% of the applied ¹⁴C activity in 72 hours. Most of the absorbed surfactant was excreted in the urine, i.e. 0.35% of the applied ¹⁴C activity within the first 24 hours, whereas 13.2% remained on the skin after rinsing. Cutaneous application of the surfactant without rinsing resulted in a greater degree of percutaneous absorption (3.15%) in 48 hours. In the rat elimination after parenteral administration was rapid and was effected primarily via the urine, - more than 80% of the radioactivity was eliminated within 24 hours of application. About 80% of the ¹⁴C activity was found in the gastrointestinal tract 8 hours after oral administration of ¹⁴C-labelled C16 ATMAB. Only small amounts of the applied radioactivity were found in the urine and in the blood plasma. This indicates poor intestinal absorption. Similar small amounts of ¹⁴C were found in the liver, kidneys, spleen, heart, lungs and skeletal muscles. Within 3 days of ingestion, 92% of the administered radioactivity had been excreted in the faeces and 1% in the urine. No appreciable enterohepatic circulation of the radioactivity was found.

The acute oral toxicity of alkyltrimethylammonium salts is somewhat higher than the toxicity of anionic and nonionic surfactants. This may be due to the strongly irritating effect which cationic surfactants exhibit on the mucous membrane of the gastrointestinal tract (SFT 1991). Cationic surfactants are generally about 10 times more toxic when administered by the intravenous route compared to oral administration.

Skin and Eye Irritation: Skin irritation depends on surfactant concentration. Regardless of the structure, cationic surfactants lead to serious destruction of the skin at high concentrations. Solutions of approximately 0.1% are rarely irritating, whereas irritation is usually pronounced at concentrations between 1.0 and 10.0% surfactant. C16 ATMAB was severely irritating to rabbit skin in a concentration of 2.5%. The surfactant was applied to intact and abraded sites and scored after 34 hours. Then the skin was rinsed and then scored again after 48 hours. The erythema and Eschar Index was 3.75 (maximum 4) and the edema Index was 2.0 (maximum 4).

With regard to eye irritation, cationic surfactants are the most irritating of the surfactants. The longer chained alkyltrimethylammonium salts are less irritating to the rabbit eye than the shorter alkyl chain homologues. C10 ATMAB, C12 ATMAB, and C16 ATMAB were tested in concentrations between 0.1 and 1.0% in water and were found to be significantly irritating or injurious to the rabbit eye. A 5% solution of C18 ATMAB was instilled into the eyes of guinea pigs, and this concentration was very irritating with a total PII (The Primary Irritation Index) score of 96 (maximum 110).

A homologous series of ATMAB produced very little swelling of the stratum corneum and some homologues produced a shrinkage of the stratum corneum after prolonged exposure.

Many proteins in the skin are considerably more resistant to the denaturing effects of cationic surfactants compared to those of anionic surfactants. As cationic surfactants frequently have a lower critical micelle concentration than the anionic surfactants, a saturation of the surfactant/protein complex is prevented by the formation of micelles.

Compared to a representative anionic surfactant, the cooperative binding with subsequent protein denaturation requires about a tenfold higher concentration of a cationic surfactant. Contrary to the irreversible denaturing effect of sodium dodecyl sulfate, the adverse effects of some cationic surfactants on proteins may be reversible. Cationic surfactants can interact with proteins or peptides by polar and hydrophobic binding. Polar interactions result in electrostatic bonds between the negatively charged groups of the protein molecule and the positively charged surfactant molecule.

Sensitisation: A repeated insult patch test of C16 ATMAB was conducted with 114 volunteers. Seventeen days after the last induction of 0.25% surfactant, a challenge patch of 0.25% was applied. No sensitization was observed.

Sub-chronic toxicity: C16 ATMAB was administered at concentrations of 10, 20, and 45 mg/kg/day via the drinking water to rats for one year. The only effect observed was a decrease in body weight gain in the 45 mg/day dose group.

Reproductive Toxicity: No embryo toxic effects were seen, when C18 ATMAB was applied dermally to pregnant rats during the period of major organogenesis (day 6-15 of gestation). The concentrations of C18 ATMAB were 0.9, 1.5 and 2.5%. There was no increase in the incidence of fetal malformations. C16 ATMAB was not teratogenic in rats after oral doses. Mild embryonic effects were observed with 50 mg/kg/day, but these effects were attributed to maternal toxicity rather than to a primary embryonic effect. Lower doses of C16 ATMAB showed no embryo toxic or teratogenic effects.

Mutagenicity: C16 ATMAB was studied in in vitro short-term tests to detect potential mutagenic effects. Cultures of Syrian golden hamster embryo cells were used for an in vitro bioassay. No in vitro transformation of hamster embryo cells was induced, and C16 ATMAB was not mutagenic in *Salmonella typhimurium* (Inoue and Sunakawa 1980). No mutagenic effects or genetic damages were indicated in a survey of nine short-term genotoxicity tests with C16 and C18 ATMAB (Yam et al. 1984).

Environmental and Health Assessment of Substances in Household Detergents and Cosmetic Detergent Products, Environment Project, 615, 2001. Torben Madsen et al: Miljøministeriet (Danish Environmental Protection Agency)

For quaternary ammonium compounds (QACs):

Quaternary ammonium compounds (QACs) are cationic surfactants. They are synthetic organically tetra-substituted ammonium compounds, where the R substituents are alkyl or heterocyclic radicals. A common characteristic of

these synthetic compounds is that one of the R's is a long-chain hydrophobic aliphatic residue.

The cationic surface active compounds are in general more toxic than the anionic and non-ionic surfactants. The positively-charged cationic portion is the functional part of the molecule and the local irritation effects of QACs appear to result from the quaternary ammonium cation.

Due to their relative ability to solubilise phospholipids and cholesterol in lipid membranes, QACs affect cell permeability which may lead to cell death. Further QACs denature proteins as cationic materials precipitate protein and are accompanied by generalised tissue irritation.

It has been suggested that the experimentally determined decrease in acute toxicity of QACs with chain lengths above C16 is due to decreased water solubility.

In general it appears that QACs with a single long-chain alkyl groups are more toxic and irritating than those with two such substitutions,

The straight chain aliphatic QACs have been shown to release histamine from minced guinea pig lung tissue. However, studies with benzalkonium chloride have shown that the effect on histamine release depends on the concentration of the solution. When cell suspensions (11% mast cells) from rats were exposed to low concentrations, a decrease in histamine release was seen. When exposed to high concentrations the opposite result was obtained.

In addition, QACs may show curare-like properties (specifically benzalkonium and cetylpyridinium derivatives, a muscular paralysis with no involvement of the central nervous system. This is most often associated with lethal doses. Parenteral injections in rats, rabbits and dogs have resulted in prompt but transient limb paralysis and sometimes fatal paresis of the respiratory muscles. This effect seems to be transient.

From human testing of different QACs the generalised conclusion is obtained that all the compounds investigated to date exhibit similar toxicological properties.

Potassium level changes, cardiac arrhythmias, flaccid paralysis, altered sleep time, cyanosis, rigidity recorded.

Section 12 - ECOLOGICAL INFORMATION

Very toxic to aquatic organisms.

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

Avoid release to the environment.

Refer to special instructions/ safety data sheets.

Ecotoxicity

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

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



DOT:

Symbols:	None	Hazard class or Division:	6.1
Identification Numbers:	UN3249	PG:	III
Label Codes:	6.1	Special provisions:	T1, TP33
Packaging: Exceptions:	153	Packaging: Non-bulk:	213
Packaging: Exceptions:	153	Quantity limitations: Passenger aircraft/rail:	5 kg
Quantity Limitations: Cargo aircraft only:	5 kg	Vessel stowage: Location:	C
Vessel stowage: Other:	40		

Hazardous materials descriptions and proper shipping names:

Medicine, solid, toxic, n.o.s.

Air Transport IATA:

ICAO/IATA Class:	6.1	ICAO/IATA Subrisk:	None
UN/ID Number:	3249	Packing Group:	III
Special provisions:	A3		
Cargo Only			
Packing Instructions:	677	Maximum Qty/Pack:	200 kg
Passenger and Cargo		Passenger and Cargo	
Packing Instructions:	670	Maximum Qty/Pack:	100 kg
Passenger and Cargo Limited Quantity		Passenger and Cargo Limited Quantity	
Packing Instructions:	Y645	Maximum Qty/Pack:	5 kg

Shipping name: MEDICINE, SOLID, TOXIC, N.O.S. (contains succinylcholine chloride)

Maritime Transport IMDG:

IMDG Class:	6.1	IMDG Subrisk:	None
UN Number:	3249	Packing Group:	III
EMS Number:	F-A,S-A	Special provisions:	221 223
Limited Quantities:	5 kg	Marine Pollutant:	Yes

Shipping name: MEDICINE, SOLID, TOXIC, N.O.S. (contains succinylcholine chloride)

Section 15 - REGULATORY INFORMATION



succinylcholine chloride (CAS: 71-27-2, 6101-15-1) is found on the following regulatory lists;

"Canada - Alberta Ambient Air Quality Guidelines", "Canada - Alberta Ambient Air Quality Objectives", "Canada - British Columbia Occupational Exposure Limits", "Canada - Ontario Occupational Exposure Limits", "Canada - Quebec Permissible Exposure Values for Airborne Contaminants (English)", "Canada Domestic Substances List (DSL)", "Canada List of Prohibited and Restricted Cosmetic Ingredients (The Cosmetic Ingredient ""Hotlist""", "Canada National Pollutant Release Inventory (NPRI)", "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)", "CODEX General Standard for Food Additives (GSFA) - Additives Permitted for Use in Food in General, Unless Otherwise Specified, in Accordance with GMP", "US - California Permissible Exposure Limits for Chemical Contaminants", "US - Massachusetts Drinking Water - Secondary Contaminants Maximum Contaminant Levels (MCLs)", "US - Michigan Exposure Limits for Air Contaminants", "US - Oregon Permissible Exposure Limits (Z-1)", "US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants", "US - Utah Secondary Drinking Water Standards - Inorganic Contaminants", "US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants", "US Clean Air Act (CAA) National Ambient Air Quality Standards (NAAQS)", "WHO Guidelines for Drinking-water Quality - Chemicals for which guideline values have not been established"

Section 16 - OTHER INFORMATION

LIMITED EVIDENCE

- Inhalation may produce health damage*.
- Cumulative effects may result following exposure*.
- Possible skin sensitiser*.

* (limited evidence).

Denmark Advisory list for selfclassification of dangerous substances

Substance	CAS	Suggested codes
succinylcholine chloride	71- 27- 2	Tx; R28
succinylcholine chloride	6101- 15- 1	Tx; R28

Ingredients with multiple CAS Nos

Ingredient Name	CAS
succinylcholine chloride	71-27-2, 6101-15-1

- 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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