

# Sulfacetamide

sc-251080



The Power to Question

## Material Safety Data Sheet

Hazard Alert Code  
Key:

EXTREME

HIGH

MODERATE

LOW

## Section 1 - CHEMICAL PRODUCT AND COMPANY IDENTIFICATION

### PRODUCT NAME

Sulfacetamide

### STATEMENT OF HAZARDOUS NATURE

CONSIDERED A HAZARDOUS SUBSTANCE ACCORDING TO OSHA 29 CFR 1910.1200.

### NFPA



### SUPPLIER

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

### EMERGENCY

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

### SYNONYMS

C8-H10-N2-O3-S, sulfonamide, "N" -acetylsulfanilamide", "N" -acetylsulphanilamide", p-aminobenzenesulfonoacetamide, p-aminobenzenesulphonoacetamide, Acetocid, Bleph-10, Acetosulfamine, Alubcid, Sulamyd, Sulfacet, Sulfacyl, Urosulphone, Sulf-10, Sulphacetamide, "Sulpha drug"

## Section 2 - HAZARDS IDENTIFICATION

### CHEMWATCH HAZARD RATINGS

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

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



## CANADIAN WHMIS SYMBOLS



### EMERGENCY OVERVIEW

#### RISK

Irritating to skin.

Risk of serious damage to eyes.

May cause SENSITISATION by skin contact.

Possible risk of irreversible effects.

Toxic to soil organisms.

### POTENTIAL HEALTH EFFECTS

#### ACUTE HEALTH EFFECTS

##### SWALLOWED

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

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

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

##### EYE

■ If applied to the eyes, this material causes severe eye damage.

■ Eye drops with sulfonamides can cause local irritation, sensations of burning and stinging, blurred vision and loss of depth perception.

The conjunctiva and cornea may become inflamed, and the cornea and lens may become clouded.

##### SKIN

■ This material can cause inflammation of the skin oncontact in some persons.

■ The material may accentuate any pre-existing dermatitis condition.

■ Skin contact is not thought to have harmful health effects (as classified under EC Directives); the material may still produce health damage following entry through wounds, lesions or abrasions.

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

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

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

##### INHALED

■ The material is not thought to produce respiratory irritation (as classified by EC Directives using animal models). Nevertheless inhalation of dusts, or fumes, especially for prolonged periods, may produce respiratory discomfort and occasionally, distress.

■ 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

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

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

Laboratory (in vitro) and animal studies show, exposure to the material may result in a possible risk of irreversible effects, with the possibility of producing mutation.

There is some evidence from animal testing that exposure to this material may result in reduced fertility.

Based on experience with animal studies, there is a possibility that exposure to the material may result in toxic

effects to the development of the foetus, at levels which do not cause significant toxic effects to the mother.

Prolonged oral treatment with sulfonamides has caused nausea, vomiting, diarrhoea, abdominal pain, loss of appetite, inflammation of the mouth cavity, impaired folic acid absorption, exacerbation of porphyria, acidosis, liver damage with impaired blood clotting, jaundice and inflammation of the pancreas. Effects on the kidney include blood and crystals in the urine, painful and frequent urination or lack of urine with nitrogen retention. Nervous system symptoms include headache, drowsiness, trouble sleeping, dizziness, ringing in the ears, hearing loss, depression, hallucinations, inco-ordination, paralysis of muscles, numbness in the extremities, spinal cord damage and inflammation, convulsions and unconsciousness. Effects on the blood include a change in blood cell distribution with loss of white blood cells and platelets, and anaemia, which Africans seem to be more prone to developing than Europeans. Cyanosis can occur owing to complexes being formed by haemoglobin. Eye effects include inflamed cornea and conjunctiva with eyelid swelling and in severe cases, fear of the light. Allergies and cross-sensitivity is common, and can cause itches, wheals and sometimes a severe red rash with blisters that is often fatal. This class of drugs can scar the cornea and conjunctiva, cause swelling around the eyes, painful and inflamed joints, reduced sperm counts, pneumonia, fever, chills, hair loss, inflammation of vessels, lupus, reduced lung function, infertility, hypothyroidism and goitre, and increased urinary output. More seriously, the lungs may become permanently scarred and there may be irreversible damage to the nervous system and muscles. Inflammation of the skin has occurred after the drug is ingested and has travelled through the bloodstream. Skin effects often occur when there has been exposure in conjunction with UV light. Clothed areas are initially less likely to be affected but may be in later stages. Rarely there may be persistence of inflammation on light contact even after the drug has been removed.

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

### Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
sulfacetamide	144-80-9	>98

### Section 4 - FIRST AID MEASURES

#### SWALLOWED

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

#### EYE

If this product comes in contact with the eyes

- 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.

#### 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.

#### NOTES TO PHYSICIAN

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

Readily absorbed from the gastrointestinal tract and excreted in the urine (largely unchanged)

### Section 5 - FIRE FIGHTING MEASURES

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

#### EXTINGUISHING MEDIA

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

#### FIRE FIGHTING

- Alert Fire Brigade and tell them location and nature of hazard.
- Wear 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.

#### 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.
- 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)
- 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.

Combustion products include carbon monoxide (CO), carbon dioxide (CO<sub>2</sub>), nitrogen oxides (NO<sub>x</sub>), sulfur oxides (SO<sub>x</sub>), 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

Environmental hazard - contain spillage.

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

### MAJOR SPILLS

Environmental hazard - contain spillage.

Moderate hazard.

- 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.

## 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.

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.

## Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

### EXPOSURE CONTROLS

Source	Material	TWA ppm	TWA mg/m <sup>3</sup>	STEL ppm	STEL mg/m <sup>3</sup>	Peak ppm	Peak mg/m <sup>3</sup>	TWA F/CC	Notes
Canada - Ontario Occupational Exposure Limits	sulfacetamide (Particles (Insoluble or Poorly Soluble) Not Otherwise)		10 (I)						
Canada - British Columbia Occupational	sulfacetamide (Particles (Insoluble or		10 (N)						

Exposure Limits	Poorly Soluble) Not Otherwise Classified (PNOC))			
Canada - Ontario Occupational Exposure Limits	sulfacetamide (Specified (PNOS) / Particules (insolubles ou peu solubles) non précisées par ailleurs)	3 (R)		
US - Tennessee Occupational Exposure Limits - Limits For Air Contaminants	sulfacetamide (Particulates not otherwise regulated Respirable fraction)	5		
US - California Permissible Exposure Limits for Chemical Contaminants	sulfacetamide (Particulates not otherwise regulated Respirable fraction)	5		(n)
US - Oregon Permissible Exposure Limits (Z-1)	sulfacetamide (Particulates not otherwise regulated (PNOR) (f) Total Dust)	- 10		Bold print identifies substances for which the Oregon Permissible Exposure Limits (PELs) are different than the federal Limits. PNOR means "particles not otherwise regulated."
US - Michigan Exposure Limits for Air Contaminants	sulfacetamide (Particulates not otherwise regulated, Respirable dust)	5		
US - Oregon Permissible Exposure Limits (Z-1)	sulfacetamide (Particulates not otherwise regulated (PNOR) (f) Respirable Fraction)	- 5		Bold print identifies substances for which the Oregon Permissible Exposure Limits (PELs) are different than the federal Limits. PNOR means "particles not otherwise regulated."
US - Wyoming Toxic and Hazardous Substances Table Z1 Limits for Air Contaminants	sulfacetamide (Particulates not otherwise regulated (PNOR)(f)- Respirable fraction)	5		

## 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

### NOTE

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

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

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

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
- fluorocautchouc

## OTHER

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

## ENGINEERING CONTROLS

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

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

Barrier protection or laminar flow cabinets should be considered for laboratory scale handling.  
When handling quantities up to 500 gram in either a standard laboratory with general dilution ventilation (e.g.

## Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

### PHYSICAL PROPERTIES

Solid.

Does not mix with water.

State	Divided solid	Molecular Weight	214.24
Melting Range (°F)	358- 363	Viscosity	Not Applicable
Boiling Range (°F)	Not available.	Solubility in water (g/L)	Partly miscible
Flash Point (°F)	Not Available	pH (1% solution)	9.0 (10% soln.)
Decomposition Temp (°F)	Not Available	pH (as supplied)	Not applicable
Autoignition Temp (°F)	Not available.	Vapour Pressure (mmHG)	Not applicable.
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)	Not applicable.	Evaporation Rate	Not applicable

### APPEARANCE

Odorless crystalline powder with bitter taste; does not mix well with water (1150). May be prepared as a 30% autoclavable solution buffered to pH 7.4

## Section 10 - CHEMICAL STABILITY

### CONDITIONS CONTRIBUTING TO INSTABILITY

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

### STORAGE INCOMPATIBILITY

- Avoid strong acids, bases.
- Avoid reaction with oxidising agents

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

## Section 11 - TOXICOLOGICAL INFORMATION

sulfacetamide

### TOXICITY AND IRRITATION

#### SULFACETAMIDE

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

Contact allergies quickly manifest themselves as contact eczema, more rarely as urticaria or Quincke's oedema. The pathogenesis of contact eczema involves a cell-mediated (T lymphocytes) immune reaction of the delayed type. Other allergic skin reactions, e.g. contact urticaria, involve antibody-mediated immune reactions. The significance of the contact allergen is not simply determined by its sensitisation potential the distribution of the substance and the opportunities for contact with it are equally important. A weakly sensitising substance which is widely distributed can be a more important allergen than one with stronger sensitising potential with which few individuals come into contact. From a clinical point of view, substances are noteworthy if they produce an allergic test reaction in more than 1% of the persons tested.

## Section 12 - ECOLOGICAL INFORMATION



Toxic to soil organisms.

### 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

**ssulfacetamide (CAS: 144-80-9) is found on the following regulatory lists;**

"Canada Domestic Substances List (DSL)", "US Toxic Substances Control Act (TSCA) - Chemical Substance Inventory"

### Section 16 - OTHER INFORMATION

#### LIMITED EVIDENCE

- Inhalation and/or ingestion may produce health damage\*.
- Limited evidence of a carcinogenic effect\*.
- May affect fertility\*.
- May possibly be harmful to the foetus/embryo\*.

\* (limited evidence).

**Denmark Advisory list for selfclassification of dangerous substances**

Substance	CAS	Suggested codes
sulfacetamide	144- 80- 9	R43 R52/53

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

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