EMERGENCY PROCEDURE GUIDE – TRANSPORT

2.1 AEROSOL **UN Number: 1950**

BattleaxePRO® Professional Insecticide

Date of Issue: May 2011

FIRE FIGHTING MEASURES

Extinguishing media: Water fog or foam

Hazards from combustion products: In the event of fire, the evolution of gaseous oxides of carbon and nitrogen should be anticipated.

Precautions for fire fighters: Fire fighters should wear full protective gear, including self-contained breathing apparatus (AS/NZS 1715/1716). Keep unnecessary people away and move all other personnel to windward side of fire. Bund area with sand or earth to prevent contamination of drains or waterways. Dispose of fire control water or other extinguishing agent and spillage safely later.

ACCIDENTAL RELEASE MEASURES

Presentation as a pressurized aerosol can means widespread spillage is unlikely. Pressurised aerosol containers can present an explosive hazard if damaged and any damaged cans should be handled with care and isolated. Damage to containers which results in leakage of contents is likely to cause contamination of localised areas only. Clean affected area with an aqueous detergent and a small amount of water. Absorb this with hydrated lime and place in a sealable container. Spread hydrated lime over the affected. Do not smoke, eat or drink during the clean-up operation.

FIRST AID MEASURES

If poisoning occurs, immediately contact a doctor or Poisons Information Centre (telephone 13 11 26), and follow the advice given. Show this Material Safety Data Sheet to a doctor.

Inhalation: Remove victim to fresh air and keep at rest. Treat symptoms. Seek medical advice.

Skin contact: If sprayed on skin wash contacted area thoroughly. Seek medical assistance.

Eye contact: Immediately irrigate with copious quantities of water for at least 15 minutes. Seek medical assistance.

Ingestion: If sprayed in mouth rinse mouth with water and seek medical advice.

First Aid Facilities: Provide washing facilities in the workplace.

Symptoms: Propoxur presents the greatest danger. Propoxur belongs to the carbamate group of insecticides, which are acetylcholinesterase inhibitors. Inhibition of acetylcholinesterase results in accumulation of the neurotransmitter acetylcholine in the central and peripheral nervous system. Symptoms of poisoning include mild intoxication causes headache, blurred vision, weakness, sweating, mild chest pain, nausea and vomiting. Severe intoxication causes cyanosis, muscular twitching, spasms, miosis and respiratory paralysis. Onset of symptoms may be delayed. Cholinesterase inhibition sometimes persists for several weeks.

Medical attention: Basic aid, decontamination, symptomatic treatment and if necessary administration of antidote (atropine).

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Note for physicians

Endotracheal intubation should be done and gastric lavage performed, followed by administration of charcoal. Treatment is with atropine sulphate. Additionally diazepam should be given in case of seizures/convulsions. Atropine should not be given to a cyanosed patient. Monitor respiratory, cardiac and central nervous system functions. Monitor red blood cell and plasma cholinesterase levels. Administer oxygen if necessary. Watch for pulmonary oedema and delayed neurological symptoms. Contraindications include oximes (pralidoxime, oblidoxime), succinyl chloride and aminophylline. 2 regimens for initial atropine treatment are currently suggested, in both cases the cessation of the cholinergic symptoms salivation, bronchial secretion, sweating and bradycardia indicates suffieient atropinisation. The skin should be dry, the lungs should be clear on auscultation and the heart rate should be in a range of 80 to 100/minute. Overdoses of atropine have to be strictly avoided, as these can promote heart rhythm disturbances.

Regimen 1:
(2-10 mg atropine i.v., followed every 15 minutes by 2 mg atropine i.v. until cessation of the symptoms.

Regimen 2:
- 2 mg atropine i.v., 5 minutes wait, if symptoms persist or reappear
- 4 mg atropine i.v., 5 minutes wait, if symptoms persist or reappear
- 8 mg atropine i.v., 5 minutes wait, if symptoms persist or reappear
- 16 mg atropine i.v., 5 minutes wait, if symptoms persist or reappear
- 32 mg atropine i.v.

No higher doses of atropine should be given nor are necessary.

For children, the dosage has to be more careful due to a higher sensitivity of children to atropine. The initial dose should be 0.1 mg/kg body weight, then careful repletion or increase depending on the reversal of symptoms as described above.

It is mandatory to allow 5 minutes after each dose for atropine to become fully effective, the next higher dose must not be given earlier and only if the above symptoms are persisting.

Regimen 2 currently is advisable. If further atropine treatment is required (taking into account the relatively short effect of carbamates), it should be done by continuous application of 1 – 2 mg/hour. Atropine treatment can be stopped, when the plasma cholinesterase level has returned to above 30% of normal.

HAZARDS IDENTIFICATION

HAZARDOUS SUBSTANCE - DANGEROUS GOOD

Harmful: May cause lung damage if swallowed. Highly flammable

Hazard Designation:	Hazardous (National Occupational Health and Safety Commission – NOHSC)
Risk phrases:	R65 – Harmful: may cause lung damage if swallowed
Safety phrases:	See Sections 4, 5, 6, 7, 8, 9, 13
ADG classification:	Dangerous Goods for transport by road and rail according to the Australian Code for the Transport of Dangerous Goods by Road and Rail – AEROSOLS, Class 2, UN 1950
SUSDP classification:	Schedule 5 (Standard for the Uniform Scheduling of Drugs and Poisons)

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EXPOSURE CONTROLS / PERSONAL PROTECTION

Exposure standards:	Propoxur	TWA 0.5 mg/cu metre (ACGIH)
	Ethanol	TWA 1880 mg/cu metre (1000 ppm) (ACGIG)
	NOHSC exposure standards have not been established for other ingredients in this formulation.	
Engineering controls:	No engineering controls are required for the normal use of this product according to label.	
Personal Protective Equipment:	None required.	

STABILITY AND REACTIVITY

Chemical stability:	Stable under normal conditions of use.
Hazardous polymerisation:	None
Conditions to avoid:	Highly flammable. Do not puncture or incinerate can. Store at normal room temperature. Do not spray uninterrupted for more than 10 seconds in confined spaces. Keep away from naked flames. Ensure good ventilation.
Incompatible materials:	Not available
Hazardous decomposition products:	In the event of fire, gaseous oxides of carbon and nitrogen may be released.

CONSIGNOR: SUNDEW SOLUTIONS PTY LTD
3 Tramore Close, Templestowe, Victoria 3106
Business hours: 1 800 786 339
After hours: 0418 271 193

END OF EMERGENCY PROCEDURE GUIDE