

Mecamylamine Hydrochloride

sc-205742

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

Mecamylamine Hydrochloride

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:

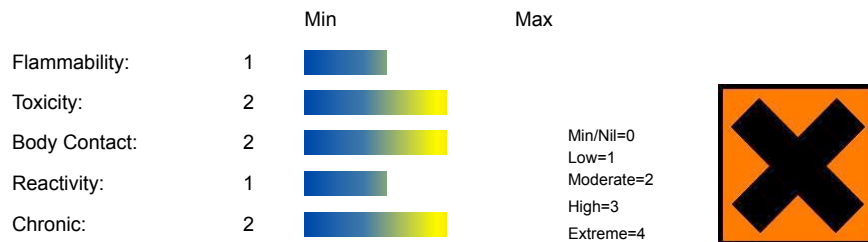
ChemWatch
Within the US & Canada: 877-715-9305
Outside the US & Canada: +800 2436 2255
(1-800-CHEMCALL) or call +613 9573 3112

SYNONYMS

C11-H21-N.HCl, "Inversine hydrochloride", "Mecamine hydrochloride", "Mekamin hydrochloride", "3-methylaminoisocamphane hydrochloride", "2-methylaminoisocamphane hydrochloride", "2-methylamino-2, 3, 3-trimethylnorbornane hydrochloride", "N-methyl-N-2, 5-endomethylene-1, 6, 6-trimethylcyclohexylamine", hydrochloride, "N-methyl-dl-isobornylamine hydrochloride", "N-methyl-2-isocamphanamine hydrochloride", "3beta-methylamino-2, 2, 3-trimethylbicyclo[2.2.1]heptane hydrochloride", "Mevasin hydrochloride **", "N, 2, 3, 3-tetramethyl-2-norbomanamine hydrochloride", "N, 2, 3, 3-tetramethylbicyclo[2.2.1]heptan-2-amine hydrochloride", "N, 2, 3, 3-tetramethyl-2-norcamphanamine hydrochloride", "(2R)-N, 2, 3, 3-tetramethylbicyclo[2.2.1]heptan-2-amine hydrochloride", antihypertensive

Section 2 - HAZARDS IDENTIFICATION

CHEMWATCH HAZARD RATINGS



CANADIAN WHMIS SYMBOLS



EMERGENCY OVERVIEW

RISK

Harmful if swallowed.

Irritating to eyes, respiratory system and skin.

POTENTIAL HEALTH EFFECTS

ACUTE HEALTH EFFECTS

SWALLOWED

■ Adverse effects are mainly due to ganglionic blockade. A reduction in gastrointestinal motility may produce constipation or paralytic ileus on prolonged administration. Urinary retention, cycloplegia, mydriasis, tachycardia and gastrointestinal disturbance may also occur. Other effects may include raised intra-ocular pressure, dry mouth, anhidrosis, hypoglycaemia, hypokalaemia, weakness, urticaria, and itching. The material inhibits the transmission of nerve impulses in both sympathetic and parasympathetic ganglia. The sympathetic blockade produces peripheral vasodilation. The parasympathetic block diminishes movement of the gastrointestinal tract and bladder, reduces gastric and salivary secretions and produces disturbances in visual accommodation.

Ganglionic blockers acts on autonomic ganglia by binding mostly in or on the neuronal NN receptor, and not the acetylcholine binding site itself. It has no effect on the muscarinic acetylcholine receptors located on target organs of the parasympathetic nervous system, nor the nicotinic acetylcholine receptors at the neuromuscular junction that are responsible for skeletal muscle motor response.

EYE

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

■ Anticholinergic eye drops can cause stinging, dryness, redness, itch, dilated pupils, and loss of focus with blurred vision. Pupil Reflexes may be lost or diminished for 3 days.

SKIN

■ 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.

INHALED

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

■ 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.

■ The use of anticholinergic agents is associated with temporary impairment of vision. Anticholinergic agents produce peripheral antimuscarinic effects including an increase in heart rate, decreased production of saliva, sweat, and bronchial, nasal, gastric and intestinal secretions, decreased intestinal motility and inhibition of urination. Side effects associated with the use of anticholinergics include dryness of the mouth, with difficulty in swallowing and talking, thirst, dilation of the pupils (mydriasis), loss of accommodation (cycloplegia), and photo-phobia, flushing and dryness of the skin, transient bradycardia, followed by tachycardia with palpitations and arrhythmias, urinary urgency and difficulty of retention, and a reduction in tone and motility of the gastro-intestinal tract. Vomiting, giddiness and staggering and retrosternal pain may occur on occasion. Toxic doses may produce tachycardia, rapid respiration, hyperpyrexia and central nervous system stimulation characterised by restlessness, confusion, excitement, paranoid and psychotic reactions, hallucinations, delirium and occasionally, seizures and convulsions. A rash may be visible on the upper trunk or face. Central effects generally involve the stimulation of the medulla and higher cerebral centres which manifests themselves as a mild central vagal excitation, respiratory stimulation and depression of central motor mechanisms, particularly those associated with the extrapyramidal tract. Severe intoxication may produce central nervous system depression with ataxia, drowsiness, stupor, unconsciousness, coma, circulatory and respiratory system arrest, and death.

CHRONIC HEALTH EFFECTS

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

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

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.

<p>

Prolonged exposure to anticholinergic agents may irritate the eyes, causing allergic lid reactions, conjunctivitis, swelling, excess blood flow to the eyes, and sensitivity to light. Increase in eye pressure may lead to closed angle glaucoma.

<p>

Section 3 - COMPOSITION / INFORMATION ON INGREDIENTS

NAME	CAS RN	%
mecamylamine hydrochloride	826-39-1	>98

Section 4 - FIRST AID MEASURES

SWALLOWED

· IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. · Where Medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise:

EYE

■ If this product comes in contact with the eyes: · Wash out immediately with fresh running water. · Ensure complete irrigation of the eye by keeping eyelids apart and away from eye and moving the eyelids by occasionally lifting the upper and lower lids.

SKIN

■ If skin contact occurs: · Immediately remove all contaminated clothing, including footwear · Flush skin and hair with running water (and soap if available).

INHALED

· If fumes or combustion products are inhaled remove from contaminated area. · Lay patient down. Keep warm and rested.

NOTES TO PHYSICIAN

■ Treatment regime for atropine intoxication: Empty the stomach by aspiration and lavage. The use of charcoal to prevent absorption, followed by lavage has been suggested.

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.

FIRE FIGHTING

· Alert Emergency Responders and tell them location and nature of hazard.
· Wear full body protective clothing with breathing apparatus.
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.
· Avoid generating dust, particularly clouds of dust in a confined or unventilated space as dusts may form an explosive mixture with air, and any source of ignition, i.e. flame or spark, will cause fire or explosion. Dust clouds generated by the fine grinding of the solid are a particular hazard; accumulations of fine dust may burn rapidly and fiercely if ignited.
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 oxidizing agents i.e. nitrates, oxidizing acids, chlorine bleaches, pool chlorine etc. as ignition may result.

PERSONAL PROTECTION

Glasses:
Gloves:
Respirator:
Particulate

Section 6 - ACCIDENTAL RELEASE MEASURES

MINOR SPILLS

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

- Vacuum up or sweep up. NOTE: Vacuum cleaner must be fitted with an exhaust micro filter (HEPA type) (consider explosion-proof machines designed to be grounded during storage and use).
 - Dampen with water to prevent dusting before sweeping.
 - Place in suitable containers for disposal.
- MAJOR SPILLS**
- Clear area of personnel and move upwind.
 - Alert Emergency Responders and tell them location and nature of hazard.

Section 7 - HANDLING AND STORAGE

PROCEDURE FOR HANDLING

- Avoid all personal contact, including inhalation.
 - Wear protective clothing when risk of exposure occurs.
- 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.
 - Lined metal can, Lined metal pail/drum
 - Plastic pail.
- 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.

STORAGE REQUIREMENTS

- Store in original containers.
- Keep containers securely sealed.

Section 8 - EXPOSURE CONTROLS / PERSONAL PROTECTION

EXPOSURE CONTROLS

The following materials had no OELs on our records

- mecamlamine hydrochloride: CAS:826-39-1

PERSONAL PROTECTION



RESPIRATOR

Particulate
Consult your EHS staff for recommendations

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].

HANDS/FEET

- Suitability and durability of glove type is dependent on usage. Important factors in the selection of gloves include: such as:
- frequency and duration of contact,
- chemical resistance of glove material,
- glove thickness and
- dexterity

Select gloves tested to a relevant standard (e.g. Europe EN 374, US F739).

- When prolonged or frequently repeated contact may occur, a glove with a protection class of 5 or higher (breakthrough time greater than 240 minutes according to EN 374) is recommended.
- When only brief contact is expected, a glove with a protection class of 3 or higher (breakthrough time greater than 60 minutes according to EN 374) is recommended.
- Contaminated gloves should be replaced.

Gloves must only be worn on clean hands. After using gloves, hands should be washed and dried thoroughly. Application of a non-perfumed moisturiser is recommended.

- Rubber gloves (nitrile or low-protein, powder-free latex). Employees allergic to latex gloves should use nitrile gloves in preference.
- Double gloving should be considered.
- PVC gloves.
- Protective shoe covers.
- Head covering.

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

Section 9 - PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL PROPERTIES

Mixes with water.

State	Divided Solid	Molecular Weight	203.8
Melting Range (°F)	473.5- 474.8.5(decomp)	Viscosity	Not Applicable
Boiling Range (°F)	Not Applicable	Solubility in water (g/L)	Miscible
Flash Point (°F)	Not Available	pH (1% solution)	6.0-7.5
Decomposition Temp (°F)	473	pH (as supplied)	Not Applicable
Autoignition Temp (°F)	Not Available	Vapour Pressure (mmHG)	Negligible
Upper Explosive Limit (%)	Not Available	Specific Gravity (water=1)	Not Available
Lower Explosive Limit (%)	Not Available	Relative Vapor Density (air=1)	Not Applicable
Volatile Component (%vol)	Negligible	Evaporation Rate	Not Applicable

APPEARANCE

Crystalline solid with bitter-sweet taste; mixes with water 21.2 gm/100 ml). Solubilities (gm/100 ml): alcohol 8.2; glycerol 10.4, isopropanol 2.1

Section 10 - CHEMICAL STABILITY

CONDITIONS CONTRIBUTING TO INSTABILITY

- Presence of incompatible materials.
- Product is considered stable.

STORAGE INCOMPATIBILITY

- Avoid reaction with oxidizing agents.

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

Section 11 - TOXICOLOGICAL INFORMATION

MECAMYLAMINE HYDROCHLORIDE

TOXICITY AND IRRITATION

MECAMYLAMINE HYDROCHLORIDE:

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

TOXICITY IRRITATION

Oral (Rat) LD50: 208 mg/kg

Intravenous (Rat) LD50: 53 mg/kg

Subcutaneous (Rat) LD50: 177 mg/kg

Intravenous (Rat) LD50: 21 mg/kg

Oral (Mouse) LD50: 92 mg/kg

Intraperitoneal (Mouse) LD50: 17 mg/kg

Subcutaneous (Mouse) LD50: 81 mg/kg

Intravenous (Mouse) LD50: 14 mg/kg

Oral (Guinea pig) LD50: 175 mg/kg

Intraperitoneal (Guinea pig) LD50: 63 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.

May cause tremor, convulsions and mental aberrations, has induced intra-alveolar fibrinous oedema which could be converted to fibrous tissue with consequent impairment of ventilation.

Section 12 - ECOLOGICAL INFORMATION

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

Section 13 - DISPOSAL CONSIDERATIONS

Disposal Instructions

All waste must be handled in accordance with local, state and federal regulations.

‡ Puncture containers to prevent re-use and bury at an authorized landfill.

Legislation addressing waste disposal requirements may differ by country, state and/ or territory. Each user must refer to laws operating in their area. In some areas, certain wastes must be tracked.

A Hierarchy of Controls seems to be common - the user should investigate:

- Reduction
- Reuse
- Recycling
- Disposal (if all else fails)

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use. Shelf life considerations should also be applied in making decisions of this type. Note that properties of a material may change in use, and recycling or reuse may not always be appropriate.

DO NOT allow wash water from cleaning equipment to enter drains. Collect all wash water for treatment before disposal.

- Recycle wherever possible.
- Consult manufacturer for recycling options or consult Waste Management Authority for disposal if no suitable treatment or disposal facility can be identified.

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: 5 kg

Passenger aircraft/rail:

Quantity Limitations: Cargo 5 kg Vessel stowage: Location: C
aircraft only:

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: 615 Maximum Qty/Pack: 5 kg
Passenger and Cargo Passenger and Cargo
Packing Instructions: 613 Maximum Qty/Pack: 5 kg
Passenger and Cargo Limited Quantity Passenger and Cargo Limited Quantity
Packing Instructions: Y613 Maximum Qty/Pack: 5 kg
Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.(CONTAINS
MECAMYLAMINE HYDROCHLORIDE)

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
Shipping Name: MEDICINE, SOLID, TOXIC, N.O.S.

Section 15 - REGULATORY INFORMATION

No data for mecamlamine hydrochloride (CAS: , 826-39-1)

Section 16 - OTHER INFORMATION

ND

Substance CAS Suggested codes mecamlamine hydrochloride 826- 39- 1

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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.

■ The (M)SDS is a Hazard Communication tool and should be used to assist in the Risk Assessment. Many factors determine whether the reported Hazards are Risks in the workplace or other settings. Risks may be determined by reference to Exposures Scenarios. Scale of use, frequency of use and current or available engineering controls must be considered.

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