



SAFETY DATA SHEET

1. PRODUCT AND COMPANY IDENTIFICATION

PRODUCT NAME: BRITE ALUME
PRODUCT NUMBER: 207
PRODUCT FAMILY: ACID DETERGENT
MANUFACTURER: KO MANUFACTURING, INC
 2720 E. DIVISION STREET
 SPRINGFIELD, MO 65803
 417-866-8000

DATE PREPARED: 5/1/2014
SUPERCEDED DATE: 7/1/2013

EMERGENCY CONTACT: CHEMTREC 800-424-9300
INFORMATION USE: ACIDIC CLEANER

2. HAZARD IDENTIFICATION

SIGNAL WORD: DANGER

HAZARD CLASSIFICATION: CORROSIVE LIQUID, TOXIC

POTENTIAL HEALTH EFFECT: DEATH, BURNS AND SEVERE IRRITATION

ROUTE OF EXPOSURE: EYE CONTACT, SKIN CONTACT, INGESTION, INHALATION

SKIN CONTACT: MAY CAUSE SEVERE BURNS TO SKIN THAT MAY NOT BE IMMEDIATELY NOTICED. CAN BE ABSORBED THROUGH THE SKIN IN TOXIC AMOUNTS.

EYE CONTACT: MAY CAUSE SEVERE BURNS TO EYES.

INGESTION: MAY BE FATAL IF SWALLOWED. MAY CAUSE SEVERE BURNS TO MOUTH, THROAT AND STOMACH THAT MAY NOT BE IMMEDIATELY NOTICED.

INHALATION: MAY CAUSE SEVERE IRRITATION OR BURNS TO NOSE AND THROAT IF INHALED.



3.COMPOSITION IDENTIFICATION

INGREDIENTS:	C.A.S. NUMBER:	PERCENT:
HYDROFLUORIC ACID	7664-39-3	<6.0%
SULFURIC ACID	7664-93-9	<25.0%
PHOSPHORIC ACID	7664-38-2	<5.0%
PROPIETARY SURFACTANT BLEND	BLEND	<5.0%

4. FIRST AID MEASURES

EYE CONTACT: RINSE WITH FRESH WATER FOR 15 MINUTES, LIFTING EYELIDS OCCASIONALLY. CALL A PHYSICIAN IMMEDIATELY.

SKIN CONTACT: RINSE WITH PLENTY OF FRESH WATER AND REMOVE CONTAMINATED CLOTHING IMMEDIATELY. CALL A PHYSICIAN EVEN IF LITTLE OR NO PAIN PERSISTS.

INGESTION: DO NOT INDUCE VOMITING. CALL A PHYSICIAN IMMEDIATELY. IF CONSCIOUS, GIVE LARGE QUANTITIES OF WATER OR MILK. DO NOT GIVE ANYTHING BY MOUTH IF UNCONSCIOUS.

INHALATION: IF OVERCOME BY EXPOSURE, REMOVE VICTIM TO FRESH AIR IMMEDIATELY. GIVE OXYGEN OR ARTIFICIAL RESPIRATION AS NEEDED. CALL A PHYSICIAN IMMEDIATELY.

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5. FIRE FIGHTING MEASURES

FLAMMABLE PROPERTIES: NON FLAMMABLE.

FLASH POINT: DOES NOT FLASH.

SUITABLE EXTINGUISHING MEDIA: DRY CHEMICAL, FOAM OR CARBON DIOXIDE, WATER SPRAY.

UNSUITABLE EXTINGUISHING MEDIA: NOT ESTABLISHED.

SPECIFIC HAZARDS ARISING FROM THE CHEMICAL: NONE KNOWN.

THE CHEMICAL:

PROTECTIVE EQUIPMENT AND PRECAUTIONS FOR FIREFIGHTERS: WEAR SELF-CONTAINED BREATHING APPARATUS (PRESSURE DEMAND MSHA/NIOSH APPROVED) AND FULL PROTECTIVE GEAR.

6. ACCIDENTAL RELEASE MEASURES

PERSONAL PRECAUTIONS: AVOID CONTACT WITH EYES AND SKIN. SPILL AREA MAY BE SLIPPERY. WEAR PROPER PROTECTIVE EQUIPMENT WHEN DEALING WITH RELEASE.

ENVIRONMENTAL PRECAUTIONS: CONTAIN SPILL TO AVOID RELEASE TO THE ENVIRONMENT. KEEP CONTAINER TIGHTLY CLOSED WHEN NOT IN USE.

METHODS FOR CONTAINMENT AND CLEAN-UP: EVACUATE AREA. VENTILATE AREA. NEUTRALIZE SPILL WITH SODIUM CARBONATE. COLLECT FOR DISPOSAL USING AN INERT ABSORBENT.

7. HANDLING AND STORAGE

HANDLING: AVOID CONTACT WITH EYES AND SKIN. WASH THOROUGHLY AFTER HANDLING. ALWAYS WEAR PROPER PROTECTIVE EQUIPMENT WHEN HANDLING.

STORAGE: AVOID RELEASE TO THE ENVIRONMENT. STORE IN A COOL, DRY PLACE. KEEP OUT OF REACH OF CHILDREN. USE CARE WHEN HANDLING AND STORING.

8. EXPOSURE CONTROLS/PERSONAL PROTECTION

THRESHOLD LIMIT VALUE (TLV): HYDROFLUORIC ACID, 0.5 MG/M³; SULFURIC ACID, 0.2 MG/M³; PHOSPHORIC ACID, 1 MG/M³

ENGINEERING CONTROLS: IF MIST LEVELS ARE HIGH SPECIAL VENTILATION MAY BE REQUIRED.

EYE / FACE PROTECTION: CHEMICAL GOGGLES AND FULL FACE SHIELD.

SKIN PROTECTION: CHEMICAL RESISTANT GLOVES, APRON AND BOOTS.

9. PHYSICAL AND CHEMICAL PROPERTIES

PHYSICAL STATE: LIQUID.

APPEARANCE: CLEAR PINK LIQUID.

ODOR: ACID SCENT.

BOILING POINT: NOT ESTABLISHED.

FREEZING POINT: NOT ESTABLISHED.

SPECIFIC GRAVITY: 1.07

pH (1%): 1.0-2.0

EVAPORATION RATE: LESS THAN 1.

FLASH POINT: DOES NOT FLASH.

LOWER FLAMMABILITY/EXPLOSIVE LIMIT: NOT ESTABLISHED.

UPPER FLAMMABLE/EXPLOSIVE LIMIT: NOT ESTABLISHED.

AUTO-IGNITION TEMPERATURE: NOT ESTABLISHED.

10. STABILITY AND REACTIVITY

CHEMICAL STABILITY: STABLE.

CONDITIONS TO AVOID: NO UNUSUAL CONDITIONS.

INCOMPATIBLE MATERIALS: SOFT METALS. STRONG ALKALIES. DO NOT MIX WITH OTHER CHEMICALS.

HAZARDOUS DECOMPOSITION PRODUCTS: CARBON MONOXIDE AND DIOXIDE WITH THERMAL DECOMPOSITION.

VISCOSITY: NOT ESTABLISHED.

REALTIVE DENSITY: 8.9 LBS./GL.

SOLUBILITY: SOLUBLE.

VAPOR PRESSURE: NOT ESTABLISHED.

VAPOR DENSITY: NOT ESTABLISHED.

DECOMPOSITION TEMPERATURE: NOT ESTABLISHED.

PARTICAL COEFFICIENT: NOT ESTABLISHED.
N-OCTANOL/WATER

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11. TOXICOLOGICAL INFORMATION

EYE IRRITATION/CORROSION: CORROSIVE TO EYES AND SKIN.
EFFECTS OF SHORT-TERM EXPOSURE: IRRITATION OR BURNS TO EYES, SKIN AND MOUTH.
INGESTION: COULD CAUSE SYSTEMIC EFFECTS AND IN SOME CASES DEATH.

12. ECOLOGICAL IDENTIFICATION

ECOTOXICITY: NOT ESTABLISHED.
PERSISTENCE AND DEGRADABILITY: BIODEGRADABLE.
BIOACCUMULATION/ACCUMULATION: NOT ESTABLISHED.

13. DISPOSAL CONDITIONS

THIS MATERIAL WHEN DISCARDED IS A HAZARDOUS WASTE DEFINED BY 40 CFR 261. MATERIALS ARE TO BE DISPOSED OF IN ACCORDANCE WITH ALL FEDERAL, STATE AND LOCAL REGULATIONS.

14. TRANSPORTATION INFORMATION

GROUND SHIPPING INFORMATION:
UN2922, CORROSIVE LIQUID, TOXIC, N.O.S., (HYDROFLUORIC ACID, SULFURIC ACID), 8 (6.1), PGII.
WATER SHIPPING INFORMATION:
UN2922, CORROSIVE LIQUID, TOXIC, N.O.S., (HYDROFLUORIC ACID, SULFURIC ACID), 8 (6.1), PGII.
AIR SHIPPING INFORMATION:
UN2922, CORROSIVE LIQUID, TOXIC, N.O.S., (HYDROFLUORIC ACID, SULFURIC ACID), 8 (6.1), PGII.

15. REGULATORY INFORMATION

US FEDERAL REGULATIONS:
TSCA (TOXIC SUBSTANCE CONTROL ACT): ALL COMPONENTS LISTED ON TSCA INVENTORY.

SARA TITLE III (SUPERFUND AMENDMENTS AND REAUTHORIZATION ACT):

313 REPORTABLE INGREDIENTS:	CAS NUMBER:	PERCENT:
HYDROFLUORIC ACID	7664-39-3	5.9%

STATE REGULATIONS: CALIFORNIA PROPOSITION 65 -THIS PRODUCT DOES NOT CONTAIN ANY CHEMICALS CURRENTLY LISTED.

INTERNATIONAL REGULATIONS: CLASS E CORROSIVE UNDER CANADIAN WHMIS; CLASS D-2A MATERIAL CAUSES TOXIC EFFECTS UNDER CANADIAN WHMIS

SECTION 15 NOTES: NONE.

16. OTHER INFORMATION

PHONE NUMBER: 417-866-8000
DATE OF PREPARATION: 5/1/2014

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Hydrofluoric Acid Burns: Health Effects and Treatment Plan for Medical Professionals and Emergency Responders

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WARNING: BURNS WITH CONCENTRATED HYDROFLUORIC ACID (HF) ARE USUALLY VERY SERIOUS, WITH THE POTENTIAL FOR SIGNIFICANT COMPLICATIONS DUE TO FLUORIDE TOXICITY. CONCENTRATED HF LIQUID OR VAPOR, MAY CAUSE SEVERE BURNS, METABOLIC IMBALANCES, PULMONARY EDEMA AND LIFE THREATENING CARDIAC ARRHYTHMIAS. EVEN MODERATE EXPOSURES TO CONCENTRATED HF MAY RAPIDLY PROGRESS TO FATALITY IF LEFT UNTREATED. BURNS LARGER THAN 25 SQUARE INCHES (160 SQUARE CM) MAY RESULT IN SERIOUS SYSTEMIC TOXICITY.

PURPOSE

FOR APCI EMERGENCY RESPONDERS

To ensure that all employees handling or overseeing work with hydrofluoric acid at Air Products and Chemicals, Inc. have adequate procedures, training, equipment, and supplies to treat persons exposed to hydrofluoric acid.

FOR MEDICAL PROFESSIONALS

Your facility has been identified as a provider of emergency medical services for employees of Air Products and Chemicals, Inc. Air Products has developed this document to ensure that persons who render care to our employees are knowledgeable in effective treatment(s) for hydrofluoric acid exposure.

INTRODUCTION

Hydrofluoric Acid (HF) is an extremely powerful inorganic acid and a vigorous dehydrating agent. Anhydrous hydrofluoric acid and hydrofluoric acid in aqueous solutions range in appearance from colorless to slightly tinted. HF has a pungent odor. It is extremely corrosive.

MECHANISM OF TOXICITY

Hydrofluoric Acid exposure requires immediate specific and specialized medical treatment. Not only can this strong acid cause burns, but the fluoride ion can be quickly absorbed through the skin. Fluoride ion can then attack underlying tissues and can be absorbed into the blood stream. HF, liquid or gaseous, may cause severe burns of skin and deep tissues. If the eyes are exposed to HF, it may penetrate to internal structures. HF inhaled in high concentrations may cause glottitis (obstruction of the airway) and acute pulmonary edema. Absorption of HF may cause hypocalcemia due to HF's fixation of blood calcium. Hyperkalemia may occur if severe hypocalcemia appears. A person who has HF burns greater than 8 square inches should be admitted immediately to an intensive care unit and carefully monitored for 24 to 48 hours. Anyone who has been exposed to gaseous HF and experiences respiratory irritation should also be admitted to and monitored in an intensive care unit. Blood sampling should be taken to monitor fluoride, potassium and calcium levels. In some cases, hemodialysis is necessary for fluoride removal and for correction of hyperkalemia.

HF skin burns are usually accompanied by severe, throbbing pain which is thought to be due to irritation of nerve endings by increased levels of potassium ions entering the extracellular space to compensate for the reduced levels of calcium ions, which have been bound to the fluoride. RELIEF OF PAIN IS AN IMPORTANT GUIDE TO THE SUCCESS OF TREATMENT.

EFFECT OF EXPOSURE

The effects of exposure to HF may be delayed depending on the strength of the solution. Solutions containing greater than 50% HF will normally cause an immediate recognizable and painful burn. Solutions containing 20% to 50% HF may cause delayed symptoms which become manifest in one (1) to eight (8) hours. Solutions with less than 20% HF may not cause symptoms for up to 24 hours. A similar delay in symptoms may be seen with respiratory and dermal contact.

Be prepared!! Adequate personal protective equipment must be provided to each employee who may be exposed to HF. **FIRST AID RESPONDERS AND MEDICAL PERSONNEL MUST WEAR RUBBER (NEOPRENE OR PVC) GLOVES WHEN TREATING HF BURNS TO AVOID HAND BURNS!!** Employees must be properly trained in the wearing of personal protective equipment. Safety and handling procedures must be taught to all relevant personnel and these procedures must be enforced. Personnel who have been trained in the specialized HF first aid procedures must be available immediately. Medical supplies must be readily accessible at all times. (See Medical Supplies List).

Local emergency medical responders and hospitals must be included in the first aid and medical training for the facility. Effects of HF exposure are unique and must be treated in a specialized medical fashion. An appropriate first response coupled with HF-specific medical treatment is imperative.

FIRST AID AND MEDICAL TREATMENT

Skin Burns

Skin contacted by HF, vapor or aqueous solution, rapidly produces an erythematous (reddened) area, often with a white or gray color at the surface caused by coagulation of tissue.

Immediately go to a safety shower or other available water and flush with copious amounts of water. Rinse off excess HF. Speed and thoroughness in washing off the acid is of primary importance.

All clothing must be removed. Continue under water until calcium gluconate gel is available. Calcium gluconate gel can be massaged into skin while flushing with water.

Summon medical personnel and continue with first aid.

Apply calcium gluconate 2.5% gel every 15 minutes and massage continuously until the pain disappears. Remember, rubber gloves must be worn while touching the victim. If pain recurs, apply calcium gluconate gel and massage while transporting the injured worker to an emergency room.

An alternate procedure is to soak the affected areas in an iced 0.13% water solution (1:750) of Zephiran® chloride (benzalkonium chloride solution, NF). Use ice cubes, not shaved ice, in order to prevent frostbite. If soaking is impractical, soaks or compresses may be used. Compresses should be changed every 2 - 4 minutes. Total immersion for areas such as fingers, hands and feet is desirable. Do not use Zephiran® solution for burns of the eyes. Zephiran® is an eye irritant.

Continue either application of calcium gluconate gel or Zephiran® soaks while transporting to a medical facility.

For deep burns, infiltration of aqueous calcium gluconate 5%** solution with a small-gauge (#25-#30) needle around the affected area and intralesionally may be necessary. Initially use no more than 0.5cc per square centimeter of burned skin. Do not distort skin appearance. Caution must be observed to avoid calcium overdosing. Administration should be performed by a physician only.

[**5% solution = 10cc sterile water + 10cc calcium gluconate 10%]

Do **NOT** use local anesthetics. Resolution of pain is the means to determine effective medical treatment.

In some cases, it may be necessary to surgically remove damaged tissue and then apply calcium gluconate (5% aqueous solution) to the affected area.

The person with HF burns covering greater than 8 square inches should be admitted immediately to an intensive care unit and monitored carefully for 24 to 48 hours. Serum calcium, potassium and magnesium levels should be monitored. The Q-T interval should be followed for signs of hypocalcemia. Hypocalcemia results in prolonged QT intervals.

Eye Burns

Flush immediately with water for at least 15 minutes while holding eyelids open.

Do not use oils, salves, ointments or other HF skin burn treatments.

If available, apply a few drops of aqueous topical ophthalmic anesthetic solution to the eyes. (Proparacaine Hydrochloride 0.5%). Do not delay treatment if ophthalmic anesthetic solution is not readily available.

If sterile 1% calcium gluconate solution is available, flushing may be limited to 5 minutes. Place a Morgan's lens or the Eye Irrigator® on patient and irrigate eye intermittently for 20 minutes with an aqueous calcium gluconate 1% solution.

[**1% solution=10cc calcium gluconate 10% + 100cc normal saline]

Transport patient to eye specialist for further treatment.

Instill aqueous calcium gluconate 1% solution every 2 to 4 hours for the next 2 to 3 days.

Do not use Zephiran® for burns of the eye.

Inhalation

1. Remove victim from source of HF fumes.
2. If not breathing, begin artificial respiration immediately.

***Mouth to mouth resuscitation is not recommended.**

3. Give 100% oxygen by mask.
4. As soon as possible, give 2.5% to 3% calcium gluconate solution* by inhalation by Intermittent Positive Pressure Breathing using a nebulizer, or by nebulizer alone.

[*2.5% solution=10cc calcium gluconate 10% + 20cc sterile water]

5. Patient should be referred to a pulmonologist for further care.
6. Carefully watch the patient for edema of the upper airway with respiratory obstruction. The airway may be maintained by either endotracheal intubation or tracheotomy if necessary.
7. Pulmonary edema should be treated by placing the patient on IPPB with Positive End-Expiratory Pressure (PEEP). Close supervision and continued use of 2.5% to 3% calcium gluconate solution by inhalation is necessary.

8. Patients with neck, chest or head burns should be watched for delayed pulmonary edema.

9. Hemodialysis must be considered for fluoride removal and to avoid or correct hyperkalemia and recurrent hypocalcemia not responsive to replacement therapy.

10. A patient with a history of recent exposure who is experiencing respiratory irritation should be admitted immediately to an intensive care unit and observed closely for 24 to 48 hours. Administration of nebulized 2.5% calcium gluconate should be considered.

11. Do not give stimulants. Patient must remain inactive for at least 24 hours.

Oral Ingestion

Do not induce vomiting. Do not give patient any baking soda or emetics.

Give 1 to 3 glasses of water.

Administer several vials of 10% aqueous calcium gluconate orally. (Calcium carbonate, Maalox, Mylanta or Milk of Magnesia may also be used).

Gastric lavage with calcium chloride or calcium gluconate may be performed by a physician. Extreme caution must be observed when passing the Levin tube.

Extreme throat swelling may occur which may require a tracheotomy.

Patient should be admitted to a hospital intensive care unit.

Hemodialysis may be necessary for fluoride removal and to avoid or correct hyperkalemia and recurrent hypocalcemia not responsive to replacement therapy.

Nail Burns

Immediately soak the nail in an iced 0.13% Zephiran® solution. Do not use shaved ice. Use ice cubes, not shaved ice, to prevent frostbite.

If pain does not completely cease, 2 to 3 holes should be drilled in the nail using an 18 gauge needle. Continue soaking.

If pain still does not subside, the nail must be removed by a physician. The nail bed should be massaged with 2.5% calcium gluconate gel. Infiltration of aqueous calcium gluconate 5% solution** with a small-gauge (#25-#30) needle, around the burn and intralesionally must be used only in severe cases due to the risk of obstruction of the microcirculation.

[**5% solution = 10cc sterile water + 10cc calcium gluconate 10%]

Do not use calcium gluconate 5% injections without first removing the nail.

The use of 0.5% calcium gluconate given intraarterially has also been reported.

HYPOCALCEMIA

Significant fluoride exposure via large burns, inhalation or ingestion will require observation for hypocalcemia.

An important way to monitor the necessity for and effectiveness of treatment is EKG monitoring (for example, prolongation of the Q-T interval may indicate hypocalcemia).

Calcium gluconate infusion (using 2 to 3 ampules of 10% calcium gluconate in one liter of 5% dextrose solution or NSS to pass at the rate of 100 milliliters per hour) may be administered. CAUTION must be taken. Excess calcium can produce ventricular arrhythmias, vagal bradycardia and ventricular fibrillation. Repeat infusions until EKG abnormalities or symptoms disappear.

Serum calcium, magnesium and potassium levels must be monitored. Electrolyte monitoring should indicate if and when magnesium should be replaced intravenously.

In cases of extreme fluoride absorption, a potentially therapeutic maneuver is the use of bicarbonate/acetazolamide infusion to control metabolic alkalosis and to enhance fluoride excretion by the kidneys. The efficacy of this intervention has not been determined conclusively.

MEDICAL TREATMENT OPTIONS

Zephiran®
(0.13%
Benzalkonium
chloride)

The solutions should be cooled with ice cubes. Shaved or crushed ice may cause excessive cooling, with danger of frostbite. If immersion in the solution is not practical, soaked compresses of the same iced solution should be applied to the burned area. The immersion or compresses should be used for at least two hours. Compresses should be changed or soaked with additional solution approximately every two to four minutes. If blisters are present, they should be open and drained and necrotic tissue should be debrided by a physician or qualified health care practitioner as soon as possible. However, immersion in 0.13% benzalkonium chloride (Zephiran®) or use of compresses should not be delayed if debridement cannot be accomplished immediately. Prolonged immersion in the iced Zephiran® bath may result in discomfort due to excess chilling; relief may be obtained by removing the part from the bath every ten to fifteen minutes for a few minutes and then reimmersing it. After the initial 30-60 minutes of treatment, less ice can be used so the bath is cool rather than cold. The success of this treatment is indicated by relief of the severe pain in the burned area. If there is no significant relief of pain within 30 to 40 minutes, the use of 5% calcium gluconate injections may be necessary. If pain recurs when the treatment is stopped at the end of the first two hours, immersion or compresses should be resumed until pain is relieved. A total of four to six hours immersion or use of compresses of Zephiran® is usually required for the treatment of most burns. No further treatment will be required in many instances. The use of iced quaternary ammonium compound solutions offers several advantages: reduction of local pain, possible slowing of the rate of tissue destruction, possible slowing of the passage of the fluoride ion into tissues and into the bloodstream. Large burns, serious burns due to concentrated HF or burns with

	<p>delayed treatment will probably require the use of calcium gluconate injections in addition to or instead of Zephiran® soaks. Zephiran® should not be used for burns on the face, ears or other sensitive areas due to its irritating nature. If is preferable to use calcium gluconate gel or calcium gluconate injections in these areas.</p>
<p>Calcium Gluconate Gel</p>	<p>Calcium gluconate gel, consisting of 2.5% USP calcium gluconate in a surgical water soluble lubricant is widely used for first aid and/or primary treatment of HF burns of the skin. The gel is convenient to carry and can be used to initially treat small burns that might occur away from medical care. The gel is not recommended for burns with concentrated HF except as a first aid measure. The gel is used by massaging it promptly and repeatedly in to the burned area, until pain is relieved. Neoprene or PVC gloves must be worn during initial application of the gel, so the person providing the treatment will not receive a secondary burn. This treatment can be started with out waiting for medical direction. If used as the only method of treatment, liberal quantities of calcium gluconate gel must be massaged into the burned area continuously for up to several hours. Relief of pain can be used to assess the efficacy of this treatment. If good relief of pain is not obtained after 30-40 minutes, alternate methods of treatment such as calcium gluconate injections or Zephiran® soaks should be considered. The gel is especially useful for burns on the face, particularly near the mouth and eyes or on the ears. It may be convenient to use the gel for very small burns where the victim can easily apply and massage the gel into the burned area. Use of the gel may be more convenient for dilute acid burns such as occur with commercial products like rust removers, aluminum cleaners or etching solutions.</p> <p>After first aid measures have been taken, injection of 5% calcium gluconate solution is indicated as the primary medical treatment for large burns (over 25 square inches or 160 square centimeters). For smaller burns, if Zephiran® soaks or calcium gluconate gel do not result in significant relief of pain within 30 to 40 minutes, injection of calcium gluconate solution is indicated. Injection of calcium gluconate solution may also be indicated for burns in which treatment has been delayed. The physician should inject sterile 5% aqueous calcium gluconate beneath, around and into the burned area. Calcium gluconate is packaged as 10% solution, and must be diluted 50-50 with normal saline. Do not use calcium chloride which is corrosive and may result in additional damage. If subcutaneous calcium gluconate injections are used, the amount injected initially is small and should not exceed 0.5 cc per square centimeter of affected skin. The injections should not distort the appearance of the skin. A small-gauge needle (#27-#30) should be used and the burned area should be injected through multiple sites. With successful treatment, pain relief following injection of 5% calcium gluconate is very rapid. The patient can usually advise when the pain stops, and this is an indicator of adequate treatment. Multiple injections in the skin that has compromised integrity may increase the risk of infection, and the use of antibiotic creams such as Silvadene or Garamycin should be considered following such treatment. Local anesthetics should not be used since they mask pain relief which is an important indication of adequacy of treatment.</p>
<p>Calcium Gluconate Injections</p>	<p>In some instances, a 5% or 10% calcium gluconate solution may be used in compresses or for irrigation. For example, irrigating with a calcium gluconate solution may be the best treatment should HF enter the external ear canal. In this instance, referral to an otolaryngologist may also be needed.</p>
<p>Calcium Gluconate Solution</p>	

MEDICAL SUPPLIES

It is extremely important that medical supplies be acquired and kept on hand in sufficient quantities at all times. Some of the supplies are difficult

to acquire and must be ordered. Others must be prepared by a pharmacist, and a few require a doctor's prescription. The immediate application of first aid using HF specific medical supplies is the key to a rapid and successful recovery from HF absorption.

1. Calcium gluconate 2.5% gel. Your pharmacist can prepare this gel by mixing 2.84 grams of USP calcium gluconate powder with a 4 ounce tube of K-Y Lubricating Gel (Johnson & Johnson). Once mixed, the calcium gluconate 2.5% gel can be repackaged by the pharmacist in the K-Y tube and resealed.

NOTE: Calcium gluconate 2.5% gel can be ordered directly by calling:

Pharmascience, Inc.
8400 Darnley Road
Montreal, Quebec H4T 1M4
1-800-363-8805 (headquarters, Marc Beaudet)
1-800-207-4477 (Buffalo, NY distributor)

2. Calcium gluconate 10% aqueous, USP, (standard ampule) is available in 10mL ampules and requires a doctor's prescription. The 5% solution is made by mixing the calcium gluconate 10% with an equal part of sterile saline solution.

3 One percent calcium gluconate. The 1% solution is made by mixing 10cc calcium gluconate 10% with 100cc sterile normal saline solution. This requires a doctor's prescription.

4. Proparacaine hydrochloride 0.5% solution for anesthetizing the eyes. This requires a doctor's prescription.

5. Aqueous solution of benzalkonium chloride - 0.13% Zephiran@. This can be prepared by purchasing "Zephiran@" chloride 15% concentrate and diluting by mixing 1 fluid ounce of concentrate and 127 fluid ounces of water to make 1 gallon of "Zephiran@" solution 0.13%.

6. Syringes - 5cc with #25g to #30g gauge needles.

7. Oxygen - 99% pure USP medical.

8. Morgan's lens or the Eye Irrigator@ - to irrigate the eyes

9. Ice cubes.

10. Towels for use as wet compresses.

11. Basins of assorted sizes for immersion.

12. Gauze, compression dressing, eye patches.

13. Eye wash fountain.

14. Safety showers.

15. Nebulizer.

16. Sterile 0.9% saline: vials 10cc, 30cc, or 50cc and 500cc IV bag.

17. Neoprene/Rubber/PVC Gloves.

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Approved 1/97 Rev. 6/02