

Isoflurane

Novachem Pty Ltd

Version No: 1.1

Safety Data Sheet according to WHS Regulations (Hazardous Chemicals) Amendment 2020 and ADG requirements

Chemwatch Hazard Alert Code: 2

Issue Date: **28/11/2022** Print Date: **28/11/2022** S.GHS.AUS.EN

SECTION 1 Identification of the substance / mixture and of the company / undertaking

Product Identifier

Product name	Isoflurane
Chemical Name	isoflurane
Synonyms	Isoflurane, racemate
Other means of identification	099-06571,095-06573

Relevant identified uses of the substance or mixture and uses advised against

Relevant identified uses

For research use only

Details of the manufacturer or supplier of the safety data sheet

Registered company name	Novachem Pty Ltd	Novachem Pty Ltd	
Address	25 Crissane Road, Heidelberg West Victoria 3081 Australia	25 Crissane Road, Heidelberg West Victoria 3081 Australia	
Telephone	+61384151255	+61384151255	
Fax	+61386250088	+61386250088	
Website	www.novachem.com.au	www.novachem.com.au	
Email novachem@novachem.com.au		novachem@novachem.com.au	

Emergency telephone number

Association / Organisation	Victorian Poisons Information Centre	Victorian Poisons Information Centre	
Emergency telephone numbers	13 11 26	13 11 26	
Other emergency telephone numbers	Not Available	Not Available	

SECTION 2 Hazards identification

Classification of the substance or mixture

Poisons Schedule	Not Applicable
Classification [1]	Serious Eye Damage/Eye Irritation Category 2A, Specific Target Organ Toxicity - Single Exposure (Narcotic Effects) Category 3, Acute Toxicity (Inhalation) Category 4, Specific Target Organ Toxicity - Single Exposure (Respiratory Tract Irritation) Category 3, Skin Corrosion/Irritation Category 2, Reproductive Toxicity Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)





Signal word

Warning

Hazard statement(s)

nazaru statement(s)	
H319	Causes serious eye irritation.
H336	May cause drowsiness or dizziness.
H332	Harmful if inhaled.
H335	May cause respiratory irritation.
H315	Causes skin irritation.

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H361fd Suspected of damaging fertility. Suspected of damaging the unborn child. Precautionary statement(s) Prevention P201 Obtain special instructions before use. P271 Use only outdoors or in a well-ventilated area. P280 Wear protective gloves, protective clothing, eye protection and face protection. P261 Avoid breathing mist/vapours/spray.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/ attention.	
P305+P351+P338	IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	
P312	Call a POISON CENTER/doctor/physician/first aider/if you feel unwell.	
P337+P313	If eye irritation persists: Get medical advice/attention.	

Precautionary statement(s) Storage

P405	Store locked up.	
P403+P233	Store in a well-ventilated place. Keep container tightly closed.	

Precautionary statement(s) Disposal

Dispose of contents/container to authorised hazardous or special waste collection point in accordance with any local regulation.

SECTION 3 Composition / information on ingredients

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
26675-46-7	98	isoflurane
Legend:	Classified by Chemwatch; 2. Classification drawn from HCIS; 3. Classification drawn from Regulation (EU) No 1272/2008 - Annex VI; 4. Classification drawn from C&L * EU IOELVs available	

SECTION 4 First aid measures

Description of first aid measures

Eye Contact	If this product comes in contact with the eyes: Nash 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. Seek medical attention without delay; if pain persists or recurs seek medical attention. Removal of contact lenses after an eye injury should only be undertaken by skilled personnel.
Skin Contact	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.
Inhalation	 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, without delay.
Ingestion	If poisoning occurs, contact a doctor or Poisons Information Centre. Avoid giving milk or oils. Avoid giving alcohol. 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. Seek medical advice.

Indication of any immediate medical attention and special treatment needed

Treat symptomatically.

for intoxication due to Freons/ Halons;

A: Emergency and Supportive Measures

- ▶ Maintain an open airway and assist ventilation if necessary
- F Treat coma and arrhythmias if they occur. Avoid (adrenaline) epinephrine or other sympathomimetic amines that may precipitate ventricular arrhythmias. Tachyarrhythmias caused by increased myocardial sensitisation may be treated with propranolol, 1-2 mg IV or esmolol 25-100 microgm/kg/min IV.
- ► Monitor the ECG for 4-6 hours
- B: Specific drugs and antidotes:

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► There is no specific antidote

C: Decontamination

- Inhalation; remove victim from exposure, and give supplemental oxygen if available.
- Ingestion; (a) Prehospital: Administer activated charcoal, if available. DO NOT induce vomiting because of rapid absorption and the risk of abrupt onset CNS depression. (b) Hospital: Administer activated charcoal, although the efficacy of charcoal is unknown. Perform gastric lavage only if the ingestion was very large and recent (less than 30 minutes)

D: Enhanced elimination:

- ▶ There is no documented efficacy for diuresis, haemodialysis, haemoperfusion, or repeat-dose charcoal.
- POISONING and DRUG OVERDOSE, Californian Poison Control System Ed. Kent R Olson; 3rd Edition
- Do not administer sympathomimetic drugs unless absolutely necessary as material may increase myocardial irritability.
- No specific antidote
- P Because rapid absorption may occur through lungs if aspirated and cause systematic effects, the decision of whether to induce vomiting or not should be made by an attending physician.
- If lavage is performed, suggest endotracheal and/or esophageal control.
- Danger from lung aspiration must be weighed against toxicity when considering emptying the stomach.
- ▶ Treatment based on judgment of the physician in response to reactions of the patient

SECTION 5 Firefighting measures

Extinguishing media

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

Special hazards arising from the substrate or mixture

Fire Incompatibility

Avoid contamination with oxidising agents i.e. nitrates, oxidising acids, chlorine bleaches, pool chlorine etc. as ignition may result

Advice for firefighters

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 water delivered as a fine spray to control fire and cool adjacent area.

Combustion products include:

carbon dioxide (CO2)

hydrogen chloride phosgene

hydrogen fluoride

other pyrolysis products typical of burning organic material. Contains low boiling substance: Closed containers may rupture due to pressure buildup under fire conditions.

Fire/Explosion Hazard

May emit poisonous fumes May emit corrosive fumes

- Non flammable liquid.
- ▶ However vapour will burn when in contact with high temperature flame.
- Ignition ceases on removal of flame
- ▶ May form a flammable / explosive mixture in an oxygen enriched atmosphere
- Heating may cause expansion/vapourisation with violent rupture of containers
- Decomposes on heating and produces corrosive fumes of hydrochloric acid, carbon monoxide and small amounts of toxic phosgene.

HAZCHEM

Not Applicable

SECTION 6 Accidental release measures

Personal precautions, protective equipment and emergency procedures

See section 8

Environmental precautions

See section 12

Methods and material for containment and cleaning up

Minor	Spill
WILLIAM	Opini

- Remove all ignition sources
- Clean up all spills immediately
- Avoid breathing vapours and contact with skin and eyes.
- Control personal contact with the substance, by using protective equipment.

Major Spills

Moderate hazard.

- Clear area of personnel and move upwind.
- Alert Fire Brigade and tell them location and nature of hazard.
- Wear breathing apparatus plus protective gloves.

Personal Protective Equipment advice is contained in Section 8 of the SDS.

SECTION 7 Handling and storage

Precautions for safe handling

Safe handling

Contains low boiling substance:

Storage in sealed containers may result in pressure buildup causing violent rupture of containers not rated appropriately.

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Check for bulging containers Vent periodically Always release caps or seals slowly to ensure slow dissipation of vapours 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 allow clothing wet with material to stay in contact with skin Store in original containers. Keep containers securely sealed. ▶ Store in a cool, dry area protected from environmental extremes. ▶ Store away from incompatible materials and foodstuff containers. Do NOT store halogenated aliphatics in areas containing alkali or alkaline earth metals such as powdered aluminum, zinc, or Other information beryllium ▶ Store in original containers. Keep containers securely sealed. No smoking, naked lights or ignition sources.

Conditions for safe storage, including any incompatibilities

Suitable container

- DO NOT use aluminium or galvanised containers
- Metal can or drum
- Packaging as recommended by manufacturer.

▶ Store in a cool, dry, well-ventilated area.

Check all containers are clearly labelled and free from leaks.

Segregate from:

- powdered metals such as aluminium, zinc and
- alkali metals such as sodium, potassium and lithium.

May attack, soften or dissolve rubber, many plastics, paints and coatings Haloethers react with nucleophilic groups such as -OH (hydroxyls), -NH (amides) and -SH (thiols)

Storage incompatibility

The reactivity of haloethers is expected to depend on several factors, such as the number and position of H atoms in the molecule, the strength of the C-H bonds, the degree and position of halogen substitution, as well as the overall molecular geometry. In addition, the ether linkage, -O-, is expected to play a key role in the reactivity of these compounds.

It is accepted that, in general, the ether linkage, -O-, activates the neighboring C-H bonds since the reaction rates for the haloethers are higher than those of the corresponding haloalkanes . The fundamental assumption in this comparison is that the reactions of CI atoms or OH radicals with alkanes and ethers proceed via a similar H abstraction reaction Very little information is currently available on the effects of halogenation on the rates of reaction of ethers with CI atoms.

SECTION 8 Exposure controls / personal protection

Control parameters

Occupational Exposure Limits (OEL)

INGREDIENT DATA

Not Available

Emergency Limits

Ingredient	TEEL-1	TEEL-2	TEEL-3
isoflurane	21 ppm	230 ppm	610 ppm

Ingredient	Original IDLH	Revised IDLH
isoflurane	Not Available	Not Available

Occupational Exposure Banding

Ingredient	Occupational Exposure Band Rating	Occupational Exposure Band Limit	
isoflurane	E	≤ 0.1 ppm	
Notes:	Occupational exposure banding is a process of assigning chemicals into specific categories or bands based on a chemical's potency and the adverse health outcomes associated with exposure. The output of this process is an occupational exposure band (OEB), which corresponds to a range of exposure concentrations that are expected to protect worker health.		

Exposure controls

Appropriate engineering controls

Engineering controls are used to remove a hazard or place a barrier between the worker and the hazard. Well-designed engineering controls can be highly effective in protecting workers and will typically be independent of worker interactions to provide this high level of protection. The basic types of engineering controls are:

Process controls which involve changing the way a job activity or process is done to reduce the risk.

Enclosure and/or isolation of emission source which keeps a selected hazard "physically" away from the worker and ventilation that strategically "adds" and "removes" air in the work environment.

Personal protection











Eye and face protection

- Safety glasses with side shields.
 - Chemical goggles. Contact lenses may pose a special hazard: soft contact lenses may absorb and concentrate irritants. A written policy document, describing the wearing of lenses or restrictions on use, should be created for each workplace or task,

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Skin protection See Hand protection below ► Butyl rubber gloves Butyl rubber gloves should be used when handling halogenated aliphatics . Nitrile, PVC-coated nitrile, and PVC protective equipment are not recommended The selection of suitable gloves does not only depend on the material, but also on further marks of quality which vary from manufacturer to Hands/feet protection manufacturer. Where the chemical is a preparation of several substances, the resistance of the glove material can not be calculated in advance and has therefore to be checked prior to the application. The exact break through time for substances has to be obtained from the manufacturer of the protective gloves and has to be observed when making a final choice Personal hygiene is a key element of effective hand care **Body protection** See Other protection below Halogen-selective detectors use a specialized sensor that allows the monitor to detect compounds containing fluorine, chlorine, bromine, and iodine with-out interference from other species. These detectors are typically easy to use, feature higher sensitivity than the nonselective detectors (detection limits are typically <5 ppm when used as an area monitor and <1.4 gm/yr [<0.05 oz/yr] when used Compound-Specific Detectors are typically capable of detecting the presence of a single compound without interference from Other protection other compounds. Overalls. P.V.C apron. Barrier cream. Skin cleansing cream.

Respiratory protection

Type AX Filter of sufficient capacity. (AS/NZS 1716 & 1715, EN 143:2000 & 149:2001, ANSI Z88 or national equivalent)

Selection of the Class and Type of respirator will depend upon the level of breathing zone contaminant and the chemical nature of the contaminant. Protection Factors (defined as the ratio of contaminant outside and inside the mask) may also be important.

Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AX-AUS / Class1	-
up to 50	1000	-	AX-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	AX-2
up to 100	10000	-	AX-3
100+			Airline**

* - Continuous Flow ** - Continuous-flow or positive pressure demand

A(All classes) = Organic vapours, B AUS or B1 = Acid gasses, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 degC)

- Cartridge respirators should never be used for emergency ingress or in areas of unknown vapour concentrations or oxygen content.
- The wearer must be warned to leave the contaminated area immediately on detecting any odours through the respirator. The odour may indicate that the mask is not functioning properly, that the vapour concentration is too high, or that the mask is not properly fitted. Because of these limitations, only restricted use of cartridge respirators is considered appropriate.
- Cartridge performance is affected by humidity. Cartridges should be changed after 2 hr of continuous use unless it is determined that the humidity is less than 75%, in which case, cartridges can be used for 4 hr. Used cartridges should be discarded daily, regardless of the length of time used

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Required minimum protection factor	Maximum gas/vapour concentration present in air p.p.m. (by volume)	Half-face Respirator	Full-Face Respirator
up to 10	1000	AX-AUS / Class 1	-
up to 50	1000	-	AX-AUS / Class 1
up to 50	5000	Airline *	-
up to 100	5000	-	AX-2
up to 100	10000	-	AX-3
100+		-	Airline**

^{** -} Continuous-flow or positive pressure demand.

A(All classes) = Organic vapours, B AUS or B1 = Acid gases, B2 = Acid gas or hydrogen cyanide(HCN), B3 = Acid gas or hydrogen cyanide(HCN), E = Sulfur dioxide(SO2), G = Agricultural chemicals, K = Ammonia(NH3), Hg = Mercury, NO = Oxides of nitrogen, MB = Methyl bromide, AX = Low boiling point organic compounds(below 65 deg C)

SECTION 9 Physical and chemical properties

Information on basic physical	formation on basic physical and chemical properties			
Appearance	Hydrochlorofluoroethers (HCFE) are generally low boiling liquids with ethereal odour. They do not mix well with water. clear colourless liquid			
Physical state	Liquid	Relative density (Water = 1)	1.501-1.507	
Odour	Not Available	Partition coefficient n-octanol / water	Not Available	
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available	
pH (as supplied)	Not Available	Decomposition temperature (°C)	Not Available	

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Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available
Initial boiling point and boiling range (°C)	50	Molecular weight (g/mol)	184.49
Flash point (°C)	Not Available	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Available	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Available	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Available	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water	Partly miscible	pH as a solution (1%)	Not Available
Vapour density (Air = 1)	Not Available	VOC g/L	Not Available

SECTION 10 Stability and reactivity

Reactivity	See section 7
Chemical stability	 Unstable in the presence of incompatible materials. Product is considered stable. Hazardous polymerisation will not occur.
Possibility of hazardous reactions	See section 7
Conditions to avoid	See section 7
Incompatible materials	See section 7
Hazardous decomposition products	See section 5

SECTION 11 Toxicological information

Information on toxicological effects

Inhalation of vapours or aerosols (mists, fumes), generated by the material during the course of normal handling, may be harmful.

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

Inhalation of vapours may cause drowsiness and dizziness. This may be accompanied by sleepiness, reduced alertness, loss of reflexes, lack of co-ordination, and vertigo.

Exposure to fluorocarbons can produce non-specific flu-like symptoms such as chills, fever, weakness, muscle pain, headache, chest discomfort, sore throat and dry cough with rapid recovery. High concentrations can cause irregular heartbeats and a stepwise reduction in lung capacity.

Inhaled

Material is highly volatile and may quickly form a concentrated atmosphere in confined or unventilated areas. The vapour may displace and replace air in breathing zone, acting as a simple asphyxiant. This may happen with little warning of overexposure.

Acute intoxication by halogenated aliphatic hydrocarbons appears to take place over two stages. Signs of a reversible narcosis are evident in the

First stage and in the second stage signs of injury to organs may become evident, a single organ alone is (almost) never involved.

Depression of the central nervous system is the most outstanding effect of most halogenated aliphatic hydrocarbons. Inebriation and excitation, passing into narcosis, is a typical reaction. In severe acute exposures there is always a danger of death from respiratory failure or cardiac arrest due to a tendency to make the heart more susceptible to catecholamines (adrenalin)

Ingestion

The material is not thought to produce adverse health effects following ingestion (as classified by EC Directives using animal models).

Nevertheless, adverse systemic effects have been produced following exposure of animals by at least one other route and good hygiene practice requires that exposure be kept to a minimum.

Skin Contact

This material can cause inflammation of the skin on contact in some persons.

The material may accentuate any pre-existing dermatitis condition

Fluorocarbons remove natural oils from the skin, causing irritation, dryness and sensitivity.

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.

Eye

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

Chronic

Repeated or long-term occupational exposure is likely to produce cumulative health effects involving organs or biochemical systems. Long-term exposure to respiratory irritants may result in airways disease, involving difficulty breathing and related whole-body problems. Ample evidence from experiments exists that there is a suspicion this material directly reduces fertility.

Fluorocarbons can cause an increased risk of cancer, spontaneous abortion and birth defects.

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TOXICITY	IRRITATION
Not Available	Not Available

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	TOXICITY	IRRITATION	
isoflurane	Inhalation(Rat) LC50: 58.5 mg/L4h ^[2]	Not Available	
	Oral (Rat) LD50; 4770 mg/kg ^[2]		
Legend:	Value obtained from Europe ECHA Registered Substances - Acute toxicity 2. Value obtained from manufacturer's SDS. Unless otherwise specified data extracted from RTECS - Register of Toxic Effect of chemical Substances		
ISOFLURANE	The volatile halogenated anaesthetics are very soluble in fats but not in water. Their metabolites do not have anaesthetic or sleep-inducing properties. The addition of chlorine and bromine to these species increases the anaesthetic effects and renders them less flammable and less volatile, but also less stable. Fluorine, on the other hand, makes these species stable but increases volatility and makes them less toxic to the heart and liver. Halogenated ether anaesthetics have caused immune-mediated inflammation of the liver, and rarely, a malignant, extreme fever. In contact with certain absorbents such as dry soda-lime, they may break down to form carbon monoxide, which is toxic in very low concentrations. Fluroxene, but not the other members of this group, has been shown to cause mutations. IARC Cancer Review: Animal Inadequate Evidence. Foetoxicity, effects on newborn, specific developmental abnormalities involving musculoskeletal system and urogenital system, respiratory depression, decrease body temperature, somnolence, excitement recorded.		
Isoflurane & ISOFLURANE	Asthma-like symptoms may continue for months or even years after exposure to the material ends. This may be due to a non-allergic condition known as reactive airways dysfunction syndrome (RADS) which can occur after exposure to high levels of highly irritating compound. Main criteria for diagnosing RADS include the absence of previous airways disease in a non-atopic individual, with sudden onset of persistent asthma-like symptoms within minutes to hours of a documented exposure to the irritant. Other criteria for diagnosis of RADS include a reversible airflow pattern on lung function tests, moderate to severe bronchial hyperreactivity on methacholine challenge testing, and the lack of minimal lymphocytic inflammation, without eosinophilia. For hydrochlorofluoroether anaesthetic (HCFE) agents (fluranes): In the workplace, people may be exposed to enflurane by breathing it in as a waste anaesthetic gas, swallowing it, eye contact, or skin contact. During the past decade the fluranes have become the inhalation anesthetics of choice in most developed countries Halothane was intensively used in the 1960s and 1970s but has been replaced in developed countries due to its potential for liver injuries ("halothane hepatitis") Methoxyflurane (1960s and 1970s) was the first halogenated ether used in anesthesiology but was also phased out due to medical side effects. Enflurane was used from the 1970s to the 1990s and was replaced by isoflurane (early 1980s), which is presently still use in particular in veterinary anesthesial. Desflurane (1992) and sevoflurane (mid 1990s) are the most recently introduced inhalation anesthetics. The rates of in vivo metabolisation are small, 0.2%, <0.02%, and 5%, for isoflurane, desflurane, and sevoflurane, respectively, and with "20% somewhat larger for halothane The National Institute for Occupational Safety and Health (NIOSH) has set a recommended exposure limit (REL) for exposure to waste		

anaesthetic gas of 2 ppm (15.1 mg/m3) over a 60-minute period.

Clinically, enflurane produces a dose-related depression of myocardial contractility with an associated decrease in myocardial oxygen consumption. Between 2% and 5% of the inhaled dose is oxidised in the liver, producing fluoride ions and difluoromethoxy-difluoroacetic acid.

Acute Toxicity	✓	Carcinogenicity	×
Skin Irritation/Corrosion	✓	Reproductivity	✓
Serious Eye Damage/Irritation	✓	STOT - Single Exposure	✓
Respiratory or Skin sensitisation	×	STOT - Repeated Exposure	×
Mutagenicity	×	Aspiration Hazard	×

Legend:

— Data either not available or does not fill the criteria for classification

Data available to make classification

SECTION 12 Ecological information

Toxicity

	Endpoint	Test Duration (hr)	Species	Value	Source
Isoflurane	Not Available	Not Available	Not Available	Not Available	Not Available
	Endpoint	Test Duration (hr)	Species	Value	Source
isoflurane	NOEC(ECx)	0.42h	Fish	56.595mg/L	4
Legend:	Ecotox databas	Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan)			

For hydrochlorofluoroether (HCFE) anaesthetics (fluranes)

Currently, the 3 most commonly used halogenated inhalational anesthetics used for surgery, isoflurane (((RS)-2-chloro-2-(difluoromethoxy),1,1,1-trifluoroethane, CF3CHCIOCHF2, HCFE-235da2), sevoflurane (1,1,1,3,3-hexafluoro-2-fluoromethoxy)propane, (CF3)2CHOCH2F, HFE-347 isomer)., and desflurane (1,2,2,2-tetrafluoroethyldifluoromethyl ether, CF3CHFOCHF2, HFE-236ea2),, are recognized greenhouse gases. All volatile anesthetics are halogenated chlorofluorocarbons (halothane (2-bromo-2-chloro-1,1,1-trifluoroethyltrifluoromethyl ether, HCFE-235ca2, a structural isomer of isoflurane and isoflurane) or fluorinated hydrocarbons (sevoflurane and desflurane) and are thus potentially damaging to the earth's ozone layer. They also contribute to global warming. The bromide-containing agent halothane is the most destructive against ozone, although it is rarely used Isoflurane and enflurane (which contains only chloride and fluoride ion substitutions) have a lesser impact.

NOTE: The material is a greenhouse gas and may contribute to global warming.

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
isoflurane	HIGH	HIGH

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Ingredient	Bioaccumulation	
isoflurane	LOW (LogKOW = 2.06)	

Mobility in soil

Ingredient	Mobility
isoflurane	LOW (KOC = 46.28)

SECTION 13 Disposal considerations

Waste treatment methods

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)

Product / Packaging disposal

This material may be recycled if unused, or if it has not been contaminated so as to make it unsuitable for its intended use.

- 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 or consult manufacturer for recycling options.
- Consult State Land Waste Authority for disposal.
- Bury or incinerate residue at an approved site.
- ▶ Recycle containers if possible, or dispose of in an authorised landfill.

SECTION 14 Transport information

Labels Required

Marine Pollutant	NO
HAZCHEM	Not Applicable

Land transport (ADG): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Air transport (ICAO-IATA / DGR): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Sea transport (IMDG-Code / GGVSee): NOT REGULATED FOR TRANSPORT OF DANGEROUS GOODS

Transport in bulk according to Annex II of MARPOL and the IBC code

Not Applicable

Transport in bulk in accordance with MARPOL Annex V and the IMSBC Code

Product name	Group
isoflurane	Not Available

Transport in bulk in accordance with the ICG Code

Product name	Ship Type
isoflurane	Not Available

SECTION 15 Regulatory information

Safety, health and environmental regulations / legislation specific for the substance or mixture

isoflurane is found on the following regulatory lists

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule 2 $\,$

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule $\bf 4$

Australia Standard for the Uniform Scheduling of Medicines and Poisons (SUSMP) - Schedule ${\bf 6}$

International Agency for Research on Cancer (IARC) - Agents Classified by the IARC Monographs

National Inventory Status

The state of the s	
National Inventory	Status
Australia - AIIC / Australia Non-Industrial Use	No (isoflurane)
Canada - DSL	No (isoflurane)
Canada - NDSL	No (isoflurane)
China - IECSC	No (isoflurane)
Europe - EINEC / ELINCS / NLP	Yes
Japan - ENCS	No (isoflurane)
Korea - KECI	No (isoflurane)
New Zealand - NZIoC	Yes

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Isoflurane

National Inventory	Status
Philippines - PICCS	No (isoflurane)
USA - TSCA	No (isoflurane)
Taiwan - TCSI	Yes
Mexico - INSQ	No (isoflurane)
Vietnam - NCI	No (isoflurane)
Russia - FBEPH	No (isoflurane)
Legend:	Yes = All CAS declared ingredients are on the inventory No = One or more of the CAS listed ingredients are not on the inventory. These ingredients may be exempt or will require registration.

SECTION 16 Other information

Revision Date	28/11/2022
Initial Date	28/11/2022

Other information

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.

The 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.

Definitions and abbreviations

PC-TWA: Permissible Concentration-Time Weighted Average

PC-STEL: Permissible Concentration-Short Term Exposure Limit

IARC: International Agency for Research on Cancer

ACGIH: American Conference of Governmental Industrial Hygienists

STEL: Short Term Exposure Limit

TEEL: Temporary Emergency Exposure Limit,

IDLH: Immediately Dangerous to Life or Health Concentrations

ES: Exposure Standard

OSF: Odour Safety Factor

NOAEL :No Observed Adverse Effect Level

LOAEL: Lowest Observed Adverse Effect Level

TLV: Threshold Limit Value

LOD: Limit Of Detection

OTV: Odour Threshold Value

BCF: BioConcentration Factors BEI: Biological Exposure Index

AIIC: Australian Inventory of Industrial Chemicals

DSL: Domestic Substances List

NDSL: Non-Domestic Substances List

IECSC: Inventory of Existing Chemical Substance in China

EINECS: European INventory of Existing Commercial chemical Substances

ELINCS: European List of Notified Chemical Substances

NLP: No-Longer Polymers

ENCS: Existing and New Chemical Substances Inventory

KECI: Korea Existing Chemicals Inventory

NZIoC: New Zealand Inventory of Chemicals

PICCS: Philippine Inventory of Chemicals and Chemical Substances

TSCA: Toxic Substances Control Act

TCSI: Taiwan Chemical Substance Inventory

INSQ: Inventario Nacional de Sustancias Químicas

NCI: National Chemical Inventory

FBEPH: Russian Register of Potentially Hazardous Chemical and Biological Substances

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