

Oraqix (Lidocaine and Prilocaine periodontal gel) 2.5% / 2.5

Dentsply Sirona Pty Ltd

Chemwatch: 22-5369

Version No: 3.1.1.1

Safety Data Sheet according to WHS and ADG requirements

Chemwatch Hazard Alert Code: 2

Issue Date: 27/06/2017

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S.GHS.AUS.EN

SECTION 1 IDENTIFICATION OF THE SUBSTANCE / MIXTURE AND OF THE COMPANY / UNDERTAKING

Product Identifier

Product name	Oraqix (Lidocaine and Prilocaine periodontal gel) 2.5% / 2.5
Synonyms	Lidocaine and prilocaine periodontal gel.
Other means of identification	Not Available

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

Relevant identified uses	Indicated for adults who require localized anesthesia in periodontal pockets during scaling and / or root planing.
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Details of the supplier of the safety data sheet

Registered company name	Dentsply Sirona Pty Ltd
Address	11-21 Gilby Road Mount Waverley VIC 3149 Australia
Telephone	1300 55 29 29
Fax	1300 55 31 31
Website	www.dentsply.com.au
Email	clientservices@dentsplysirona.com

Emergency telephone number

Association / Organisation	Not Available
Emergency telephone numbers	1300 55 29 29
Other emergency telephone numbers	Not Available

SECTION 2 HAZARDS IDENTIFICATION

Classification of the substance or mixture

HAZARDOUS CHEMICAL. NON-DANGEROUS GOODS. According to the WHS Regulations and the ADG Code.

CHEMWATCH HAZARD RATINGS

	Min	Max
Flammability	0	
Toxicity	2	
Body Contact	1	
Reactivity	1	
Chronic	2	

0 = Minimum
1 = Low
2 = Moderate
3 = High
4 = Extreme

Poisons Schedule	S2
Classification ^[1]	Acute Toxicity (Oral) Category 4, Skin Sensitizer Category 1, Carcinogenicity Category 2
Legend:	1. Classified by Chemwatch; 2. Classification drawn from HSIS ; 3. Classification drawn from EC Directive 1272/2008 - Annex VI

Label elements

Hazard pictogram(s)	
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SIGNAL WORD	WARNING
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Hazard statement(s)

H302	Harmful if swallowed.
H317	May cause an allergic skin reaction.
H351	Suspected of causing cancer.

Precautionary statement(s) Prevention

P201	Obtain special instructions before use.
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Continued...

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P280	Wear protective gloves/protective clothing/eye protection/face protection.
P281	Use personal protective equipment as required.
P261	Avoid breathing mist/vapours/spray.

Precautionary statement(s) Response

P308+P313	IF exposed or concerned: Get medical advice/attention.
P363	Wash contaminated clothing before reuse.
P302+P352	IF ON SKIN: Wash with plenty of soap and water.
P333+P313	If skin irritation or rash occurs: Get medical advice/attention.

Precautionary statement(s) Storage

P405	Store locked up.
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Precautionary statement(s) Disposal

P501	Dispose of contents/container in accordance with local regulations.
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SECTION 3 COMPOSITION / INFORMATION ON INGREDIENTS

Substances

See section below for composition of Mixtures

Mixtures

CAS No	%[weight]	Name
137-58-6	2.5	<u>lignocaine</u>
Not Available	2.5	<u>prilocaine</u>

SECTION 4 FIRST AID MEASURES

Description of first aid measures

Eye Contact	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. - 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, aerosols or combustion products are inhaled remove from contaminated area. - Other measures are usually unnecessary.
Ingestion	IF SWALLOWED, REFER FOR MEDICAL ATTENTION, WHERE POSSIBLE, WITHOUT DELAY. - For advice, contact a Poisons Information Centre or a doctor. - Urgent hospital treatment is likely to be needed. - In the mean time, qualified first-aid personnel should treat the patient following observation and employing supportive measures as indicated by the patient's condition. - If the services of a medical officer or medical doctor are readily available, the patient should be placed in his/her care and a copy of the SDS should be provided. Further action will be the responsibility of the medical specialist. - If medical attention is not available on the worksite or surroundings send the patient to a hospital together with a copy of the SDS. Where medical attention is not immediately available or where the patient is more than 15 minutes from a hospital or unless instructed otherwise: INDUCE vomiting with fingers down the back of the throat, ONLY IF CONSCIOUS. Lean patient forward or place on left side (head-down position, if possible) to maintain open airway and prevent aspiration. NOTE: Wear a protective glove when inducing vomiting by mechanical means.

Indication of any immediate medical attention and special treatment needed

When systemic reaction to local anaesthetic occurs, steps should be taken to maintain circulation and respiration and control convulsions. A clear airway should be established and oxygen given together with assisted ventilation if necessary. Circulation should be maintained with plasma infusion (or suitable electrolytes). Vasopressors such as ephedrine, metaraminol and methoxamine have been suggested in marked hypotension although their use is accompanied by the risk of CNS excitement. (Vasopressors should not be given in patients receiving oxytocic drugs.) Convulsions may be controlled by the use of diazepam or short acting barbiturates such as thiopentone sodium. It should be remembered that anticonvulsant treatment may also depress respiration. A short-acting neuromuscular blocking agent, together with endotracheal intubation and artificial respiration has been used when convulsions persist. Methaemoglobinaemia may be treated by intravenous administration of a 1% solution of methylene blue.

MARTINDALE; The Extra Pharmacopoeia, 29th Edition

Local anaesthetics produce vasodilation by blocking sympathetic nerves. Elevating the patient's legs and positioning the patient on the left side will help decrease blood pressure.

Metabolism of amide-type anaesthetics occurs in the liver and in some cases in the kidney. Because these undergo extensive and rapid hepatic metabolism, only about 1/3 of an oral dose reaches the systemic circulation.

SECTION 5 FIREFIGHTING MEASURES

Extinguishing media

Oraqix (Lidocaine and Prilocaine periodontal gel) 2.5% / 2.5

- There is no restriction on the type of extinguisher which may be used.
- Use extinguishing media suitable for surrounding area.

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
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Advice for firefighters

Fire Fighting	- Alert Fire Brigade and tell them location and nature of hazard. - Wear breathing apparatus plus protective gloves in the event of a fire. - Prevent, by any means available, spillage from entering drains or water courses. - Use fire fighting procedures suitable for surrounding area.
Fire/Explosion Hazard	- The material is not readily combustible under normal conditions. - However, it will break down under fire conditions and the organic component may burn. - Not considered to be a significant fire risk. - Heat may cause expansion or decomposition with violent rupture of containers. Combustion products include: - carbon dioxide (CO₂) - hydrogen chloride - phosgene - nitrogen oxides (NO_x) - other pyrolysis products typical of burning organic material. May emit poisonous fumes. May emit corrosive fumes.
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 Spills	- Clean up all spills immediately. - Avoid breathing vapours and contact with skin and eyes. - Control personal contact with the substance, by using protective equipment. - Contain and absorb spill with sand, earth, inert material or vermiculite.
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	DO NOT allow clothing wet with material to stay in contact with skin - Avoid all personal contact, including inhalation. - Wear protective clothing when risk of exposure occurs. - Use in a well-ventilated area. - Avoid contact with moisture.
Other information	- Store in original containers. - Keep containers securely sealed. - No smoking, naked lights or ignition sources. - Store in a cool, dry, well-ventilated area. Keep cool. Store below 25 deg.C

Conditions for safe storage, including any incompatibilities

Suitable container	- Packaging as recommended by manufacturer. - Check that containers are clearly labelled. - Tamper-proof containers. - Polyethylene or polypropylene containers.
Storage incompatibility	- Avoid storage with reducing agents. - Avoid strong bases.

SECTION 8 EXPOSURE CONTROLS / PERSONAL PROTECTION

Control parameters

OCCUPATIONAL EXPOSURE LIMITS (OEL)

Continued...

Oraqix (Lidocaine and Prilocaine periodontal gel) 2.5% / 2.5

INGREDIENT DATA

Not Available

EMERGENCY LIMITS

Ingredient	Material name	TEEL-1	TEEL-2	TEEL-3
Oraqix (Lidocaine and Prilocaine periodontal gel) 2.5% / 2.5	Not Available	Not Available	Not Available	Not Available

Ingredient	Original IDLH	Revised IDLH
lignocaine	Not Available	Not Available
prilocaine	Not Available	Not Available

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.
Skin protection	See Hand protection below
Hands/feet protection	Wear protective gloves, e.g. PVC. 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.
Body protection	See Other protection below
Other protection	- Overalls. - P.V.C. apron. - Barrier cream.
Thermal hazards	Not Available

Respiratory protection

Particulate. (AS/NZS 1716 & 1715, EN 143:2000 & 149:001, 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	-AUS / Class1 P2	-
up to 50	1000	-	-AUS / Class 1 P2
up to 50	5000	Airline *	-
up to 100	5000	-	-2 P2
up to 100	10000	-	-3 P2
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)

None under normal operating conditions.

SECTION 9 PHYSICAL AND CHEMICAL PROPERTIES

Information on basic physical and chemical properties

Appearance	Clear odourless liquid; mixes with water.		
Physical state	Liquid	Relative density (Water = 1)	1.0
Odour	Not Available	Partition coefficient n-octanol / water	Not Available
Odour threshold	Not Available	Auto-ignition temperature (°C)	Not Available
pH (as supplied)	3.3-5.5	Decomposition temperature	Not Available
Melting point / freezing point (°C)	Not Available	Viscosity (cSt)	Not Available

Continued...

Oraqix (Lidocaine and Prilocaine periodontal gel) 2.5% / 2.5

Initial boiling point and boiling range (°C)	Not Available	Molecular weight (g/mol)	Not Available
Flash point (°C)	Not Applicable	Taste	Not Available
Evaporation rate	Not Available	Explosive properties	Not Available
Flammability	Not Applicable	Oxidising properties	Not Available
Upper Explosive Limit (%)	Not Applicable	Surface Tension (dyn/cm or mN/m)	Not Available
Lower Explosive Limit (%)	Not Applicable	Volatile Component (%vol)	Not Available
Vapour pressure (kPa)	Not Available	Gas group	Not Available
Solubility in water (g/L)	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

Inhaled	There is some evidence to suggest that the material can cause respiratory irritation in some persons. The body's response to such irritation can cause further lung damage.
Ingestion	Accidental ingestion of the material may be harmful; animal experiments indicate that ingestion of less than 150 gram may be fatal or may produce serious damage to the health of the individual.
Skin Contact	There is some evidence to suggest that this material can cause inflammation of the skin on contact in some persons. 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	There is some evidence to suggest that this material can cause eye irritation and damage in some persons.
Chronic	There has been concern that this material can cause cancer or mutations, but there is not enough data to make an assessment. Skin contact with the material is more likely to cause a sensitisation reaction in some persons compared to the general population. Substance accumulation, in the human body, may occur and may cause some concern following repeated or long-term occupational exposure.

Oraqix (Lidocaine and Prilocaine periodontal gel) 2.5% / 2.5	TOXICITY	IRRITATION
	Not Available	Not Available
lignocaine	TOXICITY	IRRITATION
	Oral (rat) LD50: 317 mg/kg ^[2]	Not Available
prilocaine	TOXICITY	IRRITATION
	Not Available	Not Available
Legend:	1. 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	

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 available but does not fill the criteria for classification
 ✓ – Data available to make classification
 ⊖ – Data Not Available to make classification

SECTION 12 ECOLOGICAL INFORMATION

Toxicity

Continued...

Oraqix (Lidocaine and Prilocaine periodontal gel) 2.5% / 2.5

Oraqix (Lidocaine and Prilocaine periodontal gel) 2.5% / 2.5	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
lignocaine	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available
prilocaine	ENDPOINT	TEST DURATION (HR)	SPECIES	VALUE	SOURCE
	Not Available	Not Available	Not Available	Not Available	Not Available

Legend: Extracted from 1. IUCLID Toxicity Data 2. Europe ECHA Registered Substances - Ecotoxicological Information - Aquatic Toxicity 3. EPIWIN Suite V3.12 (QSAR) - Aquatic Toxicity Data (Estimated) 4. US EPA, Ecotox database - Aquatic Toxicity Data 5. ECETOC Aquatic Hazard Assessment Data 6. NITE (Japan) - Bioconcentration Data 7. METI (Japan) - Bioconcentration Data 8. Vendor Data

DO NOT discharge into sewer or waterways.

Persistence and degradability

Ingredient	Persistence: Water/Soil	Persistence: Air
lignocaine	HIGH	HIGH
prilocaine	HIGH	HIGH

Bioaccumulative potential

Ingredient	Bioaccumulation
lignocaine	LOW (LogKOW = 2.44)
prilocaine	LOW (LogKOW = 2.11)

Mobility in soil

Ingredient	Mobility
lignocaine	LOW (KOC = 908.6)
prilocaine	LOW (KOC = 712.8)

SECTION 13 DISPOSAL CONSIDERATIONS

Waste treatment methods

Product / Packaging disposal	- 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 SDS and observe all notices pertaining to the product. - 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 licensed to accept chemical and / or pharmaceutical wastes or incineration in a licensed apparatus (after admixture with suitable combustible material). - Decontaminate empty containers.
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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

SECTION 15 REGULATORY INFORMATION

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

LIGNOCAINE(137-58-6) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Continued...

Oraqix (Lidocaine and Prilocaine periodontal gel) 2.5% / 2.5

Australia Inventory of Chemical Substances (AICS)

PRILOCAINE(NOT APPLICABLE) IS FOUND ON THE FOLLOWING REGULATORY LISTS

Australia Inventory of Chemical Substances (AICS)

National Inventory	Status
Australia - AICS	Y
Canada - DSL	N (prilocaine)
Canada - NDSL	N (lignocaine; prilocaine)
China - IECSC	N (lignocaine; prilocaine)
Europe - EINEC / ELINCS / NLP	Y
Japan - ENCS	Y
Korea - KECI	N (lignocaine; prilocaine)
New Zealand - NZIoC	Y
Philippines - PICCS	N (prilocaine)
USA - TSCA	N (prilocaine)
Legend:	Y = All ingredients are on the inventory N = Not determined or one or more ingredients are not on the inventory and are not exempt from listing(see specific ingredients in brackets)

SECTION 16 OTHER INFORMATION

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
 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

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