GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

Information for First Aiders + Health Professionals

EUROFLUOR
(European Technical Committee for Fluorine)

www.eurofluor.org

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CONTENT

• Disclaimer

• General Information
  • Utilization of AHF and HF in industry
  • Classification
  • Physico – Chemical Properties
  • General Hazards
  • Physiopathology & Toxicology

• Treatment of injuries
  • Activate the Emergency Chain including specific documentation for health professionals
  • Decontamination
  • First Aid
  • Medical treatment

• Appendix:
  • Preparation of Calcium Gluconate Gel / Solution
  • Anamnesis / Questionnaire
  • Content of a First aid Kit
  • Literature
This Recommendation is based on the various measures taken by member companies of Eurofluor.

It in no way is intended as a substitute for the various national or international regulations, which should be respected in an integral manner.

It results from the understanding and many years experience of the AHF/HF producers in their respective countries at the date of issue of this particular document.

Established in good faith, this recommendation should not be used as a standard or a comprehensive specification, but rather as a guide which should, in each particular case, be adapted and utilised in consultation with an AHF/HF manufacturer, supplier or user, or other experts in the field.
• It has been assumed in the preparation of this publication that the user will ensure that the contents are relevant to the application selected and are correctly applied by appropriately qualified and experienced people for whose guidance it has been prepared.

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• It is for each reader to decide to apply this recommendation (in full or partly), or not.

• Always refer to the English version of this document in case of any misunderstanding / misleading information within existing translations.
CONTENT

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• General Information about Anhydrous Hydrofluoric Acid (AHF) and Aqueous Hydrofluoric Acid (HF)
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## UTILIZATION OF AHF / HF IN INDUSTRY

<table>
<thead>
<tr>
<th>Industry</th>
<th>Usage of AHF/HF</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELECTRONICS</td>
<td>Production of microchips, cleaning agents for electronic circuits</td>
</tr>
<tr>
<td>METALLURGY</td>
<td>Metal cleaning/aluminium production</td>
</tr>
<tr>
<td>PETROCHEMICALS</td>
<td>As catalytic agent when alkylising petrol</td>
</tr>
<tr>
<td>GLASS INDUSTRY</td>
<td>Glass etching</td>
</tr>
<tr>
<td>COOLANTS</td>
<td>Air conditioning, refrigerators</td>
</tr>
<tr>
<td>EXTINGUISHING AGENTS</td>
<td>Fire extinguishers</td>
</tr>
<tr>
<td>FLUOROCHEMISTRY</td>
<td>Production of fluoride salts, production of Fluoroplastics</td>
</tr>
<tr>
<td>MEDICINES</td>
<td>Propellant for medication, anaesthetic gases, production of antibiotics, production and coating of surgical prostheses, production of medicines</td>
</tr>
<tr>
<td>NUCLEAR INDUSTRY</td>
<td>Processing of uranium ore</td>
</tr>
<tr>
<td>AGROCHEMISTRY</td>
<td>Pesticides</td>
</tr>
<tr>
<td>CLEANING AGENTS</td>
<td>Rust removers, outer wall cleaners</td>
</tr>
</tbody>
</table>
## CLASSIFICATION OF ANHYDROUS HF (AHF)

<table>
<thead>
<tr>
<th>Concentration %</th>
<th>CLP CLASSIFICATION</th>
<th>ADR / RID CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHF + HF &gt; 85%</td>
<td></td>
<td>HYDROGEN FLUORIDE, ANHYDROUS</td>
</tr>
<tr>
<td></td>
<td>ACUTE TOXICITY (oral, dermal and inhalation) Cat. 1 and 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SKIN CORROSION Cat 1A</td>
<td>CLASS 8 PG I CT1 : CORROSIVE SUBSTANCE, TOXIC, LIQUID</td>
</tr>
<tr>
<td></td>
<td>Hazard statements (H Statement)</td>
<td>HYDROFLUORIC ACID with more than 85% of hydrogen fluoride</td>
</tr>
<tr>
<td></td>
<td>H300: Fatal if swallowed</td>
<td></td>
</tr>
<tr>
<td></td>
<td>H310: Fatal in contact with skin</td>
<td></td>
</tr>
<tr>
<td></td>
<td>H330: Fatal if inhaled</td>
<td></td>
</tr>
<tr>
<td></td>
<td>H314: Causes severe skin burns and eye damage</td>
<td></td>
</tr>
<tr>
<td></td>
<td>886 1052</td>
<td></td>
</tr>
<tr>
<td></td>
<td>886 1790</td>
<td></td>
</tr>
</tbody>
</table>
# Classification of Aqueous Hydrofluoric Acid (HF)

<table>
<thead>
<tr>
<th>Concentration %</th>
<th>CLP Classification</th>
<th>ADR / RID Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>HF &gt; 60%</td>
<td>ACUTE TOXICITY (oral, dermal and inhalation) Cat 1 and 2</td>
<td>HYDROFLUORIC ACID with more than 60% but not more than 85% hydrogen fluoride CLASS 8 PG I CT1: CORROSIVE SUBSTANCE, TOXIC, LIQUID</td>
</tr>
<tr>
<td></td>
<td>SKIN CORROSION Cat 1A</td>
<td></td>
</tr>
<tr>
<td>HF &lt; 85%</td>
<td>Hazard statements (H Statement)</td>
<td></td>
</tr>
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<td>H300: Fatal if swallowed</td>
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<td></td>
</tr>
<tr>
<td>HF &lt; 60%</td>
<td>Hazard statements (H Statement)</td>
<td>HYDROFLUORIC ACID with not more than 60% of hydrogen fluoride CLASS 8 PG II CT1: CORROSIVE SUBSTANCE, TOXIC, LIQUID</td>
</tr>
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<td></td>
<td>H300: Fatal if swallowed</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
# PHYSICO – CHEMICAL PROPERTIES

<table>
<thead>
<tr>
<th>SUBSTANCE NAME</th>
<th>HYDROGEN FLUORIDE (AHF) HYDROFLUORIC ACID (HF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHEMICAL FORMULA</td>
<td>HF</td>
</tr>
<tr>
<td>IDENTIFICATION</td>
<td>CAS NUMBER: 7654-39-3</td>
</tr>
<tr>
<td></td>
<td>EINECS NUMBER: 231-634-8</td>
</tr>
<tr>
<td></td>
<td>UN NUMBER: 1052 / 1790</td>
</tr>
<tr>
<td></td>
<td>RTCES/NIOSH NUMBER: MW 7875000</td>
</tr>
<tr>
<td>STATE OF MATTER</td>
<td>Liquid. When its vapours get in touch with humidity create abundant and dense white fumes.</td>
</tr>
<tr>
<td>COLOUR</td>
<td>Colourless</td>
</tr>
<tr>
<td>ODOUR</td>
<td>Sharp Pungent Odour. Odour Threshold: 0.04 – 0.13 p.p.m.</td>
</tr>
<tr>
<td>PH</td>
<td>&lt;1</td>
</tr>
<tr>
<td>STABILITY</td>
<td>Stable under normal conditions. There is a great tendency to polymerization, not considered dangerous</td>
</tr>
<tr>
<td>SOLUBILITY IN WATER</td>
<td>100% by weight</td>
</tr>
</tbody>
</table>
Control parameters

**Type Limit value**

| IOELV = indicative occupational exposure limit values |
| TWA = Time-weighted average concentration (8 hours) |
| STEL = Short Term Exposure Limit (15 minutes) |

Europe, IOELV: TWA (hydrogen fluoride) 1.5 mg/m³; 1.8 ppm
Europe, IOELV: STEL (hydrogen fluoride) 2.5 mg/m³; 3 ppm

<table>
<thead>
<tr>
<th>DNEL: Derived no effect level (AHF) Exposure pattern</th>
<th>Route</th>
<th>DNEL</th>
<th>SYMPTOMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute and systemic local effects)</td>
<td>Inhalation</td>
<td>2.5 mg/m³</td>
<td>Irritation (respiratory tract)</td>
</tr>
<tr>
<td>Long-term acute and systemic effects</td>
<td>Inhalation</td>
<td>1.5 mg/m³</td>
<td>Irritation (respiratory tract)</td>
</tr>
</tbody>
</table>
ERPG 1 (Emergency Response Planning Guideline)

“The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to 1 hour without experiencing other than mild, transient adverse health effects or without perceiving a clearly defined objectionable odour = 2 ppm”

ERPG 2 (Emergency Response Planning Guideline)

“The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to 1 hour without experiencing or developing irreversible or other serious health effects or symptoms which could impair an individual’s ability to take protective action = 20 ppm”

ERPG 3 (Emergency Response Planning Guideline)

“The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to 1 hour without experiencing or developing life-threatening health effects = 50 ppm”
### GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

**DO’s and DON’Ts when working with HF**

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON’T</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Always treat HF with the Greatest Respect.</td>
<td>Don’t eat, drink or smoke when wearing work clothes or PPE.</td>
</tr>
<tr>
<td>Always assume chemical contamination exists even after decontamination, therefore wear appropriate PPE.</td>
<td>Don’t store or re-use contaminated PPE without completely decontaminating it first.</td>
</tr>
<tr>
<td>Carefully inspect and test Personal Protective Equipment (PPE) before wearing it.</td>
<td>Don’t delay with HF First-Aid. Don’t forget to protect yourself and those administering aid or assistance.</td>
</tr>
<tr>
<td>Remove immediately, with caution and without hesitation any work clothes contaminated with HF.</td>
<td>Don’t store work clothes with personal clothes.</td>
</tr>
<tr>
<td>Neutralise any spillage of HF immediately.</td>
<td>Don’t carry out any maintenance or work on a HF system against a single isolation valve.</td>
</tr>
<tr>
<td>Always follow up HF First-Aid Treatment and go to the Medical Department, even if any pain has receded.</td>
<td>Don’t touch any liquid in the workplace. Don’t assume it’s harmless.</td>
</tr>
<tr>
<td>Apply HF First-Aid Treatment with any suspected HF contamination. &quot;Better to be Safe, than Sorry&quot;</td>
<td>Don’t share Personal Protective Equipment (PPE).</td>
</tr>
</tbody>
</table>

**CTEF – Comité Technique Européen du Fluor**

CTEF (Comité Technique Européen du Fluor) represents the major producers and users of hydrogen fluoride (HF) and fluoride chemicals in Europe. CTEF aims to assure safe production, storage, transportation and use of hydrofluoric acid.

For more information, visit our website: [www.cefic.org](http://www.cefic.org)

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**Be careful!**

**ANY EXPOSURE OF AHF / HF MUST BE TREATED IMMEDIATELY AND SPECIFIC TO AHF/HF!**
HAZARDS FOR HUMAN HEALTH

• Fatal if inhaled, if swallowed and/or in contact with skin
• Causes severe skin burns and/or eye damage (blindness)
• Needs specific medical treatment
• Prolonged exposure may cause occupational disease

HAZARDS FOR ENVIRONMENT

• Surface and groundwater and soil pollutant
• Air pollutant
• Hazardous for aquatic life
AHF/HF exposures are different from other acid exposures:

- Hydrogen fluoride is corrosive to skin, eyes and the mucous membranes of the respiratory and digestive tracts.
- Skin burns are accompanied by severe pain due to fluoride, not the acidity.
- The extent and intensity of systemic complications are directly related to the:
  - Amount of AHF/HF
  - Exposed area of the body
  - Concentration of AHF/HF absorbed
- Subcutaneous deposits of AHF/HF under the burnt area are responsible for ongoing supply of fluoride ions to the blood stream and the exposed tissues.
GENERAL HAZARDS OF AHF/HF

AHF/HF is corrosive and toxic and may cause:

1. Serious toxic systemic effects, that will require specialized (intensive) care
   • Serum hypocalcemia, serum hypomagnesaemia, serum hyperkalaemia
   • Life threatening cardiac arrhythmias
   • Metabolic acidosis (acidification of blood)
2. Irritation of airways that can lead to bronchitis or even pulmonary oedema
3. Asphyxia (severely deficient supply of oxygen)
4. Severe and painful burns of the skin (potential tingling)
5. Severe and painful burns of the eyes leading to blindness
6. Severe and painful burns of the digestive track

Note: All or any of the above effects may be delayed in onset and/or be accompanied by toxic systemic effects.
Even moderate exposures to concentrated HF or AHF may rapidly progress to a fatality if left untreated
GENERAL HAZARDS OF AHF/HF

• Industrial experience indicates that prompt treatment, as described, will prevent the development of serious injury.

• Therefore, speed is essential.

• Delays in decontamination, first aid care or medical treatment or improper medical treatment will likely result in greater damage or may, in some cases, result in a fatal outcome.

• Relief of pain is an important guide to the success of the treatment; therefore local anaesthesia should be avoided.
**GENERAL HAZARDS OF AHF/HF**

- Symptoms of serious intoxications include:
  - **Hypocalcaemia** (low calcium level in the blood)
  - **Hypotension** (very low blood pressure),
  - **Tetany and/or laryngospasm** (involuntary contraction of muscles either muscles or vocal cords)
  - **Often respiratory failure** (possibly due to pulmonary oedema)
  - **Ventricular tachycardia** (abnormal high pulse cardiac rate)
    - => **Ventricular fibrillation** (heart quivers)
    - => **Cardiac arrest**.

Renal and hepatic functions may be impaired and muscular damage may be secondary to tetany

Prolonged Q-T intervals in ECG/EKG as a result of hypocalcemia
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

PHYSIOPATHOLOGY & TOXICOLOGY

Potential contact through:

SKIN

AIRWAYS

EYES

MOUTH (gastrointestinal system)

Types of exposure by AHF/HF (Note: also a high risk in low concentrations!):

<table>
<thead>
<tr>
<th>Liquid</th>
<th>Gas</th>
<th>A combination of liquid and gas</th>
</tr>
</thead>
</table>
AHF/HF exposures are different from other acid exposures:

• AHF/HF penetrates all tissue, it comes in contact with and does not remain on the surface.

• Once absorbed AHF/HF rapidly dissociates into ionic Hydrogen and Fluoride. Hydrogen is in this context of less importance.

• Fluoride migrates and continues to destroy deep tissue layers as it migrates and will create soluble and insoluble compounds that are the basis for the systemic toxic effects.

• And unlike other acids that are rapidly removed or neutralized, the corrosive and toxic effects may continue for days if left untreated.
SKIN CONTACT:

- Rapid dissociation at pH 7.4 (body)
- Fluoride (F⁻) forms salts with the electrolytes in the blood
- Rapid Ionisation of F⁻ causes severe systemic effects

\[ 2 \text{F}^- + \text{Ca}^{2+} = \text{CaF}_2 \]
\[ 2 \text{F}^- + \text{Mg}^{2+} = \text{MgF}_2 \]
After ionisation the fluorine forms insoluble and soluble salts, which reduce the needed electrolytes in the blood and lead to severe systemic problems.

**Insoluble salts:**

\[ 2 \text{F}^- + \text{Ca}^{2+} = \text{CaF}_2 \] (Calcium fluoride)
\[ 2 \text{F}^- + \text{Mg}^{2+} = \text{MgF}_2 \] (Magnesium fluoride)

**Soluble salts:**

\[ \text{F}^- + \text{Na}^+ = \text{NaF} \] (Sodium fluoride)
\[ \text{F}^- + \text{K}^+ = \text{KF} \] (Potassium fluoride)
Acute/primary effects

• Corrosive effects
  • Concentration >50% results in immediate serious tissue destruction/blisters, exceptionally painful
  • At lower concentrations, a delay of symptoms is possible several hours up to 48 hours after exposure!

• Systemic effects
  • Low electrolyte level (calcium, magnesium etc.) in the blood (cardiac rhythm disorders/arrest) and
  • fluoride intoxication (hepatic and renal disorders)
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• Appendix:
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  • Literature
ADVICE FOR FIRST AIDERS

DO NOT DELAY!

AS A RESCUER: PROTECT YOURSELF, REMOVE VICTIM FROM EXPOSURE AREA, AND

Pay attention not to get yourself contaminated

Wear appropriate PPE and AHF / HF resistant gloves
ADVICE FOR FIRST AIDERS

START THE INTERNAL EMERGENCY CHAIN AND DECONTAMINATION AND FIRST AID TREATMENT WITHOUT DELAY

ANY EXPOSURE TO AHF/HF DEMANDS IMMEDIATE CONTACT WITH THE FIRST AID AND THE MEDICAL TEAM, SO OBTAIN MEDICAL ATTENTION IMMEDIATELY

ENSURE THAT THE VICTIM IS ALWAYS ACCOMPANIED AND GUIDED BY A RESCUER
ADVICE FOR FIRST AIDERS / EMERGENCY CHAIN MEMBERS

Make sure, to have a proper documentation with all needed information about

- Contamination including
  - Concentration of AHF/HF,
  - Amount of AHF/HF and
  - Affected body area,
- decontamination and
- applied treatment

parallel to the treatment of the patient for further medical therapy

(use the questionnaire – see appendix 3)
DECONTAMINATION

• Use huge amounts of water of a safety shower / eyewash to decontaminate the affected areas

• AHF/HF is very water soluble, so water decontamination is highly effective

• Begin decontamination as soon as possible

• Clothing, personal protective equipment and jewellery/ watches/ shoes etc. should be assumed to be contaminated and removed during showering

• Check with pH paper (on skin, in eye and in mouth) if decontamination was efficient
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

DECONTAMINATION - EYES

- Initial decontamination with huge amounts of water from an eyewash or similar high flow device
- Flow and open and close your eye lids. It must be assured that there is adequate irrigation under the lids and in the corners of the eyes
- There is considerable discomfort associated with irrigating under the eyelids and in the corners of the eyes
- Therefore for eyes only (!), if available for application by trained personnel, use of a topical anaesthetic is recommended after an initial brief decontamination
FIRST AID - SKIN

• Principle: flush off and dilute
• Remove all contaminated clothing (jewellery/watches/shoes etc.!) under the safety shower
• Finally, remove protective goggles, looking towards the shower spray with closed eyes.
• 1 minute of flush after undressing is sufficient!
• But continue with showering until Calcium Gluconate is available!
• Rub in Calcium Gluconate 2.5% gel as soon as possible
• Continue massaging for at least 15 additional minutes after the pain disappears (make sure that "used" Calciumgluconate is removed before reapplying new Calciumgluconate)
• Bring to qualified medical attention immediately:

  “WET & NAKED......”

(completely decontaminated and pre-treated with Calcium Gluconate)
FIRST AID - EYES

• Once decontamination has been completed, continue irrigation with a low flow solution

• Irrigate each eye with 1% Calcium Gluconate solution
  (If allowed by local legislation, otherwise, irrigate with 0.9% saline solution (Ringer solution))

• This should be continued while the individual is transported for medical evaluation by an eye specialist.

• Bring to qualified medical attention immediately

• Obtain specialised ophthalmic attention.
FIRST AID - INHALATION

- Administer 100% oxygen by mask.
- Nebulize 2.5% calcium gluconate in normal saline solution continuously until medical evaluation.
- If respiratory assistance is needed use indirect methods such as a respiratory bag or valved mask
- Bring to qualified medical attention immediately
FIRST AID - INGESTION

- Do not induce vomiting
- Maintain life support
- Bring to qualified medical attention immediately
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

Exposure

Decontamination

Follow Decontamination Procedures

Recognize Exposure Route

SKIN – EYES – INHALATION - INGESTION

Severity Evaluation

By Signs and Symptoms

Evaluate the severity of the exposure

INHALATION

BURNS: large, deep

INGESTION

AREAS: face, neck, groin, genitals

FLUORIDE ABSORPTION: large amounts

SYSTEMIC EFFECTS: to be expected

MINOR EXPOSURE

FLUORIDE ABSORPTION: minimal

SYSTEMIC EFFECTS: non expected

PAIN

Continues

MINOR EXPOSURE

SEVERE EXPOSURE

Follow Medical Protocols for Injuries and Systemic effects

First Aid

First Aid Procedures

Medical Treatment Procedures

Pain disappears completely

Pain continues

Medical Treatment

First Aid Procedures
### Exposure

#### Decontamination

<table>
<thead>
<tr>
<th>Decontamination Procedures for AHF &amp; Aqueous HF Solutions</th>
<th>Decontamination Procedures for AHF/HF containing Tars &amp; Oils and not water soluble substances</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Go to the nearest source of clean water or safety shower</td>
<td></td>
</tr>
<tr>
<td>• Open the water valve</td>
<td></td>
</tr>
<tr>
<td>• Remove all your clothing, shoes and jewelry under the safety shower</td>
<td></td>
</tr>
<tr>
<td>• Finally, while closing your eyes and facing the water flow, remove your googles or respirator face mask</td>
<td></td>
</tr>
<tr>
<td>• WASH WITH COPIUS AMOUNT OF CLEAN WATER FOR ONE MINUTE (respectively until Calcium Gluconate is available)</td>
<td></td>
</tr>
<tr>
<td>Protecting your hands with PVC, Nitrile or Neoprene gloves proceed to:</td>
<td></td>
</tr>
<tr>
<td>• Mechanically remove the tar or oil using gauze, tongue depressor, paper towels etc.</td>
<td></td>
</tr>
<tr>
<td>Consider all discarded materials hazardous waste and handle them appropriately</td>
<td></td>
</tr>
<tr>
<td>• Use hydrophobic substances (like oil) to remove leftover tar, oil or substances</td>
<td></td>
</tr>
<tr>
<td>• Remove oil residue thoroughly by washing with soap &amp; water</td>
<td></td>
</tr>
<tr>
<td>• Or use a citrus oil solvent and water and then</td>
<td></td>
</tr>
<tr>
<td>• WASH WITH COPIUS AMOUNT OF CLEAN WATER FOR ONE MINUTE (respectively until Calcium Gluconate is available)</td>
<td></td>
</tr>
</tbody>
</table>

#### Severity Evaluation

**By Signs and Symptoms**

- Exposure to solutions of HF < 30%  
- Exposed body surface to < 20 cm²  
- Injury and/or pain appears up to 48 hours after exposure  
- Superficial injuries  
- Tissue is whitish, no blistering, no swelling  
- Patient is conscious, stable, cooperative  
- No systemic toxic effect

**MINOR EXPOSURE**

- First Aid Procedures

**SEVERE EXPOSURE**

- First Aid Procedures

- Medical Treatment Procedures

See next slide
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

Exposure

Decontamination

Follow Decontamination Procedures

Severity Evaluation by Signs and Symptoms

MINOR EXPOSURE

SEVERE EXPOSURE

First Aid

First Aid Procedures

- Using acid resistant gloves, continuously massage Calcium Gluconate 2,5% gel on the exposed area until pain disappears
- For the finger tips use a glove filled with calcium gluconate gel
- Note the time of initiation
- If pain significantly decreases or disappears within 20–30 mins, stop and observe
- AVOID the use of pain reliever

First Aid Procedures

- Using acid resistant gloves, continuously massage Calcium Gluconate 2,5% gel on the exposed area until you reach medical assistance
- For the finger tips use a glove filled with calcium gluconate gel
- Follow medical procedures
- AVOID the use of pain reliever

Medical Treatment Procedures

Medical Management of the chemical injuries after Decontamination & First Aid

- Inject Calcium Gluconate 2,5% (respect your local regulations) in normal saline solution into, around and under the injury
- AVOID the use of pain reliever, pain perception is most important to determine the amount of Calcium Gluconate to be injected
- Treat the injury after the injections as you would any other open wound
- Do not overinject fingers and toes, nose flaps or ear lobes so as to avoid ischemic necrosis
- In case of limb and face exposures consider slow intra-arterial infusion of 2,5% Calcium Gluconate

Medical Management of toxic systemic effects

- Start a drip of Calcium Gluconate 2.5% solution
- The amount of solution and rate of administration will depend on the patient’s serum calcium (electrolyte titration technique)
- Monitor continuously ECG, electrolytes (with special interest in Calcium, Magnesium, Sodium and Potassium), chest X-rays, pH, blood chemistry, fluorides in urine and blood, liver & kidney functions
- Consider hemodialysis for the removal of fluorides
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

Decontamination Procedure:
- Go to the nearest Eye Wash or clean source of water
- Open the water valve
- Put your eye(s) in the water flow
- Do not delay irrigation while waiting for any contact lens removal
- Open and close your eyelids for 5 min. maximum. If you cannot open them, use your fingers with gloves to maintain your eyelids open or ask for help
- The use of anesthetics may help for decontamination of the eye

Severity:
All exposures are considered serious because of the danger of vision loss
Consider the following information:

<table>
<thead>
<tr>
<th>Exposure Effects on</th>
<th>Minor Exposures</th>
<th>Severe Exposures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin (near the eye):</td>
<td>Minor irritation, reddening or swelling</td>
<td>Severe irritation – evidence of chemical burns of the eye lids and peri-ocular skin</td>
</tr>
<tr>
<td>Conjunctiva:</td>
<td>Minimal irritation and reddening</td>
<td>Severe irritation, reddening and swelling, possible ulcerations</td>
</tr>
<tr>
<td>Cornea:</td>
<td>No evidence of injury or minor irritation</td>
<td>Corneal opacification, pitting or ulceration with vision loss and intense pain</td>
</tr>
<tr>
<td>Vision:</td>
<td>No evidence of vision loss</td>
<td>Vision loss that can be temporary if it is only due to corneal opacification or permanent vision loss if retinal death occurs due to increased intraocular pressure</td>
</tr>
</tbody>
</table>

First Aid Procedures

Medical Treatment Procedures

See next slide

1 If contact lenses are present, consider removing them only once in presence of medical professionals or at medical facility, with careful attention and possibly using contact lenses removal tools. There is a potential risk of contamination for the person who removes the lenses, and the cornea of the victim could be injured in the process.
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

**Exposure**

**Decontamination**

Follow Decontamination Procedures

**Severity Evaluation by Signs and Symptoms**

Severity:
All exposures are considered serious because of the danger of vision loss

**First Aid**

First Aid Procedures

- Irrigate the eye(s) with a 1% Calciumgluconate solution, and if not allowed in your country use saline solutions (Ringer solution) for a minimum period of 15 min or if necessary until medical assistance is available
- The use of local anaesthetic (suitable for eyes) may facilitate the irrigation of the eye(s)
- Always obtain specialized medical evaluation & treatment

**Medical Treatment**

Medical Treatment Procedures

EVALUATION:
- You should always obtain a specialized medical evaluation which includes a detailed study of the exposed eye(s) using a slit lamp, determination of ocular pressure and fundoscopy

TREATMENT:
- Antibiotics and steroids can be used as indicated by an eye specialist
- Monitor ocular pressure
- Evaluate corneal opacification and conjunctival injury frequently
- If skin, inhalation or ingestion exposure occurred do not forget to follow decontamination First Aid and medical treatment for those entry routes, including systemic toxicity treatment protocols
Example for applying irrigation with a Calcium Gluconate solution (1%) or Ringer solution:
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

**Exposure**

**Decontamination**

**INHALATION**

**Decontamination Procedure:**
- It is not possible to decontaminate the respiratory tract
- If exposed to AHF/HF vapors, expect to see skin and eye exposures
  Follow decontamination procedures for these entry routes as described

**Severity Evaluation by Signs and Symptoms**

**Signs & Symptoms:**
- No signs & symptoms
- Minor coughing
- Erythema (reddening) and minor mucosal edema, swelling of the mouth, nose and throat
- Coughing
- Labored breathing
- Shortness of breath
- Erythema (reddening), swelling of mouth, nose and throat
- Bronchial spasm
- Mucosal bleeding
- Upper airway edema
- Pulmonary edema
- Cardiac arrhythmia (irregular heart beat)

**First Aid Procedures**

**Medical Treatment Procedures**

See next slide
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

Exposure

Decontamination

Severity Evaluation by Signs and Symptoms

First Aid

Medical Treatment

For the respiratory tract & toxic systemic effects
- Remember your ABC’s (Airways, Breathing, Circulation) secure airway and breathing, follow advanced life support procedures
- Intermittent positive pressure breathing (ppb) and positive end expiratory pressure (peep) may be necessary
- Respiratory assistance may be necessary until edema has resolved and normal blood gases are stabilized
- The use of bronchial dilators steroids and antibiotics may be necessary
- Start a drip Calcium Gluconate 2.5% solution. The amount & flow of this solution will depend on the electrolyte results (Ca)
- Phosphate aluminum medicine given per mouth reduced pain of the pharyngeal area
- Monitor: Chest X rays, ECG, blood gases, electrolytes with special interest in Calcium, Magnesium, Sodium and Potassium, blood chemistry, fluorides in urine & blood and kidney & liver functions
- Consider hemodialysis for the removal of serum fluorides and excess potassium
- Consider the use of an external oxygenation system (such as ECMO) to oxygenate the blood and give the lungs the opportunity to recover.

Medical Treatment Procedures

First Aid Procedures

For MINOR EXPOSURE
- Administer O₂ by mask 12l a min.
- Nebulize Calcium Gluconate 2,5% in normal saline solution for 15 to 20 min minimum
- Nebulize until medical evaluation, at least 15 – 20 minutes, and again especially if pain reappears
- Obtain medical evaluation & observe

For SEVERE EXPOSURE
- Administer O₂ by mask 12l a min.
- Nebulize Calcium Gluconate 2,5% in normal saline for 15 to 20 min minimum
- Nebulize until medical evaluation, at least 10-15 minutes, and again especially if pain reappears
- Obtain medical evaluation & observe
- If respiratory assistance is needed do not use direct methods, consider to use indirect methods such as a respiratory bag or valved mask

Decontamination Procedures

Follow Decontamination Procedures
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

Exposure

Decontamination

Decontamination Procedure:
- It is not possible to decontaminate the Gastro Intestinal (G.I.) tract
- If skin or eyes have been exposed decontamination & treatment procedures should be followed

Severity:

Severity Evaluation by Signs and Symptoms

All exposures are considered severe because of the high probability of systemic toxic effects and G.I. complications

Signs & Symptoms:
- Erythema (reddening) of the oral mucosa (mouth)
- Oral injury – ulcerations
- Dysphagia (difficulty in swallowing)
- Bleeding of the oral cavity (mouth)
- Systemic toxicity should be expected
- Possible bronchial or pulmonary injury due to aspiration if vomiting occurs
- Cardiac arrhythmia (irregular heart beat)
- Death may occur

First Aid Procedures

Medical Treatment Procedures

See next slide
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

Exposure

Decontamination

Severity Evaluation by Signs and Symptoms

Severity: All exposures are considered severe because of the high probability of systemic toxic effects and Gastro Intestinal (G.I.) complications

First Aid

• Do not induce vomiting!
• Maintain life support
• Obtain medical attention immediately

Medical Treatment

INJURY Management:
• AHF/HF destroys fiber optics – consider before attempting endoscopic techniques
• If possible install naso-gastric tube
• Rinse the mouth with a calcium gluconate solution 2.5, without swallowing to avoid vomiting
• Gastric lavage only by a fiberscope with calcium solutions or anti-acids, such as phosphate aluminum medicine given per mouth

SYSTEMIC TOXIC EFFECTS MANAGEMENT:
• Start a drip of Calcium Gluconate 2.5% solution
• The amount and flow rate of Calcium IV solution will depend on the serum calcium level
• Monitor ECG, electrolytes with special interest in Calcium, Magnesium, Sodium and Potassium, chest X rays, blood gases, blood chemistry, fluorides in urine & blood, kidney & liver functions
• Follow advanced life support procedures if necessary
• Consider hemodialysis for removal of fluorides or excess potassium in blood

Follow Decontamination Procedures

Follow Decontamination Procedures
CONTENT

• Disclaimer

• General Information about Anhydrous Hydrofluoric Acid (AHF) and Aqueous Hydrofluoric Acid (HF)
  • Utilization of AHF and HF in industry
  • Classification
  • Physico – Chemical Properties
  • General Hazards
  • Physiopathology & Toxicology

• Treatment of injuries
  • Activate the Emergency Chain including specific documentation for health professionals
  • Decontamination
  • First Aid
  • Medical treatment

• Appendix:
  • Preparation of Calcium Gluconate Gel / Solution
  • Anamnesis / Questionnaire
  • Content of a First aid Kit
  • Literature
PREPARATION OF CALCIUM GLUCONATE GEL/SOLUTION

- **CALCIUM GLUCONATE 2.5% GEL for SKIN TREATMENT**
  - Mix 10ml of a 10% calcium gluconate solution with 30ml of a water soluble lubricant to obtain 40ml of calcium gluconate 2.5% gel by weight

- **CALCIUM GLUCONATE 5% SOLUTION FOR INJECTION**
  - To obtain 100ml of a 5% calcium gluconate solution, mix 50ml of a normal saline solution with 50ml of a 10% solution of calcium gluconate.
  - To obtain 1000ml of a 5% calcium gluconate solution, mix 500ml of a normal saline solution with 500ml of a 10% solution of calcium gluconate.

- **CALCIUM GLUCONATE 2.5% SOLUTION FOR NEBULIZATION**
  - To obtain 100ml of a 2.5% calcium gluconate solution, mix 75ml of a normal saline solution with 25ml of a 10% solution of calcium gluconate.
  - To obtain 1000ml of a 2.5% calcium gluconate solution, mix 750ml of a normal saline solution with 250ml of a 10% solution of calcium gluconate.

- **CALCIUM GLUCONATE 1% SOLUTION FOR EYE TREATMENT**
  - Mix 900ml of normal saline solution with 100ml of a 10% of a calcium gluconate solution
Use calcium gluconate because:

✓ It is an excellent Calcium source
✓ It is easy to prepare and use at workplace, during transportation and at hospital.
✓ It can be used such as gel, solution, infusion and nebulizer.
✓ It can be used for first aid as well as medical treatment.
✓ There is a huge clinical experience which supports its use.
ANAMNESIS / QUESTIONNAIRE

FIRST AID MANAGEMENT OF HYDROGEN FLUORIDE AND/OR HYDROFLUORIC ACID INJURIES

Name: ____________________________________________________________

Sex: M / F  Age: _____________  Date and time: __________________________

DIAGNOSTIC (TICK APPROPRIATE)

This patient was exposed to

☐ Anhydrous Hydrogen Fluoride (AHF)

☐ Hydrofluoric acid _____________ % solution (HF)

☐ other Fluoride? (specify ____________________________________________)

Exposure date: __________________________  Exposure time: ____________ AM/PM

Nature of exposure:  ☐ Skin  ☐ Eyes  ☐ Inhalation  ☐ Ingestion
ANAMNESIS / QUESTIONNAIRE

Affected body surface:
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

ANAMNESIS / QUESTIONNAIRE

☐ Showering, decontamination of the skin  
Duration:  
min

☐ Rinsing, decontamination of the eyes  
Duration:  
min

☐ Calcium Gluconate Gel  
Duration:  
min

☐ Eye irrigation with 1% Calcium Gluconate solution  
Duration:  
min

☐ Nebulization with 2.5% solution of Calcium Gluconate  
Duration:  
min

☐ Basic Life support  
Duration:  
min

☐ Other (specify ________________________________ )  
Duration:  
min
ANAMNESIS / QUESTIONNAIRE

Time between exposure and decontamination with water: _____________ min.

Time between decontamination with water and other treatment: _____________ min

Name and signature

☐ Dr.

☐ Nurse

☐ 1st Aider

Date: _____________ Time: _____________ AM/PM Place: ______________________________

Note to First Aider: Patient should be accompanied by a doctor or nurse whenever possible

FOR FURTHER MEDICAL INFORMATION

Telephone: ___________________________

Name: ___________________________
FIRST AID KIT FOR AHF / HF

Example for a First Aid Kit:

- Calcium Gluconate Gel 2.5%
- Calcium Gluconate Solution 1% for the eyes (respect your local regulations)
- Calcium Gluconate Solution 2.5% for nebulization (respect your local regulations)
- Eyewash bottle
- Gauzes, bandages...
- Scissors (to rip the clothes).
- AHF/HF resistant gloves

Instructions:

- + details
- + (filled) form for medical doctor
GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

LITERATURE

References on skin exposure

GUIDELINES IN CASE OF EXPOSURE WITH HYDROGEN FLUORIDE (AHF) AND HYDROFLUORIC ACID (HF)

LITERATURE

• Williams, Bracken, Cuppage, Mclaury, Kirwin & Klaussen. Comparative Effectiveness of Topical Treatments for Hydrofluoric Acid Burns. Journal of Occupational Medicine, vol. 27, no. 10, pp 733-739. And references of the article.

• The Material Safety Data Sheets for AHF / HF of EUROFLUOR

References on obsolete techniques for skin exposure treatment


• Heron. Tratamiento con Acetato de Calcio de las Exposiciones al Acido Fluorhidrico. Inedito.


• Shultz. Hydrofluoric Acid Burns. The Western Journal of Medicine, July 1989, p 71. And all referenced in the article.


References on eye exposure
- *The MSDS’s for Hydrogen Fluoride* from.- Mexochem Fluor, Dupont, Honeywell, Solvay, etc.

References on inhalation exposure
• The MSDS´s for Hydrogen Fluoride from Mexichem Fluor, Dupont, Honeywell, etc.
• Caravati 1988.- unable to obtain the article.

References on ingestion exposure
More information/brochures

It is strongly recommended to download and read

- First Aid Brochure (Management of hydrogen fluoride injury)
- Material Safety Data Sheet (SDS) for AHF and different concentrations of HF

on website [www.eurofluor.org](http://www.eurofluor.org) under Publications & Recommendations