

PRECAUTIONS IN USING

DANGER! KEEP OUT OF REACH OF CHILDREN AND DOMESTIC ANIMALS.

POISONOUS IF SWALLOWED, INHALED OR ABSORBED THROUGH SKIN. RAPIDLY ABSORBED THROUGH SKIN. REPEATED INHALATION OR SKIN CONTACT MAY, WITHOUT SYMPTOMS, PROGRESSIVELY INCREASE SUSCEPTIBILITY TO BIDRIN POISONING.

Do not swallow or get in eyes, on skin, or on clothing. Do not breathe vapors.

Do not contaminate food or feed products. Keep away from heat and open flame.

This product is toxic to wildlife. Keep out of lakes, ponds and streams. Do not apply in any manner not specified on the label. Birds and other wildlife in treated areas may be killed.

Wear clean natural rubber gloves, clean protective clothing and goggles. Replace gloves frequently and destroy used gloves. During commercial or prolonged exposure in spray mixing and loading operations, wear a mask or respirator of a type adequate against BIDRIN vapors and gases. Workers entering field within sixteen hours of treatment should be protected. Wash thoroughly with soap and water after handling and before eating or smoking. If the material gets into the eyes, immediately flush with water for at least ten minutes and get medical attention. In case of contact, remove all contaminated clothing and wash skin with soap and water, wash clothing before reuse. In case of spillage, wash down with large amounts of water. Decontaminate areas and equipment by washing with concentrated solution of alkali and detergent and rinse with water.

NOTE DANGER: Avoid skin and eye contamination when handling strong caustic solutions.

DECONTAMINATE AND DESTROY USED CONTAINERS. Do not reuse for any pur-



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Close Decontaminate containers by rinsing thoroughly with water and alkaline detergent. Destroy containers by breaking and burying fragments in isolated area. Dispose of rinsings in a way as not to constitute a hazard. Decontaminate water supplies.

ANTIDOTE AND FIRST AID TREATMENT

ATROPINE IS THE EMERGENCY ANTIDOTE FOR BIDRIN POISONING. Consult your physician about obtaining an adequate supply of 1/100-grain atropine tablets for emergency use.

CALL A PHYSICIAN IN ALL CASES OF SUSPECTED POISONING

INTERNAL: If the material has been swallowed, induce vomiting immediately. This may be done by introducing a finger into the throat or by giving warm salt water (1 tablespoon of salt to a glass of water). **NEVER GIVE ANYTHING BY MOUTH TO AN UNCONSCIOUS PERSON.**

EXTERNAL: If the material has been spilled on the skin, immediately remove patient from the vicinity of the BIDRIN, remove all contaminated clothing, and wash skin with soap and running water. If the material gets into the eyes, wash immediately with running water for at least ten minutes. **IF WARNING SYMPTOMS APPEAR, Administer two 1/100 grain atropine tablets immediately. NEVER ADMINISTER ATROPINE UNLESS WARNING SYMPTOMS APPEAR.** (See WARNING SYMPTOMS below.) Keep patient prone and quiet. Start artificial respiration immediately if patient is not breathing. Transport the patient immediately to the nearest physician.

NOTE TO PHYSICIAN

WARNING SYMPTOMS: Symptoms include weakness, headache, tightness in

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ches, blurred vision, non-reactive pinpoint pupils, salivation, sweating, nausea, vomiting, diarrhea and abdominal cramps.

TREATMENT: Atropine is the specific therapeutic of choice against parasympathetic nervous stimulation. If there are signs of parasympathetic stimulation, atropine sulfate should be injected at 10 minute intervals in doses of 1 to 2 milligrams, until complete atropinization has occurred.

Pralidoxime chloride (2-PAM chloride) may also be used as an effective antidote in addition to and while maintaining full atropinization. In adults, an initial dose of 1 gram of 2-PAM should be injected, preferably as an infusion in 250 cc of saline over a 15 to 30 minute period. If this is not practical, 2-PAM may be administered slowly by intravenous injection as a 5 percent solution in water over not less than two minutes. After about an hour, a second dose of 1 gram of 2-PAM will be indicated if muscle weakness has not been relieved. For infants and children the dose of 2-PAM is 0.25 grams.

Morphine is an important treatment.

Clean chest by postural drainage. Oxygen administration may be necessary. Observe patient continuously for 48 hours. Repeated exposure to diisobutylcholinesterase inhibitors may, without warning, cause prolonged susceptibility to very small doses of any diisobutylcholinesterase inhibitor. Allow no further exposure until diisobutylcholinesterase regeneration has been attained as determined by blood test.

NOTICE OF WARRANTY

THE CHEMICAL COMPANY MAKES NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR ANY PURPOSE, OR OTHERWISE, EXPRESS OR IMPLIED, CONCERNING THE PRODUCT UNLESS THE PRODUCT AND/OR LABEL INDICATE OTHERWISE.

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ACCEPTED
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UNDER THE FEDERAL INSECTICIDE
FUNGICIDE AND ANTICIDE ACT
FOR E... R SISTER-
ED UNDER NO... SUBJECT
TO ATTACHED COMMENTS.

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