Ethylbenzene (C₆H₅-C₂H₅)

Information and recommendations for first responders

- Patients exposed only to ethylbenzene vapor do not pose a significant risk of secondary contamination. Patients whose clothing or skin is contaminated with liquid ethylbenzene (boiling point 136°C, 277°F, respectively) can secondarily contaminate rescue and medical personnel by direct contact or evaporation of ethylbenzene.
- Ethylbenzene is irritating when it comes in contact with the eyes, skin, nose and throat and causes headache, nausea, vertigo, dizziness, weakness, disorientation, and unconsciousness.
- There is no antidote to be administered to counteract the effects of ethylbenzene. Treatment consists of supportive measures.

1. Substance information	Ethylbenzene (C ₆ H ₅ -C ₂ H ₅), CAS 100-41-4
	Synonyms: phenylethane
	Ethylbenzene is, at room temperature, a colorless to yellow liquid with a boiling point of 136°C, 277°F, respectively. Both vapor and liquid are potential fire and explosion hazards. Ethylbenzene has an aromatic odor at air concentrations of 2.3 ppm. It is slightly soluble in water, but miscible with alcohol and ether. Carbon monoxide may be released in a ethylbenzene fire.
	Ethylbenzene is an organic solvent, used as an intermediate in the production of styrene, and in the plastics and rubber industries. Ethylbenzene is usually present in complex mixtures such as gasoline.
2. Routes of exposure	
Inhalation	Most exposures occur by inhalation. Ethylbenzene is readily absorbed by the lungs.
Skin/eye contact	It is absorbed through the skin.
Ingestion	Ethylbenzene is absorbed by the gut. Ingestion is uncommon in occupational settings, but aspiration is possible.
3. Acute health effects	
Systemic	Ethylbenzene causes headache, nausea, vertigo, dizziness, weakness, disorientation, and unconsciousness. Acute exposure to high concentrations may produce signs of upper respiratory irritation, followed by asphyxia, muscular weakness, coma and death from respiratory failure. Damage to liver may occur after chronic exposure.
Respiratory	Ethylbenzene is irritating to the nose and throat.
Dermal	Irritation of the skin may be caused by direct contact to liquid ethylbenzene.
Ocular	Eye contact to vapor or liquid ethylbenzene causes irritation with burning discomfort, spasmodic blinking or involuntary closing of the eyelids, redness, and tearing

4. Actions	
Rescuer self-protection	If the zone which has to be entered by the rescuer is suspected of containing ethylbenzene, pressure-demand, self-contained breathing apparatus and chemical-protective clothing shall be worn; do not use equipment that is contaminated itself. Patients whose clothing or skin is contaminated with liquid ethylbenzene may secondarily contaminate rescue and medical personnel by direct contact.
Patient recovery	 Patients should be removed from the contaminated zone immediately. Patients who are unable to walk may be removed on backboards or stretchers; if these are not available, carefully remove/transport patients with appropriate action to a safe zone, taking into account your self-protection. Immediate priorities must follow the "A, B, C's" of resuscitation: A) Airway (make sure the airway is not blocked by the tongue or by a foreign body) B) Breathing (check to see if the patient is breathing, provide ventilation with use of appropriate barrier devices, e.g. with a pocket face mask, if breathing is absent) C) Circulation (start CPR in any unresponsive person with absent or abnormal breathing)
Decontamination	 Patients exposed to ethylbenzene require decontamination. Patients who are able and cooperative may assist with their own decontamination. If the exposure involved ethylbenzene and if clothing is contaminated, remove and double-bag the clothing. Irrigate exposed or irritated eyes with plain water or saline for at least 20 minutes. Remove contact lenses if present and easily removable without additional trauma to the eye. Continue other basic care during flushing. Flush exposed skin and hair with plain water for at least 15 minutes. Protect eyes during flushing of skin and hair. Continue other basic care during flushing. Following ingestion rinse mouth and afterwards give 200-300 ml of water to drink. Emesis not recommended due to the potential for esophageal irritation and aspiration.
Further actions	Each potentially exposed person should seek medical advice and treatment.

In this document BASF has made a diligent effort to ensure the accuracy and currency of the information presented but makes no claim that the document comprehensively addresses all possible situations related to this topic. This document is intended as an additional resource for first responders in assessing the condition and managing the treatment of patients exposed to ethylbenzene. It is not, however, a substitute for the judgement of a first responder and must be interpreted in the light of specific information regarding the patient available to such a first responder and in conjunction with other sources of authority.

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