

IDLH

IMMEDIATELY DANGEROUS to LIFE or HEALTH VALUE PROFILE

Chlorine Pentafluoride
CAS[®] No. 13637-63-3

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Center for Disease Control and Prevention
National Institute of Occupational Safety and Health



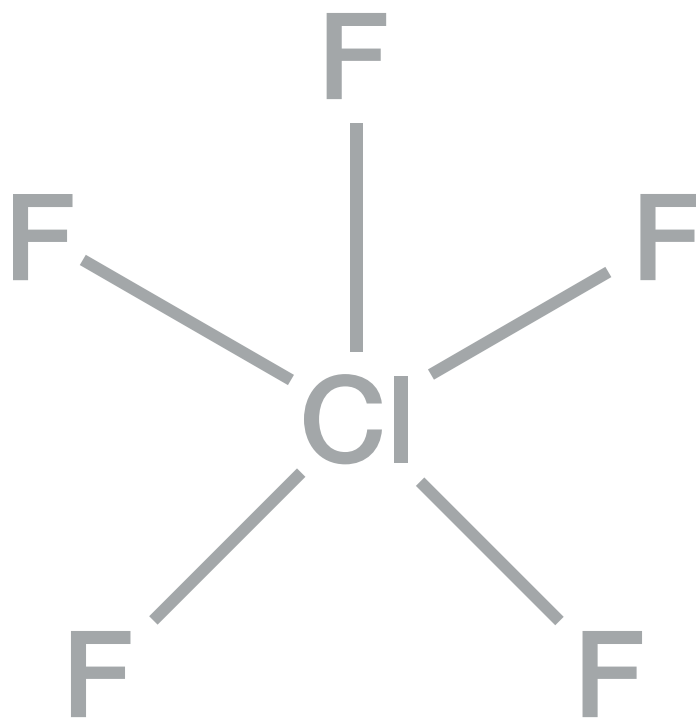
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Foreword

Chemicals are a ubiquitous component of the modern workplace. Occupational exposures to chemicals have the potential to adversely affect the health and lives of workers. Acute or short-term exposures to high concentrations of some airborne chemicals have the ability to quickly overwhelm workers, resulting in a spectrum of undesirable health outcomes that may inhibit the ability to escape from the exposure environment (e.g., irritation of the eyes and respiratory tract or cognitive impairment), cause severe irreversible effects (e.g., damage to the respiratory tract or reproductive toxicity), and in extreme cases, cause death. Airborne concentrations of chemicals capable of causing such adverse health effects or of impeding escape from high-risk conditions may arise from a variety of nonroutine workplace situations, including special work procedures (e.g., in confined spaces), industrial accidents (e.g., chemical spills or explosions), and chemical releases into the community (e.g., during transportation incidents or other uncontrolled-release scenarios).

The immediately dangerous to life or health (IDLH) air concentration values developed by the National Institute for Occupational Safety and Health (NIOSH) characterize these high-risk exposure concentrations and conditions [NIOSH 2013]. IDLH values are based on a 30-minute exposure duration and have traditionally served as a key component of the decision logic for the selection of respiratory protection devices [NIOSH 2004].

Occupational health professionals have employed these values beyond their initial purpose as a component of the *NIOSH Respirator Selection Logic* to assist in developing risk management plans for nonroutine work practices governing operations in high-risk environments (e.g., confined spaces) and the development of emergency preparedness plans.

The approach used to derive IDLH values for high-priority chemicals is outlined in the *NIOSH Current Intelligence Bulletin (CIB) 66: Derivation of Immediately Dangerous to Life or Health Values* [NIOSH 2013]. CIB 66 provides (1) an update on the scientific basis and risk assessment methodology used to derive IDLH values, (2) the rationale and derivation process for IDLH values, and (3) a demonstration of the derivation of scientifically credible IDLH values, using available data resources.

The purpose of this technical report is to present the IDLH values for chlorine pentafluoride (CAS® #13637-63-3). The scientific basis, toxicologic data, and risk assessment approach used to derive the IDLH value are summarized to ensure transparency and scientific credibility.

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Contents

Foreword	iii
Abbreviations	vi
Glossary	vii
Acknowledgments	xi
1 Chlorine Pentafluoride	1
1.1 Overview of the IDLH Value for Chlorine Pentafluoride	1
1.2 Purpose	1
1.3 General Substance Information	1
2 Animal Toxicity Data	4
3 Human Data	7
4 Summary	7
5 References	7

Abbreviations

ACGIH®	American Conference of Governmental Industrial Hygienists
AELs	Acute Exposure Guideline Levels
AIHA®	American Industrial Hygiene Association
BMC	benchmark concentration
BMD	benchmark dose
BMCL	benchmark concentration lower confidence limit
C	ceiling value
°C	degrees Celsius
CAS®	Chemical Abstracts Service, a division of the American Chemical Society
ClF ₅	chlorine pentafluoride
ERPGs™	Emergency Response Planning Guidelines
°F	degrees Fahrenheit
IDLH	immediately dangerous to life or health
LC ₅₀	median lethal concentration
LC _{LO}	lowest concentration that caused death in humans or animals
LEL	lower explosive limit
LOAEL	lowest observed adverse effect level
mg/m ³	milligram(s) per cubic meter
min	minutes
mmHg	millimeter(s) of mercury
NAC	National Advisory Committee
NAS	National Academy of Sciences
NIOSH	National Institute for Occupational Safety and Health
NOAEL	no observed adverse effect level
NOEL	no observed effect level
NR	not recommended
OSHA	Occupational Safety and Health Administration
PEL	permissible exposure limit
ppm	parts per million
RD ₅₀	concentration of a chemical in the air that is estimated to cause a 50% decrease in the respiratory rate
REL	recommended exposure limit
SCP	Standards Completion Program (joint effort of NIOSH and OSHA)
STEL	short-term exposure limit
TLV®	Threshold Limit Value
TWA	time-weighted average
UEL	upper explosive limit
WEELs®	Workplace Environmental Exposure Levels
μg/kg	microgram(s) per kilogram of body weight

Glossary

Acute exposure: Exposure by the oral, dermal, or inhalation route for 24 hours or less.

Acute Exposure Guideline Levels (AEGs): Threshold exposure limits for the general public, applicable to emergency exposure periods ranging from 10 minutes to 8 hours. AEG-1, AEG 2, and AEG-3 are developed for five exposure periods (10 and 30 minutes, 1 hour, 4 hours, and 8 hours) and are distinguished by varying degrees of severity of toxic effects, ranging from transient, reversible effects to life-threatening effects [NAS 2001]. AEGs are intended to be guideline levels used during rare events or single once-in-a-lifetime exposures to airborne concentrations of acutely toxic, high-priority chemicals [NAS 2001]. The threshold exposure limits are designed to protect the general population, including the elderly, children, and other potentially sensitive groups that are generally not considered in the development of workplace exposure recommendations (additional information available at <http://www.epa.gov/oppt/aegl/>).

Acute reference concentration (Acute RfC): An estimate (with uncertainty spanning perhaps an order of magnitude) of a continuous inhalation exposure for an acute duration (24 hours or less) of the human population (including sensitive subgroups) that is likely to be without an appreciable risk of deleterious effects during a lifetime. It can be derived from a NOAEL, LOAEL, or benchmark concentration, with uncertainty factors (UFs) generally applied to reflect limitations of the data used. Generally used in U.S. EPA noncancer health assessments [U.S. EPA 2016].

Acute toxicity: Any poisonous effect produced within a short period of time following an exposure, usually 24 to 96 hours [U.S. EPA 2016].

Adverse effect: A substance-related biochemical change, functional impairment, or pathologic lesion that affects the performance of an organ or system or alters the ability to respond to additional environmental challenges.

Benchmark dose/concentration (BMD/BMC): A dose or concentration that produces a predetermined change in response rate of an effect (called the benchmark response, or BMR) compared to background [U.S. EPA 2016] (additional information available at <http://www.epa.gov/ncea/bmds/>).

Benchmark response (BMR): A predetermined change in response rate of an effect. Common defaults for the BMR are 10% or 5%, reflecting study design, data variability, and sensitivity limits used.

BMCL: A statistical lower confidence limit on the concentration at the BMC [U.S. EPA 2016].

Bolus exposure: A single, relatively large dose.

Ceiling value ("C"): U.S. term in occupational exposure indicating the airborne concentration of a potentially toxic substance that should never be exceeded in a worker's breathing zone.

Chronic exposure: Repeated exposure for an extended period of time. Typically exposures are more than approximately 10% of life span for humans and >90 days to 2 years for laboratory species.

Critical study: The study that contributes most significantly to the qualitative and quantitative assessment of risk [U.S. EPA 2016].

Dose: The amount of a substance available for interactions with metabolic processes or biologically significant receptors after crossing the outer boundary of an organism [U.S. EPA 2016].

EC₅₀: A combination of the effective concentration of a substance in the air and the exposure duration that is predicted to cause an effect in 50% (one half) of the experimental test subjects.

Emergency Response Planning Guidelines (ERPGs™): Maximum airborne concentrations below which nearly all individuals can be exposed without experiencing health effects for 1-hour exposure. ERPGs are presented in a tiered fashion, with health effects ranging from mild or transient to serious, irreversible, or life threatening (depending on the tier). ERPGs are developed by the American Industrial Hygiene Association [AIHA 2006].

Endpoint: An observable or measurable biological event or sign of toxicity, ranging from biomarkers of initial response to gross manifestations of clinical toxicity.

Exposure: Contact made between a chemical, physical, or biological agent and the outer boundary of an organism. Exposure is quantified as the amount of an agent available at the exchange boundaries of the organism (e.g., skin, lungs, gut).

Extrapolation: An estimate of the response at a point outside the range of the experimental data, generally through the use of a mathematical model, although qualitative extrapolation may also be conducted. The model may then be used to extrapolate to response levels that cannot be directly observed.

Hazard: A potential source of harm. Hazard is distinguished from risk, which is the probability of harm under specific exposure conditions.

Immediately dangerous to life or health (IDLH) condition: A condition that poses a threat of exposure to airborne contaminants when that exposure is likely to cause death or immediate or delayed permanent adverse health effects or prevent escape from such an environment [NIOSH 2004, 2013].

IDLH value: A maximum (airborne concentration) level above which only a highly reliable breathing apparatus providing maximum worker protection is permitted [NIOSH 2004, 2013]. IDLH values are based on a 30-minute exposure duration.

LC₀₁: The statistically determined concentration of a substance in the air that is estimated to cause death in 1% of the test animals.

LC₅₀: The statistically determined concentration of a substance in the air that is estimated to cause death in 50% (one half) of the test animals; median lethal concentration.

LC₁₀: The lowest lethal concentration of a substance in the air reported to cause death, usually for a small percentage of the test animals.

LD₅₀: The statistically determined lethal dose of a substance that is estimated to cause death in 50% (one half) of the test animals; median lethal concentration.

LD₁₀: The lowest dose of a substance that causes death, usually for a small percentage of the test animals.

LEL: The minimum concentration of a gas or vapor in air, below which propagation of a flame does not occur in the presence of an ignition source.

Lethality: Pertaining to or causing death; fatal; referring to the deaths resulting from acute toxicity studies. May also be used in lethality threshold to describe the point of sufficient substance concentration to begin to cause death.

Lowest observed adverse effect level (LOAEL): The lowest tested dose or concentration of a substance that has been reported to cause harmful (adverse) health effects in people or animals.

Mode of action: The sequence of significant events and processes that describes how a substance causes a toxic outcome. By contrast, the term mechanism of action implies a more detailed understanding on a molecular level.

No observed adverse effect level (NOAEL): The highest tested dose or concentration of a substance that has been reported to cause no harmful (adverse) health effects in people or animals.

Occupational exposure limit (OEL): Workplace exposure recommendations developed by governmental agencies and nongovernmental organizations. OELs are intended to represent the maximum airborne concentrations of a chemical substance below which workplace exposures should not cause adverse health effects. OELs may apply to ceiling limits, STELs, or TWA limits.

Peak concentration: Highest concentration of a substance recorded during a certain period of observation.

Permissible exposure limits (PELs): Occupational exposure limits developed by OSHA (29 CFR 1910.1000) or MSHA (30 CFR 57.5001) for allowable occupational airborne exposure concentrations. PELs are legally enforceable and may be designated as ceiling limits, STELs, or TWA limits.

Point of departure (POD): The point on the dose–response curve from which dose extrapolation is initiated. This point can be the lower bound on dose for an estimated incidence or a change in response level from a concentration–response model (BMC), or it can be a NOAEL or LOAEL for an observed effect selected from a dose evaluated in a health effects or toxicology study.

RD₅₀: The statistically determined concentration of a substance in the air that is estimated to cause a 50% (one half) decrease in the respiratory rate.

Recommended exposure limit (REL): Recommended maximum exposure limit to prevent adverse health effects, based on human and animal studies and established for occupational (up to 10-hour shift, 40-hour week) inhalation exposure by NIOSH. RELs may be designated as ceiling limits, STELs, or TWA limits.

Short-term exposure limit (STEL): A worker's 15-minute time-weighted average exposure concentration that shall not be exceeded at any time during a work day.

Target organ: Organ in which the toxic injury manifests in terms of dysfunction or overt disease.

Threshold Limit Values (TLVs®): Recommended guidelines for occupational exposure to airborne contaminants, published by the American Conference of Governmental Industrial Hygienists (ACGIH®). TLVs refer to airborne concentrations of chemical substances and represent conditions under which it is believed that nearly all workers may be repeatedly exposed, day after day, over a working lifetime, without adverse effects. TLVs may be designated as ceiling limits, STELs, or 8-hr TWA limits.

Time-weighted average (TWA): A worker's 8-hour (or up to 10-hour) time-weighted average exposure concentration that shall not be exceeded during an 8-hour (or up to 10-hour) work shift of a 40-hour week. The average concentration is weighted to take into account the duration of different exposure concentrations.

Toxicity: The degree to which a substance is able to cause an adverse effect on an exposed organism.

Uncertainty factors (UFs): Mathematical adjustments applied to the POD when developing IDLH values. The UFs for IDLH value derivation are determined by considering the study and effect used for the POD, with further modification based on the overall database.

Workplace Environmental Exposure Levels (WEELs®): Exposure levels developed by the American Industrial Hygiene Association (AIHA®) that provide guidance for protecting most workers from adverse health effects related to occupational chemical exposures, expressed as TWA or ceiling limits.

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1 Chlorine Pentafluoride

1.1 Overview of the IDLH Value for Chlorine Pentafluoride

IDLH value: 1.7 ppm

Basis for IDLH value: MacEwen and Vernot [1972] reported that test animals (i.e., monkey, dog, mouse, and rat) exposed to chlorine pentafluoride at concentrations ranging from 10 to 30 ppm for durations up to 30 minutes experienced immediate salivation, eye irritation, lacrimation, rhinorrhea, and respiratory irritation. More specifically, a 10-minute LOAEL of 30 ppm was identified, associated with severe respiratory irritation in multiple species, which represents a potentially escape-impairing effect [MacEwen and Vernot 1972]. Duration adjustment yielded a 30-minute equivalent of 17.3 ppm. Application of a composite uncertainty factor of 10 to account for extrapolation from an escape-impairing effect, interspecies differences, and human variability results in an IDLH value for chlorine pentafluoride of 1.7 ppm.

1.2 Purpose

This IDLH Profile presents (1) a brief summary

of technical data associated with acute inhalation exposures to chlorine pentafluoride and (2) the rationale behind the immediately dangerous to life or health (IDLH) value for chlorine pentafluoride. IDLH values are developed on the basis of scientific rationale and logic outlined in the *NIOSH Current Intelligence Bulletin (CIB) 66: Derivation of Immediately Dangerous to Life or Health (IDLH) Values* [NIOSH 2013]. As described in CIB 66, NIOSH performs in-depth literature searches to ensure that all relevant data from human and animal studies with acute exposures to the substance are identified. Information included in CIB 66 on the literature search includes pertinent databases, key terms, and guides for evaluating data quality and relevance for the establishment of an IDLH value. The information that is identified in the in-depth literature search is evaluated with general considerations that include description of studies (i.e., species, study protocol, exposure concentration and duration), health endpoint evaluated, and critical effect levels (e.g., NOAELs, LOAELs, and LC₅₀ values). For chlorine pentafluoride, the in-depth literature search was conducted through May 2016.

1.3 General Substance Information

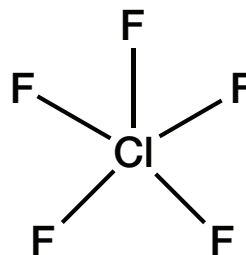
Chemical: Chlorine pentafluoride (ClF₅)*

CAS No: 13637-63-3

Synonyms: Chlorine fluoride

Chemical category: Inorganic fluorine compounds; Inorganic chlorine compounds; Inorganic gases†

Structural formula:



References: *NLM [2016]; †IFA [2016]

Table 1 highlights selected physiochemical properties of chlorine pentafluoride relevant to IDLH conditions. Table 2 provides alternative exposure guidelines for chlorine pentafluoride. Table 3 summarizes the Acute Exposure Guidelines Level (AEG) values for chlorine pentafluoride.

Table 1: Physiochemical Properties of Chlorine Pentafluoride

Property	Value
Molecular weight	130.45*
Chemical formula	ClF ₅
Description	Colorless or yellow gas
Odor	Suffocating, pungent
Odor threshold	Not available
UEL	Not available
LEL	Not available
Vapor pressure	3.4 bar at 20°C
Flash point	Noncombustible [†]
Ignition temperature	Noncombustible [†]
Solubility	Hydrolysis [†]

References: *IFA [2016]

Table 2: Alternative Exposure Guidelines for Chlorine Pentafluoride

Organization	Value
Revised (1994) IDLH value*	None
NIOSH REL [‡]	None
OSHA PEL [†]	None
ACGIH TLV ^{®§}	None
AIHA ERPGsTM [¶]	None
AIHA WEELs ^{®¶}	None

References: *NIOSH [1994]; [†]OSHA [2016]; [‡]NIOSH [2016]; [§]ACGIH [2015]; [¶]AIHA [2014]

Table 3: AEGl Values for Chlorine Pentafluoride*

Classification	10-min	30-min	1-hour	4-hour	8-hour	Endpoint [reference]
AEGL-1	NR	NR	NR	NR	NR	Insufficient warning properties
AEGL-2	0.70 ppm 3.7 mg/m ³	0.39 ppm 2.1 mg/m ³	0.17 ppm 0.91 mg/m ³	0.082 ppm 0.44 mg/m ³	0.057 ppm 0.30 mg/m ³	No-effect level for impaired ability to escape [MacEwen and Vernot 1972; 1973]
AEGL-3	21.0 ppm 110.0 mg/m ³	12.0 ppm 64.0 mg/m ³	8.0 ppm 42.7 mg/m ³	3.9 ppm 20.8 mg/m ³	2.7 ppm 14.4 mg/m ³	Highest 1-hour nonlethal concentration in rats [Darmer et al. 1972]

*Reference: NAS [2014]

2 Animal Toxicity Data

Chlorine pentafluoride penetrates the lungs, causing edema and destruction of lung tissue at lethal concentrations, leading to pneumonia. It is also a potent irritant of the eyes and respiratory tract at nonlethal concentrations [Darmer et al. 1972; MacEwen and Vernot 1972, 1973]. Darmer et al. [1972] reported signs of moderate irritation (lacrimation, sneezing, and salivation) at the lowest concentrations tested for dogs and monkeys at 30 minutes, 102 ppm for dogs (one death at this level) and 198 ppm for monkeys (no deaths at this level).

MacEwen and Vernot [1972] exposed rats, mice, and monkeys to 10, 20, or 30 ppm for 60, 30, or 10 minutes, respectively. Lacrimation was observed in rats and mice. In addition, rats experienced salivation in all exposure groups. In monkeys, lacrimation and nausea were observed in all the exposure groups almost immediately after onset of exposure; all exposure groups also experienced transient depression of weight gain when observed for 28 days after exposure. Monkeys exposed to 10 ppm for 60 minutes exhibited congested lungs; however, no gross lung lesions were observed in monkeys exposed to 30 ppm for 10 minutes.

MacEwen and Vernot [1973] followed up with another study exposing mice, monkeys, and dogs to 5, 10, or 30 ppm for 60, 30, or 10 minutes, respectively. Immediate salivation, eye irritation, lacrimation, and rhinorrhea were observed in all species, with the most severe irritation in the 30-ppm-dose group, but no gross lung lesions were seen in any of the exposure groups. These effects were judged not to be of sufficient severity to be escape-impairing. In addition, rats were exposed to 3, 7, or 30 ppm for 10 minutes. Slight eye irritation was noted in rats exposed to 7 ppm for 10 minutes, but there was no eye irritation in rats exposed to 3 ppm for 10 minutes [MacEwen and Vernot 1973].

Table 4 summarizes the LC data identified in animal studies and provides 30-minute-equivalent derived values for chlorine pentafluoride. Table 5 provides nonlethal concentration data reported from animal studies with 30-minute-equivalent derived values. Information in these tables includes species of test animals, toxicological metrics (i.e., LC, NOAEL, and LOAEL), adjusted 30-minute concentration, and the justification for the composite uncertainty factors applied to calculate the derived values.

Table 4: Lethal Concentration Data for Chlorine Pentafluoride

Reference	Species	LC ₅₀ (ppm)	LC ₁₀ (ppm)	Time (min)	Adjusted 30-min Concentration* (ppm)	Composite Uncertainty Factor	30-Min Equivalent Derived Value (ppm) [†]	Final Value [‡] (ppm)
Darmer et al. [1972]	Dog	156	—	30	156	30 [§]	5.2	5.2
Darmer et al. [1972]	Monkey	218	—	30	218	30 [§]	7.27	7.3
Darmer et al. [1972]	Mouse	105	—	30	105	30 [§]	3.5	3.5
Darmer et al. [1972]	Rat	194	—	30	194	30 [§]	6.47	6.5
Weinberg and Goldhamer [1967]	Rat	—	200	10	112	10 [†]	11.2	11

*For exposures other than 30 minutes, the ten Berge et al. [1986] relationship is used for adjustment ($C_n \times t = k$). NAS [2010a] empirically estimated an n value of 1.9, which was used for extrapolating from all exposure times. Additional information on the calculation of duration-adjusted concentrations can be found in NIOSH [2013].

[†]The derived value is the result of the adjusted 30-minute LC value divided by the composite uncertainty factor.

[‡]Values rounded to the appropriate significant figure.

[§]Composite uncertainty factor to account for adjustment of LC₅₀ values to LC₀₁ values, use of lethal concentration threshold in animals, interspecies differences, and human variability.

[†]Composite uncertainty factor to account for lethal concentration threshold in animals, interspecies differences, and human variability.

Table 5: Nonlethal Concentration Data for Chlorine Pentafluoride

Reference	Species	Critical nonlethal effect	NOAEL (ppm)	LOAEL (ppm)	Time (min)	Adjusted 30-min Concentration* (ppm)	Composite Uncertainty Factor	30-min Equivalent Derived Value (ppm) [†]	Final Value [‡] (ppm)
MacEwen and Vernot [1972]	Monkey, Dog, Mouse	Lacrimation, salivation	10 [§]		30	10	3 [†]	3.33	3.3
MacEwen and Vernot [1973]**	Monkey, Dog, Mouse, Rat	Respiratory tract irritation, salivation, nausea, ocular irritation	30 ^{††}		10	17.3	10 ^{##}	1.73	1.7
MacEwen and Vernot [1973]	Rat	No irritation	3		10	1.7	3 [†]	0.57	0.6
MacEwen and Vernot [1973]	Rat	Slight ocular irritation		7 ^{§§}	10	4	3 [†]	1.33	1.3
MacEwen and Vernot [1972]	Rat	Lacrimation, salivation		20 ^{†††}	30	20	3 [†]	6.67	6.7

[†]For exposures other than 30 minutes the ten Berge et al. [1986] relationship is used for adjustment (C_n × t = k); NAS [2010a] empirically estimated a n value of 1.9 that was used for extrapolating from all exposure times. Additional information on the calculation of duration-adjusted concentrations can be found in NIOSH [2013].

[‡]The derived value is the result of the adjusted 30-min value divided by the composite uncertainty factor.

[§]Values rounded to the appropriate significant figure.

[§]Concentration associated with immediate salivation, eye irritation, lacrimation, and rhinorrhea in multiple species.

[†]Composite uncertainty factor assigned to account for interspecies differences and human variability.

^{**}Identified study is the primary basis of the IDLH value for chlorine pentafluoride.

^{††}Concentration associated with severe irritation in multiple species.

^{##}Composite uncertainty factor to account for adjusting from adjustment to an escape-impairing effect, interspecies differences, and human variability.

^{§§}Concentration associated with slight irritation.

^{†††}Concentration associated with immediate salivation, eye irritation, lacrimation, and rhinorrhea.

3 Human Data

No human toxicity data were found, with the exception of a single case report. In this report, a researcher who had taken a single breath of 30 ppm chlorine pentafluoride in an exposure chamber while conducting an animal toxicity

study [MacEwen and Vernot 1973] reported a mild “burning” of the lungs, mild nausea, an unpleasant taste in the mouth, and headache. The persistence of these symptoms was not reported [MacEwen and Vernot 1973].

4 Summary

In the absence of adequate human data, the IDLH value is based on potentially escape-impairing effects including severe respiratory irritation in multiple species, including monkey, dog, mouse, and rat [MacEwen and Vernot 1972]. Test animals (i.e., monkey, dog, mouse, and rat) exposed to chlorine pentafluoride at concentrations ranging from 10 to 30 ppm for durations up to 30 minutes experienced immediate salivation, eye irritation, lacrimation, rhinorrhea, and respiratory

irritation. More specifically, exposure to 30 ppm chlorine pentafluoride for 10 ppm was associated with severe respiratory irritation, which is considered escape-impairing. Duration-adjusting yielded a 30-minute-equivalent value of 17.3 ppm. Application of a composite uncertainty factor to account for adjusting from an escape-impairing effect, interspecies differences, and human variability results in an IDLH value of 1.7 ppm for chlorine pentafluoride.

5 References

ACGIH [2015]. Annual TLVs® (Threshold Limit Values) and BEIs® (Biological Exposure Indices) booklet. Cincinnati, OH: ACGIH Signature Publications.

AIHA [2006]. AIHA Emergency Response Planning (ERP) Committee procedures and responsibilities. Fairfax, VA: American Industrial Hygiene Association, <https://www.aiha.org/get-involved/AIHAGuidelineFoundation/EmergencyResponsePlanningGuidelines/Documents/ERP-SOPs2006.pdf>.

AIHA [2014]. Emergency response planning guidelines (ERPG) and workplace environmental exposure levels (WEEL) handbook. Fairfax, VA: American Industrial Hygiene Association Press, [\[HAGuidelineFoundation/EmergencyResponsePlanningGuidelines/Documents/2014%20ERPG%20Values.pdf\]\(https://www.aiha.org/get-involved/AIHAGuidelineFoundation/EmergencyResponsePlanningGuidelines/Documents/2014%20ERPG%20Values.pdf\).](https://www.aiha.org/get-involved/AI-</p></div><div data-bbox=)

Darmer KI Jr, Haun CC, Mac Ewen JD [1972]. The acute inhalation toxicology of chlorine pentafluoride. *Hyg Assoc J* 33(10):661–668.

Dost FN, Reed DJ, Finch A, Wang CH [1968]. Metabolism and pharmacology of inorganic and fluorine containing compounds. AM-RL-TR-67-224, AD 681 161. Springfield, VA: National Technical Information Center.

Dost FN, Reed DJ, Cooper TD, Wang CH [1970]. Fluorine distribution in rats following acute intoxication with nitrogen and halogen fluorides and with sodium fluoride. *Toxicol Appl Pharmacol* 17:573–584.

- IFA (Institut für Arbeitsschutz der Deutschen Gesetzlichen Unfallversicherung) [2016]. GESTIS: database on hazardous substances, <http://gestis-en.itrust.de/nxt/gateway.dll?f=templates&fn=default.htm&vid=gestiseng:sdbeng>.
- MacEwen JD, Vernot EH [1972]. Toxic hazards research unit annual technical report. Wright-Patterson Air Force Base, OH: Aerospace Medical Research Laboratory, Air Force Systems Command, Report No. AMRL-TR-72-62, NTIS AD755-358.
- MacEwen JD, Vernot EH [1973]. Toxic hazards research unit annual technical report. Wright-Patterson Air Force Base, OH: Aerospace Medical Research Laboratory, Air Force Systems Command, Report No. AMRL-TR-73-83, NTIS AD771-025.
- NAS [2001]. Standing operating procedures for developing Acute Exposure Guideline Levels for hazardous chemicals. National Academy of Sciences, National Research Council (NRC), Committee on Toxicology, Subcommittee on Acute Exposure Guideline Levels. Washington, DC: National Academy Press, ISBN: 0-309-07553-X, http://www.epa.gov/sites/production/files/2015-09/documents/sop_final_standing_operating_procedures_2001.pdf.
- NAS [2014]. Acute Exposure Guideline Levels (AEGs) for Selected Airborne Chemicals: Volume 18. Chlorine pentafluoride (CAS No. 13637-63-3). National Academy of Sciences, National Research Council (NRC), Committee on Toxicology, Subcommittee on Acute Exposure Guideline Levels. Washington, DC: National Academy Press, http://www.epa.gov/sites/production/files/2015-09/documents/halogen_fluorides_final_volume-18_aug-2014_1.pdf.
- NIOSH [1994]. Documentation for immediately dangerous to life or health concentrations (IDLHs). Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, <http://www.cdc.gov/niosh/idlh/intrid14.html>.
- NIOSH [2004]. NIOSH respirator selection logic. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2005-100, <http://www.cdc.gov/niosh/docs/2005-100/pdfs/2005-100.pdf>.
- NIOSH [2013]. NIOSH Current intelligence bulletin 66: derivation of immediately dangerous to life or health (IDLH) values. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2014-100, <http://www.cdc.gov/niosh/docs/2014-100/pdfs/2014-100.pdf>.
- NIOSH [2016]. NIOSH pocket guide to chemical hazards. Cincinnati, OH: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 2005-149, <http://www.cdc.gov/niosh/npag/>.
- NLM [2016]. ChemIDplus lite. Washington, DC: National Library of Medicine, <http://chem.sis.nlm.nih.gov/chemidplus/>.
- OSHA [2016]. Occupational Safety and Health Standards. 29 CFR 1910. Subpart Z — Toxic and Hazardous Substances. Washington, DC: OSHA, https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10147.
- ten Berge WF, Zwart A, Appelman LM [1986]. Concentration-time mortality response relationship of irritant and systematically acting vapours and gases. *J Haz Mat* 13:301-309.
- U.S. EPA (U.S. Environmental Protection Agency) [2016]. Integrated Risk Information System (IRIS), <http://www.epa.gov/iris/>.
- Weinberg MS, Goldhamer RE [1967]. Pharmacology and metabolism of Compound A. ADA286095. Springfield, VA: National Technical Information Service.

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