UK Health Security Agency

Hydrogen chloride (hydrochloric acid)

Incident management

This document provides information needed for response to a chemical incident, such as physicochemical properties, health effects and decontamination advice.

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Contents

Main points

General

Hydrogen chloride is a colourless gas at room temperature, with a pungent irritating odour.

Hydrogen chloride dissolves in water to form hydrochloric acid, a fuming colourless to faintly yellow liquid.

Hydrogen chloride is non-combustible and it reacts violently with oxidants to produce chlorine gas.

Health

Corrosive by all routes of exposure.

Inhalation causes irritation of the eyes and nose, with sore throat, cough, chest tightness, headache, fever, wheeze, tachycardia and confusion.

Ingestion causes immediate pain with burning in the mouth, throat, and stomach.

Haemorrhagic or hypovolemic shock and airway obstruction from laryngeal and/or epiglottic oedema are features of severe cases.

Dermal exposure causes pain, blistering, ulceration and penetrating necrosis.

Ocular exposure may cause pain, watering, conjunctivitis,oedema photophobia, corneal burns, and limbal ischaemia.

Casualty decontamination at the scene

Hydrogen chloride (gas) and hydrochloric acid (liquid) are corrosive. Therefore, following disrobe, improvised wet decontamination should be considered.

Environment

Inform the Environment Agency where appropriate and avoid release into the environment.

Hazard identification

Table 1a. Standard (UK) dangerous goods emergency action codes for hydrogen chloride, anhydrous

UN		1050	Hydrogen chloride, anhydrous	
EAC		2RE	Use fine water spray. Wear chemical protective clothing with liquid-tight connections for whole body in combination with breathing apparatus [note 1]. Where there is an immediate threat to people, spillages and decontamination run-off may be washed to drains with large quantities of water [note 2]. There may be a public safety hazard outside the immediate area of the incident [note 3]	
APP		A(c)	Fire kit and gas-tight chemical suit with breathing apparatus [note 4] Liquefied gas with boiling point below –20°C	
Hazards	**Class**	2.3	Toxic gas	
	Sub-risks	8	Corrosive substance	
HIN		268	Toxic gas, corrosive	

Abbreviations

UN = United Nations number.
EAC = emergency action code.
APP = additional personal protection.
HIN = hazard identification number.

Notes to Table 1a

Note 1: Chemical protective clothing with liquid-tight connections for whole body (type 3) conforming to the relevant standards such as BS 8428 or EN 14605, in combination with breathing apparatus conforming to BS EN 137.

Note 2: In such cases due care must be exercised to avoid unnecessary pollution of surface and groundwaters and wherever possible control measures such as the sealing of drains should be employed.

Note 3: People should stay indoors with all doors and windows closed, preferably in rooms upstairs and facing away from the incident. Ignition sources should be eliminated and ventilation stopped. Effects may spread beyond the immediate vicinity. All non-essential personnel should be instructed to move at least 250 m away from the incident.

Note 4: Normal fire kit in combination with gas-tight chemical protective clothing conforming to BS EN 943 part 2 in combination with breathing apparatus conforming to BS EN 137. Suitable thermal-resistant gloves should be worn such as those conforming to BS EN 511 or BS EN 407.

Reference

‘Dangerous Goods Emergency Action Code List’. National Chemical Emergency Centre (NCEC), part of Ricardo-AEA. The Stationery Office 2023

Table 1b. Standard (UK) dangerous goods emergency action codes for hydrogen chloride, refrigerated liquid

UN		2186	Hydrogen chloride, refrigerated liquid	
EAC		2RE [note 1]	Use fine water spray. Wear chemical protective clothing with liquid-tight connections for whole body in combination with breathing apparatus [note 2]. Where there is an immediate threat to people, spillages and decontamination run-off may be washed to drains with large quantities of water [note 3]. There may be a public safety hazard outside the immediate area of the incident [note 4]	
APP		A(c)	Fire kit and gas-tight chemical protective suit with breathing apparatus [note 5] Liquefied gas with boiling point below –20°C	
Hazards	**Class**	2.3	Toxic gas	
	Sub-risks	8	Corrosive substance	
HIN		–	–	

Abbreviations

UN = United Nations number.
EAC = emergency action code.
APP = additional personal protection.
HIN = hazard identification number.

Notes to Table 1b

Note 1: Not applicable to the carriage of dangerous goods under Regulations Concerning the International Carriage of Dangerous Goods by Rail (RID) and in the European Agreement Concerning the International Carriage of Dangerous Goods by Road (ADR)

Note 2: Chemical protective clothing with liquid-tight connections for whole body (type 3) conforming to the relevant standards such as BS 8428 or EN 14605, in combination with breathing apparatus conforming to BS EN 137

Note 3: In such cases due care must be exercised to avoid unnecessary pollution of surface and groundwaters and wherever possible control measures such as the sealing of drains should be employed.

Note 4: People should stay indoors with all doors and windows closed, preferably in rooms upstairs and facing away from the incident. Ignition sources should be eliminated and ventilation stopped. Effects may spread beyond the immediate vicinity. All non-essential personnel should be instructed to move at least 250 m away from the incident.

Note 5: Normal fire kit in combination with gas-tight chemical protective clothing conforming to BS EN 943 part 2 in combination with breathing apparatus conforming to BS EN 137. Suitable thermal-resistant gloves should be worn such as those conforming to BS EN 511 or BS EN 407

Reference

‘Dangerous Goods Emergency Action Code List’. National Chemical Emergency Centre (NCEC), part of Ricardo-AEA. The Stationery Office 2023

Table 1c. Standard (UK) dangerous goods emergency action codes for hydrochloric acid

UN		1789	Hydrochloric acid	
EAC		2R	Use fine water spray. Wear chemical protective clothing with liquid-tight connections for whole body in combination with breathing apparatus [note 1]. Where there is an immediate threat to people, spillages and decontamination run-off may be washed to drains with large quantities of water [note 2].	
APP		–	–	
Hazards	**Class**	8	Corrosive substance	
	Sub-risks	–	–	
HIN		80	Corrosive or slightly corrosive substance	

Abbreviations

UN = United Nations number.
EAC = emergency action code.
APP = additional personal protection.
HIN = hazard identification number.

Notes to Table 1c

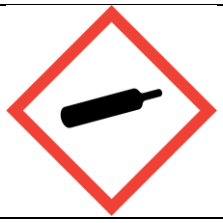
Note 1: Chemical protective clothing with liquid-tight connections for whole body (type 3) conforming to the relevant standards such as BS 8428 or EN 14605, in combination with breathing apparatus conforming to BS EN 137.

Note 2: In such cases due care must be exercised to avoid unnecessary pollution of surface and groundwaters and wherever possible control measures such as the sealing of drains should be employed.

Reference

‘Dangerous Goods Emergency Action Code List’. National Chemical Emergency Centre (NCEC), part of Ricardo-AEA. The Stationery Office 2023

Table 2a. The GB classification, labelling and packaging (CLP) regulation for hydrogen chloride

Hazard class and category	Press. Gas	Gasses under pressure	
	Skin Corr. 1A	Skin corrosion, category 1A	
	Acute Tox. 3	Acute toxicity (inhalation), category 3	
Hazard statement	H314	Causes severe skin burns and eye damage	
	H331	Toxic if inhaled	
Signal words	DANGER		

Reference

The Health and Safety Executive (HSE). 'GB CLP Regulation' (viewed September 2024)

Table 2b. The GB classification, labelling and packaging (CLP) regulation for hydrochloric acid at varying concentrations

Hazard class and category	Skin Corr. 1B	Skin corrosion, category 1B	
	STOT SE 3	Specific target organ toxicity following single exposure	
Hazard statement	H314	Causes severe skin burns and eye damage	
	H335	May cause respiratory irritation	
Signal words	DANGER		

Table 2c. The GB classification, labelling and packaging (CLP) regulation specific concentration limits for hydrochloric acid at varying concentrations

Concentration	Hazard class and category	Hazard statement	
10% ≤ C < 25%	Eye Irrit. 2	H319	Causes serious eye irritation
10% ≤ C < 25%	Skin Irrit. 2	H315	Causes skin irritation
C ≥ 25%	Skin Corr. 1B	H314	Causes severe skin burns and eye damage
C ≥ 10%	STOT SE 3	H335	May cause respiratory irritation

Reference

The Health and Safety Executive (HSE). 'GB CLP Regulation' (viewed September 2024)

Physicochemical properties

Table 3. Physicochemical properties

CAS number	7647-01-0
Molecular weight	36
Formula	HCl
Common synonyms	Anhydrous hydrogen chloride Hydrochloric acid, anhydrous
State at room temperature	Colourless gas
Volatility	Vapour pressure = 35,424 mmHg at 25°C
Specific gravity	1.3 (air = 1)
Flammability	Non-combustible
Lower explosive limit	-
Upper explosive limit	-
Water solubility	Soluble in water
Reactivity	The solution in water is a strong acid. Reacts violently with bases and is corrosive.
Reaction or degradation products	Reacts violently with oxidants to produce chlorine gas. Attacks many metals in the presence of water forming flammable/explosive gas (hydrogen)
Odour	Pungent irritating odour
Structure	

References

International Programme on Chemical Safety ‘International chemical safety card for hydrogen chloride’ ICSC 0163, 2016. World Health Organization (WHO)

PubChem Bethesda (MD): National Library of Medicine (US), National Center for Biotechnology Information ‘PubChem Compound Summary for CID 313, Hydrochloric Acid’ 2004 (viewed April 2024).

Reported effect levels from authoritative sources

These values give an indication of levels of exposure that can cause adverse effects. They are not health protective standards or guideline values.

Table 4. Exposure by inhalation

ppm	mg/m^3	Signs and symptoms	Reference
35	52	May induce sneezing, laryngitis, chest pain, hoarseness and a feeling of suffocation	a
1,000-2,000	1,490-2,980	Dangerous following short exposure	b

Reference

a. International Programme on Chemical Safety. Chlorine and Hydrogen Chloride. Environmental Health Criteria 21, 1982. World Health Organization: Geneva.

b. National Academy of Sciences. Acute Exposure Guideline Levels for Selected Airborne Chemicals, Volume 4, 2004. Washington DC.

Table 5. Exposure by skin

%	Signs and symptoms	Reference
10	Irritating to the skin	a

Reference

a. OECD. Screening Information Dataset (SIDS). Hydrogen Chloride 'Initial Assessment Report' 2002

Table 6. Exposure by eyes

%	Signs and symptoms	Reference
>3.3	Irritating to the eyes	a

Reference

a. OECD. Screening Information Dataset (SIDS). Hydrogen Chloride 'Initial Assessment Report' 2002.

Published emergency response guidelines

Table 7. Acute exposure guideline levels (AEGLs)

	Concentration (ppm)				
	10 minutes	**30 minutes**	**60 minutes**	**4 hours**	**8 hours**
AEGL-1 [note 1]	1.8	1.8	1.8	1.8	1.8
AEGL-2 [note 2]	100	43	22	11	11
AEGL-3 [note 3]	620	210	100	26	26

Notes to Table 7

Note 1: Level of the chemical in air at or above which the general population could experience notable discomfort.

Note 2: Level of the chemical in air at or above which there may be irreversible or other serious long-lasting effects or impaired ability to escape.

Note 3: Level of the chemical in air at or above which the general population could experience life-threatening health effects or death.

Reference

US Environmental Protection Agency (EPA) ‘Acute Exposure Guideline Levels’ (viewed September 2024)

Exposure standards, guidelines or regulations

Table 8. Occupational standards for hydrogen chloride (gas and aerosol mists)

	LTEL (8-hour reference period)		STEL (15-min reference period)	
	ppm	mg/m³	ppm	mg/m³
WEL	1	2	5	8

Abbreviations

WEL = workplace exposure limit.
LTEL = long-term exposure limit.
STEL = short-term exposure limit.

Reference

HSE. ‘EH40/2005 Workplace Exposure Limits . Fourth Edition 2020

Table 9. Public health standards and guidelines

Drinking water standard	No value specified
WHO guideline for drinking water quality	No value specified
UK indoor air quality guideline	No value specified
WHO indoor air quality guideline	No value specified
WHO air quality guideline	No value specified

Health effects

Corrosive by inhalation, ingestion, eye and skin exposure

Table 10. Signs or symptoms of acute exposure

Route	Signs and symptoms
Inhalation	Irritation of eyes and nose with sore throat, cough, chest tightness, headache, fever, wheeze, tachycardia and confusion. Chemical pneumonitis, tachypnoea, dyspnoea and stridor due to laryngeal oedema may follow. Pulmonary oedema with increasing breathlessness, wheeze, hypoxia and cyanosis may take up to 36 hours to develop. Optic neuropathy has been reported following both acute and chronic inhalation. In serious cases, corrosive damage to the mucous membranes of both the upper and lower respiratory tract occurs. Severe inhalation injuries may result in persistent hoarseness, pulmonary fibrosis and chronic obstructive pulmonary disease. Prolonged exposure may result in systemic effects as per ingestion.
Ingestion	Ingestion of corrosives can cause immediate pain with burning in the mouth, throat and stomach. This may be followed by abdominal pain, vomiting, haematemesis and dyspnoea. Pain and oedema may make swallowing difficult, causing drooling. Haemorrhagic or hypovolaemic shock and airway obstruction from laryngeal and/or epiglottic oedema are features of severe cases. Stridor and respiratory complications (including pneumonitis, pulmonary oedema, ARDS and pulmonary necrosis) can develop following aspiration of corrosive materials. Acids tend to damage the stomach with ulceration, necrosis, haemorrhage and perforation. However, in severe cases, extensive areas of the gastrointestinal tract may be involved. Systemic features following corrosive ingestion may include hypovolaemic shock, metabolic acidosis, hypoxia, respiratory failure, acute renal failure, severe electrolyte imbalances, haemolysis and disseminated intravascular coagulation (DIC).
Eyes	Pain, watering, conjunctivitis, oedema and photophobia may occur. Acidic and alkaline solutions may cause corneal burns and limbal ischaemia

Route	Signs and symptoms
	(whitening/blanching around the edge of the cornea where it meets the sclera). Aerosols sprayed directly into the eye may cause corneal damage.
Dermal	Acids generally produce rapid symptoms. Symptoms are more likely to occur following direct contact with solid or liquid corrosive materials although features can also occur via contact with corrosive gases and fumes. Acids may cause pain, blistering, ulceration and necrosis. These burns may be self-limiting and superficial with the destruction of the surface epithelium and sub mucosa forming a leathery crust which limits the spread of the product. Large or prolonged exposure may result in systemic effects.

Reference

TOXBASE. Hydrochloric acid (Hydrogen chloride), January 2020 (viewed September 2024)

TOXBASE. Corrosives – ingestion, June 2022

TOXBASE. Corrosives – inhalation, January 2020

TOXBASE. Skin decontamination – Corrosives, January 2020

Decontamination at the scene

Chemical specific advice

The approach used for decontamination at the scene will depend upon the incident, location of the casualties and the chemicals involved. Therefore, a risk assessment should be conducted to decide on the most appropriate method of decontamination.

Hydrogen chloride (gas) and hydrochloric acid (liquid) are corrosive. Therefore, following disrobe, improvised wet decontamination should be considered.

People who are processed through improvised decontamination should subsequently be moved to a safe location, triaged and subject to health and scientific advice. Based on the outcome of the assessment, they may require further decontamination.

Emergency services and public health professionals can obtain further advice from the UK Health Security Agency (UKHSA) Radiation, Chemicals and Environment Directorate using the 24-hour chemical hotline number: 0344 892 0555.

Disrobe

The disrobe process is highly effective at reducing exposure to HAZMAT/CBRN material when performed within 15 minutes of exposure.

Therefore, disrobe must be considered the primary action following evacuation from a contaminated area.

Where possible, disrobing should be conducted at the scene and by the casualty themselves. Disrobing should be systematic to prevent transfer of contaminant from clothing to skin. Clothing should not be pulled over the head if possible.

Clothing stuck to the casualty by the contaminant should not be forcefully removed, as this risks causing further harm.

Consideration should be given to ensuring the welfare and dignity of casualties as far as possible. Immediately after decontamination the opportunity should be provided to dry and dress in clean robes or clothes.

Improvised decontamination

Improvised decontamination is an immediate method of decontamination prior to the use of specialised resources. This should be performed on all contaminated casualties unless medical advice is received to the contrary. Improvised dry decontamination should be considered for an incident involving chemicals unless the agent appears to be corrosive or caustic.

Unprotected first responders and members of the public should not approach casualties incapacitated by exposure to administer improvised decontamination, as they may be exposed to contaminants and become a casualty themselves.

Important note: Improvised decontamination should continue until a more structured intervention, such as an Interim Operational Response is conducted, or Specialist Operational Response are present.

Improvised dry decontamination

Any available dry absorbent material can be used such as kitchen towel, paper tissues (for example blue roll) and clean cloth.

Exposed skin surfaces should be blotted first and then rubbed, starting with the face, head, and neck, and moving down and away from the body.

Blotting and rubbing should not be too aggressive, as it could drive contamination further into the skin.

Casualties should also blow their nose to remove contaminants from the nasal cavities.

All waste material arising from decontamination should be left in situ, and ideally bagged, for disposal at a later stage.

Improvised wet decontamination

Wet decontamination should be used if contamination with a caustic chemical substance is suspected.

Water should only be used for decontamination where casualty signs and symptoms are consistent with exposure to caustic or corrosive substances such as acids or alkalis.

Wet decontamination may be performed using copious amounts of water from any available source such as taps, showers, water bottles, fixed installation hose-reels and sprinklers to gently rinse the affected skin. Other natural sources of water may be considered unless this creates greater risks to the individuals affected. Wet wipes or baby wipes may be used as an effective alternative.

Improvised decontamination should not involve overly aggressive methods to remove contamination as this could further damage affected tissues and drive the contamination further into the skin.

Where appropriate, seek professional advice on how to dispose of contaminated water and prevent run-off going into the water system.

Additional notes

Following improvised decontamination, remain cautious and observe for signs and symptoms in the decontaminated person and in unprotected staff.

If water is used to decontaminate casualties this may be contaminated, and therefore hazardous, and a potential source of further contamination spread.

All materials (paper tissues and so on) used in this process may also be contaminated and, where possible, should not be used on new casualties.

The risk from hypothermia should be considered when disrobe and any form of wet decontamination is carried out.

People who are contaminated should not eat, drink or smoke before or during the decontamination process and should avoid touching their face.

When vulnerable people are affected by a hazardous substance, they may need additional support to remove themselves, their clothing or the substance.

Casualties should remain in the area and should not leave to seek care at a hospital, as this presents a contamination risk. Further care will be administered on site by the appropriate emergency services.

Interim wet decontamination

Interim decontamination is the use of standard Fire and Rescue Service equipment to provide a planned and structured decontamination process prior to the availability of purpose-designed decontamination equipment.

Decontamination at the scene references

Home Office. 'Initial operational response to a CBRN incident.' Version 2.0 2015

NHS England. 'Emergency Preparedness, Resilience and Response (EPRR): Guidance for the initial management of self-presenters from incidents involving hazardous materials.' 2019

JESIP. 'Initial Operational Response IOR to Incidents Suspected to Involve Hazardous Substances or CBRN Materials' 2024

Clinical decontamination and first aid

Clinical decontamination is the process where trained healthcare professionals, using purpose-designed decontamination equipment, treat contaminated persons individually.

Detailed information on clinical management can be found on TOXBASE.

Important notes

Once body surface contaminants have been removed or if your patient was exposed by ingestion or inhalation, the risk that secondary care givers may become contaminated is very low. Secondary carers should wear standard hospital PPE as a precaution against secondary contamination from vomit and body fluids.

If the patient has not been decontaminated following surface contamination, secondary carers must wear appropriate NHS PPE for chemical exposure to avoid contaminating themselves.

The area should be well ventilated.

For comprehensive clinical advice consult TOXBASE directly.

Clinical decontamination following surface contamination

Avoid contaminating yourself.

Carry out decontamination after resuscitation. This should be performed in a well-ventilated area, preferably with its own ventilation system.

Contaminated clothing should be removed, double-bagged, sealed and stored safely.

Decontaminate open wounds first and avoid contamination of unexposed skin. Any particulate matter adherent to skin should be removed and the patient washed with copious amounts of water under low pressure for at least 10 to 15 minutes, or until pH of skin is normal (pH of the skin is 4.5 to 6 although it may be closer to 7 in children, or after irrigation). The earlier irrigation begins, the greater the benefit.

Pay special attention to skin folds, fingernails and ears.

Dermal exposure

Decontaminate (as above) the patient following surface contamination.

Following decontamination, recheck pH of affected areas after a period of 15 to 20 minutes and repeat irrigation if abnormal. Burns with strong solutions may require irrigation for several hours or more. Attention should be paid to avoiding hypothermia during prolonged irrigation with cool fluids.

Once the pH is normal and stabilised, treat as per a thermal injury.

Burns totalling more than 15% of body surface area in adults (>10% in children) will require standard fluid resuscitation as for thermal burns.

Moderate/severe chemical burns should be reviewed by a burns specialist.

Other supportive measures as indicated by the patient’s clinical condition.

Ocular exposure

Remove contact lenses if present.

Anaesthetise the eye with a topical local anaesthetic (for example, oxybuprocaine, amethocaine or similar). However, do not delay irrigation if local anaesthetic is not immediately available.

Immediately irrigate the affected eye thoroughly with 1,000mL 0.9% saline or equivalent crytalloid (for example, by an infusion bag with a giving set) for a minimum of 10 to 15 minutes irrespective of initial conjunctival pH. A Morgan Lens may be used if anaesthetic has been given.

Aim for a neutral conjunctival pH of 7 to 7.2. The conjunctivae may be tested with indicator paper. Retest at 15 to 30 minutes after irrigation and use further irrigation if necessary.

Any particles lodged in the conjunctival recesses should be removed.

Repeated instillation of local anaesthetics may reduce discomfort and help more thorough decontamination. However, prolonged use of concentrated local anaesthetics is damaging to the cornea.

Patients with corneal damage, those who have been exposed to strong acids or alkalis and those whose symptoms do not resolve rapidly should be discussed urgently with an ophthalmologist.

Other supportive measures as indicated by the patient's clinical condition.

Inhalation

Maintain a clear airway and ensure adequate ventilation.

Administer oxygen to achieve adequate oxygenation.

In severely affected patients, especially those with tachypnoea, stridor or upper airway damage, critical care input is essential with urgent assessment of the airway. A supraglottic-epiglottic burn with erythema and oedema is usually a sign that further oedema will occur that may lead to airway obstruction.

Children are at increased risk of airway obstruction.

Monitor vital signs and cardiac rhythm. Check the capillary blood glucose.

Check and record pupil size.

Perform a 12-lead ECG in all patients who require an assessment.

Carry out other supportive measures as indicated by the patient's clinical condition.

Ingestion

Maintain airway and established haemodynamic stability.

In severely affected patients, especially those with tachypnoea, stridor or upper airway damage, critical care input is essential with urgent assessment of the airway. A supraglottic-epiglottic burn with erythema and oedema is usually a sign that further oedema will occur that may lead to airway obstruction.

Children are at increased risk of airway obstruction.

Do not attempt gastric lavage. Do not give neutralising chemicals as heat produced during neutralisation reactions may increase injury.

Monitor vital signs and cardiac rhythm. Check the capillary blood glucose.

Perform a 12-lead ECG in all patients who require assessment.

Carry out other supportive measures as indicated by the patient's clinical condition.

Clinical decontamination and first aid references

TOXBASE. Hydrochloric acid (Hydrogen chloride), (2020) (viewed September 2024)

TOXBASE. Corrosives – ingestion, (2022)

TOXBASE. Corrosives – inhalation, (2020)

TOXBASE. Skin decontamination – Corrosives, January (2020)

TOXBASE. Chemicals sprayed and splashed into the eyes – features and management, (2020)

About the UK Health Security Agency

UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. We provide intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation health secure.

UKHSA is an executive agency, sponsored by the Department of Health and Social Care.

This document from the UKHSA Radiation, Chemicals and Environment Directorate reflects understanding and evaluation of the current scientific evidence as presented and referenced here.

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