



UK Health
Security
Agency

Pyridine

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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Main points

General

Pyridine is a colourless, highly flammable liquid with an unpleasant (fish-like) odour, used as a precursor to agrochemicals and pharmaceuticals and is also an important solvent and reagent used in dyeing and the manufacture of rubber. Emits toxic fumes of cyanide and nitrogen oxides, when heated to decomposition. Reacts violently with strong oxidants and strong acids. This generates fire and explosion hazard. The substance is a weak base.

Health

Inhalation causes irritation of eyes, nose and throat and may lead to systemic toxicity.

Ingestion may cause gastrointestinal upset, headache, vertigo, and pulmonary oedema.

Features of systemic toxicity include central nervous system depression, agitation, insomnia, fatigue, peripheral neuritis and weakness, and in severe cases, coma and respiratory depression, liver and kidney damage.

Eye exposure may cause irritation, pain, swelling, lacrimation, and photosensitivity.

Dermal contact may cause irritation, photosensitization and contact dermatitis. Prolonged contact may lead to systemic toxicity.

Casualty decontamination at the scene

Following disrobe, improvised dry decontamination should be considered for an incident involving pyridine, unless casualties are demonstrating signs or symptoms of exposure to caustic or corrosive substances.


Environment

Inform the [Environment Agency](#) where appropriate and avoid release into the environment.

Spillages, contaminated fire and decontamination run-off should be prevented from entering drains and surface and groundwaters.

Hazard identification

Table 1. Standard (UK) dangerous goods emergency action codes for pyridine

UN	1282	Pyridine		
EAC	•2WE	<p>Use alcohol resistant foam but, if not available, fine water spray can be used.</p> <p>Wear chemical protective clothing with liquid-tight connections for whole body in combination with breathing apparatus. [note 1]</p> <p>Substance can be violently or explosively reactive.</p> <p>Spillages, contaminated fire and decontamination run-off should be prevented from entering drains and surface and groundwaters.</p> <p>There may be a public safety hazard outside the immediate area of the incident. [note 2]</p>		
APP	A(fl)	Fire kit with gas tight chemical protective suit with breathing apparatus [note 3]. Fire kit intended to protect against flammable liquid.		
Hazards	Class	3	Flammable liquids and desensitised liquid explosives	
	Sub-risks	-	-	
HIN	33	Highly flammable liquid (flash point below 23°C)		

Abbreviations

UN = United Nations number.

EAC = emergency action code.

APP = additional personal protection.

HIN = hazard identification number.

Notes to Table 1

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: People should be warned to 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 3: 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.

References

National Chemical Emergency Centre (NCEC), part of Ricardo-AEA. '[Dangerous Goods Emergency Action Code List](#)'. 2023 (viewed on 31 October 2024)

Table 2. The GB classification, labelling and packaging (CLP) regulation for pyridine

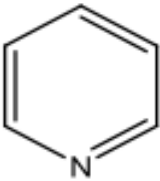
Hazard class and category	Flam. Liq. 2	Flammable liquid, category 2	
	Acute Toxicity 4	Acute Toxicity (oral,dermal,inhalation),category 4	
Hazard statement	H225	Highly flammable liquid and vapour	
	H332	Harmful if inhaled	
	H312	Harmful in contact with skin	
	H302	Harmful if swallowed	
Signal words	DANGER		

References

The Health and Safety Executive (HSE). '[GB CLP Regulation](#)' (viewed on 31 October 2024).

Physicochemical properties

Table 3. Physicochemical properties

CAS number	110-86-1
Molecular weight	79.1
Formula	C ₅ H ₅ N
Common synonyms	Pyridine, Azabenzene, Azine
State at room temperature	Colorless to yellow liquid.
Volatility	Vapour pressure = 20.8 mmHg at 25°C. Heavier than air and may travel along the ground; distant ignition possible.
Relative density	0.98 (water = 1) 2.73 (air = 1)
Flammability	Highly flammable
Lower explosive limit	1.8 %
Upper explosive limit	12.4%
Water solubility	Freely soluble in water
Reactivity	Decomposes on burning. This produces toxic fumes of nitrogen oxides and hydrogen cyanide. Reacts violently with strong oxidants and strong acids. This generates fire and explosion hazard. The substance is a weak base.
Odour	Sharp, nauseating (fish-like) odour.
Structure	

References

World Health Organization. International Programme on Chemical Safety '[International Chemical Safety Card entry for Pyridine](#)' ICSC 0323, 2019(viewed on 31 October 2024)

PubChem. Bethesda (MD): National Library of Medicine (US), National Center for Biotechnology Information. '[PubChem Compound Summary for CID 1049, Pyridine](#)' (viewed on 31 October 2024)

Reported effect levels from authoritative sources

Table 4. Oral exposure

mg/kg	Signs and symptoms	Reference
500	Fatal.	a

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

References

a. National Poisons Information Service (NPIS). TOXBASE '[Pyridine](#)' 2021 (viewed on 31 October 2024)

Published emergency response guidelines

Table 5. Acute exposure guideline levels (AEGLs)

	Concentration				
	10 minutes	30 minutes	60 minutes	4 hours	8 hours
AEGL-1 [note 1]	No values specified				
AEGL-2 [note 2]	No values specified				
AEGL-3 [note 3]	No values specified				

Notes to Table 5

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.

Exposure standards, guidelines or regulations

Table 6. Occupational standards

	LTEL (8-hour reference period)		STEL (15-min reference period)	
	ppm	mg/m ³	ppm	mg/m ³
WEL	5	16	10	33

Abbreviations

WEL = workplace exposure limit.

LTEL = long-term exposure limit.

STEL = short-term exposure limit.

Reference

Health and Safety Executive (HSE). '[EH40/2005 Workplace Exposure Limits Fourth Edition](#)' 2020 (viewed on 31 October 2024)

Table 7. Public health standards and guidelines

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

Health effects

Exposure may occur via ingestion, inhalation or dermal contact.

Table 8. Signs or symptoms of acute exposure

Route	Signs and symptoms
Inhalation	Inhalation causes irritation of eyes, nose and throat and may lead to systemic toxicity
Ingestion	Ingestion may cause gastrointestinal upset, headache, vertigo and pulmonary oedema.
Systemic	Systemic features include central nervous system depression, agitation, insomnia, fatigue, peripheral neuritis and weakness, and in severe cases, coma and respiratory depression. Liver and kidney damage may also occur, especially after chronic exposure, with urinary frequency, anuria, hepatorenal syndrome, cirrhosis and fatty liver.
Eyes	Contact with eyes may cause irritation, pain, swelling, lacrimation and photosensitivity.
Dermal	Skin contact may cause irritation, photosensitization and contact dermatitis. Prolonged contact may lead to systemic toxicity.

Reference

National Poisons Information Service (NPIS). TOXBASE '[Pyridine](#)' 2019 (viewed on 31 October 2024)

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.

Following disrobe, improvised dry decontamination should be considered for an incident involving pyridine unless casualties are demonstrating signs or symptoms of exposure to caustic or corrosive substances.

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, Climate and Environmental Hazards 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 carried out, or Specialist Operational Response are present.

Improvised dry decontamination

Improvised dry decontamination should be considered for an incident involving pyridine unless casualties are demonstrating obvious signs of chemical burns or skin irritation.

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.

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 (viewed on 31 October 2024)

National Health Service England. [‘Emergency Preparedness, Resilience and Response \(EPRR\): Guidance for the initial management of self-presenters from incidents involving hazardous materials’](#) 2019 (viewed on 31 October 2024)

Joint Emergency Service Interoperability Programme. [‘Initial Operational Response IOR to Incidents Suspected to Involve Hazardous Substances or CBRN Materials’](#) 2024 (viewed on 31 October 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 in a well-ventilated area, preferably with its own ventilation system.

The patient should remove soiled clothing and wash him/herself if possible.

Contaminated clothing should be removed, double-bagged, sealed and stored safely to prevent escape of volatile substances.

Decontaminate open wounds first and avoid contamination of unexposed skin. Wash hair and all contaminated skin with liberal amounts of water (preferably warm) and soap.

Pay special attention to skin folds, fingernails and ears.

Dermal exposure

Decontaminate (as above) the patient following surface contamination.

If features of systemic toxicity are present manage as per ingestion.

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

Cover affected area with a clean non-adherent dressing.

Chemical burns should be reviewed by a burns specialist. Excision or skin grafting may be required.

Other 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 crystalloid (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.

Aerosols sprayed directly into the eye may cause corneal damage.

Other supportive measures as indicated by the patient's clinical condition. Ingestion
Maintain a clear airway and ensure adequate ventilation.

The benefit of gastric decontamination is uncertain. See [TOXBASE](#) for further advice.

Monitor vital signs check the capillary blood glucose.

Check and record pupil size.

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

Inhalation

Remove from exposure and give oxygen if symptomatic.

Maintain a clear airway and ensure adequate ventilation.

Monitor vital signs and check the capillary blood glucose.

Check and record pupil size.

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

Clinical decontamination and first aid references

National Poisons Information Service (NPIS). TOXBASE '[Pyridine](#)' 2021 (viewed on 31 October 2024)

National Poisons Information Service (NPIS). TOXBASE '[chemicals splashed or sprayed into the eyes - features and clinical management](#)' 2020 (viewed on 31 October 2024)

National Poisons Information Service (NPIS). TOXBASE '[skin decontamination - solvents](#)' 2019 (viewed on 31 October 2024)

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.

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