CS/PEPPER SPRAY OR TASER – GUIDANCE ON THE AFTERCARE OF PATIENTS

DECEMBER 2014

This policy supersedes all previous guidance on the aftercare of patients where CS Spray or Pepper Spray or Taser have been used.
# CS/Pepper Spray or Taser Aftercare Guidance – CL02 – January 2015

<table>
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<tr>
<th>Policy title</th>
<th>CS/Pepper Spray or Taser – Guidance on the Aftercare of Patients</th>
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<tr>
<td>Policy reference</td>
<td>CL02</td>
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<td>Policy category</td>
<td>Clinical</td>
</tr>
<tr>
<td>Relevant to</td>
<td>All wards and Residential Services within the Trust</td>
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<td>Date published</td>
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<td>December 2014</td>
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<td>January 2017</td>
</tr>
<tr>
<td>Policy lead</td>
<td>Simon Africanus Rowe, Clinical and Corporate Policy Manager</td>
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</tr>
<tr>
<td>Accountable director</td>
<td>Claire Johnston, Director of Nursing and People</td>
</tr>
<tr>
<td>Approved by (Group):</td>
<td>N/A</td>
</tr>
<tr>
<td>Approved by (Committee):</td>
<td>Quality Committee</td>
</tr>
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<td></td>
<td>20 January 2015</td>
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## Document History

<table>
<thead>
<tr>
<th>Date</th>
<th>Version</th>
<th>Summary of Amendments</th>
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<tr>
<td>Sep 2005</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Oct 2012</td>
<td>2</td>
<td>Pepper and Taser added</td>
</tr>
<tr>
<td>Dec 2014</td>
<td>3</td>
<td>No changes in national guidance. No incidents in the Trust reported for Pepper Spray or Tasers since 2011. Benchmark.</td>
</tr>
</tbody>
</table>

## Membership of the Policy Development/Review Team

- Anthony Aubrey, Local Consultant Management Consultant
- Acoisia Nyanin, Associate Director, Governance and Quality Assurance
- Craig Turton, Interim Clinical and Corporate Policy Manager
- Simon Africanus Rowe, Clinical and Corporate Policy Manager

## Consultation

- Medical Director, Director of Nursing, Deputy Directors of Nursing, Associate Divisional Directors, Divisional Clinical Leads, Matrons, Practice Development Nurses, Ward Managers, Team Leaders & Community Staff.
- Ward and Team Managers
DO NOT AMEND THIS DOCUMENT
Further copies of this document can be found on the Foundation Trust intranet.

Contents

1 Trust values 4
2 Policy and governance 5
3 Policy statement 5
4 Executive summary 6
5 Duties and responsibilities 7
6 Definitions 8
7 CS spray 9
8 Pepper spray 12
9 Taser 13
10 Record keeping 15
11 Dissemination and implementation arrangements 15
12 Training requirements 15
13 Monitoring and audit arrangements 16
14 Review of the policy 16
15 References 16
16 Associated documents

Appendix 1: Equality Impact Assessment 18
Appendix 2: Information sheet on use of CS spray 19
Appendix 3: Information sheet on use of pepper spray 21
1. **Trust values**

Camden and Islington NHS Foundation Trust developed its set of six values with more than 500 service users and members of staff.

Our values are important to us. They are our promise to patients as well as to each other that we will behave in a certain way, no matter what our job title is or how under pressure we feel.

Our commitment to our values makes us who we are. It gives our service users confidence that they will be treated in the most compassionate way possible as they go through their journey to recovery. It also gives us pride in the knowledge we are providing the best care.

Our values show that we are welcoming, respectful and kind. Professional in our approach. Positive in our outlook. Working as a team, we are your partner in care and improvement.

These values are part of a wider campaign, Changing Lives which is helping to drive up the standards of care across the Trust.

In simple terms our values assure our service users that:

- They will receive a warm welcome throughout the journey to recovery;  
- They, their dignity and their privacy will always be respected;  
- Their care will be founded on compassion and kindness;  
- They will receive high quality, safe care from a highly trained team of professionals;  
- We work together as a team to ensure they feel involved and offer solutions and choices – ‘no decision about you, without you’;  
- We are positive so they can feel hopeful and begin their journey of recovery knowing we will do our very best.

<table>
<thead>
<tr>
<th>Trust value</th>
<th>Yes/No</th>
</tr>
</thead>
<tbody>
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<td>They will receive a warm welcome throughout the journey to recovery</td>
<td>Yes</td>
</tr>
<tr>
<td>They, their dignity and their privacy will always be respected;</td>
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<td>We are positive so they can feel hopeful and begin their journey of recovery knowing we will do our very best.</td>
<td>Yes</td>
</tr>
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</table>
2. Policy and governance
A policy is an organizational statement of rules and standards which govern performance and actions required to be followed by those in employment by the Trust. A policy provides a framework for the Trust to work within and should specify actions which are required. A policy may include detailed procedures which supply standardized methods of performing clinical or non-clinical tasks by providing a series of actions to be conducted in a certain order to achieve a safe and effective outcome in a consistent method by all concerned.

Policies should take account of existing good quality evidence. The Whittington Health Library provides a library service to the Foundation Trust and can assist with literature searches and finding evidence to inform policy and practice. For more information please contact:

Richard Peacock
Librarian
Whittington Health Library
020 7288 3607
richardpeacock@nhs.net

Good governance lies at the heart of all successful organizations. Good governance helps protect the Trust, its staff and service users from poor decisions and exposure to risks. All Trust policies must be compliant with the relevant statutory legislation, e.g.: the Mental Health Act 1983 (which was amended in 2007) and national expectations, e.g.: the NHS Litigation Authority Risk Management Standards 2012-13.

A policy which has not been scrutinized and approved by the appropriate Trust committee but is being used by staff could lead to poor practice being delivered which could potentially harm service users and have consequences for staff. It is therefore essential that in either developing or revising a policy, managers ensure that the proper governance procedures have been followed. By following the correct governance procedures, we all help to reduce risk and assure safe and effective care is delivered to service users.

3. Policy statement
CS spray, pepper and taser are authorised for use in the Metropolitan Police Service. These were introduced following extensive trials, which were deemed to be a success as injuries and assaults on officers were reduced nationally.

CS spray, is issued to all uniformed police officers. Only specially trained fire arms officers have access to taser and pepper spray is only used by the British
Transport police. Cases in which spray, pepper or taser have been used are stringently monitored to ensure that they are used in line with Police Service policy.

The training given to police officers emphasises that the use of CS spray, pepper spray and taser are uses of force and as such individual officers are personally responsible for their actions if they decide to use them. As with the use of all other types of force the circumstances must be such that using the CS spray, pepper or taser was both reasonable and necessary.

CS spray, pepper and taser are issued to officers to provide them with a tactical advantage in a violent encounter and are therefore designed for dealing with an individual who cannot otherwise be restrained. In acute units it is often in these circumstances that police assistance would be requested to help nursing and medical staff manage a serious incident safely. It is therefore possible that the police may choose to use CS spray, pepper spray or taser in a particular situation.

4. Executive summary
The aim of this policy is to clarify the aftercare for someone who has been sprayed with CS or pepper spray, or incapacitated by taser.

After reading this policy staff will:

- understand the role of the police;
- be able to work cooperatively with them when CS/pepper spray or Taser is used;
- reduce any unwanted effects by caring for the person physically;
- reduce the unwanted effects on the immediate environment;
- monitor the person concerned;
- know when to seek assistance;
- be aware of the need to report the incident via the Trust’s datix reporting system.

This policy applies when CS spray, pepper spray or taser have been used by the police in response to a call for assistance by trust staff on Trust premises.
5. Duties and responsibilities

The Chief Executive has ultimate responsibility for ensuring that mechanisms are in place for the overall implementation, monitoring and revision of policy.

The Associate Director, Governance and Quality Assurance, via the Clinical and Corporate Policy Manager, is responsible for ensuring:

- Dissemination and implementation of the policy
- Identification of any resource implications to enable compliance
- Training and monitoring systems are in place
- Regular review of the policy takes place.

Associate Divisional Directors are responsible for implementation of the policy within their own spheres of management and must ensure that:

- All new and existing staff have access to and are informed of the policy
- Ensure that local written procedures support and comply with the policy
- Ensure the policy is reviewed regularly
- Staff training needs are identified and met to enable implementation of the policy.

All Trust staff are responsible for ensuring that they:

- Are familiar with the content of the relevant policy and follow its requirements
- Work within, and do not exceed, their own sphere of competence.

Duty Nurse/Staff member in charge – who is responsible for coordinating the response to an incident on Trust premises, may decide that support is needed from the police. The decision to call the police into any of the inpatient units rests with the duty nurse/staff member in charge coordinating the incident, in consultation with as many others as is practical. When police officers arrive they must be briefed as to the imminent risks posed. S/he will coordinate the response to the incident with the police and ensure that the incident is reported via the Trust’s datix reporting system.

In extreme circumstances, the attending police may decide that in the interest of safety the best course of action is to use CS spray or Taser. Please note that while all uniformed police officers carry CS spray, only armed officers carry
tasers. Additionally only members of the British Transport Police carry pepper spray and may use this.

Police officers and Trust staff need to work together to clear the immediate vicinity so that there are as few bystanders as possible to minimise the effects of cross contamination.

- When using **CS spray** the officer will usually shout “GET BACK” to the subject before using the spray but in practice the tactical use may eliminate any warning.
- Staff should turn away, hold their breath and move away from the target area, only returning when informed by police that it is safe to do so.
- When **taser** or **pepper spray** are being considered, it will usually be in an emergency situation and the police are trained to avoid hitting innocent bystanders.

**Local Security Management Specialist** - all events leading to the use of CS spray or taser must be reported to the Local Security Management Specialist who will coordinate the follow up to the incident with the police.

**Medical staff** - medical staff should help to ensure the patient is comfortable after the use CS/pepper spray or taser.

### 6. Definitions

- **CS spray** – an incapacitant spray with a concentration of 5% CS dissolved in a liquid solvent (Methyl IsoButyl Ketone with a nitrogen propellant.
- **Pepper spray** - PAVA incapacitant spray with a 0.3% concentration of PAVA in a solvent mix of 50% Ethanol and 50% Water.
- **Taser** – an electrical weapon which discharges two dart-like electrodes with barbs which pierce the skin and delivers an electrical current to disrupt voluntary control of muscles resulting in temporary incapacitation
7. CS spray
The effects of CS spray are usually experienced within 10-15 seconds and it has a range of about 15ft. However, there is variation between individuals and some trials have shown that up to one in ten may not experience any effects at all.

The effects are temporary and reversible and usually last about 15 minutes for the individual and about 45 minutes for the immediate environment.

CS itself is a white solid, which is mixed with a solvent to form a solution that it can be sprayed. When this happens, the solvent evaporates leaving the particles in the air very close to the person sprayed. These particles will be inhaled and make contact with the sensory receptors in the skin, eyes and the membranes of the mouth, nose and upper respiratory tract. It is this contact that causes the most common effects such as:

- pain and discomfort;
- excessive watering of the eyes;
- burning sensation in the nose and throat;
- excess salivation;
- burning and constriction of the chest;
- sneezing and coughing;
- stinging and burning sensation on exposed skin.

Although distressing, these effects can be reduced both by prompt action prior to using the spray and by caring for the person in the immediate period following the spray.

All uniformed police officers carry CS spray.
7.1 Effective aftercare following the use of CS spray

Effective aftercare begins as soon as the spray has been used and can be divided into the needs of the person who has been sprayed and the ward environment (see Appendix 2 – Metropolitan Police Service – Information for Persons when CS Incapacitant Spray has been used).

7.2 The Needs of the Patient

- Approach the patient as soon as you are advised to by the police officer;
- Wear gloves when in contact with the patient and their clothing and dispose of the gloves carefully afterwards;
- Tell the patient to keep their hands away from their face. The tendency will be to automatically rub the eyes and face but doing so increases the area contaminated and raises the temperature of their skin, which will increase the burning sensation;
- Assess the need for restraint if necessary using recognised control and restraint techniques;
- Keep the channels of communication open. The patient’s hearing is likely to be impaired by the spray, so instructions must be loud and clear. Reassure the patient that the effects are only temporary (normal recovery will be within 10-15 minutes) and clarify the effects he/she can expect;
- Move the patient to an uncontaminated part of the ward as soon as it is assessed as safe to do so. This is preferable to standing them by an open window, because it is possible to blow particles of spray back into the room and risk contaminating others;
- Minimise the risk of positional asphyxia by encouraging the patient to sit upright and breathe normally as soon as possible. Positional asphyxia is a potentially life threatening condition associated with restraint which can happen when a number of factors such as pressure on the chest,
existing chest conditions, restraint positions and other factors impairing a patient’s ability to breathe occur in combination;

- Check if patient is wearing contact lenses and if so advise to remove them;

- Encourage the patient to wash the face with copious amounts of cool tap water, preferably over a sustained period of three to four minutes, as soon as is practicable;

- Monitor pulse and blood pressure;

- Offer patient a change of clothing;

- Air the clothing that patient had been wearing by hanging it up outside. Do not wash the clothes until this has been done.

7.3 **The environment**

- Allocate a member of staff to be with other patients and to reassure other patients regarding CS spray;

- Open as many windows as possible to ventilate the area and use a fan if available;

- Prevent others from coming into the area where spray has been used for about 45 minutes.

7.4 **Adverse Reactions**

The Metropolitan Police Service trials have not reported any incidents of adverse reactions as a direct result of CS spray or of people failing to recover from its effects for an excessive period of time. It is however very important that anyone sprayed on an inpatient unit is closely monitored. A doctor should examine the patient as soon as practicable after use of CS Spray.
If there is felt to be any cause for concern, advice can be sought from Guy’s Poisons Unit – telephone number 020 7771 5370 or the nearest accident and emergency department.

8. Pepper spray
Pepper spray - PAVA incapacitant spray with a 0.3% concentration of PAVA in a solvent mix of 50% Ethanol and 50% Water.

8.1 Effects on the patient
The effects of pepper spray are to cause discomfort to the eyes and a burning sensation to the skin. If a patient swallows any they should not experience any internal discomfort, although their mouth will feel as though they have eaten something very spicy. Most symptoms will subside of their own accord within 30 to 45 minutes of being exposed. It may cause the skin to go red and feel hot and remain so for up to 1 hour, when normal colour will start to return.

If the symptoms continue, then washing/bathing the face and eyes in cool, clean running water should bring rapid relief. If PAVA has got into the eyebrows, hair or beard it is possible that it could re-activate the first time that it is exposed to water, for example; taking a shower the next day. The effect will not be as strong and can be avoided by keeping the eyes tightly closed whilst washing and rinsing the area thoroughly. If symptoms persist, a doctor should be consulted and the patient provided with the information in Appendix 3.

Pepper spray may cause damage to certain types of contact lens. If the patient has problems with their lenses, they should consult an optician, taking the information in Appendix 3 with them.

**Clothing** - Clothing that has been sprayed with PAVA should be washed separately to other clothing. Clothing can be cleaned in the conventional way using normal washing powder or liquid.

**Skin reactions** - The spray is a 50:50 mixture of ethanol and water. There should be no other reactions to the skin as a result of this solvent, but if a patient is concerned for any reason they should consult a doctor and give the doctor (?) the information at Appendix 3.
8.2 Effects to the environment where PAVA (pepper spray) has been used

Advice on de-contamination of affected areas:

PAVA incapacitant poses very little in the way of contamination problems. The basic principles of decontamination are as follows:

- It is possible that PAVA residue may remain on a surface or article for a period of time unless decontamination takes place. However, PAVA is the synthetic equivalent of the active ingredient in chilli pepper extract and it degrades naturally within a relatively short space of time. The ethanol in which PAVA is dissolved evaporates quickly without leaving a trace.

- A well-ventilated room will normally clear of air borne PAVA spray droplets within 30 minutes. To enhance decontamination, windows and doors should be left open during this period.

- Contaminated surfaces should be washed with warm soapy water. There is absolutely no risk to the skin if residue gets on the hands. If this happens avoid touching your face until you have washed your hands with soapy water. PAVA is a compound found in hot chilli peppers and will cause sensitive skin areas to feel hot.

- Clothing that has been sprayed with PAVA should be washed separate to other clothing. PAVA is washed out through normal methods of cleaning.

9. Taser

Only specially trained firearms officers have access to Tasers. Effective after care begins as soon as patient has been incapacitated.

With a current of 0.162 Amperes, a taser discharge is too low to interfere with heart pacemakers or cause cardiac arrhythmia. There will typically be two pinprick wounds from the barbs, which may be accompanied by small circular burns. These are likely to resolve in a few days without complications. Falls as a result of Taser may result in cuts and/or bruises. Most subjects collapse in a semi-controlled manner, which mitigates the risk of head injury.
9.1 Effective aftercare when a Taser has been used

- The firearms officers will explain to the person that he or she has been "tasered". **Trust staff must not attempt to remove the barbs from skin**; because only a medical professional can remove them, the patient should be transferred to a local acute hospital for removal.

- Trust staff, in liaison with the police, will make a decision as to whether the perpetrator will be arrested or if it is safe for them to remain as a patient in the Trust.

9.2 Person remains as patient in the Trust

If the patient is to remain in the Trust they should be taken to an acute hospital where the ‘barbs’ will be removed. Police and staff must consider the position of the barbs when they position the patient, so that they don't cause further injury. If they are only attached to clothing the ‘barbs’ may be carefully removed by police.

9.3 Person is arrested by police

- The subject should transferred to acute hospital if the barbs have caused injuries to their face or genitals, or if they indicate that they have a heart condition or any implanted devices (e.g. a pacemaker). Otherwise, he or she can be taken to a police station.

- Consider the position of the barbs when you position the patient, so that they do not cause further injury.

- Anyone who has been "tasered" should be seen by the FME, whether or not they have been to hospital.

- At the police station, the Custody Officer should be informed that the person has been the subject of a taser discharge and carry out the same cell supervision that they would for someone who had consumed alcohol or drugs.
9.4 The after effects of taser
With a current of 0.162 Amperes a taser discharge is too low to interfere with heart pacemakers or cause cardiac arrhythmia. There will typically be two pinprick wounds from the barbs, which may be accompanied by small circular burns. These are likely to resolve in a few days without complications. Falls as a result of taser may result in cuts and/or bruises. Most subjects collapse in a semi-controlled manner which mitigates the risk of head injury.

10. Record keeping
Full details of the incident must be recorded in the RiO notes, including the specific physical effects from the use of the CS spray or taser and the physical observations taken.

The incident form completed on datix must make specific reference to the fact that CS spray/ taser was used during the incident and the specific physical effects experienced must be detailed together with any treatment needed. Separate forms would need to be completed for any bystanders who were affected. In this way the use of CS spray can be audited without the need for additional audit forms.

11. Dissemination and implementation arrangements
This document will be circulated to all Associate Directors and Team/Ward managers who will be required to cascade the information to members of their teams. It will be posted on the Intranet to all staff.

Staff requiring further information on this policy should refer to the Local Security Management Specialist.

12. Training requirements
There are no training requirements relevant to understanding and implementation of this policy.

13. Monitoring and audit arrangements
### Elements to be monitored

<table>
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<th>Lead</th>
<th>How Trust will monitor compliance</th>
<th>Frequency</th>
<th>Reporting Which committee or group will the monitoring report go to?</th>
<th>Acting on recommendations and Lead(s)</th>
<th>Change in practice and lessons to be shared</th>
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<tr>
<td>LSMS</td>
<td>Review of Datix form and RiO notes.</td>
<td>As used</td>
<td>Audit and Risk Committee</td>
<td>Any required actions will be identified and completed in a specified timeframe</td>
<td>Any required changes to practice will be identified and actioned within a specific timeframe. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders</td>
</tr>
</tbody>
</table>

| The use of CS spray, pepper and taser |

14. **Review of the policy**

This policy will be reviewed in January 2016

15. **References**


16. Associated documents

• PHA51 Prevention and Management of Violence and Aggression (November 2014)
• RM05 Management of Serious Incidents (May 2014)
## Equality Impact Assessment Tool

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<thead>
<tr>
<th>Question</th>
<th>Yes/No</th>
<th>Comments</th>
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<tr>
<td>1. Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
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<tr>
<td>Race</td>
<td>No</td>
<td></td>
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<tr>
<td>Ethnic origins (including gypsies and travellers)</td>
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<td></td>
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<tr>
<td>Nationality</td>
<td>No</td>
<td></td>
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<tr>
<td>Gender</td>
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<td>Culture</td>
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<td>Religion or belief</td>
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<td></td>
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<td>Sexual orientation including lesbian, gay and bisexual people</td>
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<td></td>
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<tr>
<td>Age</td>
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<td>Disability - learning disabilities, physical disability, sensory impairment and mental health problems</td>
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<tr>
<td>2. Is there any evidence that some groups are affected differently?</td>
<td>No</td>
<td></td>
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<tr>
<td>3. If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</td>
<td>N/A</td>
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<td>4. Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
<td></td>
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<tr>
<td>5. If so can the impact be avoided?</td>
<td>No</td>
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<tr>
<td>6. What alternatives are there to achieving the policy/guidance without the impact?</td>
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<td>7. Can we reduce the impact by taking different action?</td>
<td>No</td>
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Appendix 2

METROPOLITAN POLICE SERVICE
Form 3148A
Information for Persons when CS Incapacitant Spray has been used

A CS incapacitant spray with a concentration of 5% CS dissolved in a liquid solvent (Methyl IsoButyl Ketone with a nitrogen propellant) has been used by the Metropolitan Police Service. It is possible that some residue may remain on surfaces or articles.

To help remove the residue, you should:

- Open windows and doors for at least 45 minutes
- If effects persist, wash surfaces or clothing with detergent or hot soapy water, and then rinse with copious amounts of water. It is advisable to wear disposable rubber gloves.

In shop premises where it is suspected that a product, particularly food, has been contaminated, you should remove the product from display and refer to the shop policy.

What happens when someone is exposed to CS?

When a person is exposed to CS the effects can vary depending on the level of exposure and the person concerned. However, they may experience the following symptoms:

- pain and discomfort in the eyes, which can cause excessive watering
- involuntary spasm of the eyelids, leading to blinking or closing of the eyes
- a burning sensation in the nose and throat
- a running nose or dribbling from the mouth
- a burning sensation and tightening of the chest
- sneezing, coughing or retching and a difficulty in breathing
- stinging or burning sensation on exposed skin. Skin may go red after 6-8 hours. There may be flaking or blistering, which could continue for up to a week. If so, consult your doctor. Take this sheet with you. Avoid shaving/cosmetics/aftershave/perfume.

**Anyone coming in contact with CS may display some or all of the above symptoms.**

You should not rub your eyes or skin as this may make it worse. You should move outside into fresh air and try to breathe normally.

**How long will the effects last?**

The symptoms described above will usually wear off within 15 minutes. If symptoms persist medical assistance should be sought

If you require further information please contact your local police station.
Appendix 3

Information sheet for actions to be taken following the use of pepper spray

1. Information for people where pepper spray - pava incapacitant spray has been used

You have been sprayed with: Pelargonic Acid Vanillylamide (PAVA/Nonivamide) - CAS No 244 - 46 – 4 at a concentration of 0.3% in a 50 / 50 solvent of Ethanol and Water with a Nitrogen propellant.

This may have the following effects:

This will cause discomfort to the eyes and a burning sensation to the skin. If you have swallowed any you should not experience any internal discomfort at all although your mouth will feel as though you have eaten very spicy food such as curry.

Most symptoms will subside of their own accord within 30 to 45 minutes of being exposed. It may cause your skin to go red and feel hot and remain so for up to 1 hour, when normal colour will start to return. This is normal as PAVA stimulates blood circulation giving similar effects to the use of muscle pain relief cream.

If the symptoms continue, then washing / bathing the face and eyes in cool, clean running water should bring rapid relief. If PAVA has got into the eyebrows, hair or beard it is possible that it could re-activate the first time that it comes into contact with water. For example when taking a shower the next day. The effect will not be as strong and can be avoided by keeping the eyes tightly closed and washing and rinsing the area thoroughly. If symptoms persist you should consult your doctor. Take this sheet with you.

Contact lenses -PAVA may cause damage to certain types of contact lens. If you have problems with your lenses, you should consult an optician. Take this sheet with you.

Clothing - Clothing that has been sprayed with PAVA should be washed separate to other clothing. Clothing can be cleaned in the conventional way using normal washing powder or liquid.

Ethanol and Water mix: This is a 50 \ 50 mixture. There should be no other reactions to your skin as a result of this solvent. If you are concerned for any reason you should consult your doctor. Take this sheet with you.
2. **Information sheet for owners / occupiers of premises where pepper spray - pava incapacitant spray has been used**

*PAVA incapacitant spray with a 0.3% concentration of PAVA in a solvent mix of 50% Ethanol and 50% Water has been used within these premises.*

**Advice on de-contamination of affected areas:**

PAVA Incapacitant poses very little in the way of contamination problems. The basic principles of decontamination are as follows:

- It is possible that PAVA residue may remain on a surface or article for a period of time unless decontamination takes place. However, PAVA is the synthetic equivalent of the active ingredient in chilli pepper extract and it degrades naturally within a relatively short space of time. The ethanol in which PAVA is dissolved evaporates quickly without leaving a trace.

- A well ventilated room will normally clear of air borne PAVA spray droplets within 30 minutes. To enhance decontamination, windows and doors should be left open during this period.

- Contaminated surfaces should be washed with warm soapy water. There is absolutely no risk to the skin if residue gets on the hands. If this happens avoid touching your face until you have washed your hands with soapy water. PAVA is a compound found in hot chilli peppers and will cause sensitive skin areas to feel hot.

- Clothing that has been sprayed with PAVA should be washed separate to other clothing. PAVA is washed out through normal methods of cleaning.

- In shop premises, if it is suspected that any product or other article has been contaminated, it is advised that the product be removed from display and shop policy referred to.