Riot Control Agents
Patient Management Algorithm

Ambulatory patients

Hospital referral criteria: Bronchospasm or sustained severe coughing, persistent eye pain or visual symptoms, ongoing severe skin symptoms or blistering burns

Primary evaluation:
Evaluate Airway, Breathing, Circulation, Disability
Begin treatment for patients with wheezing (see Riot Control Treatment Guideline).
Utilize standard staging and triage if appropriate.
Begin any immediately necessary trauma/critical care.
Medical care supersedes decontamination.

Secondary evaluation with special attention to eyes and skin

Persistent signs/symptoms: Decontamination

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Pre-hospital providers PPE:
- Typical universal PPE should be utilized
- Splash-proof PPE including eye protection when helping decontaminate patients.
- Rarely may require respirator use if high concentrations on patients (PAPR with filter for riot control agents / charcoal filter or SCBA).

Asymptomatic patients, or resolution of symptoms following decontamination,
Soap and water shower to be taken at home
Follow-up with Primary Physician in next 1-2 days as needed for persistent symptoms
Emergency Department evaluation for any new or worsening symptoms

Dry Decon kits, if available to first responders may be used as instructed
Place contaminated clothing and objects into plastic bag, then sealed.

Decontamination
1. Remove any contaminated clothing, jewelry, remove contact lenses if present.
2. Place contaminated clothing and objects into plastic bag, then sealed.
3. Decontamination
   Skin: Whole body irrigation with copious water or soap/water to skin. Consider using 25% dish soap mixed with 75% water.
   Eyes: Copious eye irrigation with sterile saline or water (tap water is sufficient)

If persistent skin/eye irritation despite initial decontamination:
Skin: Continue irrigation with water and/or soap and water
Eyes: Continue irrigation with sterile saline or water. Consider eye examination with fluorescein stain to evaluation for corneal abrasion