



An Garda Síochána
HQ Directive No. 047/2012

Policy title	Incapacitant Spray Policy.
Policy owner	The Garda Commissioner.
Policy application	This policy applies to all members of An Garda Síochána.
Cancellations, amendments and associated documents	The following Garda Code Chapters/HQ Directives are cancelled: <ul style="list-style-type: none">▪ HQ Directive 138/09▪ HQ Directive 88/11
Approving authority	The Garda Commissioner.
Policy author(s)	Garda Use of Force Policy Project Team.
Compliance	This policy has been drafted in accordance with the Constitution of Ireland, 1937 and the requirements of the European Convention on Human Rights Act 2003.
Commencement date	This policy will take effect on the date of issue of HQ Directive 047/2012.
Previous review dates	The initial review of this policy will occur 12 months from its commencement.
Future review date	This policy shall be reviewed annually.
Version control	Version 5.0
Key related policies	This policy shall be read in conjunction with the: <ul style="list-style-type: none">▪ Overarching Use of Force Policy.

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1 POLICY RATIONALE

- 1.1 An Garda Síochána is the National Police Service of Ireland. An Garda Síochána is given powers under Irish statute and common law to use force when necessary. Without these and other powers, it would not be possible for An Garda Síochána to perform the functions as set out in the Garda Síochána Act 2005.
- 1.2 It is the aim of An Garda Síochána to uphold and protect the human and constitutional rights of everyone by providing a high quality, effective policing service in partnership with the community and in co-operation with other agencies. In carrying out their duties, members of An Garda Síochána shall, as far as practicable and in so far as the circumstances dictate, consider non-physical means before resorting to the use of force/incapacitant spray.
- 1.3 Members of An Garda Síochána will only resort to the use of force if there is no realistic prospect of achieving the lawful objective without exposing members of An Garda Síochána, or anyone whom it is their duty to protect, to a real risk of harm or injury.
- 1.4 *The fundamental principle underpinning this policy is that any action taken which requires a member of An Garda Síochána to use an incapacitant spray must comply with the fundamental principles of legality, necessity (absolute necessity in terms of lethal force), proportionality and accountability and is applied in a non-discriminatory manner in accordance with the principles of the European Convention on Human Rights (ECHR).*
- 1.5 This policy should be read in conjunction with the Overarching Use of Force Policy document.
- 1.6 In carrying out their functions in accordance with this policy members of An Garda Síochána shall act with due respect for the personal rights of persons and their dignity as a human being and shall not subject any person to ill-treatment of any kind.

- 1.7** This policy has been drafted in accordance with the principles of human rights legislation.

2 POLICY AIMS

- 2.1** This document sets out An Garda Síochána's policy on the use of force and incapacitant spray. This includes both planned operations and incidents that require a spontaneous response that are encountered and dealt with by An Garda Síochána on a daily basis. The aim of this policy is to:

- 2.1.1** ensure that members of An Garda Síochána respect the human rights of all individuals,
- 2.1.2** ensure that members of An Garda Síochána adhere to all applicable laws and regulations, training, policy and guidelines when using incapacitant spray in the course of their duties,
- 2.1.3** ensure that members of An Garda Síochána can safely and effectively carry out their statutory and common-law duties and have the appropriate means to effectively deal with persons who or incidents which pose a threat to the public, members of An Garda Síochána or themselves,
- 2.1.4** ensure that the risks associated with arresting violent and otherwise non-compliant subjects are minimised,
- 2.1.5** provide direction to all members of An Garda Síochána with respect to the use of their incapacitant spray generally, and to the equipment provided to assist in carrying out their duties,
- 2.1.6** ensure that members of An Garda Síochána accurately record, provide accounts and report any use of incapacitant spray in the course of their duties, and the rationale for such use in accordance with Paragraph 26 of this policy.

3 STATEMENT OF POLICY

- 3.1** The primary responsibility for the use of force rests with the individual member of An Garda Síochána who is ultimately answerable to the law. Individual members are accountable for whatever force they use and must be in a position to

justify their actions in light of their legal responsibilities and powers. Apart from the criminal law, there may follow a civil suit, or complaints may be made against individual members.

- 3.2 Every effort should be made to resolve an incident without resorting to the use of force. It is the duty of members of An Garda Síochána to be aware of their responsibilities regarding the use of force in the course of his/her duties as set out in An Garda Síochána's Overarching Use of Force Policy document and comply with same.

4 LEGAL BASIS

The legal basis governing the use of force by members of An Garda Síochána in response to an incident is outlined in the Overarching Use of Force Policy. The law relating to use of force is principally contained in the Constitution of Ireland 1937, the ECHR and the Non Fatal Offences Against the Person Act 1997.

5 TRAINING

All members of An Garda Síochána will comply with An Garda Síochána's policy regarding training, this policy and the Overarching Use of Force Policy in respect of the use of incapacitant spray. All qualified members of An Garda Síochána will be required to undergo retraining every three years in the use of incapacitant spray. The Director of Training shall put in place the necessary arrangements to meet this requirement.

6 THE GARDA DECISION MAKING MODEL

- 6.1 The Garda Decision Making Model aims to provide members of An Garda Síochána with a decision making process which will enable them to determine, explain, and justify the reasons for their decisions, actions, any use of force, and level of force applied in a given circumstance.

- 6.2** The Garda Decision Making Model is driven by information and intelligence, and is a continuous cycle, constantly subjected to review in light of new information and assessment that will affect the response to the incident or operation.

Diagram : The Garda Decision Making Model



7 PLANNING OF OPERATIONS

All members of An Garda Síochána will comply with An Garda Síochána's policy regarding the planning of operations as set out in the Overarching Use of Force Policy document.

8 DESCRIPTION OF INCAPACITANT SPRAY

- 8.1** The Incapacitant Spray on general issue to An Garda Síochána is an Oleoresin Capsicum (OC) Spray. It is commonly known as 'Pepper Spray'.
- 8.2** Incapacitant Spray is dispensed from a hand held canister in a directional liquid stream that contains a 10% solution of OC in a water based carrier solution. The propellant is nitrogen gas.

- 8.3** The overall formulation contains a concentration of 0.33% major capsaicinoids, which is the active ingredient within the OC solution. This concentration is normally sufficient to minimise a person's capacity for resistance without unnecessarily prolonging their discomfort.
- 8.4** The liquid stream is a directional spray pattern and has a maximum range of approx to 4-5 metres in ideal conditions. Maximum accuracy, however, will be achieved at distances less than the maximum range.
- 8.5** Incapacitant spray should not be used at a distance of less than one meter unless the nature of the risk is such that this cannot be avoided.

9 EFFECTS OF INCAPACITANT SPRAY

- 9.1** OC is classified as an inflammatory agent affecting all contaminated skin and tissue and causing severe pain.
- 9.2** The main physiological effects are:
- 9.2.1** Involuntary closure of the eyes
 - 9.2.2** Tearing and repeated blinking of the eyes
 - 9.2.3** Inflammation of the respiratory tract
 - 9.2.4** Inflammation of all exposed skin and tissue (primarily the facial area - eyes, mouth and nose)
- 9.3** The effects of exposure to Incapacitant Spray can vary from person to person. It may not take effect immediately. This should be factored into a member's response.
- 9.4** In a normal healthy individual, exposure to cool and fresh moving air and clean water, if available, will generally result in a significant recovery from the effects of Incapacitant Spray within 20-30 minutes, with full recovery normally being achieved within 45-60 minutes.

10 ISSUE, STORAGE, REPLACEMENT AND DISPOSAL OF INCAPACITANT SPRAY

The issue of Incapacitant Spray should not be regarded as a replacement for other routinely issued protective equipment, but rather one of a number of tactical options. Members of An Garda Síochána may need to resort to the use of another item of equipment if an Incapacitant Spray is used but does not have the effect intended. Fundamentally the level and extent of the force used must be reasonable and proportionate to the circumstances.

11 ISSUE OF INCAPACITANT SPRAY TO ATTESTED MEMBERS OF AN GARDA SIOCHANA

- 11.1** Training for members in the use of Incapacitant Spray is mandatory. Members of An Garda Síochána will sign a form in acknowledgment of the training received and whether or not they have passed the training course.
- 11.2** Members of An Garda Síochána who have successfully completed the designated training course will be allocated a personal issue Incapacitant Spray and an appropriate holster, for use only when on duty.
- 11.3** Student Gardaí will receive training in Incapacitant Spray as part of the Student /Probationer programme. Incapacitant Spray will be issued to such personnel on their allocation to their stations. The Liaison Inspector will issue such members with Incapacitant Spray from the Divisional Reserve Pool. The Liaison Inspector will make arrangements to have the Divisional Reserve Pool replenished from Central Stores by the required amount.

12 ISSUE OF INCAPACITANT SPRAY TO GARDA RESERVE MEMBERS

- 12.1** Training for members of Reserve Garda Rank is mandatory.

- 12.2** On commencement of duty, members of the Garda Reserve, who have successfully completed the designated training course, will be allocated an Incapacitant Spray and appropriate holster from the Reserve Pool and a record will be made in the Reserve Pool Log Book. Where secure storage is provided to Garda Reserve members they may retain the Incapacitant Spray canister and store same in the secure locker on termination of each tour of duty.
- 12.3** Where secure storage facilities are not provided to Garda Reserve members they will be allocated an Incapacitant Spray and appropriate holster from the Reserve Pool and a record will be made in the Reserve Pool Log Book. Unless the incapacitant spray canister is used or damaged the same incapacitant spray canister will be issued to Garda Reserve members on the commencement of each tour of duty. On completion of duty the Incapacitant Spray will be returned to the Reserve Pool and a record made in the Reserve Pool Log Book. The Reserve Member at the conclusion of a tour of duty must declare that the Incapacitant Spray allocated to him/her on commencement of duty has not been used or damaged during the tour of duty.

13 DIVISIONAL RESERVE POOL

- 13.1** Each Divisional Officer will assign a Divisional Liaison Inspector to manage the Divisional Reserve Pool of Incapacitant Spray canisters.
- 13.2** The Divisional Liaison Inspector will assign responsibility to a Sergeant in each District/Specialist Section for the maintenance/ secure storage/ administration and records of the District's/Specialist Section's Reserve Pool of Incapacitant Spray.
- 13.3** The Reserve Pool will be used for:
- 13.3.1** Day to day allocation of Incapacitant Spray to Reserve Gardaí.
 - 13.3.2** Replacement of Incapacitant Spray used on duty.
 - 13.3.3** Replacement of lost, stolen or damaged Incapacitant Spray canisters.

- 13.4** An administrative system will be put in place for the issue and return of Incapacitant Spray from the Reserve Pool. Each canister has a unique serial number. This system provides an ‘audit trail’ for canisters held at, issued from and returned to the Reserve Pool.
- 13.5** To this end, the Divisional Liaison Inspector will cause a Reserve Pool Log Book (see Appendix A) to be in place for each District/Specialist Section. The Log Book will contain the following sections:
- **Section 1**
Routine day to day allocation of Incapacitant Spray canisters to Reserve Gardaí
 - **Section 2**
Replacement issues for permanently allocated Incapacitant Spray canisters which have been used on duty, lost, stolen or damaged.
- 13.6** A canister that has been used operationally should be removed from service and, where appropriate, retained for evidential purposes.
- 13.7** Cognisance will be taken of the evidential requirements of criminal proceedings and investigations by the Garda Síochána Ombudsman Commission.
- 13.8** Any instructions issued as to final disposal of Incapacitant Spray following the conclusion of such proceedings or investigations will be complied with, and canisters will be disposed of in line with current Garda guidelines.
- 13.9** Divisional Liaison Inspectors will ensure that Incapacitant Spray canisters which are required for evidential purposes are not disposed of prematurely.
- 13.10** Lost, stolen or damaged Incapacitant Spray canisters will be reported immediately by the member concerned.
- 13.11** Replacement canister will not be issued from the Reserve Pool until the written report is received by the member’s supervisor.

13.12 Only members of Sergeant Rank or higher may issue canisters from the Divisional Reserve Pool.

13.13 Completed Log Books will be retained at District Level.

14 STORAGE OF INCAPACITANT SPRAYS

14.1 The provisions of the Safety Health & Welfare at Work Act, 2005 will be complied with when storing Incapacitant Spray.

14.2 Manufacturer's guidelines for the storage of Incapacitant Spray will be complied with. No special storage arrangements are required, other than storage in cool, dry conditions at normal room temperature.

14.3 Incapacitant Spray will be stored in members Tetra radio lockers. Where Tetra lockers have not been allocated, Incapacitant Spray will be stored in a member's personal locker.

14.4 A risk assessment in relation to all aspects of Incapacitant Sprays should be prepared for inclusion in Divisional Safety Statements (Appendix B).

14.5 Members of An Garda Síochána will ensure that the Incapacitant Spray they are allocated is properly maintained and each member will be personally responsible for the safe and secure storage of his/her allocated Incapacitant Spray in accordance with current regulations.

15 DISPOSAL OF INCAPACITANT SPRAYS

15.1 The disposal of used Incapacitant Sprays will be strictly in accordance with current Garda Síochána guidelines.

- 15.2** Divisional Liaison Inspectors will arrange to locate collection bins at designated centres within their Division.
- 15.3** Where used Incapacitant Spray canisters are not required for evidential purposes, they can be disposed of in accordance with this policy document.
- 15.4** Divisional Liaison Inspectors will arrange to remove used Incapacitant Spray canisters to **Garda Central Stores, Santry Garda Station, Shanowen Rd., Dublin 9**, as needed and will issue a certificate (Appendix C) that those canisters have been forwarded.
- 15.5** The original Certificate will be forwarded with the canisters to the Garda central Stores.
- 15.6** A copy of the Certificate will be retained in the Divisional Office.
- 15.7** Under no circumstances will Incapacitant Spray canisters be disposed of by any method other than those set out in this policy document.

16 POSSESSION OF INCAPACITANT SPRAY

- 16.1** Possession of Incapacitant Spray off-duty is prohibited, except in circumstances authorised by a member of An Garda Síochána not below the rank of Superintendent.
- 16.2** It is mandatory for uniform personnel to carry the Incapacitant Spray in their designated pouch attached to the utility belt while on operational duties.
- 16.3** Garda personnel assigned to motor cycle duty will not carry the Incapacitant Spray canister or designated pouch on their person. The Incapacitant Spray canister and designated pouch will be carried in the secure pannier of the Garda motorcycle.

16.4 Plain clothes personnel will carry the Incapacitant Spray in their designated pouch when on duty in a manner appropriate to the nature of the duty being performed. Members of An Garda Síochána who are armed will also carry incapacitant spray and batons/ASP retractable batons in addition to official firearms.

17 USE OF INCAPACITANT SPRAY

17.1 Use of an Incapacitant Spray is one of a number of tactical options available to Gardaí when faced with violence or the threat of violence and it is reasonable to believe that such violence or threat of violence may result in injury to themselves or others, including self-harm by an individual.

17.2 A member of An Garda Síochána will be *deemed to have used incapacitant spray when it is discharged, including an unintentional discharge.*

17.3 Incapacitant Spray may be used to deter attacking animals where members reasonably believe that they or others are in danger of being injured.

17.4 Any use of Incapacitant Spray must be lawful in all the circumstances. The decision to use Incapacitant Spray is an individual one for which the member will be accountable.

17.5 Where Garda personnel are deployed together in numbers, Incapacitant Spray should not be drawn or used except on the express orders of the supervisor/member in charge.

17.6 Members should not rely on Incapacitant Spray to the exclusion of other tactical options. No incapacitant is universally effective and there may be individuals on whom it may only be partially effective, or on whom it may not be effective at all. Members of An Garda Síochána should avoid extended or repeat uses of Incapacitant Spray if it is ineffective and, in such circumstances, should be prepared to utilise other options.

- 17.7** It should not be used at a distance of less than one meter unless the nature of the risk is such that this cannot be avoided. The operating distance is the distance between the canister and the subject, not the distance between the member and the subject. Use within this range may cause injury to soft tissue due to the discharge pressure of the liquid. The area of most concern is the eyes. If used within this distance, Gardaí must be prepared to justify not only the use of the spray, but also their decision to use it within this range.
- 17.8** Its use against a subject armed with a firearm is inappropriate and should not be considered. Incapacitant Spray may not immediately incapacitate an armed subject and this would increase risks to all present.
- 17.9** Because of the effects of the spray, the decision to use it on a person in charge or control of a mechanically propelled vehicle must also be carefully considered.
- 17.10** Where a person is arrested in accordance with Section 49 Road Traffic Act 1961/2003, and the individual has been sprayed with an Incapacitant Spray, the advice of the Medical Bureau of Road Safety is as follows:
- “Based on the current available information, the use of ... incapacitant spray does not have any effect on an evidential breath test or roadside breath test. As with all breath tests, a period of at least 20 minutes should elapse between the use of the spray and carrying out of a breath test”.*
- 17.11** Use of an Incapacitant Spray at a public order event may have a profound impact on crowd dynamics with obvious implications for public safety and public order. The spraying of incapacitants in these circumstances may lead to cross contamination causing panic. Similarly, the use of Incapacitant Spray in crowded public areas may cause significant cross contamination and another use of force option may be more appropriate. The decision to use Incapacitant Spray against a person in these circumstances must be capable of subsequent justification.
- 17.12** Where practical and time permits, members should give a clear verbal warning of their intent to use Incapacitant Spray, giving sufficient time for the warning to be

observed, unless to do so would unduly place any person at risk, or would be clearly inappropriate or pointless in the circumstances of the incident.

17.13 The intention to use Incapacitant Spray should be communicated to colleagues in the immediate vicinity where possible in advance of its use.

18 AFTERCARE

18.1 Full instructions on the aftercare of a subject who has been exposed to Incapacitant Spray are provided in the approved training programme.

18.2 **Appendix G** contains the **Material Safety Data Sheet** for the Incapacitant Spray on issue to An Garda Síochána's Information Sheet.

18.3 A Material Safety Data Sheet (MSDS) is a document made available by the manufacturer or supplier advising on the components of a chemical or mixture, the precautions relating to same and the management of any adverse effects relating to same.

18.4 The MSDS in relation to incapacitant spray in use within An Garda Síochána is attached to this document. It will also be made available to medical personnel including doctors who visit stations and in Emergency Departments who may be involved in the management and treatment of person exposed to the spray who appear to suffer more protracted medical problems after exposure to spray.

18.5 **Appendix H** contains an **Information Sheet for Medical Practitioners** on the Incapacitant Spray on issue to An Garda Síochána.

18.6 Members of An Garda Síochána are instructed to make the material in both Appendix G and Appendix H available to Medical Professionals providing treatment to any person that is the subject to a discharge of an Incapacitant Spray.

19 IMMEDIATE AFTERCARE

- 19.1** It is imperative that a person exposed to Incapacitant Spray is properly restrained and removed from the area of contamination at the first opportunity.
- 19.2** Once it is established that the subject is breathing properly the member should ascertain whether the subject is suffering from any pre-existing medical conditions, which might include;
- 19.2.1** Heart problems
 - 19.2.2** Respiratory problems
 - 19.2.3** Epilepsy
 - 19.2.4** Diabetes
 - 19.2.5** High blood pressure
 - 19.2.6** Pregnancy

If a serious medical condition exists and the subject is distressed or complaining of disabling symptoms, seek early medical assistance.

- 19.3** In the context of Incapacitant Spray, members of An Garda Síochána should adhere to the Criminal Justice Act 1984 (Treatment of Persons in Custody in Garda Síochána Stations Regulations) 1987 and 2006, where the subject:
- 19.3.1** Is under the influence of drugs/alcohol
 - 19.3.2** Is experiencing significant breathing difficulty
 - 19.3.3** Requests medical attention
 - 19.3.4** Loses consciousness
 - 19.3.5** Is shallow breathing combined with sweating
- 19.4** Members of An Garda Síochána should provide verbal re-assurance as to the temporary effects of Incapacitant Spray and instruct the subject to breathe normally. This will aid recovery and lessen the risk of hyperventilation.

20 DECONTAMINATION PROCEDURE

- 20.1** If available, remove the resin from the facial area using wet and dry towels alternately.
- 20.2** If available, apply cool running water to the subject's eyes and facial area if his/her eye symptoms are persistent and he/she complains of persistent irritation to the face and skin.
- 20.3** Do not use commercial eyewash or creams. Creams will trap the resin in the skin causing increased pain.
- 20.4** If the subject is wearing contact lenses, allow him/her or medical personnel remove them. Under no circumstances should a member try to remove them.
- 20.5** The subject should be advised not to rub the burning areas, and particularly not to rub the eyes as this will aggravate the effects.
- 20.6** Expose the subject to fresh moving air, facing the subject into the wind.
- 20.7** Eye strobing - closing the eyes tightly and then opening them widely - will help to speed up recovery by creating natural tears.
- 20.8** The subject should begin to feel significant relief within 20 – 30 minutes. Most effects will have completely subsided within one hour. If the subject is not feeling significant relief after 45 minutes, seek early medical assistance.
- 20.9** Close monitoring of a subject throughout the recovery period is of utmost importance. It is essential that the subject's breathing be monitored. If the subject's breathing has been affected and they are having difficulty resuming normal breathing the provision of medical assistance must be given precedence over conveying the subject to the Garda Station.
- 20.10** If there are any signs of adverse or unusual reactions, then medical attention should be provided immediately.

21 POSITIONAL ASPHYXIA

- 21.1** Due regard should be given to the restraint and positioning of the subject so as not to compromise their ability to breathe. When a subject is placed in a position that prevents or impedes their breathing, and they cannot escape that position, then death can occur very rapidly.
- 21.2** The concept of Positional Asphyxia is outlined at Appendix D.
- 21.3** The concept of Positional Asphyxia is not specific to Incapacitant Spray.

22 EXCITED DELIRIUM SYNDROME

- 22.1** Excited Delirium Syndrome has been described as when a person exhibits violent behaviour in a bizarre and manic way rather than just being simply violent. This behaviour may be accompanied by hyper-activity, combativeness, periods of seemingly super-human strength, paranoid delusions, shouting, hallucinations and hyperthermia.
- 22.2** It can be observed most commonly in those suffering from drug intoxication, alcohol intoxication or psychiatric illness or a combination of these.
- 22.3** Persons displaying these symptoms can die suddenly during, or shortly after, a violent struggle.
- 22.4** The concept of Excited Delirium Syndrome is outlined at Appendix E.
- 22.5** The concept of Excited Delirium Syndrome is not specific to Incapacitant Spray.

23 AFTERCARE WHILE DETAINED AT A GARDA STATION

- 23.1** If the subject is detained in a cell they should be subjected to the same cell supervision provided for prisoners who have consumed alcohol or drugs. If any adverse reactions are observed, then medical assistance should be sought early. It is essential that the subject's breathing continues to be monitored.
- 23.2** If an individual suffers blistering or redness on the skin that persist for several hours then, in both cases, they should receive medical assistance.
- 23.3** **Generally, individuals who have been sprayed with Incapacitant Spray need not be routinely examined by a medical practitioner.** Such examinations will be at the discretion of the member in charge of the station in accordance with procedures relating to medical assistance as set out in the Criminal Justice Act 1984 (Treatment of Persons in Custody in Garda Síochána Stations Regulations) 1987 and 2006.
- 23.4** Any arrested person who has been sprayed with an Incapacitant Spray should be given an information leaflet (Appendix F) on the effects of Incapacitant Spray. They should be advised to seek medical attention if they experience any further related medical problems.
- 23.5** The provision of the information leaflet to a detained prisoner should be recorded in the Custody Record.
- 23.6** All aftercare offered or provided to a detained prisoner should be recorded in the Custody Record.

24 AREA DECONTAMINATION

- 24.1** Ventilate the room / building to remove airborne Incapacitant Spray. Open all doors and windows that weather permits. Fans can be used to increase ventilation.

- 24.2** Surfaces can be decontaminated by washing with water or a damp cloth. Dry residue can be collected by means of a wet/dry vacuum.
- 24.3** Clothing and other fabrics can be cleaned in their usual manner, either by washing or dry cleaning.
- 24.4** Exposed food items should be discarded.
- 24.5** Where Incapacitant Sprays have been used within a building the owners should be advised in respect of decontamination procedures.

25 AUDIT, MONITORING & REVIEW

- 25.1** Divisional Officers will appoint a Divisional Liaison Inspector who will have day to day responsibility for all matters pertaining to Incapacitant Spray in their respective Divisions.
- 25.2** Where a Divisional Liaison Inspector transfers from a Division/Section (either on a Temporary or Permanent basis), the Divisional officer will appoint a replacement Liaison Inspector.
- 25.3** The Divisional Liaison Inspector will be responsible for:
- 25.3.1** The management of the Divisional Reserve Pool of Incapacitant Spray canisters.
 - 25.3.2** Assigning responsibility to a Sergeant in each District/Specialist Section within their Division for the maintenance/ secure storage/ administration and records of the District's/Specialist Section's Reserve Pool of Incapacitant Spray.
 - 25.3.3** Ensuring that reporting procedures as they apply to Incapacitant Spray are complied with.
 - 25.3.4** Ensuring that all members allocated to their Division are provided with appropriate opportunities to attend required training in the carriage use and disposal of Incapacitant Spray.

25.3.5 Manage the disposal of used Incapacitant Spray Canisters in accordance with the policy set out in this document.

26 POST INCIDENT MANAGEMENT

- 26.1** Where Incapacitant Spray has been used the post incident management procedures as set in Paragraphs 9 and 10 of the Overarching Use of Force Policy document will apply.
- 26.2** The District Officer in whose area the discharge occurred will notify the Garda Síochána Ombudsman Commission (GSOC) using the prescribed form as set out in HQ Directive 10/10 Annex 2. A copy of the notification form will be faxed to Chief Superintendent Internal Affairs.
- 26.3** When a member discharges his/her Incapacitant Spray Canister he/she will surrender the discharged canister to their supervisor.
- 26.4** Supervisors will cause the discharged canister to be securely stored at Divisional level until the Incapacitant Spray canister is not required for evidential purposes.
- 26.5** Members who have discharged their canister will not be issued a replacement canister unless they have created a PULSE incident in accordance with Paragraph 10 of the Overarching Use of Force Policy document **and** surrendered the discharged canister to their supervisor.
- 26.6** When a discharged canister is no longer required for evidential purposes the Divisional Liaison Inspector will cause the canister to be disposed of in accordance with the procedure set out in this policy document.
- 26.7** Lost, stolen or damaged Incapacitant Spray canisters will be reported immediately by the member concerned. A replacement canister will not be issued from the Divisional Reserve Pool until the written report is received by the member's supervisor.

- 26.8** Reports of lost, stolen or damaged Incapacitant Spray canisters will be retained at Divisional level.
- 26.9** In respect of their Division/Section, Divisional Officers will evaluate each incident of a discharge, loss, theft or damage of an Incapacitant Spray Canister upon the facts of the incident to determine if there are any breaches of An Garda Síochána's policy and procedures on the use, carriage and disposal of incapacitant spray canisters by the member(s) concerned.
- 26.10** Where Incapacitant Spray is used upon a person who is subsequently arrested the facts must be reported to the member in charge of a Garda Station on arrival and a record of its use made in the custody record.
- 26.11** If a detained person, who has been sprayed with incapacitant spray, shows or indicates signs of distress, medical attention should be sought in accordance with the Criminal Justice Act 1984 (Treatment of Persons in Custody in Garda Síochána Stations) Regulations 1987 and 2006.
- 26.12** Where the retention of a particular piece of Garda equipment (on personal or general issue) is a required element of a subsequent investigative process, An Garda Síochána will appoint a GSOC Garda Liaison Officer for the incident, who will arrange same. The member in possession of such equipment will comply with any direction issued by the GSOC Garda Liaison Officer.

27 WELFARE SUPPORT MECHANISMS

An Garda Síochána's Use of Force policy recognises that support mechanisms may be necessary in situations where the involvement in a Critical Incident or the use of force exposes members of An Garda Síochána to significant stress or has a disproportionate impact on certain groups.

28 SECONDED POLICE OFFICERS TO AN GARDA SÍOCHÁNA

This policy applies to any police officer seconded to An Garda Síochána from the Police Service of Northern Ireland in accordance with section 53 of the 2005 Act.

29 PUBLICATION

This policy document is for internal Garda use only and *will not be made available to non-Garda personnel*. It will be published on the Garda Portal.

30 APPROVING AUTHORITY

This policy has been approved by the Garda Commissioner. No amendments shall be made to the policy except by the prior approval of the Commissioner.

31 MONITORING AND REVIEW

This policy shall be reviewed annually by the policy owner.

32 CONSULTATION

The following have been consulted in preparation of this policy:

- Head of Legal Affairs.
- Crime and Operational Training Faculty, Garda College.
- The Incapacitant Spray Implementation Team.

33 DISCLAIMER

This document is not intended to, and does not represent, legal advice to be relied upon in respect of the subject matter contained herein. This document should not be used as a substitute for professional legal advice.

APPENDICES

- Appendix A - Reserve Pool Log Book
- Appendix B – Risk Assessment
- Appendix C – Certificate for Disposal of Used Incapacitant Spray
- Appendix D - Positional Asphyxia
- Appendix E - Excited Delirium
- Appendix F – Information Leaflet for the person subject to a discharge of an Incapacitant Spray
- Appendix G – Material Safety Data Sheet on An Garda Síochána’s Incapacitant Spray (Available for the Information of Medical Professional(s))
- Appendix H – Information Sheet for Medical Professional(s) providing treatment to the person subject to a discharge of an Incapacitant Spray

SECTION 1 - INCAPACITANT SPRAY RESERVE POOL LOG BOOK

Division: _____ District: _____ Station: _____ Page No. _____

Date Canister Issued	Time Issued	Name of Reserve Garda (Block Capitals only)	Reg No	Station	Canister Serial No	Issuing Supervisors Signature	Date Canister Returned	Time returned	Signature of Reserve Garda returning canister certifying it has not been Discharged or Damaged	Receiving Supervisor's Signature

Division: _____

District: _____

Station: _____

Page No. _____

Date Canister Issued	Time Issued	Name of Garda (Block Capitals only)	Reg No	Station	Canister Serial No	Signature of Garda being issued canister	Reason Permanent Replacement Canister issued (Discharge, Lost, Stolen, Damaged)	Written Report requesting replacement canister has been received by the supervisor YES/ NO (If No a canister cannot be issued)	Old canister surrendered to the supervisor YES/ NO / N/A (If yes enter canister Serial No)	Issuing Supervisors Signature

AN GARDA SÍOCHÁNA**Incapacitant Spray - Risk Assessment**

WORK ACTIVITY		HAZARD	RISK L-M-H	CONTROL MEASURES REQUIRED	CONTROL MEASURES IN PLACE	FURTHER ACTION REQUIRED	
Ref No.	Description					By When	Person Responsible
1	Storage of Incapacitant Spray	Operational shelf life of canisters will be reduced dependant on conditions	L	Store in approved facility and in accordance with manufacturers recommendations & MSDS	1.Garda Training Programme 2. Policy & Procedures Document	Review Annually	1.All members 2.Divisional Liaison Insp
2	Control & Issue of Incapacitant Spray	Accounting for all Incapacitant Spray Canisters	L	Proper recording and auditing of all transactions to/from Central Stores & Divisional Reserve Pools	1.Garda Training Programme 2. Policy & Procedures Document 3. Reserve Pool Log Book	Ongoing regular review	1.All members 2.Divisional Liaison Insp 3.Supervisors
3	Use of Incapacitant Spray	Unintended contamination of other persons / Gardaí	M	Take relevant environmental factors into consideration Wear appropriate PPE where practical	1.Garda Training Programme 2. Policy & Procedures Document	Ongoing regular review	1.All members
4	Use of Incapacitant Spray	Injury to soft body tissue	L	Use canisters from recommended distance & range, except in exigent circumstances	1.Garda Training Programme 2. Policy & Procedures Document	Review after operational use	1.All members

APPENDIX B – HEALTH AND SAFETY – RISK ASSESSMENT

5	Use of Incapacitant Spray	Secondary injuries caused by subject tripping, falling etc following exposure	L	Take relevant environmental factors into consideration	1.Garda Training Programme 2. Policy & Procedures Document	Ongoing regular review	1.All members
6	Use of Incapacitant Spray	Use of Incapacitant Spray ineffective	L	Employ alternative options	1.Garda Training Programme 2. Policy & Procedures Document	Ongoing regular review	1.All members
7	Use of Incapacitant Spray	Use on children, elderly or other vulnerable persons	L	Where practical avoid exposure of this category of person, except in exigent circumstances	1.Garda Training Programme 2. Policy & Procedures Document	Review Annually / after any operational use	1.All members

APPENDIX D - POSITIONAL ASPHYXIA.

POSITIONAL ASPHYXIA

DEFINITION

Positional Asphyxia occurs when the position of the body interferes with respiration resulting in asphyxia.

This has been the cause of deaths in custody in a number of jurisdictions.

When a prisoner is placed in a position that prevents or impedes their breathing, and they cannot escape that position, then death can occur very rapidly.

CIRCUMSTANCES IN WHICH THIS CAN OCCUR

- A prisoner is laid face down on their stomach and pressure is applied to their back.
- A prisoner is handcuffed and left lying on their stomach, especially during transit to a Garda Station.
- A prisoner is handcuffed and left lying on their stomach in a position they cannot escape from, such as being wedged in the rear foot well of a car.

HEIGHTENED RISK

The risk is heightened if the prisoner

- Is intoxicated with alcohol or drugs.
- Has exerted him/herself through violent activity (eg: fighting with Gardaí) and is suffering respiratory muscle fatigue – especially if they have been sprayed with Incapacitant Spray.
- Is overweight / obese

WARNING SIGNS

- Gurgling / gasping sounds
- Verbal complaints of being unable to breathe along with an increased effort to struggle.
- A violent and loud prisoner suddenly changes to a passive, quiet and tranquil one.
- Blue colouration in facial skin.

APPENDIX D - POSITIONAL ASPHYXIA.

RISK REDUCTION

- Avoiding putting pressure on the shoulder and spinal area of a prone prisoner, especially after they have been handcuffed.
- Once handcuffed the prisoner should be placed on their side or into a seated, kneeling or standing position immediately.
- Transport the prisoner in a seated position - never face down on their stomach.
- Monitor the condition / life signs of the prisoner continually.
- Seek medical attention immediately if there are any concerns about the condition of the prisoner.

NOTE

In the event of this condition existing during a violent struggle with a resistive prisoner there will be an unavoidable risk of sudden death. Deaths in situations like this are rare, but they do occur.

Measures can be taken to reduce this risk but the very nature of a violent struggle and the duty of Gardaí to try and control a violent individual in a reasonable manner will mean that, on some occasions, these risks are impossible to avoid.

In any violent confrontational situation, whether involving the use of Incapacitant Sprays or not, it may be impossible to avoid placing the resisting subject in a prone position to achieve their control. Only when control has been achieved, and the subject no longer presents a significant risk of causing injury to Gardaí or themselves, can they effectively be moved from the prone position. As soon as it is safe to do so, the subject should immediately be rolled on to their side, or placed in a seated, kneeling or standing position. Members should be acutely aware that as a result of the effects of an Incapacitant Spray, the person may be more at risk of experiencing positional asphyxia when placed in a prone position to achieve their control than a subject who has not been so sprayed.

APPENDIX E - EXCITED DELIRIUM SYNDROME

EXCITED DELIRIUM SYNDROME

DEFINITION

In simple terms this is when a person exhibits violent behaviour in a bizarre and manic way rather than just being violent.

WHY IS EXCITED DELIRIUM OF PARTICULAR CONCERN

Persons suffering from excited delirium can die suddenly, or shortly after, a violent struggle – while in hospital or in custody.

CAUSES OF EXCITED DELIRIUM

Excited Delirium is caused by drug intoxication, alcohol intoxication or psychiatric illness, or a combination of these. Cocaine is the most common known cause of drug induced excited delirium but LSD or heroin are equally likely to cause it.

HOW CAN GARDAÍ IDENTIFY A PERSON IN A STATE OF EXCITED DELIRIUM

- The individual will be abnormally strong.
- They will be abnormally tolerant to pain.
- Incapacitant Sprays may not work on them
- Their skin may be hot to the touch.
- They may be hallucinating, hiding behind objects, running around or pulling their clothes off.
- They may suddenly become subdued or even collapse after a bout of extreme violence.

CONTROL OF A PERSON IN A STATE OF EXCITED DELIRIUM

Control of such persons will present significant difficulties. It will probably be necessary to place them face down on the ground to handcuff them safely. The risk of positional asphyxia affecting a person who is in a state of excited delirium is far greater than is the case with a normal violent person. The added stress brought about by the effects of an incapacitant spray heightens this risk still further.

APPENDIX E - EXCITED DELIRIUM SYNDROME

They will be very difficult to control and may continue to fight, even though they are handcuffed. **Once they are handcuffed they should not be held face down.** They should be placed on their side or into sitting, kneeling or standing positions as soon as it is safe to do so. They may continue to kick. However they must be moved from lying on their stomachs as soon as possible.

CONTROL ISSUES

They may continue to be extremely violent despite the use of handcuffs, sprays or batons. Such bizarre, exhaustive and persistent violent resistance is a classic indication of a case of excited delirium. They must be monitored carefully as they could collapse or die at any time. They should be treated as a medical emergency. They should be removed to hospital for examination even if they suddenly calm down before they get there. If a member believes that they are dealing with a case of excited delirium they should have them examined at a hospital. Persons in this state can collapse very suddenly and attempts to resuscitate them usually fail.

The likelihood of members encountering people in such a violent excited delirium state is rare, but is becoming more common.

APPENDIX F - AN GARDA SÍOCHÁNA INCAPACITANT SPRAY GUIDELINES FOR EXPOSED PERSONS.

Introduction

You have been exposed to a chemical substance derived from hot chilli peppers known as OC or 'pepper spray'. It was sprayed into your eyes to temporarily overcome you so as to gain your co-operation. The painful effects of this agent usually pass within an hour. The officer who sprayed you has been fully trained in its safe and effective use and is fully aware of the necessary safeguards relating to its use and immediate after-effects.

You are advised to read the information below.

Q. Why is pepper-spray used by a Garda?

A. A Garda will deploy pepper-spray to temporarily overcome a person using the minimum force when necessary. It is established that by using this instrument as an alternative to other methods of restraint, the risk of injury to both the person and the Garda is reduced.

Q. What are the usual effects of pepper-spray?

A. All of the effects of pepper-spray are short-term. The usual effect is to cause sharp pain in the eyes and some temporary reduction in vision. The skin may also feel hot as if it is burning. Shortness of breath is sometime experienced along with a blocked nose.

Q. What immediate advice will I be given by the Garda?

A. You will be advised to reduce the effects of the pepper-spray on your eyes by closing your eyes tightly and opening them widely over and over again. If you are wearing contact lenses you will be asked to remove them as soon as it is comfortable to do so. You will be advised not to rub your eyes as this will make the pain more severe. If blinking does not reduce the pain, the Garda may encourage the use of cold water to bathe your eyes.

The Garda will also advise removal of the pepper-spray from your skin using wet paper towels. The Garda will encourage you to breathe slowly and evenly. This will help your breathing.

The Garda will also ask you other health-related questions which you should answer to the best of your ability.

Q. What other advice will the Garda give?

A. The Garda will make a decision to bring you to the Garda station or to hospital if it is deemed necessary. He/she will also advise you, having arrived at whatever location the Garda decides on, to remove any items of clothing that may have come in contact with pepper-spray. Soiled clothes should be washed in the usual way before re-use. You should seek medical advice following your release from custody if you experience on-going symptoms.

Material Safety Data Sheet**SABRE Defense CFT**May be used to comply with OSHA's Hazard Communication Standard,
29 CFR 1910. 1200. Standard must be reviewed for specific requirements.**Quick Identifier**
3/15/2010**SECTION 1 - CHEMICAL PRODUCT & COMPANY IDENTIFICATION**

Manufacturer's Name:	SECURITY EQUIPMENT CORPORATION	Infotrac Emergency Phone Number:	800-535-5053
Address:	747 SUN PARK DRIVE	Other Calls:	636-343-0200
City, State, Zip	FENTON, MO 63026	Fax Number:	636-343-1318
Chemical Name:	Oleoresin Capsicum (Red Pepper)	Model #'s:	51CFT10, 51CFT30
Trade Name:	SABRE Defense CROSSFIRE		

SECTION 2 - HAZARDOUS INGREDIENTS / IDENTITY

Hazardous Component(s) (chemical & common name(s))	CAS#	Content(s)	OSHA PEL	ACGIH TLV	Carcinogen (Yes / No)
Oleoresin Capsicum:	8023-77-6	10%	N/A	N/A	No
Scoville Heat Units		500,000	N/A	N/A	No
Major Capsaicinoids		0.33%	N/A	N/A	No
Capsaicin CAS #404-86-4					
Nordihydrocapsaicin CAS #19408-84-5					
Dihydrocapsaicin CAS #28789-35					
H2O	7732-18-5		N/A	N/A	No
Ethanol	64-17-5		1,000 PPM	N/A	No
Propylene Glycol	57-55-6		N/A	N/A	No
Polysorbate 80	9005-65-6		N/A	N/A	No
Nitrogen	7727-37-9		N/A	N/A	No

SECTION 3 - HAZARD IDENTIFICATION

SEVERE SKIN AND EYE IRRITANT. CONTENTS UNDER PRESSURE. KEEP OUT OF THE REACH OF CHILDREN. DO NOT PUNCTURE OR INCINERATE CAN. DO NOT EXPOSE TO HEAT OR STORE ABOVE 120° F. DO NOT USE AFTER CANISTER'S EXPIRATION DATE.

HMS Ratings: Health: 2 Fire: 1 Reactivity: 0

Signs & Symptoms Of Exposure: Ingredients cause irritation through all routes of entry.

EYE: Liquid or vapors may cause redness, burning, tearing, swelling and/or pain.

SKIN: Frequent or repeated contact with skin may cause skin irritation and dermatitis.

INGESTION: Ingestion may cause nausea, vomiting, and/or diarrhea.

INHALATION: May cause irritation of the respiratory tract.

MEDICAL CONDITIONS AGGRAVATED: May cause more severe, temporary, effects on those persons who are asthmatics or suffer from emphysema.

CARCINOGEN DATA: None of the Ingredients in this product are listed with OSHA, IARC or NTP as carcinogenic.

APPENDIX G - MATERIAL SAFETY DATA SHEET ON INCAPACITANT SPRAY

SECTION 4 - FIRST AID MEASURES

Emergency & First Aid Procedures:



Remove victim from contaminated area and remove contaminated clothing.

Provide fresh air, irrigate with copious amounts of cool water, if available.

Obtain medical advice if symptoms persist.

1. *Inhalation:* Provide fresh air.

2. *Eyes:* Only exposed subject or EMS should remove subject's contact lenses.

Irrigate with cool water, if available, at least 15 minutes, or until relieved.

3. *Skin:* Flush with cool water, if available. Wash with mild soap and water, if available.

4. *Ingestion:* Rinse mouth with water, if available. Ingest milk or water, if available.

Obtain medical advice immediately.

SECTION 5 - FIRE-FIGHTING MEASURES

Flammability Classification 16 CFR 1500.45:

Non-Flammable; Electronic Immobilization Device Compatible

Auto-Ignition Temperature:

Not Applicable

Extinguishing Media:

Halon, Carbon Dioxide, Dry Chemical or Water

Special Fire Fighting Procedures:

Wear respirator or self-contained breathing apparatus.

Unusual Fire and Explosion Hazards:

Smoke would be irritating to eyes and mucous membranes.

SECTION 6 - ACCIDENTAL RELEASE MEASURES

Steps to follow if material is spilled or released:

Wipe up small spills with absorbent material. With large spills, use respiratory equipment, to avoid irritation, and collect absorbent materials.

If inside:

Ventilate area and after absorbent process, wash area with soap and cold water

If outside:

Stay upwind

SECTION 7 - HANDLING AND STORAGE

Precautions to be taken in handling & storage:

Store upright in a cool, dry area. Avoid direct light and heat.

DO NOT expose to temperatures over 120 degrees F.

DO NOT puncture or incinerate container.

Other Precautions:

Assure can is in a secure place to prevent accidental rupture.

SECTION 8 - EXPOSURE CONTROLS AND PERSONAL PROTECTION

Respiratory Protection:

Not required under normal conditions of use.

Ventilation:

Yes

Protective Gloves:

Suggested (not required)

Eye Protection:

Yes. Exposure without protection in training environment is acceptable.

Other Protective Clothing or Equipment:

Not required

Work/Hygienic Practices:

Normal

SECTION 9 - PHYSICAL & CHEMICAL PROPERTIES

Appearance & Odor:

Orange/yellow in color. Odor is pungent.

Physical State:

Liquid

Boiling Point:

212 Degrees F

Specific Gravity (H2O = 1)

1.0

Solubility in Water:

Soluble

Vapor Pressure:

140 PSI

APPENDIX G - MATERIAL SAFETY DATA SHEET ON INCAPACITANT SPRAY

SECTION 10 - STABILITY AND REACTIVITY

<i>Stability</i>	Unstable	<i>Conditions To Avoid</i>	<i>Incompatibility (Materials To Avoid)</i>
			N/A
	Stable	X	
<i>Hazardous Polymerization:</i>	May Occur		<i>Hazardous Decomposition Products:</i>
	Will Not Occur	X	N/A
		<i>Conditions To Avoid</i>	

SECTION 11 - TOXICOLOGICAL INFORMATION

Standard Draize Test: Skin, rabbit, 500 mg	Severity: Slightly Irritating
Standard Draize Test: Eye, rabbit, 100 mg	Severity: Mildly Irritating
ACUTE INHALATION LC50 (rat):	> 100.5 mg/L

SECTION 12 - ECOLOGICAL INFORMATION

This product has not been tested for environmental effects.

SECTION 13 - DISPOSAL CONSIDERATIONS

Waste Disposal Methods: Consult Federal, State, and Local Regulations
Evacuate contents in a safe area, & dispose of container.

SECTION 14 - TRANSPORT INFORMATION

DOT HM-181 INFORMATION			
	GROUND	AIR	
Proper Shipping Name:	Consumer Commodity	Consumer Commodity	
Hazard Class or Division:	ORM-D	Class 9	
Identification Number:	none	ID-8000	
Packaging Group:	none	none	
Label(s) Required:	none	Class 9 Miscellaneous	
INTERNATIONAL TRANSPORTATION REGULATIONS			
	GROUND	AIR	OCEAN
Proper Shipping Name:	Consumer Commodity	Consumer Commodity	Aerosols, Non-Flammable
Hazard Class or Division:	ORM-D	Class 9	2.2
Identification Number:	none	ID-8000	UN1950
Packaging Group:	none	none	none
Label(s) Required:	none	Class 9 Miscellaneous	Class 2

SECTION 15 - REGULATORY INFORMATION

TOXIC SUBSTANCES CONTROL ACT:	This product is in compliance with the U.S. Toxic Substances Control Act (TSCA) inventory requirements.
SARA TITLE III, SECTION 313:	Not Listed
CLEAN AIR ACT (CAA):	Not Listed
CLEAN WATER ACT (CWA):	Not Listed
CALIFORNIA PROPOSITION 65:	Not Listed
CANADIAN WORKPLACE HAZARDOUS MATERIALS INFORMATIONS SYSTEMS (WHMIS):	Not Listed

SECTION 16 - OTHER INFORMATION

Format and Preparation Complies with ANSI Z400.1-1993. Supercedes any prior versions.

DISCLAIMER: The information contained herein is based upon data provided to us by our suppliers, and reflects our best judgement. However, no warranty of merchantability, fitness for any use, or any other warranty is expressed or implied regarding the accuracy of such data, or the results to be obtained from the use thereof. Since the information contained herein may be applied under conditions beyond our control and with which we may be unfamiliar, we do not assume any responsibility for the results of such application. The information is furnished upon the condition that the persons receiving it shall make their own determination of the suitability of the material for any particular purpose.

INTRODUCTION.

An Garda Síochána is introducing a chemical incapacitant spray to its armoury. The agent to be used is a pepper-spray called Sabre Defense Crossfire. The pepper-spray is designed to temporarily incapacitate an uncooperative person who is resisting arrest. The active component of the pepper-spray (oleoresin capsaicin (OC)) is extracted from red chilli peppers. OC extracts are complex mixtures of fat-soluble phenols (capsaicinoids). OC contains between 0.01% and 1% capsaicinoids, depending on the variety of chilli pepper used. The OC composition can vary and depends on factors which include conditions of extraction, maturity of fruit and growth conditions (Ballantyne, 2006). As well as OC, there are other chemical components that function as solvents and propellants in the spray. The solvents are water, ethyl alcohol, polypropylene glycol and polysorbate 80. The propellant in the spray is nitrogen gas. The Material Safety Data Sheet (MSDS) for Sabre Defense Crossfire is available on TOXBASE.

Q. What is a chemical incapacitant in a police setting?

A. A Garda will have available a variety of instruments at his/her disposal to gain the co-operation of an uncooperative individual and will use such instruments in a measured and judicious fashion using the minimum amount of force required. Chemical incapacitants have been used in many other jurisdictions for many years. Research has shown that the introduction and use of chemical incapacitants as an alternative to other forms of restraint has reduced the incidence and severity of injury to both Gardaí and subjects. (Edwards *et al.*, 1997).

Q. What chemical incapacitants are available?

A. There are a variety of agents in use in different jurisdictions (for example, 2-chlorobenzalmalonitrile (CS) in methyl isobutyl ketone (MIBK), 2-chloroacetophenone (CN), pelargonic acid vanillylamide (PAVA) and OC). OC-containing sprays are popular in the US as well as in several European countries and have been used for over 20 years. Consequently, there are extensive in-use data available relating to them. In Britain, CS in MIBK has been popular, in particular in crowd control situations as CS will overcome a group of uncooperative individuals. In contrast, PAVA and OC are formulated so that they can be targeted to a specific individual.

Q. How does OC work as an incapacitant?

A. The effects of capsaicinoids are mediated by the activation of the transient receptor potential vanilloid type-1 receptor (TRPV1). TRPV1 receptors are found in the respiratory tract, peripheral afferent nerve fibres and airway smooth muscle cells (Thomas *et al.*, 2007). When TRPV1 receptors are activated on peripheral afferent nerve fibres, a calcium ion channel opens, allowing calcium influx leading to depolarization and the local release of neuropeptides. These neuropeptides are responsible for the incapacitant effects of OC.

APPENDIX H – MEDICAL PRACTITIONER INFORMATION SHEET

Q. How much OC is contained in the OC-spray?

- A.** The OC product (Sabre Defense Crossfire) which will be used by An Garda Síochána contains 0.33 % capsaicinoids which corresponds to 500,000 Scoville Heat Units (SHU). The SHU is the internationally accepted unit of pungency for pepper products. The OC product to be used is standardized so that there is minimal variation of pungency between batches. This ensures the predictability of the product's effects.

Q. How are OC sprays deployed?

- A.** Typically, OC products are contained in small (53 ml) aerosol containers. OC will be delivered as a stream. The stream has the advantage of allowing a more focused delivery of the OC to the desired area (the eyes) while minimizing the effect of OC on other organs. In addition, the focused spray minimizes the likelihood of contamination of others in the immediate environment. As it is highly unlikely that the OC product will be systemically absorbed, medical personnel dealing with individuals exposed to the product should take cognizance of this as toxicological data available will refer also to its systemic effects when attempting to determine the appropriate medical treatment. Details of the effects of ingestion of OC are contained in the MSDS.

Q. What organs are affected by OC?

- A.** As the spray is delivered to the eyes, this is the primary target area. The result of exposure to the eyes is to cause temporary pain and discomfort. The skin and mucous membranes may also be exposed to OC and are therefore likely to be temporarily affected as a result of this exposure. The upper airways may also be affected by the spray but as the spray droplets are relatively large, the potential to cause severe respiratory compromise is low.

Q. How are the effects of OC on the eyes manifested?

- A.** OC is a lachrymatory agent (a chemical compound that irritates the eyes to cause tears, pain and even temporary blindness). The onset of irritation is immediate. The duration of its effects depends on the concentration of OC present in the spray. The average full effect lasts around thirty to forty-five minutes with diminished effects lasting for hours. The ocular symptoms and signs including blinking, lacrimation, pain, blepharospasm, conjunctival erythema, periorbital oedema and damage to the ocular surface from the force of the spray hitting the eyes and from rubbing of the eyes. Contact-lens wearers may experience greater discomfort. In the majority of cases, the effects resolve spontaneously 15 to 45 minutes after cessation of exposure and medical treatment is not usually required.

Q. How are the effects of OC on the skin manifested?

- A.** A transient burning sensation is the expected response to OC exposure to the skin. The duration of the burning sensation is dependent on the quantity of OC in the spray as well as the length of time the OC remains in contact with the skin.

Q. How are the effects of OC on the airways manifested?

A. Nasorespiratory responses to OC include sneezing, rhinorrhoea (running nose), a burning sensation in the pharynx (throat), wheezing, dry cough and shortness of breath. These responses are usually transient and can be improved by the officer encouraging the subject to remain calm and to breathe slowly. Officers will be particularly vigilant if they are aware that a subject has an underlying respiratory illness and will seek medical advice at an early stage if a subject appears to be suffering from respiratory distress unresponsive to immediate first-aid measures. As the spray droplets are relatively large, the vast majority are too large to reach the lower regions of the lung where gas exchange occurs. If a subject is identified as suffering from asthma or some other respiratory condition and is in respiratory distress, medical advice should be sought. Beta agonists may be required in asthmatics when exposed, but the precipitation of an asthma attack is very uncommon.

Q. Are there long-term health implications associated with OC exposure?

A. The effects of acute exposure to OC spray are transient. It predominantly affects the eyes, and to a lesser extent the skin and the upper airways. Given the method of delivery, there is little potential for high concentrations of OC to be absorbed. Any small quantity that may be absorbed will be rapidly eliminated from the body via normal metabolic processes. A 1998 review of the possible health risks of OC spray (including carcinogenicity) concluded that there was no conclusive evidence that the capsicum family induces carcinogenic effects in human beings under the conditions of an acute application as a spray (Ruddick, 1998).

Q. Are there long-term health implications associated with exposure to the solvents and propellant in the OC product?

A. The solvents present in the OC product are listed above. Under the conditions of use of the OC product, exposure to these solvents will not result in long-term health effects.

Q. Is the OC product in use within An Garda Síochána compatible with the concurrent use of CED (Taser)?

A. According to the manufacturer who conducted extensive studies on this issue, the OC product is both non-flammable and electronic immobilization device (i.e., Taser)-compatible.

DECONTAMINATION FOLLOWING OC DISCHARGE.

The OC in use within An Garda Síochána will produce a stream delivery pattern which is very effective in reducing cross contamination and secondary exposure. Therefore, the stream delivery spray pattern will have a very limited effect, if any, on other officers and civilian bystanders. The secondary contamination of OC is low and much lower than some other incapacitant sprays including CS sprays.

APPENDIX H – MEDICAL PRACTITIONER INFORMATION SHEET

Product testing has shown that the vast majority (97%) of the particles produced by the OC stream during discharge are larger than 10 µm. (Tuinman and van der Meent, 2007). This renders most of the particles non-respirable and consequently the potential of the OC product to access and compromise the area of the lungs associated with gas exchange is low.

AFTERCARE GUIDELINES & TIMELINES

SUBJECT DECONTAMINATION

After the subject has been properly restrained, remove the subject from the contaminated area, and immediately examine to ensure that the subject is breathing properly. Then, ask the subject if they have any pre-existing medical conditions, which include:

- Heart problems.
- Respiratory (lung) problems.
- Diabetes.
- Pregnancy.
- Epilepsy.
- High blood pressure.
- Psychiatric illness.
- Drug/alcohol dependency problems.

Extra caution should be exercised with the subject if he/she states that they have a pre-existing medical condition. **The EMS should be called only if the subject's condition becomes unstable.**

Ask the subject if they are wearing hard or soft contact lenses. Subjects wearing contact lenses may experience greater discomfort than non-lens wearers.

If the subject appears to be resistant to the effects of the OC spray, or appears to be exhibiting bizarre/violent behaviour, the officer may need to employ other methods of restraint and should be aware of the potential increased risk to the officer and the subject.

In addition to the above, call EMS immediately for any of the following reasons:

- Subject is experiencing significant breathing difficulty. (In many cases, normal breathing patterns can be restored by asking the subject simple questions and insisting on answers. This will distract and calm the subject.)
- Shallow breathing combined with sweating.
- Subject loses consciousness. (This is unlikely to be a consequence of the OC spray. If a loss of consciousness does occur, apply appropriate first-aid measures).

The medical management of a distressed subject or a subject with an underlying medical condition should not be any different from normal just because they have been exposed to pepper-spray.

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In addition to the above, medical advice from a GP should be sought if:

- The subject is under the influence of alcohol and/or drugs.
- The subject requests medical attention.

After the initial examination has taken place, begin the decontamination process of the subject.

Eyes

Repeated rapid blinking of the eyes will help to speed up the recovery period by creating natural tears. Close the eyes tightly and then open them widely. Do not use hands to assist with opening and closing of the eyes. Only the eye muscles should be engaged to complete this process. Repeat numerous times to create natural flow of tears to reduce dryness and irritation. If this initial measure is unsuccessful and if cool running water is available, apply the water to the subject's eyes and facial area. The cool water will flush any remaining OC away from the affected area. **Under no circumstances should warm water be used.** Be sure the eyes are thoroughly flushed. Do not use commercial eyewash or creams. The creams will trap the resin in the skin causing increased pain.

If the subject is wearing contact lenses, do not remove them. On no account should a Garda attempt to remove contact lenses from another person; only the subject him/herself, an optician or a medical practitioner should do this. Hard contact lenses should be cleaned thoroughly and soft contacts should be discarded as they are likely to be damaged by the OC.

The subject should also be told not to rub the eyes.

Skin

If available, remove the resin (which will be visible) from the facial area with a wet or dry towel. Paper towels have been used successfully to remove the resin from the skin to speed up the decontamination period. Press a wet paper towel onto the skin and then repeat using a dry paper towel. This task should be repeated numerous times to remove the resin.

Do not allow the subject to rub the burning areas. Ice may be applied to burning areas. If water is not available, or after it has been applied, expose the subject to fresh moving air. Turn them in the direction of the moving wind.

Respiratory system

Throughout the decontamination process the officer needs to continually request the subject to remain calm and to reassure the subject that the effects are only temporary. **Verbal reassurance** is one of most important steps of the decontamination process. The loss of breath sensation coupled with the burning of the eyes and facial area may cause the subject to panic. If the subject panics, they may begin to hyperventilate which could cause the subject to lose consciousness. Constant reassurance that they will recover fully

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in a few minutes will prevent or end a panic attack. If a panic attack begins, inform the subject that they are hyperventilating and they need to calm down and slow down their breathing. They should be informed to take slow deep breaths. Most subjects should begin to feel significant relief within 15 to 30 minutes. Most effects will have completely subsided within one hour.

Other medical observations or apparent delayed recovery

If the initial decontamination measures are unsuccessful in reassuring the subject, or he/she appears to be suffering from other medical problems manifested by reduced levels of consciousness, high levels of arousal, respiratory or cardiac compromise, immediately call the EMS. Particular attention should be paid to subjects on whom OC appears to have been ineffective and those exhibiting bizarre/violent behavior or experiencing breathing difficulties. These subjects should be assessed by emergency medical technicians (EMT) or transported to an Emergency Department (ED) for assessment before being transported to custody.

Transportation of subjects

If the subject is making the expected recovery, and following the above decontamination guidelines, he/she may be transported to the Garda Station. Further decontamination may take place at this stage including the removal of contaminated clothing (jacket/shirt/vest) and providing the subject with alternative temporary clothing. Contaminated subjects should be monitored periodically for two hours after contamination occurs. Basically, they should be monitored in the same way as subjects who enter custody under the influence of drugs or alcohol.

Factors affecting the length of the decontamination process

- Target acquisition area (the amount of spray delivered to the subject's eyes and face)
- Humidity
- Wind
- Subject co-operation
- Keeping the subject calm and focused
- Available decontamination resources

The length of the decontamination period will likely vary with each subject.

Other issues relating to decontamination

It is essential during decontamination that the officer also remains calm, focused and in control. Proper decontamination is very important and should be handled in a serious, business-like and professional manner.

Subjects should be advised that contaminated clothing should be removed and thoroughly washed in a conventional washing machine with normal laundry detergent. Multiple washes are recommended to ensure the OC is removed. As soon as practicable, any subject who has been sprayed should be given an information leaflet on OC and advised

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that, should they experience any subsequent medical problems, they should immediately seek medical assistance and inform the doctor that they have been exposed to OC.

DECONTAMINATION OF VEHICLES & BUILDINGS

In order to decontaminate a building or vehicle exposed to OC, the following steps should be followed:

1 Provide ventilation to contaminated area

OC is a biodegradable substance. The stream delivery ensures that contamination of wide areas does not occur (most of the spray will be delivered to the subject). In a building or a vehicle, open windows or doors to encourage air flow. A fan (if available) may be used to speed up this process in a confined space.

2 Clean contaminated area

Use isopropyl alcohol or denatured alcohol, water and cotton rags or a mop to wipe down an area sprayed with OC. The alcohol will solubilise the OC and lift it from the surface. Once the area is cleaned with alcohol, go back over the area with clean water to remove any residue.

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