Riot Control Agents
Patient Management Algorithm

FANS: increase airflow via fans or other means as primary form of decontamination

Ambulatory patients

Primary evaluation:
Evaluate Airway, Breathing, Circulation, Disability
Begin treatment for patients with wheezing. 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

Ambulatory and symptoms resolved

Dry Decon: whole body dry decon utilize field dry decon kits and follow instructions

Decontamination:
choose form most quickly available

Wet Decon: whole body copious soap and water, insure good irrigation of uncomfortable skin sites and eyes. Use gentle soap, no bleach

If persistent skin/eye signs and symptoms/residue

Persistent signs/symptoms:
remove/control valuables, clothing, contact lenses and decontaminate

If no further problems or complications release patients with instructions for soap and water shower to be taken at home and follow-up with Primary Physician in next 1-2 days for persistent symptoms or to the Emergency Room for worse or new symptoms

Hospital referral criteria: usual criteria for non-Riot Control Agent related conditions identified above. Also refer for bronchospasm or sustained severe coughing, persistent eye pain or visual symptoms, ongoing severe skin symptoms or blistering burns

(1): Slightly alkaline irrigation solution: Use a mixture such as 6% sodium bicarbonate, 3% sodium carbonate and 1% benzalkonium chloride.