Riot Control Agents Guideline

Inclusion

Suspected riot control agent exposure with respiratory or ocular symptoms

Exclusion

Suspected riot control agent exposure with no signs or symptoms

BLS

Pre-Decon

- Do not enter a confined space to rescue an unresponsive person without wearing an SCBA or testing to confirm SCBA is unnecessary. Remove from source, if safe to do so.
- Assist ventilation with BVM, if needed; use an OPA if possible, rather than an NPA to avoid epistaxis of chemically burned nares.
- Avoid supraglottic airways for upper airway chemical burns.

Decon

- Dry-Wet-Dry™ skin decon, if the patient has skin symptoms
- Eye decon, if the patient has eye symptoms
- The specific decon required should be determined by the Incident Commander (IC) or their designee.
- Medical guidance for decon is as follows:

General Decon Guideline

Eye Decon Guideline

ALS

Post-Decon

- Vital signs, primary & secondary surveys, insert IV/IO, give supplemental O_2 if indicated, apply cardiac monitor
- If in severe respiratory distress or apneic, then support ventilation with BVM or airway management protocol.
- For bronchospasm, administer albuterol 2.5 mg & ipratropium bromide by nebulizer, or give 2 puffs of albuterol by MDI. Repeat 2x for continued bronchospasm. Consider magnesium sulfate IV/IO for bronchospasm.
- If needed, contact medical direction or poison control center for assistance.

Special Note:

- Aerosolized riot control agents are heavier than air, so rescuers should move incapacitated victims off the ground as quickly as possible.

©2025