



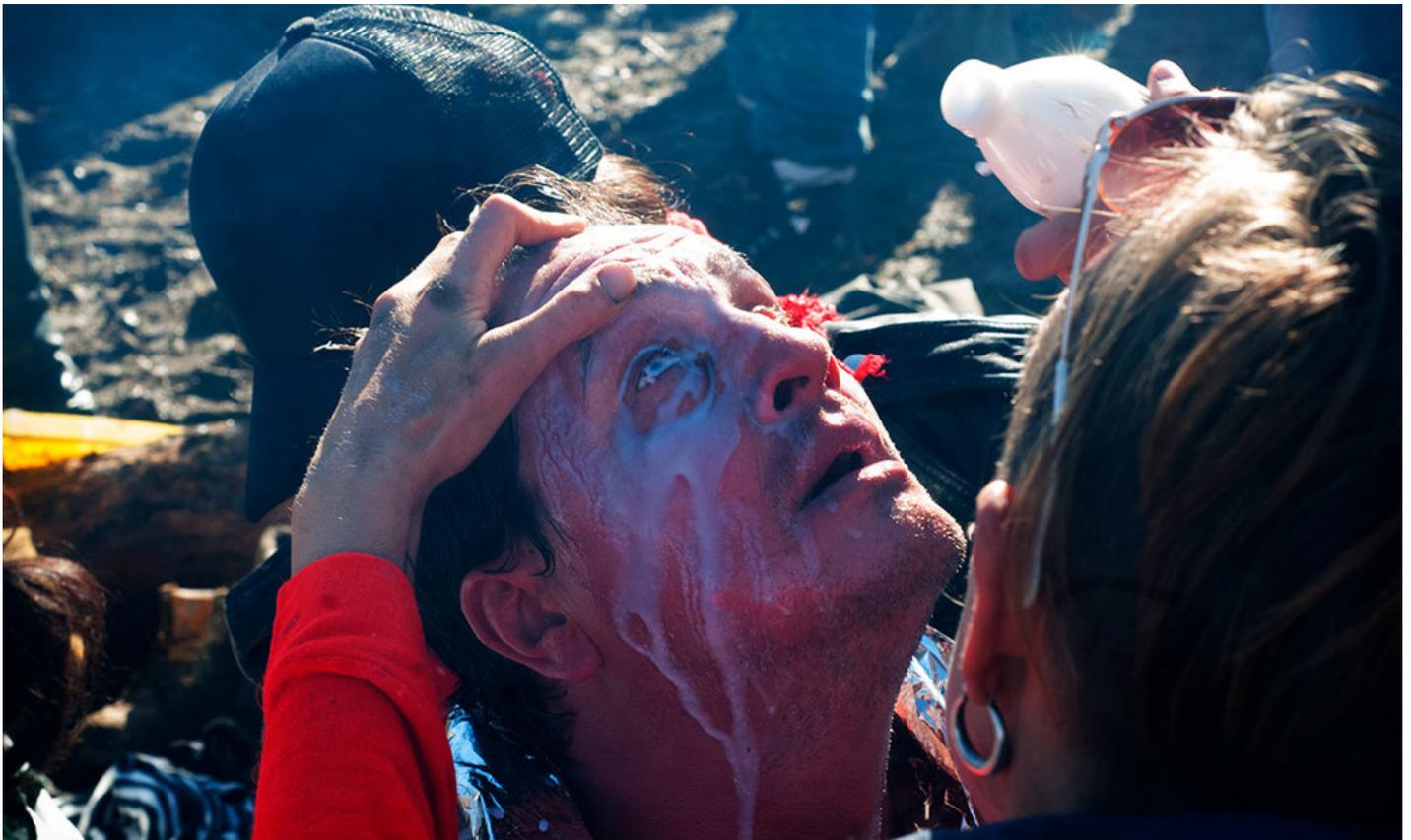
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Guidelines for Treating Exposure to Pepper-Spray/Chemical Irritants



Treating a patient (with a mixture of Milk of Magnesia and water) for pepper-spray exposure. There's a better way to wash chemical irritants out of eyes. Please see the guidelines below, with recommendations by Lauren Wilson, Naturopathic Physician, and Taggart Long, Frontline's Training Director.

Critical steps for treatment:

1. Stop the spread of the irritant
2. Get it off skin and out of the patient's eyes
3. Don't make it worse
4. Monitor Breathing: You may have to help the patient maintain a clear airway, help the patient with an inhaler (if the patient has been prescribed one) or make other interventions to ensure the patient can breathe adequately.

Stop the spread:

Assess the scene for safety. Do not take unnecessary risks, or expose yourself to harm. Do not rub the

patient's skin or soft tissues (such as eyes).^{*} Do not touch contaminated areas, if avoidable. Instruct the patient to keep their hands away from their face. Move the patient to a safe location.

Get it off:

Decontaminate eyes first. Make sure contact lenses are washed out and disposed of. Gently pour saline-solution, water or other forms of safe decontamination solution directly in the eyes, aiming away from the nose.

Do **not** pour the decontamination solution over the patient's forehead; this can wash more chemical irritant into the eyes. Have the patient blink as the solution flows over eyes. Do **not** force the patient's eyes open; that could cause further contamination or injury.

Use a towel or other material to keep the wash from running down inside the patient's clothing, over the

shoulders and chest. After washing the patient's eyes for 3-5 seconds, have the patient close their eyes. Pour the decontamination fluid over the patient's entire head. Go back to flushing eyes for 15 minutes or until pain has resolved.

If the pain does not resolve to a tolerable level in 45 minutes seek advanced medical care for the patient.

Decontamination solution options:

- Normal saline in IV bag: Attach an IV bag of normal saline to a nasal cannula. With the patient lying on their back the nasal cannula rests on the bridge of the nose so saline flows continuously over the patient eyes. Set up your rig in advance to make sure you have all the correct fittings.
- Homemade Saline: Mix two (leveled) teaspoons or 10 grams of table salt per liter of water. This is slightly stronger than an

IV (intravenous) solution but is great for decontamination. Salt draws water out of tissues and pulls some of the irritant away from the cell surface. A solution that has a slightly higher salt concentration will work better than normal saline. This homemade saline solution is 3 times less concentrated than sea water; it will not burn or otherwise harm a patient.

- Liquid antacid and water: A liquid antacid such as “milk of magnesia” or Maalox is mixed 50/50 with water. **MAKE SURE THERE IS NO MINT FLAVORING IN THE ANTACID!** Follow the same steps outlined in the *Get It Off* section for washing chemical irritants from the patient’s eyes.

Remove contaminated clothing; respect the patient’s need for privacy. Have the patient redress in uncontaminated clothing (please take note, it’s wise to bring a large

garbage bag to a protest, to carry clean clothes you can change into, and to hold contaminated clothes for later washing).

After initial clean up, and after pain has begun to subside, decontaminate skin using dilute dish-washing detergent or other soap and water.*

DO NOT GET DETERGENT IN THE PATIENT'S EYES.

Contaminated clothing is best thrown away, but can be separated from other clothing and washed later with strong detergent.

Don't make it worse:

- Don't put anything in the patient's eyes other than one of the decontamination solutions listed above.
- The patient should **not** use flavored antacids (NO MINT FLAVORING); these kinds of antacids can increase the

absorption of the active ingredient in mace/pepper spray and are irritants as well.

- There are multiple protocols for removing irritants from skin; water and detergent is the best treatment. Whatever you use to clean the patient's skin, keep the solution out of the patient's eyes during the process.

Monitor breathing:

A person who is having trouble breathing may be having an asthma attack or other respiratory reaction. Pain is to be expected, and the patient might panic, but this is not necessarily life threatening. If the person is getting an adequate amount of oxygen, they're not in severe respiratory distress.

A person who is struggling for air, or has blue lips needs emergency help.

- **Call 911 and an experienced medic.**

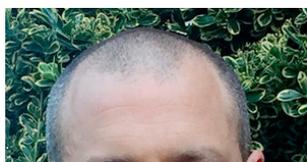
- If the patient uses an Albuterol inhaler, get one for them.
- Supply oxygen if available
- Administer epinephrine if available

***Important Exception:** If water is not available, or if weather conditions are cold, use a cloth or paper towel dampened with vegetable oil wipe the affected skin. Most irritants are oil soluble and can be removed with oil based products. Remember that anything that can remove an irritant can also spread it. Use a fresh cloth surface with each skin contact. *Under weather conditions that could induce hypothermia*, make sure your treatment is not unduly exposing the patient to the elements, or causing the patient to lose heat rapidly.

Disclaimer: Remember to ask for help and work within the range of your confidence and licensure. If in doubt, get more help. If not in doubt, *get more help anyway*. This

document is written with the best judgement of the author at the time it was written. As the chemical composition of irritants (and treatments for those irritants) change, this information may become obsolete. Stay up to date and please share what you know! Thank you!

Additional concerns about treating exposure to chemical irritants; recommendations for medics





by Taggart
Long,
Frontline
Training

Director

There is a growing contingent of providers who are choosing to not use or recommend the use of Milk of Magnesia (or Malox) and water. It's not a 'proven' treatment, and there's some valid concern about adding more junk to the patient's eyes.

Time (as in *the passage of time*) is definitely the only treatment everyone recommends. This is important because this is when "bedside manners" matter. Sitting with the patient and reassuring (without being deceiving) them is incredibly important. Especially for first-time victims.

Over and over again the logic I see is this—the mace, pepper sprays, etc., are oil based; they have to be removed with soap and water. Water

alone is not as effective. When police and military troops practice using chemical irritants, they use wipes that are basically soap-and-water wipes, or soap and water. I've also read that the fat in cold whole milk alleviates some of the pain but does not remove the substance. Cold, whole milk does not seem practical for most of our purposes.

Whether to wipe an exposed area is another topic of debate. Some providers report that wiping (or rubbing) will activate the pores and make the pain worse. And it can also aid in spreading the substance around, which is why we discourage the victim from wiping the area.

Others will argue that wiping may or may not "activate" pores but it is the most effective way to remove the substance (unless you have a sprayable soap solution handy). Sort of like a taking a Band-Aid off. Just get it over with.

I have trained and worked with folks who carry towels, sometimes pre-

soaked with soap and water in individual ziplock bags, and sometimes dry towels that they soak when needed. They then use the towel to wipe the victims exposed areas.

My practice (and I think it will continue to evolve) is to carry dry towels (I can use them for a multitude of things, and I keep my bag ready to go; if i had time I might prepare a few towels in advance), and soak them with the water and soap solution when needed. I've used different soaps; right now I have a no-tears baby soap bottle in my bag).

I first spray the soap and water solution on the affected areas. I then rinse the eyes with plain water or normal saline and then wipe the patient with the soapy towel. Repeat as possible. If I were in a clinic or had shower or a sink I would adjust this. I'm speaking specifically about immediate treatment on the street. I

would also watch for serious reactions. Anaphylaxis (a severe allergic reaction) is possible, but rare.

Again, the act of reassuring a patient cannot be overstated. This is an example of a dialogue you can have with a patient who's just been pepper-sprayed:

Hello, I see that you've been sprayed. I'm a paramedic volunteering with Frontline Wellness United. I'm trained to help in these situations. Would you like my assistance? Is it okay if I touch you? I know you're in a great deal of pain. I'm so sorry.

I would like to help you. Please do not try to wipe your face. I'm going to wash it off very soon. Please walk with me so we can get out of immediate danger and we will get that stuff off of you.

Have you ever been sprayed before?
(If the patient answers no, you might continue this way ...) *I know it hurts, but you won't go blind, and you'll feel*

better. It takes a while to wear off but we can make it go faster if we wash it off. Are you here with anyone?

Do you have asthma or any medical problems? Are you hurting anywhere other than the obvious pepper spray (was it a pepper spray ball, were the police shooting bean bags, did the patient fall as a result of being struck or sprayed)?

Would you prefer to sit or stand?

I'm going to spray soapy water on your face, here it goes ...

Now I'm going to wash out your eyes. I am going to hold your eyelid and help you open your right eye. Let's lean a little to your right. Ready, here it goes ... Now we are going to do the same with the left, let's lean to the left a bit ... Ready, here it goes ...

The more you force yourself to blink the better, keep blinking. We are going to wipe off your face and hands (I use the soapy towel). Now, let's do it over again (if we can,

depending on number or patients, conditions etc.; you'd want to take the patient's vital signs, especially their O₂ saturation and listen to their breathing).

Are you breathing okay? How are you feeling? How can I help you? May I contact anyone for you? Would you like to seek further medical attention?

I'd talk to the patient about showering and how it is going to continue to hurt for a short amount of time, but it will get better. I'd also recommend helping the patient understand how to carefully remove their clothes without spreading the irritant.



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