

Police Service of Northern Ireland

For Internal Use Only

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Part I

Amended and Reissued
1 October 2004

CS INCAPACITANT SPRAY

1. POLICY STATEMENT

- (1) The purpose of this General Order is to outline the policy of the Police Service of Northern Ireland in relation to the issue and use of CS Incapacitant Spray (CSIS).
- (2) Article 4 of the Code of Ethics for The Police Service of Northern Ireland states the standard of conduct and practice required of police officers when using force. The key standards relating to CS Incapacitant Spray are as follows:
- (3) Police officers, in carrying out their duties, shall as far as possible, apply non-violent methods before resorting to the use of force or firearms. They may use force or firearms only if other means remain ineffective or without any realistic promise of achieving the intended result. (Article 4.1)
- (4) Police officers responsible for the planning and control of operations where the use of force is a possibility, shall so plan and control them to minimise, to the greatest extent possible, recourse to force and in particular potentially lethal force. (Article 4.2)
- (5) Whenever police officers resort to the lawful use of force or firearms they shall:
 - (a) Exercise restraint in such use and act in proportion to the seriousness of the offence and the legitimate object to be achieved;
 - (b) Minimise damage and injury, and respect and preserve human life;
 - (c) Ensure that assistance and medical aid, where possible, are secured to any injured person at the earliest possible opportunity;
 - (d) Ensure that relatives or close friends of the injured or affected person are notified at the earliest possible opportunity;
 - (e) Where force or firearms are used, report the incident promptly to their supervisors;
 - (f) Comply with any instructions issued by the Chief Constable. (Code of Ethics for the Police Service of Northern Ireland Article 4.3.)
- (6) Officers should bear in mind that misuse of CS Incapacitant Spray may amount to an assault, a breach of Article 8 of the European Convention on Human Rights (Right to Private Life including physical integrity) or in extreme cases a breach of Article 2 and Article 3 of the European Convention on Human Rights (Right to Life and Prohibition of Inhuman or Degrading Treatment). This will necessitate an effective investigation of any such claim by either the Police Service or the Police Ombudsman for Northern Ireland as appropriate.
- (7) Officers therefore must ensure that they comply with the Service Code of Ethics and the instructions contained in this General Order.

2. INTRODUCTION

- (1) CSIS is an irritant dispensed from a hand held aerosol canister in a liquid stream, which contains a 5% solution of CS in the solvent Methyl Isobutyl Ketone (MIBK). **Some of the solvents used in CS Spray are flammable. Officers should be aware that CS Spray should NOT be used where there are naked flames.**
- (2) This General Order must be read in conjunction with General Order Part 1, No. 34/2001 File Box D(a) - Human Rights and Police Use of Force, and General Order Part 1, No. 61/2001 File Box D(a) - Human Rights and Police Use of Firearms. Reference should also be made to the Code of Ethics for the Police Service of Northern Ireland, particularly Article 4, Use of Force.
- (3) The nature of policing is so diverse that it will never be possible to document guidance to cover every encounter or eventuality; however any action taken must be necessary, lawful, proportionate, accountable and open to scrutiny.
- (4) CSIS will be issued to all officers who have been trained in the Personal Safety Programme (formerly Conflict Resolution Skills) and will be worn as part of the normal patrol equipment. Plain-clothes officers will be also be trained and issued with CSIS.
- (5) All officers should make themselves familiar with the contents of General Order Part 1, No. 40/98 File Box D(a) in relation to the dangers associated with the conditions known as positional asphyxia and excited delirium. These are two conditions identified as risks during arrest and restraint procedures, which must be considered following the use of CSIS.
- (6) Formal evaluations into the use of CSIS will be carried out by Operational Support Department and may include consultation with statutory and non- statutory bodies.

3. GENERAL POLICY FOR THE USE OF CS INCAPACITANT SPRAYS

- (1) The use of or threat to use CS Spray is a use of force and therefore falls under Article 4, Use of Force in the Code of Ethics for the Police Service of Northern Ireland.
- (2) Where police are required to use force to achieve a lawful objective, the legal authorities are to be found in:
 - (a) Common Law, for example, defence of self or another/Breach of Peace;
 - (b) Article 88 of the PACE (NI) Order 1989;
 - (c) Section 3(1) of the Criminal Law Act (NI) 1967.
- (3) The use of a CS Spray may be appropriate against:
 - (a) Those offering a level of violence which cannot be appropriately dealt with by lower levels of force.
 - (b) Violent offenders, other than those armed with firearms or similar remote injury weapons, where failure to induce 'immediate' incapacitation would increase risks to all present.
- (4) CSIS should not be seen as a replacement for other use of force options, rather it increases the options available to officers. Officers should not rely on CS to the exclusion of other control methods.
- (5) Police officers shall identify themselves as such, and shall give a clear warning of their intent to use CS, unless to do so would compromise the safety of any person, or a warning would be clearly inappropriate or pointless in the circumstances of the incident. The wording for such a warning should be – "I am a police officer. If you do not comply with my instructions I will use CS Spray."
- (6) The liquid stream is directional and has a range of up to 4 metres. Optimum accuracy however, will be achieved over a distance of 1.25 to 2 metres. The operating distance is the distance between the canister and the subject's eyes, not the distance between the officer and the subject. The spray should **not** be used:

- (a) At a distance of less than one metre, or
- (b) In an enclosed area (e.g. a car), or
- (c) On a subject who is restrained or handcuffed,

Unless the nature of the risk to the officer is such that this cannot be avoided. In all such cases, officers must be prepared to justify not only their use of the spray, but also their decision to use it in these circumstances.

- (7) Since the spray causes incapacitation, its use against a subject armed with a firearm is not appropriate. Where a subject actually has hold of a firearm, the effects of the spray may cause them to fire indiscriminately. However, if the firearm is merely close at hand, the spray may be useful in preventing a subject actually arming themselves. Because of the extreme dangers, use in such circumstances should be carefully considered.
- (8) Because of the effects of the spray, the decision to use it on a person in charge or control of a motor vehicle must also be carefully considered.

4. EFFECTS AND AFTERCARE

- (1) There are risks associated in using the spray on those who are vulnerable through age (including children), mental illness, alcohol and drugs. It should be noted that the spray may not be effective in certain circumstances, and may even exacerbate a violent situation. The spray may also interact with anti-psychotic medication. When dealing with mentally ill persons who may be prone to violence, consultation with relatives and health care professionals where possible, is recommended.
- (2) CS particles, dissolved in a solvent (MIBK), are sprayed into the face of a person from a distance of up to four metres. Short bursts should be used bearing in mind that the effects of CSIS may be delayed for up to 20 seconds. Upon impact the solvent evaporates rapidly leaving CS particles to incapacitate the subject. The effects of being sprayed are; pain and discomfort in the eyes, involuntary spasm of the eyelids, blinking/closure of the eyes, burning sensation on the skin, excess salivation, constriction of the chest, sneezing, coughing and retching. The subject may also place their hands on their face and drop to their knees. Effects last on average for about 20 minutes. Further medical effects of CSIS can be found in Form CS4 'Useful Facts About CS' - See Appendix D.
- (3) Once the subject is controlled, the officer should give them reassurance that the effects of the spray are temporary. The subject should be instructed to breathe normally, as this will aid recovery and prevent hyperventilation. If possible, remove the subject to an uncontaminated area. Exposure to fresh air will (a) permit CS particles to blow off the body, and (b) normally result in recovery from significant symptoms in approximately 15 minutes.
- (4) Advise the subject not to rub their eyes or face, as this may exacerbate their condition. Although a subject should not be forced to open their eyes, they should be advised to do so as soon as possible. This will allow tears to flush the CS from the eyes. If reactions last beyond 15 minutes, the use of copious amounts of cold tap water may be used to flush remaining CS from the face. Attempting to irrigate the eyes at an earlier stage, when they are being forced closed by the effects of the spray, would be futile. **Under no circumstances should warm water or so-called CS 'neutralising agents' be used. In all cases the decision to use water must be balanced with the need to preserve forensic evidence.**
- (5) Persons sprayed with CSIS should be asked if they wear contact lenses. As they may experience greater discomfort, they should be allowed to remove their lenses at the earliest opportunity. **On no account should a police officer attempt to remove contact lenses from a subject.** During the removal of contact lenses, police officers must ensure that the subject is in a safe location or position to prevent them attacking the police officer, or escaping.
- (6) Ensure that the control methods used, and the position that the subject is placed into, does not adversely affect their breathing. Subjects must not be left or transported in a prone position.
- (7) Officers are advised that it is preferable for a subject who has been exposed to CS Spray to be transported in a ventilated cellular van or transit, rather than in a police car. If there is no other option than to use a car, extra ventilation should be sought for example by opening the windows and/or using the internal ventilation system.

- (8) If a detained person is exhibiting signs of severe distress, breathlessness or lapses of consciousness, they must be taken to hospital straight away. **The provision of medical assistance must be given precedence over conveying the subject to the police station.**
- (9) All members are reminded of their duty to ensure the well being of prisoners in their custody and, to fully report the circumstances of a use of force to the Custody Sergeant at the earliest opportunity. In particular the physical condition and life signs of a detained person must always be **carefully and continually** monitored during restraint and transportation. This is particularly important where the subject is obese, or under the influence of alcohol and/or drugs.
- (10) A person who has been sprayed with CSIS will be classified as 'injured'. It will be the responsibility of the custody officer to ensure that the circumstances of the use of CSIS are recorded in the custody record. The following actions should be carried out:
- (a) Check the condition of the prisoner – if necessary allow the prisoner to walk around outside under supervision. Consider the preservation of forensic evidence.
 - (b) Arrange for an examination by a Health Care Professional (HCP)/Forensic Medical Officer (FMO) as soon as possible. The HCP/FMO should be provided with details of the force used, care given and any signs of injury.
 - (c) If the prisoner has not recovered from the immediate effects after 15 minutes from the time of spraying, arrange for them to wash (under close supervision) with very large amounts of **cold water** from a normal water source. **Specific irrigation of the eyes should only be undertaken by HCPs / FMOs or other trained personnel.**
 - (d) Non-evidential contaminated clothing can, with consent of the prisoner, be removed and placed in a sealed bag. Gloves should be worn when removing the outer clothing of a person sprayed with CS.
 - (e) The prisoner should be kept apart from other prisoners and receive **enhanced cell supervision**, similar to that recommended for prisoners who are under the influence of drink or drugs.
 - (f) Before release the prisoner should be handed Form CS3, 'Information Sheet for Persons Sprayed with CS Incapacitant Spray' – see Appendix C, informing them of the spray that has been used and the action to be taken if they suffer any additional problems.
 - (g) Before a detained person, affected either directly or indirectly by CS, is required to provide evidential breath specimens on the Lion Intoxilyzer 6000, they must have been examined, or refused to be examined by an FMO. At least half an hour must have passed since they were initially exposed to the CS. If the person refuses to be examined by the FMO this should be noted on the custody record. The FMO will determine that the detained person has recovered from the immediate effects of the CS, not whether they are capable of providing breath specimens. However, the FMO should be made aware that evidential breath specimens might be required. If the person is unable to provide two satisfactory breath specimens on the Intoxilyzer, this could be because of a medical reason. In this case the provisions of Article 18(4)(a) of the Road Traffic (NI) Order, 1995, should be considered and the person should be required to provide a laboratory specimen (blood or urine) instead of breath.
 - (h) When a detained person is transferred to a prison, the custody officer should ensure that any contaminated clothing is bagged and identified as hazardous using 'Health Hazard' tape, and that the prison authorities are informed that the prisoner has been sprayed with CS.
- (11) FMOs/HCPs will be educated in the effects of CS Spray to allow them to deal with persons who have been sprayed. Form CS4 (Appendix D), detailing effects will be supplied to FMOs/HCPs.
- (12) An information sheet will be issued to all officers who are trained in the use of CS Spray – Form CS5, 'CS Incapacitant – Information Sheet for Custody Staff – see Appendix E. Copies of this form will also be displayed in custody suites. Further information relating to aftercare and decontamination to be provided is contained in the CS Training Package.

5. RECORDS AND DOCUMENTS

- (1) An officer drawing or discharging the device must record this use and any warning given in their personal notebook. If a warning was not issued the reasons for this should also be noted. The matter must also be brought to the attention of a supervisor as soon as possible after the device has been used (Article 4.3 of the Service Code of Ethics refers). The officer using the spray must complete Form CS1, 'Occurrence Report: CS Spray' – see Appendix A. A separate Form CS1 must be completed by each officer, should more than one officer 'use' CS Spray in any single incident. The supervisor will record the identity number and weight of the canister. Any irregularities with the device should also be recorded.
- (2) The recording of statistics is vital to ensure that the continued development of CSIS is supported by accurate and current management information. This is particularly important where the spray is used and the person is unaffected or where the effects are unusually severe.
- (3) Supervisors must consider attending the location of where the CSIS is used to ensure proper scene management/reporting and that correct decontamination procedures are adopted. Attendance will be particularly important where CSIS has been discharged in or in the vicinity of commercial premises or public areas. Form CS6 (Appendix 'F') has been developed to assist officers to this end. CS6 will be handed/delivered to the owners and/or occupiers of premises where CSIS has been used, as soon as practicable after the incident.
- (4) Where officers suffer adverse or lasting side effects following the discharge of a CSIS device, they may report the incident as an injury on duty.
- (5) Supervisors should offer officers involved FMO/HCP examination.
- (6) **Role of the Ombudsman**
 - (a) Every discharge of CS Spray must be reported to the Police Ombudsman for Northern Ireland. This will be achieved by way of the emergency response system to the on call Senior Investigating Officer, who will decide on the appropriate response from the Police Ombudsman's Investigators.
 - (b) The officer using the CSIS must inform the senior officer on duty in the district of its use at once. The senior officer on duty in the district so informed will be responsible for contacting the on call Police Ombudsman's Senior Investigating Officer, as set out in Code Section 9 – Complaints and Discipline. The Ombudsman does not need to be informed when:
 - (i) the discharge was accidental within police premises and no injury resulted;
 - (ii) the CSIS was discharged during training.
 - (c) A copy of the completed Form CS1 (Appendix 'A') should be made available to the relevant Police Ombudsman's Investigating Officer.
 - (d) Nothing in this paragraph negates an officer's duty to bring the discharge of CSIS to the attention of a supervisor as soon as possible after the device has been used, as set out in paragraph 5 above.

6. POSSESSION OF CS INCAPACITANT SPRAY WHILST ON/OFF DUTY/OTHER POLICE AREAS

- (1) By virtue of Article 6 of the Firearms (N.I.) Order 1981, CS Incapacitant Spray is a prohibited weapon and law strictly controls its possession. It is not unlawful for a police officer to have such a spray whilst '**acting in their capacity as a police officer.**'(Article 60)
- (2) **The possession, carriage and storage of CSIS Incapacitant Spray whilst off duty - CSIS will not be carried when off duty. In addition no cross- border protocol exists that will allow the carriage or operational use of CS Incapacitant Spray in other force areas. Therefore, possession or carriage of CSIS outside Northern Ireland is prohibited.**
- (3) **Possession on board an aircraft** – CSIS must not be taken on board an aircraft without the prior authority of the Air Loadmaster (Military Aircraft) or Civil Aviation Authority (Civil Flights).

- (4) **Possession in Prisons** – In the event of police taking control of a prison, the senior police officer present will make the decision as to the carriage of CS Spray and this should be assessed as a tactical option that would be available elsewhere. When prisons are under the normal control of the prison authorities, police officers will not enter prison premises whilst in possession of CSIS. Prior to their entry to prison establishments, the CSIS must be locked in the secure storage area at the entry point, or left in the safe custody of another officer.
- (5) **Carriage at public order events** – Officers will carry their CSIS whilst on duty and as part of their normal patrol equipment when on duty at public order situations. Such carriage is to provide additional protection to officers who may become isolated or otherwise vulnerable. It must be understood however that there are no group tactical options for CSIS use in such situations and therefore the use of CS Spray will be at the discretion of individual officers in accordance with the overriding principle of proportionality and necessity as set out above. Any use of CS at a public order situation may have a profound impact on crowd dynamics with implications for public safety and order. There is also the likelihood of widespread cross contamination, which has the potential to cause panic or even hysteria. The decision to use CS Spray in these circumstances must be capable of subsequent justification and the closest scrutiny at all levels. If used at a public order situation, the officer must inform their unit supervisor, and 'Silver' Command must be informed without delay.

7. TRAINING

- (1) Training will reflect ACPO and Service standards and policies. Regional Officer Safety Trainers will be trained in the use of the sprays. They will then deliver training at Personal Safety Programme refresher training. All officers, including student officers, undertaking Personal Safety Programme training for the first time will be trained in CS at this time, either by Combined Operational Training staff or the Regional Trainers.
- (2) Officers will receive annual refresher training in the use of CS when they attend Personal Safety Programme refresher training.
- (3) All operational officers (including P/T Reserve) up to Inspector rank will receive training in the use of CSIS. This will include comprehensive instruction in aftercare procedures. Officers above Inspector rank will be trained and issued with CSIS where there is an operational requirement.
- (4) It must be remembered that CSIS is only one of the range of options available to an officer dealing with violent or potentially violent people and should be used as part of a graduated flexible response. Only those officers trained in all other aspects of Personal Safety Programme training will be issued with CS Spray.
- (5) It is essential that officers are aware of the physiological and psychological effects of CS. This may assist if they are inadvertently exposed to, or cross-contaminated by CS during a confrontation. Within the training programme, an opportunity may be offered for officers to experience a general exposure to the spray. This will only be carried out under controlled conditions, consistent with ACPO and Service guidelines.

8. INITIAL DELIVERY AND STORAGE OF CS INCAPACITANT SPRAYS

- (1) As a prohibited weapon the possession, storage and control of CS Spray is subject to Article 6 of the Firearms (NI) Order 1981. The arrangements for the safe storage of the CS Spray prior to personal issue will ultimately be the responsibility of the DCU Commander. DCU Commanders will appoint a CS Administration Officer to supervise the storage and supply of CS in each DCU.
- (2) Estate Services and the Health and Safety Branch will arrange for the installation of cabinets at each DCU. They will also arrange for the display of Hazchem signs and compliance with relevant fire/safety regulations. The cabinets will be used for the storage of the initial supply and surplus sprays. The surplus supplies will be used as required for replacement issue to officers in that DCU. CS Sprays must be stored in an upright position. The sprays will be kept away from naked flames or sources of heat.
- (3) A sergeant from each section or unit (the issuing officer) will carry out the initial issue of CS Sprays to officers. Replacement sprays will be similarly issued. The issuing officer will complete Form CS2, 'CS Aerosol Incapacitant – Issue Register' - see Appendix B, at the time of issue. The issuing officer will have the entry of their personal issue of CS Spray countersigned by their Inspector.

9. PERSONAL ISSUE AND STORAGE

- (1) Only those officers who have successfully completed the initial training course will be personally issued with CSIS. When an officer is issued with CS Spray **that officer is responsible for its safekeeping** and secure storage until such time as it has been discharged or it is no longer required for operational use.
- (2) Each of the CS Incapacitant Sprays is individually marked and a detailed record will be maintained in each DCU of those sprays in circulation. The issuing officer will record both this number and the number on the anti-tamper seal of the spray on Form CS2, against the name and Service number of the receiving officer.
- (3) The integrity of the devices is paramount and officers must always be in a position to account for the history of their device. Each device will be fitted with an anti-tamper seal, which will assist in preserving integrity and preventing accidental discharge. In line with this, devices must not be shared or borrowed, unless under extreme operational conditions. A full record must be made by the officer surrendering their CS Spray to another, setting out why and to whom as soon as practicable after the event.
- (4) Officers transferring between DCUs will take their issued device with them. The transferring DCU is responsible for ensuring that records are updated to show this.
- (5) Supervising officers will inspect officers' issue spray to ensure the integrity of the device. This inspection will be made at the same time as the monthly firearms inspection. As part of the inspection, supervising officers will weigh individual canisters to ensure that the contents are the required weight. Digital scales will be supplied to DCUs for this purpose. Any discrepancy will be enquired into and a report submitted to the DCU Commander as to the findings. The supervisor will retain the affected spray and another spray will be issued to the officer. The supervisor will make a record of this. Further checks may be carried out at the discretion of the supervisor.
- (6) CS Administration Officers will check the contents of the central storage cabinet at least once a fortnight. They should also inspect the issue log to ensure that it is correctly maintained and up to date.
- (7) Officers who have a secure locker facility will store their spray, when not in use, in that locker. If an officer does not have a secure locker, e.g. a detective officer then the officer will store the spray in an alternative individual secure storage facility for example, a locked drawer or cabinet.
- (8) If neither of these facilities exists, then immediate steps should be taken via local command to ensure that a necessary secure facility is provided.
- (9) Failure to keep accurate records about the issue of CS Sprays may lead to the compromising of the integrity of the device. Failure to keep records will also result in formal disciplinary proceedings.
- (10) The issuing officer is responsible for ensuring that Form CS2 is updated regarding the new issue of a spray.

10. AFTER USE – RETENTION AND STORAGE

- (1) Once discharged, the CSIS device should be replaced immediately. This will include accidental/unintentional use (including where a seal is broken). The weight of the device will be recorded prior to packing and storage. It must be borne in mind of course that every incident is different and the amount of spray used will differ in each circumstance. As soon as practicable all used devices should be placed inside a small plastic weapons tube, and sealed in a tamper evident bag. The canister serial number and date should be recorded on the outside of the bag. The issuing officer will be responsible for packaging and subsequent storage. They will also ensure that an entry is made in the CSIS Issue/Return Register.
- (2) Where an arrested person has been sprayed, details of the circumstances will be entered on the custody record, including the name and station of the officer using CS Spray. The details of the device (i.e. identity number and seal number) will be recorded on the person's custody record, and the device stored at the station from where it is currently on issue. The device will be stored in a secure locker within the Special Property Store for a period of one year, whereupon it will be transported to a central storage facility. The used device will be retained at this facility for five years, longer if criminal or civil proceedings are ongoing or anticipated.

- (3) Where an officer has discharged the spray against a person, and that person has **not** been arrested, details of the device, including its weight, condition and identity number will be entered in the CSIS Issue/Return Register of the station from where it is currently on issue. It will be sealed and stored as at paragraph 10(1). Where this person is arrested by that officer at a later time, and in relation to the same incident, it is their responsibility to ensure that the details of the device and its storage location are entered on the person's custody record.
- (4) Upon the accidental/unintentional discharge of the CSIS, an officer of a higher rank than the person who discharged the CS will submit a report outlining the circumstances of the incident to the DCU Commander who will decide as to whether disciplinary procedures need to be implemented. Full consideration must be given to health and safety issues. Until the outcome of any investigation is known, the device should be recorded and stored as at paragraph 10(1).

11. DEVICE DISPOSAL

- (1) Stored CS Sprays may be disposed of in the following circumstances:
 - (a) Accidental discharge – where there are no discipline implications involved.
 - (b) Defective device – where no further action is required.
 - (c) Damaged device – where there are no disciplinary implications in relation to damage.
 - (d) If the device is no longer required – e.g. officer retirement.
 - (e) Following retention for six years, and in the absence of notification of criminal or civil proceedings in relation to use of the device etc.
 - (f) Following loss/theft and recovery – after all relevant enquiries/actions have been completed and decisions made as to disciplinary action/criminal prosecution.
- (2) The prior authority of an officer not below the rank of Chief Inspector is required for all disposals. CS Administration Officers will liaise with stores (Seapark) to dispose of used/out of date canisters and to arrange for replacement canisters to be issued.

12. RETENTION OF CONTAMINATED CLOTHING AND OTHER ITEMS

- (1) Where it is necessary to retain clothing or other items that have been contaminated with CS Incapacitant Spray, there remains a risk of cross contamination. These items should be sealed in a tamper evident bag [see General Order Part I, No 70/02, File Box C(c)] or prisoner's property bag.
- (2) The officer sealing the item will also be responsible for ensuring that the bag is clearly marked with 'Health Hazard' tape, and clearly label it as 'CS Contaminated'.

13. REPORTING LOST/STOLEN DEVICES

The theft or loss will be reported **immediately** to a supervising officer. The supervising officer will, as soon as possible, circulate details Service-wide, and forward a written report to the DCU Commander. The DCU Commander will consult with Internal Investigation Branch on any disciplinary implications which may arise.

14. COMPLAINTS

All instances whereby a complaint is made against a police officer concerning the use of CS Incapacitant Spray shall be reported to the office of the Police Ombudsman for Northern Ireland (PONI) in accordance with current Service instructions.

15. DECONTAMINATION OF VEHICLES/BUILDINGS

- (1) Normal ventilation should remove the effects of a spray in a room/vehicle in a short period of time. Doors and windows should be left open and air allowed to circulate until the area is clear.
- (2) In vehicles, the ventilation or air-conditioning system should be left on to further aid the clearance of the area. No chemical substances should be used to aid decontamination.
- (3) Heavily contaminated areas may require repeated washings with water and/or thorough vacuuming, dependent upon the nature of the surface.

Distribution/

**All chief officers, chief superintendents,
superintendents, departments, stations, offices and
the Police Ombudsman for Northern Ireland**

General Order Part I, No. 28/2004, File Box D(a)

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'C' - CS Incapacitant Spray

'I' - Incapacitant – CS Spray

'S' - Spray - CS Incapacitant



Making Northern Ireland Safer For Everyone Through Professional, Progressive Policing

OCCURRENCE REPORT : CS SPRAY

To: _____

_____ Station/Unit _____ District _____ Date

I have to submit the following particulars of an occurrence involving the use* of CS spray issued to a member of the police service:

(*use' includes drawing the device even if it is not discharged).

1. Date: _____

2. Time: _____

3. Location: _____

4. Station area of occurrence: _____

5. If CS discharged was a warning given? Yes/No* *Delete as appropriate

6. Name, rank, reg no. and station of member involved: _____

7. Full details of members of public involved: _____

8. Describe reaction of person sprayed (eg, dropped to knees, complied with instructions): _____

9. Details of known damage/contamination to property after spraying: _____

10. Brief details of circumstances, including reasons for drawing or use of CS spray: _____

11. CS spray produced for inspection by: _____ to: _____
Signed: _____ Rank: _____

Sections A and B - To be completed in every case

SECTION A

To: DCU Commander _____ District

(a) CS spray identity number _____ was produced to me by _____

It is issued to _____

Seal - Broken/Not broken* _____

CS canister sealed in evidence bag? Yes/No*. If no, explain reason _____

Weight _____

(b) The officer's notebook was examined and is correct? Yes/No*

(c) CSIS Register Number (if spray used) _____

(d) For information.

(e) There **has/has not*** been a breach of discipline.

Rank _____

**Delete as appropriate*

SECTION B

To: **Assistant Chief Constable Operational Support Department**
Head of Internal Investigation Branch (only where breach of discipline has occurred)

These papers are forwarded for your attention as:

(a)* A matter of record.

(b) There has been a breach of discipline. (Head of IIB to appoint an IO)

DCU Commander _____

**Delete (b) if no breach of discipline.*

Original of this form to be retained at DCU level.



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CS AEROSOL INCAPACITANT - ISSUE REGISTER

Serial No. Seal No. Weight	Officer to whom issued		Officer Issuing/Receiving		Date Issued/ Transferred In	Date Returned/ Replaced/ Transferred Out	Reason/ New Location	Station Ref. No.
	Name:	No.	Name:	No.				
	Signature:		Signature:			Weight:		
	Name:	No.	Name:	No.				
	Signature:		Signature:			Weight:		
	Name:	No.	Name:	No.				
	Signature:		Signature:			Weight:		
	Name:	No.	Name:	No.				
	Signature:		Signature:			Weight:		
	Name:	No.	Name:	No.				
	Signature:		Signature:			Weight:		
	Name:	No.	Name:	No.				
	Signature:		Signature:			Weight:		
	Name:	No.	Name:	No.				
	Signature:		Signature:			Weight:		
	Name:	No.	Name:	No.				
	Signature:		Signature:			Weight:		



Making Northern Ireland Safer For Everyone Through Professional, Progressive Policing

INFORMATION SHEET FOR PERSONS SPRAYED WITH CS INCAPACITANT SPRAY

You have been sprayed with approximately a 5% solution of CS in the solvent Methyl Iso-butyl Ketone (MIBK), with a nitrogen propellant. This may have the following effects:

- May cause discomfort to your eyes and a burning sensation to your skin. You may also have difficulty in breathing and tightness of the chest accompanied by coughing.
- Exposure to fresh air will normally result in recovery from most symptoms within 15 minutes. If the symptoms persist you should consult your doctor. Take this sheet with you.
- CS may cause damage to certain types of contact lens. If you have problems with your lenses, you should consult an optician. Take this sheet with you.
- Any clothing returned to you that may be contaminated with CS should be washed several times in normal detergent before use.

MIBK

- This may cause your skin to go red after time and you may have flaking or blistering of the skin, which could continue for up to a week. If this happens you should consult your doctor.



Making Northern Ireland Safer For Everyone Through Professional, Progressive Policing

USEFUL FACTS ABOUT CS

The Police Service of Northern Ireland uses a CS Incapacitant Spray that has a 5% concentration of CS in the solvent Methyl Iso-butyl Ketone (MIBK) with a nitrogen propellant.

What is CS?

CS is a white crystalline solid that melts at 94-95°C and boils at 310-315°C. Its chemical name is 2 - chlorobenzylidene malononitrile, but it is commonly called CS from the initials of Corson and Stoughton who were the first people to synthesise it in 1928.

How does a CS spray work?

When the CS solution is sprayed from the aerosol, the solvent will evaporate, leaving a fine dispersion of CS particles. These particles will be inhaled by the suspect and they will affect the sensory receptors in skin, eyes and lining membranes of the nose, mouth, upper respiratory and gastrointestinal tracks, causing a comparatively rapid but short-lived disablement.

What happens when someone is sprayed with CS?

When someone is exposed to CS the effects can vary depending on the level of exposure and the individual concerned, however, the following symptoms may be experienced: pain and discomfort in the eyes which will cause excessive watering, involuntary spasm of the eyelids leading to blinking or closure of the eyes, burning sensation in the nose and throat, excessive nasal secretion, excess salivation, burning and constriction of the chest, sneezing, coughing, retching and a stinging or burning sensation on exposed skin.

How quickly does CS have an effect?

CS will have an effect within 20 seconds - this time will depend on the concentration of the CS, the atmospheric conditions and the susceptibility of the individual.

How long will the effects last?

Significant symptoms will wear off quickly when the suspect is exposed to fresh air, this will usually be less than 15 minutes.

Does CS work on everybody?

In theory CS should work on everybody, in practice there are some individuals who may be less affected than others.

Is CS flammable?

CS itself is not flammable but the solvent (MIBK) is. The CS aerosol should not be used where there are **naked flames**.

Does it work on dogs or other animals?

No, animals are not affected by CS in the same way as humans.

CS INCAPACITANTS

Guidelines for Police Medical Professionals

General Issues (Health and Safety)

CS has been well researched from a toxicological standpoint and whilst there are short-term effects detailed below, there is no evidence of harmful long-term effects.

Clinical Effects

The levels at which effects are noted are set out below.

CS Concentration in Air	Effect
0.004 mg.m ³	Just detectable - slight irritation of eyes and nose
0.5 mg.m ³	Sufficient to make bystanders hurry away
4.0 mg.m ³	Sufficient to disperse a rioting crowd
10.0 mg.m ³	Sufficient to deter trained troops

The clinical effects and normal average duration are detailed below.

Symptom	Onset Time	Time to Relief
Inflammation of conjunctiva	0-10 secs	25-30 mins
Pain in eyes	0-10 secs	25-30 mins
Reduced visual acuity	0-10 secs	25-30 mins
Excess lachrymation	0-10 secs	15 mins
Blepharospasm	0-10 secs	25-30 mins
Rhinorrhoea	0-10 secs	25-30 mins
Burning sensation	0-10 secs	25-30 mins
Coughing	0-10 secs	10 mins
Photophobia (10% of subjects)	0-10 secs	1 hour
Difficulty breathing	0-10 secs	10 mins
Tightness/pain in chest	0-10 secs	5 mins
Irregular breathing including breath holding for short periods	0-10 secs	10 mins
Apprehension	0-10 secs	
Stinging/burning sensation in skin	few minutes	15 mins
Erythema skin	few minutes	24-48 hours
Erythema eyelids	few minutes	1 hour

Management

General

In the majority of cases, effects resolve spontaneously within 15-30 minutes after cessation of exposure and medical treatment is usually not required. Reassurance is essential. The most important first-line treatment is removal from exposure. Clothing, if contaminated should be removed. Please note, replacement clothing will be required. Medical personnel should wear gloves. Casualties should be placed in a well ventilated area, preferably where there is a free flow of air to ensure rapid dispersal of the CS.

Eye Irritation

Usually tear secretions are sufficient to remove the chemical from the eyes, but where ocular effects persist, eye irrigation should be undertaken using saline or water. Ophthalmological referral is indicated for patients with severe ocular effects.

Skin

The skin should be washed with soap and water if necessary. Further treatment is unlikely to be required. Any chemical burns should be treated as thermal burns. Topical steroids may be used for contact dermatitis.

Delayed skin irritation (onset 8-16 hours after exposure) has been observed in a significant number of cases. Symptoms gradually settle, but have taken up to one week to disappear. This is thought to be related to the solvent (MIBK) in which the CS is held in the particular formulation used. Anyone sprayed should be advised to consult their GP if symptoms arise. Treatment is symptomatic.

Respiratory System

Patients with persistent significant breathing difficulties lasting more than 15-20 minutes should be referred to hospital for assessment and observation. Humidified oxygen may provide symptomatic relief.

A simple cough linctus may help. Particular consideration should be given to people with existing pulmonary or cardiac disorders and normal clinical protocols followed.

Cardiovascular Symptom

Anyone suffering from pre-existing cardiovascular abnormalities should be examined and monitored by medical personnel and referred if necessary, as hypertension can be exacerbated.

Clothing may be decontaminated by washing in a conventional washing machine with a normal powder or liquid. The clothing should be washed several times before wearing, to ensure all the chemical is removed.

Conclusion

These comments are intended as a general guideline for medical personnel, to assist in assessing and treating any adverse reactions to CS.

Aftercare

Anyone suffering the effects of CS may be angry, frightened, or both. It is important to offer reassurance and provide aftercare to minimise the discomfort caused by the irritant.

Simply by moving the individual to an uncontaminated area and allowing fresh air to blow into their face, dries the crystals and removes them from the face and clothing.

Normal recovery will be made within 10-15 minutes

Officers administering aftercare should:

- Reassure the individual.
- Explain that the effects are temporary.

- Encourage normal breathing to prevent hyperventilation.
- Move the subject to an uncontaminated area.
- Face the subject into a breeze or a fan.
- Prevent eye rubbing and the use of water in the eyes.
- Remember that people suffering from CS may have difficulty hearing properly. This may necessitate officers repeating short statements in a louder than normal voice.
- Closely monitor the sprayed person's condition throughout the recovery period.
- If reactions persist longer than 15 minutes, then copious amounts of cool tap water should be used to flush remaining CS from the face. Warm water must **not** be used.
- Irrigation of the eyes should only be undertaken by trained medical personnel.

Contact Lenses

On exposure to CS the eyes will water and close, it is not easy to remove lenses under these conditions. Subjects should allow their eyes to close, as the tears act as natural irrigation to the eyes. Once the subject feels able to remove the lenses, it is important that they clean their hands and wash the area immediately **around** their eyes with copious amounts of cool water. This is because there may be particles of CS on and around these areas. The skin in these areas is less sensitive than the eyes and therefore, the subject may not be aware of the presence of residual CS.

Rigid lenses

It is believed that the normal tearing effect will irrigate the eye in the same way as a non-lens wearer. As the lens will not absorb CS it should be relatively easy to clear the lens by normal care.

Non-rigid - 'soft' lenses

These lenses will allow CS to enter into and through the lens material. This may mean the wearer will suffer greater discomfort, as the CS will permeate into the lens. There is little experience in whether these types of lenses can be successfully cleaned or whether CS will remain trapped in the lens. Additionally, the lenses are more likely to be damaged and the effect of the solvent on them is unknown. Until further information is available it is best to assume that the lens will be damaged and it should not be worn again.

Any person who shows any form of adverse reaction, should be provided with medical attention at the earliest opportunity, by calling the Northern Ireland Ambulance Service. The hospital should be advised that a person suffering from the effects of CS is attending, so that they can take precautionary measures to avoid cross-contamination with other patients.

Decontamination

CS Spray is bio-degradable and does not require any special decontamination procedures to be carried out. Normal ventilation will remove CS spray from the environment within 45 minutes, although sometimes it may take longer, depending upon the amount of spray used and the level of ventilation available. This applies to cells as well.

The normal washing of clothing is sufficient to remove from it any CS contamination. However, in some cases, several washes may be needed.



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CS INCAPACITANT INFORMATION SHEET FOR CUSTODY STAFF

- Check the physical condition of the subject.
- If the subject has not recovered from the effects of CS after 15 minutes from the time of spraying, arrange for them to wash (*under supervision*) with copious amounts of cold water. **The subject should not wash their eyes.**
- Arrange for the subject to be examined by the FMO or medical personnel.
- Place any clothing that has been in contact with CS spray in a sealed bag.
- Upon returning the clothing, the subject should be advised to have the items washed prior to use.
- Segregate the subject from other subjects.
- Provide subjects with enhanced cell supervision, as for subjects who are under the influence of drink/drugs.
- If the symptoms persist the subject should be removed to hospital.
- Prior to releasing the subject, they should be handed a Form CS3 informing them of the spray which has been used, and the action they should take if they suffer any additional problems.



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INFORMATION FOR OWNERS AND OCCUPIERS OF PREMISES WHERE CS INCAPACITANT SPRAY HAS BEEN USED

A CS Incapacitant spray with a concentration of 5% CS dissolved in a liquid solvent (Methyl Iso-Butyl Ketone) has been used by the Police Service of Northern Ireland on your premises. It is possible that some residue may remain on surfaces or articles.

To help remove the residue, you should:

- Open windows and doors for at least 45 minutes.
- If effects persist, wash surfaces with a detergent or hot soapy water, and then rinse with copious amounts of water. It is advisable to wear disposable rubber gloves.

In shop premises where it is suspected that a product, particularly food, has been contaminated, you should remove the product from display and refer to the shop policy.

What happens when someone is exposed to CS?

When a person is exposed to CS the effects can vary depending on the level of exposure and the person concerned. However, they may experience the following symptoms:

- Pain and discomfort in the eyes, which can cause excessive watering.
- Involuntary spasm of the eyelids, leading to blinking or closing of the eyes.
- A burning sensation in the nose and throat.
- A running nose or dribbling from the mouth.
- A burning sensation and tightening of the chest.
- Sneezing, coughing or retching.
- Stinging or burning sensation on exposed skin.

Anyone coming into contact with CS may display some or all of the above symptoms.

You should not rub your eyes or skin as this may make it worse. You should move outside into the fresh air and try to breathe normally.

How long will the effects last?

The symptoms described above will usually wear off within 15 minutes. If symptoms persist, medical assistance should be sought.

If you require further information please contact your local Police Station.