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**Association of Chief Police Officer of England,
Wales & Northern Ireland**

Guidance on the Use of Incapacitant Spray

Status: This Guidance is published by the Self-Defence, Arrest & Restraint Working Group of the Uniformed Operations Business Area. It is disclosable under the Freedom of Information Act 2000, and has been audited in line with ACPO requirements and is subject to copyright laws.

Implementation Date:

Review Date:

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CONTENTS PAGE

Section	Page number
1. Preface	3
2. Guidance, advice and procedures	4
3. Operational tactics [for separation if subject to FOI]	15
4. Learning requirement	16
5. Appendices	18
ACPO Workbook	'A'
<i>[The public document will only contain the Diversity Impact Assessment section of the Workbook]</i>	
Other Appendices	'B' -

SECTION 1 - PREFACE

1.1 Guidelines of the Use of Incapacitant Spray

- 1.1.1 The information contained in this document is designed to provide police officers and other police staff with an overarching, generic approach to the use of Incapacitant Spray.
- 1.1.2 The guidance should not be viewed in isolation but seen as the guiding principles and fundamental approach, underpinning the specific training provided to all staff issued with Incapacitant Spray.
- 1.1.3 The use of Incapacitant Spray should be seen in the context of the Conflict Management Model as a whole and their use viewed as one of the many tactical options that may be available to staff in the resolution of an incident.
- 1.1.4 These notes have been written on behalf of the Association of Chief Police Officers (ACPO) by the Strategic Firearms & Conflict Management Portfolio Working Group on Self-Defence, Arrest and Restraint (SDAR). Their purpose is to support and inform decision making in relation to the deployment and use of Incapacitant Spray. The guidance provided is for the benefit of chief constables and police staff who may be required to use Incapacitant Spray.
- 1.1.5 The nature of policing is so diverse that it will never be possible to document guidance to cover every encounter or eventuality; what is important is that any action taken is lawful. Action must be proportionate to the competing rights of individuals and any force used should be no more than absolutely necessary in the circumstances. In this regard individual officers must be prepared to account for their decisions, to show that they were justified in doing what they did and that they acted reasonably within the scope of the law on the use of force. Similarly, chief officers will need to be in a position to justify any decision or action in order to avoid or defend civil claims.

SECTION 2 - GUIDANCE, ADVICE AND PROCEDURES

2.1 CS Incapacitant Spray – Description of Equipment

- 2.1.1 Irritant is dispensed from a hand held aerosol canister in a liquid stream that contains a 5% solution of CS (2-chlorobenzylidene malononitrile) in the solvent Methyl Isobutyl Ketone (MIBK). The propellant is nitrogen.
- 2.1.2 A 5% solution has been selected because this is the minimum concentration which will fulfil the purpose of the equipment; namely to minimise a person's capacity for resistance without unnecessarily prolonging their discomfort.
- 2.1.3 The liquid stream is directional and has a range of up to 4 metres. Maximum accuracy, however, will be achieved over a distance of 1.25 - 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.

2.2 Effects of CS

- 2.2.1 CS is a peripheral sensory irritant. In most cases spraying will result in the subject's eyes being forced shut, a burning sensation on the skin around the eyes and face, when inhaled their breathing may be affected. In most cases this action will be sufficient to render a subject incapable of continuing an attack. The effects may be instantaneous or can be delayed for up to 20 seconds. It should, however, be remembered that no incapacitant is universally effective and there may be individuals on whom an incapacitant may not be effective at all or only partially so.
- 2.2.2 Exposure to fresh moving air will normally result in a significant recovery from the effects of CS within 15 - 20 minutes.

2.3 PAVA Incapacitant Spray - Description of Equipment

- 2.3.1 Captor I - Irritant is dispensed from a hand held canister in a liquid stream that contains a 0.3% solution of PAVA (Pelargonic Acid Vanillylamide) in a solvent of aqueous ethanol. The propellant is nitrogen. Captor II - Irritant is dispensed from a hand held canister in a liquid stream that contains a 0.3% solution of PAVA in a solvent of monopropylene glycol, water and ethanol. The propellant is nitrogen.
- 2.3.2 Captor I & Captor II - A 0.3% solution has been selected because this is the minimum concentration which will fulfil the purpose of the equipment; namely to minimise a person's capacity for resistance without unnecessarily prolonging their discomfort. It should be noted that PAVA is significantly more potent than CS.
- 2.3.3 The liquid stream is a spray pattern and has a maximum effective range of up to 4 metres. Maximum accuracy, however, will be achieved over a distance of 1.25 - 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.

2.4 Effects of PAVA

- 2.4.1 PAVA primarily affects the eyes causing closure and severe pain. The pain to the eyes is reported to be greater than that caused by CS. The effectiveness rate is very high once PAVA gets into the eyes. However, there have been occasions where PAVA has failed to work, especially when the subject is under the influence of alcohol. It should be remembered, however, that no incapacitant is universally effective and there may be individuals on whom an incapacitant may not be effective at all or only partially so.

2.4.2 For PAVA to work effectively it must enter the eyes. The effects of PAVA are usually instantaneous if this happens. Exposure to fresh moving air will normally result in a significant recovery from the effects of PAVA within 15 – 20 minutes.

2.5 Issue / Possession

2.5.1 General

2.5.2 Individual chief constables will wish to establish policy and guidelines on the extent and appropriateness of issue and carriage by officers under their command. The sprays should, however, only be issued to those officers who have successfully completed an approved training course.

2.5.3 Incapacitant sprays should not be regarded as a replacement for other routinely issued protective equipment but rather one of a number of tactical options. An officer may need to resort to the use of another item of equipment if the incapacitant is used but does not have the effect intended.

2.5.4 Possession off duty

2.5.5 Aerosol incapacitants are classified as 'prohibited weapons' by virtue of Sec. 5(1)(b) Firearms Act 1968. Police officers, whilst acting in their capacity as such, are exempt from the requirements of the legislation and do not need any additional authority to possess them. Officers can therefore have lawful possession of the spray whilst off duty provided that this is necessary for the purposes of police duty. Chief officers may wish to consider the need for such possession in their own force area and introduce a system for authorising the same and for ensuring the safe custody of devices stored temporarily away from police premises.

2.5.6 Possession in HM Prisons

2.5.7 Incapacitant spray should not be taken into HM Prisons during routine visits. Arrangements exist at establishments for the secure depositing of canisters prior to entry. However, such arrangements must be in accordance with an appropriate assessment of risk.

2.5.8 Where police officers are deployed operationally inside prisons the decision as to whether incapacitant spray should be carried will be made by the officer in overall command of the police operation.

2.5.9 Possession outside force area

2.5.10 A protocol as set out in Para 2.12 below exists which accepts that on those occasions when the carriage of incapacitant spray outside an officer's own force area is necessary, individual chief officers will remain vicariously liable in civil law for their own officers' actions. Guidance for the use of the spray, whether within or outside the force area is set out at Para. 2.6 below.

2.5.11 Possession at public order events

2.5.12 Chief officers may wish to consider policies relating to possession of incapacitant spray at pre-planned public order events. It should be noted that there are no group tactical options for its use at such events and therefore use will be at the discretion of individual officers in accordance with the overriding principle of reasonableness and necessity.

2.5.13 Such action on the part of an officer 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, particularly in the case of CS, lead to cross contamination causing panic or even hysteria. Similarly, the use of incapacitant spray, again primarily CS although PAVA in a more limited way, 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 and the closest scrutiny

2.6 Use

- 2.6.1 Use of the spray is one of a number of tactical options available to an officer who is faced with violence or the threat of violence. Its use must be lawful in all the circumstances. The decision to use the spray is an individual one for which the officer will be accountable. The impact factors referred to in the 'Conflict Management Model' may assist officers in making such judgements.
- 2.6.2 The spray should not be used at a distance of less than 1 metre unless the nature of the risk to the officer is such that this cannot be avoided. In such cases, officers must be prepared to justify not only their use of the spray but also their decision to use it at a distance which may cause damage to eyes due to the discharge pressure of the liquid.
- 2.6.3 Since the spray may only cause temporary incapacitation, its use against a subject armed with a firearm may not be 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 to hand the spray may be useful in preventing subjects actually arming themselves. Because of the extreme dangers, use in such circumstances should be carefully considered.

- 2.6.4 Because of the effects of the spray any decision to use it on a person in charge or in control of a motor vehicle must also be carefully considered.
- 2.6.5 Occasions will arise where it is necessary to use incapacitant spray on persons whose violent behaviour is due to a mental disorder or illness. In such cases, where it is practicable, advice should be sought from mental health professionals present at the scene. In pre-planned joint activities such discussions could form part of the briefing and risk assessment for the event. Consultation with friends, relatives etc. who are likely to know the person well may also assist in deciding on the most appropriate use of force response. The final decision to use the spray in these circumstances will rest with the officer concerned. Chief officers are encouraged to consider local protocols with health authorities / social services in this respect.

2.7 Training

- 2.7.1 The aims and objectives of training in the use of incapacitant spray are contained in ACPO's Personal Safety Programme.
- 2.7.2 Tactical training in the use of the spray should emphasise precautions in relation to self / cross contamination and the use of appropriate restraint techniques after spraying.
- 2.7.3 Chief officers should ensure that all officers are familiar with the dangers associated with the conditions known as positional asphyxia and acute behavioural disorder.
- 2.7.4 It is important that officers have an appreciation of the physical and psychological effects of incapacitant sprays. This may assist if they are inadvertently exposed to, or cross-contaminated by, an incapacitant spray during a confrontation. Forces may consider

familiarising officers with its effects through 'general exposure' as part of their training. This aspect should at all times be carried out in accordance with the general exposure training guidelines, which are included in the Personal Safety Programme. Officers who, due to a known medical condition, are concerned about being exposed to incapacitant spray should be advised to consult their force medical or occupational health officer before being exposed.

2.8 Aftercare

- 2.8.1 After spraying and once the subject has been properly restrained it is important that the officer provides verbal reassurance as to the temporary effects of incapacitant spray and instructs the subject to breathe normally. This will aid recovery and lessen the risk of hyperventilation. This procedure, together with those below, apply equally to officers or others exposed to incapacitants, whether in training or operationally.
- 2.8.2 The person sprayed should be removed to an uncontaminated area where they can be exposed to cool fresh air. This will assist their recovery. Although they should not be forced to open their eyes, they should be advised to do so as soon as they are able. This will allow their tears to flush the incapacitant from the eyes. They should be told not to rub their eyes or face, as this will only increase the effects of the spray. Exposure to fresh air will normally result in a significant recovery from the effects of the incapacitants within 15 – 20 minutes.
- 2.8.3 If reactions do persist beyond this period then copious amounts of cool tap water should be used to flush remaining incapacitant from the face. Under no circumstances should warm water be used. The affected individual, a Forensic Physician or other medical personnel should only undertake irrigation of the eyes. A medical practitioner should examine those who cannot open their eyes or whose eyes are actively running beyond the normal recovery

period. The expected period is 20 minutes after exposure although this varies from individual to individual. The use of so called incapacitant 'antidote' or 'neutralising' agents has been examined and they are not considered appropriate, in some cases their use may prove harmful.

- 2.8.4 Close monitoring of a subject throughout the recovery period is of utmost importance. If the individual experiences difficulties in resuming normal breathing then medical assistance must be sought immediately and must be given precedence over conveying the subject to the police station. Difficulties with breathing may be reflected in an individual displaying an audible wheeze or an inability to complete a sentence in one breath or an increased respiratory rate beyond the normal recovery period. The expected recovery period for breathing is 5 minutes after exposure. If the individual has been restrained either by hand or through the use of handcuffs or other restraint devices then particular attention should be given to monitoring their breathing.

- 2.8.5 If the individual is detained in a cell they should be subject to the same cell supervision provided for individuals who have consumed alcohol or drugs. If there are any signs of adverse or unusual reactions then medical attention should be sought immediately. It is essential that the subject's breathing continues to be closely monitored.

- 2.8.6 If an individual suffers blistering or redness on the skin that persists for several hours then in both cases they should receive medical assistance.

- 2.8.7 Generally, individuals who have been sprayed with incapacitants need not be routinely examined by medical staff. Such examinations will be at the discretion of the custody officer who will act in accordance with the PACE Codes of Practice relating to medical treatment of detained persons.

- 2.8.8 On release from custody any person who has been sprayed with incapacitant should be given an information leaflet similar in wording to that agreed by ACPO. They should also be advised to seek medical attention if they experience any further related medical problems.
- 2.8.9 Persons who are sprayed and who are wearing contact lenses may experience greater discomfort. They should be permitted to remove their lenses at the earliest opportunity. On no account should a police officer attempt to remove contact lenses from another person. The individual, an optician or a medical practitioner should only do this. Exposure to incapacitants, in common with other substances, may cause damage to certain types of lens, soft lenses should be discarded following exposure. Individuals who experience problems with their lenses after normal cleaning should consult an optician.
- 2.8.10 Ventilation will usually remove the effects of CS in a room within 45 minutes. To enhance decontamination, windows and doors should be left open during this period. Where CS aerosols have been used within a building, officers should advise the owners in respect of decontamination procedures. They should be provided with an explanatory leaflet, the wording of which has been approved by ACPO, and advised that if the effects have not dissipated within one hour, they should seek further advice from the police. Although primarily applicable to CS the same process would apply to PAVA if necessary.

2.11 Storage and administration

- 2.11.1 Individual chief constables will wish to establish policy and systems for the safe storage and administration of incapacitant sprays. Such systems should provide an audit trail to enable the identification and location of devices. Ideally, a device that has

been used operationally should be removed from circulation and, where appropriate, marked as an exhibit and stored in accordance with manufacturer's instructions.

2.11.2 In storing an incapacitant the following legislation must be complied with:

- Health and Safety at Work Act 1974
- Management of Health and Safety at Work Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002 (as amended)

2.11.3 In addition, the manufacturer's guidelines for storage of canisters should be complied with and areas for storage should be clearly marked. This may include the display of appropriate HAZMAT codes.

2.11.4 The advice of the Health and Safety Executive and local Fire Prevention Officer can be obtained in relation to areas suitable for storage. The use of protective clothing and respirators may be required in dealing with spillage or seepage from incapacitants.

2.11.5 Individual forces should undertake appropriate risk and COSHH assessments in relation to all aspects of incapacitant sprays.

2.12 Cross Border Protocols

2.12.1 All forces have equipped officers with an incapacitant, CS or PAVA.

2.12.2 On borders of forces, it is not uncommon for patrols to cross boundaries when operationally necessary.

2.12.3 With the likelihood of mutual aid between forces a cross border protocol is required in the deployment of incapacitant sprays.

2.12.4 It is clear that chief constables have a duty of care to their officers regardless of whether they are operating within their own force boundaries or in other force areas.

2.12.5 In order to get a unified approach to this issue, the following draft protocol is agreed:

“It is agreed that the chief constable of a constabulary has a duty of care to his/her officers, regardless of whether they are operating within their own or OTHER force areas. It is agreed, therefore, that forces will ALLOW the carriage and operational use of incapacitant spray, as per national guidelines in line with the Conflict Management Model”

ACPO Strategic Firearms & Conflict
Management Portfolio
Self Defence, Arrest & Restraint Working
Group

SECTION 3 – OPERATIONAL TACTICS

3.1 Operational use of Incapacitant Spray

- 3.1.1 The techniques and tactics for the use of Incapacitant Spray are covered during the training provided to police officers and members of police staff issued with Incapacitant Spray.
- 3.1.2 Details of the training can be found within the ACPO Personal Safety Manual of Guidance.

SECTION 4 – LEARNING REQUIREMENT

4.1 Provision of Officer Safety Training

- 4.1.1 The provision of appropriate safety training is an integral element in the use of Incapacitant Spray and other equipment used for self defence.
- 4.1.2 Personal Safety Training has developed over time driven by a variety of reasons ranging from various legislative acts together the need to provide officers and members of police staff with the necessary skill to defend themselves and others.
- 4.1.3 The training provided has proved to be an extremely effective control measure, helping to address the risks faced by officers and police staff during their day to day activities.
- 4.1.4 There are clear benefits to be accrued from appropriate and frequent Personal Officer Safety Training including a reduction in the number and severity of injuries to staff.
- 4.1.5 All officers and relevant police staff will receive initial Safety Training appropriate to their specific roles. This will then be supplemented by regular refresher training designed to maintain their competency in the use of Incapacitant Spray, other equipment and empty hands techniques. This will ensure that staff are fully equipped to manage conflict.
- 4.1.6 Based on the legal requirements, the variety of techniques and equipment together with the need to refresh and demonstrate an appropriate level of competency ACPO Self Defence, Arrest and Restraint (SDAR) Working Group as part of the Strategic Firearms & Conflict Management Portfolio has recommended that staff complete an appropriate period of Personal Safety Training each year as advocate within the Strategic Guidance

accompanying the national Personal Safety Programme. This level of training delivered in a structured, holistic and rotational programme will allow all staff to reach and maintain a standard that will help protect them and others when confronted by violence or the threat of such violence.

SECTION 5 – APPENDICES

5.1 ACPO Workbook – Incapacitant Spray

- 5.1.1 Attached as Appendix 'A' is the ACPO Workbook relating to the ACPO Guidance on the Use of Incapacitant Spray, as contained in Section 2.



**WORKBOOK FOR THE CREATION OF ACPO GUIDANCE/PRACTICE
ADVICE**

**SECTION C - ACPO EQUALITY IMPACT ASSESSMENT TEMPLATE
(DIVERSITY AUDIT) AS AGREED WITH THE CRE**

C1. Identify all aims of the guidance/advice

C.1.1 Identify the aims and projected outcomes of the guidance/advice:
The aim of the advice is to provide police officers with guidance on the use of Incapacitant Spray. This includes detail on the application of Incapacitant Spray together with legal and medical advice. The information is for national compliance and is available to all.
C.1.2 Which individuals and organisations are likely to have an interest in or likely to be affected by the proposal?
Police Federation, Home Office, Her Majesty's Inspectorate of Constabularies (HMIC), National Policing Improvement Agency (NPIA), Crown Prosecution Service (CPS), Legal Services.

C2. Consider the evidence

C.2.1 What relevant quantitative data has been considered?	
Age	Nil
Disability	Nil
Gender	Nil
Race	Nil
Religion / Belief	Nil
Sexual Orientation	Nil
C.2.2 What relevant qualitative information has been considered?	
Age	Nil
Disability	Nil
Gender	Nil
Race	Nil
Religion / Belief	Nil
Sexual Orientation	Nil
C.2.3 What gaps in data/information were identified?	
Age	Nil

Disability	With the introduction of the Disability Discrimination Act the tactics used for restraint as per the ACPO Personal Safety Manual of Guidance have been subject of review. Whilst the tactics are suitable for use on all persons the particular and differing needs of those with disability have been further considered.
Gender	Nil
Race	Nil
Religion / Belief	Nil
Sexual Orientation	Nil
<u>C.2.4 What consideration has been given to commissioning research?</u>	
Age	Nil
Disability	In order for the guidance to meet the needs of disabled groups SDAR are monitoring and utilising the work undertaken by the Metropolitan Police Service (CO11 Public Order OCU).
Gender	Nil
Race	Nil
Religion / Belief	Nil
Sexual Orientation	Nil

C3. Assess likely impact

C.3.1 From the analysis of data and information has any potential for differential/adverse impact been identified?	
Age	No
Disability	No
Gender	No
Race	No
Religion / Belief	No
Sexual Orientation	No
<u>C.3.2 If yes explain any intentional impact:</u>	
Age	N/A
Disability	N/A
Gender	N/A
Race	N/A
Religion / Belief	N/A
Sexual Orientation	N/A
C.3.3 If yes explain what impact was discovered which you feel is justifiable in order to achieve the overall proposal aims. Please provide examples:	
Age	N/A
Disability	N/A
Gender	N/A
Race	N/A
Religion / Belief	N/A
Sexual Orientation	N/A
C.3.4 Are there any other factors that might help to explain differential /adverse impact?	
Age	N/A
Disability	N/A
Gender	N/A

Race	N/A
Religion / Belief	N/A
Sexual Orientation	N/A

C4. Consider alternatives

C.4.1 Summarise what changes have been made to the proposal to remove or reduce the potential for differential/adverse impact:
Nil
C.4.2 Summarise changes to the proposal to remove or reduce the potential for differential/adverse impact that were considered but not implemented and explain why this was the case:
Nil
C.4.3 If potential for differential/adverse impact remains explain why implementation is justifiable in order to meet the wider proposal aims:
Nil

C5. Consult formally

C.5.1 Has the proposal been subject to consultation? If no, please state why not. If yes, state which individuals and organisations were consulted and what form the consultation took:	
SDAR Secretariat, through the MPS, conducted consultation with representative equality groups. Groups described below were given the guidance to view and comment on.	
Age	MPS Diversity Directorate – DCC4
Disability	MPS Diversity Directorate – DCC4
Gender	MPS Diversity Directorate – DCC4
Race	MPS Diversity Directorate – DCC4
Religion / Belief	MPS Diversity Directorate – DCC4
Sexual Orientation	MPS Diversity Directorate – DCC4
C.5.2 What was the outcome of the consultation?	
Age	Guidance Approved
Disability	Guidance Approved
Gender	Guidance Approved
Race	Guidance Approved
Religion / Belief	Guidance Approved
Sexual Orientation	Guidance Approved
C.5.3 Has the proposal been reviewed and/or amended in light of the outcomes of consultation?	
No	
C.5.4 Have the results of the consultation been fed back to the consultees?	
Yes, via the Metropolitan Police Service	

C6. Decide whether to adopt the proposal

C.6.1 Provide a statement outlining the findings of the impact assessment process. If the proposal has been identified as having a possibility to adversely impact upon diverse communities, the statement should include justification for the implementation:
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Incapacitant Spray is suitable for use on all persons in line with the guidance provided, which provides advice on legal, medical and practical issues. Consultation continues to take place with the Disabled Independent Advisory Groups so that their concerns can be considered and incorporated as necessary into the guidance. This is seen as an on going process with relevant information assimilated at future reviews.

C7. Make Monitoring Arrangements

C.7.1 What consideration has been given to piloting the proposal?
N/A
C.7.2 What monitoring will be implemented at a national level by the proposal owning agency and/or other national agency?
Monitoring of the Use of Force is a recommendation by HMIC and as such incorporated into the national Personal Safety Programme – Strategic Guidance.
C.7.3 Is this proposal intended to be implemented by local agencies that have a statutory duty to impact assess policies? If so, what monitoring requirements are you placing on that agency?
No

C8. Publish Assessment Results

C.8.1 What form will the publication of the impact assessment take?
<i>It is recommended that for publication on the ACPO website, the impact assessment be attached to the completed document as the first appendix. On the ACPO Intranet, the whole workbook will be attached to assist in the preparation of local audits.</i>