

Written by
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for
Sanctum of the Craft

RESISTANCE
MEDICINE FOR

State Violence – Related Injury



State Violence- Related Injury

Resistance Medicine

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Sanctum of the Craft

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*Dedicated to
the brave people of the resistance...*

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If someone belongs to a group targeted by the police and ICE, wherever and whenever they may be found, going about their everyday business (work, school, court hearings, medical appointments, etc.), they are at risk of experiencing severe human rights violations.

Those human rights violations sometimes include physical assault resulting in injury. These injuries may also be left untreated for some time, as ICE has also been found guilty of denying medical attention to those they have detained. This has led to deaths in ICE custody.

If someone chooses to stand against the rising tide of militarized state violence, whether at a demonstration that is intended to be peaceful or not – the police, ICE, and potentially the military may choose to act with brutality against those present.

The state is increasingly sending riot police and the military against peaceful demonstrators. No one is safe from state-sanctioned violence. Riot police have assaulted the elderly, disabled, children, and medics.

Additionally, medical attention has been denied to people while they are detained, sometimes leading to the death of the injured person.

First Aid Kit

Being forearmed against violence with a proper first aid kit and the training to use it is vital, whether someone intends to serve as a medic or not. These are the supplies we personally recommend be carried in a person's first aid kit if they intend to treat injuries commonly caused by government-related actors against a civilian population.

Please note that this is not a full street medic kit, but rather the basic supplies anyone should carry if they feel they will be a target of violence. Putting together a full street medic kit is its own class with detailed information on specific brand recommendations, items to carry, recipes, etc.

Please note that this list also recommends certain items that a person must train beforehand to use properly. These items include but are not limited to, such as SAM style splints and tourniquets. Please seek out that training, either offered by us or by someone else.

- Nitrile gloves
- Povidone-iodine wipes
- Band-Aids
- Blister Band-Aids (hydrocolloid dressings)
- Liquid Band-Aid
- Sterile gauze sponges, 2 by 2 and 4 by 4
- Self-adhesive wound wrap
- Non-latex medical tape
- Wound closure strips (Steristrips are our preferred brand)
- Sterile gauze rolls

- Hemostatic dressings
- Clotting spray
- Lidocaine wound spray
- Sterile wound wash
- Sterilizing wipes
- Petroleum jelly
- Diclofenac gel (topical NSAID)
- Arnica gel
- Burn salve
- Triangle bandages
- Ace bandages
- Bandage clips
- SAM splint
- Tourniquet
- Trauma shears
- Tweezers
- Eye patches
- Shock blankets
- Squirt bottles of clean water
- Cold packs
- Heating packs
- Biohazard trash bags
- Emergency poncho
- Mylar blankets
- Cough drops
- Electrolyte packets
- Energy or protein bars
- Bottles of water

What to Wear

This portion of this guide addresses what to wear if a person is attending a demonstration, protest, riot, etc. that might be selected for a display of force, intimidation, or oppression. These recommendations help a person demonstrate in a risk-aware, safe(ish) fashion.

Protective equipment is vital for preventing injuries and reducing the severity of those that cannot be prevented.

Shoes:

We cannot stress enough that people need to wear comfortable shoes. They will be on their feet for a long time, possibly marching or running.

We recommend good-quality hiking shoes or boots, or a pair of tactical boots designed for long treks. Ideally, people should look for waterproof and tear-resistant materials. Shoes should be broken in before a person intends to walk long periods in them. If that is not possible, then we heavily recommend adding blister Band-Aids to the first aid kit.

Recommendations:

For hiking shoes, we have found Merrell to be durable and comfortable. They also have an enormous range of styles, for easy to difficult terrain, and different temperature ranges. We've had Merrell boots last for years under extremely heavy use. We both use field boots or tactical boots, as well.

For tactical boots, having tried multiple brands, we both recommend 5.11 Tactical. Akiima used to heavily recommend Ariat's field boots; however, not only has their quality diminished, but they no longer make the knee-high waterproof field boots rated for riding for AFAB people at all. A person could also use Dubarry field boots, but they are very expensive.

<https://dubarry.com/collections/field-sports/products/ladies-country-boot-walnut-galway>

From 5.11 Tactical, if it can be afforded, we recommend their 8-inch high ATAC line for both bug-out bags and protests.

<https://www.511tactical.com/eu-en/atac-series>

Clothing:

We recommend that people wear multiple layers that cover their skin to reduce their exposure to the sun, wind, gas, pepper spray, smoke, etc. Layers also help soften the impact of bean bag rounds and rubber bullets.

Undershirts:

We recommend the kind of undershirts that are used by hikers and campers (also useful to put into a Bug Out Bag). The fabrics we recommend are silk and Merino wool, which are moisture-wicking, fire-resistant, antimicrobial, and breathable. These may be prohibitively expensive, so consider checking thrift and resale stores. (Akiima has purchased all of hers from Poshmark.)

<https://www.smartwool.com/en-us/best-wool-base-layer.html>

Shirts:

We recommend covering the body, so not just wearing a tshirt or tank top. This protects against chemical weapon exposure, abrasions and lacerations from falling, etc.

We recommend Ripstop nylon, cotton, or canvas. Cheap work and field shirts of ripstop can be found on many work and farm supply stores online; unfortunately, it is harder to find ones that accommodate having breasts. Additionally, Ripstop shirts can be purchased that are treated with a flame-resistant coating, which makes them more useful to people who might be picking up flaming items (for whatever reason).

Non-polyester ripstop is getting extremely hard to find, so durable cotton twill or canvas may be substituted. We do **not** recommend polyester shirts for protests due to the risk of overheating and flame-related injury (polyester melts to skin).

Cotton canvas or twill recommendations:

<https://www.carhartt.com/product/103554-253MREG>

<https://dungarees.com/carhartt-103600-womens-rugged-flex-bozeman-shirt>

https://www.ariat.com/10032882_192904419139.html

<https://dovetailworkwear.com/products/oahe-work-jac>

Ripstop recommendations:

<https://www.cabelas.com/shop/en/redhead-ripstop-long-sleeve-shirt-for-men>

<https://oilandgassafetysupply.com/products/flame-resistant-reflective-ripstop-button-down-gray>

<https://www.eddiebauer.com/p/23124215/women's-mountain-ripstop-long-sleeve-shirt>

Cut-Resistant Shirts:

Cut-resistant and tear-resistant shirts are available, some of which look just like regular clothing. Again, these are quite expensive.

Recommendation:

<https://www.boharmor.com/product/wcool-air-mesh-armored-riding-shirt/>

<https://skullriderz.com/collections/kevlar-clothing>

<https://www.skullriderz.com/products/road-armor-air-rider-ladies-mesh-armored-shirt>

<https://oldsoulmoto.com/collections/womens-kevlar-moto-shirts>

<https://www.awawork.com/noiish.html>

<https://www.slash-pro.com/>

Vests:

Vests can serve as extra equipment storage if they have pockets. At protests, they can also serve as protection for one's vital organs. Akiima tends to prefer motorcycle protective equipment, as it is something that can plausibly be explained to authorities should it be required. Spinal protectors can serve a similar, more specialized function.

Recommendation:

<https://www.revzilla.com/motorcycle/icon-womens-stryker-vest>

<https://www.revzilla.com/motorcycle-back-protectors>

Pants:

Pants should be ripstop canvas, leather, or aramid reinforced. These are listed in order of ascending level of protection as well as ascending level of encumbrance and possible overheating. Pants that are extremely protective and also extremely breathable tend to be quite expensive.

Canvas:

<https://dovetailworkwear.com/products/dx-bootcut-in-kodiak-brown?variant=40081803182114>

https://www.carhartt.com/product/103335/rugged-flex-steel-cargo-pant?colorCode=undefined_SW

<https://ravenrova.com/products/raven-black-pants>

Plus Size:

<https://ravenrova.com/collections/in-stock-motorcycle-gear/products/falcon-silver-textile-pants>

Aramid Reinforced Denim:

<https://dovetailworkwear.com/collections/fr/products/britt-utility-fr-denim-indigo?variant=40077625557026>

<https://windandthrottle.com/products/moto-ribbed-pants>

<https://pandomoto.com/product/all/women/lorica-kev-02-womens-motorcycle-jeans-skinny-fit-kevlar/>

<https://pandomoto.com/product/all/men/protective-riding-jeans/>

Leather:

<https://www.revzilla.com/motorcycle/motonation-revolver-perforated-leather-pants>

Gloves and Fire-Resistant Gloves:

There are good reasons to wear a number of different types of gloves. If a person is concerned with needing to pick up and throw back actively burning projectiles, they need specialized equipment for that. For inclement weather, they would likely want different ones.

Recommendations:

<https://www.magidglove.com/magid-t-rex-inferno-series-trx824-black-flame-resistant-impact-glove-cut-level-2-trx824pp>

https://www.firedex.com/catalog/dexpro/?attribute_size=2X%20-%20Cadet&attribute_cuff-style=Gauntlet

Gas Mask:

If there is a good chance that you will be subject to chemical weapons released by riot police, then please consider purchasing and bringing a gas mask to the protest.

We want to note here that it is a myth that a vinegar-soaked bandana protects against tear gas (and also note there are multiple kinds of tear gas. More on all this in the section on chemical weapons.)

Please note that both the respirator or mask and the filters have to be chemical rated, not just dust rated.

Crimethinc has an excellent guide to gas masks and goggles that we highly recommend people read:

[https://crimethinc.com/2020/09/02/a-demonstrators-guide-to-gas-masks-and-goggles-everything-you-need-to-know-to-protect-your-eyes-and-lungs-from-gas-and-projectiles#:~:text=If%20you%20want%20an%20affordable,\(%2435%20for%20the%20pair\).](https://crimethinc.com/2020/09/02/a-demonstrators-guide-to-gas-masks-and-goggles-everything-you-need-to-know-to-protect-your-eyes-and-lungs-from-gas-and-projectiles#:~:text=If%20you%20want%20an%20affordable,(%2435%20for%20the%20pair).)

Recommendations:

<https://www.mirasafety.com/products/tapr-tactical-air-purifying-respirator-mask>

Goggles and Shatter-Resistant Glasses:

A protester should wear goggles or shatter-resistant glasses if they plan to be up front. If a person plans to be on the front lines in front of a counter-protest or the police, they need something to protect their eyes in case things get ugly, preferably something with a seal around the eyes. Sure, no one wants pepper spray in their eyes, but they probably don't want spit from someone shouting at them in their eyes either.

Recommendations:

<https://www.northernsafety.com/safety/safety-products/eye-protection/safety-goggles>

<https://www.thefirestore.com/Cairns-ESS-Firefighter-Goggles>

Full Face Protection:

https://www.durawear.com/north-by-honeywell-7600-series-silicone-full-face-respirator-dual-cartridge-medium-large/?fbclid=IwARoPIbOTFwY_SJcV17vkQjuHPnzpiVzSW-clmj1qQaHlF9oUpPQwZRhs9U

<https://www.mirasafety.com/products/cm-6m-tactical-gas-mask>

Other Head Protection:

Ear protection is primarily intended for volume control. Wear ear protection to protect your hearing. Noise-damping earplugs intended for concerts can also be used. If there is a significant chance that firearms will be utilized, ear protection is essentially required. Helmets are useful to protect against blunt force head trauma from things like bean bag rounds,

police batons, gas canisters, or aggressive counter-protesters. Motorcycle helmets are easier to justify and can prevent you from being recognized. Tactical helmets may be more effective in extremely violent situations.

There are now advanced ear protection options intended for people engaging in hunting/shooting that automatically dampen any noises above a certain threshold. These options can protect your hearing from loud noises (such as gunfire) without impairing your ability to hear what is going on around you. Some of them also come with Bluetooth capability. They do not provide protection against long range acoustic devices.

Ear Protection:

<https://www.amazon.com/Professional-Safety-Muffs-Decibel-Defense/dp/B01BEENYCQ?th=1>

<https://elginusa.com/products/elgin-rampage-bluetooth-hearing-protection-earmuffs>

<https://www.sweetwater.com/store/detail/ER2oXSStd-etymotic-research-er-2oxs-high-fidelity-earplugs-standard-fit>

<https://goaxil.com/products/xcor>

<https://goaxil.com/products/trackr-blu>

Hard Hats and Helmets:

We recommend you wear head protection, if possible. Generally a hard hat, which can also display a medic symbol.

Black bloc protesters sometimes wear helmets, and can also be a useful tool for anonymity. These helmets DO NOT provide protection against gas, which is why most Black Bloc wear a combination of goggles and a gas mask, instead. However, we have included some options here for thoroughness.

<https://www.revzilla.com/motorcycle/sedici-strada-3-helmet>

<https://bulletproofzone.com/collections/helmets>

What NOT to Do, Wear, or Bring

Unless you're a journalist or photographer, leave the delicate and fragile equipment at home. Pack only the absolute minimum you need to take care of yourself and others who depend on you in any situation.

Do not bring anything you don't want to get caught with by the police. Assume arrest is always a possibility at protests.

Do not bring or wear anything irreplaceable that you would be financially or emotionally devastated by losing. Things get lost, stolen, and broken at protests.

Do not wear things that can easily be grabbed (dangling earrings, hoods, loose flowing hair, long necklaces and lanyards, etc.)

DO NOT WEAR CONTACTS. Contact lenses trap chemical weapon particles against the eyes and worsen eye injury.

Do not wear body oil or lotion, as these can trap chemical weapon particles against the skin.

Makeup is debated. If the aim is for the protest to look good to the press, then having well-made-up protesters can help. If the aim is to disrupt surveillance, certain specific styles of makeup can help. But makeup can be a problem if you're exposed to chemical weapons. Some protest guides will say to wear waterproof and sweat-proof makeup, so that it doesn't get in the eyes if you need to rinse off chemical weapon contamination. Some say don't risk it at all, as it will react with the chemical weapons and complicate decontamination. Consider your goals, weigh your risks, and choose accordingly.

If you shave or buzz your hair, do so two days in advance if possible, at least one, to allow micro-cuts to heal in the event of chemical weapon attacks. If you

have significant facial hair, and chemical weapons are expected, and protesters will be wearing gas masks, consider shaving it so that there is a better seal.

Assessment

Whether a person belongs to a group targeted for state oppression when going about their everyday lives or if a person intends to demonstrate against the government, there is an increasing risk of the state (police, ICE, Border Patrol, etc.) deploying weapons against a civilian population.

Anyone may be affected, including the elderly, the disabled, and children demonstrating peacefully. In June of 2020, a seven-year-old boy was hit in the face with mace, which caused a chemical burn, and a 75-year-old was pushed to the ground by police and suffered a traumatic brain injury. Medics are increasingly targeted for police violence, including being shoved to the ground while treating the injured and having chemical weapons used against them.

Basic Triage

There is a separate class on setting up a medic area at a protest or other event that may be targeted for state violence. For now, we will quickly address some of the steps of removing someone from the area of acute crisis and basic assessment for injury.

If one person has been injured by state violence at a location such as a workplace, church, or school, and they are not being detained, they may be able to be treated on site where they are. They may need to be moved if the environment is still unsafe (risk violence will continue or escalate). It may be unsafe for them to be moved (see head-to-toe assessment), in which case onsite treatment is needed until emergency services arrive. If emergency responders cannot enter the area, the person may need to be moved quickly to access emergency care. Medics should be trained in

safe movements of the injured person (see moving an injured person.)

Any time there are multiple injured or at risk of injury, there should be a separate, designated area that people can be relocated to for treatment. This area should ideally be a calm and stable environment for treatment, even if that treatment is just getting a chance to cool off, drink something, and/or get a Band-Aid. Designate these areas for public events like concerts, fairs and festivals, and protests.

At a state-induced mass casualty event, it is even more important to have an area the injured can be moved to that is less likely to be targeted by weapons of state violence, including chemical weapons and other means of suppressing and oppressing public action. However, it should be noted that the area where medics are treating the injured has historically been targeted by the state for attack and arrests. It may be wise to have more than one designated area and potentially have one of those locations be secret for those who are at risk of detainment and arrest.

If there is not a pre-established area for injured people to be removed to (which there should be, and we will teach a separate class on the setup of a medic tent), then as soon as injured people are confirmed, the responders should set up one or more treatment area(s).

The location of that treatment area should take into consideration safety for both the responders (medics, blockers, medic assistants, EMTs, and concerned bystanders) and the injured. It should consider the ease of access to resources (medical supplies, clean water, flat ground) and access by emergency services, as medics may need to contact EMS for more severe injuries.

It may be necessary for there to be multiple, decentralized locations for medical care to be rendered, in case of disruption or inaccessibility of any single location. But, if necessary, create a single centralized, easy-to-access location away from the acute crisis.

A centralized location does make for the most effective use of resources, as a limited number of trained responders can manage one area more easily than several. It is especially relevant if there are not enough medical supplies to create more than one area of response.

The site should be a safe distance from the chaos and risk of further injury, but not so far that the injured cannot reach it.

We will note here that if medics are setting up a medical treatment area in cases of climate emergency (hurricane, flooding, tornadoes, fire, earthquake) or mass casualty events (terrorist attack, mass civil unrest, etc), then there may need to be a separate area dedicated to a temporary morgue. Hopefully, that will not be relevant for state-sanctioned violence, but we will note here that if it is, it should ideally be away from where the injured are being treated.

Basic Assessment

Unless an injured person seeks out the medical response area themselves, they are likely to be first assessed at the scene of injury. That assessment may need to be extremely rapid, especially in cases where the injured person and the responder are at risk of injury by remaining in the area.

If the person is safe to be moved, further assessment will take place at the medical response area. Responders should not move a person who has died, but instead document the location and notify professional medical responders.

Before assessing the person, the responder has to assess the scene. The safety of the responder is paramount. Do not create a second injured person by responding to the first injury and becoming injured yourself.

The responder needs to check if it is safe for them to approach, if it is safe for the person who is injured to remain where they are, and if the danger is to others present in the area as well. They need to check for environmental conditions that would make it unsafe for them to assist (are the police actively firing rubber bullets? Are there waves of tear gas?)

In some cases, where the responder is a medic, they may choose to enter an unsafe environment to collect an injured person. For this, it is highly recommended the medic work with a blocker, a person who will hold up a shield to block projectile weapons. It is vital that all responders wear adequate PPE to protect themselves from the danger they choose to enter. A medic should not enter a scene if it will endanger their life to do so, but they may choose to risk less severe injury, such as exposure to chemical weapons, less-lethal projectiles, etc.

If the scene is unsafe, they need to check if there is anything they can do to make it safe.

If the scene is not safe and there is a way to call for additional help to make it safe, the medic should

do so as quickly as possible and provide assistance as soon as they can.

Another aspect of safety is exposure to bloodborne illness. Skin injuries may result in the medic being exposed to blood and other bodily fluids. Depending on the severity of bleeding, a medic may need to use gloves, a mask, and an eye shield. The medic should avoid contact with bodily fluids and any open wounds on their own body and to mucous membranes.

(We teach an entire class on safety and risk-aware PPE for medics).

If there is no other option and the wound is life-threatening, the medic may have to assist a bleeding person without adequate protective equipment. If the medic is exposed to blood from the person they are assisting and the person has an unknown medical history (is not their child, spouse, partner, etc.), they should, as soon as possible, clean the affected area with soap and water, and flush eyes, nose, or mouth with water or sterile saline. Then, they should report that exposure to medical personnel and receive a medical evaluation, possibly including blood tests for both them and the source person, to determine risk and potential necessary follow-ups. For example, they may be given post-exposure prophylaxis (PEP), a medication that can significantly reduce the risk of HIV infection.

Assessment of the Injured

The first step to assessing an injured person is to make sure that no immediate threat to them is present.

The medic should assess the person's Mechanism of Injury (MOI), which refers to how the injury occurred, the forces involved, and the potential severity of the injury. In some cases, this is quite simple to assess - the person was exposed to chemical weapons, struck by a rubber bullet, fell while running and abraded their hands, they were hit with a baton, etc. The injury may not be severe enough to cause more complex symptoms, and the assessment can proceed to how to manage the injury.

In cases of more severe injury or injury from an unknown cause, the assessment is more complex. This can occur if someone has hurt themselves more severely (deeper or wider lacerations and abrasions from a fall, a severe wound from a rubber bullet, etc.) or if the soft tissue injury is complicated by more complex injuries, like those caused by a fall or a beating, and thus also involves contusion, concussion, crush injuries, compromised airways, etc.

The medic should rapidly assess if the individual is in an altered state of consciousness, if they have compromised breathing, if there is uncontrolled heavy bleeding, if they are exhibiting signs of shock, or if they are unconscious.

This should be done by assessing the person's responsiveness - determine if the person is alert, responsive to verbal stimuli, responsive to painful stimuli, or completely unresponsive (remember the acronym AVPU). Check the person's airway, breathing, circulation, disability, and exposure (ABCDEs). This assessment should determine if there is immediate, life-threatening injury, including potential brain injury or impaired circulation to the brain.

Some medics use a small c at the beginning to stand for “critical bleeding” or an “X” for “extreme bleeding.” If someone is in immediate danger of bleeding to death, first treat the life-threatening bleed (see the sections on hypovolemic, hemorrhagic shock, tourniquets, and wound packing).

When assessing a person’s breathing, look, listen, and feel for equal, bilateral (both sides) chest rise. Is their breathing abnormally slow, rapid, deep or shallow? When assessing a person’s pulse, check to see if the pulse is present and assess the rhythm and quality. Is their pulse normal or excessively slow, rapid, weak, or bounding? If the pulse is absent, the medic needs to take immediate resuscitative measures. The person should be assessed and treated for shock.

If the medic finds that the person is unresponsive, unconscious, struggling to breathe, has a very altered pulse, is showing signs of shock, or is bleeding severely, emergency services must be contacted.

Head-to-Toe Assessment

A head-to-toe assessment should be performed after the assessment and treatment of the xABCDEs to determine the nature of the person’s injury. The responder performs a head-to-toe assessment to determine the location of all injuries, the extent of those injuries, and what treatment the person needs.

The acronym used to remember the steps of a head-to-toe assessment is **DCAP-BTLS**:

- Deformities
- Contusions (bruising)
- Abrasions
- Punctures
- Burns
- Tenderness
- Lacerations
- Swelling

Understanding the MOI (mechanism of injury, i.e., what caused the harm) will help provide additional information on what injuries are likely. For example, a rubber bullet is likely to cause contusions, tenderness, and swelling, as well as possibly lacerations and even a puncture wound. So if the MOI is “rubber bullet”, the head-to-toe assessment will be informed by that information, and so will treatment.

Patient Assessment

If They Are Capable of Answering Questions

Sometimes the medic knows the injured person– they may be a family member, a housemate, a friend, a coworker, a volunteer they work with, or even another medic. Other times, may be a stranger. Regardless, the primary concerns for assessing a conscious, communicating patient are basically the same.

First, obtain consent. Yes, even if the person is a member of the medic’s family, they should still ask for consent to assist them.

Secondly, prevent further injury. The shock from being injured, even if the medic perceives the injury as minor, may cause the injured person and onlookers to pass out. If the injured person complains of dizziness, lightheadedness, appears pale, or is fading in and out of consciousness, that position may need to be fully supine (lying flat on the back, staring at the ceiling or sky). Bystanders may also need to be directed to sit or lie down if they show signs of pre-syncope (feeling as if they are about to faint).

The medic should then obtain a brief description of the current injury and how it occurred. They should ask the person if they are dizzy, lightheaded, nauseated, and/or having trouble breathing.

If the person is bleeding, the medic should ask about any medications that thin the blood or anticoagulants and if the person has a history of excessive bleeding or clotting insufficiency. If they are showing signs of shock, they should ask if they are on medications that affect how the body handles shock,

including beta-blockers, calcium channel blockers, antidysrhythmics, and nitroglycerin.

Children have a lower tolerance for injury than adults, especially blood loss. They may appear fairly stable and normal, though upset, with good blood pressure and pulse, until they suddenly collapse. If possible, always have an injured child sit down for treatment.

Pregnant people will naturally have a faster pulse, lower blood pressure, and often nausea, so evaluation can be complicated. We recommend that their symptoms still be taken seriously if they present with the signs of shock, even if the signs of shock could be caused by them being pregnant, and that medics not automatically dismiss the altered signs of their medical state as being caused by them being pregnant.

The medic should inquire how painful and/or tender the injury is. They should also check for signs of swelling, as this may indicate a more severe injury. They should always monitor and treat for shock, especially if the injury was caused by a bad fall, a beating that may have caused internal injury, or if there is heavy bleeding.

Sometimes clothing may need to be shifted or removed to make a head-to-toe assessment possible. In this case, the medic should ideally be the same gender as the person they are assessing, but that is not always possible. Cultural and religious beliefs regarding the removal of clothing and inspection by a person of the another gender must be respected (we encourage cultural competency training). Clothing must never be removed without consent, unless the person is unconscious and treatment is necessary to save their life.

Conducting the Assessment

If the person is unconscious and unresponsive, the medic should always suspect brain and spinal injury and be very careful when handling the head and neck.

The responder should go from the head to the toes while conducting a head-to-toe assessment, checking the head, neck, shoulders, chest, arms, hands, abdomen, pelvis, legs, and feet in that order.

The responder should look, listen, and feel for anything that is unusual. If they are uncertain if something is out of place or “feels different” they can compare the potential site of injury to its mirror on the other side of the person’s body or compare it to their own body.

While passing their hands over the body, they can check their own hands to see if blood has come off onto their hands. They can also check for medical alert jewelry or the presence of medical devices, such as insulin pumps or an inhaler, on a person who is unconscious.

The medic should attempt to never cause new or additional harm while conducting a head-to-toe assessment. They should move a person as little as possible, as gently as possible, and with care and compassion.

Possible Injuries

Remember DCAP- BTLS (Deformities, Contusions, Abrasions, Punctures/penetrations, Burns, Tenderness, Lacerations, Swelling) while conducting the assessment.

External Bleeding - Signs & Symptoms:

- Visible abrasions
- Lacerations
- Avulsions
- Punctures
- Bleeding

Severe Bleeding - Signs & Symptoms:

- Spurting blood
- Gushing blood
- Blood that doesn't stop after ten minutes of firm, direct pressure
- Large pools of blood
- Symptoms of internal bleeding
- Symptoms of shock

Internal Bleeding - Signs & Symptoms:

- Pale or gray skin
- Hematomas (a solid swelling of clotted blood)

- Dizziness
- Lightheadedness
- Fatigue
- Weakness
- Shortness of Breath
- Increased breathing rate
- Tachycardia (increased heart rate)
- Nausea
- Vomiting
- Confusion
- Pre-syncope (feeling like one is about to faint)
- Syncope (fainting)
- Seizures
- Loss of consciousness
- Hypovolemic shock

Head Injury - Signs & Symptoms:

- Thunderclap headaches
- Changes in vision
- Confusion
- Weakness on one side of the body

Chest Injury - Signs & Symptoms:

- Difficulty breathing
- Chest pain
- Coughing up blood

Abdominal Injury - Signs & Symptoms:

- Swelling
- Feeling full
- Bruising
- Blood in vomit, urine, or feces
- Inappropriate bleeding from the vagina (outside of menstrual cycle; too heavy)

Bone, Joint, or Muscle Injury - Signs & Symptoms::

- Bruising
- Swelling
- Pain

Contact emergency services if you believe someone has internal bleeding and treat for shock.

The signs and symptoms of shock can be measured using a four-stage system that is detailed in our guide on Abrasions and Lacerations or using the Compensated and Decompensated model.

The Compensated and Decompensated model is best for rapid assessment in more chaotic environments. Compensated shock is the phase of shock in which the body is still able to compensate for fluid loss and maintain adequate blood pressure. Decompensated shock happens when the person's body is unable to compensate for fluid loss and cannot maintain the brain and the vital organs.

Compensated Shock:

- Anxiety and/or sense of impending doom
- Agitation and restlessness
- Weak and/or thready pulse
- Rapid pulse

- Cool, clammy skin
- White or grey pallor, possibly with blueish or purplish lips
- Shortness of breath
- Nausea
- Vomiting
- Thirst
- Normal blood pressure

Decompensated Shock:

- Confusion
- Altered consciousness
- Possibly non-verbal and unresponsive
- Labored breathing
- Thready or absent pulse in extremities
- Ashen, mottled, or blueish or purplish skin
- Low blood pressure

Symptoms of a broken bone include:

- A deformity (visibly out-of-place or misshapen limb or joint)
- Swelling
- Bruising
- Bleeding
- Intense pain
- Numbness
- Tingling
- Limited mobility
- Inability to put weight on it

If a child or non-verbal person refuses to put weight on an arm or leg, won't move the arm or leg, or you can clearly see a deformity, assume they have a broken bone.

Contact emergency services if the person:

- Is unresponsive
- Has lost or is losing consciousness
- If the suspected broken bone is in the head, neck, back, hip, pelvis, or femur
- You cannot immobilize the injury at the scene by yourself
- There is severe bleeding
- The area below the injury is pale, cold, clammy, blueish or purpleish
- There is a bone projecting through the skin.

Signs of a closed-head, neck, or spinal injury include:

- Deformity, contusions, and/or heavy bleeding around the head or spine
- Blood or fluid in the ears
- Blood or fluid from the nose
- Bruising behind the ear
- Bruising around one or more eyes
- Uneven pupils
- Inability to track motion with eyes
- Loss of consciousness or losing of consciousness
- Swimming in and out of focus
- Headache or pressure in the head, neck, or back
- Inability to move at all
- Inability to move one or more body parts

- Tingling in extremities
- Numbness in extremities
- Difficulty breathing
- Changes in vision, including inability to see
- Nausea
- Vomiting
- Seizures

If a person has a closed-head, neck, or spinal injury, medical services must be contacted.

If there is reason to suspect a closed-head, neck, or spinal injury (they meet the symptoms, they have fallen or been beaten, something heavy fell on them, they were struck with an object, etc.), they should ideally only be moved by a medical professional. However, if it is unsafe for them to remain where they are, the medic may have to move them.

To move someone with a closed-head, neck, or spinal injury, the person should be moved on something stiff, such as a board or a door. If that is not possible, they should be carried in a trauma blanket by no less than five people, with four people holding each corner of the blanket and one stabilizing the head. If being moved on a stiff object, someone should still either stabilize the head or something should be wrapped around the head to stabilize it, such as a trauma blanket, a piece of clothing, etc.

Moving Someone to Safety

Ideally, a person should move themselves. The “walking wounded” should remove themselves to safety and go to the established medical response area, if they can. If they cannot walk on their own, they may be able to be supported by an arm over someone’s shoulder and mostly carry their own weight.

If necessary, a medic may need to remove someone from a dangerous area who is unable to move

themselves. This should be done if medical services are not available to move the person and the person is in danger of worsening injury or new injuries by remaining where they are.

There are multiple ways to move an injured person, each of which come with their own risks and benefits. The medic will need to choose which best serves the needs of the injured person, the capabilities of the medic, the availability of other responders, and the circumstances, and make a judgment call.

Evacuation

Carrying an Injured Person

We do not recommend the one-person arm carry, also called the bridal carry, unless there is no other choice.

Fireman's Carry:

The fireman's carry is a one-person carry that enables a single medic to evacuate an injured person. It should not be used to carry someone with a closed-head, neck, or spinal injury unless there is no other choice. It should not be used to carry someone with a broken arm, unless there is no other choice. It is easier to use than the pack-strap carry if the injured person is much taller than the medic. It is harder to use than the pack-strap carry if the injured person is significantly heavier than the medic.

To perform the fireman's carry, the medic should:

Steps 1-3 are necessary if the injured person is laying down. If they are able to stand, they may be omitted.

1. To prepare the injured person to be picked up, the medic needs to roll them onto their front if necessary.
2. The medic should kneel by the injured person's head, and hook their arms underneath their shoulders so that their elbows are in their armpits.
3. The medic should clasp their hands behind the injured person's back, then slowly raise the injured person with them while they stand up. They need to make sure to lift with their legs. Their face should be approximately pressed into the medic's chest, with their legs dragging on the floor slightly.
4. The medic should then shift the leg of their dominant side so that it is in between the injured person's legs, supporting some of their weight. As they do this, they should grasp the same side wrist with their back hand.
5. The medic can then drape the injured person's arm over their shoulders, with the medic's head planted under their armpit and side.
6. The medic then squats down into a comfortable, low, stable squatting position or position on one knee. They need to make sure their back is straight.
7. The medic should then place the injured person's torso on their shoulders. They want to have the injured person's hips approximately over one shoulder, and their shoulders approximately over the other, for balance reasons.
8. The medic then reaches between the injured person's legs with their dominant side arm and wraps it around their opposite side knee. At this point, the medic should be squatting in front of the injured person with their torso across their shoulders, and the medic's dominant arm wrapped around the injured person's opposite knee, and the medic's non-dominant arm holding their wrist on the same side as the held leg.

9. The medic should smoothly stand up, lifting with their legs, and arrange the injured person so that their free leg is hanging down behind the medic's shoulder. The medic should gently adjust their weight as needed to ensure they are balanced side to side on the medic's shoulders. The medic should try to keep the injured person's torso level on their shoulders and parallel to the ground.
10. The medic can then walk forward slowly and carefully. If necessary, they can remove their hand from the injured person's wrist for any manual or balance-related tasks.

The Pack-Strap Carry:

The pack-strap carry is a one-person carry that enables a single medic to evacuate an injured person. It should not be used to carry someone with a closed-head, neck, or spinal injury unless there is no other choice. It should not be used to carry someone with a broken arm, unless there is no other choice. This carry is very difficult if the person being carried is very tall and the medic is short.

To perform the pack-strap carry, the medic should:

1. Stand with their back to the injured person.
2. Place the injured person's arms over their shoulders and cross the injured person's arms over their chest.
3. The medic should grab the person's forearms, not their wrists or hands.
4. The medic should bend over at the hips so that the person's feet clear the ground.
5. They will then be able to walk forward with their own back beneath the person's chest, their legs slightly bent.
6. They can then carry the person to safety in a bent-over position.
7. Once in a safe place, one should kneel to lower the injured person to the ground.

Ideally, a medic will be working in a buddy pair, and someone will be able to assist them in moving an injured person. Communication is key. We recommend counting up to three or down to one, having agreed on which is being used, and that the medics agree if they are moving on the number or after the number. The stronger person should carry the upper body.

To perform a basic two-person carry:

1. One medic should squat at the injured persons head.
2. The injured person should cross their arms around their midsection. If they cannot, the medic should reach under their arms and cross them for them.
3. The medic should reach under the person's arm and grab the injured person's left wrist or forearm with their own right hand and their right wrist or forearm with their left arm, pulling them tight back to their own chest.
4. The second medic should squat between the injured person's knees, facing away from the injured person *UNLESS* the terrain is very uneven or stairs, in which case, they should face towards the other medic.
5. The second medic should grasp the outside of the injured person's at the knees, not the ankles.
6. The medics should rise simultaneously, keeping their backs straight and knees slightly bent and not locked.
7. They should then walk slowly to safety.
8. Once safety has been reached, the person is set down by each medic simultaneously, gently onto the ground.

Chair Carry:

Two medics can also perform a chair carry if a sturdy, non-swivel chair is available. This is unlikely at a protest, but possible when state violence-related injury occurs in a school, church, workplace, etc.:

To perform a chair carry:

1. The injured person sits in a sturdy, non-swivel chair and crosses their arms in their lap or across their chest.
2. The first medic stands behind the chair, facing the back of it.
3. The second medic squats at the front of the chair near the front legs, facing the injured person in the chair.
4. The first medic grasps both sides of the back of the chair, thumbs pointed up and fingers pointed down towards the ground.
5. The first medic warns the injured person that they are going to tilt the chair, then tilts the back of the chair just enough to lift the front legs off the ground. It is unnecessary and dangerous to tip it further than that.
6. The second medic grabs the front legs of the chair, again, thumbs towards the ceiling or sky, fingers towards the ground, and lifts up.
7. The second medic stands from the squatting position.
8. The medics lift simultaneously, keeping their backs straight and knees slightly bent and not locked.
9. The medics then carry the injured person to safety.
10. Once they have reached safety, the person should be set down with the back legs first, then rocked forward onto the front legs.

Blanket Carry:

If there are more people available and the person is more severely injured, it may be necessary to employ a trauma blanket carry. It requires a minimum of four people and ideally six to pull off. If the person

has a suspected closed-head, neck, or spinal injury it requires a minimum of five people, because one person needs to stabilize the head and neck the entire time the injured person is being carried.

To perform a blanket carry:

1. The blanket should be laid out next to the person flat, as it will be once the injured person is on it, so that it will extend past the person's head.
2. The side closest to the injured person is then gathered and accordion-folded to the halfway point on the blanket.
3. One medic squats or kneels at the person's head and stabilizes it.
4. One medic squats or kneels on the side of the person that isn't where the blanket is and grasps the back of their shoulder closest to the blanket and their hip closest to the blanket.
5. Two other helpers position themselves at each end of the gathered blanket.
6. Simultaneously, the medic at the person's head should stabilize the head and neck while the other medic rolls the person up on their side using their shoulder and hip.
7. The medic who rolled the person up should hold the injured person up on their side while the other medic continues supporting the head and neck.
8. The two other helpers should then ungather and un-accordion the blanket under the lifted person, so that when they are laid back down, it is beneath them.
9. Once the blanket is in place, the injured person is rolled back down gently, head being kept stable.
10. One responder grabs each corner of the blanket. It helps if the responders gather a portion of the blanket to make a better grip. They should not just grasp a flat piece. Ideally, there would also be a person at each side of the blanket, halfway down. If the person has a closed-head, neck, or

spinal injury, one medic must remain at their head, stabilizing it.

11. Simultaneously, each person lifts, keeping their back straight.
12. They should then carry the person to safety, keeping their knees slightly bent, and moving at the same pace.
13. Once they have reached safety, the person needs to be lowered the same way, carefully and simultaneously.

If there is no other choice, a single medic or group of responders can also drag an injured person on a trauma blanket, although this is very difficult on rough terrain or in a chaotic environment.

The Weapons of State Violence

Chemical Weapons

ICE and Border Patrol have both been deploying chemical weapons during their raids (also called riot control agents or RCAs). Additionally, whether people are peacefully demonstrating or rioting, it is not uncommon for the police to deploy chemical weapons.

It is challenging for people to be prepared for the deployment of chemical weapons in conjunction with raids, as it is difficult to know when and where raids will occur. Joining an ICE watch group may be helpful, but keeping supplies for treatment on hand is also recommended.

It is difficult to know which protests might be targeted, so our recommendation is to always assume that any protest might include that risk and to prepare accordingly.

Tear Gas

Tear gas (also known as a lachrymatory agent or lachrymator, from Latin “lacrima” for tear) is a chemical weapon that stimulates the nerves of the lacrimal gland in the eye to cause tears. But tear gases cause other symptoms as well, depending on which formulation is being deployed. Many types of tear gas and other riot control agents have been produced

with effects ranging from mild tearing of the eyes to excruciating pain, vomiting, respiratory distress, and collapse. These include, but are not limited to, Mace (a branded mixture), pepper spray (OC gas), PAVA spray (nonivamide), CS gas, CR gas, and CN gas (phenacyl chloride). CN and CS are the most widely used and known, but around 15 different types of tear gas have been developed and employed worldwide.

CN gas is phenacyl chloride (also commonly known as chloroacetophenone). It was first investigated, but not used, during the First and Second World Wars. It is extremely dangerous, so is not generally deployed a large scale by the military. However, it is still used by police forces (as well as by paramilitary groups) as Mace in some formulas, though less and less commonly. Its use is being replaced by pepper spray and CS gas.

CN gas causes tearing, irritates the mucous membrane (oral, nasal, conjunctival, and tracheobronchial), respiratory distress, pain, loss of balance, disorientation, syncope, cutaneous irritation, allergic contact dermatitis, and (at high concentrations) corneal epithelial damage and chemosis. It can cause death from pulmonary injury and/or asphyxia.

MACE is a variant of CN gas, which originally consisted of one percent chloroacetophenone (CN) in a solvent of 2-butanol, propylene glycol, cyclohexene, and dipropylene glycol methyl ether. It was developed as a personal self-defense item, then sold to Smith & Wesson, then to a company which is now called Mace Security International, which owns the trademark on "mace." "Chemical mace" may refer to any irritant with the active ingredient called phenacyl chloride (CN), but "Mace" is a trademarked term.

Due to how dangerous CN gas is, most of the sprays sold as MACE use pepper spray as the primary ingredient, rather than a formula primarily consisting of CN. The "Triple Action" formula still uses CN, pepper spray, and ultraviolet dye.

MACE is carried by counteragents other than police, in most cases. Most of the time, it will

look like a black spray can with a large trigger. This can sometimes be seen in a belt pouch on counterprotesters.

Some cities and states explicitly ban CN gas. I've seen some protest guides claim the police in the United States do not use CN gas, but some US police departments stock CN munitions. According to one researcher, the following metropolitan police departments authorized the use of CN gas as of 2020: Columbus, OH; Newark, NJ; Baltimore, MD; Iowa City, IA; Atlanta, GA; Denver, CO; Santa Rosa, CA; Phoenix, AZ; and Mobile, AL. Additionally, CN munitions are employed by the New Mexico State Police.

This would be deployed both as a spray in a handheld spray can with a large trigger that sprays a stream and propelled from a grenade or canister by a small pyrotechnic explosion.

Pepper spray (also called OC spray, capsaicin spray, or bear spray) is oleoresin capsicum spray. It was originally engineered for defense against bears, mountain lions, and wolves. It contains capsaicin as an irritant to cause burning, pain, and blindness. It is very inflammatory and causes the eyes to close. It also causes burning of the lungs, shortness of breath, and respiratory distress. When "oversprayed," it can cause extreme respiratory distress and cardiac difficulties.

The police do still carry pepper spray. It is generally deployed as a handheld spray can with a large trigger that shoots a stream. Police are known to spray protesters with long, sustained sprays directly in the eyes, nose, and mouth.

PAVA spray is an incapacitant spray similar to pepper spray, but dispersed in a liquid stream. It contains a 0.3% solution of pelargonic acid vanillylamide (PAVA), also called nonivamide, a synthetic capsaicinoid (analogue of capsaicin), in a solvent of aqueous ethanol, with a nitrogen propellant. It is significantly more potent than CS gas, but also has a narrow stream of application, which was designed to use the minimum amount to incapacitate a person without prolonging their discomfort or exposure.

PAVA is not common in the United States, but is used in the United Kingdom, India, and Switzerland. There has been discussion about using it in the United States, hence its inclusion here.

CS gas consists primarily of the compound 2-chlorobenzalmalononitrile (also called o-chlorobenzylidene malononitrile). Its use is banned in warfare due to the 1925 Geneva Protocol. It is in use in the United States as a riot control agent.

CS gas is the most popular riot control in the United States because of its very strong effects. The effects CS gas will have on a person will depend on whether it is packaged as a solution or as an aerosol. The size of the dispersed particles, the concentration of the solution, and the amount of the solution that contacts a person are all factors that influence their effects.

CS gas reacts with the moisture on the skin and in the eyes, causing burning sensations, tears streaming from the eyes, profuse coughing, nasal discharge of large amounts of mucus, burning eyes, eyelids, nose, and throat, disorientation, dizziness, restricted breathing, coughing, vomiting, syncope, and respiratory distress. It will also burn anywhere the skin is damp or sunburned. High exposure can cause chemical burns that result in permanent scars.

The immediate effects wear off within a few hours, with the exception of nasal discharge and coughing, which can last for days. Respiratory, gastrointestinal, and oral symptoms can persist for months.

Protesters exposed to tear gas during the 2020 protests in Portland, Oregon, US, also reported menstrual changes (54.5% of 1650 AFAB respondents). Repeated exposure may cause sensitisation.

It should be noted that CS gas is the most commonly used by police forces within the United States against modern protests. It was deployed in at least 100 cities during the 2020 BLM protests. In Portland, Oregon, it was used more than 100 times in a two-week period, and there were at least two nights in which it was used more than twenty times. When

deployed, it can cause mass panic, with other injuries occurring due to that, including trampling injuries.

CS gas is generally propelled from a grenade or canister by a small pyrotechnic explosion.

CR gas is dibenzoxazepine, a lachrymatory agent and incapacitating agent. It was developed by the British Ministry of Defense as a riot control agent in the 1950s and 1960s and is nicknamed firegas, because one report from the development labs said it was *“like being thrown blindfolded into a bed of stinging nettles.”*

It is very similar to CS gas, though structurally dissimilar, but twice as potent. CR can be delivered as an aerosol or solution, so it is used in water cannons, smoke grenades, or canisters (LACR) that heat up, producing an aerosol cloud.

CR gas is not currently used by the US police forces; however, Turkiye suddenly and unexpectedly deployed it on protesters in 2013, so it is included here due to the possibility occurring during upcoming protests in the United States.

CR gas is generally deployed as a grenade or canister that sprays a cloud through a crowd.

All forms of tear gas may worsen the spread of respiratory illnesses such as COVID-19, due to people coughing more. If people are already sick with a respiratory illness, it will make it worse.

Long-term health problems caused by chemical weapons exposure include chronic bronchitis, recurring lung infections, walking pneumonia, and increased asthma attacks.

If Tear Gas is Deployed

Firstly, do not panic and run. Mass panic leads to more injuries, not less. Additionally, rapid breathing and increased heart rate can worsen the symptoms of exposure.

If you have a respirator/gas mask, put it on immediately. If you have chemical goggles, put them on as well.

If you have no protection, cover your mouth and nose with a cloth, but know that the cloth can rapidly become contaminated with the chemical attack. It will provide very limited and very brief protection. DO NOT use a damp cloth, as several tear gas formulations are activated and worsened by moisture, so placing a damp cloth over your nose and mouth will worsen, not protect against, their effects. Acidified cloth (soaked in vinegar, lemon juice, etc.) is NOT effective against tear gas; it does not deactivate it, and because it is damp, it can cause the same problem as if it were just wet with water.

Breathe slowly, but avoid deep breaths, just focusing on long and strong exhalation. DO NOT RUN, but exit the area at a brisk walk or calm jog, with clarity, avoiding falls, collisions, and possible trampling. Do not crouch, as tear gas is heavier than air, and so the highest concentrations tend to be near the ground. Either move where directed by the forces dispersing crowds or travel upwind of the gas.

Some protesters use the model developed during the 2019 Hong Kong protests, where frontline protesters formed special teams wearing protective clothing, including heat-proof gloves, or covered their arms and legs with cling film to prevent painful skin irritation. They picked up canisters that were releasing gas and hurled them back at police, poured water over them to extinguish them, or put traffic cones over them to contain the gas, and then poured water over them to extinguish them. DO NOT DO THIS WITHOUT PROTECTIVE GEAR.

If you are wearing sturdy footwear, Canisters can be kicked away from you and other people. Do not pick up an unexploded canister as it may explode and

cause serious injury. Only pick up a canister if it is already emitting chemical agents and only if you are wearing heat-resistant gloves and safety goggles AT A MINIMUM.

A professor at California State University Channel Islands, Jonathan Caravello, was charged in 2025 with assault with a deadly weapon for throwing a tear gas canister back at Border Patrol agents when they threw them at peaceful protestors. So please remember that when riot police, ICE, or Border Patrol throw them, they are considered non-lethal weaponry by the government, but when we throw them back, they will be considered lethal weapons. So, it is recommended to kick or throw them away from protestors, but not at law enforcement.

Treatment and Decontamination

Do not touch or rub your eyes or face. Touch exposed clothing as little as possible. Shake out hair and clothing as much as possible, then remove contaminated clothing to be discarded. Blow your nose, cough (into your elbow, rather than at others), and spit.

Protesters and their gear can pass on contamination to others. If someone helps take off your gear for you during decontamination, they also need to be treated for exposure. Consider establishing safety zones to reduce accidentally spreading contamination from chemical agents in contaminated areas to clean areas.

The three most important safety zones are:

1. **Exclusion zone (or hot zone)** is an area with the highest potential for exposure to hazardous substances.
2. **Contamination reduction zone (or warm zone)** is the transition area between the exclusion and support zones. This area is where people can enter and exit the exclusion zone and where decontamination activities take place.

- 3. Support zone (or cold zone)** is the area of the site that is free from contamination. This zone may also be safely used as a planning and staging area.

Treatment varies based on what kind of tear gas and what concentration of it the person was exposed to. People react differently to different remedies. There is also a lot of misinformation online that conflates various kinds of tear gas with each other. The truth is, there is no one specific antidote.

Beyond that, treatment varies based on what kind of tear gas and what concentration of it the person was exposed to. People react differently to different remedies. There is also a lot of misinformation online that conflates various kinds of tear gas with each other. The truth is, there is no one specific antidote.

Water is the best solution for treating CS gas and pepper spray exposure, but may temporarily exacerbate the pain caused by these agents. People should run cool, clean water – and plenty of it – to flush the eyes, nose, and mouth. Always flush water away from further contamination.

If one eye is affected, tilt the head back and slightly to the side in the direction you want the water flowing towards the outside of the eye (if the right eye is affected, tilt their head slightly to their right).

If both eyes are affected, the exposed person should lean their head back, and then pour water over their inner eyes near the top bridge of their nose to wash contaminants onto the ground. Always irrigate from the inside corner of the eye towards the outside. Advise the exposed person to blink frequently to help the water reach all parts of the eye. Continue flushing the area for 10–15 minutes, if possible, to rinse thoroughly. Especially for CS gas, eye irrigation can continue longer if the person continues to have ocular symptoms.

Do not wipe the skin with a damp cloth, as this will reactivate the chemical agent without removing it. Instead, use a shower (not a bath!). For CS gas,

wash the body with mild alkaline soap, such as Dawn dish soap. In the case of pepper spray, fat-containing oils or soaps may be most effective, as they dilute the capsaicin. Use only cool or cold water to keep the pores closed.

Some studies suggest that Diphoterine, a hypertonic amphoteric salt solution, a first aid product for chemical splashes used by chemists, may help with ocular burns or chemicals in the eye, and specifically with exposure to CS gas. It is a bit expensive, so we'd recommend it only to those who want to keep an extremely well-stocked emergency kit (for example, if possible, every medic collective should have a bottle for extreme cases of exposure, which the collective can all chip in to buy. The bottle should be reserved for those who got extreme and direct exposure, if, for example, they picked up a canister to throw it away from protesters without wearing goggles and cannot seek medical treatment from an ER.)

Anticholinergics (Benadryl is one example) may help treat the respiratory symptoms as well as the itchy, runny nose. Oral analgesics may help with the pain (like that acetaminophen or ibuprofen in your first aid kit).

People who have been exposed should be watched for about four hours to make sure their symptoms do not worsen.

We do **not** recommend Milk of Maalox, vinegar, petroleum jelly, or baby shampoo to wash out the eyes, as you may have seen recommended in other places. Studies have found them to be ineffective.

If you must keep your clothing that has been contaminated, wash it alone in plenty of cold water multiple times and then run multiple empty loads in the washer to flush it before putting any other clothing into it to be washed. Shoes, accessories, and equipment that come in contact with chemical agents must be washed with water or saline (while wearing gloves!). Untreated particles will remain active and continue outgassing for up to a week. Some advocate for using fans or hair dryers to evaporate the contaminant, but I feel this will spread contamination and is not as effective as water or saline.

For CS gas, an enzyme cleaner is effective at breaking down the contamination on the gear.

A special note on CR gas:

Water usually amplifies the pain effect of CR gas. Although it can be decontaminated by large amounts of water, water causes extreme pain for up to 48 hours after contamination. Medical treatment is usually just removing the contaminating clothing, washing the eyes out, and then treating the pain with palliative medications. This is not currently deployed against US protesters, but in case that changes under the current political environment, we have included this information.

Smoke Grenades

According to recent reports from 2025 and early 2026, government forces (ICE, Border Patrol, and riot police) have been deploying hexachloroethane (also called HC gas, hexachloride, perchloroethane) against observers and protestors. Independent testing, including environmental and scientific analysis of residues from munitions used by federal officers, including officers of the Department of Homeland Security (DHS) and Border Patrol, confirmed the use of HC smoke grenades as part of their “crowd control” methodology. They have been deployed in Portland, Oregon and Minneapolis, Minnesota.

HC gas causes skin and eye irritation. Eye exposure causes pain, reddening, tearing (despite it not being classified as a lachrymatory agent), irritation, and swelling. Skin exposure causes reddening, scaling, itching, and swelling.

It also causes respiratory irritation and distress, chemical pneumonitis, pulmonary edema, adult respiratory distress syndrome, dizziness, vomiting, diarrhea, tremors, nervous system disturbances, neurological issues, central nervous system depression, liver damage, kidney damage, and may cause cancer. It has caused deaths.

The depressant effect on the central nervous system may cause mild paralysis to people acutely exposed. High concentrations of acute exposure can cause narcosis, people falling unconscious.

Medical case reports on soldiers exposed to the gas in combat have recorded cases of pneumonia and respiratory distress syndrome, even days after exposure.

It is extremely toxic to aquatic life and is considered an environmental hazard with long-lasting effects.

If HC Gas is Deployed

HC gas can be suppressed and knocked down by water jets.

A NIOSH/MSHA approved dust respirator can be used to protect against the gas. A mask with Filter type P3 is recommended, which offers the highest level of particulate filtration (at least 99.95%) against very fine, hazardous particles. Safety glasses or goggles are also highly recommended, if the mask is not a full face mask.

Both nitrile and PVC gloves can be used.

You should calmly walk upwind of the gas. Do not run and do not crouch.

Treatment and Decontamination

The treatment of HC gas is clean, clear water and plenty of it. If contact with the eyes has occurred, the eyes have to be flushed for at least 15 minutes. Follow-up with a physician is recommended.

Skin contact may be treated with plain, clean water and plenty of it.

Clothing has to be washed in lots of water before it can be used. The same is true for equipment that has been exposed – it needs to be hosed down for 15 minutes.

If an exposed person stops breathing, CPR can be performed until EMS arrives.

In the case of the exposed soldiers who developed respiratory distress syndrome, medical treatment included acetaminophen for fever, steroids, antibiotics, bambuterol, aminophylline, ipratropium, mucolytics for pulmonary symptoms, and a mild sedative for sleeping. Acetaminophen, steroids, and antibiotics are damaging to the liver, which could compound the liver damage caused by HC gas, but the medical professionals judged them to be safe at recommended dosages.

For street medics, acetaminophen taken at recommended doses (0.5 to 3 g daily) is considered relatively safe to deal with the pain of exposure to the gas.

Restraint Injuries

Restraint injuries are common at protests where people are arrested. As many as one in eight people who are handcuffed experience some kind of wrist injury. Flex-cuffs, deployed in mass arrests like the kinds that occur at protests, are more likely to cause injury than the hard, steel cuffs, especially when the cops are hurrying through arresting many people.

When cuffs are applied too tightly, they cut off circulation to the hands. They may also press on the superficial radial nerve and cause nerve damage. If the hands swell from being too tightly restrained, that may also compress the same nerve.

While you are being put into cuffs, metal or plastic, clench your fists, which widens the wrist a little so that they don't go on quite as tight. If you can, ask to be cuffed in front - they may ignore you; they may not. If you are flexible, you may be able to bring your cuffed hands in front of you, which reduces rotator cuff strain.

If you have pain, numbness, or tingling at any time, request that the cuffs be loosened. If an officer refuses, keep asking other officers.

Massage your own hands to keep blood flow and limit damage from restricted blood.

The most common injuries are bruising, lacerations, rotator cuff strain, and radial nerve injury. If a person experiences a superficial radial nerve injury, they will normally experience pain around the thumb, which extends to the back of the hand below the first two fingers, and/or the back of the thumb and the backs of those fingers. It may decrease when the handcuffs are removed, but return to ache later or have decreased sensation. This generally clears up after a few days to a month.

Arnica and hypericum are common treatments for bruising and nerve injury. Lacerations can be treated with a lidocaine antiseptic spray and petroleum jelly.

Kinetic Energy Weapons

Kinetic energy weapons launch impact projectiles that are less lethal than bullets, but this does not mean they are entirely non-lethal. This might include beanbag rounds, foam bullets, plastic pellets, sponge bullets, fully rubber bullets, rubber-coated metal bullets, and metal balls.

It is a myth that the weapons used to launch these always have a neon-orange tip to differentiate them from lethal weapons. That is not the case. These can be fired from special guns, modified guns, specialized launchers, grenade launchers, etc., which may or may not have a neon-orange tip.

Injuries include welts, bruising, broken skin, eye damage, blindness, and permanent damage to soft tissues and organs such as the testicles.

For welts, they can use cool compresses, topical ibuprofen, and anti-itch lotions such as an antihistamine cream. For minor broken skin, they can use lidocaine antiseptic spray, petroleum jelly, a sterile dressing, and medical tape or bandages to hold the dressing in place. For more severe broken skin, please see the process in our Abrasions and Lacerations Guide for using Steristrips or Dermabond.

For bruises, they can use arnica gel or topical ibuprofen, as well as pain relievers and internal anti-inflammatories. Heating pads and ice pads may also help.

For severe injuries, a protester may need to go to a free clinic, ER, or a trusted physician.

Blunt Force Trauma

Blunt force trauma is caused by impact, such as being hit by a counter-protester, struck by a police baton, or slammed into an object during arrest or detainment. The wounds may be open or closed, but are caused by impact rather than by laceration (cutting).

Depending on the severity of the blunt force trauma, a person may need to get X-rays, ultrasounds, and MRIs performed in the emergency room. For less severe blunt trauma, they should seek out a medic at the protest and get assessed.

For minor blunt trauma, such as bruises and aches (rather than deep tissue bruising, broken bones, or internal bleeding!), a person can treat with internal use of anti-inflammatories and pain relievers, topical application of ibuprofen and arnica, alternating ice and heat packs, hot Epsom salt baths, and muscle relaxants.

Disorienta- tion Weapons

Disorientation weapons are a category of non-lethal weapons designed to temporarily disorient, stun, or incapacitate a target without causing serious injury or death. These weapons utilize a variety of technologies, including sound waves, intense light flashes, and directed energy, to create disorientation and panic.

Flashbang Grenades

Flashbang grenades are a type of acoustic and optical disorientation weapon. When they detonate, they create a bright flash and a very loud noise. They are used to panic and disorient protesters by causing

temporary blindness, loss of hearing, and loss of balance. People can also have shrapnel injuries and burns from the grenade exploding near them. They may also cause blast injuries.

People can also be injured in the crowd if people panic and run, including bruises, collision injuries, and trample injuries.

Hearing and vision generally recover pretty quickly, but some people may have more permanent injury and need to seek a physician to treat it.

Dazzlers and Illuminators

Dazzlers and illuminators are non-lethal weapons that use intense, directed lasers or exceptionally bright lights to temporarily disorient targets. They were initially developed for military use; non-military versions are becoming available for law enforcement applications.

At a distance, they generally cause protesters to have to avert their eyes and take different routes. They can trigger seizures in people with epilepsy.

The main danger is that they may be used to herd protesters into kettles or disorient them for easier arrest.

On the bright side, cheap dazzlers and other lasers have been used by protesters against the police as well, disorienting drones, riot police, helicopters, etc., as observed in the tactics of the protesters in Egypt, Hong Kong, and Chile.

Long-Range Acoustic Devices

Long-range acoustic devices may be used as a communications device that sends a voice over a long distance, such as when police use them to order a protest to disperse, or they may be used as a disorientation weapon. They output sound at a threshold that causes pain, loss of balance, and temporary loss of hearing, although they can be

deployed at too close a range and cause permanent hearing loss.

If there is reason to believe that long-range acoustic devices may be employed, protesters can carry noise-cancelling headphones and put them on to reduce the impact.

Protesters should not use Sound Activated Compression (SAC) based ear protection for long-range acoustic devices, as they do not provide protection against long-range acoustic devices!

Hearing generally recovers in a few minutes to an hour; however, if more long-term injury occurs, it will need to be treated by a professional.

Millimeter Wave Devices

Millimeter wave devices are a disorienting weapon that uses directed energy. They emit extremely high-frequency radio waves that excite the water molecules of protesters the same way that a microwave excites the water molecules of a chicken breast.

These weapons cause burning pain, thermal burns, and blisters. They have not yet been turned against protesters, but it is a theoretical possibility that we should be forewarned.

Pulsed Energy Projectile

A pulsed energy projectile (PEP) is a weapon designed by the U.S. military. It uses an invisible laser pulse that ablates the target's surface and creates a small amount of exploding plasma, which produces a pressure wave that stuns the target and electromagnetic radiation that affects nerve cells, causing pain. The technology can be used as a lethal weapon.

The PEP projectile is intended for riot control, but has yet to be deployed in protests in the United States. There have been concerns expressed that it

would be a form of torture.

Treatment

If a person is exposed to any of these weapons, the first step is to get them away from the weapon. If the disorientation doesn't fade and they cannot hear or see shortly after exposure, a medic should be sought out.

All people exposed who have symptoms that persist past an hour should see an ear, nose, and throat doctor and/or an ear doctor as soon as possible.

People who have been exposed may suffer from vertigo, which can lead to fall injuries, which may require anything from bruise treatment (hot and cold compresses, arnica gel, topical ibuprofen, pain relievers, and anti-inflammatories) to assessment by a medic or EMT, depending on severity.

Electrical Shock Weapons

An electroshock weapon is an incapacitating weapon that delivers an electric shock aimed at temporarily disrupting muscle functions and/or inflicting pain. Stun guns, batons, cattle prods, shock collars, and shock belts all administer an electric shock with direct contact.

There is a myth we are seeing in protest guides online that Tasers are the same thing as stun guns, but are the projectile version. This is dangerously false. Stun guns are direct contact weapons that work mainly through pain compliance by affecting the sensory nerves. It can cause some muscle cramps and disruption, but generally, that requires three to five seconds of sustained direct contact.

TASER energy weapons deploy probes on the end of wires from a distance to induce neuromuscular incapacitation (NMI). One probe has negative polarity and the other has positive polarity; they form a connection through the target's body and induce NMI. The connection causes the target to flex involuntarily as the current passes through the body. Some models

are capable of delivering a “drive stun”, as well, using pain compliance like a stun gun, but they can also do the connection through the target’s body.

This is what makes Tasers such a danger to the heart.

Stun guns primarily cause burns, which can be treated like any other electrical burn, with lidocaine antiseptic spray and petroleum jelly.

Tasers can cause cardiac and respiratory arrest. The barbs can also remain embedded in the skin.

The barb can be firmly gripped and pulled out, and then the barb injury needs to be treated like any puncture, with antiseptic and petroleum jelly until it has healed.

Respiratory distress and cardiac arrest should be treated by someone with first aid experience, like a trained medic with CPR experience or an EMT.

Documenting Injuries

It is an unfortunate fact of our world that police brutality is escalating. An estimated 250,000 civilian injuries are caused by law enforcement officers annually. People who are protesting are often those who are already more likely to suffer injury at the hands of the police, belonging to marginalized and oppressed communities (people of color, LGBTQIA people, disabled people, the poor). Unfortunately, this also means that those the police target don't have the resources to fight them in the legal system.

Documenting police brutality while it is occurring may be dangerous. Police may attack people who are filming. Each protester needs to decide for themselves if they are willing to take the risk.

It is also important to document the injuries the police cause during arrest and during detainment. These injuries may include bruises, cuts, burns from tasers, torn muscles, ligaments, and tendons, concussions, and more. Not all can be photographed, but a physician at a low-cost, sliding scale, or free clinic can document the ones that cannot.

If a medical professional is involved, have them write down the injuries in detail. If the physician recommends follow-up treatments, it's important to go and have the physician keep documenting the recovery.

Keep all evidence of police brutality, including bloody or torn clothing, rubber bullets, tear gas canisters, etc., in sealed bags. Hold onto all paperwork given by the cops, court, and any physician together in the same place, including arrest reports, property receipts, booking photos, and documentation of injuries.

When photographing injuries, it is best to use a film camera if possible. Attorneys can argue that

digital photos were altered. However, if that's all you have, then make do. Email them to yourself or to others in your community, or post them online when you take them, which will put a timestamp on the photos, making it harder to argue that they've been altered.

The photographs should be taken in a clean, uncluttered space, ideally against a blank wall.

The first picture should be of a person's full body, so that the law enforcement agencies' attorneys cannot claim that the photographs are of someone else. More photos should be taken, slowly getting closer to the injury, again, so that it cannot be claimed that the injuries were on someone else. The injury should be photographed from multiple angles, in clear, strong light that shows detail. Ideally, the injury should be photographed both with and without a ruler. At the end of this, you should have at least six photos of any injury.

The photos should be taken right after the injury is given and at least every other day, if not every day, until it is healed. Keep a journal documenting when each photograph was taken, so "Pictures one through six taken the day of a police incident at this time by this person." In the same journal where the photographs are recorded, keep a log of how the injuries develop over time and any new problems that crop up. Record any missed days of work and financial costs incurred due to the injury. Keep all of this organized and together with the rest of the evidence.

Also, photograph the scene of the brutality, starting by taking a wide photo, then taking photos as you get closer and closer to where the incident happened. Photograph street signs, building numbers, and other landmarks to establish where the location is. Take photos of any bloodstains, broken glass, tear gas canisters, etc., to support your case. Again, store this together with the rest of the evidence and keep notes as to what photographs were taken and what they showed.

Risk of Arrest During Treatment

If a protester is at risk of arrest, going to a clinic, emergency room, or physician's office may lead to being arrested while seeking medical care. It is best to go to an emergency room or clinic across town, away from the protest, dressed up in business casual clothing. The protester needs to weigh the risks and benefits themselves – they may need emergency care as quickly as possible and have to risk the nearby emergency room.

Medical Problems During Detention

If there is a medical problem likely to occur during detention, it is best to tell the authorities detaining the person as soon as possible, whether that is ICE, the police, etc. For example, a person who has asthma and will need their inhaler or a person with seizures who will need seizure medication should inform the people doing the detaining before it becomes a problem. Hopefully, if a person then starts exhibiting symptoms, the detainers will assist more rapidly.

If you start having a medical problem, tell someone ASAP. If another person with you starts having medical problems, get consent from them (unless they cannot speak or are unconscious) and then tell the detainers (ICE, the police, etc.) . Ask for help as early as the signs and symptoms of needing help appear, as the detainers often take a considerable time providing aid. Then keep asking until help is provided. If help is refused, try to get a chant going demanding help until it is provided. Document any refusal to provide medical support and the consequences of its refusal.

People have died in ICE and police custody while waiting for medical attention.

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