

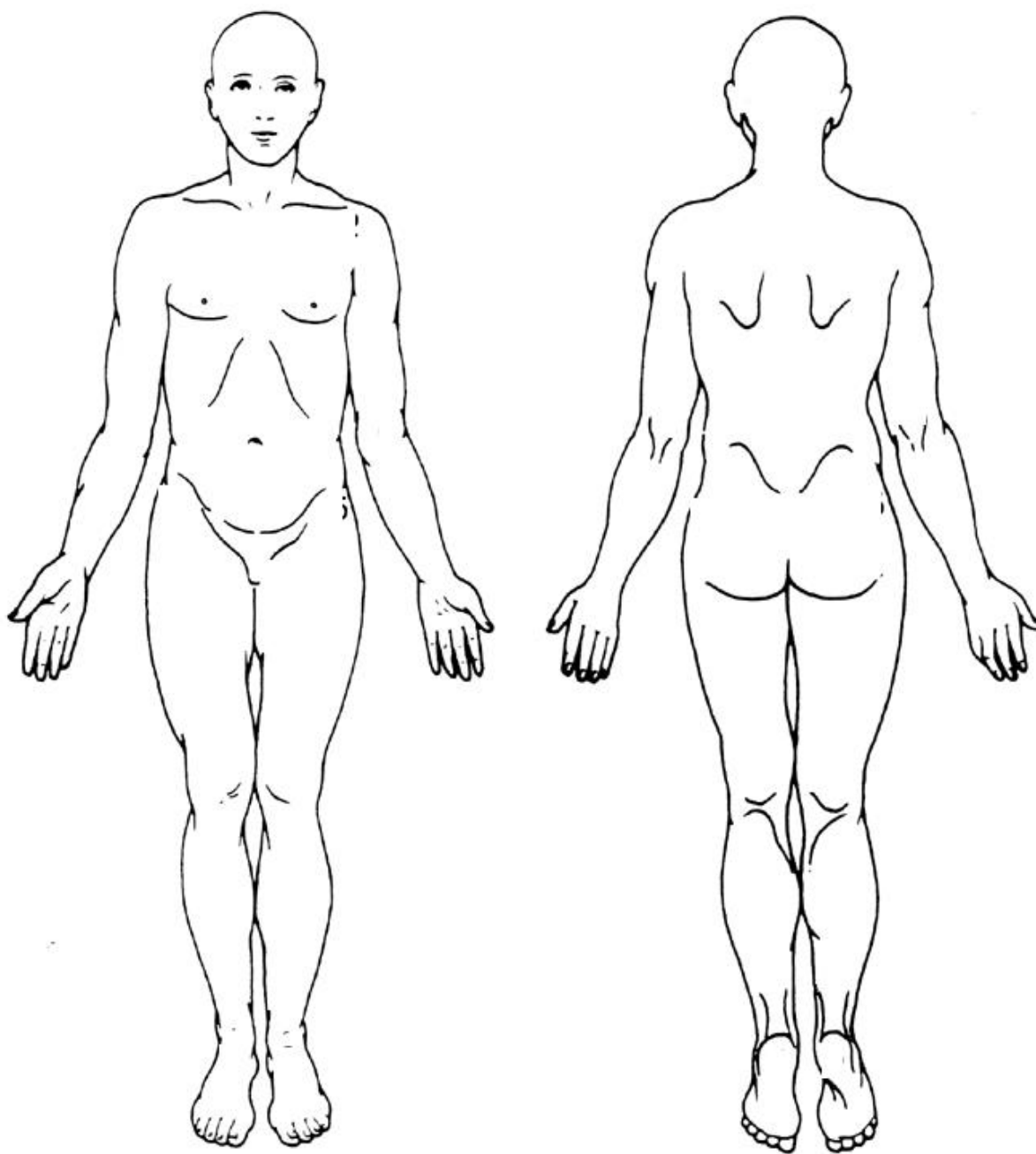
Appendix 1

Report into the use of an irritant spray or Taser by police on an inpatient ward

Date of Incident:				Time:			
Ward:							
Exact Location: (e.g. Corridor)							
Name of Nurse in charge at time:							
Name of Lead Investigator:							
Job Title:							
Contact Number:							
IR1 Number							
Police Report Number:							
Name of patient involved:							
NHS Number:							
Age:				Legal status:			
What was Used? (tick)		CS Spray		PAVA Spray		Taser	
Brief Details of Incident							

Send Completed report form to:

Care Group Director, Deputy Director of Safety and Quality, and the Head of Patient Safety.



Please use the body map to show areas where Taser Barbs were removed from.