



After care of those who have been exposed to PAVA (Captor) spray or post deployment of 'taser' device

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Type of document	Policy
Target audience	All inpatient staff
Document purpose	The procedure is written in the event of CS Gas being used within Cheshire and Wirral Partnership NHS Foundation Trust (CWP). It provides guidance on the aftercare of those who have been affected by a CS contaminant.

Document consultation	Emergency Planning Sub Committee (EPSC)	
Approving meeting	Patient Safety and Effectiveness Sub Committee	17-Feb-11
Ratification	Document Quality Group (DQG)	8-Sep-11
Original issue date	Apr-03	
Implementation date	Sep-11	
Review date	Sep-16	

CWP documents to be read in conjunction with	HR6 GR1 GR8 CP6	Trust-wide learning and development requirements including the training needs analysis (TNA) Incident reporting and management policy Security policy The management of violence and aggression (incorporating verbal threat to staff and offensive weapons)
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Training requirements	There are no specific training requirements for this document.
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Financial resource implications	No
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Equality Impact Assessment (EIA)

Initial assessment	Yes/No	Comments
Does this document affect one group less or more favourably than another on the basis of:		
• Race	No	
• Ethnic origins (including gypsies and travellers)	No	
• Nationality	No	
• Gender	No	
• Culture	No	
• Religion or belief	No	
• Sexual orientation including lesbian, gay and bisexual people	No	
• Age	No	
• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
Is there any evidence that some groups are affected differently?	No	
If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
No		

Is the impact of the document likely to be negative?	No	
• If so can the impact be avoided?	No	
• What alternatives are there to achieving the document without the impact?	No	
• Can we reduce the impact by taking different action?	No	
Where an adverse or negative impact on equality group(s) has been identified during the initial screening process a full EIA assessment should be conducted.		

If you have identified a potential discriminatory impact of this procedural document, please refer it to the human resource department together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions, please contact the human resource department.

Was a full impact assessment required?	No	
What is the level of impact?	Low	

Monitoring compliance with the processes outlined within this document

Is this document linked to the NHS litigation authority (NHSLA) risk management standards assessment?	No NB - The standards in bold above are those standards which are assessed at the level 2 and 3 NHSLA accreditation.
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Who is responsible for undertaking the monitoring?	Safety and security lead
How are they going to monitor the document?	Via weekly reports of CWP risk management reporting system 'Datix' and analysis of incidents via the quarterly Learning from experience report
What are they going to monitor within the document?	Quantitative information
Where will the results be reviewed?	Learning from experience report - Trust board of directors (BOD), quality committee (QC), patient safety and effectiveness sub committee (PSESC), health safety and wellbeing sub committee (HSWSC).
When will this be monitored and how often?	Learning from experience report - quarterly
If deficiencies are identified how will these be dealt with?	Recommendations are made within each learning from experience report and are followed up and reported upon within the next quarterly report. An action plan will be developed following the audit.
Who and where will the findings be communicated to?	Learning from experience report - Trust BOD, QC, PSESC, HSWSC.
How does learning occur?	Actions will be followed up and reported to the QC quarterly until all actions have been completed.
How are the board of directors assured?	Via direct receipt and scrutiny of the quarterly report. The QC will receive the audit and monitor any follow up actions. The QC reports directly to the board thereby giving board assurance that this is being undertaken.

Document change history

Changes made with rationale and impact on practice
1. Review of policy format
2. Page 6 – New Flow Chart template and format
3. Page 7 - New Flow Chart template and format
4. Page 4 – Introduction 'new' first paragraph

External references

References
1.

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1. Introduction

It is recognised by the Trust Board that a secure and safe environment for clients, visitors and staff is essential in achieving the highest possible standard of service provision. To achieve this aim the organisation is committed to support the delivery of high quality services through the provision of a secure environment and to implement and regularly review procedures for the physical security of CWP areas and equipment

This policy is written to give CWP staff advice in the event of PAVA spray being activated and designed to care for service users post deployment of a 'taser' device within CWP premises. The information contained in this policy was compiled following advice from the NHS Security Management Service (SMS) and from Cheshire Police via CWP local Police Liaison network meetings. PAVA spray is a new tactical device which replaces the previously called CS gas (2-chlorobenzalmalonitrile) and is used by most police forces. The term Taser derives from the actual manufacturer or company name of the product.

2. Definitions

'**Tasers**' are hand-held devices that propel two barbs at an individual which discharge a temporary high-voltage low-current electrical discharge to override the body's muscle-triggering mechanisms. The recipient is immobilized via two metal probes connected via metal wires to the electroshock device. The recipient feels pain, and can be momentarily paralyzed while an electric current is being applied. It is reported that applying electroshock devices to more sensitive parts of the body is even more painful.^[1] The maximum effective areas for stun gun usage are upper shoulder, below the rib cage, and the upper hip. High voltages are used, but because most devices use a high frequency alternating current, the skin effect prevents a lethal amount of current from travelling into the body. The resulting "shock" is caused by muscles twitching uncontrollably, appearing as muscle spasms.

PAVA spray (Captor brand name) is dispensed from a hand-held canister in a liquid stream that contains a 0.3% solution of PAVA (pelargonic acid vanillylamide), a synthetic capsaicinoid, in a solvent of aqueous ethanol. The propellant is nitrogen which when activated issues a liquid stream in a spray pattern which has a maximum effective range of up to 4 metres. 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 – 35 minutes. Pharmacologically, like other capsaicinoids, PAVA works by direct binding to receptors (TRPV1) that normally produce the pain and sensation of heat as if exposed to scalding heat.

Physical Observations relate to the post incident care for monitoring and measuring of respiratory rate, blood pressure and pulse in accordance with CWP policy.

3. Procedure

The procedure for post PAVA spray care is outlined within [appendix 1](#) and the procedure for post Taser deployment care is outlined in [appendix 2](#).

Any call made to the police will be as a direct consequence of the extreme risk present during an incident in inpatient areas and in accordance with CWP policy. All decisions to discharge any device will be made only by the Police as they will have assumed control of the situation. CWP staff must only act post deployment upon the strict instruction of the Police officer in charge of the incident at the time. Staff must advise the police regarding any known physical conditions that may be complicated by the use of the device on a service user. Once any decision has been made by the Police to use any device, staff must notify their line manager / bleep holder and the on-call medical staff. Immediate concern must be the safety of the service user and staff and also the possible effects on others post incident.

4. Duties and responsibilities

4.1 Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility to ensure that there are systems and processes in place to ensure that there are safe processes in place following deployment of PAVA spray and a 'Taser' device and that the responsibility for this is delegated to an Executive Director.

4.2 The Director of Nursing, Therapies and Patient Partnership

The Director of Nursing, Therapies and Patient Partnership is the executive director responsible for this policy. Specific roles and responsibilities delegated to the Director of Nursing, Therapies and Patient Partnership are as follows:

- As the Director responsibility for security provision within the Trust, ensuring adequate security provision is made in their NHS body as specified in the Secretary of State Directions that ensures the safety of all service users and staff;
- The nomination and appointment of an accredited security management specialist and that through continued liaison ensures that security management work (including the protection of lone workers) is being undertaken to the highest standard;
- Executive responsible for oversight of this policy

4.3 Safety and security lead

- The safety and security lead is responsible for providing advice, guidance and support to managers in developing individual or any local arrangements under this policy. Also for providing advice, guidance and support to any employee relevant to the policy;
- The safety and security lead is responsible for working with the Director of Nursing, Therapies and Patient Partnership and other senior managers to investigate any incident of violence or security breach, to identify ways to reduce the risk further;
- The safety and security lead is responsible for the formulation and review of this policy.

4.4 Patient Safety and Effectiveness Sub Committee (PSESC) will be responsible for

The overall approval and monitoring of this document is with PSESC.

4.5 Line Managers

Line managers must ensure that staff have an awareness of this policy and their responsibilities within it. They must also ensure that any actions following from risk assessments/lessons learned in relation to search incidents are implemented. Managers must also ensure that staff have protected time to attend/receive any training/training materials outlined within this policy and also ensure receipt of awareness raising and communications regarding security issues.

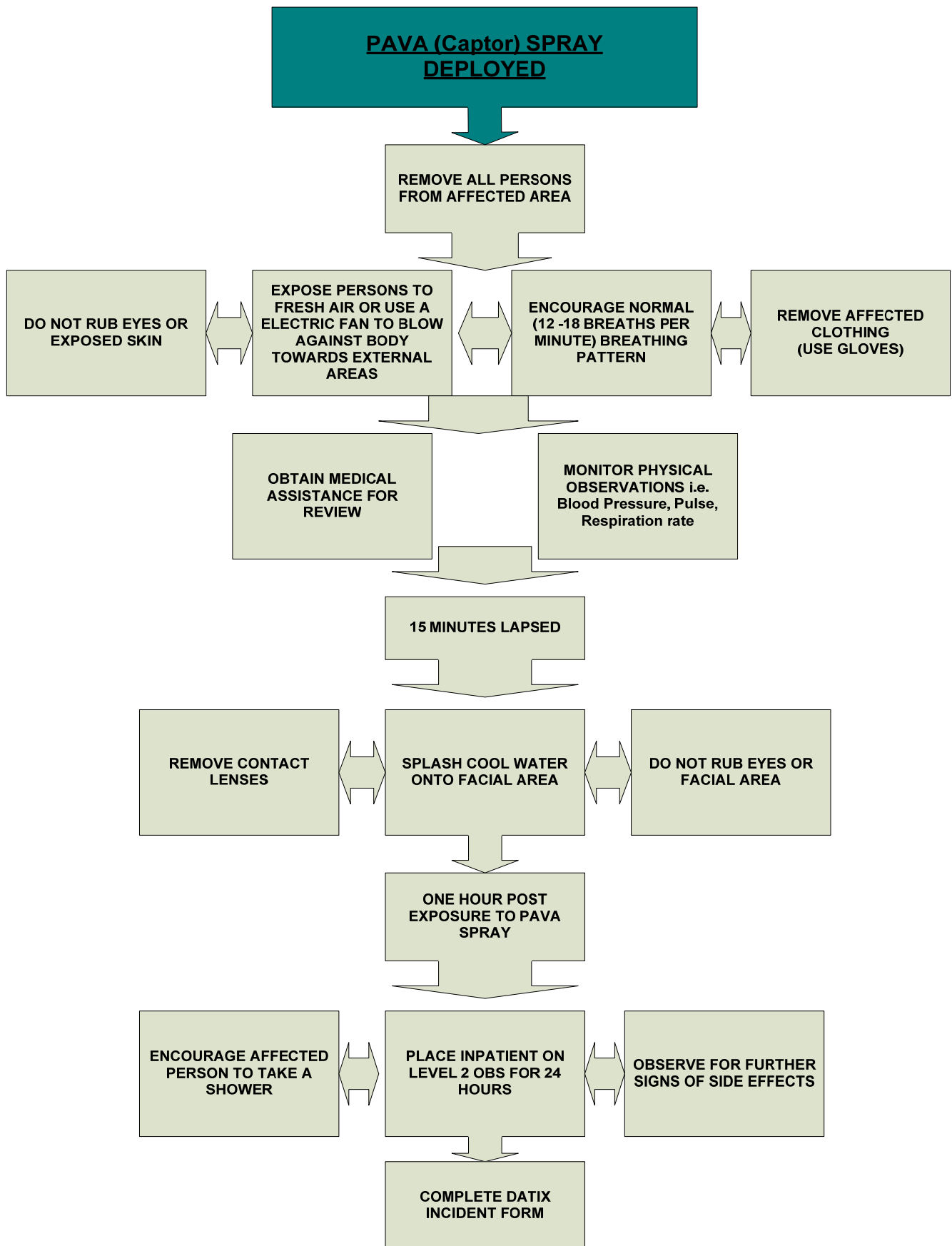
4.6 All trust staff

All trust staff will be expected to fully familiarise themselves with contents of this policy.

Following an incident the employee must ensure details of the incident are recorded in accordance with the Trust's Incident reporting and management policy.

Trust staff will be expected to co-operate in any enquiry into such incidents in relation to this policy.

Appendix 1 - Procedure for post PAVA spray care



Appendix 2 - Procedure for post 'taser' deployment care

