OFFICIAL SENSITIVE

HOME OFFICE SUPERVISOR USE OF FORCE REPORT

TO BE COMPLETED BY THE SUPERVISING OFFICER OR THE PERSON INITIATING FORCE

REFERENCE NO: ……

INCIDENT DETAILS	
Date:	**Time:**
Location of incident:	
The Use of Force was: Spontaneous ☐ Planned ☐ TSFNO: Yes ☐ No ☐	
The Use of Force was authorised by:……	

RESIDENT'S DETAILS		
ATLAS Number:	**Surname:**	**Forenames:**
Sex (please circle) Male / Female / Other	**Age:**	**DOB:**
	Nationality:	

DCO COMPLETING THIS REPORT		
Rank:	**Surname:**	**Forename(s):**

OTHER STAFF INVOLVED IN THE USE OF FORCE			
Rank:	**Surname:**	**Forename(s):**	**BWC No**

EVENTS LEADING UP TO THE INCIDENT		THE REASON WHY FORCE WAS USED	
None Known	☐	**Preventing Self Harm**	☐
Searches (Rubdown/Full)	☐	**Preventing Injury to a Third Party**	☐
To enforce removal directions	☐	**Preventing Damage to Property**	☐
Assault on staff	☐	**Preventing An Escape / Abscond**	☐
Refractory/Threatening Behaviour	☐	**Non-Compliance**	☐
Other (Expand in Annex A)	☐	**Other (Expand in Annex A)**	☐
Any Known Mental Health Issues?	☐ **(Expand in Annex A)**		

METHODS USED TO DE-ESCALATE THE SITUATION

Was any verbal reasoning used to de-escalate the situation initially and/or during the incident?

YES ☐ NO ☐ (EXPAND IN ANNEX A)

POSITIONS IN WHICH RESTRAINT WAS USED

RESIDENT STANDING ☐	**RESIDENT ON GROUND (SUPINE) ☐**	**RESTRAINT RECOVERY ☐**
RESIDENT ON GROUND (PRONE) ☐	**OTHER (Expand in Annex A) ☐**	

USE OF RIGID BAR HANDCUFFS

Were Rigid Bar Handcuffs applied? YES ☐ NO ☐

RELOCATION

Resident relocated to: ……

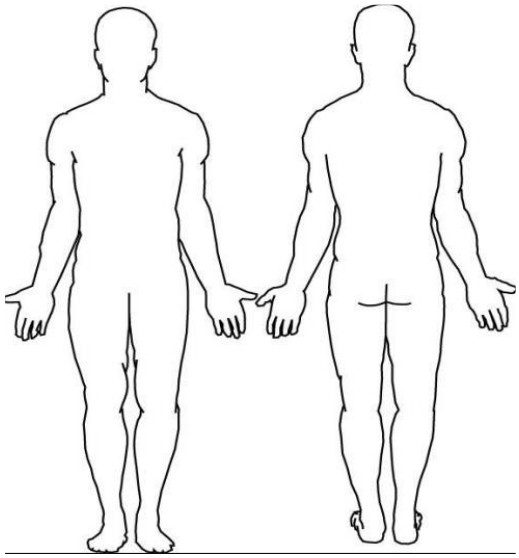
Type of relocation: Compliant ☐ Side Relocation ☐ Full Relocation ☐ Handed to Escorts ☐

INJURIES SUSTAINED

Did you visually identify any injuries or identify any serious medical warning signs (SIWS) during the restraint **YES** ☐ **NO** ☐

Was a medically trained professional present during the restraint? **YES** ☐ **NO** ☐

INDICATE AREAS OF INJURIES (expand in annex A)



COMMENTS: Including any details of first aid administered
And if the Resident required outside hospitalisation

INJURIES SUSTAINED (CONT)

Did a member of staff require medical attention following the incident?

YES ☐ **NO** ☐ **(EXPAND IN ANNEX A)**

EVIDENCE

Following the Use of Force the Resident was seen by Healthcare **YES** ☐ **NO** ☐

(An F213 must be completed in all cases)

F213 completed by NAME …… RANK ……

Was any part of the incident captured on a body worn video camera? **YES** ☐ **NO** ☐

Was any part of the incident captured on CCTV? **YES** ☐ **NO** ☐

IF YES THEN LOG CAMERA SERIAL NO: _____ (IF NO BWC EXPAND IN ANNEX A)

CERTIFICATION

I confirm that the details above are correct and that **I have completed Annex A "HOME OFFICE USE OF FORCE REPORT"**

I have also attached Annex As completed by all other staff involved in the use of force.

Signed …… Name ……

Date …… (TO BE COMPLETED IN BLOCK CAPITALS)

SUPERVISOR IS TO ENSURE THAT ALL STAFF INVOLVED IN THE USE OF FORCE ARE PRESENT FOR A FULL DEBRIEF

DEBRIEF COMPLETED

TIME……

DATE…….

COMMENTS:

MANAGER CHECKS

I confirm that I have quality checked the following:

i. **All relevant fields have been completed correctly**
ii. **A Reference number has been provided on this document**
iii. **Any injuries to the Resident or staff have been reported**
iv. **I also confirm that all the DCOs involved in the use of force have completed an Annex A ''HOME OFFICE USE OF FORCE REPORT''**

Supporting information/Data:

PER ☐ **Medical Form (F213)** ☐ **IS91 Part C** ☐ **GIR** ☐ **Other Relevant information** ☐
Annex As from every member of staff who used force ☐

Signed …… Name …….

Rank …… (TO BE COMPLETED IN BLOCK CAPITALS)

Date ……...

MANAGER'S COMMENTS