

RESTRICTIVE PHYSICAL INTERVENTION RECORD

Student Name:

Location of Incident:

Reporting Member of Staff:

Time and Date of Incident:

Reason for physical intervention (tick all that apply):	
To prevent harm to self	<input type="checkbox"/>
To prevent harm to other children	<input type="checkbox"/>
To prevent harm to adults	<input type="checkbox"/>
To prevent damage to property	<input type="checkbox"/>
To prevent significant disruption	<input type="checkbox"/>

Accident form Complete Y/N/NA

Medical Treatment / Injuries Y/N/NA

Damage to Property Y/N/NA

Name(s) of additional staff witness:	Name(s) of additional student witness:

Triggers:

Additional factors:

Actual harm to people and/or property

Management:		Comments:
Reparation	<input type="checkbox"/>	
Consequences	<input type="checkbox"/>	
Police involvement	<input type="checkbox"/>	
Involvement of other agencies	<input type="checkbox"/>	
Internal Exclusion / FTEX / PEX	<input type="checkbox"/>	
Implementation/Review/update of Risk Management plan	<input type="checkbox"/>	

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Primary de-escalation techniques used
(please state order in which they were used)

Verbal advice and support	Offering services of other staff
Calm talking	Informing of consequences
Distraction	Taking non threatening body position
Reassurance	Step away
Humour	Clear instruction / warning
Negotiation	Use of physical location and presence
Offering choices and options	Diversion
Guiding	Removing other students from vicinity
De-escalation script	Other

Further details (if necessary)		
	Additional statements attached (if necessary)	
	Pupil involved	Y/N
	Adult involved	Y/N
	Observers	Y/N
	Others	Y/N

Restraint techniques including sequence of techniques, time and staff involved:

Technique	Duration	Staff Initials
Duration of restraint:	Duration of incident:	

Log of recording
Incident reported to: Head Teacher
Parents / Carer informed by: @
Student wellbeing verified by: @
Staff wellbeing verified by: @
Behaviour log completed by: @

Verification of account of incident:		
Staff name	Staff signature	Date

	Name	Signature	Date
Report completed by:			
Report reviewed by:			
Headteacher:			