

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 style="float: right; width: 20px;" type="checkbox"/>	
Consequences <input style="float: right; width: 20px;" type="checkbox"/>	
Police involvement <input style="float: right; width: 20px;" type="checkbox"/>	
Involvement of other agencies <input style="float: right; width: 20px;" type="checkbox"/>	
Internal Exclusion / FTEX / PEX <input style="float: right; width: 20px;" type="checkbox"/>	
Implementation/Review/update of Risk Management plan <input style="float: right; width: 20px;" 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:
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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:			