# Appendix 5 – Record Physical Intervention (Restrictive)

Incident No.

**To be completed in all cases as soon as possible i.e. within 24hrs of an incident) You must ensure that the County Council’s Accident/Incident form is completed where harm/ injury has resulted.**

**Name of Pupil D.O.B. CLASS**

**Incident date Incident Time Location**

**Is a Positive Behaviour Plan in place for the above pupil? YES/ NO** (circle as appropriate)

**Staff involved and role taken**

**Pupils Involved**

**Witnesses**

**Reported by**

**About the Incident (1)** (Describe the sequence of events **leading up to** the physical intervention. Include precipitating events, pupil behaviour, de-escalation techniques and staff responses. **(Please attach additional pages as necessary)**

**Nature of Incident – please tick or describe as appropriate**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Behaviour | | Reason for Physical Intervention | |
| Physical Assault |  | Pupil at risk of injury to self |  |
| Vandalism |  | Others at risk of injury (Staff, Pupils, Others) |  |
| Bullying |  | Good order prejudiced |  |
| Serious Disruption |  | Property liable to damage |  |
| Verbal Abuse or Threat |  | An offence being committed |  |
| Other (please describe |  | | |

**Approved physical intervention technique used**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Friendly Escort |  | Single Elbow |  | Figure of Four |  |
| Single Elbow Seated |  | Double elbow |  | Single elbow to ground |  |
| T Wrap |  | T Wrap to seated |  | Seated to T Wrap |  |
| T Wrap to ground |  | Clothing disengage |  | Bite disengage |  |
| Cradle |  | Other (Specify) |  | | |

**About the incident (2) (**Please describe the sequence of events **from when the physical intervention was used**. Include the order techniques were used, who used which, pupil response. **(Please attach additional pages as needed)**

|  |  |
| --- | --- |
| TOTAL TIME OF RESTRICTIVE PHYSICAL INTERVENTION (in minutes) |  |

**Ground Holds (Where used)** Please indicate, where ground holds were used.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | Comments |
| Did the pupil go to ground independently? | YES | NO |  |
| Was the pupil taken to ground by staff? | YES | NO |  |
| Were airways and circulation monitored? | YES | NO |  |
| Were staff trained in the holds used? (Physical intervention may have to be used in an emergency situation even if not trained) | YES | NO |  |

**Injuries or Harm Reporting**

Did any harm occur during the incident e.g. injuries or damage **YES/ NO** (circle as appropriate)

**If ‘yes’ has an accident/ incident form been completed and submitted to the H&S Team? YES/ NO** (circle as appropriate)

**Post incident Action** (Post incident actions should be completed as soon as possible after an incident)

**Post incident discussion with pupil**

**Date Time Who By/ Where?**

**Brief Outline of outcome**

Please enter name

**Positive Behaviour Plan Review**

|  |  |
| --- | --- |
| Were Techniques used within the plan | YES/ NO (circle as appropriate) |
| Does the plan need to be reviewed? | YES/ NO (circle as appropriate) |

**Follow up action by Head teacher or nominated deputy**

**Name of Senior Person notified Date**

**Follow up letter to parents YES/ NO** (circle as appropriate)

**Planned date for PBP Review**

**Planned date for Staff Debrief**

**Head teacher Comments**

**Headteacher Signature Date**