|  |
| --- |
| **Restrictive Physical Intervention Report Form** |
| **Name(s) and DOB(s) of pupils involved:** |       |
| **Name of staff member(s) involved:** |       |
| **Names of staff witnesses:** |       |
| **Names of any other witnesses:** |       |
| **Incident time, date and location:** |       |
| **Incident reported to (name and designation):** |       |
| **Does pupil have a Behaviour Support Plan and Risk Assessment (BSPRA)?** |       | **When was the BSPRA last reviewed?** |       |
| **Detail any Additional Support Needs of the pupil:** |       |
| **Detail relevant Pre-Existing Medical Conditions:** |       |
| **Parents / Carers informed:** | **Date:** |  | **Time:** |  |
| **QIO Informed:** | **Date:** |  | **Time:** |  |
| **Any other relevant parties informed detail who:** | **Date:** |  | **Time:** |  |
| **Brief description of build up to incident including de-escalation strategies used- you can highlight strategies on Behaviour Support Plan and Risk Assessment (which needs attached to this document):** |
| **Description of incident including strategies and CALM techniques used:** |
| **Identify below any additional strategies and techniques that were implemented at this incident that are not currently detailed on the Behaviour Support Plan and Risk Assessment:** |
| **Restrictive Physical Intervention Report Form**  |
| **Reason for Restrictive Physical Intervention:**  | **Danger to self** | **[ ]**  |
| **Danger to others** | **[ ]**  |
| **Significant damage to property which presents an immediate to child or others** | **[ ]**  |
| **CALM Techniques Used:**Level 2 not reportable on own but indicate if used leading to a higher level.  |
| **CALM Techniques** | **Level** | **Technique**  | **Used** | **Duration** |
|  | 2 | T2 Turning | **[ ]**  |  |
| 2 | T3 Guiding | **[ ]**  |  |
| 3 | T4 Secure Comfort Hold | **[ ]**  |  |
| 3 | T6/1 Directing Part 1 | **[ ]**  |  |
| 4 | T9 Figure Four | **[ ]**  |  |
| 4 | T6/2 Cross Hold | **[ ]**  |  |
| 4 | T11 Seated | **[ ]**  |  |
| Supplementary | T4 Comfort Hold | **[ ]**  |  |
|  | T6/1 Directing Part 2 | **[ ]**  |  |
| T26 Armchair Descent | **[ ]**  |  |
| T27 Windmill Walk | **[ ]**  |  |
| T28 Child Restraint | **[ ]**  |  |
| T29 2 Person Child Restraint | **[ ]**  |  |
| T31 Reverse Removal | **[ ]**  |  |
| **Small Holds** |  | SH3 Supine Assist | **[ ]**  |  |
| SH4 Prone Assist | **[ ]**  |  |
| SH5 Secure Hug  | **[ ]**  |  |
| SH8 – Standing Control – Standing Assist | **[ ]**  |  |
| SH7 – Armchair Descent | **[ ]**  |  |
| SH9 – 2 Person Child Restraint | **[ ]**  |  |
| **Escape Techniques** | Low Level | LL 1 - Body Box  | **[ ]**  |  |
| LL 2 - 1 Handed Shirt Pull  | **[ ]**  |  |
| LL 3 - 2 Handed Shirt Pull | **[ ]**  |  |
| LL 4 - Twisted Clothing Grab | **[ ]**  |  |
| LL 5 – Scratching | **[ ]**  |  |
| LL 6 - Fix & Pull Away  | **[ ]**  |  |
| LL 7 - Nose Pinch | **[ ]**  |  |
| LL 8 - The Wishbone  | **[ ]**  |  |
| LL 9 - Alternative Hair Pull release | **[ ]**  |  |
| High Level | HL15 - Rear Hair Grab | **[ ]**  |  |
| HL19 - Lip Push  | **[ ]**  |  |
| **Restrictive Physical Intervention Report Form**  |
| **Please detail any injuries sustained by the pupil(s):** |
| **Please detail any injuries sustained by the staff:** |
| **Was first aid required for pupils or staff?** |
| **Was seclusion used?** |  | **Please attach Seclusion Record to this form** |
| **Was unplanned mechanical restraint used?** |  | **Was mechanical restraint used for a longer period of time or more frequently than prescribed?** |  |
| **PLEASE NOTE IF ANY INJURIES OCCURRED DURING A CALM TECHNIQUE A SEPARATE CALM INJURY FORM MUST BE COMPLETED** |
| **Please detail any damage to property (which presented an immediate danger to pupil and / others):**  |
| **Post Incident debrief offered to pupil(s):** | **Post Incident debrief offered to staff:** |
| Date: |       | By who: |       | Date: |       | By who: |       |

|  |  |
| --- | --- |
| **Restrictive Physical Intervention Report Form Completed by:** |       |
| **Date form completed:** |       |
| **Signature:** |       |

|  |
| --- |
| **An online ECS Accident & Incident Report Form must be completed in addition to this form**  |