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| **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. Only indicate the use of Level 2 below if it led to a higher level technique being used.  |
| **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 Hold |[ ]   |
|  | 4 | T6/2 Cross Hold |[ ]   |
|  | 4 | T11 Figure Four Seated |[ ]   |
|  | Supplementary | T4 Comfort Hold |[ ]   |
|  |  | T6/1 Directing Part 2 |[ ]   |
|  |  | T10b Figure Four Sit |[ ]   |
|  |  | T26 Armchair Descent |[ ]   |
|  |  | T27 Windmill Walk |[ ]   |
|  |  | T28 Side Restraint |[ ]   |
|  |  | T29 2 Person Child Restraint |[ ]   |
|  |  | T31 Reverse Removal |[ ]   |
| **Small Holds** |  | SH1 Infant Lift |[ ]   |
|  |  | SH3 Supine Assist |  |  |
|  |  | SH4 Prone Assist |[ ]   |
|  |  | SH5 Secure Hug  |[ ]   |
|  |  | SH6 Two Person Lift |[ ]   |
|  |  | SH8 – Standing Control – Standing Assist |[ ]   |
| **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: |       |

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

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| **An online ECS Accident & Incident Report Form must be completed in addition to this form** [**CAIRS**](https://abshire.cherwellondemand.com/CherwellPortal/askhrv2?Locale=en-GB&_=2da35307)  |