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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) |