# Restrictive Intervention Record Form

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| **Student Name:**  |  |  | **Location of Incident:**  |  |
|  |  |  |
| **D.O.B:**  |  |  |  |
|  |  | **Time and Date of Incident**: |  |
| **Reporting Member of Staff:** |  |  |  |
|  |  |  |
| **Justification for physical intervention****(tick all that apply):** | **Predicted harm prevented by physical intervention with predicted levels (see Individual Plan)**e.g. bruising to peers, lacerations, destruction of computer, 20 mins of geography lost for 15 child or young person’s etc.) |
| To prevent harm to self | [ ]  |  |
| To prevent harm to other children | [ ]  |
| To prevent harm to adults | [ ]  |
| To prevent damage to property | [ ]  |
| To prevent loss of learning (see plan) | [ ]  |
|  |  |  |
| **Incident Form/Book Complete** | Y/N |  | **Name(s) of additional staff witness:** | **Name(s) of additional student witness:** |
|  |  |  |  |
| **Medical Treatment / Injuries** | Y/N |  |  |  |
|  |  |  |  |  |  |
| **Damage to Property** | Y/N |  |  |  |
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| **Unresolved Harm/ Details of damage to property (costs and details of harm to property and people including medical intervention:** |
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| Triggers: |
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| Additional factors: |
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| **Management:** | **Comments:** |
| How was the incident resolved? |  |
| What were the Consequences? Protective and Educational |  |
| Has student reparation/ de-brief taken place? | **Y/N** |  |
| Has staff de-brief taken place?  | **Y/N** |  |
| Has the Risk Management plan been reviewed or updated? | **Y/N** |  |
| Was there Police involvement? | **Y/N** |  |
| Has there been Internal Exclusion / Suspension / PEX? | **Y/N** |  |

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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 |  | De-escalation script |  |
| Humour |  | Clear instruction / warning |  |
| Negotiation |  | Withdrawal from activity |  |
| Offering choices and options |  | Diversion |  |
| **Number** | **Description of how technique was employed** |
| 1 |  |
| 2 |  |
| 3 |  |
| 4 |  |
| 5 |  |

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| **Restraint techniques including sequence of techniques, time and staff involved:** |
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| **Time** | **Technique** | **Shape** | **Staff name** |
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| **Duration of restraint:** | **Duration of incident:**  |

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| --- | --- | --- |
| **Is there any physical mark or harm caused by the use of restraint?** | **Y/N** | Details:  |
| **Has the student indicated that this was caused by the use of physical intervention?** | **Y/N** | Actions: *
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| **Incident reporting and monitoring** |  | **Verification of account of incident:**  |
| Incident reported to: Head Teacher by:  |  | **Staff name** | **Staff signature** | **Date** |
| Parents / Carer informed by:  | @  |  |  |  |  |
| Student wellbeing verified by:  | @  |  |  |  |  |
| Staff wellbeing verified by:  | @  |  |  |  |  |
| Incident form completed by:  | @  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Reporting staff name: |  | Signature: |  |

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| Incident form coordinator check signature: |  | Date: |  |