Part 1 A

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| --- | --- |
| **Incident Number:** | |
| **Name of establishment:** | |
| **Child’s name:** |  |
| **Time of incident:** | |
| **Carers involved:** | |
| **Other children involved:** | |
| **Witnesses to incident** | |
| **If appropriate, please attach any witness statements.** | |
| **Day and date of incident:** | **Place of incident:** |

|  |  |
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| **Events leading to incident** | |
| **(What was happening for the child before the incident, what seemed to trigger the behaviour, who else was involved or present.)** |  |

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| **Behaviour of child** |  |
| **(What behaviour alerted you that the child was struggling to cope?)** |  |

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| **Response from Carers** |  |  |
| **(Which techniques did you use to de-escalate the situation? Before restraining the child what was the response from them and others?)** |  |  |
|  | | |

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| **Reason for the restraint** | |
| (What was the specific risk to the welfare of the child or others?)  Remember: Physical Intervention and Restraint must be 1) Necessary (or believed to be Necessary) to prevent harm and must be  2) Proportionate to the degree of harm which may be caused if there was no intervention made. |  |

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| **Description of restraint** | |
| **(What method or type of hold did you use and were there any complications that arose during the restraint?)** |  |
| **How long did the restraint last?** |  |

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| Conclusion of restraint | |
| **(How did the restraint come to an end, and what help and support did you offer to the child?)** |  |

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| **Staff signature:** | **Date:** |
| **Interviewer signature:** | **Date:** |

Part 1 B

(A member of staff not involved in the restraint must fill this in.)

Injuries

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Was the child injured?** | **Yes** |  | **No** |  | If ‘Yes’, what were the injuries? |
| **Was a member of staff injured?** | **Yes** |  | **No** |  | If ‘Yes’, what were the injuries? |
| **Did someone get medical help?** | **Yes** |  | **No** |  |  |
| **Was first aid given?** | **Yes** |  | **No** |  |  |
| **Was an accident form filled in?** | **Yes** |  | **No** |  |  |
| **Were the police involved?** | **Yes** |  | **No** |  | If ‘Yes’, please say why, who called and when, and the outcome of their involvement. |

Who was told about the restraint?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Name of person told** |  | **Date** |  | **Time** |  | **Initials of Informing Staff** |
| **Appropriate manager** |  |  |  |  |  |  |  |
| **Relative** |  |  |  |  |  |  |  |
| **Social worker** |  |  |  |  |  |  |  |
| **Witness to the incident** |  |  |  |  |  |  |  |
| **Other** |  |  |  |  |  |  |  |

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| --- |
| Staff signature: |
| Date: |

Part 2

Personal plan or care plan

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| **Was this action in line with the part of the child’s plan that deals with violent or otherwise dangerous behaviour?** | **Yes** |  | **No** |  | **If ‘No’, please explain.** |
|  | | | | | |
| **Does the care plan need to be changed?** | **Yes** |  | **No** |  | **If ‘Yes’, please explain.** |
|  | | | | | |
| **Is a review needed?** | **Yes** |  | **No** |  |  |
| **If ’Yes’, has a date been made?** | **Yes** |  | **No** |  |  |

Signatures

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Print name** |  | **Signature** |  | **Date** |
| **Staff involved** |  |  |  |  |  |
| **Child** |  |  |  |  |  |
| **Establishment managers** |  |  |  |  |  |
| **Other manager** |  |  |  |  |  |