

Staffordshire University Academies Trust

INCIDENT FORM – USE OF PHYSICAL INTERVENTION

1. GENERAL DETAILS

CLASS: _____ TERM: _____ NUMBER: _____ DATE: _____

NAME(S) OF PUPILS INVOLVED: _____

LOCATION: _____ TIME: _____

WITNESSED BY: _____
Adults:
Pupils:

NAME OF STAFF WRITING THIS REPORT: _____

REPORTED TO PRINCIPAL: _____ (Date/time)
 FORM RETURNED: _____ (Date/time)

2. DESCRIPTION OF THE INCIDENT (WHAT HAPPENED?)

<i>Who was involved? Focus of incident</i>	<i>Nature of incident</i>	<i>Effects</i>
Pupil to pupil <input type="checkbox"/>	Verbal abuse/outburst <input type="checkbox"/>	Disruption <input type="checkbox"/>
Pupil to adult <input type="checkbox"/>	Threatened violence <input type="checkbox"/>	Distress to self (pupil) <input type="checkbox"/>
Self harm <input type="checkbox"/>	Risk of injury <input type="checkbox"/>	Distress to others <input type="checkbox"/>
Damage to property/equipment <input type="checkbox"/>	Physical abuse/attack <input type="checkbox"/>	Injury <input type="checkbox"/>

Antecedents (What lead up to the incident):

Behaviour:

Action taken to manage/de-escalate the behaviour prior to use of physical intervention:

Description of the physical intervention used:

- Was this a planned (IBP)/unplanned intervention? (delete as appropriate)
- Duration of physical intervention:
- Was anyone injured? YES/NO If YES, give details of injury and any medical support given:

3. CONSEQUENCES

Incident reported to Principal /Deputy/Other member of SLT (specify) _____

Parents Contacted – Phone/Letter Time: _____ By Whom: _____

In School/Class Sanctions:

Detention Date: _____

Outside Agencies Involved YES/NO. If YES, who? _____

Accident/Incident form/book Health and safety form/book

Other recording (specify) Other notification

Signed: _____ (Member(s) of Staff)

Date _____

4. FURTHER ACTIONS

Post Incident Support:

Staff

Staff 'Debrief' Requested YES/NO

Provided by _____ Date _____

Follow Up Session Requested YES/NO

Details _____

Pupil

Post Incident Support given by _____ Date _____

Signed _____ (Member of Staff)

Date _____

Signed (optional) _____ (Pupil)

PLANNING AND FURTHER ACTIONS

Do any of the following need review and possible change? Please tick appropriate ones.

- Pupil individual programme
- Teaching targets/curriculum offered
- Teaching groups
- Aspects of physical environment
- Defusing and calming strategies
- Staffing

What steps have/will be taken to address identified areas?

Was any further, related action taken by Principal / Deputy YES/NO

Specify:

Signed: _____ (Principal)

Date: _____