



COMHAIRLE NAN EILEAN SIAR

Department of Education and Children's Services

PHYSICAL RESTRAINT INCIDENT REPORT

Part 1a (Fill this in immediately after the incident and no later than 24 hours afterwards)

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| Name of School/Establishment: | |
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|-----------------------------|--|-----------------------------|--|
| Young person's name: | | Their date of birth: | |
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| Incident: | |
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|-------------------------|--|
| Adults involved: | |
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|-------------------------------------|--|
| Other young people involved: | |
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|-------------------------------|--|
| Witnesses to incident: | |
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|---|
| If appropriate (please attach any witness statements). |
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|--|--|---------------------------|--|
| Day, date and time of incident: | | Place of incident: | |
|--|--|---------------------------|--|

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| Events leading to incident (What was happening for the young person before the incident, what seemed to trigger the behaviour, who else was involved or present?) |
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| Behaviour of young person (What behaviour alerted you that the young person was struggling to cope?) |
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Part 1a (continued)

Response from adults (Which techniques did you use to reduce the tension before the restraint and what was the response from the young person and others?)

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Reason for the restraint (What was the specific risk to the welfare of the young person or others?)

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

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How long did the restraint last?

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

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Completed by:

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| | |
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Signature

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Date

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PHYSICAL RESTRAINT INCIDENT REPORT

Part 1b (A member of staff **not involved in the restraint** must fill this in.)

| Injuries | | | |
|---------------------------------|------------------------------|-----------------------------|-----------------------------------|
| Was the young person injured? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If 'Yes', what were the injuries? |
| Was a member of staff injured? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If 'Yes', what were the injuries? |
| Did someone get medical help? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Was first aid given? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| Was an accident form filled in? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

| | | |
|---|------------------------------|-----------------------------|
| Were the police involved? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 |
| Appropriate Manager | | | |
| Parent | | | |
| Social Worker | | | |
| Other | | | |

| | | | |
|----------------|--|------|--|
| Completed by: | | | |
| Your signature | | Date | |

PHYSICAL RESTRAINT INCIDENT REPORT

Part 2 (This must be filled in as soon as possible, but at the latest within one week).

Discussing the incident with the young person (If you need a separate sheet, please attach it and put a reference to it in this box.)

Name of young person:

Date of discussion:

Staff involved:

Young person's point of view (What did they hope to achieve, what did they think your motivation was, and what was the view of their restraint.)

Other main points of discussion (What could have been differently by the young person and by you, how has your relationship been affected, what is the staff members view of what is going on for the young person, and has this kind of situation arisen before?)

Outcome of discussion. (What other behaviour could the young person use in future? What further steps can be taken, what action is planned for the young person and what is the plan if action for staff?)

If the situation is still not sorted out, please give details of the options explored and the outcome. (This should involve discussions with other staff, managers, social workers or advocates offered, other communication and expression tried and the offer to complain)

| Personal plan or care plan | | | | | |
|---|------------------------------|-----------------------------|-----------------------------------|------------------------------|-----------------------------|
| Was this action in line with the part of the young person's plan that deals with violent or otherwise dangerous behaviours? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If 'No', please explain. | | |
| Does the care plan need to be changed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If 'Yes' Please explain. | | |
| Is a looked-after and accommodated review needed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | If 'Yes' has this date been made? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| Signatures | | | |
|---------------------------|------------|-----------|------|
| | Print Name | Signature | Date |
| Staff Involved | | | |
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| Witnesses to the incident | | | |
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| Young Person | | | |
| Establishment Managers | | | |
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| Other Managers | | | |
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