

**APPENDIX 2**  
**DARLINGTON BOROUGH COUNCIL**

**Restrictive Physical Intervention – Record of Incident**

<b>Name of Pupil:</b>		<b>Date of birth:</b>	
<b>Yr Group:</b>	<b>UPN:</b>	<b>Ethnicity:</b>	<b>Looked After: Yes/No</b>
<b>SEN Stage:</b>		<b>Child Protection Register: Yes/No/Don't know</b>	
<b><u>Names of those involved:</u></b>			
<b>Staff:</b>		<b>Pupils:</b>	
<b>Times of Incident:</b>		<b>Location:</b>	
<b>Account of details leading up to the incident:</b>			

**De-escalation strategies employed:**

**(Examples;**

**Verbal advice/ support**

**Re-assurance**

**Tactical ignoring**

**Distraction**

**Other (describe).**

**Negotiation**

**Time out offered/ directed**

**Change of adult**

**Negotiation/ limits/ consequences**

**Details of action during the incident: (How did staff intervene, the student respond, was the situation resolved)**

**Who else was present?** (Adults and pupils)

**Follow-up Actions:**

**Record of Immediate Injury to staff or pupil:**

**Refer to first-aider: Yes/No**  
**Action by first-aider:**

**Subsequent evidence of injury resulting from incident** (if any):

This information to be recorded and sent to Darlington LEA School Support Officer for Child Protection within 28 days.

**Record of damage to property** (if any):

<p><b>Planned follow-up actions in school.</b> (Involvement of other agencies/ counselling):</p>
<p><b>Advice to parents/carers:</b></p>

**Notification to Parents/Carers:** (Please tick all appropriate boxes)

<ul style="list-style-type: none"> <li>• Mother at (time)</li> </ul>	By: phone/visit/letter (delete as appropriate)
<ul style="list-style-type: none"> <li>• Father at (time)</li> </ul>	By: phone/visit/letter (delete as appropriate)
<ul style="list-style-type: none"> <li>• Other carer (time)</li> </ul>	By: phone/visit/letter (delete as appropriate)
<ul style="list-style-type: none"> <li>• Social Worker (time)</li> </ul>	By: phone/visit/letter (delete as appropriate)
<ul style="list-style-type: none"> <li>• Other significant person (time)</li> </ul>	By: phone/visit/letter (delete as appropriate)
Signed:  (Member of staff involved in Restrictive physical intervention)	Date:
Counter-signed:  (Headteacher, Deputy, Senior member of staff)	Date
Copy sent to LEA:	Date

Child's/ young person's views- to be completed if the child/ young person feels comfortable to do so. The aim of this exercise being to aid resolution for the future , it should not be completed if it will cause further escalation.