|  |  |
| --- | --- |
| Internal reference: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Child: |  | Date of Incident: |  |
| Children’s Home: |  | Time of incident: |  |
| Other related records: |  | Location of incident: |  |
| Staff directly involved in the physical intervention: |  | Observers of the physical intervention: |  |

|  |
| --- |
| What happened:(brief description of the incident) |
|  |
| What led up to the incident?(describe any factors or events that may have led to the incident taking place) |
|  |
| Description of intervention / technique used and why this was necessary (using reasonable and proportionate force) |
|  |
| Duration of intervention / technique used: |
|  |
| What was the outcome of the Physical Intervention: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s views of the incident: | | | |
|  | | | |
| Child’s signature |  | Date |  |

|  |  |
| --- | --- |
| Please complete the body map and identify the area of an injury using a red mark: | Description of any injuries: |
|  |
|  |
| Medical advice or treatment sought: |
|  |
| Medical treatment provided / offered (please delete): |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Print name |  | Signature |  | Role / Position |  | Date |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Section to be completed by a manager** | | | | | |
| Manager’s initial review and comments | | | | | |
|  | | | | | |
| Print Name |  | Signature |  | Date |  |

|  |
| --- |
| Outcome of further discussions: |
|  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Manager’s final review and sign off: | | | | | | | |
|  | | | | | | | |
| Print Name |  | Signature |  | Role / Position | Registered Manager | Date |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Print name |  | Signature |  | Role / Position | Reg 44 Visitor | Date |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **This section to be completed by Keyworker** | | | | |
| **Action taken or considered** | **Yes/No** | **Date** | **Time** | **Person completing action** |
| Safeguarding referral to SW and/or PM (**office hours**) |  |  |  |  |
| Safeguarding referral to MASH (**out of hours**) |  |  |  |  |
| Reg 40 notification to Ofsted |  |  |  |  |
| Child Debrief meeting arranged/held (please delete) |  |  |  |  |
| Staff debrief meeting arranged/held (delete) |  |  |  |  |
| HSW3 completed (if injured) |  |  |  |  |
| Police /Paramedics/Fire Brigade contacted (if needed) |  |  |  |  |
| Other (please state) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agency updates** | **Named person** | **Date** | **Time** | **Person completing action** |
| Social Worker |  |  |  |  |
| IRO |  |  |  |  |
| LAC Nurse (if injured) |  |  |  |  |
| Parent/Carer |  |  |  |  |
| Advocate /Independent Visitor |  |  |  |  |
| Ofsted (via Reg 40) |  |  |  |  |
| LADO |  |  |  |  |
| Keyworker & staff team |  |  |  |  |
| Other (please state) |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of document reviewed** | **Date updated** | **Date sent** | **Person completing the update** |
| Safety Plan |  |  |  |
| Support Plan |  |  |  |
| Positive Handling Plan |  |  |  |
| Missing Plan |  |  |  |
| Other (please state) |  |  |  |