|  |  |
| --- | --- |
| 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) |  |  |  |