

# PHYSICAL INTERVENTION RECORD FORM – 2024-2027

Name of child/young person .....

Is this young person a looked after child/SEN/vulnerability? .....

When did the incident occur?

Date	Day of week	Time	Where?
------	-------------	------	--------

Staff involved

Name	Designation	Team Teach trained?	Involved: physically? (P) as observer? (O)	Staff signature

Please describe the incident and include:  
 1. What was happening before? 2. What do you think triggered this behaviour? 3. What de-escalating techniques were used prior to physical intervention? 4. Why was a PI deemed necessary? 5. Any other information relevant to include.

Team Teach/other technique(s) used (tick as appropriate)

Technique	Standing/escort	Sitting/chairs	Kneeling	Ground
Breakaway/defensive				
One person				
Two people				

Please give details below of hold, e.g. single elbow, double elbow, wrap, etc.

.....

How long was the child/young person held? .....

If the child/young person was held on the ground: Did they go to ground independently?\*   
 (e.g. did the child lift their weight off the floor, or go deadweight)

Were they taken to ground by staff?\*

\*tick as appropriate

**Good practice dictates that schools should review what happened and consider what lessons can be learned, which may have implications for the future management of the pupil. These need not be added to this form but should be incorporated in the individual plans for the child.**

Has the child/young person been held before?  
 Yes/No

*A child/young person should have an individual plan clearly detailing reactive strategies and physical intervention approaches if they have been involved in physical interventions on more than one occasion.*

Does the individual support plan need to be reviewed as a result of this incident?  
 Yes/No

Does the risk assessment need to be reviewed as a result of this incident? Yes/No

If yes, who will action and when? (less than four weeks)

Who was the incident reported to, and when? .....

.....

Was there any medical intervention needed? Yes/No

Include names of any injured person and brief details of injuries  
 .....

.....

.....

Please specify any related record forms

Accident Book  Anti Bullying and Racist Incident Record Form

Skin Map  Violent Incident Record  Complaints recorded

Other (please specify) .....

Was the pupil debriefed? Yes/No

Were staff offered a debrief? Yes/No

Was it taken up? Yes/No

Parents/carers were informed

Date	Time	By whom?	By direct contact, telephone, letter?

Form completed	Name	Designation	Date and time

by:			
-----	--	--	--

**If further advice is required around any issues related to physical intervention or the completion of this form please contact Omar Salahuddin on 07307 191 338**