

# Physically Harmful Behaviour Report Form (for Schools and Educational Settings)

A Physically Harmful Behaviour Incident is defined as one in which a person has been harmed or injured by another person. This may have been unintentional or perceived as intentional and resulted in injury or harm to the individual or the work environment. Fields marked with \* are mandatory

Incident Date	<input type="text"/>	Incident Time	<input type="text"/>
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Person reporting this incident

Your full name:	<input type="text"/>
Your job title:	<input type="text"/>
Please provide the name of your team/ area of the School/ Setting:	<input type="text"/>
Your contact number:	<input type="text"/>
Your e-mail address:	<input type="text"/>

About the person/ child/ young person affected by this incident

Name of affected person/ child/ young person:	<input type="text"/>
Is the affected person an employee?	<input type="radio"/> Yes <input type="radio"/> No
Status of the non-employee:	<input type="text"/>
Affected Person Non-Employee Status (Other):	<input type="text"/>
Contractor name (If available):	<input type="text"/>
Affected person's telephone number (if available):	<input type="text"/>
Affected persons e-mail (where available):	<input type="text"/>
Affected persons job role (if relevant):	<input type="text"/>
Do you know the address of the affected person?	<input type="radio"/> Yes <input type="radio"/> No
Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Address 3:	<input type="text"/>
Town/ City:	<input type="text"/>
County:	<input type="text"/>
Postcode:	<input type="text"/>

## About the Incident

Please select the location of the incident

Other Location:

Describe where on the premises or outside space selected above did this happen:

Which of these best describes the incident

What led up to or was happening in the school/setting at the time of the incident?

Describe in as much detail as possible what happened:

Injuries sustained:

Please confirm that the incident resulted in the affected person losing consciousness due to a head injury or asphyxia:

☐ Yes ☐ No

In the list above, did you select any of the injuries specified under RIDDOR Reportable?

☐ Yes ☐ No

Was the non-employee taken directly to hospital for treatment of that injury?

☐ Yes ☐ No

Please confirm that the incident resulted in death of the affected person?

☐ Yes ☐ No

Injury location(s)

Was the person absent from work following the incident?

☐ Yes ☐ No

Is this person likely to be absent from work for a period of over 7 days, or unable to return to full duties within 7 days?

☐ Yes ☐ No

Was first aid treatment received?

☐ Yes ☐ No ☐ Not applicable

What treatment was given?

## About the Child or Young Person

Name of Child/ Young Person who caused the harm:

## Physical Intervention

Was Restrictive Physical Intervention used?

☐ Yes ☐ No

Names and roles of staff applying physical intervention/restraint:

What Physical Intervention technique/s were used?

How long were holds applied for?

Were all staff involved in the incident trained in a recognised Restrictive Physical Intervention technique?

☐ Yes ☐ No

Who was the training provider:

What is the name of this approach?

Names of the individuals that were not trained in Physical Intervention:

Is there a personalised stress/distress management plan, risk management/support plan or an equivalent for the child or young person?

☐ Yes ☐ No

Does the plan include the use of restrictive physical intervention as part of the adult response when deemed absolutely necessary?

☐ Yes ☐ No

Name of staff member that led the physical intervention:

Witness to incident

Was there a witness to the incident?

☐ Yes ☐ No

Name of witness:

What the person witnessed:

Save and Submit Declaration