

Use of Physical Restraint Reporting Form

2019-2020

Medicine Hat Public School Division

The following report is to be completed as soon as possible following the physical restraint of a student, on the same day, by the person(s) using the restraint procedures, and provided to the school administrator immediately following the event. A copy of the completed form must be placed in the student record file for the remainder of the school year.

Date:			
School:			
Student's Name:			
Grade:			
Documentation			
What occurred? Include time, location, and order of events.			
Interventions used prior to physical restraint and attempts to de-escalate the situation:			
Physical restraint techniques used and duration of physical restraint:			
Student report:			
Staff directly involved:			
Witnesses to event:			

Injuries to self, others or damage to property, if applicable:		
Student's behaviour while being physically restrained:		
Additional Information: contextual information that is relevant to the event		
School Administrator notified: Indicate time and who reported it (Note: this must happen on the same day as the incident occurred.)		
Parent(s)/Guardian(s) notified: Indicate time and by whom (Note: reasonable efforts to reach parents are expected to be made and documented on the same day as the incident occurred.)		
Is it likely that physical restraint will be utilized again with this student?	No – Use of Physical Restraint Reporting record file for the remainder of the school yeYes – Referral made to the Behaviour En (BEST) for planning purposes.	ar.
	Debriefing	
involved staff and appropriate or has a Behaviour Support Plan will follow the reporting guidelin	e is use of physical restraint it is expected that expertise occur within three days of the incide (BSP) that includes the use of physical restrates as stated in the BSP. Note: if appropriate so occur as soon as possible after the incide	ent. When the student already int procedures, staff members e, a follow up meeting with
	of this form is to be submitted to the associated planning, oversight and identifying issues and	
Signature	Name (please print)	Date