



## Incident Report: Use of Physical Intervention

### 1. PHYSICAL INTERVENTION TEAM

#### IDENTIFICATION

Name:

Job Title:

Name:

Job Title:

Name:

Job Title:

### 2. STUDENT INFORMATION

Name:

Age:

### 3. INCIDENT INFORMATION

Location:

Date of Incident:

Time:  AM  PM

Participating Factors:

### 4. RESPONSE

a. Behaviour that resulted in Physical Intervention:

b. Physical Intervention Used:

c. If a Containment was used:

Length of time the Containment was used?

d. What prompted the discontinuing of the Physical Intervention?

e. Was one or multiple Containments used?

One

Multiple

Please Fax to H&S Office 613 735-6315  
and to Special Education if the incident involves an identified student 613 732-1898

# Form 355-1 Incident Report: Use of Physical Intervention

---



## 5. OTHER INFORMATION

a. Have Physical Interventions been used previously with this student?

Yes                  No

Was the incident debriefed and safety plan created/updated?

Yes                  No

b. Was this a planned Physical Intervention or an Unexpected/Emergency Intervention?

Planned

Unexpected/Emergency

Please provide any other information you think is relevant:

c. Are there any measures in place to prevent a similar incident?

Yes                  No

d. Describe these:

## 6. \*Parent/Guardian contact made by Administrator:

Date:

Time:

Principal/Designate Signature

Please Fax to H&S Office 613 735-6315  
and to Special Education if the incident involves an identified student 613 732-1898