BOUND AND NUMBERED BOOK v 7

48

RISK ASSESSMENT AND SIGNIFICANT INCIDENT / RESTRAINT / RESTRICTION RECORD For Additional Details Refer To Supporting Documentation

| Toh. War | - | | |
|--|--|---|--|
| of the child or young person concerned: | Age: 5 | | |
| of the person using the measure: | Scrap Cater. | | |
| es of any other people present: Sauch Barrett. of person completing this record: Sauch Barrett. OS.10.11 Time: 10: 10 Location: Out doors. | | | |
| | | s of the behaviour leading to the use of the measure (what the child or young | |
| | | tild refused to come uside after already | |
| assighting out 10 bac | 1 16 -1 - Marilla | | |
| will and of 5 miles in the or | Laila | | |
| W S G V V V V V V V V V V V V V V V V V V | we have. | | |
| s of any methods used to avoid the need to use that measure (what you did | , , , | | |
| nour Overbal advice and support Orfirm clear directions Overgotiation Out | mited Choices Distraction Diversion | | |
| ussurance Pelanned Ignoring Contingent Touch Calm talking Cealm S | tance Patience Withdrawal Offered Wyvitnorawai | | |
| ed □Swap Adult □Reminders about Consequences □Success Reminders | | | |
| | | | |
| | | | |
| Nas The Measure Necessary? - (describe your dynamic risk assessment and was in the best interests of the child or young person) | | | |
| to Self Drisk to Others Drisk to Safe Physical Environment DRisk to Safe | Psychological Environment □Prevention of | | |
| lological Distress □Prevention of Physical Harm □Prevention of Criminal off | ence □Temporary Loss of Competence or Capacity | | |
| | | | |
| | | | |
| cription of the measure used (what you did and what you said): | | | |
| alhan dond weight | | | |
| 2000 Comments | | | |
| Dance of Air | 1. M. | | |
| ffectiveness of the measure: | no oue | | |
| evsprem | | | |
| on of any measure of physical restraint or restriction in minutes and any time | intervals between provision of active | | |
| n: 5 minutes. | | | |
| onsequences of the use of the measure: | | | |
| | - observed, | | |
| oription of any medical treatment □ offered or □ administered: | required! | | |
| | | | |
| nal Agencies Informed and supporting records: | | | |
| | (Data as disulate pumban) | | |
| lical Referralial Worker | (Date and/or log number) | | |
| ial Worker | (Date and/or log number) | | |
| Ith & Safety Report (RIDDOR) | (| | |
| r Schoole Partnership Support Officer | (Date and/or log number) | | |
| er Schools Partnership Support Officer | (Date and/or log number) | | |
| ponsible Parent | (Date and/or log number) | | |
| | (Date and/or log number) | | |
| firmation that the person authorised to make the official record has spoken to the measure about the use of the measure and the feelings of both of them. | the child or young person concerned and the person | | |
| of the young person and any additional comments: | | | |
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| and signature of the person authorised to make this record: | | | |
| and signature of the person authorised to make this record: signature and designation of person monitoring the records: | Date Checked: 65.16.2 | | |

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