



James Nash State High School

PHYSICAL RESTRAINT OR REMOVAL RECORD

Initial Report Compiled by		Date & Time Report completed			
Signed					
DETAILS OF STUDENT					
Name	Unit	Teacher			
DETAILS OF STAFF INVOLVED IN RESTRAINT					
Name	Role				
Name	Role				
REASON FOR RESTRAINT					
To avert an immediate danger of personal injury to the pupil			<input type="checkbox"/>		
To avert an immediate danger of injury to another pupil or adult			<input type="checkbox"/>		
To avoid serious damage			<input type="checkbox"/>		
To prevent conduct that is prejudicial to the good order of the group			<input type="checkbox"/>		
DETAILS OF INCIDENT					
Date	Time	Initial Location			
Initial Staff involved					
Restraint Location					
Duration of Restraint					
Student removed to					
DE-ESCALATION TECHNIQUES USED PRIOR TO RESTRAINT					
Distraction <input type="checkbox"/>	Change of face, place, activity <input type="checkbox"/>	Offer choices <input type="checkbox"/>	Cool down time, place <input type="checkbox"/>	Offer to talk <input type="checkbox"/>	Reassurance <input type="checkbox"/>
RESTRAINT / REMOVAL TECHNIQUES USED					
Friendly hold <input type="checkbox"/>	T-Wrap <input type="checkbox"/>	Single Elbow <input type="checkbox"/>	Figure 4 <input type="checkbox"/>	Single person double elbow <input type="checkbox"/>	Clothing , bite, hair <input type="checkbox"/>
T-Wrap to ground <input type="checkbox"/>	T-Wrap to chairs <input type="checkbox"/>	Guide Away <input type="checkbox"/>	Escort to chairs <input type="checkbox"/>	Arm response <input type="checkbox"/>	<input type="checkbox"/>
4. DETAILS OF ANY INJURY					
Injury to Student	<input type="checkbox"/> yes <input type="checkbox"/> No	Incident Report completed	<input type="checkbox"/> yes <input type="checkbox"/> No		
Details of Injury					
DETAILS OF DAMAGE					



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DETAILS OF TRAUMA	
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Follow Up Report – to be completed by Form Recipient

1. FOLLOW UP CALL				
Made by		Made to		
2. POST INVESTIGATION				
<input type="checkbox"/> Necessary	<input type="checkbox"/> Not	Completed by		Recorded in
3. DAMAGE REPAIR				
<input type="checkbox"/> Necessary	<input type="checkbox"/> Not	Organised by		
4. ENTERED ON MYHR - WPHS				
<input type="checkbox"/> Necessary	<input type="checkbox"/> Not	Completed by		
5. ENTERED ON ONE SCHOOL				
<input type="checkbox"/> Necessary	<input type="checkbox"/> Not	Completed by		
<input type="checkbox"/> As Contact	Completed by		On Student Profile of	
<input type="checkbox"/> As single student incident	Completed by		On Student Profile of	
<input type="checkbox"/> As Multiple student incident	Completed by		On Student Profile of	
6. OTHER FORMS COMPLETED				
<input type="checkbox"/> 5W	<input type="checkbox"/> Physical restraint or removal record	<input type="checkbox"/> Individual Positive Handling Plan		
Signed				