



Saint Paul's Catholic High School

Moving forward together. Achievement for all!

Physical Intervention Policy



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Introduction

This policy sets out the framework for restrictive physical interventions when managing challenging behaviour at St. Paul's High School. Interventions as such, must only be used in the best interests of the young person, when everything possible has been attempted to ensure the safety of all involved.

All staff operate under a duty of care to make every reasonable effort to protect young people in their care. This included protecting them from any form of physical intervention, including physical control or restraint, which may be deemed unnecessary, inappropriate, excessive or unlawful.

It is St. Paul's policy that the holistic approach of positive handling and physical intervention as set out in Pivotal MAPA (Management of actual or potential aggression) is the approved training to be adopted. As a MAT, we currently have four MAPA trainers (Alex Hren, Abigail Burns, Ged Stevens and Pamela Ashworth) and every member of staff at St. Paul's currently has been trained in the de-escalation components of Pivotal MAPA (Units 1-7, 10). Training in the physical aspects of pivotal will take place when COVID restrictions allow and it is safe for us to do so as a school.

Policy Objectives and accountabilities

The aim of this policy is to ensure the strategies and practices in place at St. Paul's render the use of physical intervention a rare and exceptional practice. It further seeks to ensure best practice in those challenging circumstances where restrictive physical interventions are deployed.

The headteacher is accountable for:

- Building the culture of positive handling and skilling the whole workforce to ensure a safe environment for everyone.
- Ensuring that the management of behaviour is centred on the positive reinforcement of acceptable behaviour and that restraint is never used as a form of punishment
- Ensuring the management of behaviour and challenging situations in their educational setting. Planned physical intervention and restraint may only be used by those staff they have authorised to do so
- Ensuring a known, agreed and effective system is in place for allowing a senior member of staff to be summoned either to help with intervention or restraint or to act as a witness and support to both staff and learner
- Completing and submitting the Physical Intervention Log within 24 hours of the time of the incident

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- Ensuring that a Risk Assessment of Challenging Behaviour and a Positive Handling Plan are completed (Appendix 2 and 3) following an incident of challenging behaviour where restraint has been used
 - Following up communication with parents/guardians and enquiring on the young person's health should injuries incur absence from learning
 - Informing parents of St. Paul's general responsibility to keep children safe, especially with regards to physical intervention and restraint.

All staff should:

- Ensure a duty of care for all learners and to be familiar with this policy and St. Paul's behaviour management procedures.
- Ensure that authorised staff are fully cognisant of this policy and undertake appropriate available training through the trust's dedicated MAPA trainers.
- Have a clear understanding about when restraint is appropriate and inappropriate and the procedures for summoning help and recording incidents
- Make personal notes on their recollections of the event, should they be witness to any incident and these should be submitted to the Headteacher immediately after the time of the incident.

What is restrictive physical intervention?

Restrictive physical interventions involve the use of force to control a person's behaviour. Examples include holding the learner by the arm to prevent them running across a busy main road and holding a learner's arms and/or legs to prevent them harming themselves or others. Restrictive physical intervention involves limiting the learner's freedom of movement and continuing to do so against resistance. Within the full range of strategies and interventions to manage challenging behaviour and reduce risk, restrictive physical intervention forms only 5% or less.

Creating a Calm and preventative climate

Physical intervention should never be used as a substitute for other strategies and interventions for behaviour management. Other methods of managing the incident must be tried first unless this would be impractical. As a general rule, restrictive physical intervention is allowable only when other strategies (which do not employ force) have been tried and found to be unsuccessful or, in an emergency, when risks of not employing a restrictive physical intervention outweigh the risks of using force. This includes situations where there is a need to defend or protect.

Staff at St. Paul's are successful in minimising the potential use of force through focusing on:

- Creating a climate which is calm and orderly where caring and supportive relationships within the school community minimise the risk of incidents arising that might require the use of force
- Whole school behaviour procedures that incorporate clearly understood reward systems, supporting the development of good behaviour and clear and fair sanctions for bad behaviour
- A programme for preventing and dealing with bullying including sensitive strategies for identifying, communicating and responding to bullying
- A positive culture and bespoke teaching sessions which underpins positive relationships and develops individual skills in areas such as communication, resolving conflict and assertiveness. This includes programmes for learners addressing how to manage conflict and strong feelings through our nurture group provision
- Only using force when the risks involved in doing so are outweighed by the risks involved in not using force
- Appropriate training on positive handling, de-escalation and restraint so that staff are regularly made aware of the agreed procedures and actions regarding restraint
- Induction of new and supply staff to include details of the needs of the children and young people at risk and appropriate learning practitioner responses

Defusing and de-escalating potentially dangerous situations

Restrictive physical interventions are intrusive, often distressing, and potentially harmful and therefore should always be considered as a 'last resort' response to challenging behaviour, to be employed only after other approaches have been fully explored or proactively as a part of a positive handling plan.

A member of staff who knows the learner well, and has a good relationship, will be less likely to have to resort to physical control or restraint. It should be noted that confrontational behaviour is likely to produce a confrontational response. In any situation where behaviour could potentially become challenging the adult must remain calm. Under no circumstances should physical intervention be used in anger.

Whatever form of intervention is used, the aim should be to calm the situation and help the learner move nearer to a state where she/he can think and respond rationally and be in control of their own behaviour. The use of physical intervention must always be aligned with the ethos of an educational setting and as such the underlying principle should be: "I care enough about you not to let you be out of control".

The following strategies and approaches may be useful when trying to defuse a situation:

- Body position. Keep a confident, natural body stance. Stand at arm's length outside of the child's personal space for as long as possible. Try to avoid being directly face to face. Be sensitive in your use of eye contact. Keep arms down by your side with palms open
- Communication. Use a "you talk and I'll listen" approach
- Appropriate use of voice. Keep your voice calm and controlled. Speak slowly. Learners are likely to take their cue from the tone and volume of your voice and respond accordingly
- Appropriate humour can sometimes be used effectively to avoid the need for physical restraint, being careful to avoid sarcasm
- State the desired behaviours clearly. Directions or requests to the learner should be communicated confidently and with a clear expectation that they will be complied with
- Avoid unnecessary power struggles. This is likely to increase anxiety and cause future problems
- Keep communication open by talking to the learner. Offer choices to enable the learner to extricate him or herself from the situation without losing face. Avoid using questions and long, complex instructions
- Allow time for the situation to de-escalate

Could I ever come across a situation where I might have to use an unplanned physical intervention?

Unplanned or emergency interventions may be necessary when a child or young person behaves in an unexpected way that has not happened before. In such circumstances, members of staff must operate within their duty of care to the child or young person and the response must be proportionate to the circumstances. These will involve staff employing, where necessary, one or a combination of behaviour management strategies in response to an incident which must be reported (See flowchart in Appendix 8). Physical intervention will be utilised when all other strategies have been exhausted or the incident requires a rapid physical response (for example when a child is about to run onto a road and there is immediate danger).

Risk assessment of challenging behaviour and positive handling plans

The Risk Assessment of Challenging Behaviour (Appendix 2) must be completed for learners assessed as being at greatest risk of needing restrictive physical intervention. This would then inform the completion of the Positive Handling Plan which must be written and used in any future situation or incident (Appendix 3). The positive handling plan should be reviewed at least half termly.

. The Plan will be shared and usually agreed with parents/carers. However, any delay in meeting with parents/carers should not delay either the implementation of the plan, or the learner's continuing attendance/presence to learn.

The Positive Handling Plan will list the accepted strategies to be used in response to the learner's behaviour as well as the strategies that may be used beforehand to de-escalate the situation.

Reasonable, proportionate and necessary force

The scale and nature of any restrictive physical intervention must be reasonable, proportionate and necessary to both the behaviour of the individual and the nature of the harm they might cause. Staff should use the minimum force necessary for the minimum time to prevent injury and maintain safety, consistent with the appropriate training they have received, and only in exceptional circumstances.

Any restrictive physical intervention should always be designed to achieve outcomes that reflect the best interests of the child or young person whose behaviour is of immediate concern and others affected by the behaviour requiring intervention.

Whether it is reasonable to use force, and the degree of force that could reasonably be employed, can also depend on the age, understanding of the learner.

The principle of reducing risk of harm

Where there is an incident of challenging behaviour the first aim of any member of staff should be to try and ensure that the child or young person, and anyone else affected by the violence, does not sustain harm. If this is not possible, the secondary aim should be to reduce the level of harm as much as possible. For any physical intervention the judgement must be that the intervention is likely to reduce the risk of harm, not increase it.

Physical intervention and restraint is permissible when there is clearly no alternative approach that might be used in the circumstances, and where the emergency demands immediate intervention. The use of force is likely to be legally defensible when it is required to prevent:

- A learner engaging in some form of self-harming
- Injury to other young people, staff or service users
- Significant damage to property
- A criminal offence being committed

The assistance of a second adult should be sought, either to help with intervention or restraint or to act as a witness and support to both staff and learner. Each establishment should have a known, agreed and effective system for allowing a senior member of staff to be summoned in such circumstances.

Following an incident, a risk assessment (Appendix 1) should be completed.

Post incident support

Serious incidents involving the use of force may result in injuries to staff or learners. Immediate action should be taken to access medical help for any injuries that go beyond first aid. It is also important to ensure that staff and learners are given emotional support following an incident.

Headteachers should ensure that staff and learners affected by an incident have continuing support for as long as necessary in respect of:

- Physical consequences
- Support to deal with any emotional stress or loss of confidence
- Opportunity to analyse, reflect and learn from the incident

Following any incident there should be a process of review which involves both the member of staff and the learner. This review should:

- Use a restorative approach which focuses on finding alternative ways of dealing with any recurrence of behaviour that could lead to force being used.
- Involve giving the learner the opportunity to repair relationships between those involved in the incident as well as developing the social and emotional skills to link feelings to behaviour with the aim of finding alternative ways of dealing with any future situations
- Inform the Positive Handling Plan for the learner

Recording and reporting

The Member of Staff Directly Involved

- Informs the appropriate senior member of staff, if that person has not already been called to the incident
- Within 24 hours of the incident, completes the 'Physical Intervention Log' in discussion with the Headteacher (Appendix 4)

The Headteacher

- Ensures, where necessary, immediate and appropriate medical attention has been provided and if not already documented in the Physical Intervention Log, updating it accordingly
- Ensures the parents/carers of the learner/s concerned have been informed as soon as possible, ideally by telephone with a letter to follow, and the incident is discussed for their views to be documented in the Physical Intervention Log
- Ensures that the learner/s involved have had an opportunity to reflect on the incident and provide his/her/their account of it within the Physical Intervention Log
- Ensures that, where a witness was present at the incident, they record their recollection of the incident. A formal statement may be required later

Complaints Management

If parents/carers are concerned about any incident involving the restraint or physical control of their child they are asked to contact the Headteacher/Principal. Complaints are generally best managed within the educational setting as the Headteacher/Principal should be well placed to investigate and respond in a timely fashion.

Appendix 1: Risk Assessment of Challenging Behaviour

Target	Probability	Seriousness	Influencing factors
<p>Indicate the person to whom the challenging behaviour is usually directed, using the following key:</p> <p>Self - The child/young person him/herself</p> <p>Staff Member</p> <p>Visitor - to the school or members of the public when outside the school</p> <p>Learners -Other children/young people</p> <p>Property -The physical environment</p>	<p>Record an informed estimate of the likelihood that the behaviour will occur again, ranging from:</p> <p>HL. Highly likely. Existing evidence leads staff to conclude that the behaviour is more likely than not to occur again</p> <p>L .Likely. There is a possibility that the behaviour will occur again</p> <p>U. Unlikely. Although the behaviour has occurred before, the context has changed or can be changed to make it unlikely to happen again</p>	<p>Make a judgement about the seriousness of each predicted behaviour:</p> <p>A. This would include physical injury requiring medical attention beyond basic first aid; extensive damage to property; significant distress caused to self or others; or lengthy disruption to the normal school routines.</p> <p>B. This includes physical injury requiring basic first aid within the school; minor damage to property; some distress caused to self or others; or brief disruption to normal school routines.</p> <p>C. No physical injury or damage to property; minor distress or disruption.</p>	<p>Risk assessment involves an analysis of the “hazards” – the environmental factors which influence the probability of the behaviour causing concern. In a school situation, these “hazards” are likely to include features of the daily timetable, and interaction with other children/young people, and even the skills that adults demonstrate when working with the child/young person.</p> <p>Record the number relating to each influencing factor. This will enable you to plan your preventative measures more specifically.</p> <p>1 - Periods of unstructured activity</p> <p>2 - Transition times</p> <p>3 - Availability of dangerous equipment</p> <p>4 - Periods of increased pressure e.g.</p> <p style="padding-left: 20px;">a. Home factors (change of home circumstances)</p> <p style="padding-left: 20px;">b. School factors (assessment periods, routine changes)</p> <p style="padding-left: 20px;">c. Other (please specify)</p> <p>5 - Spaces which involve close physical proximity</p> <p>6 - Particular child/young person/adults (please specify)</p> <p>7 - Other (please specify)</p>

Risk Assessment of Challenging Behaviour				
Learner Name:				
Year Group:				
Name of School/College:				
Completed By:				
Completed On:				
Proposed Review Date:				
Behaviour (Risk)	Target	Probability	Seriousness	Influencing factors
Verbal aggression: (threatening, swearing)				
Physical aggression: Kicking				
Punching				
Biting/Scratching/Spitting (circle as appropriate)				
Hair pulling				
Intimidation communicated by physical action				
Other (please specify)				

Property destruction				
Running away from immediate environment				
Running off site				
Refusal to move				
Use of equipment as weapon (throwing or hitting)				
Use of weapon				
Other (please specify)				

Preventative Measures

A range of common preventative measures can be taken to reduce the risk associated with challenging behaviour. Complete the table below to show whether these are:
 Currently in place (P)
 Currently being actioned (A)
 Felt to be inappropriate to the particular risks presented (I)

	P	A	I
Proactive measures			
Eliciting child/young person view in planning and review			
Providing regular feedback and pastoral support to child/young person			
Involving parent/carer in decision-making and planning			
Involving outside agencies (e.g. Educational Psychologist, Education Social Welfare, Social Care)			

Establishing an individual plan			
Providing regular supervision to staff working with the child/young person			
Adapting curriculum arrangements to reflect challenge, choice and structure levels which are appropriate to the learner's assessed needs			
Adapting group arrangements to promote positive peer models and minimise inappropriate contact			
Arranging furniture and other equipment to minimise movement and frustration			
Providing frequent rest or change of activity opportunities			
Establishing a positive teaching programme to increase the child/young person's range of appropriate skills			
Providing a range of rewards which the child/young person can earn by demonstrating the skills defined in the teaching programme, and through other appropriate behaviour			
Identifying the message communicated by the child/young person's behaviour			
Agreeing key strategies for handling incidents of challenging behaviour with all staff likely to be in contact with the child/young person, and ensuring that these plans are shared with parents/carers			
Providing staff support at difficult times, such as start of day, changeover between lessons, break times, specific lessons			
Systematically reviewing difficult incidents in order to improve upon practice and learn from experience			
Other proactive measures			

Reactive Strategies to Respond to Early Warning Signs or an Escalating Situation			
Active listening			
Environmental adaptation (removing triggers, changing peer/staffing arrangements)			
Diversion/distraction to a preferred activity (please specify)			
Assistance in the use of an agreed strategy such as a particular communication symbol, or an exit card (please specify)			
Physical intervention (specify the planned technique)			
Other (please specify)			

Key actions

It is expected that any child/young person whose behaviour is challenging will have an individual behaviour management plan or Individual Education Plan. This will already record many of the preventative and reactive strategies designed to reduce the level of risk presented by the child/young person's behaviour. There is no need to repeat these below. Instead, note the date when this plan was initially drawn up, and its proposed view date, and use the space available below to record any additional measures to be employed to reduce risk and the person responsible for implementing changes.

Date of current individual management plan.....

Proposed date for review of current plan.....

Further measures to be taken	Responsible person

Challenging Behaviour Risk Assessment Summary for _____ Completed on _____

Behaviour(s) causing concern	Environment(s) where it is likely to be shown	Seriousness (A, B or C)	Key preventative strategies	Key reactive strategies

Some of the identified behaviours will probably be included as targets for improvement in the IEP and the strategies identified in this document will be copied to the IEP.

Appendix 3: Positive Handling Plan

Establishment:		Date:						
Name of Learner:		Date of Birth:		Year Group:				
Behaviours / Situations likely to result in Physical Intervention: What is the behaviour like? When does it occur? Where does it occur?								
Prevention /De-escalation of strategies to be used (where possible) before Physical Intervention:								
Give Time		Distraction		State alternatives / consequences		Praise partial compliance		Other:
Give Space		Reassure/ Remind		Other staff intervene		Repeat request		
Talk Calmly		Give a count		Instruct other learners		Remove stimulus		
Preferred Handling Strategies to be used:								
Friendly Hold	Single Elbow	Figure of Four	Double Elbow	Wrap				
Shield								
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Walking	Standing	Chairs	Ground	Other:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Debrief process required after Physical Intervention e.g. Space, talk through etc.:								
Signatures								
Child (where appropriate):								
Parent/Guardian:								
Teacher / Tutor:				Review:				
SENCO/BECO/Inclusion Manager:								
Headteacher/Principal:								

Appendix 4: Physical Intervention Log

Establishment:		Date:	
Name of Learner:	Date of Birth:	Year Group:	
Incident Location:	Start time:	Incident time span..... (mins)	
Report Compiler:			
Name of Staff involved:			
Name/s of Witness/es (staff):			
Name/s of Witness/es (learners):			
REASON FOR INTERVENTION			
Immediate risk of personal injury to learner		Y/N	
Other learners at risk of injury		Y/N	
Property about to be damaged		Y/N	
Staff at risk of injury		Y/N	
Learner's behaviour was jeopardising good order and discipline in a manner likely to cause danger		Y/N	
To prevent / disrupt a criminal act		Y/N	
ANTECEDENTS (a description of events leading up to the incident/behaviour)			
BEHAVIOUR (Highlight in numerical order)			
Persistent refusal to follow instructions	Verbally Abusive	Pushing	
Disruption to lesson/activity	Pinching	Hitting	Kicking
Spitting	Biting	Head-butting	Self-Harming
Other			
HOW DID LEARNER RESPOND (Describe what happened)			

DE-ESCALATION TECHNIQUES USED (Please tick)

Given time	<input type="checkbox"/>	Given space	<input type="checkbox"/>	Staff changeover/transfer	<input type="checkbox"/>
Distraction	<input type="checkbox"/>	Talked calmly	<input type="checkbox"/>	Praise partial compliance	<input type="checkbox"/>

Given count		Repeat request		Removed stimulus	
Planned ignoring		Directed time-out		Learner chose time-out	
Appropriate humour		Alternatives/consequence/choice		Other: describe	
Did these have any positive effect				Y/N	
TEAM TEACH TECHNIQUES USED					
Friendly hold		Shield		Single elbow	
Ground hold		Figure of four		Wrap	
Cradle-hug hold					
Total duration of hold in minutes:					
Who held which body part?					
Ground:					
Did student go to ground independently?				Y/N	
POST INCIDENT MEASURES					
Medical Intervention/injuries (Appendix 5:Body Map)					
Checked for bruises/injuries Details:				Y/N	
Injury to child Details:				Y/N	
Injury to adult/s Name: Detail: Name: Detail:				Y/N	
Injury to others Details:				Y/N	
ANY INJURIES TO STAFF MUST REPORTED AS USUAL VIA THE SCHOOL SYSTEMS ALREADY IN PLACE					
RESPONSE OF LEARNER					
Incident discussed with learner				Y/N	
Incident discussed with parent				Y/N	
Any views from parent/learner:					
STAFF DEBRIEFING					

Staff Name:	By Whom and Date:	Comments/Future Action:
Parents Informed by:		
Name:	Date:	Time:
Education Services Informed by:		
Name:	Date:	Time:
Headteacher's Monitoring: The Headteacher should monitor all incidents involving holding		
Please indicate	✓	x
Was sufficient/appropriate de-escalation undertaken?		
Were there grounds for the use of physical intervention?		
Has appropriate/sufficient post-incident action been taken?		
Was physical intervention absolutely necessary?		
Was physical intervention used reasonably?		
Was physical intervention used proportionate to the event?		
Is the reporting complete and comprehensive?		
Comments: (including strategies for improvement of future management)		
Signature:		Date:

Appendix 5: Body Map

Body Maps should be used to document and illustrate visible signs of physical injuries. At no time should an individual teacher/member of staff be asked to or consider taking photographic evidence of any injuries or marks to a child's person.

Do not remove clothing for the purpose of the examination unless the injury site is freely available because of treatment which should also be recorded on the body map.

When you notice an injury to a child, try to record the following information in respect of each mark identified e.g. red areas, swelling, bruising, cuts, lacerations and wounds, scalds and burns:

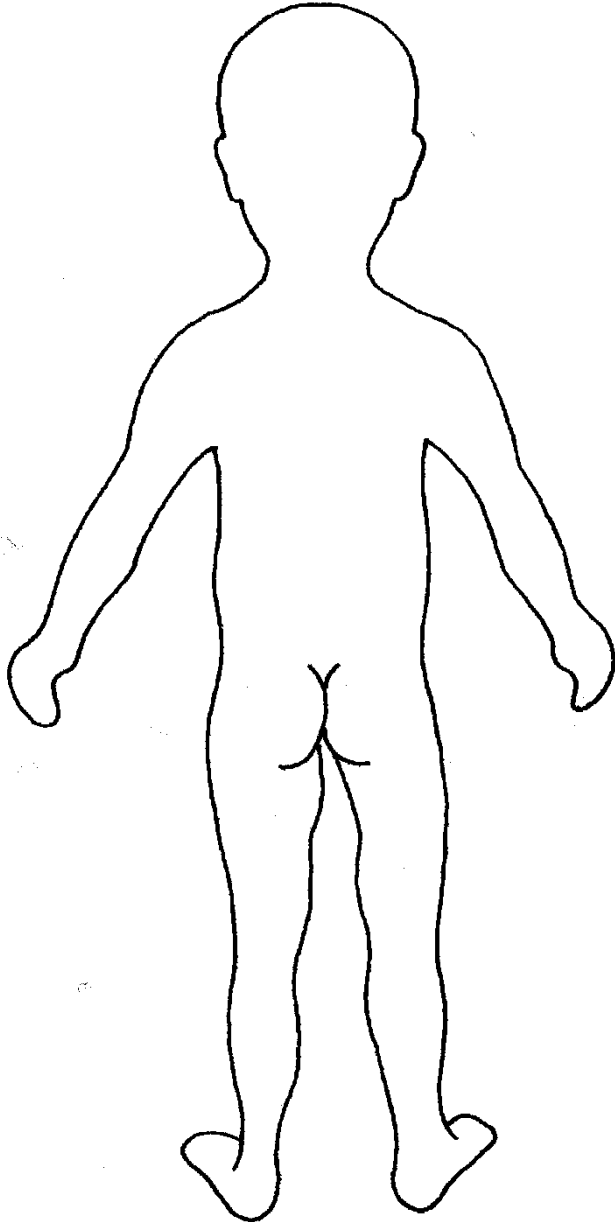
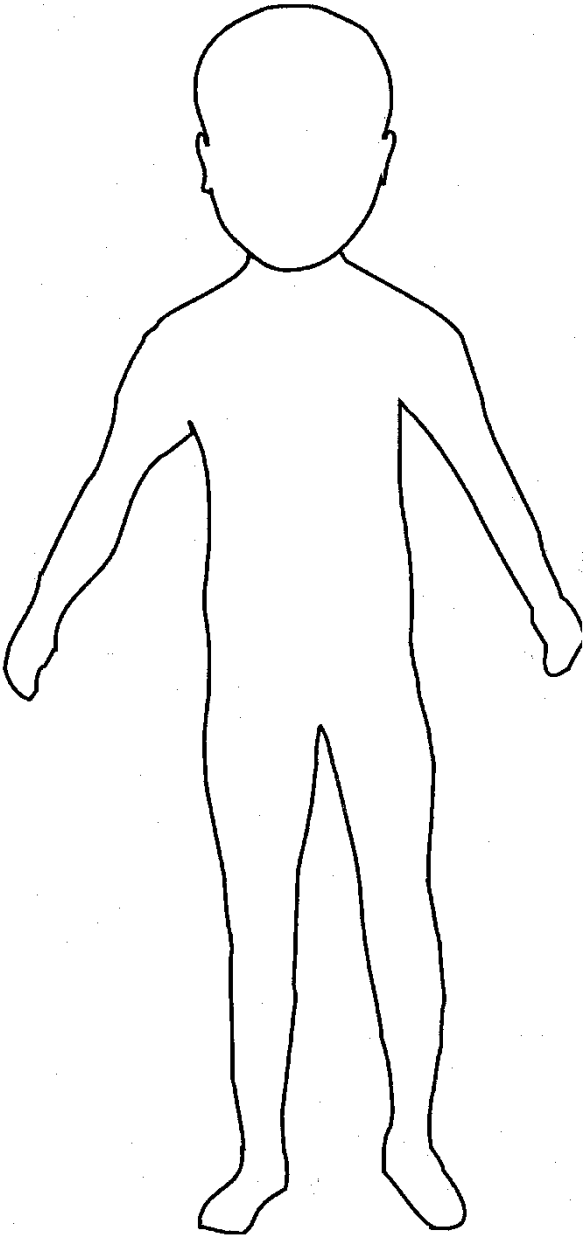
- Exact site of injury on the body, e.g. upper outer arm/left cheek
- Size of injury - in appropriate centimetres or inches
- Approximate shape of injury, e.g. round/square or straight line
- Colour of injury - if more than one colour, say so
- Is the skin broken?
- Is there any swelling at the site of the injury, or elsewhere?
- Is there a scab/any blistering/any bleeding?
- Is the injury clean or is there grit/fluff etc.?
- Is mobility restricted as a result of the injury?
- Does the site of the injury feel hot?
- Does the child feel hot?
- Does the child feel pain?
- Has the child's body shape changed/are they holding themselves differently?

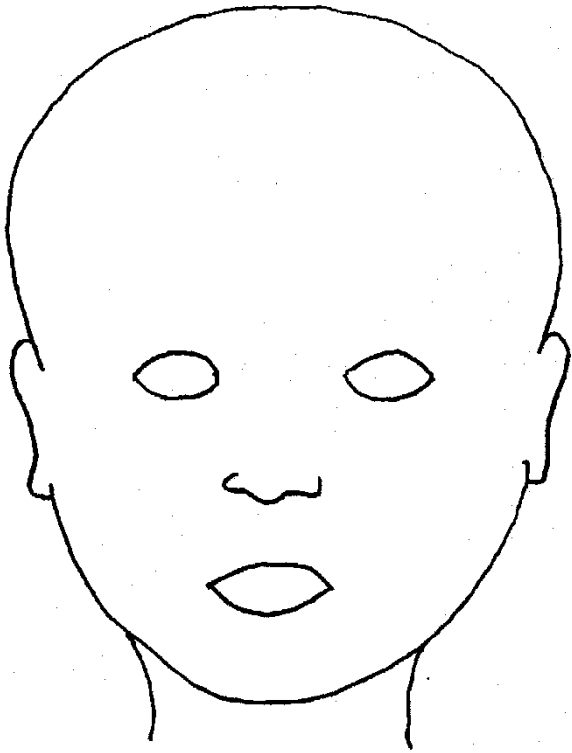
Importantly the date and time of the recording must be stated as well as the name of the person making the record who must also sign the body map. Add any further comments as required.

A copy of the body map should always be attached to the Physical Intervention Log and stored in accordance with the same protocols.

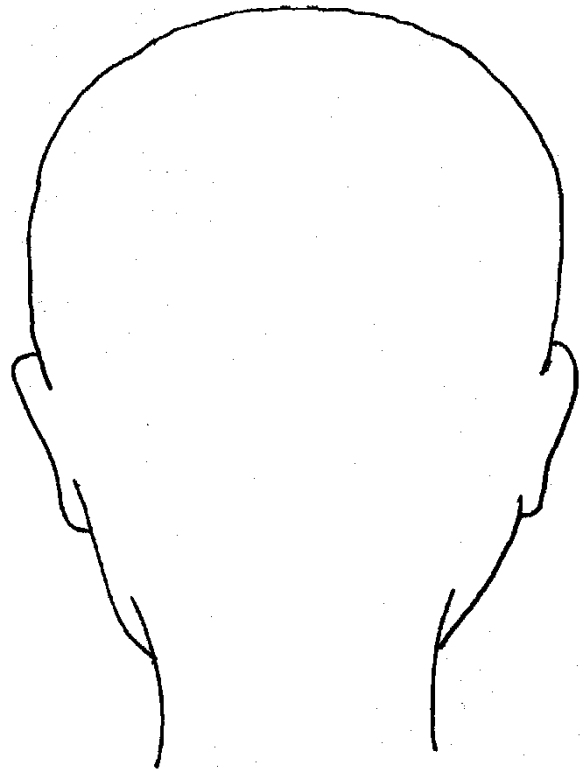
Body Map: (This must be completed at time of observation)
Use a black pen (never a pencil) and do not use correction fluid or any other eraser

Name of Child:	Date of Birth:
Name of Staff Member:	Staff Signature:
Date and Time of Observation	

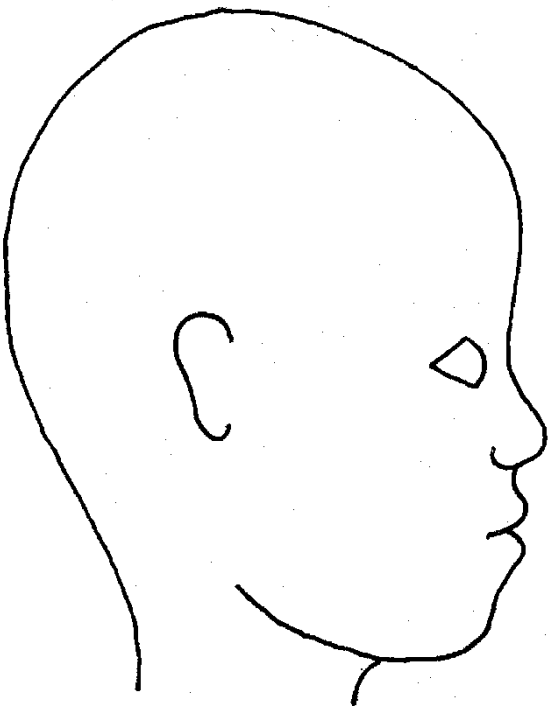




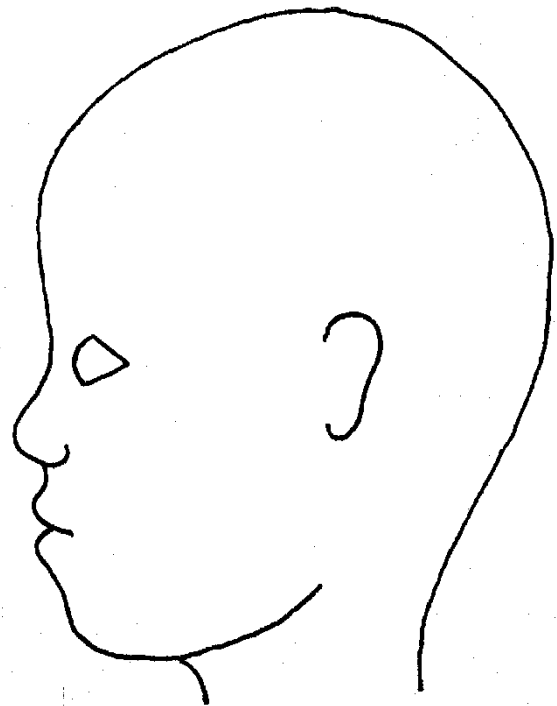
FRONT



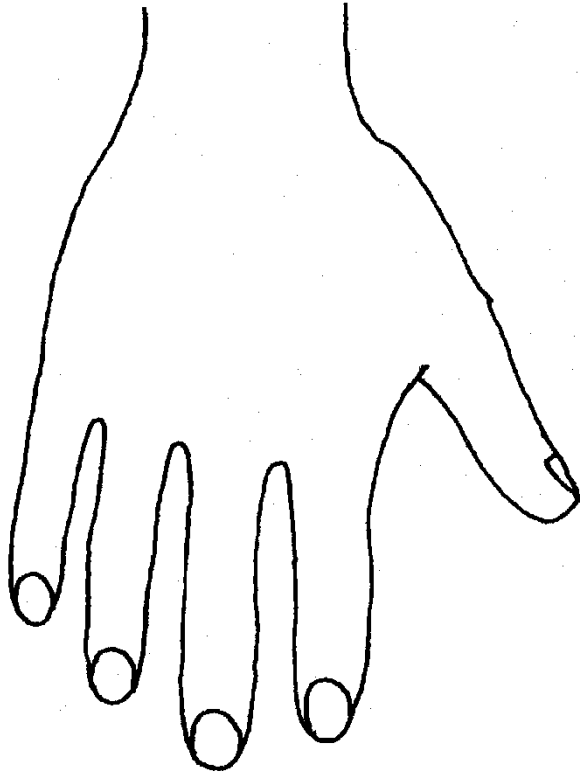
BACK



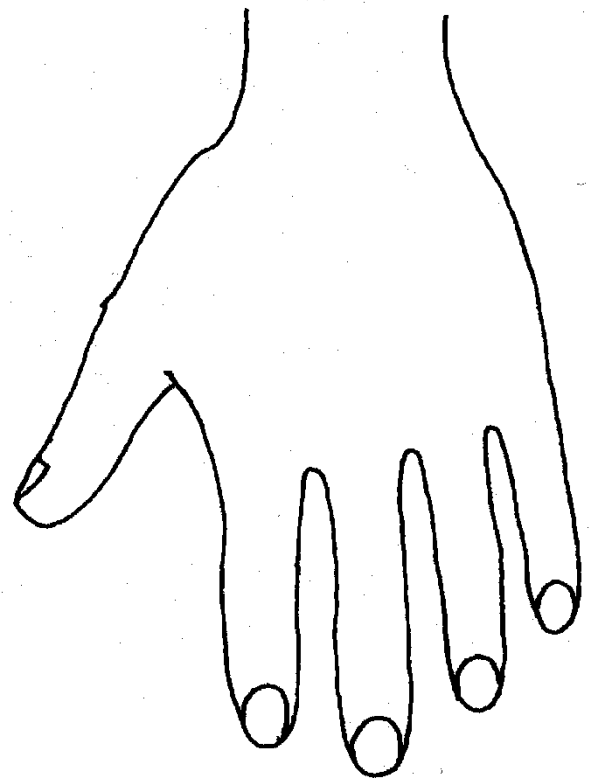
RIGHT
Name of
Child: _____



LEFT
Date of
observation: _____



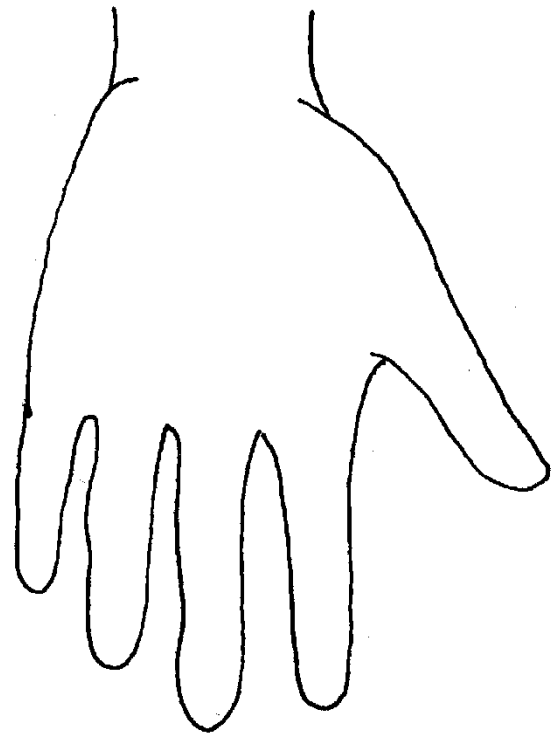
R
BACK



L



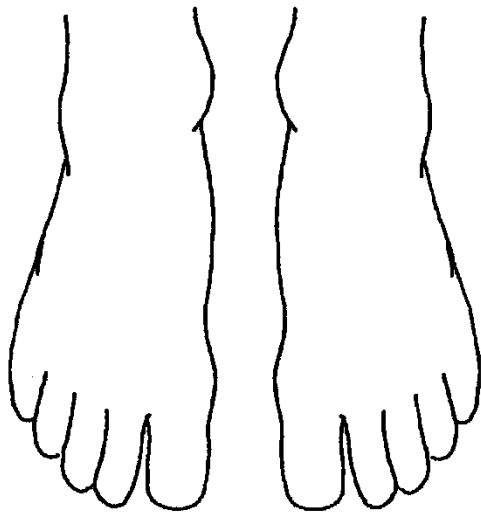
R
PALM
Name of Child:



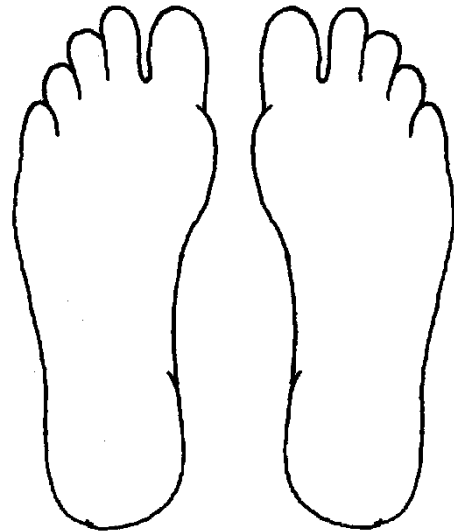
L

Date of
observation:

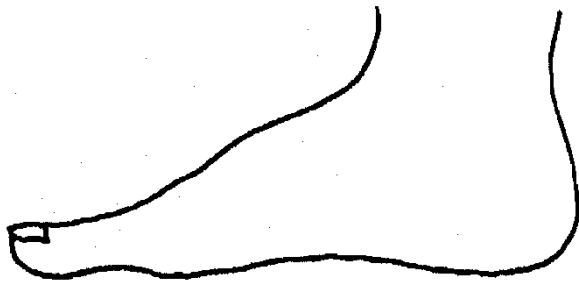
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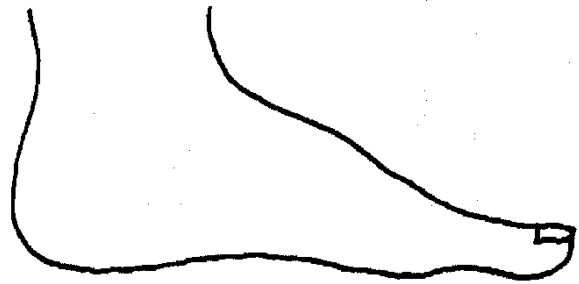
R TOP L



R BOTTOM L



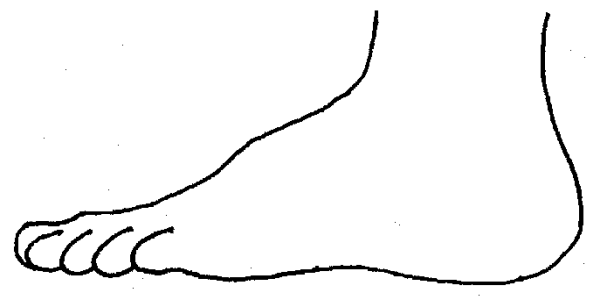
R
INNER



L



R
OUTER



L

Name of Child: _____

Date of observation: _____

Appendix 6: Suggested Model Letter Parents

Dear Parent/Carer,

Today your son's/daughter's behaviour became extremely challenging and as such posed risk to themselves and other children and/or staff. He/she was supported by staff following their agreed Behaviour Management Plan to reduce the risk and to help him/her to calm down and regain control of him/her self.

Although we followed their Behaviour Management Plan and tried everything we could to calm the situation down, it did become necessary during the incident to use Team Teach techniques to hold them safely – we tried everything we could to avoid this, but it was decided that it was the best risk reduction option for everyone involved, including your son/daughter.

Your son/daughter has been checked by a member of school staff who has a First Aid qualification and monitored since the incident, but we would ask that you keep the occasional eye on them over the next few hours. Should you have any concerns about your child's health, please seek medical advice.

Should you wish to discuss the incident or how it was managed, please contact the school on xxxxxxxx and I shall be happy to talk with you about it.

Please sign and return the slip below to the school as soon as possible. Thank you.

Please be assured that your son's/daughter's health and safety is our highest priority and we will do all we can to safeguard their welfare whilst managing such behaviour to the best of our ability.

Yours sincerely,

Headteacher

Behaviour Management and MAPA

I confirm that I have received a letter about my child being held during an incident

Please tick one of the following:

- I wish to come into the school to discuss this further
- I would be happy for someone from school to ring me to discuss this further
- I do not need to speak to anyone from the school and understand why it was necessary to use Team Teach to manage my son's/daughter's behaviour

Signed.....

Date.....

Parent/Carer of.....

Appendix 7: Restorative Questions

Name:

Date:

Tell me what happened (describe the incident)	
What were you thinking at the time the incident started?	
What were you feeling at the time the incident started?	
Who else was involved and who was harmed?	
What needs to happen now to put things right?	
What could we all do next time so that this does not happen again?	
Signed:	
Staff Member:	
Date:	
Updated Positive Handling Plan:	Y/N