



Incident Report on the Use of Restraint/Seclusion

F 5-18-A

Pembina Hills School Division believes in providing an opportunity to learn in a safe and positive environment where each individual is respected and valued. This form is to be completed when restraint or seclusion is used with a student who is acting in an unsafe manner that is threatening to the safety of the student, the safety of others, and restraint/ physical intervention is necessary to restore and maintain safety. Restraint cannot be chemical or mechanical. Restraint that is physical in nature or involves isolation must be reported immediately to the principal.

Student: _____	School: _____
Grade: _____	Classroom teacher: _____
Date: _____	Time incident started: _____
Location(s): _____	

Does the student have a current behaviour plan? Yes No

If the student has a current behavior plan, does the safety portion mention the use or restraint or seclusion? Yes No

Has the plan to use restraint or seclusion been agreed to in writing by the parents? Yes No

Describe the incident. Include what led up to the incident, student behaviour and staff response. Please provide specifics.

Describe the specific safety issues that necessitated the use of restraint/seclusion.

Which of the following interventions were applied? (check all that apply)

- Re-direction
- Reminder of consequences (positive and/ or negative)
- Choices given
- Time allowed for compliance
- Other attempted de-escalation techniques including restraint or seclusion (please specify below):

Describe the restraint or seclusion used (note whether individuals involved have SIVA training and which type of restraint was used):

Describe the student's behavior during the use of restraint or seclusion.

What was the time of the incident and duration of the restraint or seclusion?

Describe any specific injuries sustained by either student, bystanders or the staff member. Also describe any damage to property.

Date of Parents/Guardian notification: _____

Time notified: _____ A.M. P.M.

What method was used to provide notification: _____

Name of staff who provided notification: _____

Name of Staff involved in this incident (please print):	
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____
Name: _____	Signature: _____

Date: _____

Thank you for taking the time to complete this report. Please provide this report to your immediate supervisor and the Director of Student Services before the end of the day.