



Physical Containment Incident Report

School Information

School: _____ Completed by: _____
Principal Name: _____ Principal Signature: _____
Date of Report: _____

Student Information

Student Name: _____ Gender: M F Age: _____ Grade: _____
O.E.N: _____ Exceptionality (if applicable): _____
Is the student currently on medication: Yes No Details: _____
Is there an existing Safety Plan: Yes No

Description of Incident

Date: _____ Time: _____ Specific Location: _____
Staff Directly Involved (include job title and time arrived at scene): _____
Were involved staff trained in safe containing techniques (BMS or other): Yes No
Date of Certification or Re-certification: _____
Staff Witnesses (include job title and time arrived at scene): _____
Observers (e.g. Students, Parents, Staff, Volunteers): _____
Pertinent circumstances precipitating physical containment: _____
Description of preventative measures used prior to physical containment: _____

Reason situation was judged unsafe and containment required: _____

Description of Physical Containment: _____

Length of Physical Containment: _____

Were there any injuries/damage to the student or to school property **directly related** to the physical containment?

Yes

No

Description of Injuries/Damage:

Injuries (if any) have been reported to:

- No injuries
- Ontario School Board Insurance Exchange (OSBIE)
- Workplace Safety & Insurance Act (WSIB)

Notification Made (name of person, date, and time):

Person

Date

Time

Parent

School Superintendent

Special Education Curriculum Coordinator

Student Debriefing Occurred:

Date

Time

Staff Debriefing Occurred:

Date

Time

People involved in debriefing:

Observer Debriefing Occurred:

Date

Time

People involved in debriefing:

Summary of Debriefing Meeting

Copies to: School Superintendent
Special Education Curriculum Coordinator
Ontario Student Record (OSR)