

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)