

1. Name(s) of the Patient(s)		2. Date/Time of Incident:
Location of incident:	Names of witnesses (if applicable):	Names of staff supporting the Crisis Intervention:
3. Events leading up to Restrictive Physical Intervention (including alternative strategies used):		
4. Account of actual incident (including details of actions, method of intervention, words used, witnesses etc.):		
5. Outcome or resolution of incident:		
6. Follow up actions (advice to family/carers, to staff and other patients involved):		
7. Risk Assessment and Restrictive Physical Intervention Protocol reviewed: Yes/No Outcomes:		
9. Record of any injury or property damage:		
10. Datix has been completed and OH referral made as appropriate Yes/No Outcomes:		
Print Name:	Signature	Job Title
Date:		

This form to be retained locally

Restrictive Physical Intervention Risk Assessment

Location _____

Patient Name		Date of Birth
Address		Gender
Reason for Admission		
Relevant Past Medical History/Conditions		

Assessment of Risk

History	
Physical size and strength	
Categories of people exposed	
How could exposure take place	
When and how often could exposure occur	
Possible consequences of exposure	
Benefits of not intervening	
Consequences of not intervening	
Views of patient/service user/family	
Other information	

Agreed Individual Anticipatory Care Plan

Antecedents		
Warning Signs 1. Tension 2. Non Verbal 3. Verbal		
Critical Moments		
Likely Restrictive Physical Intervention & Procedure		
By whom and how often with this protocol be reviewed.	Date of next review:	
Print Name:	Signed:	Date:

To be retained as part of the individual care plan/record.