Individual: Date of Birth:

School/Service: Veritas Primary Academy   Individual responsible for monitoring plan:

Describe the issues creating risk i.e. specific behaviour including frequency and duration	
Any medical conditions which should be considered	

Risk assessment
(use Risk Assessment Matrix at end of document)   Risk rating = potential severity of harm x likelihood of harm

Behaviours/situations that have or may cause risk	Who is at risk from the behaviour?	**Likelihood** of behaviour to occur?	**Severity** of the potential harm?	Risk rating = likelihood x severity

Restrictive Physical Intervention Protocol - Risk Assessment and Management Plan

Risk reduction measures & strategy for support
Proactive measures/interventions (Individual positive behaviour planning):
Warning signs that challenging behaviour may occur: (Verbal and non-verbal)
Actions which may aggravate the situation (triggers):
Actions to avoid escalation (active interventions):
Reactive interventions /Restrictive physical intervention procedures if escalation continues and must be reduced. (note risks associated with Restrictive Physical Intervention)
Details of consideration of benefits of not intervening and risk reduction measures considered and not considered helpful.

Support required to move individual forward following reactive/restrictive physical intervention:

Communication with parents/carers:

Signature: ……………………………………………………. Role: ………………………………………………… Date ………………..

Signature: ……………………………………………………. Role: ………………………………………………… Date ………………..

Signature: ……………………………………………………. Role: ………………………………………………… Date ………………..

Date protocol to be reviewed (at least every 12 months) ………………………………………………………..

Restrictive Physical Intervention Protocol - Risk Assessment and Management Plan

Review

Are the proactive and active interventions reducing the frequency of challenging behaviour? Provide evidence.	
Frequency of use of reactive/physical interventions.	
Has the frequency of Physical Interventions (reactive measures) reduced during the life of this plan? Evidence.	
Views of individual /parents/carers.	

Risk Rating

Behaviour	Likelihood	Severity	Risk Rating

Agreed actions following review: (Consider completing new intervention protocol, adjusting positive behaviour support plan/behaviour management plan)

Signature: …………………………………………………….. Role: ………………………………………………… Date ………………..

Signature: …………………………………………………….. Role: ………………………………………………… Date ………………..

Signature: …………………………………………………….. Role: ………………………………………………… Date ………………..

Risk Assessment Matrix

		Potential severity of harm *(this may include injury or damage)*		
		Minor Harm 1	**Moderate Harm 2**	**Serious Harm 3**
Likelihood of harm occurring	**Highly unlikely 1**	Very Low 1	Low 2	Medium 3
	Unlikely 2	Low 2	Medium 4	High 6
	Likely 3	Medium 3	High 6	High 9

Restrictive Physical Intervention Protocol - Risk Assessment and Management Plan

Where risk is "High" following introduction of control measures it is recommended that managers seek specialist support.