

# ST. CLAIR CATHOLIC DISTRICT SCHOOL BOARD POLICIES AND PROCEDURES SECTION 4: PERSONNEL



ST. CLAIR CATHOLIC  
DISTRICT SCHOOL BOARD

APPENDIX A

## PHYSICAL INTERVENTION INCIDENT REPORT

*This report is to be completed for every occurrence of physical intervention. The Principal or designate is to forward a copy to the appropriate Superintendent of Education within one day.*

<b>Student Information</b>	
Student Name:	
School:	Student Age:
Student Grade:	Date and time of incident:
Date and Time Parent/Guardian Contacted:	Name of Individual Contacted:

<b>Description of Incident</b>	
Location:	
Prior events and circumstances:	
Specific procedures employed and duration:	
Type of restraint:	How long implemented:
Health monitoring of student and student complaints:	
Staff Members involved:	
Others involved:	
Student Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If "YES", has OSBIE report been filed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Staff Injured: <input type="checkbox"/> No <input type="checkbox"/> Yes	
If "YES", has Employee Accident/Incident Report been Completed? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If "YES", has Health and Safety Specialist been notified? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If "YES", attach a copy of Employee Accident/Incident Report.	
Witnesses:	

<b>Follow-Up</b>	
<b>Incident Reported to:</b>	
Superintendent of Education Date:	
Police: <input type="checkbox"/> No <input type="checkbox"/> Yes Date:	Contact Person:
Agency: <input type="checkbox"/> No <input type="checkbox"/> Yes Date:	Agency Name and Contact Person:

<b>Staff Signature:</b>	<b>Date Submitted:</b>
<b>Staff Signature:</b>	<b>Date Submitted:</b>
<b>Principal Signature:</b>	<b>Date:</b>

**Distribution:**    *Original Documentation File of OSR  
Copy to Superintendent of Education*