

Individual Risk Assessment

Pupil Name	Text Here
Dob	Text Here
Date of Assessment Completed	Text Here
Assessor	Text Here
Does this child require a PHP?	Text Here
Checked and Approved by SLT Member	Text Here

		MULTIPLIER					
SEVERITY	Extreme/Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Insignificant	1	1	2	3	4	5
		MULTIPLIER	1	2	3	4	5
			Remote	Unlikely	Possible	Probable	Certain
		LIKELIHOOD					

			KEY
SEVERITY	Severe	20-25	Foreseeable outcome is loss of life, or permanent disability, emotional Trauma requiring psychological support/treatment, or critical property damage
	Major	12-16	Foresee able outcome is medical treatment possible, insignificant distress, extensive damage
	Moderate	5-10	Foreseeable outcome is harm requiring rst aid, distress or minor damage
	Minor	3-4	Foreseeable outcome is upset or disruption
	Insignificant	1-2	Acceptable level of risk subject to periodic passive monitoring measures
LIKELIHOOD	Certain	5	The Risk of Harm is persistent and constant
	Probable	4	The Risk of Harm is more likely than not to occur again
	Possible	3	The Risk of Harm has occurred within the last 12 months, the context has changed to make a reoccurrence unlikely
	Unlikely	2	here is evidence of historical risk, but the behavior has been dormant for over 12 months and no identified triggers remain
	Remote	1	No signs of risk presented
			KEY

Detail of risk	To whom	Severity	Likelihood	Rate	Control Measures	Further actions
Harm to Self				0		
Physical Abuse				0		
Verbal Abuse				0		
Vandalim				0		
Disruption				0		
Harm from Absconding				0		
Racist Abuse				0		
Allegations				0		
Peer-on-Peer Abuse				0		
Use OF weapon				0		

RISK MANAGEMENT PLAN

Photo 2x2

Potential Triggers/key Themes

What we want to see

Strategies to maintain

What we want to see

Strategies to maintain

What we want to see

Strategies to maintain

POSITIVE HANDLING PLAN

Date Plan Text Here

Review Date Text Here

About the child

Hobbies/Interests/Possible diversion strategies

Behavior

What might happen

Persistent refusal to follow instruction

☐

Assaultive language

☐

Slap

☐

Punch

☐

Bites (attempt to)

☐

Sexualised language

☐

Arm Grab

☐

Kick

☐

Pinch

☐

Hair grab

☐

Kicking upturning furniture

☐

Exiting Class

☐

Self-harm

☐

Racially abusive

☐

Clothing grab

☐

Weapons/missiles *throwing directly at others

☐

Damaging Displays

☐

Level of potential risk

Low

☐

Medium

☐

High

☐

What to look for

Prevention

Medical conditions of personal history that should be taken into account before physically intervening

Re-Integration

Positive Listening and Debrief

POSITIVE HANDLING ASSESSMENT

In order to keep your child safe and for the safety of others, there may be occasions when fully trained staff need to help your child by physically holding them in a special way that has been risk-assessed as being in their best interest. This is always a last resort and you have our word that we will, do the best of our ability, always try every other strategy we have discussed today before entering into this level of support. Answering the following questions will ensure that you have a full understanding of this intervention.

Re-Integration

Describe any strategies which have worked in the past or should be avoided.

Action	Try	Avoid
Verbal Advice / Support	<input type="checkbox"/>	<input type="checkbox"/>
Firm Clear Directions	<input type="checkbox"/>	<input type="checkbox"/>
Negotiation	<input type="checkbox"/>	<input type="checkbox"/>
Limited Choices	<input type="checkbox"/>	<input type="checkbox"/>
Distraction	<input type="checkbox"/>	<input type="checkbox"/>
Diversion	<input type="checkbox"/>	<input type="checkbox"/>
Reassurance	<input type="checkbox"/>	<input type="checkbox"/>
Planned Ignoring	<input type="checkbox"/>	<input type="checkbox"/>
Quiet Time	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal offered	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawal directed	<input type="checkbox"/>	<input type="checkbox"/>
Transfer Adult	<input type="checkbox"/>	<input type="checkbox"/>
Reminders of consequences	<input type="checkbox"/>	<input type="checkbox"/>
Use of humour	<input type="checkbox"/>	<input type="checkbox"/>
Success reminders	<input type="checkbox"/>	<input type="checkbox"/>
Contact parents/ carers	<input type="checkbox"/>	<input type="checkbox"/>

Physical Intervention

Describe any physical intervention suitable for use or to be avoided

Action	Try	Avoid
Friendly escort	<input type="checkbox"/>	<input type="checkbox"/>
Help hug	<input type="checkbox"/>	<input type="checkbox"/>
Standing wrap	<input type="checkbox"/>	<input type="checkbox"/>
Sitting Wrap	<input type="checkbox"/>	<input type="checkbox"/>
Standing Double Elbow	<input type="checkbox"/>	<input type="checkbox"/>
Standing Single Elbow (2 persons)	<input type="checkbox"/>	<input type="checkbox"/>
Sitting Double Elbow (2 persons)	<input type="checkbox"/>	<input type="checkbox"/>

Parents/Carer Agreement

"I believe this risk assessment to be suitable and sufficient, and consider the overall risk level to be acceptable. I agree for staff members to adopt the control measures/precautions above and to implement additional measures if circumstances change unexpectedly"

Parent/Carer Name Text Here

Signature Text Here

Date Text Here