

Staff Debriefing Tool

Next Business Day Restraint/Seclusion Debriefing/Treatment Team

Date of Debriefing _____ Debriefing Leader _____

Staff Involved:

1. _____
2. _____
3. _____
4. _____

5. _____
6. _____
7. _____
8. _____

13. Information from Patient Debriefing that should be incorporated into revised treatment plan/safety tool.

13. What can we learn from analysis of this incident in order to avoid next time?

Intervene Earlier If so, how?
Recognize triggers Which ones?
Offer more support and staff time
Recognize that stage of escalation didn't match response
Avoid power struggle (could the patient have "won")
Use Safety Tool items Which ones?
Use of sensory supports – identify: 1. _____ 2. _____ 3. _____

15. Ensure full communication of the above information:

- a. Changes to Safety Tool _____ (date)
- b. Changes to Treatment Plan _____ (date)
- c. Changes to Kardex _____ (date)

16. Is administrative referral necessary to address policies & procedures, staffing, or unit-based rules that cannot be resolved at the unit level? Yes _____ No _____

17. Special regulatory requirements when R/S greater than 6 hours, 12 hours or two R/S's in 12 hours?

18. If above is yes, identify issue and refer to senior management:

Medical Record must reflect change to at least one of the following:

Changes made to Safety Tool: Yes No

Changes made to Treatment Plan: Yes No

Were changes made to Kardex or other staff communication system? Yes No

Staff Debriefing Tool

Patient _____ Date/Time R/S event _____
Date of Debriefing _____ Debriefing Leader _____
Staff Involved:
1. _____ 5. _____
2. _____ 6. _____
3. _____ 7. _____
4. _____ 8. _____

Immediate Post-Restraint/Seclusion Debriefing

1. Description of Incident

 2. Physical or emotional injury to Patient? (describe)

a. Follow-up plan

 3. Physical or emotional injury to staff (describe)

a. Follow-up Plan

 4. Was the Safety Tool used prior to incident? Yes _____ No _____
a. If yes, what were triggers to behavior and strategies used?

b. If no, why not?

 5. What were the antecedents to the behavior 2 hours, 1 hour, 10 minutes prior to R/S?

 6. What was the staff response to these antecedents?

 7. If antecedents/triggers missed, what can be done next time?

 8. What de-escalation strategies were used?

 9. Review of incident itself: appropriate application? Monitoring? Position? Staff Behavior and Roles? Right to privacy? Early release?

- Any issue above requiring follow-up? _____
10. *Notifications:* to guardian or family (if indicated) Y _____ N _____ N/A _____, to Human Rights Officer Y _____ N _____
 11. Was privacy and dignity of patient maintained?
 12. Attention to milieu and other patients? Describe staff interventions.
