

CVH-480e
Revised: 7/04
Reviewed: 2/07

Staff Debriefing Form

Date: _____ Time: _____ Unit: _____ Patient(s) MPI # _____

Seclusion: _____ Restraint: _____ (*check one*)

Staff in attendance at debriefing:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Specific questions to answer while reviewing the episode in detail:

1. What was happening before the episode of seclusion or restraint?

a. Patient behavior _____

b. Milieu (*change of shift*) _____

2. What non-physical intervention techniques were used? What happened as a result?

3. Was the physical intervention technique effective? ☐ Yes ☐ No

Was the technique the least restrictive one possible, given the situation? ☐ Yes ☐ No

Was the technique done correctly? ☐ Yes ☐ No

Is more training required? ☐ Yes ☐ No

Comments: _____

4. How did you feel before, during, and after the confrontation?

5. Did sufficient staff respond? ☐ Yes ☐ No

Was the team leader identified? ☐ Yes ☐ No

Did the team leader direct the activities of those present? ☐ Yes ☐ No

Was communication from the team leader clear? ☐ Yes ☐ No

Was staff functioning as an effective team? ☐ Yes ☐ No

Comments:

6. Were other patients removed from the area? ☐ Yes ☐ No

Comments:

7. If the situation re-occurs, would you do anything differently? ☐ Yes ☐ No

Comments:

8. Recommendations for the future? Please note any staffing, training, equipment or environmental problems identified in the debriefing that you feel need to be addressed)
