**Staff Debriefing Form**

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

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

Staff in attendance at debriefing:

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<tr>
<th>Name</th>
<th>Role</th>
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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)

   ______________________________
   ______________________________
   ______________________________
   ______________________________