


|   |                                   |  |   |
|---|-----------------------------------|--|---|
| <b>Name of Policy:</b> Immediate and Formal Debriefing Procedure for Patients and Staff<br><br><b>Policy Number:</b> 3364-122-34<br><br><b>Approving Officer:</b> Chief Nursing Officer/Medical Director<br><br><b>Responsible Agent:</b> Nurse Director, Inpatient Psychiatry<br><br><b>Scope:</b> The University of Toledo Medical Center |                                   | <br><b>Effective date:</b> 4/25/2025<br><br><b>Original effective date:</b> 7/2005 |   |
| Key words: Kobacker, children, adolescents, debriefing, restraint, seclusion  |                                   |  |   |
| <input type="checkbox"/>  | New policy proposal               | <input checked="" type="checkbox"/>  | Minor/technical revision of existing policy |
| <input type="checkbox"/>  | Major revision of existing policy | <input type="checkbox"/>   | Reaffirmation of existing policy            |

(A) Policy statement

Define the scope and use of debriefing on the Kobacker Child and Adolescent Inpatient Unit.

(B) Purpose of policy

The purpose of debriefing is to assist in the prevention of the future use of seclusion and restraint by determining if all least restrictive alternatives were considered, and by identifying what led to the incident and what could have been done differently. Debriefing also can identify organizational/process barriers that can be revised in order to achieve a reduction and elimination of restraint and seclusion. Debriefing after a seclusion and/or restraint event can also help to minimize or reverse the negative effects these restrictive measures can cause.

(C) Procedure

Upon conclusion of each incident of seclusion and/or restraint, debriefing will occur. Debriefing will include staff, patients, and parent/guardian (unless clinically contraindicated).

- (1) Immediate post-event debriefing shall be completed by the next working day. (No more than 24 hours)
  - (a) Document the event and debriefing on Seclusion/Restraint Report form. Revise treatment plan as needed.
  - (b) As indicated on the nursing admission assessment form, notify the patient's parent/guardian of the seclusion/restraint event and debrief the incident with the guardian. If the guardian requests additional participation in the debriefing process, arrangements will be made. Once the initial crisis has stabilized, provide

a copy of the Patient Restraint/Seclusion Debriefing Form for the patient to complete, discuss and process with a staff member.

- (c) Notify the Nurse Director/designee of the incident.
  - (d) Patient debriefing should involve team members who were involved in the incident.
  - (e) Assist patient with reviewing and revising coping strategies as needed.
- (2) Formal staff debriefing process shall be initiated within 24 hours of the event.
- (a) The Kobacker staff will discuss the event and all contributing factors, which will be documented.
  - (b) If further discussion/intervention is required, the Nurse Director/designee will intercede and assist.
  - (c) Nurse Director will ensure all restraint/seclusion documentation is completed properly by treatment staff.

|  |   |
|--|---|
| <p>Approved by:</p><br><br><div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <span>Kassa Casey, MSN, RN<br/>Nurse Director, Inpatient Psychiatry</span> <span>Date</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 10px;"> <span>Tanvir Singh, MD<br/>Medical Director, CAPH Unit</span> <span>Date</span> </div> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black;"> <span>Kurt Kless, MSN, MBA, RN, NE-BC<br/>Chief Nursing Officer</span> <span>Date</span> </div> <p><i>Review/Revision Completed by:</i><br/> <i>Stephanie Calmes, Ph.D., LPCC-S, LICDC-CS</i></p> | <p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"> <li>• <i>1-M-42</i></li> </ul> <p>Initial effective date: 7/2005</p> <p>Review/Revision Date:<br/> 3/2007<br/> 5/17/2010<br/> 2/25/2011<br/> 7/29/2014<br/> 5/26/16<br/> 7/12/2019<br/> 6/1/2022<br/> 4/25/2025</p> <p>Next review date: 4/25/2028</p> |
|--|---|