

DEBRIEF GUIDE AFTER CHILD/YOUTH RESTRAINT WITH THE HEALTH CARE TEAM

Supporting providers to debrief pediatric restraint



Restraint is inclusive of all types of restraint (chemical, seclusion, physical and mechanical). Use of restraint is only used as a last resort when there is a safety emergency. The goal of debriefing after a restraint event is to learn together, prevent the need for future restraint, and find ways to create safety for the child/youth, other patients, families and the health care team. Provided here are some possible health care team debriefing questions following a restraint event.

Affirm that participation is voluntary. People are allowed to say "I'm not ready to debrief yet." Embrace a growth mindset and a commitment to improvement. Learn from success and minimize hindsight bias.

One person should lead the debrief, someone who is skilled in this area. Psychological safety is important for all team members. Consider inviting a health care provider who is skilled in debriefing that may not have been involved in the restraint, even if they must participate virtually from another site. Plan for the debrief to last about 15 minutes. Please be prepared to take notes.

*Please note the health care team includes nurses, physicians, allied health, security staff, admin staff, etc. (consider who was involved and/or witnessed the event).

Introduction to the debrief:

WHAT TO SAY	RATIONALE
<p>Thank you for taking the time to gather and discuss this event. We believe this team is capable and has done their best. We have not gathered to assess or evaluate personal performance. We will go through what happened, talk about what went well and then focus on future opportunities for growth and learning</p>	<p>Support, encouragement and validation foster resiliency and builds team cohesion.</p>

Debriefing with the health care team:

WHAT TO SAY	RATIONALE
How is everybody doing? How are you feeling about what happened?	Offers more validation for the difficult job they do, the physical and emotional or verbal violence they may experience; acknowledge and validate feelings – attend to any immediate support needs; recognize that feelings may occur much later.
Let's review what happened (chronologically).	Facilitates a shared understanding.
What went well? What steps did we take to set the child/youth up for success? Did we follow the plan of care?	To highlight successes and ground the conversation with the child/youth's care plan.
What did we notice and how did we first respond to events? Was there a setting event (triggers that happen in one environment but the reaction happens in another) that may have caused an overreaction to the known trigger?	Emphasizes opportunity for learning and growth.
What interventions did we try? What went well? How did we meet the child/youth's needs?	
What were the challenges? What else could we have tried? Did the child/youth ask for something and were told "no?"	<p>For consideration:</p> <ul style="list-style-type: none"> R – Reframe: What would it take to say "yes"? E – Easy: Is "no" the easy option? F – Feeling: What would it feel like for the person if I say "no"? L – Listen: Have I really listened to the person concerned and what they are asking? E – Explain: Can I explain to the person concerned why I am unable to meet their request? C – Creative: Are there creative ways I could meet the request of the person? T – Time: Am I giving enough time to consider the request?
Was the danger immediate? Did our care plan address this risk?	To ensure a least restraint approach was followed and ground the care provided in the care plan.
Were there any challenges performing the restraint? Are we current in our training? Were staffing levels a factor?	Provides an opportunity to reflect on the skills of the team and capacity.
Consider environmental factors. Are there challenges with the unit layout? Did the child/youth feel trapped? Was it hard to see/monitor what led up to the restraint? What challenges did we face when monitoring safety? Was the child/youth released as soon as possible? Was the medication used effective and appropriate?	This helps us understand what environmental changes need to be made or planned for.
What post-event activities occurred?	Promotes an understanding of the flow of events.
How was team communication during the event? Did everyone get the information they needed?	Provides an opportunity to reflect on team communication during a restraint event.
What can we do moving forward? Are there any learnings we can share with our wider team? Any actions?	Emphasizes opportunity for learning and growth.

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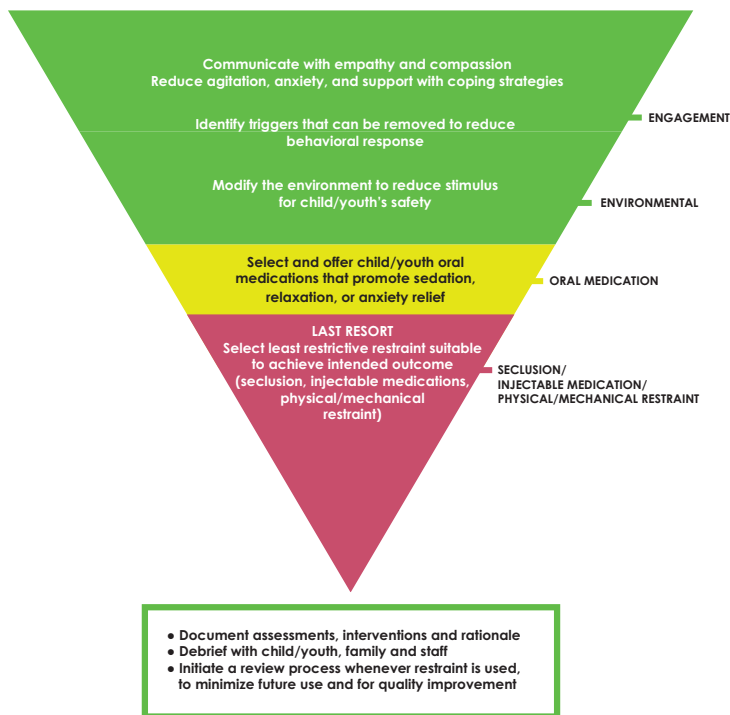


Consider ending with the following:

WHAT TO SAY	RATIONALE
Before we end this debriefing if anyone has any last remarks please share them.	Consider adding in a quiet reflection time of 30 seconds to one minute for those that need more time to think/process.
As appropriate and with respect and confidentiality, these findings will be shared with our leadership team. We will follow up on these items.	To consider whether guidelines, policies etc. require updating.
Thank you again for joining us. Please continue to take care of yourselves and each other. Thank you for the work that you do. If anyone would like to talk further please let me know or see (EAP program).	Reinforces the impact. Support, encouragement and validation foster resiliency and builds team cohesion.

2022 Least Restraint Guideline

Safety is the Priority The RIGHT approach at the RIGHT time



Please refer to your Regional and/or site Employee Family Assistance Benefits Program

Cross Reference:

- [Debrief Guide After Restraint with a child/youth](#)
- [Debrief Guide After child/youth Restraint with family](#)
- [Debrief Guide After child/youth Restraint with other patients](#)
- [Preparing for Debriefing Pediatric Restraint](#)

