

## Critical Incident Review

Date/Time of incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date/Time of review: \_\_\_\_/\_\_\_\_/\_\_\_\_

Staff Involved in restraint/seclusion: \_\_\_\_\_

\_\_\_\_\_

Lead staff: \_\_\_\_\_

1. Brief description of the incident: \_\_\_\_\_

\_\_\_\_\_

2. What behavioral signals were noticed prior to the restraint/seclusion?

☐ Increasing loudness ☐ Pacing ☐ Arguing with peers ☐ Threatening stance ☐ Verbal threats ☐ Making demands

☐ Provoking peers ☐ Increasing silliness ☐ Walking out of area ☐ Other/Notes: \_\_\_\_\_

3. What basic need was the youth trying to have met?

☐ Safety ☐ Acceptance ☐ Control ☐ Attention ☐ Hunger ☐ Physical need ☐ Emotional need ☐ Avoidance

☐ Other/Notes: \_\_\_\_\_

4. What could have been done to prevent the restraint/seclusion?

☐ Nothing. All alternatives were exhausted ☐ Earlier intervention ☐ 1:1 intervention ☐ Offering time out

☐ Recognizing escalation signals earlier ☐ Removing the audience ☐ Engaging youth in activity ☐ Use of Safety Plan

☐ Separating youth from: \_\_\_\_\_ ☐ Other/notes: \_\_\_\_\_

5. Did you attempt to use the Help Strategy? ☐ Yes ☐ No How did it fail? If No, explain why. ☐ No time due to sudden onset of dangerous behavior \_\_\_\_\_

\_\_\_\_\_

6. Did you attempt to use the Prompt Strategy? ☐ Yes ☐ No What specific prompts did you attempt? If No, explain why. ☐ No time due to sudden onset of dangerous behavior \_\_\_\_\_

\_\_\_\_\_

7. Did you attempt to use the Wait Strategy? ☐ Yes ☐ No How did it fail? \_\_\_\_\_

\_\_\_\_\_

8. What interventions were used before restraint/seclusion?

☐ Encouraged youth to use coping skill identified on their Safety Card \_\_\_\_\_ ☐ Remove youth from situation

☐ Diversion ☐ Activity change \_\_\_\_\_ ☐ Brought in an alternative staff person ☐ Comfort Room

☐ Walk ☐ Sensory items \_\_\_\_\_ ☐ Self-imposed Time Out ☐ Medication ☐ Family contact

☐ No time due to sudden onset of dangerous behavior ☐ Other/Notes: \_\_\_\_\_

**9. Did our use of restraint/seclusion effectively prevent youth from further harming self/others?** ☐ Yes ☐ No

**10. What could have been done during the restraint/seclusion to help the youth de-escalate more quickly, make it end sooner, or be less restrictive?**

- ☐ Not responding to youth obscenities/insults   ☐ Switching out lead staff   ☐ Removing youth from provoking stimuli
- ☐ Not talking to the youth   ☐ Reminding youth of incentives   ☐ Relaxation techniques   ☐ Nothing   ☐ Planned release
- ☐ Other/Notes: \_\_\_\_\_

**11. What attention was given to the milieu and other youth present?** \_\_\_\_\_

**12. Do changes need to be made to Safety Plan, DEF, Treatment Plan, or medication?**

☐ Yes ☐ No **Suggested changes?** \_\_\_\_\_

**13. If yes, identify who is responsible for making appropriate notifications:** \_\_\_\_\_

**14. Is there information from Client Debriefing that should be incorporated into revised Safety Plan, DEF, or Treatment plan:** ☐ Yes ☐ No \_\_\_\_\_

**15. If yes, identify who is responsible for making appropriate notifications:** \_\_\_\_\_

**16. Was their physical injury to the youth?** ☐ Yes ☐ No **Follow-up plan:** \_\_\_\_\_

**17. Did staff offer an apology to the youth?** ☐ Yes ☐ No **If no, what is the plan for initiating the apology?** \_\_\_\_\_

**18. Is administrative referral necessary to address policies and procedures, staffing, or unit-based rules that cannot be resolved at the current level?** ☐ Yes ☐ No **If yes, explain concern:** \_\_\_\_\_

**Facilitator:** \_\_\_\_\_ **Date/Time:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Administrative Review:** \_\_\_\_\_

**Administrator:** \_\_\_\_\_ **Date/Time of review:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_