

Staff Debrief Form
Use of Soft Restraints and Safer Holding System



Date/Time of Incident:		Incident Form sent by:	
Debrief carried out by:		Date/Time of Debrief:	
Locus of incident:			

Staff present at debrief:

Staff and patients involved in incident:

Activity prior to incident:

Description of incident:

How was the incident resolved?

Comments regarding support and assistance:

Matters arising from the debrief:

Action/s to be taken:

By whom?
(must be present at debrief)

For STAFF ONLY:

Please indicate if any additional support is required:

Staff support leaflet issued:

Date of Patient/Carer debrief: