

SECLUSION REVIEW DISCUSSION FORM

Consumer Name			
MRN		IMMS (if available)	
Meeting is an	<input type="checkbox"/> Individual review	<input type="checkbox"/> Case study review	Unit/Location

Date of Review:	Date & Time of Seclusion Event:	ACTIONS/GAPS/MATTERS TO BE RAISED	
Q. A: How could the treatment environment facilitate a therapeutic relationship (or not)?			
i) How well did we know the person?	ii) What do you think were the antecedents (events leading to the incident)?		
Q. B: Were there any triggers (physical, personal, environmental) that could have been avoided (or not)?			
i) Were there any unmet needs?	ii) How did we respond?	iii) What were the first signs of irritation?	
Q. C: What helped staff notice and respond to events timely (or not)?			
i) Were you aware of the contents of the safety management plan?	ii) Does the safety plan detail a preferred de-escalation process? If yes, was this used?		
Q. D: Did staff choose an effective intervention?			
i) Were we aware of any trauma history?	ii) Was PRN utilised and how effective was it?	iii) Were the individuals' choices taken into account?	
Q. E: Did staff utilise seclusion only in response to imminent danger?			
i) What do you define as 'imminent danger'?	ii) Was seclusion applied safely?	iii) How did the person involve feel about the event? Were they debriefed?	
Q. F: Could the seclusion have been ceased earlier?			
i) What were there barriers?	ii) How was the decision made to cease seclusion and who with?	iii) What else could have been tried?	
Q. G: Reflect on any learning and was it integrated into the treatment plan and practice?			
i) Is there opportunity for training, education, counselling, or discussion with other teams?	ii) What went well?	iii) How can we improve (considering principles trauma informed care)?	
Q. H:			
i) A Critical Incident Report was completed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
ii) The outcome of this meeting was documented on the patient's healthcare record? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
iii) An attendance list was kept for this meeting and attached with Q. H (ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
iv) Are there other gaps not yet identified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
v) Are there matters to be raised at the Clinical Governance meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
<i>Document any additional information at back of page</i>			