

Debrief Process

After an escalation, people tend to do one of two unhelpful things: freeze and hold it, or ruminate and relive it. This guide acts as a tiny emergency landing checklist: short, repeatable, and calming.

The “3–7 Minute” Debrief

Step 1: Stabilize the space (30–60 seconds)

- ❖ **Reset the environment:** lower voices, clear the line, move the next person away from the incident zone.
- ❖ **Quick safety scan:** “Are we safe right now?” “Do we need security/clinician/supervisor *now*?”
- ❖ **Handoff confirmation:** “Who has the person now?” “Where did they go?” This prevents the classic risk gap: *everyone assumes someone else has it*.

Step 2: Two-sentence debrief (60–90 seconds)

Do this with a supervisor, a lead, or a buddy, if available. Keep it tight:

- ❖ **What happened (facts):** “At 2:10 pm, patient became loud, refused to lower voice, demanded same-day provider, used profanity.”
- ❖ **What we did (actions):** “We offered options, set a boundary, ended the interaction, notified the clinician/supervisor/security, and the patient left/waited/was escorted.”
- ❖ **What we need next:** “We need a follow-up call and a flag in the chart about privacy/boundaries.”

Step 3: Document immediately (2–4 minutes)

Make documentation a fill-in template so it’s not a creative writing assignment while adrenaline is still high (see below). Key rule: **Facts > feelings**. You can note impact (“staff felt unsafe” can be relevant), but avoid labels (“manipulative,” “crazy,” “drug-seeking”).

Step 4: Assign the follow-up (60 seconds)

This is the “don’t let it evaporate” moment:

- **Who will follow up?** (clinician, manager, case manager)
- **When?** (same day, next business day)
- **For what purpose?** (repair, clarify expectations, ensure safety, reschedule)

A lot of repeat escalations happen because expectations never get reset, and the person returns with the same grievance, only more intense.

Step 5: Reset the nervous system (30–60 seconds)

Not wellness theater. Just a tiny physiological off-ramp:

- Drink water
- Take 3 slow breaths
- Make a quick posture reset (stand, shoulders down)
- “You’re back at the desk. New moment.”

This prevents the next patient from inheriting the emotional residue.

Front Desk Incident Note Template

Date/time/location:

Who was present: staff/witnesses (no unnecessary names of other patients)

Objective behavior: (volume, words used with brief quotes, actions, e.g., pacing, pounding counter, threatening)

What staff said/did: (scripts used, boundaries set, options offered)

Who was notified: (clinician/supervisor/security, and time notified)

Disposition: (seen same day/scheduled/left/escorted/EMS, etc.)

Follow-up assigned to: (name and deadline)
