****

**INTERVENTION BRIEF**

|  |
| --- |
| **Introduction** |
|  |

|  |
| --- |
| **Brief overview of patient** |
| **Patient:**  | **DOB:**  | **Section:** |
| **Ward:**  | **Date Intervention:** |
| **IR1:**  | **Compliant** | **Non-compliant**  |

|  |
| --- |
| **Brief historical information of risk encountered (example)**: |
|  |

|  |
| --- |
| **Current presentation:**  |
|  |
|  |
| **Environment:** |
|  |

|  |
| --- |
| **Our intentions:** |
|  |

|  |
| --- |
| **Allocate roles & responsibilities of PMVA team:** |
|  |

|  |
| --- |
|  |
| **PMVA Intervention Procedure** Identified intervention team |

|  |  |
| --- | --- |
| **PMVA Intervention Team**1. ………………….………………………2. ………………………………………….3……………………………………………4…………………………………..............**Additional Team Members** 9…………………………….……………..10……………………….……...................11...………………………….……………. | **PMVA Support Intervention Team**5…..…………………………………………..6....……………………………………………7………………………………………………8………………………………………………**Additional Team Members**12. ………………………………..…………..13…………..……………………..…………..14……………..…..………………………….. |
| **Additional Notes** **Human Rights**All operational procedural plans must contain written considerations of Human Rights issues regarding both patients and staff, paying particular attention to the principles around Use of Force: **Proportionality** – is the operational plan in proportion to what you are trying to achieve?**Legality** – is what you are trying to achieve, and how you plan to achieve it, permitted by Law?**Necessity** – is what you are planning to do necessary and the only means of achieving your objective?**Legitimate aim** – does what you are planning to do have a legitimate aim?**Accessibility** – are all operational plans accessible and can they be produced if authorised?  |
| * Does every one understand their roles and responsibilities they have been allocated?

(Anything to add from supporting advisor |
| **De-brief** |
|  |