

Immediate Debrief Form for Hospital and Long-Term Care Settings

Purpose of this Tool

The purpose of this tool is to collect and document information about the response to a violent person in a healthcare workplace.

Who Uses this Tool

The worker designated the responsibility to facilitate the immediate debrief.

How to Use this Tool

This tool is completed immediately after an emergency response to a violent person (Code White) has ended. One responder (e.g., Code White Leader, Charge Nurse) facilitates a debrief with all responders and workers affected by the incident. This form should be included as an element of the organization's formal incident investigation of the incident.

Immediate Debrief Form for Hospitals and Long-Term Care Homes

File #:	Date:
Time Code Called:	
Time Code Ended:	
Time first Code White Responder Arrived on Scene:	
Specific Location:	
Name of Person involved in Incident:	
Person is a ... (Check <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Care Recipient <input type="checkbox"/> Visitor of Care Recipient <input type="checkbox"/> Worker <input type="checkbox"/> Known to Worker <input type="checkbox"/> Other - Specify
Names and Occupational Role of Responders:	

1. What behaviours did the Person display? Check all that apply.

- Verbal (threats or harassment)
- Physical
- Self-harm
- Exit seeking
- Property destruction
- Other - Describe

2. What interventions were used *before* Code White Responders arrived? Check all that apply.

- Verbal de-escalation
- Environmental restraints (i.e., seclusion)
- Chemical restraints (i.e., medication)
- Physical restraints
- Hands-on
- Other - Describe

3. What interventions were used during the Code White? Check all that apply.

- Verbal de-escalation
- Environmental restraints (i.e., seclusion)
- Chemical restraints (i.e., medication)
- Physical restraints
- Hands-on
- Other - Describe

4. Was a Physician or Nurse Practitioner called to attend the Code White?

- Yes → Physician/Nurse Practitioner Name: _____
- No

5. Were Police called to attend the Code White?

- Yes
- No

If **Yes**, what are the names of the Police officers who attended?

If **No**, will Police be contacted and informed of the incident?

- Yes
- No

6. Was anybody injured?

- Yes
- No

If **Yes**, who was injured? Check all that apply.

- Worker —> How many? _____
- Violent Person
- Other Care Recipient —> How many? _____
- Other —> How many? _____

7. Did the Code White response work well?

- Yes
- No
- Somewhat

If **No** or **Somewhat**, what could have been done differently?

8. What was the first sign of escalation?

9. Is there anything that could have prevented the incident?

10. Was a Worker Safety Plan (for example, flags/communication of risk plan) in place for the Person prior to the incident?

Yes

No

If Yes, what are the safety strategies?

11. Answer if Violent Person was a Care Recipient. Was the Care Recipient prescribed PRN medication for agitation prior to the incident?

Yes

No

If Yes, date and time last administered: _____

12. What new or revised worker safety strategies will be implemented as part of the Behaviour Care Plan?

Think about proactive steps to prevent violent behaviour escalation. Strategies must be recorded in the Behaviour Care Plan and communicated to Workers who may encounter the Person.

13. A Code White requires flags to be implemented. If flags will not be implemented, why not?

14. Were supports or resources requested by any Worker?

Yes

No

If Yes, what was requested?

15. Were supports or resources offered to any Worker (for example, first aid, peer support, professional mental health services)?

Yes

No

If Yes, what was offered?

*Name of Worker responsible for filing this
Debrief form (hardcopy and/or electronically):* _____

Name of Worker who conducted Debrief: _____

Immediate Debrief Form for Home and Community Care Settings

Purpose of this Tool

The purpose of this tool is to collect and document information about the response to a violent person in a home and community care setting.

Who Uses this Tool

The supervisor of the worker who experienced a violent situation

How to Use this Tool

This tool is completed immediately after an emergency response to a violent person has ended. The supervisor facilitates the debrief with the worker over the phone. This form should be included as an element of the organization's formal incident investigation of the incident.

Immediate Debrief Form for Home and Community Care Settings

File #:	Date:
Time Worker called for assistance:	
Time Emergency Response ended:	
Time first Responder arrived on scene:	
Specific Location:	
Name of Person involved in Incident:	
Person is a ... (Check <input checked="" type="checkbox"/> one)	<input type="checkbox"/> Care Recipient <input type="checkbox"/> Visitor of Care Recipient <input type="checkbox"/> Worker <input type="checkbox"/> Known to Worker <input type="checkbox"/> Other - Specify

1. What behaviours did the Person display? Check all that apply

- Verbal (threats or harassment)
- Physical
- Self-harm
- Exit seeking
- Property destruction
- Using animal or pet as a threat
- Talking about or showing a firearm

2. What was the first sign of escalation?

3. Were Police called to attend the scene?

Yes

No

If **Yes**, what are the names of the Police officers who attended?

If **No**, will Police be contacted and informed of the incident?

Yes

No

4. Was anybody injured?

Yes

No

If **Yes**, who was injured? Check all that apply.

Worker

Care Recipient

Other

5. Is there anything that could have prevented the incident?

6. Was a Worker Safety Plan (for example, flags/communication of risk plan) in place for the Person prior to the incident?

Yes

No

If **Yes**, what are the safety strategies?

7. What new or revised worker safety strategies will be implemented as part of the Behaviour Care Plan?

Think about proactive steps to prevent violent behaviour escalation. Strategies must be recorded in the Behaviour Care Plan and communicated to Workers who may encounter the Person.

8. Were supports or resources requested by the Worker?

Yes

No

If Yes, what was requested?

9. Were supports or resources offered to the Worker (for example, first aid, peer support, professional mental health services)?

Yes

No

If Yes, what was offered?

Name of Worker responsible for filing this Debrief form (hardcopy and/or electronically): _____

Name of Worker who conducted Debrief: _____