Post Incident Debriefing

Initial Information:

Victim: ____________________ Date of Session: ____________________
Target: ____________________ Time of Session: ____________________
Witnesses: ____________________

__________________________
__________________________
__________________________

Date the incident occurred: ____________________ Time the incident occurred: ____________________
Date and time the incident was recognized: ____________________
Date and time the incident was reported: ____________________
Who was the initial Reporter: ____________________
Who was the incident reported to: ____________________
Location of incident: ____________________
Type of Incident: ____________________

Actions Taken to Safeguard Victim: ____________________

__________________________
__________________________
__________________________
__________________________
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__________________________
__________________________
__________________________
First Aid Steps (if necessary):

Was the Individual Transported to Urgent Care via Agency vehicle: Yes No
Were Emergency Services notified: Yes No
Were the police notified: Yes No
Was an ambulance dispatched: Yes No
Was the individual taken to the emergency room: Yes No
Was the individual transported to the Emergency Room via agency vehicle: Yes No

What other supports were offered to the individual:

Did the individual accept supports: Yes No

Was there a target identified: Yes No
Target Identifier:

What is the current status of the target:

Date and time of Suspension (if applicable):

Date and time incident was reported on HCSIS:

HCSIS Point Person:

Was an investigator required: Yes No
Name of Investigator:
Was notification made to the individual's family within 24 hours:  
Yes  No

If No, Why: __________________________________________________________

______________________________________________________________

Name and Date of all who was notified:

______________________________________________________________

______________________________________________________________

Investigations:

Date and time the investigator was assigned: __________________________

Date and time the investigator visited the site: __________________________

Date and time the investigator spoke with HCSIS Point Person: __________

Date and time of the investigator's first witness statement: __________

Date and time of the investigator last witness statement: ______________

Date and time of the Administrative Review: __________________________
natures of those in attendance of the Initial Debriefing Meeting:

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Signature/Title of Person Completing Form       Date
Post Incident Information:

If taken to Urgent Care or Emergency Room:

What was the Discharge Diagnosis: ____________________________________________
What Tests were given: _______________________________________________________
________________________________________________________________________
What were the results of testing: _____________________________________________
________________________________________________________________________
________________________________________________________________________

Any follow up information provided: __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Observations:

Were de-escalation steps taken: Yes  No  Not Applicable

Please explain: ______________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Changes:

Environmental (noise, lights, smell, physical area, etc.)

Medical (illness, infection, pain, mental illness, etc.)

Medication (Increase, decrease, new, discontinued, effect, etc.)

Routines (staffing, activities, outings, etc.)

Socialization (Holidays, family, friends, events, etc.)
Corrective Action(s):
Behavioral Support Updates:


What was handled well before and during incident:


What could have been handled better before and during incident:


Signatures of those in attendance of the Post Debriefing Meeting:

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