



## 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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: \_\_\_\_\_

Signatures of those in attendance of the Initial Debriefing Meeting:

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

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.)

---

---

---

---









Signatures of those in attendance of the Post Debriefing Meeting:

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Print Name	Title/Agency	Date	Signature
------------	--------------	------	-----------

---

Signature/Title of Person Completing Form	Date
---	------

