**Code Gray Debrief Form**

**Directions:** This form is for internal quality improvement only, **not a part of the patient’s chart.** Please file this form with Security Services at your facility. Completion of this form is the responsibility of the staff member leading the incident debrief. Please provide any comments that could improve the Code Gray event response. Debrief required by [Policy EC406.](http://in.providence.org/Documentscentral/OR/safety/Code%20Gray%20Policy.pdf)

### Patient Name: Patient DOB: Patient MRN: Date: Time: Facility: **- select facility -** Location within facility: Case Number #: CAD #:

#### Code Leader/Responders

Debrief Form Completed by: Code Gray Team Leader: Code Gray Responders:

## Risk for Violence

**Yes No**

Was this patient being tracked as being at increased Risk for Violence (RFV)? Was there a Risk for Violence (RFV) symbol posted on the room door?

**- select level -** - was the threat assessment level of the patient prior to the Code Gray.

## Code Gray

**Yes No**

Was there a clear code leader?

**Yes No**

**Yes No**

#### SBARR

Was an [SBARR](http://teams.providence.org/sites/codegray/Shared%20Documents/SBARR.pdf) provided to the Code Gray Team prior to interaction with patient? Do you know what triggered the Code Gray? If yes, explain:

#### BARS

Was the patient on the [BARS](http://teams.providence.org/sites/codegray/Shared%20Documents/BARS%20Protocol.pdf) (**B**ehavioral **A**ctivity **R**ating **S**cale) protocol?

**- select level -** - was the patient’s BARS score prior to the Code Gray.

**Yes No**

**Yes No**

#### Safety & Equipment

Did Staff have the appropriate PPE/ Safety Equipment for the situation?

Was a team member assigned to watch the patient’s respiration/medical safety issues during the Code?

#### Restraints/Seclusion

Did the Code Gray Team use Hands-on techniques? Did the Code Gray Team apply Mechanical Restraints?

Did the Code Gray Team put the patient into Seclusion or Containment (Posey Bed)?

If restraint/seclusion devices used, were they appropriately applied and correctly utilized? Was the patient restrained? If yes, position was: **- select position -.**

Was the amount of restriction and/or amount of force used (or implied) appropriate to the situation and in accordance with Security Services [Policy No. 4.05](http://in.providence.org/Documentscentral/OR/security/Use%20of%20Force%20Principals.pdf)?

## Post-Code Gray

**Injuries SSE:** Serious Safety Event; **PSE:** Precursor Safety Event; **NMSE:** Near Miss Safety Event

**SSE PSE NMSE**

Person Injured: **- person injured -**, Name: **,** Unit: Assaultive action: **- Type of assaultive action -**

Outcome of the incident: **- outcome of the incident -**

Was a threat made? Verbal Physical None. If staff, asked to: file WPV report call Emp. Health. Weapon/Object used: **- Weapon used -**

Describe injury:

**SSE PSE NMSE**

Person Injured: **- person injured -**, Name: **,** Unit: Assaultive action: **- Type of assaultive action -**

Outcome of the incident: **- outcome of the incident -**

Was a threat made? Verbal Physical None. If staff, asked to: file WPV report call Emp. Health. Weapon/Object used: **- Weapon used -**

Describe injury:

**SSE PSE NMSE**

Person Injured: **- person injured -**, Name: **,** Unit: Assaultive action: **- Type of assaultive action -**

Outcome of the incident: **- outcome of the incident -**

Was a threat made? Verbal Physical None. If staff, asked to: file WPV report call Emp. Health. Weapon/Object used: **- Weapon used -**

Describe injury:

**SSE PSE NMSE**

Person Injured: **- person injured -**, Name: **,** Unit: Assaultive action: **- Type of assaultive action -**

Outcome of the incident: **- outcome of the incident -**

Was a threat made? Verbal Physical None. If staff, asked to: file WPV report call Emp. Health. Weapon/Object used: **- Weapon used -**

Describe injury:

**SSE PSE NMSE**

Person Injured: **- person injured -**, Name: **,** Unit: Assaultive action: **- Type of assaultive action -**

Outcome of the incident: **- outcome of the incident -**

Was a threat made? Verbal Physical None. If staff, asked to: file WPV report call Emp. Health. Weapon/Object used: **- Weapon used -**

Describe injury:

#### Incident Evaluation

**Yes No N/A**

Were the family/visitors treated in as respectful a manner as possible during and after the event?

Did the team (and/or individual staff person) feel safe during the event? Did Family or Visitors have any concerns? **- Concern here -**

Is further debriefing required / requested? Who: **- N/A -** Reason: **- N/A -**

SSE: A deviation from generally accepted performance standards that reaches a person and results in moderate to severe harm or death. PSE: A deviation from generally accepted performance standards that reaches a person and results in minimal or no detectable harm.

NMSE: A deviation from generally accepted performance standards that does not reach a person, also called a “close call”.

# Incident Report Narrative

### - Narrative of events paste here - (do not use all caps)