ST JOSEPH'S HEALTH CARE LONDON

Emergency Colour Code Incident Debrief Form

Date of Incident Debrief: _____
Incident Debrief Leader: _____

Participants of Debrief:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Incident: _____
Location/Facilities:

- ☐ St. Joseph's Hospital
- ☐ Mount Hope Centre for Long Term
- ☐ Parkwood Institute Main Building
- ☐ Parkwood Institute Building J (Former NRC Building)
- ☐ Parkwood Institute Mental Health Care Building
- ☐ Southwest Centre for Forensic Mental Health Care
- ☐ Other: _____

Activated Colour Code:

- ☐ Code Green
- ☐ Code Red
- ☐ Code Brown
- ☐ Code Black
- ☐ Code Grey
- ☐ Code Orange
- ☐ Code Yellow
- ☐ Code White
- ☐ Code Purple
- ☐ Code Silver
- ☐ Code Blue
- ☐ Code Pink
- ☐ Code Critical Incident
- ☐ Other: _____

Code Requested By: _____
Code Activation Details:

Time of Colour Code Activation:	_____	
Was the incident reported to 55555:	☐ **Yes**	☐ **No**
Was the overhead announcement heard?	☐ **Yes**	☐ **No**
Was the code sent through the ENS system	☐ **Yes**	☐ **No**
Was the incident escalated to an ENS 2	☐ **Yes**	☐ **No**
Time All Clear was declared:	_____	

Facts of the Incident and/or Situation:

Immediate Actions Taken by Staff and/or Responders:

Additional Observations of Staff's Response:

ST JOSEPH'S HEALTH CARE LONDON

Incident Debrief Outcomes:

Identified Opportunities for Improvement:

Additional Comments, Concerns or Feedback:

Debrief Form Complete By:	
	(Print Your Name)

Signature:	

Date Form was Completed:	

Provide a copy of the completed form to the Emergency Management and Risk Specialist.