| Code White Incident Report (To be complete by Person in Char | ge – RN) |
|---|---------------------|
| Facility: Location of incident: | |
| Date of Incident: Time of incident: | |
| Code White Team Members: | |
| 1. Person in Charge | |
| 3 | |
| 4 5 | |
| Other Staff Involved | |
| Description of Incident: | |
| | |
| | |
| 1. RESIDENT/INDIVIDUAL (ACTING OUT) INFORMATION | |
| Name of Individual: | |
| Resident □ Family □ Volunteer □ Visitor □ Staff member □ | |
| □ Other: | |
| Has the individual been involved in any previous behavioural incident Yes □ No □ Unknown □ | ents: |
| Mental Status: Oriented □ Disoriented □ Confused □ Alert □ Seda | ted □ |
| Behaviour Exhibited: | |
| □ Physical Responsive (hit, push, punch, grab, kicked etc.) □ Verbal Responsive (threatening with physical harm, curse, insult | etc.) |
| □ Self-destructive □ Exit seeking | |
| □ Suicidal | |
| □ Destroying property □ Resistive | |
| □ Agitation/restless Weapon involved: No□ Yes □ -Type: | |
| 2. INTERVENTIONS | |
| Reassurance/validation therapy provided | |
| 1:1 observation initiated Returned to room | |
| Removed from area Placed in quiet area | |
| Medication | |
| State what was given Required Police assistance? Yes □ No □ – Officer's name & Badge : | # |
| Required Form 1: Yes □ No □ – If "YES": Physician called: Yes □ No | □: Name |
| 3. REPORT OF INJURIES: | |
| Was anyone injured: No□ Yes □ | |
| | |
| If "YES": Staff Resident Other | |
| | |
| Name: Staff injury reported to RN (First Aider) | |
| Name: Staff injury reported to RN (First Aider) Incident/Injury Report Completed | dicate reasons why: |
| Name: Staff injury reported to RN (First Aider) Incident/Injury Report Completed 4. DEBRIEFING Debriefing session held immediately? Yes □ No □ If "NO" please inc | |
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