ADULT CORRECTIONAL HEALTH
MAN-DOWN DEBRIEFING SUMMARY

Completed by Team Leader: ______________________________ **Date:** ____________
Event Type: ☐ Incident ☐ Drill

INFORMATION					
LOCATION		DATE		ANNOUNCEMENT TIME	
CUSTODY STAFF INITIATING CALL					
FIRST RESPONDER				ARRIVAL TIME	
SECOND RESPONDER				ARRIVAL TIME	
EVENT END TIME					

INCIDENT DESCRIPTION	
INCIDENT TYPE	☐ Cardiac ☐ Trauma ☐ Suicide Attempt ☐ Altered Mental Status
PRECIPITATING EVENTS/SIGNS & SYMPTOMS	
EQUIPMENT TAKEN TO/USED DURING EVENT	
STAFF PRESENT (LIST ALL)	
OTHER INFORMATION	

FOLLOW-UP	
DISPOSITION OF PATIENT	☐ Taken to 2 Medical/MHU ☐ Sent to ER ☐ Remained in Unit
RECOMMENDATIONS	

RATINGS	1 = Poor	2 = Fair	3 = Satisfactory	4 = Good	5 = Excellent	Not applicable
ENSURED ENVIRONMENT SAFE	☐	☐	☐	☐	☐	☐
COMMENTS						
PROPER PATIENT ASSESSMENT AS R/T MEDICAL	☐	☐	☐	☐	☐	☐
COMMENTS						
VITALS TAKEN	☐	☐	☐	☐	☐	☐
COMMENTS						
ABLE TO EASILY USE ITEMS IN RED BAG	☐	☐	☐	☐	☐	☐
COMMENTS						
EFFICIENT USE OF SUPPORT STAFF AND CUSTODY	☐	☐	☐	☐	☐	☐
COMMENTS						
POSE AND IN CONTROL	☐	☐	☐	☐	☐	☐
COMMENTS						
OVERALL RATING (AVERAGE THE RATING NUMBERS ABOVE)						

SIGNATURE ______________________________ DATE ____________

NURSING DIRECTOR EVALUATION

ADDITIONAL COMMENTS

RECOMMENDATION

SIGNATURE ______________________________ **DATE** ______________

QIC EVALUATION

DATE ______________ **ACTION NEEDED** YES ☐ NO ☐

RECOMMENDATIONS