**Debrief Guide:**

In the aftermath of a critical event, conducting a thorough debrief is essential for learning and improvement. This guide is designed to assist you in leading local level debrief sessions with your teams. By systematically reviewing successes and areas for improvement across critical topics, we can identify lessons learned and enhance our organization’s resilience.

| General Objectives | What Went Well? | What Can Improve? |
| --- | --- | --- |
| Communications: Were effective communications established with all required areas, and maintained during the event? |  |   |
| Resources and Assets: Were appropriate supplies, equipment, and materials available for patient treatment, comfort, and safety, as required by the incident? |  |   |
| Safety and Security: Were hazards and risks identified? Were appropriate measures taken to minimize risk to patients, staff, and others? |   |   |
| Staff Responsibilities: Were staff knowledgeable of their responsibilities during the incident? |  |  |
| Information Systems:Were all information systems functional?  |  |   |
| Clinical Support: Was patient safety compromised during the event, both existing patient, and incoming patients? Was there an equal balance of physician and nursing staff notified and available? |  |  |
| Family Support: Were family members able to find victims during the event, as applicable? Were family members kept informed of the situation on a periodic basis? |  |  |
| Plans/Policies:Are there any plans, policies, or procedures that need updated based on this event/incident? |  |  |