

Contact Form

Form ____ of ____

Date M ____ D ____ Y ____

Incident Date M ____ D ____ Y ____

☐ New
☐ Follow-up
☐ Check in
☐ Isolation

Session Time: 15 30 45 60 90 120 ____

Total Time: 15 30 45 60 90 120 ____

Language: ____ English ____ French Other: ____

Employee status

☐ On duty
☐ Off Duty
☐ Out of workplace (ie
 LTD, LOA, WSIB, WCB)
☐ GRASP
☐ Former employees

How were you contacted:

☐ PS Phone
☐ Truck assigned phone
☐ Personal phone
☐ Social media
☐ In person
☐ Other

PS Requested by

☐ Employee
☐ Peer
☐ Supt
☐ OPS

Or

Initiated by

☐ PS member

Was Peer Support

☐ Accepted
☐ Declined

Incident Type:

Individual

☐ Support
☐ Crisis

Or

Group

☐ # involved
☐ Defuse
☐ Debrief

Or

Community

Formal (officially taken out of service)

☐ Yes
☐ No

Location:

☐ PS Room
☐ HQ
☐ Hospital
☐ Other
☐ In ambulance
☐ N/A

Return to duty

☐ current shift
☐ next shift
☐ Undetermined
☐ N/A

Referral Materiel

☐ Given/ emailed
☐ Have
☐ N/A
☐ No

Referral

☐ Already have MHP (mental health professional)
☐ EFAP
☐ MHP
☐ OSI CLINIC DR HATCHER
☐ Support Group
☐ Family Support Group
☐ Family Doctor
☐ N/A
☐ Other

REASON: *check only one*

☐ Personal ☐ COVID-19 CONCERNS
☐ Cumulative ☐ Organizational
☐ Tragic
☐ Trauma --- then check type of trauma below
☐ MCI
☐ Pediatric injury/ death / violence
☐ Failure to save victim
☐ PATIENT Suicide/attempt
☐ PEER Suicide / attempt
☐ Personal identification with patient
☐ Powerful, unusual event
☐ Actual / potential threat to employee life
☐ Peer injury or death
☐ Death or injury as result of OPS

After speaking with employee, where are they?

Green/Healthy-Yellow/Reacting-Orange/Injured-Red/ill

Are you concerned for your peer? If so, how/why

Member 1 ____ On Duty Off Duty

Member 2 ____ On Duty Off Duty

What colour are you after this session? Reach out to

Follow up

Date	On/off duty	#minutes	How

Summary – 1 sentence

Attach post-it note with employee name & drop in mailbox