**A11**

**Incident Debriefing Record – Employee**

**Appendix 1**

To be completed as soon as possible after the event with the Manager / Supervisor

Date, time and place of incident:

Name the people involved:

Provide brief details of the incident (Refer to the Health & Safety form and M2 Serious incident record Appendix 4):

What did you do during the incident?

How did you feel during the incident?

How do you feel now?

Did you sustain any physical injury as a result of the incident? YES / NO

If YES, provide brief details of the injury:

Did you receive medical attention for the injury? YES / NO

If YES, from whom did you receive attention?

Were you absent from work as a result of the incident (either due to physical injury or emotional distress)? YES / NO

If YES, provide brief details of the absence:

If you were injured or absent from work as a result of the incident has the following documentation been completed:

Accident Book - YES, NO, N/A

Absence Self Certification Form - YES, NO, N/A

GP Fit Note - YES, NO, N/A

What further support can I offer you? (e.g. PPC, member of staff to mentor, training etc)

By when?

Were there any signs or reasons that may have lead to the incident occurring?

Actions resulting from the incident (e.g. Review or develop person centred care plan, risk assessments, behaviour protocols, medical intervention or Positive Handling Plan etc)?

Supervisor / manager: Date: Signed: