**A11**

**Incident Debriefing Record – People we support**

**Appendix 2**

To be completed as soon as possible after the event by the link worker or other appropriate team member.

Name of person who use our service receiving the debriefing:

Name the other people involved:

Date and time of incident:

ICASS ref no:

Give brief details of the incident (refer to the Health & Safety form or the M2 Serious incident record Appendix 4), in particular the way in which the people who we support were involved:

Physical Health Check

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?

Person who we support feedback / comment

How did you feel during the incident?

How do you feel now?

What did you do during the incident?

What further support can I offer you?

By when?

Actions / Follow Up

Actions resulting from the incident / debriefing

Care services team member:

Position:

Completion Date:

Signature of the person who was using the service / or representative:

Date: