



## Incident Report – Peer Support Plus<sup>®</sup>

Applies to everyone engaged with Peer Support Plus.

An *Incident Report*<sup>1</sup> must be completed by you whenever our Policies require that you do so. Please see our *Safeguarding Policy*<sup>1</sup> and *Health and Safety Policy*<sup>1</sup>. Do not delay reporting an Incident. If you are unable to fully complete the report below, communicate what you can now and add details later. Delegate only if unavoidable.

Please complete an *Incident Report*<sup>1</sup> if you feel it is appropriate to report something that happened, or something you observed, which you judge might present an unassessed or unmanaged risk that could potentially harm any person, or the charity Peer Support Plus.

### ✓ Nature of the Incident<sup>R</sup>

- Safeguarding Concern** – Action demanded by *Safeguarding Policy*<sup>1</sup> when any form of communication indicates a concern that a child, or someone who may be an Adult at Risk, may be at risk of harm or abuse.
- Serious** – Injury to a person warranting treatment by a medical professional; or damage to property requiring scrapping or an expert to repair it safely.
- First Aid** – Injury to a person warranting attention from a First Aider'
- Near miss** – Any event not resulting in harm that had the potential to cause harm to a person; or damage to property requiring rearrangement, reassembly or replacement of parts by a non-expert.
- Risk** – Something you noticed that appears to have the potential to result in harm if not avoided or managed.
- Alert** – Something communicated during Group or Team work which suggests a Risk Assessment may be required; or that a Peer, Volunteer or Employee may possibly be in need of signposting towards additional support.

Your Name<sup>R</sup>

Date today<sup>R</sup>

How may you be contacted<sup>R</sup> [Telephone number, Email, Postal address?]

Incident Report Serial Number

<b>Name(s) of Person(s) injured or involved</b> <sup>R</sup>	<b>Date of Incident</b> <sup>R</sup>
<b>Location of Incident</b> <sup>R</sup> [If appropriate please attach photographs and/or a sketch plan]	
<b>✓ Were you present when the incident happened?</b> <sup>R</sup> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Name all other persons present when the incident happened or who became involved while the incident was ongoing</b> <sup>R</sup>	

Incident Report Serial Number

**Describe the Incident** <sup>R</sup> [For examples: what was observed or being said; tasks being performed; sequence of events leading up to, during, and immediately following the incident.]

[Continue on a separate sheet if needed]

**If a person was physically injured, or First Aid was offered to them:**

[otherwise leave blank]

**Describe the injury sustained** <sup>R</sup>

✓ **Cause of Injury or need for First Aid** <sup>R</sup> Did you  Observe or  Judge?

✓ **Was the injured person treated?** <sup>R</sup>  Yes  No

**If Yes** <sup>R</sup>, Name the First Aider, medical professional, service or hospital:

Incident Report Serial Number

**No medical attention required**<sup>R</sup>      **No medical attention desired**<sup>R</sup>

**Signed by person injured**<sup>R</sup>

**Date signed**<sup>R</sup>

**Safeguarding Concerns** and **Serious** incidents must be reported immediately they occur (see **Notes** below).

If you haven't already done so, please report this Incident to our **Safeguarding Concerns Officer**<sup>2</sup> or **Principal Health and Safety Officer**<sup>3</sup> as urgently as you judge is appropriate to the harm or risk.

Incident Report Serial Number

Following pages to be completed by our **Safeguarding Concerns Officer**<sup>2</sup> or our **Principal Health and Safety Officer**<sup>3</sup> as appropriate.

<b>What actions were taken?</b> <sup>R</sup> [Journal]		
<b>Actions</b>	<b>By whom</b>	<b>Date</b>

[Continue on a separate sheet if needed]

**What can be done that will prevent this happening again? <sup>R</sup>**

**If this cannot reasonably be prevented from happening again, what can be done to mitigate the risk to an acceptable level? <sup>R</sup> [Risk Assessment]**

<b>Name(s) of Person(s) who agreed to implement recommendations above <sup>R</sup></b>	<b>Agreed Date by when these recommendations will have been implemented <sup>R</sup></b>
<b>Are there any significant differences between the recommendations above and the mitigations implemented? <sup>R</sup></b>	
<b>Date mitigations were implemented <sup>R</sup></b>	<b>Date Incident Report closed <sup>R</sup></b>  <b>Signed</b>

**Notes** <sup>1</sup> available on our website [peersupportplus.org](http://peersupportplus.org)

If the **Nature of the Incident** is:

- <sup>2</sup> **Safeguarding Concern** or an **Alert** about the possible support needs of a Peer, Volunteer or Employee? Report to our **Safeguarding Concerns Officer**:

Lisa Bamford [Chair of Trustees]  
Tel. 07811 126 491  
Email [chair@peersupportplus.org](mailto:chair@peersupportplus.org)

Peer Support Plus, **Safeguarding Concerns Officer**  
c/o 1 Elmete Close, Leeds, LS8 2LD [our registered address]

- <sup>3</sup> **Serious, First Aid, Near miss, Risk**, or an **Alert** that suggests a Risk Assessment may be needed? Report the incident to our **Principal Health and Safety Officer**:

Lisa Bamford [Chair of Trustees]  
Tel. 07811 126 491  
Email [chair@peersupportplus.org](mailto:chair@peersupportplus.org)

Peer Support Plus, **Principal Health and Safety Officer**  
c/o 1 Elmete Close, Leeds, LS8 2LD [our registered address]

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