**InnerWorld: Virtual Reality for Psychosocial Support**

**2023-3-TR01-KA210-YOU-000181712**

**Incident Log Template – VR Tool**

(use one form per incident and store in a secure folder)

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (your organization name and address)
Incident ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (YYMMDD-###)

## Administrative details• Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ • Start time: \_\_\_\_\_\_\_\_\_\_ • End time: \_\_\_\_\_\_\_\_\_\_• Session number: \_\_\_\_\_\_\_\_ • Facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_• Mental-health professional on duty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Context
• VR video tool in use when incident occurred
 □ Triangle Breathing □ Body-Scan □ Cinema Meditation □ Grounding □ Square Breathing
• Headset/model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
• Number of participants in room: \_\_\_\_\_\_\_\_
• Participant(s) directly affected (age, gender, **NO NAME**): \_\_\_\_\_\_\_\_
2. Incident description
• Type of incident (tick one)
 □ Cybersickness □ Emotional distress □ Technical failure □ Physical safety issue □ Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
• Narrative (what happened, in what sequence; include observable signs such as nausea, tears, loss of tracking, tripping, etc.):
3. Immediate actions taken
• Headset removed? □ yes □ no  Time removed: \_\_\_\_\_\_\_\_\_\_
• First-aid or grounding technique applied (describe):

• Session terminated? □ yes □ no  Remaining participants informed? □ yes □ n/a
• External help called (e.g., clinician, ambulance): □ yes □ no  If yes, whom and arrival time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Outcome
• Participant(s) condition on leaving room: □ stabilised □ still distressed □ referred to clinician
• Equipment status: □ undamaged □ minor fault □ taken out of service
• Severity rating (circle): Minor / Moderate / Severe / Near-miss
2. Follow-up plan
• Person responsible for follow-up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date due: \_\_\_ / \_\_\_ / \_\_\_\_
• Actions required (e.g., call participant next day, repair headset, adjust protocol):
3. Reporting
• Logged in secure folder by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_ / \_\_\_ / \_\_\_\_
• Escalated to project ethics lead? □ yes □ no  If yes, date/time: \_\_\_\_\_\_\_\_\_\_

Signature of facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_ / \_\_\_ / \_\_\_\_