**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: \_\_\_ / \_\_\_ / \_\_\_\_