

Rutland Therapists

RT001C – Lone Working Incident / Near Miss Form

Related Policy: RT001 – Lone Working Policy

Written and Agreed: August 2026

Review Date: August 2027

CONFIDENTIAL

This form should be completed following a significant incident, near miss or situation relating to lone working where a therapist has felt unsafe or where their safety may have been compromised.

Therapist and Incident Details

Therapist Name:

Date of Incident / Near Miss:

Time:

Location:

Was this your usual working location? Yes / No

Type of Incident / Concern

Please indicate where applicable:

- Felt unsafe or concerned
- Threatening or intimidating behaviour
- Verbal aggression or abuse
- Physical aggression
- Inappropriate or boundary-crossing behaviour
- Client-related incident or concern
- Premises or security concern
- Medical emergency
- Near miss
- Other

If other, please specify:

What Happened?

Please provide a brief, factual description of what happened, including any relevant circumstances.

Immediate Action Taken

What action did you take at the time?



e.g. ended the session, left the premises, contacted another Rutland Therapist, contacted your nominated emergency contact or contacted the emergency services.

Were the emergency services contacted? Yes / No / N/A

Was another Rutland Therapist informed or contacted? Yes / No / N/A

Was your supervisor contacted? Yes / No / N/A

Follow-Up and Review

Has the incident or concern been discussed as part of peer supervision, where appropriate?

Yes / No / N/A

Has the incident or concern been discussed in clinical supervision, where appropriate?

Yes / No / N/A

Does RT001B – Lone Working Risk Assessment need to be reviewed following this incident or near miss?

Yes / No

Are any changes or additional precautions required for future lone working?

Yes / No

If yes, please provide brief details:

Where the incident relates to a client, do any client-specific risk or future working arrangements need to be reviewed?

Yes / No / N/A

If yes, please provide brief details:

Only information necessary for the purpose of recording and managing the incident should be included. Unnecessary confidential client information should not be recorded on this form.

Working from Other Premises

Where an incident or near miss occurs while working from another premises, the therapist should also follow any relevant incident reporting or emergency procedures required by that premises.

Outcome

Has appropriate action been taken to manage the identified concern or risk?

Yes / No / N/A

Is any further action required?

Yes / No

If yes:

Action required:

Action to be taken by:

Target date:

Declaration

I confirm that the information recorded above is an accurate account to the best of my knowledge.

I understand that where this incident or near miss identifies a new or increased lone-working risk, **RT001B – Lone Working Risk Assessment** should be reviewed and updated as appropriate.

Therapist Name:

Signature:

Date Completed:

Confidentiality and Data Protection

This form may contain personal or sensitive information and must be stored securely in accordance with Rutland Therapists' confidentiality and data protection arrangements.

— Rutland — THERAPISTS

Each therapist working with Rutland Therapists is responsible for maintaining their own appropriate registration with the **Information Commissioner's Office (ICO)** and complying with applicable data protection requirements.



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