

DONNELLY COLLEGE NURSING DEPARTMENT

Student or Employee Incident Report Form

PURPOSE: **This form is to be completed by faculty** and submitted to the Donnelly Director of Nursing, within 24 hours of incident

Student Name: _____

Date & Time of Incident _____

Location of Incident _____

Date and Time of Report: _____

1. At the time of the incident:

Student activity _____

Function being performed _____

Circumstances of the incident _____

2. Additional description and details

3. Action taken at the time of the incident:

4. For body fluid exposures, list source of exposure, known client pathogens, severity of the exposure, and protective barriers worn by the student:

5. Student's verbal comments related to incident:

6. Follow-up instructions given to the student or employee: Yes or No If No please explain

7. Plan for Improvement:

Signature of person preparing this form

Title

Date: _____

Phone # for preparer _____

Phone # for student or employee _____