

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

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3. Action taken at the time of the incident:

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

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5. Student's verbal comments related to incident:

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

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7. Plan for Improvement:

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Signature of person preparing this form

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Title

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Date: \_\_\_\_\_

Phone # for preparer \_\_\_\_\_

Phone # for student or employee \_\_\_\_\_