

Incident Report

California State University Fullerton School of Nursing

STUDENT/FACULTY INCIDENT REPORT

A student/faculty incident report is completed when any event (such as a fall, being struck by a patient, medication error, IV error, near misses, and any other non-injury event that needs to be documented) occurs which may cause potential harm to a student, faculty member, or a client in the clinical setting or during any course-related activity. The form should be completed as soon as the student and/or faculty member have knowledge of the event. The form is then immediately sent to the Program Coordinator.

NAME OF STUDENT/FACULTY _

DATE OF INCIDENT_

NAME OF THE AGENCY_

AGENCY PHONE_

NATURE OF INCIDENT_

EXACT LOCATION OF INCIDENT: _____

DESCRIPTION OF INCIDENT BY FACULTY/STUDENT (who, what, where, when and how):

NAMES AND TITLES OF ALL INDIVIDUALS INVOLVED IN INCIDENT (i.e., Nurse Manager, Faculty, Staff Nurse, Patient initials and Room #, Physician, etc.):

INTERVENTION PROVIDED: _____

FOLLOW-UP ACTION REQUIRED (to be completed by the Program Coordinator/Course Resource Faculty/Involved Faculty):

<input type="checkbox"/>	Individual Interviewed	<input type="checkbox"/>	Required Agency Forms Completed
<input type="checkbox"/>	Education/Training Provided	<input type="checkbox"/>	Required CSUF Forms Completed
<input type="checkbox"/>	Other:	<input type="checkbox"/>	

FOLLOW-UP SUGGESTIONS FOR IMPROVEMENT:

Signature of Student Completing Form

Date

Signature of Faculty Completing Form

Date

Signature of Program Coordinator, Nursing

Date

***Please note that this form is for internal use only through CSUF-School of Nursing.**

