SCHOOL OF HEALTH TECHNOLOGY & MANAGEMENT SAFETY INCIDENT REPORT

PROCEDURE

(to be filled out and filed by the faculty member)

Please keep a copy of the attached form within your class material for each class so that it is readily available for your reference. The form should be filled out and signed by you and by the student involved.

NOTE: THIS REPORT SHOULD BE FILED AS SOON AFTER AN INCIDENT HAS OCCURRED AS IS REASONABLY POSSIBLE (24-48 HRS). THIS REPORT IS CONFIDENTIAL TO THE DEPARTMENT CHAIR AND THE DEAN'S OFFICE AND AS SUCH SHOULD NOT BE AVAILABLE TO ANY OTHER PERSON.

It is suggested that, as soon as possible, in addition to this report you request the student or faculty member, (not the patient or guest), to write out his/her perception of the incident and add this to your report.

EMERGENCY PHONE NUMBERS

Dial 333 or 911 UNIVERSITY POLICE from campus phone for Fire, Police, Medical, or Environmental **Dial 444-7767** for EMPLOYEE HEALTH

The supervising faculty member must report all untoward incidents:

(1) involving the health of a patient under student or faculty care; or

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(2) incidents involving the health of students, faculty or guests, which occur within the school environment or at a clinical practice site. The report must be in writing to the department chair <u>AND</u> through the department to the office of the Dean within 24-48 hours.

PRACTICE SITE:	FILING DATE: TIME:
Student Involved:	SBU ID#:
Program:	Was this person on clinical assignment?
Name of other person directly involved:	
Is this person a: (circle one) patient	student faculty member other
Date of incident:	_Time of incident:
Was a witness present when this incident	occurred? If yes, give name & address of this person:
Name:	Relationship to site:
Address:	
Exact Location where incident occurred:	
	on was doing, and what procedures, instruments, equipment, structures

SHTM Safety Incident Report Page 2 Nature of injury, if any: Did the incident require emergency treatment? ______ By whom? ______ Where was emergency treatment given? ______ If yes, where? ______ Give general description of emergency treatment:

Did the incident require emergency treatment: by who	om:	
Where was emergency treatment given?		
Was hospitalization necessary: If yes, where?		
Give general description of emergency treatment:		
Signature of student:	Data	
Signature of reporting person:		
Disposition of this report:		
Signature of person filing this report:	Date:	
Disposition of this report or action taken by department:		
Signature of department chair:	Date:	
Disposition of this report or action taken by dean's office:		

Signature of Dean or Dean's designee: ______ Date: _____