Appendix A

**Southeastern Louisiana University**

**School of Nursing**

**Incident Summary**

1. **Definition:**

An incident is any occurrence in a clinical or university setting which warrants documentation. It includes, but is not limited to, accidents, injuries, and acts of commission or omission that may compromise the safety of a patient/family, student, faculty or staff.

1. **Process:**
2. Faculty or student identifies the incident and takes appropriate immediate actions.
3. The person involved in the incident must complete the Incident Summary form within 48 hours of the incident. The Incident Summary form should include what the person was doing when the incident occurred, how the incident occurred, and if the incident occurred as a result of a mechanical defect or unsafe act. The additional comments section may include other pertinent information, such as the names of witnesses to the incident.
4. The Incident Summary form does not take the place of an agency incident report form. If required, the agency incident report form must be completed in addition to this form. If the incident involves an injury of a student while on University property, the University Police should be notified at the time of the injury. If the incident involves an injury of a staff or faculty member while working, the staff/faculty member must also complete a Human Resources Office Form #118. This Employee Accident/Incident Report is available on the Human Resources Office Webpage.
5. If the incident occurs during a clinical experience, the clinical faculty will advise the student if a Clinical Misjudgment Form must also be completed. A misjudgment form should be completed if an incident occurred as a result of a student’s misjudgment. The faculty and student will discuss the incident and the completed form in a conference where additional faculty and/or the course coordinator may be present.
6. The completed Incident Summary form should be submitted to the Department Head of the School of Nursing, who maintains a file of all Incident Summaries. If a clinical misjudgment form is also completed, it should be placed in the student’s academic folder.
7. Incident Summaries will be reviewed annually by the Evaluation Oversight Committee for quality improvement purposes. This confidential data will be used to improve the curriculum and identify recurring incidents.

**Southeastern Louisiana University School of Nursing**

**Incident Summary**

**Note:** This is a confidential form used only for quality improvement purposes. Submit the completed form to the Department Head of the School of Nursing.

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| **Who was involved?**  **(Check All that Apply)** | ⁭ **Patient** (DO NOT include patient name or any identifiers on this form)  ⁭ **Student** (If the incident involves injury to a student while on University property, immediately notify the University Police)  ⁭ **University Faculty/Staff** (If the incident involves injury to a faculty/staff while working, also complete Human Resources Office Form #118)  ⁭ **Other**(specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Student/Faculty/Staff:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **W#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Supervising Faculty** (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Time and Place of the Incident** | **Place/department where incident occurred:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date:**\_\_\_\_\_\_\_\_\_\_\_\_\_ **Time:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The Incident** | **State fully what happened, clearly, concisely, mentioning all factors of the incident.** |
| **Action Taken** | **If incident involved a patient, was the patient’s physician notified?** ⁭ Yes ⁭ No  **Was the patient/family aware of the incident or notified of incident?** ⁭ Yes ⁭ No  **If incident was caused by student misjudgment, was a Clinical Misjudgment Form completed?** ⁭ Yes ⁭ No  **If incident resulted in student injury on University property, was the University Police notified?** ⁭ Yes ⁭ No  **If incident resulted in faculty/staff injury while working, was Human Resources Office Form #118 completed?** ⁭ Yes ⁭ No  **Summarize action taken, such as treatments, new orders given, etc:** |
| **Additional comments/information**  **(if needed)** |  |
| **Follow-Up Resolution:** |  |