

**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
- (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 AND 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: _____

Description of incident (Detail what person was doing, and what procedures, instruments, equipment, structures, or fixtures were involved): _____

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Nature of injury, if any: _____

Did the incident require emergency treatment? _____ By whom? _____

Where was emergency treatment given? _____

Was hospitalization necessary: _____ If yes, where? _____

Give general description of emergency treatment:

Signature of student: _____ Date: _____

Signature of reporting person: _____ Date: _____

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: _____