FACULTY & STAFF INCIDENT REPORTING

Reporting Requirements

1. Any student incidents involving unsafe patient care need to be reported immediately to the Associate Dean for Undergraduate Studies (or Associate Dean for Graduate Studies) in addition to filling out appropriate institutional forms.

2. If death of a faculty member, student, staff member, or his/her immediate family occurs, the Dean of the School of Nursing needs to be notified immediately.

3. If any student is suspected of taking harmful or illegal drugs and shows evidence of these medications in their practice, the student needs to be taken to the Student Health Center for verification and the behavior documented. All information will be given to the Associate Dean for Admissions and Student Services for immediate action.

Emergent

1. Attend to the person in medical crisis.
   a) Dismiss class/group for a recess to complete an assessment and make decisions regarding nature and/or resolution of the emergency.

2. Ask another person to call UT Police Emergency Line:
   a) From a cell phone: dial (210) 567-8911
   b) From any campus phone: dial 911

3. Tell the UT Police Dispatcher that there is a medical emergency at _____________. Give as exact a location as possible, and the following information:
   a) The type of emergency (a fall, chest pain, seizure)
   b) Person’s name, age and gender,
   c) If the person is conscious or unconscious,
   d) If the person is breathing or not breathing,
   e) If EMS should be called.

4. The UT Police dispatcher calls EMS. UT Police arrive to assist and direct EMS to the location. If EMS is not needed, ask the UT Police to cancel the call.
   a) Life threatening occurrences require EMS to transport.
Non-Emergent

1. For non-urgent care, notify the Student Health Clinic (SHC) to arrange for an assessment. Depending on the location of the incident to the SHC transportation by wheelchair or ambulance may be required.

2. Transportation by family may be acceptable for non-urgent care. Transportation by faculty, staff and students is prohibited.

*Any and all EMS and medical assessment costs and/or charges are the responsibility of the patient.*

Responsibilities for Emergent and Non-Emergent Incidents:

1. Faculty are responsible for resolving the situation appropriately according to procedure and policy. It is NOT the faculty's responsibility to continue to monitor the person involved when EMS is on scene.

2. Faculty will complete a Medical Assessment Declination Form if a student refuses the faculty member’s advice. The student will sign the form to acknowledge their declination for a medical assessment.

3. Faculty will advise the student when a physician clearance note will be required to return to school activities upon their return.

4. Faculty will complete an Occurrence/Incident Report (Faculty Handbook Section 4.20.1). The completed report will be submitted to the Dean’s administration office where it will be logged. The Occurrence/Incident Report is a confidential document that is not to be kept in the School of Nursing. The Dean’s office will send the completed report to the Environmental Health and Safety Department for secure filing. Record retention schedules will be followed.

5. Faculty will debrief students, administration, and other faculty, as appropriate, as soon as possible following the occurrence.

Notification of administration should be completed as follows:

1. Notify the Dean’s Office immediately at (210) 567-5800 between 8:00am-5:00pm weekdays.

2. Notify the Dean immediately if the emergency has resulted in severe injury, illness or death, even after hours.

3. Notify the Associate Dean for Admissions and Student Services if a student or visitor is the injured or ill person.

Below is the link for faculty and staff incident reporting:
http://research.uthscsa.edu/safety/wci-injuryforms.shtml
UTHSCSA SCHOOL OF NURSING OCCURRENCE / INCIDENT REPORT
(Please print all information)

DATE & TIME: ____________________________

NAME OF PERSON INVOLVED: ______________________________________________

HSC BADGE ID: _____________________       AGE: __________           GENDER: ___________

STATUS OF PERSON INVOLVED: (i.e. Employee, Student, C.E. Participant, Visitor, Guest Lecturer, etc.)
_____________________________________________________________________________________

EMERGENCY CONTACT & TIME NOTIFIED: ________________________________________________

ADDRESS: __________________________________________________________________________

CITY/STATE/ZIP CODE: ________________________________________________________________

DESCRIBE WHAT HAPPENED: (Describe location, time, and sequence of activities leading up to the Occurrence)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

LIST ALL WITNESSES: (List names of individuals present with addresses and phone numbers.)
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
UTHSCSA SCHOOL OF NURSING OCCURRENCE / INCIDENT REPORT (Continued)

OBSERVATIONS ABOUT PERSON INVOLVED: (describe factual, subjective & objective observations)
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

WHAT ACTION WAS TAKEN? (i.e. EMS called, ice applied, etc.)
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

RESOLUTION/OUTCOME: (i.e. EMS, peers, or family transported patient to medical facility, etc.)
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Printed Name of Faculty/Administrator Reporting     Signature of Faculty/Administrator Reporting     Date

Printed Name of Administrator Notified     Signature of Administrator Notified     Date

Send this completed form to the Dean's Office immediately.  
OCCURRENCE REPORT MUST INCLUDE RESOLUTION OR OUTCOME