

Instructions for Completing Form

The employee has the responsibility of reporting incidents occurring in or on the grounds of Calpulli Center promptly. The employee and the supervisor must fill out the designated portions of this form. The employee, supervisor and QM Chair must sign the form.

The supervisor is responsible for investigating the accident and for ensuring corrective action to prevent a recurrence of the incident for due diligence purposes. If personal injury is involved, all SDSU protocols must be followed.

Form Fields: Enter the name of the individual affected by the incident, i.e., patient or employee.

TYPES OF INCIDENTS TO REPORT:

HAZARDOUS SITUATION - Refers to an incident caused by an unsafe act, an unsafe condition or a combination of both in the work environment which could have resulted in property loss and or/physical harm.

FIRST AID INJURY - An injury of such minor nature that treatment can be carried out by application of a band aid, cold compress or any other content of a first aid kit.

HEALTH CARE (MEDICAL AID) INJURY - An incident which requires treatment or service rendered by a health care professional but does not result in time lost from work other than the day of injury.

LOST TIME INJURY- Refers to an injury which results in time lost from work beyond the day of the injury.

GRADUAL ONSET- Refers to an occupational disease/illness that has resulted from exposure in the workplace to physical, chemical or biological agents, which developed gradually over time.

RESPONSIBILITIES

Employee Responsibilities

1. Promptly receive appropriate medical treatment.
2. Notify supervisor immediately of injury.
3. Assist with the completion of Injury/Incident form and sign it.
4. Assist in the incident investigation and implementation of any corrective action.

Supervisor Responsibilities

1. Ensure that the injured employee receives appropriate medical treatment in the case of personal injury.
2. Provide transportation for the injured employee to a health care practitioner or to the person's home if necessary.
3. Investigate the incident as soon as possible and take corrective actions when appropriate to prevent reoccurrence.
4. If applicable, assist employee with locating and completing Workers' Compensation forms.

INCIDENT REPORTToday's Date NAME: RED ID: DOB: Type of Incident Contributing Factors

Briefly describe the incident and sequence of events (include names of individual(s) involved, activity, illness, injury, date and location):

If reporting injury or illness, what action was taken? e.g. Care provided to the patient:

Did anyone witness the incident? If so, provide their name(s) and contact information below, if applicable.

What corrective action, if any, was taken to avoid reoccurrences? (include date)

What impact, if any, did this incident have on the quality of patient care?

Supervisor comments:

Signature (Individual affected by incident)

Date: _____

Supervisor's Signature

Date: _____

QM Chair Signature (reviewed)

Date: _____

Report completed by, Signature (Employee)

Date: _____