



## 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, if the involved person is a patient, include RED ID and DOB.

### 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, e.g., failure in safety procedure, potential safety hazard, physical/verbal confrontation.

ERROR INVOLVING A PATIENT - For example, misidentification, improper treatment, instrument/equipment failure or reporting error.

INJURY - An incident due to improper treatment of a patient or equipment failure/malfunction which causes an injury.

ENVIRONMENTAL INJURY- 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 completing Workers' Compensation forms.

**INCIDENT REPORT**Today'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: \_\_\_\_\_