

FLORIDA INTERNATIONAL UNIVERSITY  
COLLEGE OF NURSING AND HEALTH SCIENCES

**TITLE:** PHYSICAL CLINICAL INCIDENT POLICY

**POLICY:** A record will be maintained of any clinical incident that occurs in conjunction with Nicole Wertheim College of Nursing and Health Sciences educational experiences if:

- (1) There is harm to a client or student and/or
- (2) There is an event for which the clinical agency requires a written report

**RATIONALE:** The college faculty and administration recognize their obligations to maintain appropriate standards of client care and student safety in all student clinical learning experiences.

**PROCEDURE:**

- A. Action by Faculty Member:  
At any time during a clinical learning experience when a faculty member is made aware of an incident involving actual or potential harm to a client or student, the faculty member should take the following steps:
  - (1) Intervene to reduce or prevent harm.
  - (2) Confirm with the student that the incident has been reported in accordance with the clinical agency's policy.
  - (3) Report the incident to her/his Department Chair/Director/Designee and fill out an Incident Investigation Form (see Attachment # 1) within 48 hours of the incident. **Any incident involving serious harm to either a client or a student should be reported immediately to the Department Chair/Director.**
  
- B. Actions by the Department Chair/Director/Designee:
  - (1) Review the Incident Investigation Form and discuss the matter with the faculty member, providing any needed guidance.
  - (2) Sign the Incident Investigation Form and send it to the Associate Dean for Academic Affairs' Office for placement in clinical incident file.
  
- C. Actions by the Associate Dean for Academic  
**FOR INCIDENTS WITH SERIOUS CONSEQUENCES:**
  - (1) In consultation with the Dean, the Associate Dean for Academic immediately take all necessary steps for contact with the clinical agency, contact with University legal authorities, and referral of the student for health care, counseling, etc., as may be warranted (see BLOOD-BORNE PATHOGEN EXPOSURE POLICY regarding specific actions for student exposure to communicable diseases or blood-borne pathogens.)
  - (2) Following resolution of immediate issues, conduct a review of the incident in conjunction with the Department Chair/Director and make written recommendations regarding prevention of such incident in the future.

- (3) Discuss these recommendations with students, faculty members, and agency staff, as appropriate.
- (4) Prepare a summary of the review and recommendations.

**FOR ALL OTHER INCIDENTS:**

- (1) Review the Incident Investigation Form upon receipt and file it.
- (2) Conduct an annual review of such forms with the Department Chairs and develop recommendations regarding client and student safety, if warranted.
- (3) Record any such recommendations in the Clinical Incident file and advise the Department Chairs/Directors to discuss recommendations with students or faculty, as appropriate.

Note: File of all clinical incidents and related information will be retained in the Office of the Associate Dean for Academic Affairs for three (3) years.



## Incident Investigation Form Attachment #1

*Use this form to report any incidents  
Forward to Associate Dean's Office, NWCNHS*

### Section I: ALL INCIDENTS

Date of Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Program: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Panther ID \_\_\_\_\_

Phone: (C): \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_

#### Location of Occurrence:

\_\_\_ On Campus Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

\_\_\_ Off Campus Facility/Partner \_\_\_\_\_

Describe the task being performed at the time of the incident:

Course of action taken and by whom:

Additional notes:



## Incident Investigation Form pg-2

*Use this form to report any incidents*

To whom has the incident been reported?

1. Name \_\_\_\_\_ Dept: \_\_\_\_\_ Phone# \_\_\_\_\_
2. Name \_\_\_\_\_ Dept: \_\_\_\_\_ Phone# \_\_\_\_\_
3. Name \_\_\_\_\_ Dept: \_\_\_\_\_ Phone# \_\_\_\_\_

Witnesses present?

1. Name \_\_\_\_\_ Dept: \_\_\_\_\_ Phone# \_\_\_\_\_
2. Name \_\_\_\_\_ Dept: \_\_\_\_\_ Phone# \_\_\_\_\_
3. Name \_\_\_\_\_ Dept: \_\_\_\_\_ Phone# \_\_\_\_\_

Student Signature \_\_\_\_\_

Faculty Signature: \_\_\_\_\_