



THE UNIVERSITY OF TENNESSEE
CHATTANOOGA
College of Nursing
Clinical Incident Form

To assure the health and well-being of both the student and patient, the School of Nursing has developed the following policy to report clinical incidents. Examples of clinical incidents include but are not limited to, student injury, medical emergency, sharp sticks, medication error, patient falls, patient safety violations, and other occurrences that may provide actual or potential harm to patients, students, and/or faculty. Documentation of the incident will be secured in the School of Nursing Administrative file. When a student incident occurs, the clinical instructor will follow the procedure outlined below:

1. Immediately notify both the School of Nursing Associate Director (Brooke Epperson) and BSN Academic Advisor (April Anderson) of the incident to ensure proper procedures are followed.
2. Complete the Clinical Incident form below and return it to the BSN Academic Advisor (April Anderson) by [email](#) within 24 hours of the incident occurring. The BSN Academic Advisor will file a report with the UT Risk Management office.
3. If the incident is caused by a student's medical condition or results in medical treatment the student must follow up with his or her healthcare provider before being allowed in the clinical lab. The BSN Academic Advisor will follow up with the student and send the Medical Clearance form for the student's healthcare provider to complete. The Medical Clearance form must be returned to the BSN Academic Advisor. The BSN Academic Advisor will notify the clinical instructor the student is clear to return to clinical.

Clinical Instructor: _____ Student Name: _____ UTC Id: _____

Clinical Facility: _____ Date of Occurrence: _____

Type of Occurrence: _____ Time of Occurrence: _____

People Involved/Witnesses: _____

Description of Occurrence & Outcome: _____

Clinical Facility Notified: yes no Report filed with facility: yes no not required

Immediate medical care needed for student and/or patient after incident (please describe): _____

Follow-up with physician required for student: yes no

Signature of Student

Date

Signature of Clinical Instructor

Date