# **APPENDIX B**

### Guide For Use of Event Report Forms

The following form is to be utilized whenever an event occurs during the clinical experience. Blank copies of the event report are available from the Department Chairs and on the College of Nursing Share Point site under the Baccalaureate folder, specifically Clinical Documents.

#### <u>Steps:</u>

- 1. Follow Agency Policy for reporting events.
- 2. Fill out one College of Nursing event report form for all occurrences, which fit the following definition.
  - Definition: An event is any happening in which injures or has the potential to injure a patient/client, a student or any other individual. Those events prevented by some intervention do not need to be reported on this form.
- 3. Counsel student regarding event. Report treatment received for student injuries. Be sure student is seen at Student Health Services.
- 4. If the event is a possible "Blood Exposure" the appropriate Department Chair is notified immediately for follow-up.
- 5. Turn in form to your Department Chair/Associate Dean no later than 1700 hours the next school day.
- 6. The form is then filed in the central file located in the Dean's Office.
- 7. Based on the Faculty member's judgment, this event may be considered in the clinical evaluation of the student but any written discussion should be free of confidential information and should make no reference to the event report.

#### Routing:

Student  $\rightarrow$  Faculty  $\rightarrow$  Department Chair  $\rightarrow$  Dean's Administrative Assistant  $\rightarrow$  Dean

## East Carolina University College of Nursing Event Report

Complete one copy for the central file. No other copies are to be made or retained. Follow the attached guide.

Student Legal Name	Date
Banner ID#	Time
Agency	Unit

#### For Completion by Student:

Specific event: Give detailed description of situation and circumstances surrounding incident. Use pertinent history but *do not* use patient identifiers such as name, room number, address, Medical Record (MR) number etc.



#### For Completion by Student and / or Faculty:

Action: Include reporting of event and sequelae. If student injured, state how injured and treatment received and by whom.

Student Signature		Faculty Signature	
Date		Date	
Agency event form completed Name of Agency and Unit			
For completion by Department Cha			
Department Chair	Date		
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