Employee and Non-Employee Incident Reporting

• Purpose
  o An incident is any event that has potential to result in harm to a student, or to others while at the Arizona State University, Edson College of Nursing and Health Innovation buildings, or at an assigned community clinical site to which a student has been assigned to obtain clinical experience or to fulfill a course requirement. This unusual event may occur while the student is functioning in the capacity of an undergraduate or graduate student or when a visitor or volunteer is on the Arizona State University (ASU) campus and surrounding classroom buildings.

• Policy
  1. Upon notification of an unusual occurrence that involves potential or actual harm to the student, faculty, employee, visitor, another person, or to agency product/property, a faculty member or employee will meet with the person involved to determine the nature of the occurrence. The faculty or employee arranges for immediate health care of the individual as necessary. If necessary, the person involved in the unusual occurrence will be referred to ASU Student Health Services or the individual’s healthcare provider of choice. The person is responsible for all healthcare costs for themselves incurred in treatment of said injury. The person’s healthcare costs cover both immediate care and any necessary follow-up care. Arizona State University and the Edson College of Nursing and Health Innovation are not financially responsible for any costs incurred by the person involved in the occurrence. If the unusual occurrence takes place in a clinical site where the student is placed for clinical experience, the faculty member will notify the staff of the facility as soon as possible in the event that there is harm or potential harm to the student, patient or others.

    - To report incidents and accidents leading to a student or employee injury and to document incidents affecting the ASU community and guests/visitors/volunteers to ASU complete the form found at https://cfo.asu.edu/employee-and-non-employee-incident-report

  2. If the incident involves a student, faculty will contact the appropriate clinical coordinator or lead faculty of the course as soon as possible after an incident. Clinical faculty will have the Employee and Non-Employee Incident Report form in hard copy with them for each clinical day. Faculty will immediately complete the form and within 24 hours complete the online form. This form can also be found in the applicable student and faculty handbooks.

    The appropriate Program Director will be notified immediately of the incident. The original copy of the completed Employee and Non-Employee Incident Report form needs to be scanned to a pdf and emailed to the student and to the Program Director. Once the

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online form is completed and sent to the student and Program Director the original paper copy is shredded.

3. The Program Director will notify the Associate Director of Academic Affairs of the incident.

4. The faculty will follow the agency’s procedures for reporting incidents.

5. The Program Director will present incident reports as necessary to the Standards Committee.

6. The Standards Committee, Program Directors and Associate Dean of Academic Affairs are responsible for identifying any root causes and trends in order to prevent further incidences.

7. A summary of the number of incidents for each calendar year will be recorded in the minutes of the Standard Committee.
Employee and Non-Employee Incident Report

Faculty/Staff are to use this paper copy of the Employee and Non-Employee Incident Report until they are able to complete the online form.

Is the injured person an:
- ASU employee or student employee
- Non-ASU employee/guests, students, volunteer, visitors

Date and time of incident: __________________________

Location of incident: __________________________

Name of person filling out form: __________________________________________________________

Full name of injured person: ___________________________________________________________

Injured person Phone: __________________________ Email __________________________

Job title of injured person: __________________________

Department of the injured person: Edson__________ N/A__________

Brief Description of incident or injury: