**Oregon Health & Science University School of Nursing**

**Student Incident Tracking Form**

**Student Name: Date/Time of Incident:**

**Clinical Faculty Name:**

**Course: Program: Campus:**

**Site where incident occurred:**

**Type of incident:**

* **Student Injury**
* **Student Blood/Body Fluid Exposure**
* **Medication Error**
* **Patient Incident**
* **Other:**

**Brief description of incident (including use of protective gear if appropriate):**

**Follow-up Action:**

* **Faculty debriefed incident with student (preferably within 24 hours), including recommendations for future prevention.**

**Name of Person Completing Report: Date of Report:**

**Submit this form by email to:**

**Course Coordinator**

**Program Director or Campus Associate Director**

**Senior Associate Dean for Student Affairs & Diversity**

**Note: Data will be compiled anonymously and reported quarterly for SON systems improvement.**