

**EAST STROUDSBURG UNIVERSITY  
DEPARTMENT OF ATHLETIC TRAINING**

**INCIDENT REPORT PROCEDURE**

**Definition:** An incident is any event related to student activity in the clinical area, which is related to the safety of an individual and/or is not consistent with the educational standards of the Athletic Training Program and/or the clinical affiliate.

**Purpose:** The purpose of the Incident Report is to provide documentation of the incident to:

- a. assure that the appropriate parties were notified
- b. corrective action was taken
- c. identify patterns so that preventative measures can be taken

**Procedure:**

1. The student involved in the incident completes the Incident Report Form, which is obtained by the faculty member who was assigned the student in the clinical field experience. The faculty member confers with the student if indicated, and completes the required portion of the Incident Report Form.
2. The Athletic Training faculty member submits the Incident Report Form to the Chair of the Athletic Training Department Clinical Education Coordinator within 24 hours.
  - a. The Chair of the Department of Athletic Training notifies the Director of the University Health Center of the student's name and the incident, if the incident involves an infection control issue. This is for the purpose of follow-up treatment and/or monitoring of the infection control issue, if necessary.
3. The Chair of the Department of Athletic Training Department meets with the student if necessary.
4. The Athletic Training faculty member, Clinical Education Coordinator and the Chair determine whether or not further action is needed.
5. If further action is indicated, the incident is taken before the Department for a recommendation/decision.
  - b. Incident Reports remain on file.

## Appendix XX

EAST STROUDSBURG UNIVERSITY  
Department of Athletic Training

### INCIDENT REPORT

An *incident* is any event related to student activity in the clinical area, which is related to the safety of an individual and/or is not consistent with the educational standards of the Athletic Training Program and/or clinical affiliate.

Student: \_\_\_\_\_ Level: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Description of Incident by the Student (Include what happened, where and how the incident occurred, and who was involved (use initials to maintain confidentiality)).

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

Description of the Incident by the Athletic Training Faculty

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

**Outcome of the Incident Note: The Department Chair notifies the Director of the University Health Center of the incident if the incident is an infection control issue. Student signs for consent of release of Incident Report Record to the Health Center.**

Report of Student Conferences: Chair Signature \_\_\_\_\_ Date: \_\_\_\_\_

Recommendations: