Surgical Services

Incident Alert/Communication Form Clinical Sites

Regarding Student(s) or Program

Concern: This form is for communicating any concerns regarding student(s) or to document any event/incident involving the student. This may concern any behavior, performance, ethical, and/or legal issue.

Directions: Please complete the following and give to Libby McNaron, Coordinator or place in the secure communication lock box. Use back of form prn, if more room needed. You can also call 873-3551 office or 814-6675 cell phone or Fax to 850-747-3246 to communicate any concerns that you have.

Goal: Resolution of concerns by program instructors and student(s).

Today's date:_____**Date of Incident:** _____**Site:**_____

Student(s) involved:_____

Issue/Concern/Incident Summary:_____

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Witnesses/Personnel Involved:_____

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Follow up (Completed by GCSC Faculty)

Outcome:

- ☐ No injury ☐ Patient Injury ☐ Student Injury
- ☐ Concern Only ☐ Monitor Situation
- ☐ Incident Report Not Necessary at Clinical Site
- ☐ Incident Report Completed at Site _____
- ☐ No Further Follow up Deemed Necessary at this time

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Action Taken:

- ☐ Witness Interview _____
- ☐ Student Counseling ☐ Review of Policy ☐ Disciplinary Action
- ☐ First Aid on site
- ☐ Student Referred to _____
- ☐ GCSC Risk Management Form Completed For Injury
- ☐ Monitor _____
- ☐ No action deem necessary at this time

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Coordinator Signature **Date**

Further Follow-up if Necessary: _____

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_____ _____

Coordinator Signature **Date**