

# INCIDENT REPORTING POLICY

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(To download this policy in Word format, [click here](#))  
For any comments, feedback, or query, please contact: [policies@aub.edu.lb](mailto:policies@aub.edu.lb).  
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## **Section 1 - Policy**

1. This policy addresses the process for investigating and reporting incidents that affect employees, faculty members, medical/resident staff, research assistants, students, patients, visitors, casual workers, and property of the University.
2. For legal, insurance, and administrative requirements, it is mandatory that all incidents be reported using the [Incident Report Form](#). Incident reporting is not punitive, and signing the incident report does not necessarily constitute acceptance of a claim or admission of liability.
3. The incident report shall not be part of the medical record.

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## Section 2 - Definitions

1. **Incident:** any event which is not consistent with the routine operation of the University and that adversely affects or threatens to affect the well being of the employees, faculty members, medical/resident staff, consultants, research assistants, patients, students, visitors, casual workers, or property of the University, regardless of whether an actual injury is involved or not.
2. **University:** AUB (campus and AREC) and AUBMC.
3. **Employees:** non-academic individuals employed by the University and governed by the Labor Law, Legislative Decree No. 136, which regulates workers' compensation.
4. **Faculty Members:** academic staff and other academic categories such as research assistants.
5. **Casual Workers:** individuals not employed in the usual course of the University's operations.
6. **Extent of Injury:**
  - a. **None:** no injury.
  - b. **Minor:** application of a dressing, ice, cleaning of wound, limb elevation, or topical medication.
  - c. **Moderate:** suturing, application of steri-strips/skin glue, or splinting.
  - d. **Major:** surgery, casting, traction, or required consultation for neurological or internal injury.
  - e. **Catastrophic:** disability or death.

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## **Section 3 – Procedures and Responsibilities**

### **1. Non-Patient-Related Incidents**

#### **a. Responsibility**

It is the responsibility of the line manager/supervisor for employees and faculty members, and the supervisor of the area where the injury occurred for incidents related to students, contractors, visitors, and property damage to complete the [Incident Report Form](#) using the electronic format. In case of several levels of supervision, the head of the department is required to countersign the incident report, acknowledging awareness of the incident.

Any person in proximity of the incident shall ensure that the injured person receives proper medical care, either at the Emergency Department (ED) or at the University Health Services (UHS), when needed.

If the incident takes place outside regular working hours and the line manager/supervisor is not available, then the most senior person of the concerned department at AUBMC and the Protection Office at AUB shall complete and sign the Incident Report Form. The line manager/supervisor shall countersign the Incident Report Form on the next working day, acknowledging awareness of the incident. Departments are required to retain copies of the completed Incident Report Forms for their records.

It is the responsibility of the line manager/supervisor to investigate any incidents of unsafe conditions or resulting in personal injury. Depending on the severity of the incident, other personnel may be involved.

#### **b. Reporting Guidelines**

- i. The involved person reports all incidents causing injury or property damage, or where there was the potential for such injury or property damage, to the line manager/supervisor immediately.
- ii. Failing to report incidents may deprive employees from eligibility to medical and financial benefits of the Labor Law, Legislative Decree No. 136, which regulates workers' compensation.
- iii. The Incident Report Form is signed by the line manager/supervisor, employee or faculty member, and witness (if available). It is countersigned by the department head.
- iv. If injury requires medical care, the physician at ED or UHS shall complete and sign the medical intervention section of the Incident Report Form.
- v. In case of exposure to blood or other body fluids resulting from sharps injuries or splashes, the line manager/supervisor shall record the "Patient Number" of the

exposure source and shall immediately notify the Infection Control and Prevention Program (ICPP) for incidents at AUBMC, and UHS for incidents at AUB.

- vi. The line manager/supervisor shall send the completed Incident Report Form as soon as possible, but not later than 24 working hours, to the risk manager at the Environmental Health, Safety, and Risk Management Department (EHSRM), extension 2360/9, pager 0082, and e-mail [ehsc@aub.edu.lb](mailto:ehsc@aub.edu.lb).
- vii. The risk manager (EHSRM) shall:
  - Participate in investigating major and catastrophic incidents.
  - Send copies of the completed Incident Report Form as per the attached flow chart ([Appendix II](#)).
  - Document and maintain completeness of the records and ensure that all incidents are screened, processed, logged, investigated, and that corrective action plans are developed and implemented.
  - Ensure the provision of advice and guidance on implementation of this policy.
  - Generate a yearly summary report to include a breakdown of the numbers and types of incidents, recommendations, and actions taken.
  - Coordinate with the accreditation administrator and risk manager at the AUBMC Accreditation and Risk Management Office, when needed.
- viii. The environment and safety engineer at AUB (extensions 2360/1, pager 0061, and e-mail [ehsc@aub.edu.lb](mailto:ehsc@aub.edu.lb)) and the occupational safety officer at AUBMC (extension 2345, pager 0067, and e-mail [ehsc@aub.edu.lb](mailto:ehsc@aub.edu.lb)) at EHSRM shall:
  - Undertake investigations of reported incidents related to staff and facilities and follow up on the implementation of corrective measures.
  - Report findings, recommendations, and actions taken to the risk manager (EHSRM).
  - Coordinate and ensure that appropriate safety training is provided.
- ix. The infection control and prevention program professionals (extensions 6700/1/2/3, pagers 1699/0773, and e-mail [icp@aub.edu.lb](mailto:icp@aub.edu.lb)) shall:
  - Undertake investigations of reported biologically contaminated sharps or exposure to blood or body fluids incidents and follow up on the implementation of corrective measures.

- Generate a monthly statistical analysis report to include a breakdown of the numbers and types of biologically contaminated sharps or exposure to blood or body fluids incidents, recommendations, and actions taken.

## **2. Patient-Related Incidents**

a. All patient-related incidents are reviewed and managed according to the AUBMC policies. The patient number shall be documented on the [Incident Report Form](#). However, involved patients are not required to sign the Incident Report Form. This will apply to all patients including employees who are patients at the time of the incident, excluding the adverse drug events which have a specific policy and form.

### **b. Reporting Guidelines**

- i. An [Incident Report Form](#) is completed in detail by the line manager/supervisor.
- ii. In case of an injury, the physician shall be notified and shall examine the patient as soon as possible, order the necessary tests, recommend treatment, and complete the form.
- iii. The completed form is sent, as soon as possible, but not later than 24 working hours, to the accreditation and risk manager at the AUBMC Accreditation and Risk Management Office, extensions 6686/8, pager 1606, and e-mail [kr04@aub.edu.lb](mailto:kr04@aub.edu.lb).
- iv. The accreditation administrator and risk manager (AUBMC) shall:
  - Document and maintain completeness of the records.
  - Ensure that all patient-related incidents are screened, processed, logged, investigated, and that corrective action plans are developed and implemented.
  - Provide access to the patient-related incident reports upon the request of the risk manager (EHSRM).
  - Generate a yearly summary report to include a breakdown of the numbers and types of incidents, recommendations, and actions taken.
  - Coordinate with the risk manager (EHSRM) when needed.

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# APPENDIX I INCIDENT REPORT FORM

(To download this form in a fillable PDF format, [click here](#))

## Incident Report

I. To be completed by the Supervisor

No.: .....

Name of person involved			Position	Department	Specialty
Age	Gender	ID #/Patient #	Date of Incident	Time	Location

**Status**

<input type="checkbox"/> Staff	<input type="checkbox"/> Resident Staff	<input type="checkbox"/> Casual Worker	<input type="checkbox"/> Inpatient	<input type="checkbox"/> Other (Specify)
<input type="checkbox"/> Faculty/Medical Staff	<input type="checkbox"/> Student	<input type="checkbox"/> Visitor	<input type="checkbox"/> Outpatient/ED Patient	.....

**Category of Incident**

<input type="checkbox"/> Chemical/Radioactive Exposure	<input type="checkbox"/> Fire	<input type="checkbox"/> Breach of Safety	<input type="checkbox"/> Treatment Problem/Delay/Error
<input type="checkbox"/> Biological Exposure	<input type="checkbox"/> Flood	<input type="checkbox"/> Breach of Security	<input type="checkbox"/> Patient Fall
<input type="checkbox"/> Laceration	<input type="checkbox"/> Spill	<input type="checkbox"/> Breach of Policies	<input type="checkbox"/> Documentation Error
<input type="checkbox"/> Back Injury	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Breach in Scope of Practice	<input type="checkbox"/> Misidentification
<input type="checkbox"/> Slip/Trip/Fall	<input type="checkbox"/> Equipment Failure	<input type="checkbox"/> Breach of Confidentiality	<input type="checkbox"/> Faulty Equipment/Product
<input type="checkbox"/> Other Bodily Injury	<input type="checkbox"/> Burn	<input type="checkbox"/> Physical/Verbal Abuse	<input type="checkbox"/> Other (Specify): .....

<input type="checkbox"/> Needle Prick (please complete below)		<b>Type of Device</b>	
<u>Injury Occurred</u>		<input type="checkbox"/> Suture Needle	Device with Safety Feature
<input type="checkbox"/> During use on patient (single step)	<input type="checkbox"/> After use before disposal	<input type="checkbox"/> IV Catheter	<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Use in multi-step procedure	<input type="checkbox"/> Putting into sharp container	<input type="checkbox"/> Blade	Disposable Syringe:
<input type="checkbox"/> Assisting in procedure (not main user)	<input type="checkbox"/> Left in inappropriate place	<input type="checkbox"/> Other (Specify): .....	<input type="checkbox"/> Blood Withdrawal
<input type="checkbox"/> Other (Specify): .....		Device Size: .....	<input type="checkbox"/> Injection

Complete description of the incident and actions taken\* (any objects, tools, chemicals, potential source of infection involved, etc.)

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Corrective measures to prevent similar incidents\*

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Completed by	Signature	Statement of involved person or person completing the report	
Witnessed by	Signature		
Department Head/Supervisor	Signature	Name	Date

II. In Case of INJURY to be completed by Physician

Nature of injury and body part(s) affected: .....	
<b>Extent of Injury</b>	<b>Medical Intervention</b>
<input type="checkbox"/> None (No injury)	Was the individual involved suffering from pre-existing disease or disability before the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> Minor (Cleaning of wound or topical medication)	
<input type="checkbox"/> Moderate (Suturing or splinting)	
<input type="checkbox"/> Major (Surgery, neurological or internal injury)	
<input type="checkbox"/> Catastrophic (Disability or death)	
Will the incident result in a permanent defect or disability? <input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Diagnostic Procedure: .....
Was a sick leave given to injured? <input type="checkbox"/> No <input type="checkbox"/> Yes ..... days	<input type="checkbox"/> Treatment (Medical/Surgical): .....
<input type="checkbox"/> No Treatment	
Additional comments by Physician*	
Physician Name: ..... Physician Signature: ..... Status: ..... Date: .....	

I authorize the physician to release this report or any part of its content for administrative purposes

لقد تم شرح محتويات هذا التقرير لي واني أخول الطبيب ابراز هذا التقرير أو أي جزء منه إذا اقتضت الحاجات الإدارية

Signature of Injured: .....

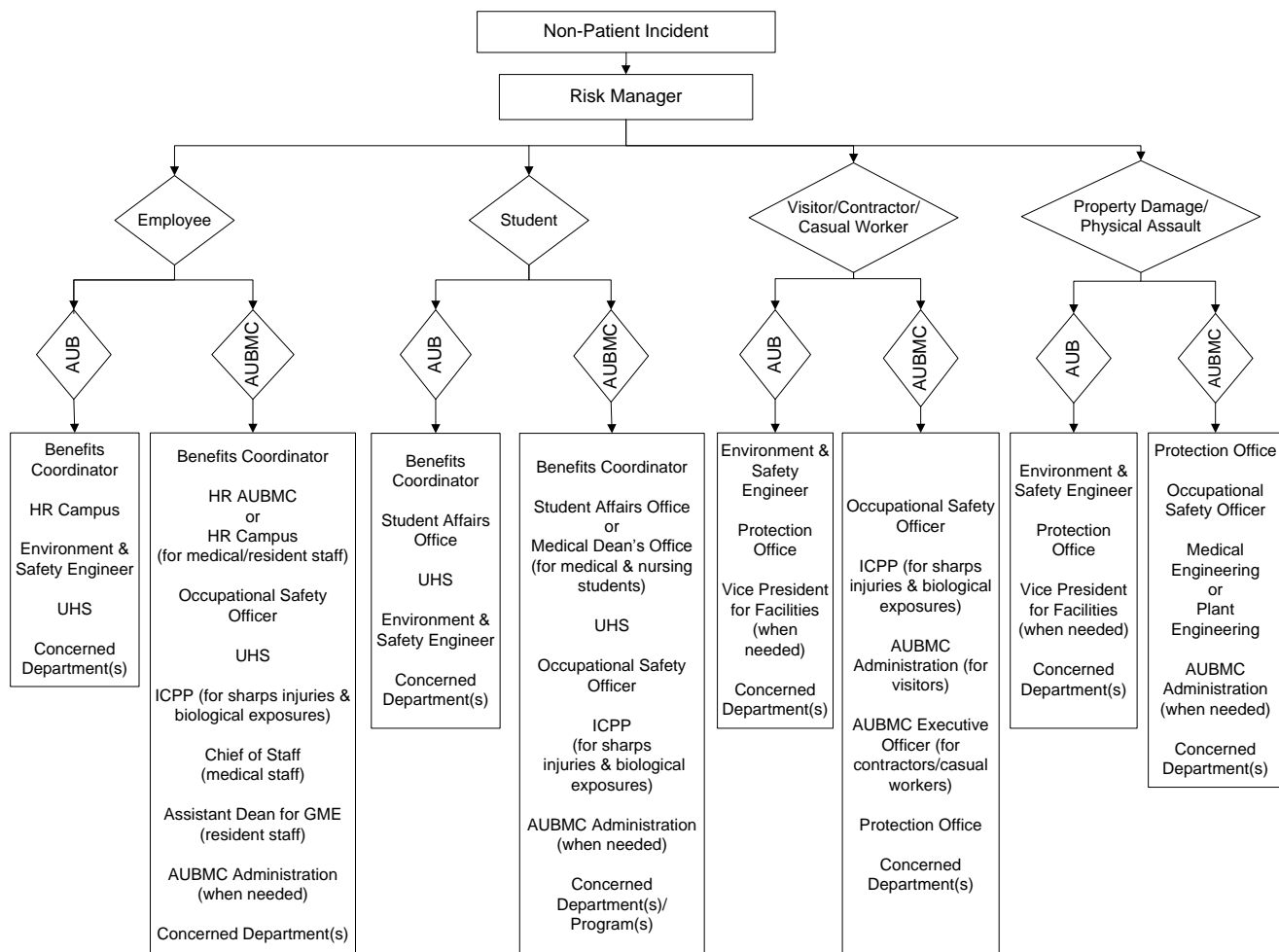
Distribution: If patient-related incident, send to AUBMC Risk Management. If non patient-related incident, send to University Risk Management.

\* Use back of form or additional sheet if more space is needed

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## APPENDIX II

### NON PATIENT-RELATED INCIDENT DISTRIBUTION FLOW CHART



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