INCIDENT REPORTING POLICY

Table of Contents

Section 1 - Policy
Section 2 - Definitions
Section 3 – Procedures and Responsibilities
Appendix I - Incident Report Form
Appendix II – Non Patient-Related Incident Distribution Flow Chart

(To download this policy in Word format, click here)
For any comments, feedback, or query, please contact: policies@aub.edu.lb.
Last updated on: June 17, 2013
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.
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.

[Back to Top]
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 Environmental Health, Safety, and Risk Management Department (EHSRM), extension 2360, and e-mail ehsc@aub.edu.lb.

vii. 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 environmental and chemical safety officer at AUB (extensions 2360/1, pager 0061, and e-mail ehsc@aub.edu.lb) and the occupational safety officer at AUBMC (extension 2345, pager 0067, and e-mail 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) 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.

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 EHSRM.

• Generate a yearly summary report to include a breakdown of the numbers and types of incidents, recommendations, and actions taken.

• Coordinate with the EHSRM when needed.
APPENDIX I
INCIDENT REPORT FORM

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

---

<table>
<thead>
<tr>
<th>Incident Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Person Involved</td>
</tr>
<tr>
<td>No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
<th>Gender</th>
<th>ID #/Patient #</th>
<th>Date of Incident</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemical/Radioactive Exposure</td>
</tr>
<tr>
<td>Biological Exposure</td>
</tr>
<tr>
<td>Laceration</td>
</tr>
<tr>
<td>Back Injury</td>
</tr>
<tr>
<td>Slip/Trip/Fall</td>
</tr>
<tr>
<td>Other Bodily Injury</td>
</tr>
<tr>
<td>Other (Specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Needle prick (Please complete below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>During use on patient (single step)</td>
</tr>
<tr>
<td>Use in multi-step procedure</td>
</tr>
<tr>
<td>Assisting in procedure (not main user)</td>
</tr>
<tr>
<td>Other (Specify):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Number:</th>
<th>Device Brand</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corrective measures to prevent similar incidents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by:</td>
</tr>
<tr>
<td>Witnessed by:</td>
</tr>
<tr>
<td>Department Head/Supervisor:</td>
</tr>
</tbody>
</table>

II. IN CASE OF INJURY to be completed by Physician

<table>
<thead>
<tr>
<th>Nature of injury and body part(s) affected:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extent of Injury:</td>
</tr>
<tr>
<td>Medical Intervention:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Was the individual involved suffering from pre-existing disease or disability before the incident?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnostic Procedure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment (Medical/Surgical):</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Will the incident result in a permanent defect or disability?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional comments by Physician:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physician Name:</th>
<th>Physician Signature:</th>
<th>Status:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of Injured: ________________________________

Distribution: If patient-related incident, send to Accreditation & Risk Manager. If non-patient-related incident, send to Risk Manager at EHSRM.

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

---

Back to Top
APPENDIX II
NON PATIENT-RELATED INCIDENT DISTRIBUTION FLOW CHART

Non-Patient Incident

Risk Manager

Employee

Benefits Coordinator
HR AUBMC or HR Campus
(for medical/resident staff)
Occupational Safety Officer
UHS
Environment & Safety Engineer
Concerned Department(s)

Benefits Coordinator
HR AUBMC or HR Campus
(for medical/resident staff)
Student Affairs Office
UHS
Environment & Safety Engineer
Concerned Department(s)

Benefits Coordinator
Student Affairs Office
UHS
Environment & Safety Engineer
Concerned Department(s)

Visitor/Contractor/Casual Worker

Property Damage/Physical Assault

Benefits Coordinator
HR AUBMC or HR Campus
(for medical/resident staff)
Occupational Safety Officer
UHS
Environment & Safety Engineer
Concerned Department(s)

Benefits Coordinator
Student Affairs Office
UHS
Environment & Safety Engineer
Concerned Department(s)

Benefits Coordinator
Student Affairs Office
Medical Dean’s Office
(for medical & nursing students)
UHS
Occupational Safety Officer
ICPP (for sharps injuries & biological exposures)
AUBMC Administration (when needed)
Concerned Department(s)/Program(s)

Environment & Safety Engineer
Protection Office
Vice President for Facilities
Concerned Department(s)

Environment & Safety Engineer
Protection Office
ICPP (for sharps injuries & biological exposures)
AUBMC Administration (for visitors)
AUBMC Executive Officer (for contractors/casual workers)
Protection Office
Concerned Department(s)

Environment & Safety Engineer
Protection Office
Vice President for Facilities
Concerned Department(s)

Environment & Safety Engineer
Protection Office
Medical Engineering or Plant Engineering
AUBMC Administration (when needed)
Concerned Department(s)

Benefits Coordinator
HR AUBMC or HR Campus
(for medical/resident staff)
Occupational Safety Officer
UHS
Environment & Safety Engineer
Concerned Department(s)

Chief of Staff (medical staff)
Assistant Dean for GME (resident staff)
AUBMC Administration (when needed)
Concerned Department(s)

ICPP (for sharps injuries & biological exposures)
UHS
Occupational Safety Officer
Concerned Department(s)

AUBMC Administration (for visitors)
AUBMC Executive Officer (for contractors/casual workers)
Protection Office
Concerned Department(s)

AUBMC Executive Officer (for contractors/casual workers)
Protection Office
Concerned Department(s)

Back to Top