

Middle Tennessee State University
School of Nursing
Adverse Event Policy

The safety of the student is a priority of the MTSU School of Nursing. If an injury occurs during class or clinical, the student must notify the faculty member immediately.

If the student has sustained a serious injury or has been exposed to blood, body fluids, or hazardous materials, time is of the utmost importance.

Facility policies regarding occupational requirements must be followed. The student should receive prompt treatment through a qualified health care provider of their choice or the emergency department of their choice. All students are required to carry personal health and medical insurance.

Treatment for all injuries that occur during lab or clinical experiences are the responsibility of the student.

A School of Nursing Adverse Event Report should be completed by the student and faculty member.

The incident shall also be reported by the instructor to the Director of the School of Nursing within twenty-four (24) hours of its occurrence. The incident report will also be uploaded to the student's file.

Faculty Responsibilities:

The faculty member will assist the student with understanding of the facility policy and protocol in place for needlestick or injury. The facility policy must be followed.

The Center for Disease Control (CDC) and the National Institute for Occupational Safety and Health (NIOSH) guidelines for Needlestick and Blood Borne Pathogen Prevention:

In the event of a needlestick occurs or an exposure to blood or body fluid:

1. Wash needlesticks and cuts with soap and water.
2. Flush splashes to the nose, mouth, or skin with water.
3. Irrigate eyes with clean water, saline, or sterile irrigants.
4. Report the incident to your supervisor.
5. Immediately seek medical treatment..

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Adverse Event Report Form

Complete the following information and return to the Director of the School of Nursing.

The report form is to be completed by the student and/or faculty member as soon as possible after an injury, accident, or unusual occurrence.

Student or Employee Name: _____

Date of Incident: _____ Time of Incident: _____

Location: _____ Instructor: _____

Course: _____

Check type of incident:

____ Needle stick injury ____ Exposure to blood/body fluids

____ Medication error ____ Treatment error

____ Other (fall, car accident, etc.)

Description of incident and treatment:

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____