



P.O. Box 8106
San Luis Obispo, CA 93403

Nursing and Allied Health Division

Highway 1, Bldg. 2300, Office 2315
San Luis Obispo, CA 93045
Phone (805) 546-3119
Fax (805) 546-3961

Incident Report

PART 1: Instructor Statement

STUDENT NAME:	
DATE & TIME OF INCIDENT/INJURY:	
LOCATION WHERE INCIDENT OCCURRED:	
COURSE TITLE AND INSTRUCTOR NAME:	
DESCRIPTION OF INCIDENT:	
<input type="checkbox"/> Student has declined medical treatment for the above injury/incident: _____ (instructor's initials)	
Completed and signed by:	Date:

INSTRUCTOR'S RESPONSIBILITY:

1. For **SERIOUS OR EMERGENCY** injuries/incidents in the classroom, skills lab or clinical setting send student to Hospital ER or CALL 911.
 - If injury/incident occurs in a clinical or healthcare agency and the student is treated in the Hospital ER, notify the Infection Control/Employee Health Nurse.
2. For **MINOR** injuries/ incidents in the classroom, skills lab or clinical setting offer the student treatment, and if desired, send him/her to an **Approved Urgent Care Facility***
3. For **ALL** injuries/incidents:
 - Immediately notify the Director of Nursing or the Director of Allied Health of the incident. Office Phone: 805-546-3119. Leave a message if after hours.
 - Complete Part 1, Instructor Statement, of the Incident Report. Give Part 2, Student Statement, to the student to complete and return to you, even if treatment is declined.
 - Submit Part 1 and Part 2 to the Cuesta Nursing/Allied Health Office (Fax: 805-546-3961). The office will then notify Human Resources.
4. If student receives medical treatment for any injury or incident that occurred in a classroom, skills lab or clinical setting, the student is required to go to the Cuesta College Human Resources Office to complete required Workers' Compensation claim forms. These forms **MUST** be completed and submitted to the Human Resources Office within 24 hours of the incident or on the College's next regularly scheduled workday.

*Approved Urgent Care Facilities:

Paso Robles:	MedPost Urgent Care , 500 1 st St/Vine, Paso Robles, CA	Phone: (805) 226-4222
Pismo Beach:	Med Plus , 877 Oak Park Blvd., Pismo Beach, CA	Phone: (805) 474-8450
San Luis Obispo:	Med Stop , 283 Madonna Rd, Suite B, SLO, CA	Phone: (805) 549-8880



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Incident Report

PART 2: Student Statement

STUDENT NAME:			
STUDENT BANNER ID NUMBER:			
STUDENT MAILING ADDRESS:			
STUDENT PHONE NUMBERS (CELL & HOME):			
DATE & TIME OF INCIDENT/INJURY:			
LOCATION WHERE INCIDENT OCCURRED:			
COURSE TITLE AND INSTRUCTOR NAME:			
DESCRIPTION OF INCIDENT:			
<input type="checkbox"/> I decline medical treatment for the above injury/incident: _____ (student's initials)			
If declining medical treatment, state reason:			
Completed & signed by:		Date:	
STUDENT'S RESPONSIBILITY:		For Office Use Only	
<ol style="list-style-type: none">For ALL injuries/ incidents: IMMEDIATELY report injury/incident to Cuesta Instructor.Complete Part 2, Student Statement, of the Incident Report and submit it to your Cuesta Instructor. Instructor will submit this form to the Nursing and Allied Health office.If student receives medical treatment for any injury or incident that occurred in the classroom, skills lab or clinical setting during class hours, the student is required to go to the Cuesta College Human Resources Office to complete required Workers' Compensation claim forms. These forms MUST be completed and submitted to the Human Resources Office within 24 hours of the incident or on the College's next regularly scheduled workday.		Program:	
		Start Date:	
		Treatment Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	Follow-up Required? <input type="checkbox"/> Yes <input type="checkbox"/> No