

LAKEHEAD UNIVERSITY-CONFEDERATION COLLEGE
BACHELOR OF SCIENCE IN NURSING

CLINICAL INCIDENT FORM

STUDENT'S NAME: _____ COURSE # _____

CLINICAL PLACEMENT (location): _____

DATE OF INCIDENT: _____

CLINICAL INSTRUCTOR: _____

Reason for report:

Actions carried out at the time of the incident:

Discussion to promote learning for student:

Plan of action of student and recommendations of Clinical Instructor and/or faculty member:

Clinical Instructor Signature

Date

Reviewed by faculty member:

Faculty Signature

Date

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Human Resources-Lakehead University (white); Occupational Health & Safety-institution (pink); Training Participant (blue);
Clinical Coordinator-School of Nursing (yellow); Physician (green)

Note: white and green copies only need to be forwarded if the injury required a visit to the ER or family doctor.