

Lakehead University and Confederation College
Bachelor of Science in Nursing Program
Student Injury or Exposure While in Clinical Placement
Policy and Procedure

When a student is injured or exposed to potential infective agents, the student will immediately (within 24 hrs):

1. Inform their Clinical Instructor in years 1, 2, and 3. In 4th year inform Preceptor first then Clinical Instructor.
2. Obtain first aid, be assessed and treated (if required) by a health care provider. If unsure, err on the side of caution and be seen.

The Clinical Instructor will:

1. Ensure that the following are completed by the Preceptor/Clinical Instructor and injured/exposed student:
 - Advise the clinical organization of the accident. Complete their required organizational paper work (make a copy for LU), contact their Occupational Health and Safety Department (or hospital supervisor after hours), and follow their organizational policy and procedure guidelines for clinical incidents.
 - Complete Lakehead University's Clinical Incident Form (see below) and provide electronically to Clinical Coordinator (placements.nurs@lakeheadu.ca) within 24 hours of the incident.
2. Notify the Course Faculty Lead.

The Clinical Coordinator will, upon notification of an incident:

1. Contact the Occupational Health and Safety Officer (or appropriate designate) at the practice site to request a copy of the organizational report.
2. Contact the Office of Human Resources - Health and Safety at Lakehead University via e-mail. The completion of an accident form and WSIB claim may be required (MUST occur within 72 hours of the injury). The Human Resources Officer will contact the student to follow on the incident as necessary.

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Clinical Incident Form

Student Name: _____	COURSE #: _____
Clinical Placement Location: _____	
Date of Incident: _____	
Clinical Instructor Name: _____	

Reason for report:

Actions carried out at the time of the incident:

Discussion to promote learning for student:

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

Clinical Instructor Signature: _____ Date: _____

Faculty Name: _____

Faculty Signature: _____ Date: _____