CANADORE college.ca

NIPISSING UNIVERSITY

School of Nursing Clinical Incident Form

For any adverse event please complete the following incident form including the student reflection and learning questions and submit to the Clinical Placement Coordinator via email at collaborativeclinicalplacements@nipissingu.ca or in person to the School of Nursing Office A201.

This form is to record adverse events that impact the student (e.g., fall/ needle stick injury) or those where a student's actions may impact or cause harm to a patient (e.g., medication error, fall).

For any adverse event (injury to self or others)

1) Seek medical attention if required
2) Ensure you have met the Nipissing University's School of Nursing Policy and Placement Agency Policies for reporting an adverse event
3) Please complete all that apply, including the Student Learning and Reflection Section on the page 4

STUDENT NAME(S): ____

ACADEMIC YEAR: ____________________________ CLINICAL COURSE CODE: ______________________

CLINCAL ROATATION:_________________________ SHIFT: ☐ Day ☐ Evening ☐ Night

INSTITUTION: _______________________________ INSTRUCTOR: ______________________________

PATIENT NUMBER (IF APPLICABLE):_______________ # OF PEOPLE INVOLVED: _______________________

AGENCY INCIDENT FORM COMPLETED ☐ Yes Date: ____________ ☐ No Reason: ______________________

<table>
<tr><td rowspan="3">Primary details of adverse event</td><td>Date (dd/mm/yy):

Time:</td><td>Date or reporting (dd/mm/yy):</td><td>Type of event:
☐ Harmful incident
☐ No harm incident
☐ Near miss</td></tr>
<tr><td colspan="3">Who/what did the incident impact?
☐ Student ☐ Patient ☐ Staff ☐ Visitor ☐ Volunteer ☐ Property

☐ Other: ___________________________________</td></tr>
<tr><td colspan="3">Discovered/Reported by (name/ role ie RN/Staff person etc):</td></tr>
<tr><td>Type of Incident</td><td colspan="3">☐ MEDICATION ADMINISTRATION
☐ PATIENT INCIDENT
☐ STUDENT INCIDENT
☐ SPECIAL INCIDENT (Please complete the special incident form)
☐ OTHER

Only complete the sections outlined for the type of incident being reported.</td></tr>
<tr><td rowspan="2">Follow-up action taken:</td><td colspan="2">Immediate:</td><td>Long term:</td></tr>
<tr><td colspan="3">☐ Occupational Health at Clinical Agency utilized</td></tr>
</table>

MEDICATION ADMINISTRATION	
Type of Incident: (Check all that apply)	☐ Omission ☐ Incorrect Dose ☐ Incorrect Medication ☐ Incorrect Patient ☐ Incorrect Frequency ☐ Incorrect Time ☐ Incorrect Route ☐ Documentation ☐ Near Miss ☐ Other (please provide details)
Please provide a description of the adverse event that occurred:	

PATIENT INCIDENT	
Type of Incident: (Check all that apply)	☐ Fall ☐ Near Fall ☐ Unwitnessed Fall ☐ Wrong Treatment ☐ Documentation Error ☐ Other Injury ☐ Equipment related ☐ Hospital/ patient property ☐ Treatment ☐ Procedural ☐ Missing Patient ☐ Incident identified by student ☐ Other (please provide details)
If patient fall please complete this section:	Was orientation a factor in the fall? ☐ Yes ☐ No ☐ Alert/ Normal ☐ Sedated ☐Disoriented / Confused Was Ambulatory status a factor in the fall? ☐ Yes ☐ No ☐ Unlimited ☐ Needs assistance ☐ Bathroom Privileges ☐ Urinary Catheter ☐ Non-Ambulatory ☐ Restraints ☐ Other: Was patient environment a factor in the fall? ☐ Yes ☐ No If yes (i.e., bed height, side rails, call bells) describe in reflection section
Please provide a description of the adverse event that occurred:	

STUDENT INCIDENT	
Type of Injury, accident or exposure: (Check all that apply)	☐ Needle Puncture ☐ Laceration opening Medication ☐ Infectious Disease Exposure ☐ Musculoskeletal Injury ☐ Fall ☐ Fainting ☐ Assault by Patient ☐ Other (please provide details)
Please provide a description of the adverse event that occurred:	

OTHER	
If the adverse event does not fall into any of the other categories please provide a description of the event here.	

Student(s) Reflection and Learning
Provide a detailed description of the adverse event. What were the contributing factors to the event? Reflect on individual, procedural, environmental, and system level factors:
What were the potential outcomes to your patient that did or could have resulted from the incident?
What have you learned about yourself, your nursing practice, and the environment in which you are practicing?
How could an event like this be prevented in the future?

OFFICE USE ONLY if student injury	☐Claim form completed(Student & Placement Employer) ☐ Authorization to Represent Employer completed ☐Completed forms & copy of Incident report forwarded to Nipissing's Employee Health & Safety Manager