



Student Incident in Placement Involving Clients

This form must be completed and emailed within 24 hours of the incident to suzan.vrdoljak@humber.ca, Administrative Coordinator, Work Integrated Learning, FHSW.

Private and Confidential

The information contained on this form is collected, used and/or disclosed pursuant to the Freedom of Information and Protection Act, 1990; the Personal Health Information Protection Act, 2004; and/or the Occupational Health and Safety Act, 1990.

1. Student Details

First Name: _____

Last Name: _____

Student Number: _____

Program: _____

Program Start Date: _____

Semester: _____

Course: _____

2. Placement Details

Name of Placement Agency: _____

Placement Agency Address: _____

Placement Agency Phone Number: _____

3. Incident Details

Date and Hour of Incident:

Date: _____

Time: _____

TYPE OF INCIDENT, MEDICATION RELATED: (CHECK APPLICABLE)

Incorrect medication administered

Extra dose administered

Omitted dose

Wrong drug

Wrong patient

Incorrect route/site

Incorrect time/date

Incorrect administration technique

Outdated drug

Allergy not noted

Incorrect documentation in MAR (omitted signing, signed wrong time and date)

Breach of confidentiality

Other incident medication related: _____

TYPE OF INCIDENT, OTHER:

Fall

Burn

Other incident involving client: _____



4. Incident details; provide specific details

Description of incident:

5. Action Taken

- Person in charge notified
- Client/ Patient/ Child/ Participant assessed
- Treatment provided if required
- Agency incident form completed
- Other: _____

6. Additional Actions Taken

Describe:

7. Statement of Student

In the description, include contributing factors, events leading to incident, why incident occurred:

Signatures

Student Signature: _____

Date: _____

Faculty Member Name [Print]: _____

Faculty Member Signature: _____

Date: _____