



Emergency Medical Services Program

Student Injury During Clinical

If you are injured in any way during a clinical experience (needle stick, back injury, etc...), you must:

- a. Notify your clinical instructor **immediately**.
- b. **As soon as possible**, but within 24 hours, report the injury to the clinical coordinator &/or program director
- c. Complete an EMS Incident Report (attached) If there was a potential exposure to infectious material, also complete Exposure Incident form.
- d. You will be referred to a hospital Emergency Department to be examined by a physician. The facility will provide immediate care and expenses associated with evaluation or treatments are the responsibility of the student.

Incident Reports

A CCC Health Division Student Incident Report (attached) should be completed by students and/or faculty for the following occurrences:

- potential injury of student
- sudden unexplained student illness requiring medical attention
- any student behavior/code of conduct issue
- potential injury of a patient
- and/or other possible litigious incident.

The above list is not all inclusive. Incident reports should be completed when any potential safety concern / event occurs.

These reports should be completed as soon as possible following student or patient treatment for injury. Incident reports are not to be photocopied and are to be submitted directly to the EMS clinical coordinator or program director.



Emergency Medical Services Program

Incident Report

Date of Occurrence: _____ Time: _____ Location of Occurrence: _____

Clinical Facility: _____ Clinical Unit: _____

Name of Student Involved: _____ Level of training: ☐ EMT ☐ AEMT ☐ Paramedic

Name of Patient Involved (if applicable): _____ Medical Record #: _____

Name of Clinical Instructor: _____ Date / time of notification: _____

Name of CCC faculty: _____ Date / time of notification: _____

Potentially Infectious Material(s) involved? (check all that apply)

☐ blood ☐ urine ☐ sputum ☐ feces ☐ none ☐ other: _____

Details of the incident in the student's own words (work being performed, etc.) _____

Contributing factors: (accident, equipment malfunction, etc.):

Personal Protective Equipment in use at time of the incident. (check all that apply)

☐ gown ☐ gloves ☐ mask ☐ eyewear ☐ headgear ☐ shoe covers

Action(s) taken. (treatment, hazard cleared, etc.):

Description of the incident by the preceptor: _____

Comments / Actions / Recommendations of Clinical Coordinator to avoid repeat incident:

Student signature

Date

Preceptor signature

Date

Clinical Coordinator signature

Date

Program Director signature

Date

CONFIDENTIAL! DO NOT PHOTOCOPY!



Emergency Medical Services Program

Exposure Incident

Name: _____

Date of Occurrence: _____ Time: _____ Location of Occurrence: _____

Potentially Infectious Material: ☐ blood ☐ urine ☐ sputum ☐ feces ☐ other: _____

Type of Exposure: ☐ Needle stick ☐ Splash ☐ Other: _____ To which body part: _____

Contact to bare skin with blood/other (Describe part of the body exposed incl. condition of the skin and the amount of potentially infectious material)

Contact to mucous membranes, eyes, and/or mouth with blood/other (Describe the part of the body exposed incl. amount of potentially infectious material)

Describe any injury suffered in the event: _____

Name other persons exposed or injured: _____

Personal Protective Equipment in use at time of the incident. (check all that apply)

☐ gown ☐ gloves ☐ mask ☐ eyewear ☐ headgear ☐ shoe covers

List witnesses to exposure incident: _____

Briefly describe exposure incident (Work being performed, how incident was caused, and estimation of duration of exposure): _____

Actions taken (Persons involved, decontamination, clean-up, reporting, etc.): _____

Source of exposure known: ☐ Yes ☐ No

Blood testing done on exposure source? ☐ Yes ☐ No

If No, why not? _____

Name and address of Physician student plans to see for follow up:

Were you told to keep the name of the source confidential? ☐ Yes ☐ No

Student Signature

Date

Clinical Instructor Signature

Date