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.
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 ____________