



INCIDENT/ACCIDENT REPORT

Submit completed Report to the Clinical Course Director within 48 hours of incident/accident

If student injured complete form found at:

http://www.yorku.ca/finance/documents/YU-IncidentReport_Non-Employee.pdf

Faculty of Health
School of Nursing

Name of Person Completing this form:		Date submitted to Clinical Course Director:	
In accordance with the requirements for York University's Insurance Policy, the following information is required for our records.			
Student Name:	Student Number:	Term/Year:	Course ID
Program: <input type="checkbox"/> Collaborative <input type="checkbox"/> 2 nd Degree Entry <input type="checkbox"/> IEN <input type="checkbox"/> Post RN			
Date of Incident/Accident:			
Date of Incident/Accident:			
Time of Incident/Accident:			
Time of Incident/Accident:			
Practicum Centre:			
Practicum Centre:			
Unit/Site:			
Unit/Site:			
Unit Manager:			
Unit Manager:			
Clinical Course Director:			
Clinical Course Director:			
Patient/Student involved: (circle)			
Patient or Student:	Gender	Age	Diagnosis
	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Unit Manager notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Doctor notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Patient /student assessed by Doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency Incident/Accident Report completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	<input style="width: 100px;" type="text"/>
If student injured York student incident report must be completed (see URL above)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date	<input style="width: 100px;" type="text"/>
Brief Description of Incident/Accident:			
Action Taken: (include condition after action taken)			
For NPCO Use only	Date Received:	Initial:	

Fax completed form/s to 416- 736 5714 attention NPCO