



Faculty of Health  
School of Nursing

# INCIDENT/ACCIDENT REPORT

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

**If student injured** complete form found at:

<https://www.yorku.ca/riskmanagement/wp-content/uploads/sites/65/2020/03/Incident-Report-Non-Employee.pdf>

<b>Name of Person Completing this form:</b>		<b>Date submitted to Clinical Course Director:</b>	
In accordance with the requirements for York University's Insurance Policy, the following information is required for our records.			
<b>Student Name:</b>	<b>Student Number:</b>	<b>Term/Year:</b>	<b>Course ID</b>
Program: <input type="checkbox"/> Collaborative <input type="checkbox"/> 2 <sup>nd</sup> Degree Entry <input type="checkbox"/> IEN <input type="checkbox"/> Post RN			
<b>Date of Incident/Accident:</b>			
Date of Incident/Accident:			
<b>Time of Incident/Accident:</b>			
Time of Incident/Accident:			
<b>Practicum Centre:</b>			
Practicum Centre:			
<b>Unit/Site:</b>			
Unit/Site:			
<b>Unit Manager:</b>			
Unit Manager:			
<b>Clinical Course Director:</b>			
Clinical Course Director:			
<b>Patient/Student involved: ( circle )</b>			
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 <b>injured</b> 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"/>
<b>Brief Description of Incident/Accident:</b>			
<b>Action Taken: (include condition after action taken)</b>			
<b>For NPCO Use only</b>	<b>Date Received:</b>	<b>Initial:</b>	

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