

University of Windsor Collaborative BScN Nursing Student Clinical Placement Policies

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University of Windsor
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**University of Windsor Collaborative BScN Nursing Student
Clinical Placement Policies**

PREAMBLE

The following policies have been developed for students placed in any clinical placement throughout the duration of their BScN program.

- It is understood that students may perform any skill that has been previously taught and is supervised by the clinical instructor/preceptor.

Any nursing skills previously taught but not practiced by the student must be performed under the **direct** supervision of the clinical instructor/preceptor, who will indicate to the student when he or she may perform nursing skills without supervision. **The procedure or skill must be within the scope of the student's level. Note: Nurses working as a clinical instructor must work within the scope of the student they are instructing (e.g., if instructing a 2nd year clinical group, the instructor works within the scope of what a 2nd year student can do; this also includes demonstrating skills only within the scope of that level).** In 4th year placements where students perform controlled acts (e.g., injections), they must be supervised by a registered health professional until deemed competent in the skills to be performed independently.

- Students are expected to follow the guidelines for professional nursing behaviour and scope of practice, as outlined by the College of Nurses of Ontario, their institution of learning, and the clinical agency.

If the policy statement here and the policy statement of an agency differ, the most conservative statement will apply.

For example: If an agency student policy permits students to initiate a blood transfusion and this policy does not – the student cannot initiate the transfusion.

Definitions of terms used in these policies:

Student - University of Windsor, Lambton College and St. Clair College (Windsor and Chatham campuses), Years 1, 2, 3 and 4 BScN Nursing Students

Clinical Instructor/Faculty Advisor - University of Windsor, Lambton College and St. Clair College instructor who is overseeing students in a clinical setting.

Preceptor - a proficient or expert practitioner (Benner, 2001) (hospital or community) who enters into a one-to-one relationship with a student learner for a set period of time to provide on-site supervision along with clinical teaching and instruction (Nehls, Rather & Guyette, 1997; Usher et al., 1999) (adapted from CNO Practice Guideline: Supporting Learners).

Designee – a placement agency employee who may supervise a student as indicated in the policy. This skill must be within the scope of the designee and he/she must be competent with the skill.

Clinical Placement/Agency – any approved organization that is in partnership with the educational institution to provide experience for nursing students (e.g. hospital, long-term care, home health nursing, public health units or one of the many other community-based organizations).

Educational institution/Institution –includes University of Windsor, Lambton College, St. Clair College Windsor and Thames campuses

Client - an individual, family, group, or community who is the focus of care

Supervision - “the general observation and direction of the student’s actions” in the clinical area

Direct supervision – the clinical instructor/preceptor/designate “being at the student’s side when the student is performing a specific procedure or skill” from beginning to end (e.g. Student is observed from drawing up medications through to administration and documentation.)

Notes on Client Assignment:

- All clients assigned to nursing students must also be co-assigned to a Registered Nurse (RN), Registered Practical Nurse (RPN), or experienced preceptor. As learners, students are required to fulfill their clinical course requirements and are not to be considered or function as staff.
- Students shall not be left solely responsible for the clients at any time, including breaks and lunches. Before leaving the unit or agency, each student and/or clinical instructor will give a written or verbal report to a responsible staff member. A client assignment is selected by the clinical instructor/preceptor in consultation with the appropriate personnel if required.
- Students may not go on home visits independently. Any exception must be approved by the course coordinator, faculty advisor, and the agency.

1.0 ORIENTATION

- a. The educational institution will inform the agency as to who is coming to the agency, the areas requested, the level and number of students, as well as the dates of the experience.
- b. Clinical placements are the responsibility of the course/clinical coordinator and are subject to change at any time. Some students may be required to attend a pre-clinical interview and /or submit a resume before formal acceptance by the agency.
- c. Clinical Instructors are expected to contact the unit/agency manager prior to the beginning of the rotation. Faculty are expected to also contact the clinical agency prior to the students' experience to determine if there are any new agency policies or legislation that could impact student clinical rotations.
- d. University/College Nursing Labs and Course Coordinators are to be notified by the agency of new products, equipment, or technology that impacts clinical practice (e.g. change in IV pumps; change in practice related to wound care).
- e. In year 4, faculty advisors will accompany the student and preceptor on a minimum of one clinical activity (e.g. home visit, meeting, or presentation) during the community placement to evaluate the student's skills. The preceptor must be notified in advance. No field visits will be made to 'distance' students.
- f. Where the agency conducts a formal student orientation, students must attend and/ or complete the said orientation before participating in a clinical experience. Instructors may be required to attend orientations as required by the agency.
- g. During orientation, clinical instructors/faculty advisors are required to review the student policies and the **Emergency codes and procedures of the agency**. Policy Manuals, Procedure Manuals, Materials Safety Data Sheet, Nursing Skills books and/or other essential references or web sites are available on each nursing unit/agency. Clinical instructors/Faculty advisors will also review the confidentiality policy and any other agency policies (e.g. infection control) and procedures appropriate to the level of students.
- h. All students must register their presence at the agency and follow registration procedures before presenting to the clinical area, according to the policy of the agency.
- i. Students are to follow agency policy regarding parking areas.

1.1 CONFLICT OF INTEREST POLICY: PERSONAL/FAMILIAL RELATIONSHIPS IN CLINICAL

Students must report immediately to one of the Faculty of Nursing Clinical/Course Coordinators if one or more of the following applies:

- a. A student has a family member in his/her clinical group;
- b. A student has been assigned to a clinical setting in which they are employed in a paid or unpaid position (e.g. volunteer);
- c. A student has been assigned to a clinical setting in which one of his/her family members is employed or is a client;
- d. A student has been assigned to a clinical instructor, faculty advisor, or preceptor who is related to him/her;

- e. In any of the above situations, students may be re-assigned to a clinical area where there is no relational conflict.
- f. Family members include but are not limited to the following: sister, brother, mother, father, spouse, significant other, daughter, son, nephew, niece, uncle, aunt, cousin, grandfather, grandmother or in-laws. This also includes step family members as identified on this list.
- g. Other interpersonal relationships that may pose a conflict must be disclosed by the student and will be assessed on an individual basis (e.g. close family friends, romantic relationships)

1.2 VIOLENCE AND HARASSMENT PREVENTION

The University of Windsor and our community agencies/hospitals have policies related to the prevention of violence and harassment in the workplace. For more details go to: <http://www.uwindsor.ca/safety/>. These policies (which are guided by Bill 168) are designed to protect clinical instructors, faculty advisors, and students.

2.0 NON-MEDICAL AND MEDICAL REQUIREMENTS

- a. The Faculty of Nursing requires students to complete certain medical and non-medical requirements annually at the beginning of each school year during their time at the University of Windsor. These clinical pre-placement requirements have been developed under the guidelines of the Ontario Hospital Association, Canada's Immunization Guide and the Ontario Medical Association.
 - 1. Extended or Vulnerable Sector Police Clearance
 - 2. Attestation of Clear Criminal Record
 - 3. Birth Certificate
 - 4. First Aid and CPR Certification
 - 5. Respiratory Mask Fit Test/Card
 - 6. Immunization Record
 - 7. WSIB Form
 - 8. Student Verification of Health Status Form

3.0 ABSENTEEISM

3.1 Late, Ill/Absent, Bereavement

- a. Students are to notify the responsible person or charge nurse/ preceptor on the unit or at the agency they are assigned to **and** the clinical instructor/faculty advisor **prior to the commencement of duty** if unable to report to duty as scheduled.
- b. Completion of the *Student Medical Certificate* or appropriate form (e.g. physician/NP note) from your educational institution is required. This form is to be submitted to the clinical instructor/faculty advisor.
 - Students in 1st, 2nd, and 3rd year must submit a medical note/appropriate form to the clinical instructor by the next clinical day or may be restricted from attending clinical.
 - In 4th year the Faculty Advisor may request a medical note in certain circumstances (i.e. student missing more than one clinical day).
 - The clinical instructor/preceptor will evaluate student illnesses that develop or are present while on duty. Students may be sent home and/or referred to their health care practitioner. If student is sent home from clinical at the direction of the instructor or preceptor due to illness, a note may not be required.
- c. Students with health problems, e.g., skin rashes, infections, dressings, must report to their health care practitioner, or clinic and clinical instructor/faculty advisor before beginning their assignment.
- d. Students with a splint, cast, crutches, etc., are not allowed to work on the nursing unit without special permission from the agency and faculty.

3.2 Inclement Weather

In the event of inclement weather, the following guidelines will be implemented:

- A. Weather Advisory but no closure of University or College: Students and Clinical Instructors/Faculty Advisors will make individual decisions about travelling to the clinical site based on safety (e.g., personal, road, and environmental). Communication is of paramount importance between student and clinical instructor/faculty advisor, clinical lead and clinical placement site. Students should not attend the clinical site without the instructor present.
- B. Weather Advisory and University or College closed: Clinical will be cancelled to promote safety of students and faculty.
- C. When a clinical placement site sends “non-essential” staff home because of weather conditions, or if a University closure is announced during students’ scheduled clinical shifts, instructors/students will negotiate a time with the site to professionally transfer care as required and to leave the clinical site (considering safety of travel, etc.).

4.0 INCIDENTS

4.1 INCIDENTS: PERSONAL INJURY/NEEDLESTICK OR MUCOSAL EXPOSURE

Students should carry a photo copy of their Health Card, a list of any medications they are taking, and a telephone number for the next of kin with them at all times in case of injury or illness that requires Emergency Room treatment.

- a. Appropriate documentation (e.g., *The Patient/Visitor/Property Incident Report or Unusual Occurrence Report, or Report on Needlestick Injury or Body Fluid Splash*) is to be completed by students for any situation or occurrence of a personal nature, according to agency policy e.g., injury or property damage that relates directly to the student. Both the educational institution and the hospital forms must be completed.
- a. Where injuries are sustained while a student is on duty, students must report the injury immediately to the clinical instructor/preceptor and the Unit Manager/Program Director or Delegate. If injury requires medical attention, students will be referred to the Emergency Department and follow the protocol of the agency.
- b. The clinical instructor/faculty advisor must be notified of the injury immediately and will initiate the Workplace Safety Insurance Board (WSIB) process, by reporting to the clinical/course coordinator or designee **within 24 hours** and completion of the necessary forms by the student and school. Each school of nursing will maintain appropriate documents for their own records.
- c. Any contact with an infectious disease that requires follow-up will be done by a member of the Faculty of Nursing and possibly WSIB and Employee Health. Please refer to the information outlined by the Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/id-mi/index-eng.php>. It is strongly recommended that students receive the influenza vaccine prior to their clinical experience. Some institutions may not allow the students to practice without this vaccine or may require unvaccinated students to wear appropriate personal protective equipment during clinical.
- d. Masks will be provided by the agency as required and worn by the students according to the Infection Control policies of the organization.

4.2 INCIDENTS: CLIENT/VISITOR

All other unusual incidents involving clients and/or visitors, including medication errors, should be reported to the unit manager and clinical instructor/faculty advisor. The agency’s documentation process must be completed *immediately* upon discovery and in accordance with the agency policy and sent to the appropriate personnel. The College/University’s form must also be completed and submitted immediately.

4.3 INCIDENTS: REPORTING SUSPECTED CHILD ABUSE

If there is suspected abuse, students must:

- Report incident immediately to clinical instructor or preceptor and faculty advisor;
- Report to agency;
- With instructor/preceptor/faculty advisor contact CAS for guidance;

- The person who witnessed the statement needs to be available to give more information.

5.0 INCAPACITIES

Students reporting for clinical experience, whose behaviour may suggest they are under the influence of alcohol or drugs or in any other way incapacitated, shall be removed from the clinical area. Arrangements for safe transport home will be made by either agency personnel or the clinical instructor/faculty advisor. Any costs incurred will be the responsibility of the student.

Disciplinary action may be taken by the Faculty/School of Nursing and may also be taken by the hospital/agency.

6.0 CONFIDENTIALITY

Students shall follow the guidelines and standards in the following College of Nurses of Ontario documents:

- i. Code of Conduct for Nurses
- ii. Confidentiality and Privacy—Personal Health Information
- iii. Professional Standards
- iv. Therapeutic Nurse-Client Relationship
- v. Ethics
- vi. Explanation of Professional Conduct Professional Misconduct
- vii. Documentation

They shall exercise caution in written and electronic charting, written assignments, transmission of visual images and reporting, and hold in confidence all information regarding clients. This includes refraining from posting client/agency information on social media sites such as Facebook, Blogs, Twitter. Please refer to Appendix A: Social Media Policy. Client matters are not to be discussed at any time in a public place either inside or outside the clinical agency. Where the health care facility requires, all nursing students will need to sign a legally binding confidentiality statement.

Only with the client's express consent (if client has capacity to give consent) may any care-giving information be disclosed to others.

If confidentiality is breached, disciplinary action will be taken by the Educational Institution and may also be taken by the Agency.

7.0 PERSONAL APPEARANCE AND DRESS CODE

A dress code policy is necessary for the purpose of infection control and the conveyance of a professional, well-groomed appearance for clinical experiences. It is required that students adhere to both educational and agency dress-code policies. Proper hygiene practices are expected. Most agencies are scent-free facilities, and students must respect this policy accordingly.

Hair - must be neat, clean, pulled away from the face and/or above the collar or as per agency policy.

Facial hair (e.g., moustache, beard) must also be neatly groomed.

Hands - nails must be short, clean and well-manicured. Clear or pastel polish may be worn but must not be chipped. Coloured nail polish may be permitted in certain placement settings on certain days (e.g., "nail polish days" in mental health placements). Any type of artificial nails or nail adornment is not permitted.

Make-up/Tattoos –Make-up may be used conservatively. Tattoos may need to be concealed according to clinical agency requirements.

Jewellery - is restricted to a plain wedding band, watch and small earrings (e.g., studs). Other visible body piercings may need to be removed or concealed according to agency requirements.

Clothing/Uniform – Uniforms (scrubs) and lab coat are required for hospital and long-term care clinical placements. The Collaborative BScN program has a standard uniform (scrubs) for nursing students. The uniform consists of a navy blue short-sleeve scrub top with "BScN Student" embroidered in white on the sleeve, and a navy-blue pant. Navy blue skirt options that may need to be worn for religious/cultural purposes are also available. Any shirts worn under the uniform or head coverings worn for religious/cultural purposes must be white, navy blue or black to match the uniform. However, if

wearing long sleeves, they must be raised above the elbow during direct client care for infection control purposes. Head coverings must be plain and unadorned for infection control purposes. Disposable head coverings over or instead of hijab may be required in certain areas (e.g., Operating Room). Students may only wear the approved University of Windsor lab coat/clinical jacket when in client care areas. Lab coats/clinical jackets must be removed when providing direct care to patients. Lab coats must not be worn outside of the clinical area.

Clothing must be clean, free from rips/tears/odour, sized appropriately and modest with no exposed undergarments, midsection, or cleavage. Professional or business attire is required for some community clinical agencies and any visits to an agency. NO blue jeans of any colour, leggings, jeggings, yoga pants, or hooded sweatshirts. Note: in some agencies, denim may be permitted but this must be cleared by the agency.

Shoes - closed, non-slip duty or athletic shoes required, with no mesh openings to allow penetration of fluids. Clogs, “Crocs”, or plastic slip-on shoes are **not** acceptable due to health and safety concerns, including ankle injuries, trips and falls, spillage, and/or build-up of static electricity that interrupts electronic devices. Students may be required to carry an extra set of shoes to be worn on home visits. No flip-flops. Safety boots may be required in some placement agencies. Shoes must be kept clean.

Gum - gum chewing is not permitted.

***Photo-ID badges must be worn and clearly visible at all times** (There may be exceptions to this in which case students are to follow agency policy re: name badges).*

8.0 PERSONAL CONDUCT

- a. Preceptors and/or faculty may remove students from clinical if students are not prepared for clinical or do not follow agency policies and/or course expectations.
- b. Students may **not** carry a cell phone or other electronic devices unless it is a requirement of the agency.
- c. Students may **not** visit a client in the hospital while on clinical placement. They may visit only as a visitor after their clinical day, dressed in street clothes.
- d. Students must take appropriate action to ensure their own safety. For example: walking in pairs when leaving the agency at night.
- e. Any medication on their person during the clinical experience must be kept in a correctly labelled container.
- f. Students may not accept gifts from clients or give gifts to clients.
- g. Students are not to provide gifts to preceptors, staff, instructors or faculty.
- h. Students are not to use the clinical hours to do any non-clinical activities such as other school assignments, studying for exams, or use the agency’s computer for personal use (Facebook, email, etc.). Noncompliance may result in immediate removal from the clinical placement.

9.0 MEALS

Designated areas are provided for eating (e.g., the cafeteria or coffee shop). It is the students’ responsibility to supply their own meals. If food is brought in, it may be stored in designated areas.

10.0 ACCOMPANYING CLIENTS TO OTHER FACILITIES AND DEPARTMENTS FOR THE PURPOSE OF OBSERVATION

If traveling with a client for the purpose of observation, a student must be accompanied by agency staff. Refer to Appendix C: Transportation Policy for Students and Instructors.

11.0 EXPERIENCE IN SPECIALTY AREAS

Students assigned to specialty areas may participate in providing client care under the *direct* supervision of the RN, RPN or clinical instructor/preceptor and within the scope of nursing for their skill level (see CNO RHPA Overview Part B, page 2).

12.0 OPERATING ROOM - OBSERVATION EXPERIENCE

- a. Students are to go to the Operating Room for *observation only* (with prior approval by OR Manager)
- b. Students may not observe the surgery of friends or relatives.
- c. Students will change into an Operating Room scrub uniform, which is supplied by the hospital. Only two students per client are allowed at a time for observation.
- d. The OR circulating nurse will supervise the students while in the Operating Room.
- e. Students may care for the client in the post anaesthesia care unit under the direct supervision of the RN.

13.0 LEGAL DOCUMENTS/CONSENTS/ VERBAL ORDERS

- a. Students may witness a Valuables Envelope with the co-signature of an RN or RPN. Students shall *not* witness a Will or other legal documents.
- b. Students may *not* obtain written consents for any procedure or treatments (including Rhogam; see exception for flu vaccine below)
- c. Fourth year students may obtain flu vaccine consents under the supervision of the preceptor. Students must first review product monograph(s), review the relative Medical Directive, and be deemed competent by the preceptor as required by the agency.
- d. Students will *not* accept verbal orders or phone orders from an authorized regulated health care practitioner (e.g., physician or nurse practitioner).
- e. 1st, 2nd, and 3rd year students may not transcribe or note written orders.
- f. 4th year students may transcribe written orders if they are noted by a nurse. Students may not be the second co-signer for the nurse when noting orders.

14.0 MEDICAL ASSISTANCE IN DEATH (Dying) (MAID)

Students may care for clients up to and including the day before procedure, but not the day of the procedure. Students may not initiate any conversation related to MAID. If a client initiates a conversation, students are to refer to the agency policy in collaboration with the clinical instructor/preceptor.

15.0 COMMUNICATION

15.1 COMMUNICATION - REPORTS

- a. Students are responsible for keeping the other members of their health team (assigned nurse, instructor) informed of the clients' condition, changes in treatment plan, etc.
- b. Students must report "on" and "off" duty to their co-assigned RN/RPN or preceptor when arriving to and leaving the unit.
- c. Only precepted 4th year students may take report (e.g., verbal, phone) for new admissions, transfers, or post-procedure (e.g., recovery room, another unit, different agency, different department) under direct supervision.
- d. Students may take laboratory results over the phone according to the agency policy. Students must repeat the lab results to the caller for verification. Students may not take reports of critical values—these must be reported directly from the lab to the staff nurse.

15.2 COMMUNICATION – SIGNATURES AND DOCUMENTATION

a. All student signatures must include their name, school and level. Similarly, the clinical instructor would sign with the institution, and “RN”. The chart below provides examples for each educational institution.

Site/Campus	Student example	Clinical Instructor example
University of Windsor	J. Jones UWNS3	S. Smith UWRN
St Clair College Windsor/Thames	J. Jones SCCNS1	S. Smith SCCRN
Lambton College	J. Jones LCNS4	S. Smith LCRN

b. Year 1 and 2 students must have all their documentation checked and verified by their Clinical Instructor.

c. In Year 3 and 4 the clinical instructor/preceptor checks all documentation of students as follows

- i. At the beginning of each new rotation until the clinical instructor/preceptor can verify the student’s documentation competency,
- ii. with each new nursing procedure,
- iii. with any unusual changes or occurrences, and
- iv. in any other situations as determined by the clinical instructor/preceptor

d. Students and clinical instructors/faculty advisors must familiarize themselves with the agency’s practice related to documentation including documentation of errors and client incidents.

15.3 COMMUNICATION – STUDENTS AS INTERPRETERS/TRANSLATORS

Students are not permitted to act as an interpreter or translator.

Note: interpreting refers to the verbal transmission of information

Translating refers to the written transmission of information.

16.0 MECHANICAL LIFTS

Students are not allowed to participate in use of a mechanical lift (e.g., ceiling lift, Sara lift, tenor lift). Two trained staff members must complete the lift (the student may observe the procedure). In the case where the agency provides formal mechanical lift training — the student may participate as the second or third person only along with a certified agency employee with approval of the clinical instructor/preceptor.

17.0 RESTRAINTS

Students cannot initiate restraints. Students may care for clients in restraints including fastening and unfastening when providing care (i.e. bathing, repositioning) under the direct supervision of the clinical instructor/preceptor and document according to policy.

18.0 OXYGEN TANK RE-FILLING

Refilling of oxygen tanks by students and/or clinical instructors is permitted in some agencies and not in others – check individual agency policy.

19.0 VACUUM DRESSINGS

Students are not allowed to apply these dressings as special training is required. They may observe the procedure.

20.0 PLEURX CHEST DRAIN (INTERMITTENT CHEST DRAINAGE)

Students in 4th year can attach these drains under direct supervision of their preceptor.

21.0 DELEGATED CONTROLLED ACTS & MEDICAL DIRECTIVES

STUDENTS ARE NOT PERMITTED TO PERFORM ANY PROCEDURE THAT THE AGENCY DESIGNATES IS TO BE PERFORMED ONLY BY SPECIALLY TRAINED NURSES.

- a. Students **may not initiate** a medical directive or perform a delegated controlled act.
- b. Students may perform a procedure outlined in a medical directive that has been initiated by a registered nursing staff (RN or RPN) provided they have the prerequisite knowledge. Refer to the College of Nurses document related to scope of practice and controlled acts: http://www.cno.org/Global/docs/policy/41052_RHPAscope.pdf

22.0 BLOOD GLUCOSE MONITORING and OTHER POINT OF CARE TESTING

Students may perform blood glucose monitoring (initial supervision by instructor/preceptor) as long as they have been educated regarding the use of that specific meter and have demonstrated the ability to accurately perform such monitoring as per agency policy. Students must also be aware of the required quality control testing measures. **Testing and documentation/charting of results must be done for one client at a time.** Any community event (e.g., health fairs) requires on-site supervision by a RN/RPN from the agency responsible for the event. The agency is responsible for supplying the equipment for such events.

For other Point of Care testing that is allowed to be done at an agency (i.e. strep, pregnancy or urinalysis), students must be trained by the agency, have the training documented and be supervised by the clinical instructor or preceptor. Students cannot independently make an interpretation of a result.

23.0 BLOOD PRESSURE SCREENING CLINICS

Students who conduct blood pressure screening clinics for the general public must have a screening waiver signed by participants. The waiver is kept by the educational institution. See sample in Appendix D: Blood Pressure Screening Waiver.

24.0 BLOOD BANK PROCEDURES/TRANSFUSION SERVICES

The following chart outlines the scope of practice for each level of student with regard to skills related to blood product transfusions.

Skill related to blood transfusions:	1 st year students	2 nd & 3 rd year students	4 th year students
Pick up blood from blood bank	NO	NO Students may accompany and observe process	NO Students may accompany and observe process
Monitor blood and blood products	NO	YES Under direct supervision of clinical instructor/staff nurse	YES Under supervision of preceptor or assigned RN
Initiate blood/blood product transfusion and/or participate in verification process	NO	NO	YES Under direct supervision of preceptor or assigned RN
Administer Rhogam	NO	YES Under direct supervision of clinical instructor (be sure to check agency policy)	YES Under direct supervision of preceptor or assigned RN

25.0 MEDICATION ADMINISTRATION

Prior to administering medications, the clinical instructor and students must be aware of the site-specific policies and procedures (e.g., automated medication system such as Pyxis, medication cart, medication records) and educational institution policies (e.g., calculation test). In agencies where instructors will have access to the medication dispensing system, they are required to complete system training prior to obtaining access (e.g., Pyxis tutorial). Also, the appropriate form must be completed by the instructor and signed by the educational institutional representative.

- a. No medication may be given without an authorized regulated health professional's (e.g., physician or NP) written order.
- b. 2nd and 3rd year students giving medications will be **directly supervised** by the clinical instructor during all phases of medication administration. This includes: verifying orders, preparing medication, education of client, administration of medication and documentation including co-signature of instructor. This signature indicates that the clinical instructor has directly supervised the student during all phases of the medication administration process. See Appendix E for Standard Operating Procedure (SOP) & Checklist *-Instructor's Observations of Medication Administration of 2nd and 3rd year students.*
- c. Medications are to be removed for and administered to one client at a time.
- d. Pre-packaged medications will be opened at the bedside immediately prior to administration to allow for clear identification of the medication and dose before administration.
- e. The exact time the medication was administered must be documented on the MAR/CMAR (e.g., med due at 0900 but administered at 0915 is documented as 0915)

- f. 4th year students will be directly supervised by the preceptor during the preparation and administration of all medications until such time the preceptor in conjunction with the student deem the student competent to do this independently (refer to Appendix G: SOP – *Preceptor’s Observation of Medication Administration of 4th year students*).
- g. Any medication required by a **client in a student’s care** that is beyond the scope of the student should be given by the authorized regulated health professional. Clinical instructors may not administer medications except when in a teaching or demonstration capacity (these medications must be within the scope of the student). Please check individual institutions for rules regarding particular circumstances.
- h. Clinical instructors in partnership with clinical staff will determine the number of students who can safely administer medications on a clinical day based on the complexity of clients, the number of medications per client, the number of clients per student and the level and experience of the student. It is not expected that all students administer medications during each clinical day. **As a guideline only, 2 to 4 students should be administering medications during each clinical day.** Students who are not administering medications must still demonstrate knowledge of the patients’ medications (e.g., purpose, side effects, lab monitoring), educate patients on their medications, and assess the patient’s response. See Appendix F for SOP & Checklist - *Medication Competency for 2nd and 3rd year students who are NOT administering medications*.
- i. For medication administration for clients in contact precautions, refer to Appendix H.
- j. 2nd and 3rdyr students may insert subcutaneous locks under **direct supervision** of the clinical instructor; 4th year students may perform this skill under the **supervision** of preceptor.
- k. Students shall **not** administer the following:
- Direct IV medications, below the drip chamber (see 24.0 IV Therapy section regarding exception with syringe pump infusion below the drip chamber)
 - IV anti-neoplastic chemotherapeutic agents
 - Intradermal skin tests for allergies
 - Epidural medications
 - Intrapleural medications
 - Psychotropic medication to unstable clients who are on variable dosages of these medications and whose medication are adjusted by nurses (e.g. range dosing)
 - Medications that are pre-drawn (with the exception of manufacturer or pharmacy prepared medications)
- l. Allergy desensitization injections may be given by fourth year students under the direct supervision of the preceptor.
- m. T.B. skin testing and administration of immunization agents may be done by students under the direct supervision of the clinical instructor or under the supervision of the preceptor or delegate and following agency policies.
- Please Note:** When a student is placed with one agency such as the Health Unit, who may be contracted to administer flu shots at a mobile clinic to a 3rd party, the student placed at the Health Unit may give flu shots under the direct supervision of their preceptor or designee. If the student is placed with another agency (e.g., A factory where the student is in an occupational health setting) and the Health Unit is present to administer flu shots in that agency, the student placed in the occupational health setting cannot administer the injections.
- n. All medication errors and near miss reporting will be done as per policy at the agency site (safety reporting system). Note: the agency report must indicate student and instructor names, the level and the institution. In addition, the clinical instructor/faculty advisor and nursing student must complete the educational institution report (See Appendix I: Medication Error Reporting Process, U of W and Appendix J: Near Miss Reporting Process, U of W) and submit to the designated person on your campus. No confidential client information will be included in this document.

Rationale:

The Nursing Faculty supports a safe learning culture where errors are examined, not to blame the individual, but to learn how to prevent them from happening again.

Definitions:

Medication Error – “any preventable medication event that may cause or lead to inappropriate medication harm, while the medication is in the control of the health care professional, or client” (National Coordinating Council for Medication Error Reporting and Prevention, 2008). Such events may be related to: individual competency; environmental factors; medication delivery devices; lack of patient information or drug information; communication failure; drug labeling, packaging or storage; patient education; or the lack of quality processes (American Hospital Association, Health Research & Educational Trust, and ISMP, 2002).

Near Miss – a medication error that has the *potential* to cause client harm but *did not actually reach the client* (ISMP, 2009).

o. High Alert Medications

As per hospital policy and the Institute for Safe Medication Practices, **Independent Double Checks** (See Appendix K: Definition of Independent Double Check) will be completed on high-alert medications (e.g., insulin, oral hypoglycemics, anticoagulants, all narcotics). Refer to: <http://www.ismp.org/Tools/highalertmedications.pdf> for a complete list of High Alert Medications. The Independent Double Check will be documented by the student, clinical instructor/preceptor, and staff member as per institutional policy.

Rationale:

High-alert medications are drugs that bear a heightened risk of causing significant client harm when they are used in error.

When preparing high-alert medications

- For 2nd & 3rd year students:
 - The clinical instructor will observe the student’s preparation of the medication
 - A second individual (staff nurse) will be asked to complete an independent double check.
 - The instructor will observe final administration (as per policy)
 - Signatures are required from the student, clinical instructor and staff nurse.
- For 4th year students:
 - The preceptor will observe the student’s preparation of the medication until he/she is deemed competent to prepare medications independently.
 - A second individual (preceptor or staff RN) will be asked to complete an independent double check.

25.1 NARCOTICS AND CONTROLLED SUBSTANCES

- a) Access to narcotics through automated dispensing systems will be defined by the individual agency.
 - 2nd & 3rd year students: Preparation and administration of a narcotic (including nebulized opioids) must be directly supervised and co-signed by the clinical instructor.
 - 4th year students: Removal and preparation of all narcotics must be directly supervised by the preceptor/designee.
- b) Students are **not** allowed to witness narcotic wastage.
- c) If the student signs for the count, it must be co-signed by two other registered staff. The student may **not** carry the narcotic keys. Students are required to ensure ongoing accuracy of narcotics counts. Discrepancies in the narcotic count must be resolved upon discovery. If applicable, narcotics counts must be done when students are leaving the facility if the student participated in the distribution of controlled substances.
- d) Students may **not** pick up or accept narcotics from the Pharmacy.
- e) Students may monitor, record, and discontinue a PCA pump under the **direct supervision** of the clinical instructor/preceptor, and may care for a client with this equipment. Students may **not** start or adjust the PCA Pump.

- f) Students must follow the policy of the agency and manufacturer regarding the use of specialized equipment and medication delivery systems when caring for clients with these devices.

25.2 MEDICAL CANNABIS

- a. Students may administer forms of medical cannabis as agency policy allows.

26.0 IV THERAPY

The following chart outlines the scope of practice for each level of student with regard to IV skills.

IV Skill	2 nd year students	3 rd year students	4 th year students
<i>Peripheral & Central Lines</i> Assess the client’s response to the intravenous therapy and observe the IV site for infiltration and inflammation.	Yes	Yes	Yes
<i>Peripheral & Central Lines</i> Regulate the flow rate.	Yes	Yes	Yes
<i>Peripheral & Central Lines</i> Change IV solutions (with no medication added) for peripheral lines.	Yes (with direct supervision)	Yes (with direct supervision)	Yes
<i>Peripheral & Central Lines</i> Take intravenous readings and record intake & output.	Yes	Yes	Yes
<i>Peripheral</i> Flush patent/non-blocked peripheral IV catheters with saline.	Yes (with direct supervision)	Yes (with direct supervision)	Yes
<i>Peripheral</i> Discontinue peripheral IV access with a doctor’s written order or after consultation with the nurse directing care.	Yes (with direct supervision)	Yes (with direct supervision)	Yes (with supervision)
<i>Peripheral & Central Lines</i> Administer IV solutions, medications, and TNA/TPN above the drip chamber per primary or piggyback bag in an established peripheral or central line. (Must check agency policy)	Yes (with direct supervision)	Yes (with direct supervision)	Yes (with supervision)
<i>Central Lines</i> Flush a PICC line and change dressing (if agency policy allows) <i>Note: Students may not administer Cath Flow to unblock lines</i>	NO (note: instructors cannot perform the flush for the student)	Yes (with direct supervision)- Check agency policy!	Yes (with supervision)
<i>Central Lines</i> Flush other CVADs* <i>Note: Students may not administer Cath Flow to unblock lines</i>	NO	NO	Yes (with direct supervision) Check agency policy!

<i>Central Lines</i> Accessing ports	NO	NO	NO
<i>Central Lines</i> Change the tubing and dressing of a CVAD*	NO	NO	Yes (with supervision) Check agency policy!
<i>Peripheral</i> Monitor and/or set up infusion pumps below the drip chamber (e.g. Bodyguard, B. Braun, Perfusor Space syringe pump) and administer medications if appropriate training is obtained.	Yes (with direct supervision Excludes narcotics)	Yes (with direct supervision)	Yes (with supervision)
<i>Peripheral</i> Start an IV. Students must present proof of completion of a College/University approved IV start course/program. It is recommended that this course is not completed more than 3 months from the time they will be in the clinical placement. Students may also be required to complete an agency program.	NO	NO	Yes (with supervision) Check agency policy!
<i>Central Lines</i> Access arterial lines.	NO	NO	NO (student may observe procedure only)

Note: Students are NOT allowed to:

Discontinue a CVAD or epidural catheter

Flush a dialysis line.

Hang fluids or medications to apheresis lines

Administer Cath Flow to unblock lines

*A CVAD is an intravenous device that is inserted into the central circulation. The majority of devices are inserted directly or indirectly into the superior vena cava or right atrium either peripherally, through the external jugular or subclavian vein. There are four main types of CVADs: non-tunneled devices; tunneled devices; implantable ports; and peripherally inserted central catheters.

STUDENTS MUST FOLLOW HOSPITAL/AGENCY POLICIES DESIGNATED IN THE IV MANUAL RE: SPECIFIC MEDICATIONS WHICH MAY/MAY NOT BE ADMINISTERED.

27.0 BLOOD DRAWS/PHLEBOTOMY

- a. 4th year students may draw blood from peripheral sites for lab testing under the direct supervision of a qualified preceptor/delegate if the agency policy allows. Students must present proof of completion of a College/University approved IV start course/program. Students may also be required to complete an agency program.
- b. Students are not allowed to draw blood on central lines (applies to all levels).

28.0 NASOGASTRIC/NASOENTERIC TUBES

- a. Students in 2nd, 3rd, and 4th year may insert or remove nasogastric tubes that do **not** include a stylet (e.g. Salem sump tube) with direct supervision. (Note: KAO feeding tubes have a stylet and cannot be inserted by students).
- b. Students can care for patients with nasogastric or nasoenteric tubes including administration of tube feedings and medications.

REFERENCES

College of Nurses of Ontario Standards of Practice

College of Nurses of Ontario (2015) Practice standard medication revised 2015.

Institute for Safe Medication Practices (2012). ISMP's list of high alert medications. Retrieved April 27, 2012 from

<http://www.ismp.org/Tools/highalertmedications.pdf>

Institute for Safe Medication Practices (2009). Acute care ISMP medication safety alert! Retrieved May 2, 2017 from:

<https://www.ismp.org/newsletters/acutecare/articles/20090924.asp>

Legislative Assembly of Ontario-Bill 168, Occupational Health and Safety Amendment Act

(Violence and Harassment in the Workplace) 2009.

National Coordinating Council for Medication Error Reporting and Prevention. (2008). About medication errors.

Retrieved August 24, 2008, from <http://www.nccmerp.org/aboutMedErrors.html>

Regulated Health Professions Act 1991

APPENDIX A: Social Media Policy
University of Windsor Faculty of Nursing

What is Social Media?

Social media refers to online technologies and practices that are used to share information and opinions, host conversations and build relationships. It can involve a variety of formats, including text messaging, pictures, videos, audio and “live,” real-time dialogues of a few, or thousands of participants. Examples of social media include but are not limited to discussion forums, blogs, social networks, wikis, and podcasts.

The Faculty of Nursing supports the use of social media as an instructional tool. In this instance, sharing of information must occur through the Collaborative Learning Environment Windsor (CLEW) platform or other University of Windsor approved platforms. We also recognize that students use social media networks outside of the classroom. The following policies and guidelines provide overall policies for social networking within the Faculty of Nursing, and guidelines for individual social media use.

Overall Policies:

1. Use of social media for non-academic purposes is not permitted during any clinical experience.
2. Students may not access agency computers for personal use.
3. Use of cell phones is not permitted during clinical hours, unless required for an emergency purpose, and when there is no other means of contact available. In this situation, the student will discuss this need with the clinical instructor prior to use.
4. Unauthorized use of social media, cell phones, or the internet in the clinical setting will result in removal of the student from the clinical area.
5. Students are prohibited from posting any private or confidential content, including client health information on any social media site, even if client identifiers are removed. This also includes images of clients, agencies, staff, volunteers, visitors or family.
6. Social media behaviours must be consistent with the following CNO Standards and Practice Guidelines: Ethical Framework, Nurse-Client Relationship, and Documentation. The failure of any student to conform to these Standards, while using any social media site, may result in dismissal from the program.

Guidelines for Intranet Site Networking:

1. Please refer to the overall policies.
2. Be respectful and professional to peers, faculty and staff in all interactions. You are more likely to be effective when applying a constructive and respectful approach to discussion and debate.
3. Do not use personal insults, obscenity or engage in any conduct that is not consistent with the CNO Standards.
4. Show proper consideration for other’s privacy, and for topics that may be considered sensitive.
5. Assess acceptability of your message before posting. If the content of your message would not be acceptable for face-to-face conversation, over the telephone, or in another medium, it is not acceptable for posting.

Guidelines for Personal Networking:

1. Respect Faculty of Nursing time and resources. You should participate in non-academic social media conversations on your own time. Ensure that your blogging and social networking activity does not interfere with your academic commitments and engagement in learning.
2. Maintain confidentiality and privacy. Do not post confidential information about the Faculty of Nursing, its students, faculty or its clinical placement agencies including their staff and clients.
3. Be aware of liability. Students are responsible for the content that is posted on their own sites, and on those of others.
4. Avoid using unprofessional online personas. Do not post defamatory, libelous or obscene content. Employers may conduct web searches on candidates before extending offers. Search engines can recall posts and pictures years after publication. Post only pictures that you would be comfortable sharing with the general public.
5. Students will not socially network with clients or client’s family (e.g. add as friends on Facebook; or follow on Twitter, Instagram etc.)

(Adapted from the Government of Nova Scotia and the University of Michigan in compliance with Bill 168 and the proposed University of Windsor Code of Civility)

APPENDIX B: Transportation Policy for Students and Instructors

Students:

1. Students shall not transport any client in their personally owned vehicles under any circumstances.
2. Students shall not provide transportation for any client on behalf of an organization through the direct operation of an organizationally owned/leased vehicle.
3. Students may accompany a client on an off-site excursion using an organizationally owned/leased vehicle provided that the field supervisor/preceptor or his/her delegate is present in the vehicle.
4. Student may accompany a client on an off-site excursion using a taxi or public transportation.
5. It is not the obligation of placement agencies to provide transportation for students. However, students may be transported by preceptors or agency personnel in their personal vehicles for the purpose of rendering off-site client services according to the agency's transportation and/or other policies.

Instructors:

1. Instructors shall be familiar with the typical situations in which the placement organization normally provides recognized clients with accompaniment and/or transportation during off-site excursions.
2. In each situation, where a decision is rendered regarding the approval of off-site accompaniment of a client by a student, with or without the presence of a field supervisor/preceptor, the following factors must be assessed by the instructor, in collaboration with the student and agency:
 - a. The potential relevance of the learning opportunities associated with the planned off-site excursion.
 - b. The physical, emotional, and intellectual stability of the client.
 - c. The student's clinical knowledge and skill level relative to the practice setting.
 - d. The client's familiarity with the type of excursion. Students generally should not accompany a client alone to a destination/activity in which the client will be participating for the first time.
 - e. The distance to be travelled.
 - f. The potential time commitment for the student.
 - g. The chosen method of transportation.
 - h. The potential for risk to the safety and security of the student (or client) that may be imposed by geographical isolation of the client and student from others at any point during an off-site excursion.
 - i. The student's ability to acquire safe transportation back to the organization or home when accompanying a client one way by taxi or other public transportation.
3. It is highly recommended that instructors not transport students in their personal vehicles, except under extenuating circumstances.

Additional Notes for Students and Instructors:

Note 1: The University's Automobile Insurance Policy only insures vehicles owned and/or leased by the University. The policy does not include coverage for vehicles owned by faculty, staff or students. Therefore, all parties should ensure that they are personally covered by their own adequate insurance. Anyone (students, staff, faculty, etc.) who transports clients or volunteers should ensure that their personal automobile insurance covers such contingencies.

Note 2: If an employee chooses to transport someone in their personal vehicle (business or pleasure) and an accident occurs, the insurance policy that insures the vehicle (not the driver) would respond as dictated by the Ontario Automobile Insurance Act.

APPENDIX C: Blood Pressure Screening Waiver



University of Windsor

Faculty of Nursing

VOLUNTEER PATIENT PROGRAM – PATIENT WAIVER & CONSENT

I, _____ (print name), agree to participate in the Volunteer Blood Pressure Screening Program for the Faculty of Nursing.

1. I understand that my participation in this program is solely to provide students with the opportunity to practice, blood pressure screening. I acknowledge that I do not expect nursing students to provide me with a diagnosis of or treatment for any medical condition, illness, or injury, nor do I expect to receive any medical advice.
2. I understand that my participation in this program should in no way supplant or replace regular consultations with my own health care practitioner/or specialist and acknowledge that my own medical care remains a matter between myself and my own health care practitioner/or specialist.
3. I understand that while participating in this program I may be asked about my own medical history. I recognize that I may keep private any information I am not comfortable sharing and I understand that the program will not be collecting any personal information about me.
4. If any abnormal findings are discovered by a nursing student, I should follow up with my family physician. I understand that the sole responsibility for deciding whether I should be informed of such findings or whether any follow up action is required will rest with my health care practitioner.
5. I agree to hold harmless, the University of Windsor, its officers, directors, employees, staff and agents from any and all liability related to my participation in this program, but not limited to: liability related to injury or illness occurring to me.
6. The University of Windsor and its officers, employees, staff and agents are not responsible for loss of personal property while participating in the Blood Pressure Screening.
7. I represent and warrant that I am at least 18 years of age.

I have read and understand this consent form and have had an opportunity to review this document prior to signing this consent form. By my signature below, I agree to participate as a Volunteer Patient.

SIGNATURE _____

DATE _____

Note: signed forms are to be returned to the Faculty of Nursing Main Office.

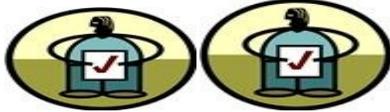
APPENDIX D: Standard Operating Procedure & Checklist
Instructor’s Observation of Medication Administration of 1st, 2nd & 3rd Year Students
 ©Faculty of Nursing University of Windsor

		✓
1. Student and instructor review client’s medication administration record (MAR).		
2. Student and instructor verify medications that student will be administering with provider orders.		
3. Student evaluates assessment information (vital signs; lab results; tests).		
4. Student demonstrates knowledge of client’s medications (purpose, side effects, lab monitoring, etc.) verbally and/or in writing to instructor.		
5. Instructor observes medication preparation (for one client at a time).		
6. Instructor & student request a nurse (RN or RPN) complete independent double check on high alert medications.		
7. Instructor observes student matching client with MAR before administering medication using 2 identifiers (full name and birth date).		
8. Instructor observes student opening pre-packaged medication at bedside and educating client.		
9. Student documents : medications on all appropriate forms with the exact time given and client/family education. Instructor co-signs (indicating observation of all steps in administration process).		
10. Student assesses the client’s response to medications (& reports/ documents any abnormal observations).		
11. Instructor guides/observes student’s hand-off communication of medications given/not given to staff nurse.		

APPENDIX E: Standard Operating Procedure & Checklist
Medication Competency for 1st, 2nd & 3rd Yr Students Not Administering Medications
 ©Faculty of Nursing University of Windsor

		✓
1. Student reviews client's medication administration record (MAR).		
2. Student verifies all medications with providers' orders.		
3. Student evaluates assessment information (vital signs; lab results; tests).		
4. Student demonstrates knowledge of client's medications (purpose, side effects, lab monitoring, etc.) verbally and/or in writing to instructor.		
5. Student educates client on medications (assesses knowledge; provides education; uses techniques such as "teach back" to evaluate learning).		
6. Student assesses the client's response to medications. (& reports/ documents any abnormal observations)		
7. Student documents client/family education.		

**APPENDIX F: Standard Operating Procedure
PRECEPTOR’S OBSERVATIONS OF MEDICATION ADMINISTRATION of 4TH YEAR STUDENTS**

<p>1. Student and preceptor review client’s medication administration record (MAR).</p>	
<p>2. Student and preceptor verify medications that student will be administering with most recent providers’ orders.</p>	
<p>3. Student evaluates assessment information (vital signs; lab results; tests).</p>	
<p>4. Student demonstrates knowledge of client’s medications (purpose, side effects, lab monitoring, etc.) verbally to preceptor.</p>	
<p>5. Preceptor observes medication preparation. This observation will continue until the student is deemed competent to prepare meds independently.</p>	
<p>6. Preceptor & student complete independent double checks on high alert medications with another nurse (RN or RPN).</p>	
<p>7. Preceptor observes student matching client with MAR before administering medication using 2 identifiers (full name and birth date).</p>	
<p>8. Preceptor observes student opening pre-packaged medications at bedside and educating client.</p>	
<p>9. Student documents: medications on all appropriate forms with the exact time given and client/family education.</p>	
<p>10. Student assesses the client’s response to medications. (& reports/ documents any abnormal observations).</p>	
<p>11. Student performs hand-off communication of medications given/not given to nurse.</p> 	<p>Note: Preceptor will determine at what point student is able to administer meds independently. Preceptor will still continue to closely monitor student’s med administration, especially with high risk medications.</p>

Appendix G: Standard Operating Procedure - Medication Administration for Clients under ‘Contact Precautions’

Bringing the MAR to the bedside is one principle of safe medication administration. This ensures the right client is matched to the right treatment (medication). This policy refers specifically to those clients who are in contact isolation.

There are different methods that support this safe practice and are dependent on the hospital/unit’s medication administration practices.

The basic concept is for nurses to use their critical thinking skills to reduce the means of transmission. Therefore, the basics of the “means of transmission” must be understood.

There is a requirement to physically create a barrier between the paper MAR (which is clean) and the client and his/her environment (considered contaminated).

Key Points Regardless of Method

- Direct and on-going communication by the student/clinical instructor with the RN/RPN responsible for the client is essential to prevent medication errors.
- Matching the client using two identifiers (e.g. full name and DOB) to the MAR ensures the right client is matched to the right medication.
- To prevent the loss of pages of the MAR it is safer to keep all pages of the MAR together (rather than just taking out one page of the MAR to give one medication).
- Instructor and student must verify that all pages of the MAR are replaced into the appropriate medication binder after med administration.
- It is acceptable to document the medications on the MAR in the client room **or** immediately on leaving the client room (to prevent potential contamination of the pen)

Method #1: MARs Only Taken to Bedside (not in binder)

1. Confirm alcohol-based hand rub (ABHR) is at point of care and readily available.
2. Perform hand hygiene and don all appropriate PPE including gloves.
3. Take medications and MAR into the client room.
4. Set paper towel down on a clean surface at the bedside and place medications and MAR on top of the paper towel.
5. Position the MAR (and pen) on the towel so that the MAR information is visible.
6. Match client to MAR using 2-client identifiers (e.g. full name, DOB, and/or medical record number).
7. If possible do not contaminate gloves during client identification (e.g. have client turn arm band so information is visible if necessary). It is important to NOT touch the MAR or pen with ‘dirty’ hands. If touching client armband during verification, remove gloves and perform hand hygiene prior to touching meds– the use of ABHR here is critical!
8. Prepare (e.g. open unit dose packaging) and administer medications.
9. Remove gloves, perform hand hygiene, and document on MAR. Pick up MAR and unused medications.
10. Upon exiting the client’s room, remove PPE (e.g. gown), perform hand hygiene.
11. Dispose of paper towel the next time you enter the client’s room with your PPE on. The paper towel is considered to be a soiled surface that should not be mixed with clean supplies.

Method #2: MARs in BINDER using Paper Towel

1. Confirm alcohol-based hand rub (ABHR) is at point of care and readily available.
2. Organize MAR binder and medications to bring into the client room.
3. Perform hand hygiene and don all appropriate PPE including gloves.
4. Take medications and MAR binder into the client room.
5. Set paper towel down on a clean surface at the bedside and place medications and MAR binder on top of the paper towel.
6. Position the MAR (and pen) on the towel so that the MAR information is visible.

7. Match client to MAR using 2-client identifiers (e.g. full name, and DOB).
8. If possible do not contaminate gloves during client identification (e.g. have client turn arm band so information is visible if necessary). It is important to NOT touch the MAR or pen with 'dirty' hands. If touching client armband during verification, remove gloves, perform hand hygiene, and don new gloves prior to touching meds– the use of ABHR here is critical!
9. Prepare (e.g. open unit dose packaging) and administer medications.
10. Remove gloves, perform hand hygiene, and document on MAR. Pick up MAR and unused medications.
11. Upon exiting the client's room, remove PPE (e.g. gown), perform hand hygiene
12. Dispose of paper towel the next time you enter the client's room with your PPE on. The paper towel is considered to be a soiled surface that should not be mixed with clean supplies.

Method #3: MARs in BINDER using approved agency disinfectant (e.g. Clorox, Virox)

1. Confirm alcohol-based hand rub (ABHR) is at point of care and readily available.
2. Organize MAR binder and medications to bring into the client room.
3. Perform hand hygiene and don all appropriate PPE including gloves.
4. Take medications and MAR binder into the client room.
5. Disinfect bedside surface, allow to dry and place medications on surface.
6. Position the MAR (and pen) on the surface so that the MAR information is visible.
7. Match client to MAR using 2-client identifiers (e.g. full name, and DOB).
8. If possible do not contaminate gloves during client identification (e.g. have client turn arm band so information is visible if necessary). It is important to NOT touch the MAR or pen with 'dirty' hands. If touching client armband during verification, remove gloves, perform hand hygiene, and don new gloves prior to touching meds– the use of ABHR here is critical!
9. Prepare (e.g. open unit dose packaging) and administer medications.
10. Remove gloves, perform hand hygiene, and document on MAR. Pick up MAR and unused medications.
11. Upon exiting the client's room: don gloves; using a disinfectant wipe, wipe down the CMAR binder and any unused medications/containers; remove PPE (e.g. gown), perform hand hygiene; pick up CMAR binder and unused medications; return supplies to storage location.

APPENDIX H: Medication Error Reporting Process: University of Windsor Medication Error Reporting Process

Policy and Procedure for Student Error or Student Discovered Error

1. Error Occurs
 - Student makes a medication error or student discovers error done by someone else
2. Agency Documentation
 - Student and Clinical Instructor (or Preceptor/Faculty Advisor for 4th year students) complete the agency required report including student and instructor name, level and institution (i.e. safety reporting system).
 - Reports should be timely, clear and accurate so reader has a clear idea of the incident
3. Faculty of Nursing Documentation
 - Student and Clinical Instructor (or 4th Yr. Faculty Advisor for 4th year students) complete the Faculty of Nursing's Medication Error and Follow Up Form at [Med Error, Near Miss, or Found Error Report Form](#) if a student error
 - If a student error, student completes the Medication Error Student Learning Activity, submits to clinical instructor (may not apply to discovered error)
 - Reports should be *timely, clear and accurate* so reader has a clear idea of the incident
4. Communication
 - The Clinical Instructor/4th Yr Faculty Advisor notifies the appropriate clinical lead of medication error or discovered error.
5. Follow Up
 - Associate Dean reviews the incident and decides if further action is required with the student and/or instructor
 - A printed copy of the form is placed in the student's file

APPENDIX I: Near Miss Reporting Process: University of Windsor

Near Miss Reporting Process

Near Miss (also called a good catch): is an error that was caught before it reached the patient. Near misses are free lessons and allow an institution to identify and address system problems, which if not addressed, can result in patient harm. As patient advocates, nurses/nursing students are encouraged to report near misses.

Policy and Procedure for Near Miss Reporting

1. Near Miss Occurs
 - Student/instructor or student/preceptor discover a near miss
2. Agency Documentation
 - Student and Clinical Instructor (or Preceptor/ Faculty Advisor for 4th year students) complete the agency required report including student and instructor name, level and institution (i.e. safety reporting system).
 - Reports should be *timely, clear and accurate* so reader has a clear idea of the incident
3. Faculty of Nursing Documentation
 - Student and/or Clinical Instructor (or 4th Yr Faculty Advisor for 4th year students) complete the Faculty of Nursing's Medication Error and Near Miss Report at [Med Error, Near Miss, or Found Error Report Form](#)
 - Reports should be *timely, clear and accurate* so reader has a clear idea of the incident
4. Communication
 - Medication administration and Patient Safety Committee summarize and report to appropriate committees (including Medication Safety Committee and Faculty Council) and administration as indicated by near miss

APPENDIX J: Definition of Independent Double Check

An independent double check is a process in which a second practitioner conducts verification in the presence or absence of the first practitioner. The **most critical** aspect is to ensure that the first health care provider **does not communicate** what he or she expects the second practitioner to find; this would reduce the visibility of a mistake

Steps on how to complete an Independent Double Check:

1. The first practitioner will prepare the ordered medication. If medication is further diluted in an IV Fluid; the first practitioner will leave the vial, the syringe containing the medication to be added to IV fluid and the IV fluid for the second practitioner to check. The first practitioner must **NOT mix** the drug into the IV fluid until checked by the second practitioner.
2. The first practitioner must **NOT communicate** what she/he expects the second practitioner to see. That would create bias and reduce the visibility of an error
3. The second practitioner must perform the independent double check without any advance knowledge of what finding to expect.
4. The second practitioner would check for:
 - a. Correct Drug
 - i. Check physicians order and MAR / appropriate flow sheet against the medication vial being used to prepare dose
 - ii. If the medication is to be further diluted in IV fluid, the IV fluid will be checked against the physician's order and MAR / appropriate flow sheet
 - b. Drug Dosage
 - i. Check physicians order and MAR / appropriate flow sheet against the medication vial being used to prepare dose.
 - ii. Check syringe that correct dose/volume prepared/withdrawn.
 - iii. If medication is to be further diluted in IV Fluid, the syringe containing the medication shall be checked **prior to** further dilution. Check shall include medication and IV Fluid when applicable.
 - c. Independent Drug Calculations
 - i. Calculate dose to be prepared utilizing the concentration of the medication vial/ampoule and physicians order/MAR to determine the volume required for the order.
 - d. Pump settings (check against physician order)
 - e. Correct Line being used (e.g. peripheral vs. central, IV line vs. feeding tube line)