



# **Management and Reporting of Student Nurse Incidents during Clinical Placement at RCH**

**- Undergraduate & Entry to Professional Practice**

February 2020 – 3<sup>rd</sup> Edition

## The Royal Children's Hospital (RCH) Management and Reporting of Student Nurse Incidents during Clinical Placement at RCH.

This procedure has been written based on recommendations made in the KPMG audit: "The Royal Children's Hospital, Internal audit report of Undergraduate Nurse Placement Program" September, 2009 and updated to represent contemporary practice. This document also reflects the recently revised 2019 *'Registered nurse standards for practice'*.

3rd Edition

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## Overview

The purpose of this procedure is to provide a clear framework for Preceptors, the Nursing Education Team and Nurse Unit Managers in the management and reporting of incidents in relation to student nurses while on clinical placement at RCH.

The policies and procedures related to risk management (see links below) that are currently in place at RCH still apply and should be followed. This Nursing Education procedure is to be used as an adjunct to the RCH policy, directly in relation to dealing with student nurses in the event an incident occurs.

The structure of this procedure is based on the Victorian Health Incident Management System (VHIMS) consequence rating scale for ease of understanding and reporting an incident. For this procedure, the rating scale has been grouped into three groups to cover the broad areas of incident reporting and management. These are:

- Major or Catastrophic Incident
- Moderate Incident
- Insignificant or Minor Incident

Each section also contains within it an escalation matrix to represent the method by which each incident should be dealt with and subsequently reported.

## Definition of Terms

**Student Nurse** - An individual who is currently undertaking a Bachelor of Nursing or Master of Nursing Science degree at a University and is taking part in a clinical placement at RCH as part of that course. Also called entry to professional practice student.

**Incident** -an accidental and/or dangerous occurrence with potential to cause injury/harm to self and/or others.**Clinical placement** - The course component of the Bachelor of Nursing or entry to practice Masters in Nursing, taken outside the University within a health care facility where clinical education is undertaken through direct supervision by a Preceptor (or a clinical teacher).

**Education Team** - Clinical Nurse Educators (CNE) and Clinical Support Nurses (CSN)

**Preceptor** - A Registered Nurse who is formally assigned to provide transitional support and supervision for an agreed upon period of time to a nursing student through education, role modelling and socialisation. Enrolled Nurses (EN) are not able to supervise student nurses as the EN scope requires them to work under the indirect supervision of a Registered Nurse.

**Clinical Nurse Specialist** - In Victoria, the Clinical Nurse Specialist (CNS) is defined in the EBA as a nurse who “is responsible for clinical nursing duties”, therefore is recognised as someone providing direct clinical care. The CNS is a clinical expert in an area of nursing specialisation and accepts responsibility for professional activities that support service delivery and the professional development of self and others

**Delegation** - is the relationship that exists when an RN delegates aspects of their nursing practice to another person such as an enrolled nurse, a student nurse or a person who is not a nurse. Delegations are made to meet peoples' needs and to enable access to health care services, that is, the right person is available at the right time to provide the right service. The RN who is delegating retains accountability for the decision to delegate. They are also accountable for monitoring of the communication of the delegation to the relevant persons and for the practice outcomes. Both parties share the responsibility of making the delegation decision, which includes assessment of the risks and capabilities. In some instances delegation may be preceded by teaching and competence assessment.

## Procedure Details

### Major or Catastrophic Incident (incorporating VHIMS consequence rating scale 4 & 5)

Definition:

Any event, or series of events, involving a student nurse that is sudden, overwhelming, threatening or protracted.

Example:

Any event that causes major or catastrophic harm to a patient, family member or other staff member either deliberate or non deliberate, direct or indirect.

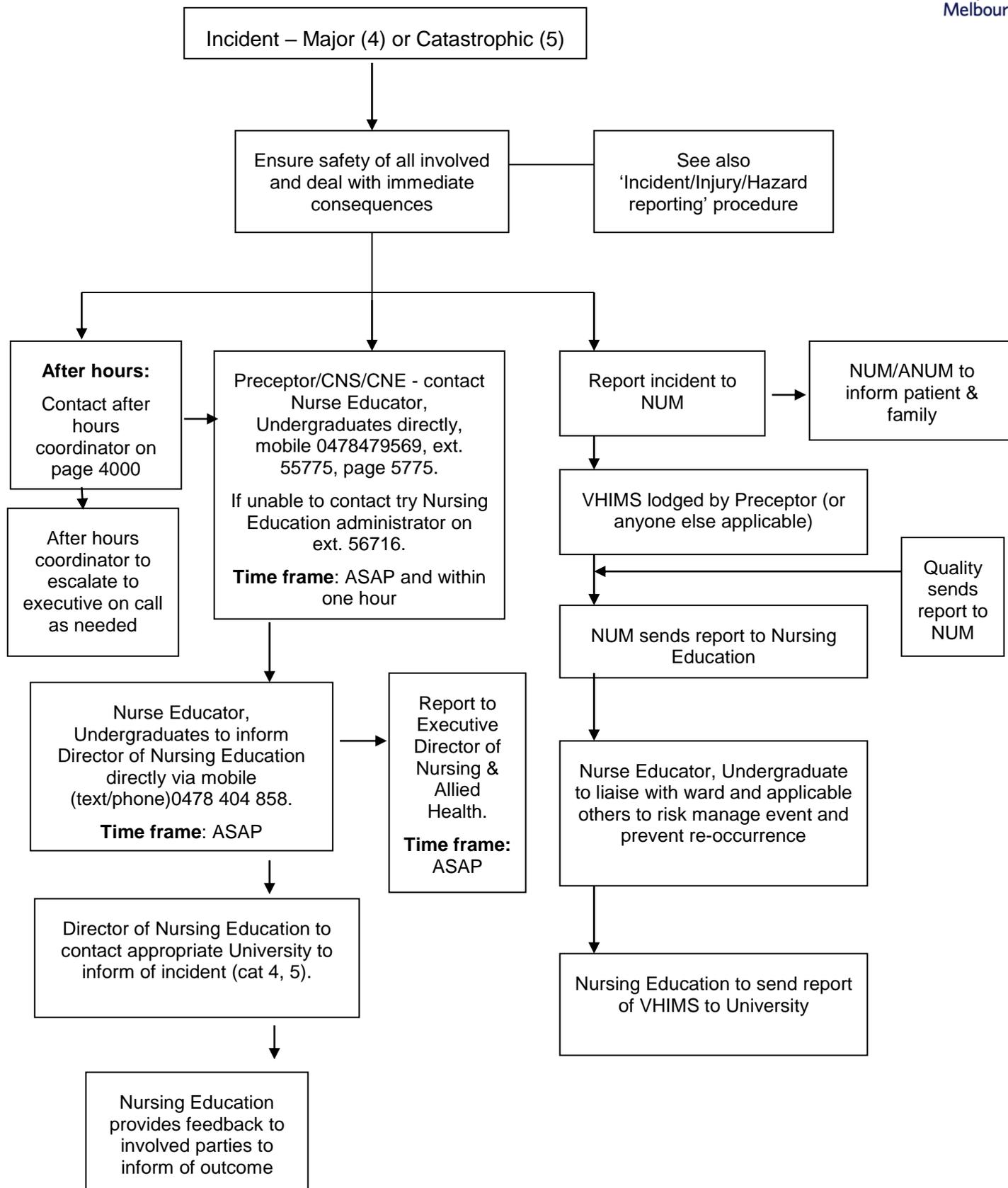
- incorrect administration of medication that is harmful
- incorrect procedure on patient causing injury
- assault (including aimed at student nurse).

### Related VHIMS Consequence Rating Scale

Rating Dimension	Major 4	Catastrophic 5
<b>Patient Safety</b>	<ul style="list-style-type: none"> <li>Major medical attention required</li> <li>Increased length of stay / re-admission, requiring significant medical or surgical intervention.</li> </ul>	<ul style="list-style-type: none"> <li>Unexpected / preventable death or permanent disability.</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>7-9 DHS access targets not met.</li> </ul>	<ul style="list-style-type: none"> <li>10-12 DHS access targets not met.</li> </ul>
<b>Complaints</b>	<ul style="list-style-type: none"> <li>Complaint requires escalation to Minister.</li> </ul>	<ul style="list-style-type: none"> <li>Complaint requires escalation to Health SOS Board.</li> </ul>
<b>Staff and Visitors Safety</b>	<ul style="list-style-type: none"> <li>Significant irreversible disability to two persons.</li> </ul>	<ul style="list-style-type: none"> <li>Single fatality or significant irreversible disability to &gt; two persons.</li> </ul>

<b>Reputation</b>	<ul style="list-style-type: none"> <li>• Prolonged adverse State media coverage</li> <li>• Significant damage to the RCH name</li> <li>• Ministerial enquiry.</li> </ul>	<ul style="list-style-type: none"> <li>• Prolonged adverse international or national media coverage</li> <li>• Irreparable damage to the RCH name</li> <li>• Complete loss of confidence of government and consumer</li> <li>• Major inability to contract staff.</li> </ul>
<b>Strategic</b>	<ul style="list-style-type: none"> <li>• Non delivery of one key strategic objective</li> <li>• Major delay in delivery of multiple strategic objectives.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete non delivery of multiple key strategic objectives.</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Financial loss of up to 1% of revenue.</li> </ul>	<ul style="list-style-type: none"> <li>• Financial loss of greater than 1% of revenue.</li> </ul>
<b>Compliance</b>	<ul style="list-style-type: none"> <li>• Major failure to comply with legislation and regulations</li> <li>• ACHS Accreditation - Multiple high priority recommendations made.</li> </ul>	<ul style="list-style-type: none"> <li>• Extreme failure to comply with legislation and regulations</li> <li>• ACHS Accreditation withheld.</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>• Environmental harm that is reversible within five years.</li> </ul>	<ul style="list-style-type: none"> <li>• Irreversible environmental harm and/or environmental harm that is reversible within 10 years.</li> </ul>

## Escalation Matrix showing the chain of reporting for a Major (4) or Catastrophic (5) Incident



## Moderate Incident (VHIMS rating scale 3)

### Definition:

Any event or series of events involving a student nurse that causes unexpected and reversible harm to a patient, family member or staff or causes harm to the hospitals credibility / confidentiality.

### Example:

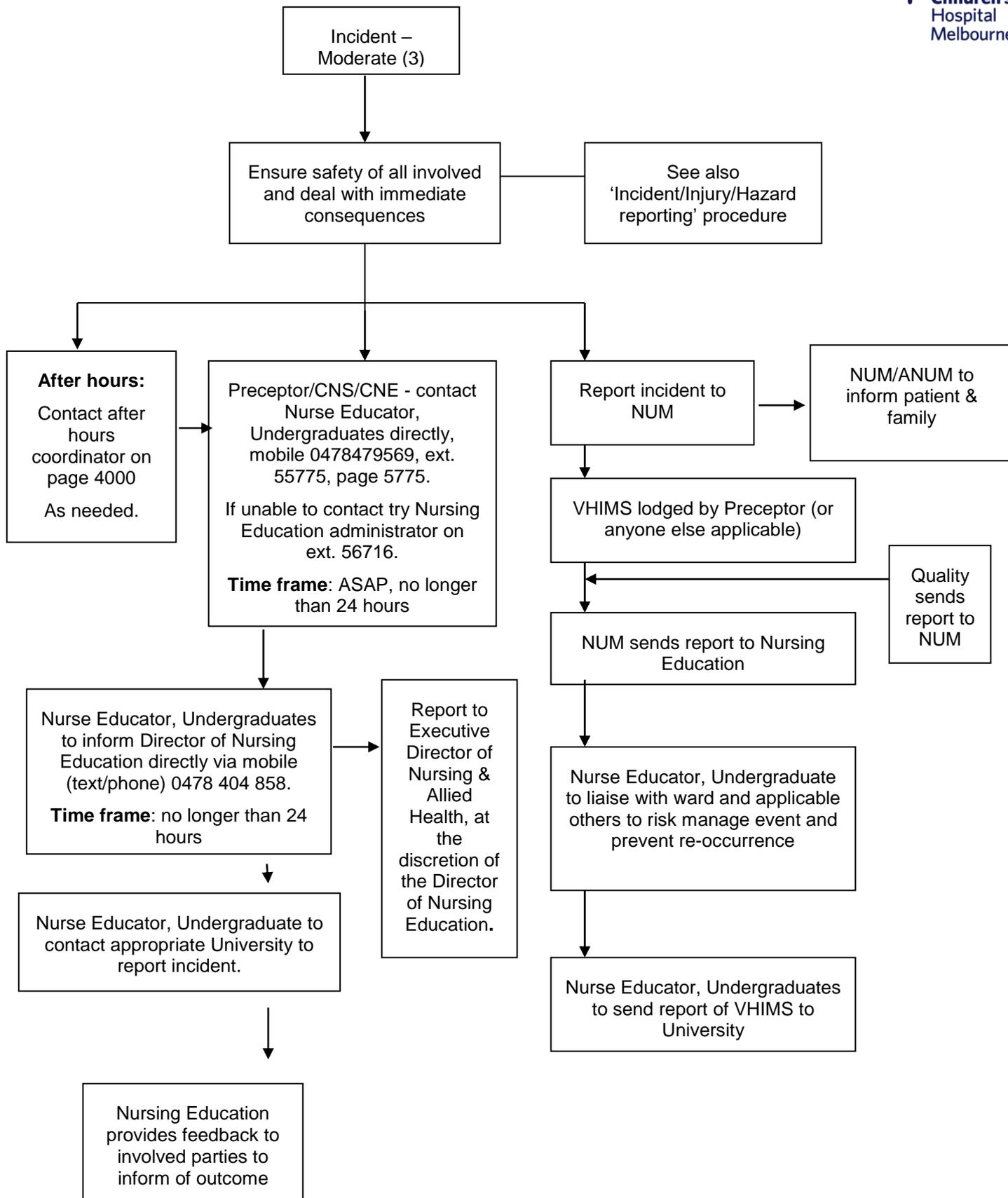
- Incorrect administration of medication that is non harmful or potentially but not actually harmful
- Posting details of RCH information online
- Contamination with biological material.

### VHIMS Consequence Rating Scale

Rating Dimension	Moderate 3
<b>Patient Safety</b>	<ul style="list-style-type: none"> <li>• Moderate medical attention required</li> <li>• Increased length of stay / re-admission or additional operational procedure.</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>• 4-6 DHS access targets not met.</li> </ul>
<b>Complaints</b>	<ul style="list-style-type: none"> <li>• Complaint requires escalation to CEO / Executive.</li> </ul>
<b>Staff and Visitors Safety</b>	<ul style="list-style-type: none"> <li>• Significant reversible disability to &lt; two persons</li> <li>• Major stress.</li> </ul>
<b>Reputation</b>	<ul style="list-style-type: none"> <li>• Adverse State or local media coverage</li> <li>• Moderate damage to the RCH name</li> <li>• Some staff choosing to go to other hospitals.</li> </ul>
<b>Strategic</b>	<ul style="list-style-type: none"> <li>• Major delay in delivery of a key strategic objective.</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Financial loss of between \$50,000-\$500,000.</li> </ul>
<b>Compliance</b>	<ul style="list-style-type: none"> <li>• Serious failure to comply with legislation and regulations</li> <li>• ACHS Accreditation - A high priority recommendation</li> </ul>

	made.
<b>Environmental</b>	<ul style="list-style-type: none"><li>• Environmental harm that is reversible within two years.</li></ul>

## Matrix showing the chain of reporting for a Moderate (3) Incident



## Insignificant or Minor Incident (VHIMS rating scale 1 & 2)

Definition:

A near miss that does not cause harm to patient, family member or staff but had the potential to if the action had been carried out. Alternatively, very minor harm causing a minor impact on increased length of stay, client satisfaction or clinical outcome.

Example:

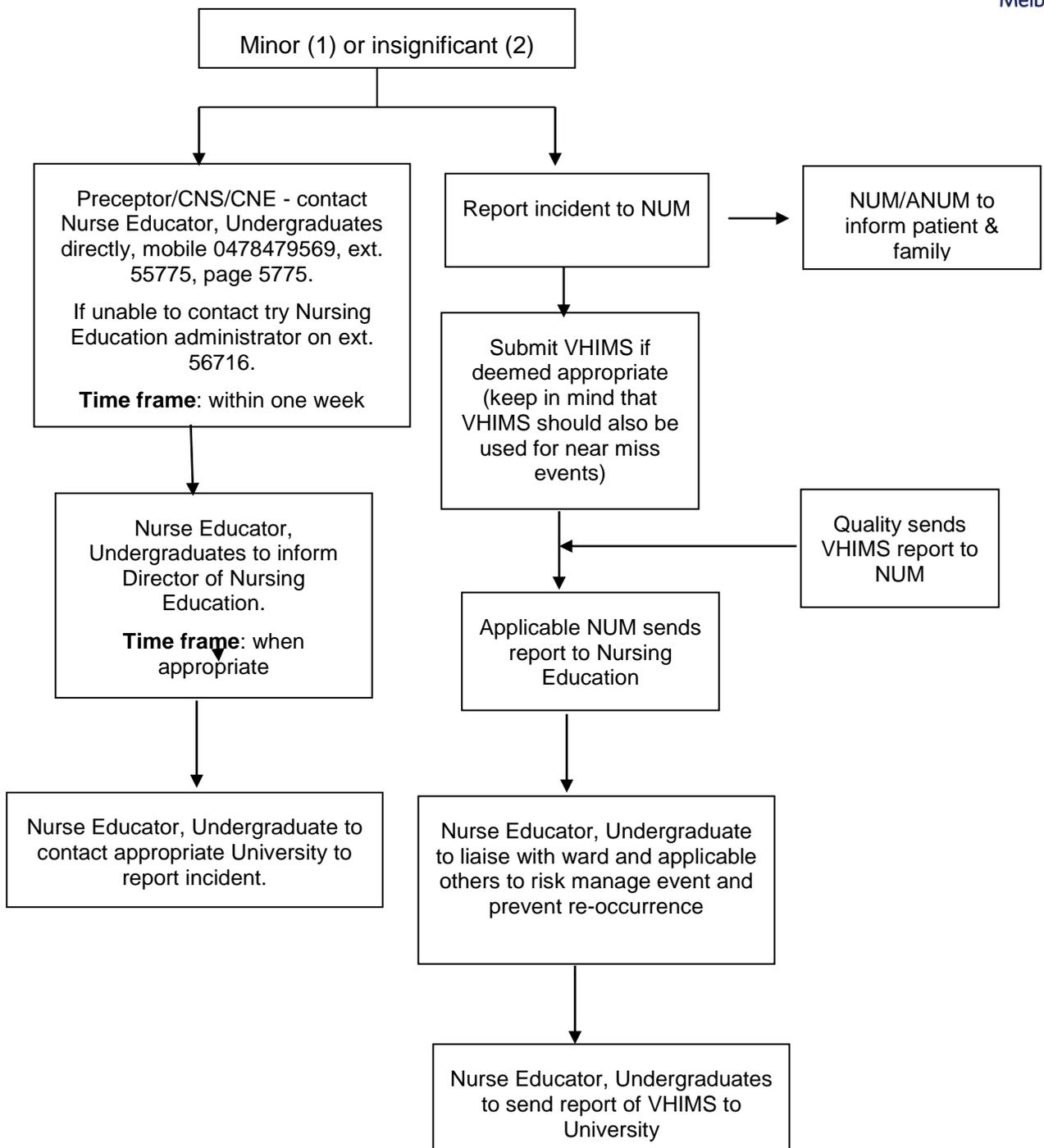
- Incorrect procedure almost performed on patient but caught in time.

### Riskman Consequence Rating Scale

Rating Dimension	Insignificant 1	Minor 2
<b>Patient Safety</b>	<ul style="list-style-type: none"> <li>• Error / incident that had the potential to cause a consequence but on this occasion did not (near miss)</li> <li>• Negligible impact on quality of care.</li> </ul>	<ul style="list-style-type: none"> <li>• First aid required</li> <li>• Patient requiring increased the level of care.</li> </ul>
<b>Access</b>	<ul style="list-style-type: none"> <li>• 1 DHS access targets not met.</li> </ul>	<ul style="list-style-type: none"> <li>• 2-3 DHS access targets not met.</li> </ul>
<b>Complaints</b>	<ul style="list-style-type: none"> <li>• Minor complaint dealt with routinely through a telephone call.</li> </ul>	<ul style="list-style-type: none"> <li>• Complaint requires action to be taken by Compliance Manager.</li> </ul>
<b>Staff and Visitors Safety</b>	<ul style="list-style-type: none"> <li>• First aid treatment only.</li> </ul>	<ul style="list-style-type: none"> <li>• Minor medical attention required</li> <li>• Poor staff morale.</li> </ul>
<b>Reputation</b>	<ul style="list-style-type: none"> <li>• Displeasure of staff voiced internally only.</li> </ul>	<ul style="list-style-type: none"> <li>• Low level damage to the RCH name.</li> </ul>
<b>Strategic</b>	<ul style="list-style-type: none"> <li>• Negligible impact on delivery of a strategic objective.</li> </ul>	<ul style="list-style-type: none"> <li>• Minor delay in delivery of a key strategic objective.</li> </ul>
<b>Financial</b>	<ul style="list-style-type: none"> <li>• Financial loss of below \$10,000.</li> </ul>	<ul style="list-style-type: none"> <li>• Financial loss of between \$10,000 -</li> </ul>

		\$50,000.
<b>Compliance</b>	<ul style="list-style-type: none"> <li>• Insignificant legal issues, non-compliances and/or breaches</li> <li>• ACHS Accreditation - A recommendation made.</li> </ul>	<ul style="list-style-type: none"> <li>• Minor legal issues, non-compliances and/or breaches</li> <li>• ACHS Accreditation - Multiple recommendations made.</li> </ul>
<b>Environmental</b>	<ul style="list-style-type: none"> <li>• Single incident resulting in no material environmental harm.</li> </ul>	<ul style="list-style-type: none"> <li>• Minor, transient environmental harm.</li> </ul>

## Escalation Matrix showing the chain of reporting for an Insignificant (1) or Minor (2) Incident



## Individual responsibility in reporting of an incident involving a student nurse:

### Student Nurse

- Report incident immediately to your Preceptor, CNS, AUM, NUM, CNE/CSN or Nurse Educator, Undergraduates.
- Seek first aid/medical treatment for self or patient immediately.
- Seek debriefing opportunity from RCH or University staff as required.

### Preceptor /NUM/ AUM /CNS/ CSN/ CNE

- Assist the student nurse to access appropriate first aid/medical treatment for self or patient immediately. Following RCH policies & procedures as appropriate, i.e. needle stick injury policy.
- Incident and Injury and Hazard Reporting  
[http://www.rch.org.au/policy/policies/Incident\\_and\\_Injury\\_and\\_Hazard\\_Reporting/](http://www.rch.org.au/policy/policies/Incident_and_Injury_and_Hazard_Reporting/)
- Report incident to NUM.
- Submit a VHIMS report. Ensure the student nurse is involved in this process as a learning experience (if appropriate).
- Ensure the Nurse Educator, Undergraduate has been informed.
- Provide debriefing/support to the student nurse and preceptor as required.
- Initiate open disclosure procedure if necessary. If appropriate involve student in this process.

### NUM

- Incident and Injury and Hazard Reporting  
[http://www.rch.org.au/policy/policies/Incident\\_and\\_Injury\\_and\\_Hazard\\_Reporting/](http://www.rch.org.au/policy/policies/Incident_and_Injury_and_Hazard_Reporting/)
- Forward the VHIMS report to Director of Nursing Education & Nurse Educator, Undergraduate once received from Quality.
- Ensure student nurse is receiving appropriate support from RCH staff.

### Nurse Educator, Entry to Practice Program

- Liaise with appropriate personnel to manage the incident (in conjunction with Director Nursing Education for major or catastrophic incidents).
- In the event of moderate/major/catastrophic incidents immediately communicate with Director of Nursing Education via mobile phone (phone/text).
- Provide feedback to ward and student nurse of the outcome of the incident and changes that will be/have been made to prevent re-occurrence
- Contact the University to inform of incident, as appropriate.
- Where the severity of the incident requires actions (i.e. clinical challenge, immediate cessation of clinical placement), these should be planned and delivered in conjunction with the University and Director of Nursing Education.
- Provide student nurse with support and offer debriefing sessions as needed. Encourage them to utilise University services as needed.

## Director, Nursing Education

- Report any major or catastrophic incidents to Executive Director of Nursing & Allied Health immediately. Less severe incidents may need to be reported to as necessary, this should be a case by case consideration.
- Contact the appropriate University to inform them of any major or catastrophic incidents.

## After Hours Coordinator

- Contacted only for major or catastrophic incident, which occur after hours. Moderate incidents may also need to be reported after hours, this should be a case by case consideration.
- Major or catastrophic incidents should be escalated to executive on call.
- Ensure the staff have submitted a VHIMS report.
- Contact by phone (only if appropriate to circumstances) or e-mail the Director of Nursing Education the first opportunity to inform of incident.
- Provide support to RCH staff &/or student involved if necessary to ensure any immediate/ongoing risks for the shift are eliminated until further follow up can be instigated.

## Related Policy & Procedure

- Incident and Injury and Hazard Reporting  
[http://www.rch.org.au/policy/policies/Incident\\_and\\_Injury\\_and\\_Hazard\\_Reporting/](http://www.rch.org.au/policy/policies/Incident_and_Injury_and_Hazard_Reporting/)
- Incident reporting and Management  
[http://www.rch.org.au/policy/policies/Incident\\_Reporting\\_and\\_Management/](http://www.rch.org.au/policy/policies/Incident_Reporting_and_Management/)
- Risk management procedure  
[http://www.rch.org.au/policy/policies/Risk\\_Management\\_Procedure/](http://www.rch.org.au/policy/policies/Risk_Management_Procedure/)
- Open Disclosure  
[http://www.rch.org.au/policy/policies/Open\\_Disclosure/](http://www.rch.org.au/policy/policies/Open_Disclosure/)