PRECEPTOR MANUAL
School of Health
Faculty of Engineering, Health, Science and the Environment
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Welcome

The Preceptor Manual is designed to provide you with information about the preceptor role and the links between the role, CDU and their relationship to the NMBA National RN Standards for Practice.

The role of preceptor is challenging and indeed hard work, but at the same time it can be extremely rewarding and gives one a wonderful sense of achievement so we hope you enjoy the role.

Thank you for supporting our CDU nursing students.

This manual is current at the date of publication and is updated each year. If you see an omission or error, it would be greatly appreciated if you would advise via clinclineducation@cdu.edu.au or clinicalcoordination@cdu.edu.au to ensure correction for the following year’s edition.
Charles Darwin University Contact list for 2018

<table>
<thead>
<tr>
<th>CONTACT INFORMATION</th>
<th>EMAIL ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGENCY AFTER HOURS CONTACT NUMBER 0429 490 022</td>
<td></td>
</tr>
<tr>
<td>Placement Office: CDU switch board 08 8946 6666</td>
<td></td>
</tr>
<tr>
<td>Ask for Bachelor of Nursing Placement Officer for relevant state or territory.</td>
<td><a href="mailto:nurplac@cdu.edu.au">nurplac@cdu.edu.au</a></td>
</tr>
<tr>
<td>Director Clinical Education:</td>
<td><a href="mailto:clincialeducation@cdu.edu.au">clincialeducation@cdu.edu.au</a></td>
</tr>
<tr>
<td>Clinical Coordinator:</td>
<td><a href="mailto:clinicalcoordination@cdu.edu.au">clinicalcoordination@cdu.edu.au</a></td>
</tr>
<tr>
<td>Pre Clinical Coordinator:</td>
<td><a href="mailto:Preclinical@cdu.edu.au">Preclinical@cdu.edu.au</a></td>
</tr>
<tr>
<td>NUR125 Unit Coordinator:</td>
<td><a href="mailto:nur125unitcoord@cdu.edu.au">nur125unitcoord@cdu.edu.au</a></td>
</tr>
<tr>
<td>NUR244 Unit Coordinator:</td>
<td><a href="mailto:nur244unitcoord@cdu.edu.au">nur244unitcoord@cdu.edu.au</a></td>
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</tr>
<tr>
<td>NUR346 Unit Coordinator:</td>
<td><a href="mailto:nur346unitcoord@cdu.edu.au">nur346unitcoord@cdu.edu.au</a></td>
</tr>
</tbody>
</table>
Academic Clinical Team

Who do I contact if I have concerns about the student?

**Unit (Subject) Coordinator:** This is the academic staff member who has responsibility for the delivery quality and assessment of specific units. This is the first point of call for queries about the academic objectives for a clinical placement, assessment, general placement questions and feedback.

**Clinical Coordinator:** The academic staff member and contact person for problems which cannot be resolved at a health facility level, or resolved with the Unit Coordinator and delegate for the unit coordinator in their absence.

**Director of Clinical Education:** The academic staff member responsible for the overall direction and management of the clinical component of the course and the strategic management of the placement program at CDU. Contact person if the clinical coordinator unavailable. Issues not resolved at the Clinical coordination level are escalated to the Director of Clinical Education.
Overview of Clinical Placement

A clinical placement is defined as an authorised block of time (hours) in which students attend a clinical setting for a structured clinical experience as part of a specific unit. There are five clinical placement units in the Bachelor of Nursing (Pre-registration) program that require specific clinical placements. These are outlined below.

### Summary of clinical placement units

<table>
<thead>
<tr>
<th>Year Level</th>
<th>Clinical Placement</th>
<th>Progression</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st year</td>
<td>NUR125: 160 hours sub-acute setting</td>
<td>Applies knowledge and skills in Primary Health Care and basic assessment of stable well (non-complex) patients.</td>
</tr>
<tr>
<td>2nd year</td>
<td>NUR244: 160 hours in medical / surgical setting</td>
<td>Applies knowledge and skills in the care of sub-acute and acute patients in general medical and surgical settings located in secondary and tertiary settings. Maintains earlier competencies.</td>
</tr>
</tbody>
</table>
| 3rd year   | NUR343: 160 hours medical / surgical settings and 80 hours mental health setting  
NUR344: 160 hours community settings  
NUR346: 60 hours in a primary, secondary or tertiary setting | Applies knowledge, skills and clinical reasoning to the nursing care of patients with more complex needs in various acute primary, secondary and tertiary settings. Care of clients in a mental health setting. Maintains earlier competencies. |

By the end of third year, students are expected to be able to integrate all of the skills and knowledge developed throughout the course. Whilst there are some specific skills students are not expected to achieve until reaching third year, students must continue to demonstrate ability to perform skills achieved earlier (e.g. fundamental nursing skills such as personal care).

It is expected that at the completion of each year level students will be ready to build on their knowledge and ability. Students should progress from novice in first year, to advanced beginner by the end of third year.

Over the placement experience the student should demonstrate patterns of development and progression in skill acquisition. It is expected that when a student is presented with new or more complex activities (beginning of the placement), the student’s level of practice proficiency is initially low, increasing as they learn to demonstrate the expected behaviour and knowledge. It is expected that the student is consistent in progressing with the expected practice level of behaviour. For example first year students should undertake care with direction and supervision from others. In contrast third year students’ actions should be underpinned with sound evidence-based rationales and communicated in a coherent and accurate manner. The Clinical Assessment Portfolio provides details of the expectations required of students for each clinical unit.
Assessments in Clinical Assessment Portfolio

1. Attendance record: This must be accurate and complete. Any absences must be reported to the Health Facility and the CDU Placement Office prior to the shift commencing. 100% attendance is required to pass the practicum. All make up time must be negotiated between the Placement Office and the Health Facility.

2. Clinical Objectives: The student is responsible for setting their own clinical objectives for placement and should consider them prior to the commencement of placement. The student must set two objectives per week. These objectives, the strategies and the demonstrated evidence that objectives have been met, are graded. Students who do not meet their objectives may not achieve a successful grade for the unit. The objectives and their associated strategies should fit within the student’s Scope of Practice and be relevant to the unit’s Learning Outcomes and the ward or team in which the placement occurs. They should also progression from ‘neophyte to advanced beginner’ (Bondy, 1983). The objectives must be realistic, achievable and measurable.

3. Feedback & Assessment: The Students and Preceptor are expected to provide documented Formative Feedback (Interim) and Summative Assessment (Final). This feedback and assessment instrument is based on the NMBA RN Standards for Practice (2016). The student’s practice MUST be assessed according to the NMBA RN Standards for Practice. Students are assessed according to their specified Scope of Practice.

The ANSAT assessment instrument is based on Bondy’s work (1983). Below is an outline of how to grade the student.

Grading scale for ANSAT Practice Standards:

<table>
<thead>
<tr>
<th>Students must attain a minimum rating of (3) or Satisfactory by the end of placement:</th>
</tr>
</thead>
</table>
| **(1)** | Expected behaviours and practices not performed  
Unsatisfactory: unsafe. Not achieving minimum acceptable level of performance for the expected level of practice. Demonstrate behaviours infrequently / rarely. Continuous verbal & / or physical direction required. |
| **(2)** | Expected behaviours and practices below acceptable/ satisfactory standard  
Limited: Not yet satisfactory. Demonstrates behaviours inconsistently. Needs guidance to be safe. Continuous verbal & / or physical direction required. Requires close supervision. |
| **(3)** | Expected behaviours and practices performed at a satisfactory / passing standards  
Satisfactory: This is the passing standard. Demonstrates behaviours consistently to a satisfactory and safe standard. Occasional supportive cues required. |
| **(4)** | Expected behaviours and practices performed at a proficient standard  
Proficient: The student is comfortable and performs above the minimum passing standard with respect to an item. Practice performed at a safe standard. Infrequent supportive cues required. The student’s performance is consistent, reliable and confident. |
| **(5)** | Expected behaviours and practices performed at an excellent standard  
Excellent: Demonstrates most behaviours for the item well above minimum passing standard. Demonstrates greater independence in practice with safety a high priority. Supportive cues rarely required. Exhibits a level of excellence / sophistication with respect to an item. |

Source: Australian Nursing Standards Assessment Tool www.ansat.com.au
Preceptoring Charles Darwin University (CDU) students

This booklet provides information related to preceptoring nursing students from Charles Darwin University. Thank you for choosing to be a CDU preceptor. This is a very important role and one that carries an added responsibility because it embraces the concept of facilitating learning among enthusiastic students as they commence their professional journey in health service delivery and patient care. Whilst this process is dynamic and sometimes very unpredictable, the role and responsibility of a preceptor is extremely rewarding.

The preceptor model for teaching students in the clinical area aims to provide a supportive network that enables the preceptor to facilitate the student's professional, social and physical transition to the graduate nurse role in the real world of health care. It is a means to build a supportive teaching and learning environment for students (preceptees).

CDU along with many other universities and regulatory authorities have adopted the preceptor model of clinical supervision because it:

- Empowers students and improves the quality of students' problem solving, learning and reflection in and on clinical practice;
- Assists preceptors to assess students within their Scope of Practice and helps them compare skill development with previous attempts and specified NMBA RN Standards for Practice within the real world of clinical practice;
- Assists with role-socialisation processes;
- Provides the opportunity for students to learn time management, organisational skills, and delegation;
- Fosters students' skill acquisition and helps them apply theory to practice;
- Builds students’ self-confidence as they are socialised into the role of the Registered Nurse;
- Enables students to assume increased levels of responsibility under direct supervision and at their own pace and Scope of Practice;
- Reduces the reality shock of the transition of student to Registered Nurse;
- Acknowledges expertise of skilled Registered Nurses who are expert role models for professional practice;
- Promotes a teaching and learning culture within organisations through commitment to quality improvement and lifelong learning;
- Helps preceptors to develop a professional portfolio, including preceptor activities in readiness for annual registration.
What are the necessary characteristics for being a CDU preceptor?

- Shows respect for the learner and by doing so create a safe environment for professional growth;
- Demonstrates expert knowledge and skill and the ability to share these attributes in a way that is useful and interesting to the learner;
- Be able to make judgements about proficiency of CDU students on the same part of the register, and in the same field of practice and be accountable for such decisions;
- Discusses current developments, reveals broad reading, discusses divergent points of view, relates topics to other disciplines, directs students to useful literature in the field, explains the basis for their actions and decisions and answers questions enthusiastically, clearly and precisely;
- Demonstrates enjoyment of patient care and enthusiasm for teaching;
- Demonstrates knowledge and a willingness to share time, knowledge and skills;
- Is committed to a high level of evidence-based, quality nursing care;
- Has a good understanding of the NMBA RN Standards for Practice for the Registered Nurse (Appendix A);
- Communicates clear goals and expectation while remaining open and respectful to others;
- Recognises that, when appropriate, he or she must relinquish some of the control in the clinical area to the learner;
- Able to assess and give constructive feedback on the students’ level of clinical proficiency, knowledge and professionalism relative to the students’ level of experience and knowledge;
- Promotes active involvement of the learner in all aspects of practice.
What are the roles and responsibilities of a CDU preceptor?

Preceptors in the CDU model are responsible for patient / client care in addition to clinical teaching and supervision of preceptees. They act as role models in clinical practice by sharing their knowledge and experience. They guide, facilitate and support each student, in addition to assessing practice proficiency and evaluating students' progress.

The role of the Preceptor is to:

- Provide quality patient / client care and support and educate the student in the process;
- Orientate students to the clinical area;
- Enhance and reinforce students' level of clinical knowledge and skill;
- Assist students with meeting their learning objectives and needs; Identify learning needs with each preceptee and topics for further learning;
- Contribute to the students’ organisational skills and prioritising of care;
- Encourage students’ critical thinking and problem solving skills;
- Assess students' performance and clinical practice proficiency;
- Assist in the socialisation of students' to the professional setting;
- Consult and liaise with the CDU Clinical Supervisor/teacher and/or Unit Coordinator regarding students’ formative (interim assessment) and summative (final assessment) progress. CDU remains responsible for the ultimate outcome of the workplace assessment. Please see Appendix C: The flowchart for clinical units.

How can I prepare myself to become a preceptor?

Step 1. Make sure you feel comfortable with taking on this role, discuss this with the NUM, CNC and / or CDU Supervisor/teacher;

Step 2. Find out the students' level of clinical skill practice and prior clinical experiences;

Step 3. Find out how the student is feeling about the placement, and explore their fears or concerns?

Step 4. Find out what the students' learning objectives are for the placement and if they have need for extra support perhaps because of past experiences or a disability;

Step 5. Have realistic expectations of the student's knowledge and skills based on the above information;

Step 6. Find out what the students expect of you as a preceptor;

Step 7. Remember to consider the student as an individual and not to compare them with others;

Step 8. Keep the student informed of what expectations you have of them and how you think they are performing;

Step 9. Remember to be honest with the student.
What is practice proficiency?

NMBA (2016) Registered nurse standards for practice encompass the skills, knowledge, abilities, attitudes and values required to practice nursing. Differentiation exists in practice standards among practicing nurses at various levels and settings. Demonstrated practice against the standards develops over time and is measurable. Students, if they are to build on their knowledge and skills need practice and time to reflect in order to achieve these aims. Assessment can be seen as continuous monitoring of the individual student’s development of his/her abilities.

How do we measure practice proficiency?

In Australia clinical practice is measured by assessing students’ behaviours against each of the Nursing Standards for Practice described in the NMBA Practice Standards. The level of skills students are expected to attain will depend on their year level, and designated Scope of Practice.

What happens if you identify problems?

Step 1. Clearly and objectively identify the problem and readily observable reasons why the student is finding that meeting their clinical objectives is challenging. Doubts over a student’s performance during their placement must be qualified in terms of outcomes and explanation. In general this will be based on the competencies as set out in the student’s Clinical Portfolio. By linking your assessment closely to the NMBA RN Standards for Practice (Appendix A) you will be able to keep your assessment objective, unambiguous, realistic and measurable.

Step 2. Ask yourself “can I talk to the student about this” (see alternative below).

Step 3. If you can, meet with the student to discuss your concerns. Extensive, constructive feedback is necessary here to help students understand any concerns you may have. It is crucial that problem areas are clearly documented, along with plans for development. It is important to find out if the student is aware of the problem and negotiate strategies for dealing with it.

Step 4. Let the CNC and/or CDU Supervisor/teacher or CDU Unit Coordinator know what the identified problem is and what strategies have been put in place. The CDU Unit Coordinator must be advised about what has happened. It is crucial to keep anecdotal records and minutes of the meeting. These should be available to the student and CDU.

Step 5. Evaluate the strategies and provide ongoing feedback to the student. The CNC and/or CDU Supervisor/Unit Coordinator must be kept informed regarding progress. You must record your plan of action and the support provided, as well as input from the student. OR

Step 6. If you cannot talk to the student then discuss the problem with the CNC and/or CDU Supervisor/Unit Coordinator for advice and strategies on how to deal with the problem.
Guidelines for Giving Constructive Feedback to the Student

Adapted from ‘Attitude Works’

1. **Offer your feedback with care.** Begin by asking the student if you can provide some feedback. Once you have agreement offer the feedback in a respectful manner.

2. **Make your feedback specific.** The student cannot learn from your feedback if you suggest they are ‘inconsiderate’ for example, without further explanation. Instead provide an example such as, ‘When you took Mr Jones to the bathroom and his gown was not tied up properly, I noticed the other patients looking very uncomfortable. Could you please make sure the patients are covered next time?’

3. **Ensure your feedback is given at the right time.** Do not delay giving the feedback as the event is not always remembered. For example, if a student was on their final week of placement and you wanted to offer feedback on an event that took place in their first week, you have probably missed your chance to give effective feedback.

4. **Advice must be easy to put into practice.** Feedback is most useful when behaviour is modifiable. It would not be helpful to hear from the preceptor that the student was too small in stature to carry out the task. Instead it would be helpful to say, ‘When you performed that clinical skill, it looked like you couldn’t reach the patient easily. Have you thought about lowering the bed to a more suitable height?’

5. **Always prepare what you want to say.** Giving constructive feedback is not an easy task. You will need to make sure you take the time to be clear, specific and timely with your feedback.

6. **Use statements beginning with ‘I’.** When giving feedback, it is best to take ownership of what you are saying. If you begin with ‘I’ then the student is more likely to listen and respect what you have to say.

7. **Choose your location wisely.** Receiving feedback in front of other team members can be daunting. Take the time to think about where it would be appropriate to offer your feedback as you may wish for some privacy.

8. **Always allow the student to respond to your feedback.** Ensure that the student has understood what you are saying; ascertain whether they require further feedback or if they wish to explain themselves.

9. **Communication issues** can be addressed using the communication tool in Appendix D. Students should have a communication assessment at the interim and final assessment. If issues are identified then these can be addressed with the student and the unit coordinator.

10. **Develop a plan in conjunction with the student** to correct behaviours and to assist the student with any identified deficits.

Remember to contact CDU as soon as possible if you have any concerns about the student you are preceptoring so that arrangements can be made to support you and the student early in their placement.
Students who fail to meet NMBA RN Standards for Practice

A student who is either not progressing, or failing to meet the required standard, needs early identification so that opportunities can be provided for the student to recognise their ‘deficits’ and work to remedy these. Unfortunately some students may also not meet NMBA standards of Ethics and Professional behaviour. (See later section on conduct).

Duffy (2004 p. 16) outlines why good assessment is an essential part of a mentor's role:
“Potentially clinical assessment of student nurses can safeguard professional standards, patients and the general public. It is inevitable that some students will not be able to meet the required level of practice and it is essential that mentors do not avoid the difficult issue of having to fail these students.”

The named Preceptor / Clinical supervisor/teacher is responsible for making the final assessment and is accountable for documenting that the student has / has not achieved the required NMBA RN Standards for Practice (2016). The final documentation must be an accurate and objective reflection of the student’s practice during the placement. It is crucial that the Preceptor / Clinical supervisor/teacher keeps sufficient anecdotal and final records to support and justify their decisions on whether a student is or is not proficient.

The following list of behaviours (Maloney et al. 1997; Duffy & Hardicre, 2007) may assist in identifying students that are at risk of not meeting their clinical objectives.

- Inconsistent clinical performance;
- Does not respond appropriately to constructive feedback;
- Appears unable to make changes in response to constructive feedback – therefore clinical skills do not improve;
- Exhibits poor preparation and organisational skills;
- Has limited interactions or poor communication skills, experiences continual poor health; say they feel depressed; appear angry, uncommitted, withdrawn, sad, or are emotionally unstable, tired or listless.

It will be necessary to provide extra support and supervision when a student fails to achieve their learning objectives or meet the necessary competencies and standards in one or more Domains. If this is the case the Health Facility should:

- Facilitate ongoing student self-assessment by helping them identify what they already know and what they need to focus on in order to learn and overcome their ‘weaknesses’; identify resources they can utilise to improve knowledge and skills. Discussions about “Failing to progress” should not surprise students. Most students recognise that they are not coping and want to remedy their ‘deficits’ as early as possible;
- Notify CDU of its concerns that a student is not achieving their learning outcomes. Support from CDU staff is essential and it is important to establish clear and open communication between the student, preceptor and CDU Unit Coordinator;
- Meet with the student as soon as possible to discuss this issue and ensure the student knows the reason for the meeting. It is important that minutes of these meetings be recorded and made available to CDU and the student;
- Discuss the evidence which has led to concern; give honest, objective and unambiguous feedback that is based on the Standards for Practice and the NMBA Codes of Ethics and Practice and the student’s level of experience and Scope of Practice.
**CDU Work Health and Safety**

Charles Darwin University is committed to a healthy, safe work environment, and takes seriously its obligation to provide guidelines and training in safe work practices and information on control measures for hazards in the workplace. The University recognises that success in achieving a healthy and safe environment depends on the commitment and cooperation of staff, students and other persons throughout its areas and activities.

Each member of staff and each student are responsible for carrying out the following functions to ensure their own environment is safe and without risk to health by:

- Complying with all health and safety instructions;
- Taking action to avoid, eliminate or minimise hazards;
- Making proper use of all safety devices and personal protective equipment;
- Not wilfully placing at risk the health or safety of any person within the workplace;
- Seeking information or advice where necessary before carrying out new or unfamiliar work;
- Wearing appropriate dress for the work being carried out including, where required, protective clothing and footwear at all times while on duty;
- By consuming or storing food and drink only in those areas designated;
- Be familiar with emergency and evacuation procedures and the location of, and if appropriately trained, the use of emergency equipment.
Management of exposure to blood or body substances (Biohazard)

Exposure to blood or other blood or body substances may occur as a result of:

- Injuries from sharp instruments contaminated with blood or other body fluids;
- Splashes to mucous membranes from blood or other body fluids;
- Splashes to non-intact skin from blood and body fluids

As soon as practicable after exposure:

- Gently encourage bleeding if skin is not intact;
- Wash the area of contamination well with soap and water.- apply dressing if necessary;
- If the eyes have been contaminated, rinse gently but thoroughly with water or normal saline while eyes are open. Rinsing should be at least for thirty (30) seconds;
- If clothing is contaminated, remove and shower;
- If blood or other body fluids are sprayed into the mouth, spit out and then rinse out the mouth several times;
- Inform the senior nurse of the incident and follow Biohazard policy of the facility seeking first aid, medical management and prophylaxis as determined by the risk of infection.
- Inform the Clinical Coordinator ClinicalCoordination@cdu.edu.au about the incident
- Complete a Charles Darwin University Accident and Incident Form and the relevant documentation required by the health facility.
- Send the CDU Accident and Injury Form to the Clinical Coordinator who will complete the required section and forward to Work, Health & Safety office at CDU whs@cdu.edu.au

NB* Students are not employees of the health facility or the University as such are not covered by workers compensation and will have the same legal status as members of the public. Students remain responsible for all costs incurred arising from accident or injury in the workplace except where it can be demonstrated that the facility was negligent in its duty of care. The University insurance does not include procedures covered by Medicare. In the event of an accident or injury during clinical placement please contact the Placement Office, the Clinical Coordinator ClinicalCoordination@cdu.edu.au or CDU Work, Health & Safety for advice. whs@cdu.edu.au
Insurance

Charles Darwin University has personal accident and public liability coverage which extends to cover the legal liability of students while engaged on authorised university-sponsored activities. This includes practical experience activities, provided the student is not engaged as an employee in receipt of remuneration. In assisting CDU with the provision of clinical practice experience, it is understood that the student will be under supervision at all times and practice within their Scope of Practice and level of practice.

Note: Students are not covered by CDU insurance when travelling to and from clinical placements.

Accident or Injury during placement

If a student is involved in an accident or sustains an injury while on clinical placement students are required to inform their Preceptor / Clinical Supervisor immediately. Appropriate first aid should be provided to the student. A senior nurse or clinical supervisor should then inform the Clinical Coordinator as soon as practicable and will be forwarded a current CDU Accident and Injury reporting form (Appendix E). It is a CDU requirement that students complete this form and return it to CDU via the Clinical Coordinator. The Health Facility may be asked to supply a copy of their own accident and injury paperwork for the student's CDU records.

Students must also comply with the accident and injury reporting guidelines and procedures of the Health Facility. If necessary the student should attend the Emergency Department or be seen by a Medical Officer. Students are responsible for the costs involved for any accident or injury to themselves while on placement and should be treated as a member of the public when seeking medical assistance. It is important to remember students on placement are not covered by workers compensation as they are not employees of the University or the facility. The personal accident policy of the University in place for students is outlined below. Please note it does not include Medicare related expenses. For further information on CDU insurance and coverage, the student is encouraged to contact the University.

- Death Benefit
- Weekly Benefit - Injury if loss of income
- Domestic Help/Child Minding Benefit
- Bedcare Patient Benefit
- Non-Medicare Expenses - Medical expenses which are claimed in whole or part through Medicare cannot be claimed under this policy.
- Home Tutorial Benefit
- HECS and/or Post Graduate Fees
- Injury Assistance Benefit
- Modification Benefit

Students can also contact Student Administration and Equity Services for counselling and additional advice if this is needed. If urgent contact with University is needed, any of the contacts on page 5 may be contacted.
Frequently Asked Questions

Can students organise their own placement with a Health Facility?

No. Students are not permitted to contact Health Facilities to organise their own placements. However, students can provide the Placement Office with information about potential placement opportunities. If a student approaches you for a placement, please direct them back to the Placement Office.

Can a student organise their own shifts and rosters?

No. Rosters are determined by the placement provider. If students have concerns about their rosters they should advise the Placement Office. Students cannot enter into negotiations with the Facility regarding their roster.

Local managers, clinical staff or students must not negotiate changes unless this process has been approved by the Placement Office. Unauthorised hours will not be counted for assessment purposes. In general students must only attend the placement for 8.5 hours per day. The ONLY exception is when the preceptor is rostered to work 10 hour shifts over a four day period.

What should I do if a student does not turn up for their rostered shift?

If a student fails to attend a rostered shift the CDU Placement Office must be notified as soon as possible. The Placement Office will then liaise with the student. The afterhours emergency contact number can also be utilised if outside normal office hours (see page 5).

Is the student part of the work-force?

At CDU all students undertaking pre-registration nursing programs have supernumerary status while on clinical placements. This means that students are additional to the workforce requirement and staffing figures. Students are present in the placement setting as a learner and not as a member of staff. However, students must still make an active contribution to the work of the practice area to enable the student to learn how to care for patients (RCN, 2007a).

“Supernumerary status means that the student shall not, as part of their program of preparation, be employed by any person or body under a contract to provide nursing/midwifery care” (NMC, 2004b; NMC, 2004c).
The student is an Enrolled Nurse; what difference will this make to the clinical placements?

There are significant and complex differences in the role and responsibilities of a student on clinical placement and those of the same student who is employed as an Enrolled Nurse.

Firstly, CDU students are not covered by an employment contract or employee insurance while on clinical placement. Instead, students must comply with the policies of Charles Darwin University.

Secondly, the student's scope of practice is different from that of an Enrolled Nurse. For instance, even if a student is “medication endorsed” as an Enrolled Nurse, this endorsement is not applicable to the role of a student. This is a complex legal and professional issue. Students who work outside their Scope of Practice will probably be withdrawn from the placement and fail the unit.

The guiding principle is that students cannot undertake clinical tasks unless they have successfully undertaken the applicable theoretical unit and the related tasks in the requisite SB.
Glossary of Terms

Different models of clinical supervision, support and teaching are used during clinical placement. The model selected is dependent upon factors such as the clinical context, the number of students on placement and their level of experience. The terminology used is often jurisdiction specific. Charles Darwin University employed clinical supervisors are called clinical supervisors or clinical teachers. Health facility employed clinicians who work alongside students are called preceptors. Health facilities often utilise their own clinical nurse educators (CNE) to oversee student placements and support their own staff who works as preceptors.

**Mentor:** Someone who provides an enabling relationship that facilitates another’s personal growth and development. The relationship is dynamic, reciprocal and may become tense. The mentor’s role is to assist with career development and guide the mentee through the organisational, social and political networks (Morton-Cooper & Palmer 2000, p.189), *Mentoring and Preceptorship: a guide to support roles in clinical practice*, published Blackwell Science.

**Preceptee:** A student learning within a clinical area which may be attached to a primary, secondary or tertiary agency including primary health care, community, acute, mental health, aged care.

**Preceptor:** A preceptor is a registered nurse, a clinician working in practice, who is prepared for the role of supervision, clinical teaching, assessment and the provision of feedback to students (Heffernan, Heffernan, Brosnan, & Brown, 2009).

**Preceptorship:** Preceptorship is clinical supervision model in which clinicians have a direct clinical teaching role and undertake student assessment. The role focuses on the development of clinical and professional skills as well as work-place orientation and socialisation.

**Clinical supervisor/teacher:** Clinical supervisors/teachers are employed by educational institutions or seconded from health facilities to support, teach and assess groups of students. Clinical supervisors/teachers assist and enable students in a clinical setting to acquire the required knowledge, skills and attitudes to meet the standards defined by the university and nurse regulatory authorities. They liaise between the students, academic and clinical staff in a tripartite relationship (Andrews & Roberts, 2003).

**Clinical nurse educator:** The clinical nurse educator is a senior nurse employed by the health facility who acts as a role model, preceptor and or / mentor to inexperienced nurses to facilitate the development of clinical expertise and decision making in a speciality area. A component of their role may be oversight of undergraduate nursing placements. Their primary role is the professional development of the staff in their area of specialty.
APPENDIX A:
Registered nurse standards for practice

Standard 1: Thinks critically and analyses nursing practice

RNs use a variety of thinking strategies and the best available evidence in making decisions and providing safe, quality nursing practice within person-centred and evidence-based frameworks.

The registered nurse:

1.1 accesses, analyses, and uses the best available evidence, that includes research findings, for safe, quality practice

1.2 develops practice through reflection on experiences, knowledge, actions, feelings and beliefs to identify how these shape practice

1.3 respects all cultures and experiences, which includes responding to the role of family and community that underpin the health of Aboriginal and Torres Strait Islander peoples and people of other cultures

1.4 complies with legislation, regulations, policies, guidelines and other standards or requirements relevant to the context of practice when making decisions

1.5 uses ethical frameworks when making decisions

1.6 maintains accurate, comprehensive and timely documentation of assessments, planning, decision-making, actions and evaluations, and

1.7 contributes to quality improvement and relevant research.

Standard 2: Engages in therapeutic and professional relationships

RN practice is based on purposefully engaging in effective therapeutic and professional relationships. This includes collegial generosity in the context of mutual trust and respect in professional relationships.

The registered nurse:

2.1 establishes, sustains and concludes relationships in a way that differentiates the boundaries between professional and personal relationships

2.2 communicates effectively, and is respectful of a person's dignity, culture, values, beliefs and rights

2.3 recognises that people are the experts in the experience of their life

2.4 provides support and directs people to resources to optimise health-related decisions

2.5 advocates on behalf of people in a manner that respects the person's autonomy and legal capacity

2.6 uses delegation, supervision, coordination, consultation and referrals in professional relationships to achieve improved health outcomes

2.7 actively fosters a culture of safety and learning that includes engaging with health professionals and others, to share knowledge and practice that supports person-centred care

2.8 participates in and/or leads collaborative practice, and

2.9 reports notifiable conduct of health professionals, health workers and others.

Standard 3: Maintains the capability for practice

RNs, as regulated health professionals, are responsible and accountable for ensuring they are safe, and have the capability for practice. This includes ongoing self-management and responding when there is concern about other health professionals' capability for practice. RNs are responsible for their professional development and contribute to the development of others. They are also responsible for providing information and education to enable people to make decisions and take action in relation to their health.

The registered nurse:

3.1 considers and responds in a timely manner to the health and wellbeing of self and others in relation to the capability for practice

3.2 provides the information and education required to enhance people's control over health

3.3 uses a lifelong learning approach for continuing professional development of self and others

3.4 accepts accountability for decisions, actions, behaviours and responsibilities inherent in their role, and for the actions of others to whom they have delegated responsibilities

3.5 seeks and responds to practice review and feedback

3.6 actively engages with the profession, and

3.7 identifies and promotes the integral role of nursing practice and the profession in influencing better health outcomes for people.

Standard 4: Comprehensively conducts assessments

RNs accurately conduct comprehensive and systematic assessments. They analyse information and data and communicate outcomes as the basis for practice.

The registered nurse:

4.1 conducts assessments that are holistic as well as culturally appropriate
4.2 uses a range of assessment techniques to systematically collect relevant and accurate information and data to inform practice

4.3 works in partnership to determine factors that affect, or potentially affect, the health and wellbeing of people and populations to determine priorities for action and/or for referral, and

4.4 assesses the resources available to inform planning.

**Standard 5: Develops a plan for nursing practice**

RNs are responsible for the planning and communication of nursing practice. Agreed plans are developed in partnership. They are based on the RNs appraisal of comprehensive, relevant information, and evidence that is documented and communicated.

The registered nurse:

5.1 uses assessment data and best available evidence to develop a plan

5.2 collaboratively constructs nursing practice plans until contingencies, options priorities, goals, actions, outcomes and timeframes are agreed with the relevant persons

5.3 documents, evaluates and modifies plans accordingly to facilitate the agreed outcomes

5.4 plans and negotiates how practice will be evaluated and the time frame of engagement, and

5.5 coordinates resources effectively and efficiently for planned actions.

**Standard 6: Provides safe, appropriate and responsive quality nursing practice**

RNs provide and may delegate, quality and ethical goal-directed actions. These are based on comprehensive and systematic assessment, and the best available evidence to achieve planned and agreed outcomes.

The registered nurse:

6.1 provides comprehensive safe, quality practice to achieve agreed goals and outcomes that are responsive to the nursing needs of people

6.2 practices within their scope of practice

6.3 appropriately delegates aspects of practice to enrolled nurses and others, according to enrolled nurse’s scope of practice or others’ clinical or non-clinical roles

6.4 provides effective timely direction and supervision to ensure that delegated practice is safe and correct

6.5 practices in accordance with relevant policies, guidelines, standards, regulations and legislation, and

6.6 uses the appropriate processes to identify and report potential and actual risk related system issues and where practice may be below the expected standards.

**Standard 7: Evaluates outcomes to inform nursing practice**

RNs take responsibility for the evaluation of practice based on agreed priorities, goals, plans and outcomes and revises practice accordingly.

The registered nurse:

7.1 evaluates and monitors progress towards the expected goals and outcomes

7.2 revises the plan based on the evaluation, and

7.3 determines, documents and communicates further priorities, goals and outcomes with the relevant persons.
APPENDIX B: SCOPE OF PRACTICE

First year students must work within the first year scope of practice. Second year students must work within the second year scope of practice and their practice can also include skills of the 1st year scope. Third year students must work within the third year scope of practice and can also include the skills of 1st and 2nd year scope of practice. NB* The third year students will have skills that are within the scope of other years as third year students learn new skills but also consolidate and build on existing skills learnt in previous years.

<table>
<thead>
<tr>
<th>Year 1: Unit NUR 125 – Novice- Frequent or continuous cues; no patient load; continuous supervision</th>
<th>Year 2: Unit NUR 244 – Novice-Advanced beginner; frequent or occasional cues; medium level supervision (50% patient load)</th>
<th>Year 3: Unit NUR 343/ 344/ 346 Advanced-beginner: Minimal cues; minimal supervision (100% patient load)</th>
</tr>
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</table>
| Communicate and collaborates appropriately with colleagues, patients & carers’ families.  
- Assist colleagues with patient care as appropriate | Demonstrate timely & accurate communication, documentation and evidence informed decision-making which addresses cultural safety & awareness.  
With supervision, implement nursing actions (procedures) for the low and medium acuity medical/surgical patient (50% patient load) including:  
- Perform & document a health assessment  
- Formulate nursing problem statements based on the above data and informed by evidence  
- Conduct pain assessment and associated nursing interventions  
- Monitoring patients and performing ECGs  
- Provide evidence-informed rationales for the above interventions  
Assess respiratory system & function:  
- Describe the determinants of adequate oxygenation and the nurse’s role in assessment and provision of oxygen supplementation  
- Discuss different evidence-informed rationales for providing supplementary oxygen.  
Perform a physical and psychosocial assessment of the well child & family.  
Apply the nursing process (assessment, planning, evidence-informed interventions, rationales and evaluation) in the nursing care of patients with neurological deficits.  
Apply the nursing process (assessment, planning, evidence-informed interventions, rationales and evaluation) in the nursing care of patients with musculoskeletal deficits, i.e. spinal precautions, neurovascular observations.  
With support, perform evidence-based nursing techniques in complex wound management, e.g. drain tubes & removal of sutures, staples & complex dressings.  
With supervision, apply the nursing process (assessment, planning, evidence-informed interventions, rationales and evaluation) in the administration of S2 & S4 medications (excluding restricted S4 & S8).  
- Articulate knowledge of legislation, charting and e-scribe medication administration contexts  
- Discuss the pharmacokinetics & pharmacology of all medications to be managed for all acuity patients considering time management, health assessments, planning and prioritisation of clinical interventions and care.  
Apply the nursing process (assessment, planning, evidence-informed intervention, rationales and evaluation) for patients requiring medication:  
- Further develop skills in the safe administration of medicines via the oral, topical and parenteral routes  
- Manage medication regimes for 100% patient load & across varying modalities  
- Intravenous therapy regimes including: narcotic infusions, epidurals & PCAs  
- Demonstrate knowledge about the storage and use of Schedule 2, 4 and 8 medications according to facility, statutory, State and Commonwealth Law  
- Discuss the pharmacology & pharmacokinetics of medications administered by the student  
Apply knowledge of emergencies in the clinical setting and the maintenance & use of emergency & resuscitation equipment.  
With close supervision:  
- Perform primary and secondary survey of respiratory, neurological, cardiac, urinary & gastrointestinal system assessments required for high acuity patients & in emergency settings  
- Use the above data to provide evidence-informed nursing interventions which may include monitoring of patients & performing ECGs  
- Provide evidence-based care of patients with tracheostomies, chest drains and central venous access devices (CVAD).  
With supervision, assess patients’ responses to hydration treatments including:  
- Intravenous infusions  
- Veneupuncture- to obtain blood | |
administered by the student
and RN
Discuss evidence-based rationales for
safe administration and management of
oral medication (S2 only).
H Improve with continence management
(daily care of indwelling catheters; use
of commodes; continence pads,
bedpans or urinals).
Use safe and effective infection control
measures & standard precautions
including:
• Clean and clinical hand
hygiene
• Use of personal protective
equipment
• Appropriate disposal of waste
materials
Assist with care of a low acuity patient
requiring isolation or barrier nursing.
Assist with admission and primary
health assessment of low acuity patients
including:
• Nursing history and primary
assessment
• Appearance/presentation
• Weight and height
• Ward urinalysis
• Vital signs; TPR,BP, RR &
pulse oximetry
With support conduct an assessment of
patient pain.
With support assist with wound healing
by primary intention:
• Dry wound dressing
• Assessment of pressure ulcer
risk
• Assessment of falls risk.
With supervision, assess and support
respiratory function through body
positioning and primary care planning
and implementation.
Discuss student's role in relation to
Emergency Codes (Blue, Green, and
Red etc.).

tube
• Intravenous therapy regimes including
IV antibiotics.
With supervision, apply the nursing process
(assessment, planning, evidence-informed
interventions, rationales and evaluation) for
patients with complex hydration and nutritional
requirements which may include:
• Management and care of naso-gastric
tubes
• Measures to maintain fluid balance, i.e.
intravenous fluid replacement /
supplementation therapy
• Discuss the rationales for the above
interventions.
With supervision, apply the nursing process
(assessment, planning, evidence-informed
interventions, rationales and evaluation) for
patients with complex needs related to the renal
system including care and insertion of urinary
catheters.
Work collaboratively with allied health workers &
other team members.
With constant supervision, apply the nursing
process (assessment, planning, evidence-
informed interventions, rationales and evaluation) for
patients:
• Exhibiting difficult / challenging
behaviours such as aggression
• Experiencing mental illness and related
problems
• Experiencing withdrawal syndrome
and/or dependency behaviours (including
working with AOD team)
• Who are cognitively impaired.

sample for evaluation of hydration
and haemodynamic status
• Blood or blood products
• Total parenteral nutrition
Discuss evidence-based collaborative
management of patients who require the
above interventions.
Recognise and assist with
collaborative management of clients
• Exhibiting difficult / challenging
behaviours
• Patients with mental health illness
and related problems
• Aggressive patients
• Withdrawal syndrome and / or
dependency behaviours (including
working with AOD team)
• Cognitively impaired patients.
With supervision, apply the nursing process
(assessment, planning, evidence-informed
intervention, rationales and evaluation) for
paediatric patients including assessment,
pain management, medication management &
family interventions.
Discuss the rationales for these decisions.
With support, adapt nursing skills and clinical
decision-making in a broad range of nursing
contexts including remote area health clinics,
mental health and community health facilities
and specialised acute care areas.
APPENDIX C: FLOWCHART FOR CLINICAL PLACEMENT UNITS
NUR125, NUR244, NUR343, NUR344 & NUR346
(For the reference of Nursing Academics, Staff, and Bachelor of Nursing Students)

COMMENCE PLACEMENT

CLINICAL APPRAISAL- refer to unit and Portfolio requirements

Progress determined as satisfactory by Agency/Facility clinical supervisors, educators, preceptors and Unit Coordinators in accordance with the NMBA Competencies, facility guidelines and Scope of Practice

Placement Completed
Required clinical hours completed and Clinical Portfolio submitted to appropriate CDU unit co-ordinator within two weeks of completion of clinical placement

Assessment elements graded as satisfactory

All elements graded as satisfactory and a grade is recorded

Student proceeds to the next level of study or if course complete grade transcript signed and forwarded to AHPRA.

Option 1: Learning Agreement opportunity for the remainder of placement, or additional placement arranged as per Learning Agreement

Learning Agreement achieved

Learning Agreement NOT achieved by set date

Option 2: UNSAFE PRACTICE
NB* Refer to additional note
An inability to think critically and perform consistently

Student removed from clinical placement

FAIL recorded for unit

Student to meet with the BN Program Manager/ Director of Clinical Education to discuss course progression

NB*CDU remains responsible for the ultimate outcome of the workplace assessment.

NB*PLEASE NOTE
Unsafe Practice can include any student action which may incorporate but is not limited to:
- Practice that endangers patient/client safety
- Inability to achieve year level standard & requires constant supervision
- Works outside of designated scope
- Breach of professional conduct
- Inability to think critically and perform consistently

CDU remains responsible for the ultimate outcome of the workplace assessment.
APPENDIX D:

CLINICAL COMMUNICATION SKILLS FEEDBACK

Student name: ________________________  Assessor: ________________________
Clinical Placement venue: ________________________  Date: ____________

This set of criteria is designed to provide feedback on clinical communication skills of students you have preceptored/facilitated/mentored and observed during a clinical placement. Please respond by ticking and initialing the appropriate level obtained. Students are assessed at the time of interim and final assessment. Please refer to Key.

<table>
<thead>
<tr>
<th>Please initial a box for each item</th>
<th>Limited 1</th>
<th>Developing 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
<th>Comments</th>
</tr>
</thead>
</table>

**Verbal communication**

- Ability to communicate with patients and staff at a social level
- Ability to communicate with patients and staff about nursing procedures
- Ability to communicate with patient and staff about medical procedures
- Ability to participate in discussions with patient and staff
- Knowing the right words or terms to express thinking to patients and staff

**Written Communication**

- Ability to write notes about patients in clear English from a verbal shift change
- Ability to summarize essential elements of patients' conditions from a verbal shift change
- Ability to correctly use nursing terminology

**Responding to verbal communication**

- Responds to verbal communication appropriately
- Responds to verbal request accurately
- Asking another person to repeat what he or she said as required

Please provide additional comments in the space below

Student Name: (please print) ________________________ Sign: ________________________ Date: ____________
Clinical supervisor/teacher: (please print) ________________________ Sign: ________________________ Date: ____________

## Key: Clinical Communication Skills

Students who are assessed as **limited** or **developing** should be referred to their unit coordinator to discuss what remedial practices have been attempted by clinical supervisor/teacher and what further action is required. Students should be reassessed at regular intervals with success or failure of remedial actions noted.

<table>
<thead>
<tr>
<th>Limited 1</th>
<th>Developing 2</th>
<th>Satisfactory 3</th>
<th>Good 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concerns about being unsafe because of lack of ability and clarity of communication. Continuous verbal cues required. Numerous errors of expression, pronunciation and incorrect terminology (health literacy). Inability to respond to verbal requests, constant requests for explanation or clarification. Social communication or therapeutic communication not established.</td>
<td>Refers to being safe when supervised and supported with communication. Requires some prompts and cues when articulating care and progress. Some errors of expression, pronunciation and use of incorrect terminology (health literacy). Some delay in response to verbal requests, requires some explanation or clarification. Social communication established.</td>
<td>Refers to being safe and knowledgeable most of the time. Requires occasional prompts when articulating patient care and progress. Therapeutic communication and social communication established.</td>
<td>Refers to being safe &amp; knowledgeable; efficient &amp; coordinated; displays confidence with activities of communication. Establishes good therapeutic techniques and interactions with the multidisciplinary team and patient. Able to articulate patient care and progress.</td>
</tr>
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</table>
APPENDIX E:

Accident, Incident and Injury Report

Death, serious illness or injury must be reported immediately to Work Health and Safety (WHS) through HRS Reception: 8946 6904

- **Injured party/ Person involved**: You must complete Section A and forward to your Supervisor for completion. Inform the Work Health and Safety (WHS) unit within The Office of Human Resource Services about the accident, incident or injury within 24 hours, preferably by email.

- **Supervisor/ Lecturer**: You must complete Section B and forward to WHS, within 5 working days, preferably by email.

- **Staff only**: For possible Workers’ Compensation Claim complete this form without delay and contact WHS for further information on the Workers’ Compensation process, preferably by email.

**NOTE**: This form is to be used for accident/ incident report only (unplanned event that has happened and caused immediate or imminent WHS risk exposure or injury). For general WHS concerns/ issues/ hazards, please use the Hazard report form.

WHS email: whs@cdu.edu.au
WHS phone no: (08) 8946 6473
Fax: (08) 8946 7211

If you are completing this form on behalf of someone else please complete this section with your details.

Surname: ___________________________ Given names: ___________________________ Phone no.: ___________________________

---

Section A Details of person injured or person involved

To be completed by the person injured or involved and forwarded to the Supervisor / Lecturer without delay.

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
<th>Date of birth</th>
<th>Male</th>
<th>Female</th>
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Your email address: ___________________________
Contact no.: ___________________________

- **Staff**: Faculty / Office ___________________________
- **Student**: Student no. ___________________________
  Course ___________________________
  Unit no. ___________________________

If NOT a CDU employee please indicate:
- Contractor
- Employed by Contractor
- Visitor
- Affiliated organisation

- **Name of contractor/ employing organisation**: ___________________________
  Contact no. ___________________________

- **Address of employer**: ___________________________
  Employer’s email: ___________________________

**Incident details** (e.g: CDU sites – campus, building, room, **off** CDU sites – Address approximate location, Faculty / Office

<table>
<thead>
<tr>
<th>Date of incident</th>
<th>Time of incident</th>
<th>am / pm</th>
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**Location of incident**: ___________________________

**Description of incident** (describe task being performed and list sequence of events)

**Note**: (attach further information if space is insufficient)

... ...
... ...
... ...
... ...
... ...
... ...

Witness details **(NOTE: Witness to Accident/Injury Report form needs to be completed and attached)**

Name: ___________________________  
- **Staff**  
- **Student**  
- **Visitor/Contractor**  
  Contact no. ___________________________
Accident, Incident and Injury Report

Nature or Type

- □ Intracranial Injuries
- □ Fractures
- □ Wounds, lacerations, amputation or internal organ damage
- □ Burns
- □ Injury to nerves and spinal cord
- □ Traumatic joint/ligament/muscle/tendon injury
- □ Other injuries
- □ Musculoskeletal and connective tissue diseases
- □ Mental diseases
- □ Digestive system diseases
- □ Skin and subcutaneous tissue diseases
- □ Nervous system and sense organ diseases
- □ Respiratory system diseases
- □ Circulatory system diseases
- □ Infectious and parasitic diseases
- □ Neoplasms (Cancer)
- □ Other diseases
- □ Other claims (specify):

Body Part

Please indicate the injured part(s):

- □ Teeth (specify)
- □ Brain
- □ Organ

Mechanism of incident

- □ Falls, slips and trips of a person
- □ Hitting object with a part of body
- □ Being hit by moving object
- □ Sound and pressure
- □ Body stressing
- □ Heat, electricity and other environmental factors
- □ Chemical and other substances
- □ Biological factors
- □ Other and unspecified mechanisms of incident

Agency of injury/disease

- □ Machinery and (mainly) fixed plant
- □ Mobile plant and transport
- □ Powered equipment, tools and appliances
- □ Non-powered hand tools, appliances and equipment
- □ Chemicals and chemical products
- □ Materials and substances
- □ Environmental agencies
- □ Animal, human and biological agencies
- □ Other and unspecified agencies

Special Follow-up procedure

- Note: If completing form online…
  Go to View on the toolbar, select Toolbars then ‘Drawing’. The Drawing toolbar appears at the bottom of page. Select the circle tool and use it to indicate injured areas.

Medical treatment obtained

- □ Nil
- □ First Aid
- □ Doctor
- □ Admitted to hospital
- □ Other (specify)

First Aid provided by __________________________________________ Date _____________ Time ___________

Outcome for injured person

Time lost from work? □ No □ Yes ▶ Days _______ Hours _______ or □ Not yet returned to work
**Accident, Incident and Injury Report**

**Placement Students only** *(NOTE: Copy of host organisation’s Accident, Incident and Injury Report must be attached)*

<table>
<thead>
<tr>
<th>Name of CDU Unit Coordinator</th>
<th>Contact no.</th>
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<tbody>
<tr>
<td>CDU Unit Coordinator’s e-mail address</td>
<td></td>
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<tr>
<td>OHS representative at host organisation</td>
<td>Contact no.</td>
</tr>
<tr>
<td>Host OHS representative e-mail address</td>
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</tbody>
</table>

**Placement Students** forward this form along with the Accident, Incident and Injury Report from the host organisation to Unit Coordinator.

**Unit Coordinator is NOT required to complete section B,** but must forward this form and the student’s Accident, Incident and Injury Report from the host organisation to the Manager, WHS, Human Resource Services, Orange 12, Level 2.

I give consent for the personal information in this report to be provided to my relevant Workplace Health and Safety Committee (WHSC) and Health and Safety Representative (HSR).

<table>
<thead>
<tr>
<th>Signature of person injured / involved</th>
<th>Date</th>
<th>Contact no.</th>
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After completion of Section A forward to Supervisor / Lecturer to complete Section B.

**Section B Corrective action**

Section B to be completed by CDU Supervisor / Lecturer and forwarded to WHS **within 5 working days.**

**Recommended Corrective Action**

<table>
<thead>
<tr>
<th>Change process/equipment/substance:</th>
<th>Repair/modify machinery</th>
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<tbody>
<tr>
<td>□ Eliminate (remove)</td>
<td>□ Provide/modify safe work procedures</td>
</tr>
<tr>
<td>□ Substitute - less hazardous</td>
<td>□ Install safety signage</td>
</tr>
<tr>
<td>□ Isolate (limit access/exposure)</td>
<td>□ Changes to work environment</td>
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<tr>
<td>□ Redesign (change equipment/process)</td>
<td>□ Provide training (on the job training, course required)</td>
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<tr>
<td>□ Provide/maintain personal protective equipment</td>
<td>□ Other (specify)</td>
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**Specify details of corrective action recommended** *(attach further information if space is insufficient)*

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Action taken to correct procedure/process to prevent incident/accident or to minimise reoccurrence
(attach further information if space is insufficient)

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<th>Action taken to correct procedure/process to prevent incident/accident or to minimise reoccurrence</th>
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Name of Supervisor/ Lecturer (print)  ________________________________  Contact no.  ________________________________
Signature of Supervisor/ Lecturer  ________________________________  Date  ________________________________
**Witness to Accident/Injury Report**

**Human Resource Services**

HRS-02-005 Version 1.00

Issued April 2011

**Please Note:** for the purpose of this report a witness is:

- a person who saw the accident/injury occur
- a person who was present immediately before or soon after the accident/injury and who observed the injured person
- a person told of the event shortly after it occurred

*Return completed form to – Manager, Health, Safety and Environment, (HSE), Human Resource Services (HRS) within 24 hours or as soon as possible thereafter.*

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**Accident / Incident Detail**

<table>
<thead>
<tr>
<th>Name of person involved in injury/accident</th>
<th>Contact no.</th>
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<th>Where accident occurred</th>
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<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>am</th>
<th>pm</th>
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</thead>
</table>

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**Particulars of Witness**

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given names</th>
</tr>
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Phone numbers: Work | Home

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**Statement of Witness**

**Did you actually see the accident/injury occur?**

☐ Yes  ☐ No

*If you did not see the accident/injury what did you see or hear before, during or after the accident?*

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*If you did see the accident/injury occur what did you see or hear before, during or after the event?*

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Statement of Witness cont...

From what you saw, what injuries were suffered i.e. indicate left/right, leg/hand, etc?

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What duty was the person performing when the accident/injury occurred?

What duty was the person performing when the accident/injury occurred?

What duty was the person performing when the accident/injury occurred?

What duty was the person performing when the accident/injury occurred?

What duty was the person performing when the accident/injury occurred?

Were there any other person(s) present?  Yes  No  If “Yes” please provide details if known below:

Name  Contact no.

Name  Contact no.

Name  Contact no.

Name  Contact no.

In your view, given what you have seen or heard, how did the accident/injury occur? (Give full details)

In your view, given what you have seen or heard, how did the accident/injury occur? (Give full details)

In your view, given what you have seen or heard, how did the accident/injury occur? (Give full details)

In your view, given what you have seen or heard, how did the accident/injury occur? (Give full details)

In your view, given what you have seen or heard, how did the accident/injury occur? (Give full details)

I certify that the above particulars are true and correct.

Signature  Name  Date

Signed in presence of:  Name  Date