

Nursing Student Placement Handbook



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The Nursing Student Placement Handbook is a quick reference for leaders, preceptors, students, staff and faculty to help guide decision-making related to nursing student placements.

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I. Code of Conduct

London Health Sciences Centre (LHSC) is committed to providing a safe and healthy environment for employees, physicians, dentists, midwives, students, and volunteers.

A safe and healthy environment is one that inspires teamwork, respect for the individual, collaboration, and professional development. It is an environment that fosters good morale and attitude, the kind of environment in which we all want to work!

To that end, LHSC has adopted this Code of Conduct as a guide to expected behaviours among all staff, students, and volunteers.

We are accountable to provide the highest quality healthcare, teaching, research and advocacy on behalf of the patients and the community we serve. We must ensure the highest standards of ethical conduct, integrity and professionalism are standard practice.

- R** Respect and consider the opinions and contributions of others.
- E** Embrace compassion and show genuine concern for patients and their families.
- S** Share your suggestions and concerns with discretion and tact.
- P** Protect privileged information.
- E** Engage in honest, open and truthful communication.
- C** Create and foster a collaborative and caring work environment.
- T** Treat everyone with dignity and respect.

II. Our Vision, Mission, and Values

At LHSC, our physicians, staff, students, scientists, and volunteers help provide exceptional care and experiences for our patients and families. What brings us together is our shared vision, mission, and values.

Our **vision** is working together to shape the future of health. We achieve that vision through our **mission**, which is our commitment to: collaborating with patients, families, and system partners to deliver excellent care experiences and outcomes; educating the healthcare providers of tomorrow; and advancing new discoveries and innovations that optimize the health and wellbeing of those we serve.

Patients are at the centre of everything we do and four **values** guide us in supporting our patients and each other.

- **Compassion:** engaging others with kindness, sensitivity and respect.
- **Teamwork:** working together to serve others.
- **Curiosity:** gaining knowledge through questioning and exploration.
- **Accountability:** adhering to the highest standards of personal, professional, and corporate responsibility.

By living our vision, mission, and values, together we can improve care for all those we serve.

III. Our Commitment to Nursing Students

London Health Sciences Centre (LHSC), in partnership with a number of educational agencies, including Western University, Fanshawe College and other academic agencies, supports the clinical education of more than 1150 nursing students annually. We are committed to providing high

quality and supportive learning environments and strive to facilitate meaningful, challenging learning experiences for all nursing students who come to our practice settings. Nurses at LHSC commit their time and expertise to help learners develop and refine the competencies needed for safe, ethical and effective practice, and support the development and socialization of prospective nurses.

LHSC strives to ensure quality practice settings that support and facilitate student learning opportunities by:

- Expressing support for diversity in policies, communication practices and educational materials;
- Fostering positive and constructive clinical placement relationships with educational facilities;
- ensuring that clinical placement contracts articulate current, applicable responsibilities;
- engaging in ongoing collaboration with education institutions to develop strategies that foster effective teaching-learning relationships and promote a supportive learning environment for students;
- providing professional development opportunities for preceptors;
- demonstrating value for nurses in a preceptor role;
- working with educational faculty to ensure there are appropriate placements for learners; and
- providing access to resources for both preceptors and students

IV. Nursing at LHSC

The following link on the LHSC Intranet, provides specific information and resources available on the LHSC Nursing website: <https://intra.lhsc.on.ca/nursing>

(Students: Please note that this information can be accessed via LHSC computers only, unless you have web access to LHSC).

V. Student Affairs

The LHSC External Website - Student Affairs - provides valuable information regarding student placement requirements: http://www.lhsc.on.ca/About_Us/Student_Affairs/

All students and Clinical Instructors must complete the registration process and be cleared by Student Affairs prior to starting a placement (as in the case of students) or supervising students (as in the case of Clinical Instructors) at LHSC

VI. Privacy and Confidentiality

LHSC and its staff and affiliates are responsible to comply with the Personal Health Information Protection Act (PHIPA). LHSC is committed to a high standard of privacy and has implemented policies and procedures to ensure personal health information (PHI) is kept confidential and secure while allowing for the effective delivery of health care.

This policy is the foundation for LHSC's PHI practices and sets the standard upon which the organization collects, uses, discloses, retains and safeguards PHI under its custody and control (i.e. PHI about an LHSC patient that is collected, used, disclosed or retained by the organization for any purpose).

For information about LHSC's personal information practices and obligations under the Freedom of Information and Protection of Privacy Act (FIPPA), consult with the Freedom of Information (FOI) Office.

Breaches of the Hospital's privacy policies and/or College of Nurses of Ontario (CNO) Standards of Practice may be cause for disciplinary action, up to and including termination of employment/contract/student placement or loss of appointment or affiliation with the organization (refer to Breach of Privacy Policy). LHSC and its staff and affiliates (students are included as affiliates) are also subject to the fines and penalties set out in PHIPA.

For further information regarding Privacy and Confidentiality, and Privacy-related policies and procedures, refer to the LHSC Privacy Manual.

VII. Safety and Wellbeing

Portable Panic Alarms and Screamers

Nursing students and Clinical Instructors must wear a Portable Panic Alarm or Screamer in all LHSC areas identified as areas where additional safety protocols are required.

As of January 2020, the areas where Portable Panic Alarms or Screamers are **mandatory** are: all Medicine areas; all Mental Health areas; all Emergency departments (adult and children's); and Neurosciences (UH 7IP). ***Ask in the area you are assigned to as this can change.**

Nursing students and Clinical Instructors can purchase a Panic Alarm (for \$15.00) for their placements from LHSC Professional Practice or the Student Affairs office.

Portable Panic Alarms are worn in most Mental Health areas and are not purchased, but loaned to the student.

When students are completing the orientation modules required for placement at LHSC, students must complete the Panic Alarms iLearn module and print, sign, and date the results page indicating a score of at least 80%. Students are to provide this proof of completion to either their preceptor or clinical instructor for all of the areas where they are mandatory. Clinical Instructors should show the area Manager their completed Panic Alarm iLearn results page.

Panic alarms must be tested by the student or Clinical Instructor every two weeks. They should be worn above the waist and above the collarbone. Failure to comply with this policy may result in the student being asked to leave the unit until he/she is able to secure a panic alarm and wear it according to the guidelines set out in the iLearn module.

Workplace Violence Prevention Training

Integrative Practicum students completing placements on inpatient Mental Health units are required to attend a two day Workplace Violence Prevention Training course prior to starting their placement. Details regarding location, dates, and times will be provided by Student Affairs.

Behaviour Safety Alert Flagging

All patients 10 years of age and older will be assessed for risk for violent behaviour at the first point of contact, throughout admission, and at each subsequent visit/admission to facilitate early recognition of violence risk according to the procedures outlined in this policy. Where a patient is identified as having a moderate or high risk of violent behaviour, visual alerts will be implemented, including a Behaviour Safety Alert (BSA) applied to the corresponding electronic health record (EHR) that describes behaviours, triggers and safety measures. Other visual indicators include applying a purple armband to the patient, an exclamation mark sign on the door and over the patient's bed, and an exclamation mark sticker on the spine of the patient's chart. For family and visitors who are identified as having a known history, or potential risk for violent behaviour, a BSA will be applied to the EHR of the related patient to communicate this risk. When providing care for patients with a BSA flag, students should check with the assigned LHSC staff member and may need to be directly supervised by a staff nurse.

Workplace Injury

LHSC staff and affiliates are responsible for working in a safe manner by following the measures, procedures and training received and using the safety equipment and devices provided to prevent or minimize adverse events. In the event that students or Clinical Instructors experience a workplace injury, they are to obtain first aid or medical attention as required. Students must notify their Clinical Instructor and seek medical attention from the Emergency Department or family physician. ***Do not delay in seeking medical attention if unable to contact the Clinical Instructor.** Students and Clinical Instructors are not to report to OHSS.

Notify area leadership/After Hours Manager immediately in person or by phone of:

- Level 4/5 events and events of concern; and
- Critical injuries.

It is the responsibility of all staff/affiliates that observe, are involved in, or made aware of an adverse event or near miss to ensure it is reported in the LHSC Adverse Event Management




System (AEMS) within 24 hours of the event. All adverse events and near misses are investigated to identify system gaps and corrective actions, and to manage potential legal and insurance claims. Students and Clinical Instructors are not granted access to AEMS. Therefore the event should be entered by a LHSC staff member indicating input by the student/Clinical Instructor.

Adverse Events Involving Patients

- Take immediate actions to stop the event and ensure safety and immediate care needs of those affected.
- Notify area leadership/After Hours Manager immediately by phone of:
Critical incidents (level 4/5) and events of concern; and
Critical injuries
- Notify Security immediately of critical injuries. (Refer to Critical Injury Policy)
- Report the facts of the event in AEMS within 24 hours. (Refer to Downtime Procedure when AEMS is unavailable) For affiliates who do not have access to AEMS, event should be entered by a LHSC staff member.
- Document the facts of the event in the patient's health record, including patient impact, actions taken and outcome.
- Participate in investigation and follow-up as required.
- Medical equipment/devices, implants and surgical hardware involved in an adverse event must not be disposed of, returned to the manufacturer/supplier or given to the patient without prior approval from Risk Management.
- If the event involves medical equipment/device:
Remove patient from the equipment/device.
Retain and bag all consumables, packaging and relevant accessories and attach them to the equipment/device.
Wipe down the equipment/device if it is antibiotic resistant organism (ARO) contaminated.
Contact Biomedical Engineering.
Print and attach the AEMS label (Appendix B) to the equipment/device and transport to Biomedical Engineering or Sterile Processing Department as appropriate.
- Any object involved in an adverse event (e.g. fractured implants, failed pacemakers, post-surgical or any retained foreign bodies) must be retained and Risk Management consulted to assess the need to retain for evidentiary protection.
Disclosure to the patient/substitute decision maker should be initiated as soon as reasonably possible. The student should be accompanied and supported by LHSC staff or leadership when disclosing any adverse event.

Radiation

Students and Clinical Instructors should be mindful of signage indicating the presence or potential presence of radioactive materials, x-rays, and magnetic fields (i.e., magnetic resonance imaging) and exercise caution when in these areas. See table below for these hazards and signage used to indicate the presence of these hazards.

Hazard	Signage
Radioactive Material	
X-ray Source	
Magnetic Fields	

Illness

In the event that a student is ill and cannot attend placement or continue learning in the clinical setting due to illness, he/she is to discuss this concern with his/her Clinical Instructor. IP students should contact their preceptor and Clinical Advisor and make them aware of the circumstance as early as possible. Students should not report to placement if they feel that their illness will jeopardize the health and wellbeing of staff, patients, and other hospital affiliates.

VIII. Guidelines for Nursing Student Supervision

Expectations Related to Student-Patient Assignments

Guidelines were developed to help facilitate the process for determining patient assignments for nursing students in the practice environment.

- RNAO Best Practice Guideline: Practice Education in Nursing (2016)
<http://rnao.ca/bpg/guidelines/practice-education-nursing>

This guideline assists academic and clinical partners to:

- Understand mutual needs and requirements in relation to student-patient assignment practices.
- Support student assignment decision making that meets the needs of patients, students, clinical instructors and the clinical partners.

Expectations of Managers/Charge Nurses/In Charge Persons

- Collaborate with the Clinical Instructor (CI) prior to the start of each placement shift to determine appropriate patient assignments for nursing students, communicating any concerns to the Clinical Instructor and working with him/her to make changes as needed.
- Ensure nurses' patient assignment information is available to the Clinical Instructor prior to the beginning of each shift and be available to engage in dialogue with the Clinical Instructor who will be preparing the students' patient assignments.
- Ensure that each patient's medical/surgical/nursing histories as well as any other relevant information important to patient care (i.e., admissions, transfers, discharges, and additional precaution requirements) are up-to-date and available for clinical instructors and nursing students via Kardexes and Nursing Admission Assessments, etc.
- Support students' preparation for their patient assignments by reviewing relevant clinical information and providing access to patient information on paper (e.g., Kardex) and in the Electronic Health Record (EHR) as required.
- Ensure students' patient assignments are clearly communicated to nurses and other members of the care team.

Expectations of Clinical Instructors

***The Clinical Instructor is the student's on-site supervisor for a group of nursing students (usually 8-10 students) who are assigned to a patient care area.**

- Prior to starting the clinical placement, orient self to the unit and collaborate with the unit contact (Manager/Clinical educator) to discuss ways to enhance the student learning experience.
- Be familiar with the factors that will influence decision making related to students' patient assignments such as common diagnoses, patient acuity and care needs, medications, diagnostic tests and care delivery routines for the assigned unit.
- Communicate with the unit contact (Manager/Clinical educator) about student assignments, clinical course goals, clinical competencies, seminar/praxis times and hours of work for students during a shift.
- Prior to the start of each placement shift, consult the unit's Charge Nurse/ICP to prepare patient assignments for students.
- Orientate nursing students to the unit on which they will be completing their placement, including emergency codes, fire alarms, and evacuation procedures.
- Review Nursing Student Handbook and course expectations with students, clarifying their scope of practice for the placement they're currently working towards completing.
- Be available on the ward, monitoring and coaching students through procedures, medication delivery, and patient care activities when possible. Negotiate supervision of student with assigned LHSC nurse when not able to be present for procedures and medication delivery.
- Ensure students and staff is aware of how to reach you in the event that a clinical group is split between different units or wings.

- Possess current theoretical knowledge and clinical expertise to assist nursing students in transferring theory to practice.
- Promote meaningful discussions and critical thinking to prepare students for transition to practice during praxis.
- Provide timely and constructive feedback to students, making sure to report any adverse events to the Manager/Charge Nurse/ICP and school contact.

Expectations of Clinical Nursing Staff

- Review unit communication tools and assignment sheets to ensure awareness of student-patient assignments.
- Communicate with the Clinical Instructor or the Charge Nurse/ICP questions or concerns about having a student assigned to their patient(s) (e.g., appropriateness of assignment).
- Communicate with the Clinical Instructor to clarify and seek more information as needed and to share any additional information that may be necessary to help the Clinical Instructor coordinate his/her student's patient assignment (e.g., a specific time the nurse may need to be away from the unit to attend a meeting or training session).
- Consult the Charge Nurse/ICP regarding an appropriate workload conducive to supporting student learning and patient safety on an as needed basis.
- Support, mentor, and teach nursing students in a safe and supportive learning environment.
- Provide direction, collaborate, and share knowledge and expertise with learners (refer to section VIII for further details regarding nursing student scope of practice)
- Uphold the profession's standards and participate in and promote the profession's growth.
- Place patients' safety and well-being above all other objectives.
- Possess the knowledge, skill, and judgment to orient, supervise or support new learners safely and competently.
- Intervene in care delivery as needed for patient safety and report any untoward events to the Charge Nurse and Clinical Instructor.
- Articulate, model and encourage compliance with the College of Nurses of Ontario's (CNO) Practice Standards and Guidelines.

Expectations of Clinical Advisors

***A Clinical Advisor is an employee of the university or college and is associated with Integrative Practicum (IP) placements and supports 16-18 students and their preceptors; the advisor is not continuously on-site but is available as needed and should be in contact with the preceptor and his/her student.**

- The Clinical Advisor will provide his/her contact information to IP nursing students and their preceptor(s).
- Review the Nursing Student Handbook and course expectations with students, clarifying their scope of practice for the placement they're currently working towards completing.
- Be a resource to the preceptor, answering any questions about the IP process and addressing any concerns (i.e., the Collaborative Success Plan).
- Check in with preceptors and their students during the placement, either in-person or via telephone conference, to discuss students' performance, strengths, and areas for improvement as determined by the students' school.
- Monitor the progress of each student and provide support to both students and their preceptors.
- Should a student fail to demonstrate basic nursing competencies or improvement in previously identified areas of practice during the IP placement, the Clinical Advisor will collaborate with his/her preceptor and the student to determine what further steps will be required.

Expectations of Preceptors

***A Preceptor is a LHSC staff member assigned to a student to mentor, coach, counsel, role model, teach, and support the clinical and professional growth of a student.**

- Be familiar with course goals and expectations as well as the student's scope of practice.

- Possess the knowledge, skill, and judgment to orient, supervise or support learners safely and competently.
- Support, mentor, and teach learners in a safe and supportive learning environment.
- Orientate students to the unit on which they will be completing their IP placement, including emergency codes, fire alarms, and evacuation procedures.
- When on the unit, be present with the student at all times, monitoring and coaching students through procedures and patient care activities when possible.
- Provide direction, collaborate, and share knowledge and expertise with learners (refer to section VIII for further details regarding nursing student scope of practice)
- Select teaching strategies and learning experiences required to meet identified learning needs of the student.
- Monitor the student's application of the nursing process or problem-solving approach to the delivery of safe and effective interventions in the clinical practice setting.
- Provide ongoing consultation, guidance, support, feedback and evaluation of the student in a safe learning environment.
- Uphold the profession's standards and participate in and promote the profession's growth.
- Place patients' safety and well-being above all other objectives.
- Intervene in care delivery as needed for patient safety and report any untoward events to the Charge Nurse and Clinical Advisor.
- Articulate, model and encourage compliance with the College of Nurses of Ontario's practice standards and guidelines.
- Collaborate with the students' Clinical Advisor to discuss student's performance, strengths, and areas for improvement.
- Notify the student's Clinical Advisor of any professional and practice concerns early on during the student's placement.
- Should the student fail to demonstrate basic nursing competencies or improvement in previously identified areas of practice by the end of his/her IP placement after being provided with feedback and coaching, notify the Clinical Advisor as soon as possible.

IX. Guidelines for Nursing Student Practice

The flowchart in **Appendix 1** provides a guide to support nurses' decision-making related to student practice at LHSC. This guide should be used in addition to two key documents from the College of Nurses of Ontario:

- Practice Guideline: Decisions about Procedures and Authority (2017)
http://www.cno.org/Global/docs/prac/41071_Decisions.pdf
- Practice Guideline: Authorizing Mechanisms (2015)
http://www.cno.org/Global/docs/prac/41075_AuthorizingMech.pdf

Also included in this section are specific practice expectations for nursing students in the clinical practice settings as well as specific skills taught in the RN and RPN programs in the Western-Fanshawe Collaborative Nursing Program, Western Compressed Time Frame, and Fanshawe Practical Nursing Program, respectively.

Decision Guide for Nursing Student Practice & Performance of Specific Skills

Appendix 1- "Decision Guide for Nursing Student Practice and Performance of Specific Skills" and the following points can be used to assist in skill development decisions:

- Nursing students only perform controlled acts that are authorized to Nursing and delegated by a Regulated Health Provider under the Regulated Health Professions Act.
- The student nurse's learning should be focused on meeting the College of Nurses of Ontario Entry-to-Practice Competencies (for Registered Nurses or Registered Practical Nurses) upon graduation.
- Added nursing skills (*note IV Starts and Blood Draws below) are not to be a focus for student nurses during the Integrative Practicum. Nursing Professional Practice at LHSC recommends that students focus on being able to complete assessments and cognitive skill

development (e.g., clinical reasoning, prioritization, etc.). If the added skill is not common practice for all nurses in that setting, then it is likely not a priority learning focus and should only be considered on an individual basis.

The student's nursing knowledge, performance, critical thinking, and readiness to learn the skill needs to also be considered collaboratively by the clinical advisor and supervising nurse. The student must complete the LHSC learning and competency validation requirements (i.e. the same requirements as all LHSC nurses) required to perform the skill prior to doing so in the clinical setting.

In situations where the student is competent or learning to become competent to perform an added skill, but may not yet be able to recognize and manage all possible outcomes of performing the skill, the clinical advisor/staff preceptor/mentor must be present to supervise, support decision-making and provide care as necessary.

The student nurse must have the knowledge, skill and judgment to safely perform the skill and to manage all possible outcomes of performing the procedure if the student performs the skill independently.

IV Starts and Blood Draws

IV starts and blood draws are considered added nursing skills. Nursing students may learn the theory behind venipuncture, drawing blood from central lines, and inserting IVs and can watch nurses perform these skills; however **they are not to be directly involved in practicing these skills, even with supervision.** These skills require formal education offered to staff by the Venous Access Support Team (VAST).

Cerner Access

Once the LHSC Student Affairs office receives confirmation that students have met all of the LHSC pre-placement requirements, Cerner access is then confirmed and communicated as outlined below.

Integrative Practicum	Clinical Group Placement
<ul style="list-style-type: none"> • Western/Fanshawe: Student Affairs works with the school to arrange/request Cerner access (PowerChart, FirstNet, SurgiNet). • School distributes usernames and passwords to student <p>Out of Town (non-Western/Fanshawe):</p> <ul style="list-style-type: none"> • Student Affairs arranges Cerner access, sends username and password to student's preceptor • Preceptor provides username and password to student directly 	<ul style="list-style-type: none"> • Western/Fanshawe: Student Affairs works with school to arrange/request Cerner access • School distributes usernames and passwords to student <p>Clinical Instructors:</p> <ul style="list-style-type: none"> • Same process as students above

It is recommended that students review the Nursing Students eLearning Education modules to familiarize themselves with the electronic patient record that they will be expected to use during their placement at LHSC. The training modules are:

- PowerChart Fundamentals
- Closed Loop Medication Administration (CLMA)
- Enter an Allergy
- Introducing LearnNow

These modules can be accessed at:

https://apps.lhsc.on.ca/regional/training/StudentEducation/htm/web_based.html

Glucose Meter

Process for students to follow when acquiring glucose meter certification:

Integrative Practicum Placement	Clinical Group Placement
<ul style="list-style-type: none"> • Students are given their Glucose Meter barcode at the LHSC Integrative Practicum orientation. • Two steps are required to activate the barcode: <ol style="list-style-type: none"> 1) Student must complete the Glucose Barcodes online module on the Student Affairs website. 2) Student must complete a Quality Control (QC) glucose test on the unit Glucose meter. • These two steps (online module & QC test) signify training completion and Point of Care Testing (POCT) will activate the student's barcode 	<ul style="list-style-type: none"> • Students in clinical group placements are not issued Bar Codes for glucose Point of Care Testing (POCT). Therefore, they are excluded from doing this task.
<p>Procedural Documents: Pathology and Laboratory Medicine website: https://intra.lhsc.on.ca/pathology-and-laboratory-medicine-palm/laboratories/point-care-testing</p> <ul style="list-style-type: none"> • Point-of-Care-POC Standard Operating Guide (Accu-Chek Inform II Glucose Meter) • https://www.lhsc.on.ca/student-affairs-non-medical/glucose-barcodes • (Students: Please note that this information can be accessed via LHSC computers only, unless you have web access to LHSC). <p>Contact: Point of Care Testing POCT@lhsc.on.ca Extension 65741 or Wendy Stratton, Manager POCT, Wendy.Stratton@lhsc.on.ca</p>	

Medication Administration

- Nursing students are required to comply with the Medication Practice Standard, as set out by the College of Nurses of Ontario (2019), when administering medications.
- Nursing students are required to consult the LHSC Parenteral Drug Administration Manual (PDAM) prior to administering parenteral medications.
- Nursing students are required to use PowerChart when administering approved medications, using closed loop medication administration (CLMA) whenever possible.
- CLMA will be used for the administration of all medications, except in the following situations:
 - Code Blue, Code Pink or Code OB and other patient emergencies where it is believed that delaying medication administration for barcode scanning will put the patient at risk of harm.
 - System downtimes
 - Absent or unreadable barcodes
 - Approved areas that have been designated as non-CLMA
 - Medication boluses from a primary continuous infusion administered using the infusion pump's bolus feature
- Staff nurses and preceptors are expected to observe nursing students scanning and administering medications, including high alert medications, at patient's bedsides as well as completing any required monitoring guidelines associated with administering a particular medication.
- Students may not administer medications that are part of a clinical trial.
- Decisions regarding the administration of IV Direct Medications should be made using the flowchart in Appendix 1.
 - * IV direct medications may only be given by students currently completing their Integrative Practicum. A student who will be giving IV direct medications must complete *the Intravenous Direct Administration* iLearn, which can be accessed by clicking on the Intravenous Direct Administration link under the heading Additional for Nursing Students, on the Student Affairs website. The IP student must sign and date the results page (second last screen of the iLearn module) and provide this hardcopy page to their preceptor.

Controlled Medications

***Controlled substance is defined by Health Canada to refer to all narcotics, benzodiazepines, controlled drugs, and other targeted substances.**

Nursing students are to only have direct access to non-controlled medications.

Therefore, students can access medications stored in the drawers found in Workstations on Wheels (WOWs), as these drawers contain non-controlled medications.

Accessing and handling controlled medications must occur with a staff nurse or assigned preceptor, authorized to access and handle controlled substances.

The student nurse administering the drug will complete and sign the Controlled Drug Disposition Record at the time the drug is removed from inventory. The supervising nurse will observe and co-sign/witness the controlled drug removal on the Controlled Drug Disposition Record.

Nursing students may have access to **non-controlled** medications in Pyxis machines, but will not have access to controlled medications housed in these systems. Pyxis access must be requested by the unit Manager through Pharmacy.

Access and accountability for narcotic/**controlled medication keys** is restricted to Regulated Healthcare Professionals (RHP) only. Nursing students may access medication rooms requiring swipe card access in order to obtain non-controlled drugs that are not locked up (e.g., insulins, injections, IV medications, and electrolyte replacements, TPN, etc). Swipe card access for medication rooms must be requested by the unit Manager.

As per [LHSC's Management of Controlled Drugs Corporate Policy](#), witnessing of wastage must be managed by two individuals authorized to give controlled substances.

Nursing students may only dispose of and document wastage of controlled drugs they administered on the Controlled Drug Disposition Record. The supervising nurse will observe the disposal and witness the wastage on the Controlled Drug Disposition Record.

Nursing students are not permitted to witness wastages for other regulated health care professionals.

Nursing students in their Integrative Practicum may complete a controlled drug inventory count with a nurse, without practice restrictions related to controlled drugs, and co-sign the Controlled Drug Disposition Record. Students in group placements may observe a controlled drug inventory count being performed, but cannot complete and/or co-sign the Controlled Drug Disposition Record.

Electronic Medication Administration Record (eMAR)

Nursing Students in their Integrative Practicum may complete the 24 hour eMar review, comparing the eMAR to the paper Medication Stop Order Report generated by the Pharmacy Department, with another nurse (usually their preceptor).

Initiating Electronic Patient Care Orders

Nursing students in their Integrative Practicum may initiate, sign and complete the nurse review of electronic patient care orders with a nurse (usually their preceptor). **Note:** The nursing student must use his/her Cerner login and password.

Verbal and Telephone Orders

Nursing students **may not** take verbal or telephone orders. Refer to LHSC's [Telephone and Verbal Orders Corporate Policy](#).

Blood Product Administration

The nursing student must complete the iLearn "Safe Blood Administration Practices" available on the Student Affairs website.

- Checking of blood products must be completed by two Regulated Health Care Providers. Provided they have the knowledge and understanding needed to perform the skill, nursing students may participate in the process of checking blood products using two independent checks with a nurse, only after that nurse and another nurse have completed the independent checks themselves.
- Nursing students, who have the required knowledge and skill (i.e., completed the required iLearn), may prepare blood tubing and administer blood product as well as fulfill the required monitoring and assessment requirements involved in the administration of the blood product, under the supervision of a Registered Nurse/Registered Practical Nurse (usually their preceptors).

Offsite Patient Transport

Nursing students are able to accompany their **assigned patient** off site for tests/procedures within the city of London, provided that the task fits within their student scope/practice and they are accompanying a staff member from LHSC, who is responsible for the patient. The student will travel to and fro with the staff member.

Code Blue

During a code blue, the role of nursing students may include:

- Calling a code blue
- Obtaining the crash cart
- Notifying healthcare team members as directed
- Removing obstacles and escorting visitors out of the patient's room
- Keeping track of time
- Performing chest compressions
- Documenting the situation prior to calling the code if they are the first responder
- Obtaining supplies and equipment (e.g., IV fluids, suction equipment, etc)

Nursing Practicum Skills and Competency Expectations

The following tables list skills nursing students have practiced as part of their curriculum requirements. These tables are not exhaustive in the skills students have practiced, but are meant to serve as a guide for those individuals mentoring or precepting a student.

Western-Fanshawe Collaborative BScN Program		
Year 1	Year 2	Year 3
Vital signs	Falls assessment	Blood transfusions
Physical assessment	Safe patient transfers	Indwelling subcutaneous catheter medication administration
Collecting health history	Medication administration (oral, NG, subcutaneous, IM, IV, insulin pens, puffers, suppositories, flushing saline locks)	Managing respiratory distress
Documentation	Enteral feeds and NG insertion	Heparin nomogram use
	Male and female urinary catheterization	Care of body after death
	Oxygen therapy (venturi masks and nasal prongs)	Documentation and SBAR reporting
	IV pumps (programming, managing complications, calculating infusion rates)	Suicide risk assessment
	Wound management (sterile technique, simple surgical wound dressings, simple packing dressings, wound irrigation)	Mock code blue (pediatric)
	Lifts and transfers (wheelchairs, walkers, positioning in bed). No mechanical lifts.	ECG interpretation (online modules)
	Bed making	
	Bed baths	
	Isolation precautions	
	SBAR reporting	
	SOAP charting	
	Documentation in an eHealth record	
	Physical assessment (more refined)	

Fanshawe Practical Nursing (PN) Program		
Year 1-Level 1	Year 1- Level 1	Year 2
Vital signs	Medication administration (oral, NG, subcutaneous, IM, insulin pens, puffers, suppositories, flushing saline locks)	Clinical Skills Review Day – review of skills learned in Year 1 prior to returning to Year 2 clinical.
Physical assessment (use of various assessment scales and tools)	Indwelling subcutaneous catheter medication administration	EHR – use during simulations
Collecting health history; interviewing a client	Enteral feeds and NG insertion	Suicide risk assessment
Documentation (paper using various forms and EHR)	Male and female urinary catheterization	Mock code blue; crash cart review
Bed making	Blood transfusions, central lines, hypodermoclysis	IV initiation; interpretation of blood gases
All aspects of personal hygiene	IV therapy, IV medications and pumps (programming, managing complications, calculating infusion rates)	Diabetic education Simulation
Isolation precautions; Hand hygiene	Wound management (sterile technique, simple surgical wound dressings, simple packing dressings, staples, sutures, drains, wound assessment and documentation)	Suicide risk assessment
SBAR reporting	Bladder irrigation; specimen collection	Mock code blue (pediatric)
Lifts and transfers (wheelchairs, walkers, positioning in bed). No mechanical lifts.	Suctioning, tracheotomy care, review oxygen therapy	ECG interpretation (online modules)
Oxygen therapy (venturi masks and nasal prongs)	Managing respiratory distress and compartment syndrome simulation	Management of narcotics and controlled substances (simulation)
Cognitive Assessment - MMSE	Care of body after death	
Therapeutic Communication using a Live Actor Simulation		

X. Student Access to Secured Clinical Units/Areas

Some clinical units require swipe card access in order to gain entry. All students and Clinical Instructors must wear their own LHSC student photo ID badge, which will allow them into these restricted areas. ID badges are arranged through Student Affairs once students have completed their online registration on the Student Affairs website. If an ID badge goes missing, immediately report this occurrence to Security so that it can be deactivated. A request for a replacement card can be made by contacting Student Affairs.

Medication rooms require swipe card access. Students and Clinical Instructors may request access to the medication room on the unit on which they are completing a placement through the unit's Manager(s). A Clinical Instructor should request access for her group of students from the unit Manager.

Students and Clinical Instructors accessing the hospital after 9 p.m. need to enter the hospital via an entrance staffed by Security:

- **Victoria Hospital:** Zone B, Level 1
- **University Hospital:** Old Emergency Entrance on the north side of the hospital, across from the parking garage

XI. Operating Room Patient Follow-Through Experience (if applicable)

An Operating Room follow through observational experience consists of observing care being provided to a patient in the Day Surgery Unit pre-operatively, the Operating Room (OR) and the Post Anesthesia Care Unit (PACU). This usually takes place in year 4 during a surgical rotation but can be arranged during IP placement if applicable.

Steps to follow if interested in a follow-through experience:

- Discuss your learning objectives for the experience with your Clinical Instructor or preceptor. The Clinical Instructor or preceptor will collaborate with the clinical educator of the unit and the OR, to discuss your request.
- Discuss your learning objectives for the experience with the patient's surgeon and obtain his/her consent for you to be present in the OR.
- When a date is determined, you need to obtain a pair of OR scrubs. The clinical educator on the unit may have a scrub card that you can use. If not, you will need to fill out a Linen Services - Scrub Uniform Request form in advance, go to the Business Office and provide a \$50 deposit, and then go to Linen Services to obtain a scrub card. **Note: The OR does not provide scrubs. You will be declined the experience that day if you do not arrive in scrubs.**
- A minimum of 2 weeks before the date of the follow-through experience, contact the clinical educator or the OR to notify them of the plan.
- On the day of your observational experience, **eat breakfast**, secure your belongings on the clinical unit and arrive in OR scrubs. Plan on arriving in the Day Surgery Unit 1 ½ hours before the patient's scheduled OR time.
- In the Day Surgery Unit, you will need to introduce yourself to the patient / family and obtain the patient's consent for you to accompany him / her to the OR. You will remain with the patient until he/she is either transferred from PACU, to the Inpatient Unit or are discharged home from the Day Surgery Unit post-operatively.

XII. Resources

Preceptor Information Package

Each preceptor will receive an information package from the nursing student's school. If a preceptor does not receive a package, he/she is to ask the student to make inquiries with the school. In the event that a preceptor can no longer fulfill his/her responsibilities of being a preceptor and needs to be replaced, the new preceptor is to receive this information package from the individual who was initially acting as the student's preceptor. The student's school and Student Affairs are to be notified of any preceptor changes.

Websites

LHSC Nursing Website

<https://www.lhsc.on.ca/nursing/welcome-to-nursing-at-lhsc>

LHSC Student Affairs

http://www.lhsc.on.ca/About_Us/Student_Affairs/

Preceptor Training

E-Tips for Practice Education

www.practiceeducation.ca (login as a guest)

Preceptor Education Program

www.preceptor.ca (register for login information)

XIII. Appendices

Appendix 1- Decision Guide for Nursing Student Practice & Performance of Specific Skills

