



London Health
Sciences Centre



Children's Hospital
London Health Sciences Centre

London Health Sciences Centre (LHSC) Nursing Learner Placement Handbook

Updated 2026-05-20

(adapted from the 2023 Learner Placement Handbook)

Nursing Practice Excellence and Innovation (NPEI)

Great people. Great care.

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About LHSC: Vision, Purpose & Values

At London Health Sciences Centre (LHSC), employees, physicians, dentists, midwives, learners, and volunteers work together to provide exceptional care and experiences for patients and families. Our shared vision, purpose, and values guide how we learn and deliver care.

Vision

Transforming health, together.

Purpose

We harness excellence in research, innovation and learning to deliver world-class care experiences. Through partnership with patients, communities, and the larger system, we advance health care and wellness for all.

Values

- **Teamwork** - We collaborate to achieve success.
- **Compassion** - We act with kindness and empathy toward others and ourselves.
- **Curiosity** - We explore ideas to generate knowledge and new possibilities.
- **Accountability** - We foster trust by taking responsibility for our actions and decisions.

(For more on LHSC values, see the [LHSC website](#))

Nursing at LHSC

In partnership with Western University, Fanshawe College, and other academic institutions, LHSC supports the clinical education of more than 2,100 learners each year. We are committed to high-quality, supportive learning environments that foster meaningful and challenging clinical experiences.

We do this by:

- Supporting cultural and ethnic diversity in policies, communication, and educational materials.
- Building positive, collaborative relationships with educational institutions.
- Maintaining clear clinical placement agreements outlining responsibilities.
- Collaborating with academic partners to promote effective teaching-learning relationships.

- Offering professional development opportunities for learners.
- Recognizing and valuing the contributions of nurses as learners.
- Providing preceptors, co-caring nurses, and learners with access to the resources they need to succeed.

Nursing Resources at LHSC

The following resources may support learners through their placements at LHSC:

[Nursing \(Intranet Site\)](#)

[Nursing Learner
Placements Website](#)

[Manuals and Guides](#)

(Note: LHSC Intranet resources are accessible only on LHSC desktops on campus.)

Key Terms & Placement Models

For clarity and consistency, the following terms will be used to describe roles and placement types associated with learners' experiences at LHSC.

Learner - Any nursing student (RN or RPN) completing a clinical placement at LHSC.

Clinical Group Model - A placement where a clinical instructor oversees a group of learners. Clinical instructors will assign learners a patient assignment, who work with a Co-Caring Nurse.

- **Clinical Instructor** - The academic institution's onsite supervisor, responsible for overseeing a group of learners assigned to a patient care area. They must be present onsite during all scheduled placement hours.
- **Co-Caring Nurse** - An LHSC Nurse who is supporting and supervising a learner assigned to their patient(s) in the clinical group model.

Preceptorship Model - A structured relationship between an experienced LHSC Nurse (preceptor) and a learner. Learners will be assigned the same patient assignment as their preceptor, and they will work together to determine workload.

- **Preceptor** - An LHSC Nurse who provides direct supervision, guidance, and support to a learner within a preceptorship model.
- **Faculty Advisor** - A faculty member employed by the academic institution who supports multiple learners and their preceptors. They are not continuously onsite but available as needed.

Integrated Practicum (IP) - The learner's *final* clinical placement, designed as a *culminating, integrated experience* where they consolidate knowledge and skills and demonstrate readiness for entry-to-practice.

Non-IP (Non-IP) Placements - Any preceptorship placement that occurs *prior to* the learner's final IP.

Priority Program Placements

Fanshawe College	Western University
<p>Programs: Practical Nursing (PN) and Bachelor of Science in Nursing (BScN)</p> <ul style="list-style-type: none"> • Non-IP Placement: clinical group model • IP Placement: preceptorship model 	<p>Programs: Bachelor of Science in Nursing (BScN)</p> <ul style="list-style-type: none"> • Non-IP Placement: preceptorship model (3-week blocks) • IP Placement: preceptorship model

Preplacement Requirements

The [Student Affairs](#) website provides detailed information about learner placements and associated requirements.

- Student Affairs will, on receipt from the academic institution, import learners and Clinical instructor information into [NirvSystem](#) (clinical education tracking system).
- Learners will then receive an email directly from *NirvSystem* with login instructions to complete their prerequisites, which include:
 - Uploading required documentation.
 - Completing mandatory eLearning modules.

Before beginning any placements, learners and clinical instructors must complete preplacement [prerequisites](#) in [NirvSystem](#) and receive clearance from Student Affairs. Learners will receive a confirmation email upon completion of NirvSystem requirements; this email is required to obtain an LHSC photo ID badge.

IMPORTANT

Clearance *must be obtained before the first day of placement.*



LHSC Identification & Site Access

Photo Identification (ID) Badges

All learners must always wear their LHSC “Student” Photo ID Badge when on LHSC property.

- Badges are issued through Go2HR after pre-placement requirements are completed (ensure to bring your confirmation email to present to Go2HR associate)
- Lost or stolen badges must be reported to Security immediately; replacement badges may be requested through Go2HR.

See [Human Resources](#) for Go2HR locations and hours of operation.

Site Access and Secured Areas

Learners, clinical instructors, and faculty advisors must use the staff/physician entrances for entry and exit; some doors require swipe access.

- Do not permit entry to individuals without an LHSC ID through staff/physician entrances unless explicitly approved by the clinical area.
- Confirm doors latch securely upon entry and exit.

Some clinical units require swipe access; wear your badge to access designated areas. You may need to request permission to enter these clinical areas. These requests can be submitted by the clinical leader/manager or clinical educator to security. Once approved, access will be added to your ID badge.

Navigation

Learners can use *MazeMap* to assist with navigation at:

- [Victoria Hospital \(VH\) and Children’s Hospital](#)
- [University Hospital \(UH\)](#)

MazeMap allows you to search for points of interest such as staff entrances, cafeterias, and other key locations.

Responsibilities by Role

Shared Responsibilities (All Roles)

- Prioritize patient safety and wellbeing above all other objectives.
- Uphold College of Nurses of Ontario (CNO) [practice standards and guidelines](#).
- Follow [LHSC policies, procedures, manuals, and guidelines](#).
- Support a safe, inclusive, and respectful learning environment.
- Communicate concerns early and participate in collaborative problem-solving.
- Report any incidents through LHSC online systems and notify appropriate academic contacts (see [incident reporting & management](#)).
- Review this Handbook prior to and during placement.

Learner Responsibilities

- In collaboration with a preceptor, clinical instructor, or co-caring Nurse, engage in supervised practice, progressing toward independence as appropriate.
- Follow course objectives.
- Complete [Appendix A - Learner Safety Checklist](#) (for preceptorship models).
- Review the [Learner Guideline: Scope of Practice](#)
 - Self-assess competence before performing any skill.
 - Confirm readiness with preceptor, clinical instructor, and/or co-caring Nurse (see [Appendix B - Decision Tree](#)).
- Demonstrate accountability by:
 - Identifying learning needs and seeking support,
 - Actively seeking and responding to feedback,
 - Participating in reflective practice,
 - Demonstrating professionalism (punctuality, preparation, initiative),
 - Maintaining confidentiality and professional boundaries.
- If also employed by LHSC (e.g. extern, clerks, PSW, OR aide, etc.):
 - The learner must follow processes and procedures outlined by the academic institution (e.g. use student ONECHART login and ID badge, etc.).
 - The learner cannot have a placement in a care area where they are assigned as an LHSC employee.
 - You must promptly notify your LHSC leader if you are placed in the same care area that you work.
 - The learner must ensure that they do not have anything that false identifies them as a different role (e.g., PSW ID badge/name tag visible, etc.)

Preceptor Responsibilities (Preceptorship Model)

- Orient the learner to the unit and support the completion of [Appendix A - Learner Safety Checklist](#).
- Provide direct supervision, coaching, and role-modelling, adjusting supervision based on learner progression and patient acuity.
- Review the [Learner Guideline: Scope of Practice](#) and assess learner's competency before performing any skill (see [Appendix B - Decision Tree](#)).
- Review learning needs, assign appropriate patient loads, provide feedback, and complete the academic institutions evaluations as required.
- Collaborate with faculty advisors to provide necessary updates and facilitate early follow-up of any concerns.

Faculty Advisor Responsibilities (Preceptorship Model)

- Provide contact information to learners and preceptors at the start of placement.
- Act as a resource for learners and preceptors (addressing questions or concerns).
- Monitor the learners progress through periodic check ins (virtual or in-person)
- Collaborate to address performance concerns, including remediation plans.
- Follow course objectives.

Co-Caring Nurse Responsibilities (Clinical Group Model)

- Provide direct supervision, coaching, and role-modelling, adjusting supervision based on learner progression and patient acuity.
- Communicate learner-patient assignment concerns with the clinical instructor.
- Review the [Learner Guideline: Scope of Practice](#) and assess learner's competency before performing any skill (see [Appendix B - Decision Tree](#)).
- Collaborate early with the clinical instructor to address any learner performance concerns.

Clinical Instructor Responsibilities (Clinical Group Model)

- Orient yourself, and learners, to the clinical unit ([Appendix A](#) as a resource).
- Prepare the learner's patient assignments before each shift (may seek support from the Charge Nurse/ICP as needed).
- Follow course objectives.
- Ensure learners are following the [Learner Guideline: Scope of Practice](#) and assess learner's competency before performing any skill (see [Appendix B - Decision Tree](#)).
- Be present and available on the clinical unit to provide direct supervision, coaching, and role-modelling.
 - When not available, collaborate with co-caring Nurse to ensure supervision of learners' skill performance and medication administration,
- Ensure clear communication channels when learners are spread across areas.

- If also employed by LHSC:
 - When working as a clinical instructor, the nurse must follow processes and procedures outlined by the academic institution (e.g. use clinical instructor ONECHART login and ID badge, and room booking processes, etc.).

Clinical Leader & Clinical Educator Responsibilities

- Provide support to preceptor(s) or co-caring Nurse(s) with any concerns about learners.
- Assist with substitute preceptor planning, when needed.
- Support with room access requests.
- Follow-up with any [incident](#) reported in LHSC systems.

Charge Nurse or In-Charge Person (ICP) Responsibilities

- Maintain oversight of workload and acuity to ensure safe conditions for learners, preceptors, and patients.
- Provide support to preceptors or co-caring nurse with any concerns about the learners.
- Support and assist with planning for substitute preceptor(s), when needed.
- Ensure the learner assignment information is accessible to all team members.

Safety

Respectful Workplace Policy & CNO Code of Conduct

LHSC is committed to a safe, healthy, and respectful environment for all staff and affiliates, including learners, all of whom must follow the LHSC [Corporate Policy - Respectful Workplace](#). Additionally, all nurses and learners must follow the [CNO Practice Standard - Code of Conduct](#) which outlines our requirement to work respectfully with the health care team.

A respectful workplace is one that promotes teamwork, values individual contributions, and supports collaboration and professional growth. It is an environment that fosters positive morale, mutual respect, and a shared commitment to high quality patient care.

Harassment, Bullying & Discrimination

In accordance with the LHSC [Corporate Policy - Harassment, Bullying and Discrimination](#) and applicable legislation, all staff, affiliates, patients, and care partners share a responsibility for maintaining an environment free from harassment, bullying, and discrimination.

Everyone is expected to contribute to a respectful and safe environment by:

- Avoiding any behaviour that may constitute harassment, bullying, or discrimination.
- Reporting any such behaviours that are experienced or witnessed.

Any behaviour that meets the definition of harassment, bullying, or discrimination under [LHSC policy](#) or the [Ontario Human Rights Code](#) is a violation of human rights and may also be considered professional misconduct.

Responding to Harassment, Bullying or Discrimination

Learners who experience or witness harassment, bullying or discrimination should:

1. When appropriate, inform the individual or group, either in person or in writing, that:
 - a. The behaviour is unwelcome,
 - b. It is perceived as harassing, bullying, or discriminatory, and
 - c. It must stop.
 2. In their own records, document the perceived harassment, bullying and/or discrimination and any efforts to resolve it.
- Report the concern as soon as possible to their clinical instructor or faculty advisor who will support the learner in submitting a formal complaint in alignment with the processes of their educational institution and LHSC.

Workplace Violence Prevention

All learners and clinical instructors are required to:

- Complete a *Non-Violent Crisis Intervention (NVCI)* program before beginning their placement, coordinated by their academic institution
- Provide confirmation of completion to Student Affairs upon request, prior to beginning any placement.

Learners must always prioritize their own safety. If a patient begins to escalate toward physical violence, learners should:

1. Disengage immediately.
2. Move to a safe area.
3. Notify their preceptor, co-caring Nurse, clinical instructor, and/or unit staff as soon as possible.

Important

*Even if the NVCI program includes instruction on physical holds or restraint techniques, **learners must not use physical holds or restraint techniques while on placement.***



For more information, please refer to the LHSC [Corporate Policy - Workplace Violence Prevention](#).

Behaviour Safety Alerts (BSA)

All patients **10 years of age and older** are assessed for risk of violent behaviour at their first point of contact, throughout their admission, and at each subsequent visit. This process supports early identification and management of violence risk, in accordance with the [Corporate Procedures - Flagging and Management of Patient, Care Partner, and Visitor Risk for Violent Behaviour](#).

When a patient is identified as having a moderate or high risk of violent behaviour, visual alerts are implemented to ensure staff awareness. BSA risk results carry through, on the patient's electronic health record, to subsequent LHSC encounters.

Any acquaintance of a patient must also be flagged in the patient's chart if the acquaintance exhibits behaviour perceived to be of any threat (actual or potential). These flags, however, do not carry through to the patient's subsequent LHSC encounters.

Examples of Visual Alerts

- BSA flag in the electronic health record (EHR)
- Exclamation mark signage at door/bed
- Label on physical chart

Learner & Clinical Instructor Responsibilities

Learners must remain aware of the BSA status of all patients they are assigned to or interacting with. When caring for a patient with a BSA flag, learners must:

- Check with their preceptor or co-caring Nurse to determine whether the patient is appropriate for the Learner's involvement,
- Confirm whether direct supervision by a staff nurse is required, and
- Follow all safety precautions and unit specific guidance.

Panic Alarms

As a part of the pre-placement eModules in *NirvSystem* learners and clinical instructors must complete the Panic Alarm Module (pass grade of 80% or greater)

All learners and clinical instructors must wear one of the following [Panic Alarms](#) during all LHSC placements:

- **Screamer Alarm** - A stand-alone alarm which when the pin is pulled emits a sharp noise. This alarm is clipped to a person's clothing and can be used anywhere within the hospital and outside on hospital property (e.g., parking lot). This does not notify security.
 - Purchased for \$15.00 in the *NirvSystem*.
 - Can be picked up at Go2HR (Victoria or University Campus). You must show electronic receipt as proof of purchase.
- **Portable Panic Alarm** – An individualized alarm that clips to a person's clothing, permitting the wearer to move freely through the area covered by the system. The

portable panic alarm is a digitalized device that when activated, creates an alert via a notification system. This will notify security

- Used in designated departments (e.g. Mental Health)
- Work with your preceptor to obtain a panic alarm, on loan, during your placement.

Workplace Injury

LHSC staff, and affiliates, including learners, clinical instructors, and faculty advisors, are responsible for working safely by following all training, using required safety equipment, and adhering to all policies, procedures, and guidelines designed to prevent or reduce adverse events.

Learner & Clinical Instructor Responsibilities

If a workplace injury occurs, please follow these steps:

1. Seek immediate medical attention, if required.
 - a) Do not delay seeking care if you are unable to reach your clinical instructor or faculty advisor.
 - b) Connect with any staff member available (e.g. nurse, charge nurse, leader, clinical educator, etc.).
2. Notify the clinical instructor or faculty advisor as soon as possible.
3. Do not report to Occupational Health and Safety Services (OHSS).
4. Notify the area leadership or after-hours management immediately (in person or by phone) if the incident involves:
 - a) A [Level 4 or Level 5 event](#)
 - b) A [critical injury](#)
5. Notify Security for any
 - a) critical injuries or
 - b) Injury that occurs outside of a clinical area.
6. Ensure the incident is reported in the online safety system within 24 hours by an LHSC staff member. (See the [Incident Reporting and Management](#) section)
7. Participate in any required investigations or follow up processes related to the incident.

IMPORTANT

*Western University and Fanshawe College learners should keep their **emergency contact card** behind their ID badge. This card outlines who to contact in an emergency.*



Incident Reporting & Management

All staff and affiliates who observe, are involved in, or become aware of a *safety incident* or *near miss*, such as those involving patients, visitors/care partners, affiliates, theft or loss of patient belongings/property, and/or hospital property damage, loss, or theft, must complete an online safety system report within **24 hours**, as per the [Corporate Procedures - Incident Reporting and Management](#).

Incident Reports/Near Misses are Reviewed to:

- Identify system gaps
- Implement corrective actions
- Support quality and safety improvements
- Manage potential legal or insurance considerations

Learner & Clinical Instructor Responsibilities:




- Learners, faculty advisors, and clinical instructors do not have access to the online safety reporting system
 - They must have an LHSC staff member enter the event on their behalf. The report must *clearly indicate* that the information was provided by the learner and/or clinical instructor/faculty advisor.
 - Learners, faculty advisors, and clinical instructors who are employed at LHSC in other roles (e.g., externs, PSWs, etc.) cannot use their employee log-in to fill out an incident report.
- They must follow the steps outlined in the [Corporate Procedures - Incident Reporting and Management](#) for different types of incidents
- Review and familiarize yourselves with the following:
 - [Corporate Procedure - Disclosure of Patient Harm](#).
 - [Corporate Procedure - Critical Injury](#).

Radiation & Magnetic Field Safety

Learners and clinical instructors must remain aware of signage indicating the presence, or potential presence, of radioactive materials, x-ray sources, or magnetic fields (e.g., MRI environments). These areas always require heightened caution. Learners and clinical instructors must never enter these areas independently.

Entry to spaces marked with Radiation or Magnetic Field warning signage is restricted to:

- Personnel with appropriate training and authorization
- Persons escorted by authorized trained staff.

Hazardous Signage and Meaning		
Radioactive Material  Always on No unauthorized entry	X-Ray Source  Can be turned off No unauthorized entry	Magnetic Fields  Always on No unauthorized entry

For more details about LHSC's Radiation Protection Program, visit the [Radiation Safety](#) page on the LHSC intranet. Questions or concerns can be directed to the Radiation Safety Team at: Radiation_Safety@lhsc.on.ca

Food & Beverage Safety

All LHSC staff and affiliates, including learners and clinical instructors, must follow the requirements outlined in the [Occupational Health and Safety Act, Regulation 67/93, section 32](#), and the [Corporate Procedure - Food and Beverage for Staff](#), regarding the handling, storage, and consumption of food and beverages in the workplace.

The consumption, handling, or storage of personal or communal food, beverages, tobacco, or cosmetics is strictly prohibited in any area where:

- Infectious materials are used or stored
- Hazardous chemicals are present
- Hazardous drugs are handled
- Contaminated equipment or specimens are located

Food and beverages may only be stored and consumed in approved, designated clean spaces that are:

- Located outside of direct patient care or contact areas
- Designated clean spaces approved in consultation with Staff Safety and Infection Prevention and Control (IPAC) (e.g. Beverage Stations)

Refer to [Appendix A - Staff Food and Beverage Storage and Consumption Location Guidelines](#) for detailed information.

Fragrance-Free Environment

All LHSC staff and affiliates, including learners, are required to follow the [Corporate Procedure: Fragrance-Free Environment](#) by refraining from using or wearing scented or fragrance-based products while on site. This requirement aligns with the [Occupational](#)

[Health and Safety Act \(OHSA\)](#) and the [Health Care and Residential Facilities Regulation 67/93, sections 9](#), which outlines responsibilities related to chemical and biological agents in the workplace.

Privacy & Confidentiality

All LHSC staff, learners, and affiliates are required to comply with the

- [Personal Health Information Protection Act \(PHIPA\)](#) and
- LHSC's [Corporate Policy - Privacy](#) and [Corporate Procedure - Confidentiality](#)
- Any other associated procedures and protocols regarding the protection of personal health information (PHI).

Additionally, nurses and learners must follow the [CNO Practice Standard - Confidentiality and Privacy - Personal Health Information](#).



LHSC is committed to maintaining the highest standards of privacy and ensuring that PHI is collected, used, disclosed, stored, and safeguarded appropriately to support safe and effective patient care.



Privacy Breaches

Failure to comply with LHSC's [Corporate Policy – Privacy](#), any associated corporate procedures, or the [CNO Practice Standard: Confidentiality and Privacy – Personal Health Information](#) may result in:

- Disciplinary action,
- Termination of learner placement or affiliation with LHSC, and/or
- Penalties under *PHIPA*, including monetary fines upon the organization and/or individuals.

Breaches include, but are not limited to:

- Unauthorized access to PHI, including:
 - Accessing health records of patients outside one's circle of care ("snooping"),
 - Accessing one's own or a family member's records,
- Improper use of social media that compromises PHI
- Disclosing PHI without authorization.

All learners must report suspected or actual privacy breaches immediately, following [Corporate Procedure - Breach of Privacy](#).

Additional Resources

Learners should review LHSC's [Privacy](#) website, including:

- Protecting Information: [Privacy Checklist](#) and [AI Tools](#)
- Privacy Breaches: [Snooping](#), [Self Access](#), [Accessing Family Member Records](#) and [Social media](#)

Use of Cellular Phones & Other Wireless Devices

All LHSC staff and affiliates, including learners, must comply with the [Corporate Procedure - Uses of Cellular Phones and Other Wireless Devices](#). This policy ensures patient safety by reducing the risk of electromagnetic interference (EMI) with medical equipment.

Appendix A - Wireless Use and Restrictions

	Low Risk Less than 160 mW	Medium Risk Less than 1W & more than 160 mW	High Risk More than 1 W
Type of Device	E.g. Bluetooth, cordless mouse/headset/phone/keyboard, WLAN/devices operating on WLAN, VOIP phone, wireless tablet	E.g. Cellular phone (analogue & digital), smart phone, internet enabled PDA, two-way pager	E.g. Police/fire/paramedic radios, construction/contractor radios, walkie talkies, ham/amateur radio, family radio systems
Minimum Required Distance from Medical Devices	One (1) meter	One (1) meter	Three (3) meters
Restrictions	No additional restrictions	No additional restrictions except in prohibited areas	Only authorized users may use high risk devices (Security, Facilities Engineering, Portering & Emergency Response Personnel)

Note: Wireless medical devices managed by Biomedical Engineering and Information Technology Services are permitted in all areas of the hospital and may be used within any distance from other medical devices

Reference: [Appendix A - Wireless Use and Restriction for detailed classifications](#).

Use of Personal Devices

All LHSC staff and affiliates are required to follow the [Corporate Policy - Use of Personal Devices in Clinical Areas](#).

- Personal devices (including but not limited to, mobile phones, gaming devices, and earbuds or headphones) are restricted in all clinical and patient care areas for non-work-related use.
- Non-work activities such as viewing social media, streaming content, gaming, personal browsing and texting are not permitted while working in patient-facing areas or in locations visible to patients.
- These activities are permitted on breaks and in designated break spaces.

Photography, Video, and Audio Recording

All staff and affiliates, including learners, must follow the [Corporate Procedure - Photography, Video, and Audio Recording](#) while on LHSC property.

Patients and care partners may photograph or record their own care interactions, provided that:

- No other patients are visible,
- No PHI of others is captured, and
- No private conversations are recorded.

Important

*Unauthorized photography or recording that includes PHI or identifies patients, visitors, or staff is **strictly prohibited**.*



Learner Illness & Unauthorized Absence

Learners, clinical instructors, and faculty advisors must:

- Not report to placement if they are ill or experiencing symptoms that may jeopardize the health and safety of patients, staff, or affiliates.
- Self-assess for any infectious symptoms before arriving for placement at LHSC.
- Stay home if experiencing symptoms not related to pre-existing medical conditions
- Report illness immediately (to preceptor, clinical instructor, or faculty advisor), if symptoms develop during a shift.
- Notify their educational institution and obtain direction on clearance before returning.

Clinical Group Model

- **Learner Illness** - The learner must notify their clinical instructor as soon as they become ill or cannot continue in the clinical setting and follow the direction of their clinical instructor.
- **Learner Unauthorized Absence (i.e. did not show up)** - If a learner does not attend a scheduled placement and has not communicated with the clinical instructor, the clinical instructor will notify the unit and follow academic procedures to contact the learner.

Preceptor Model

- **Learner Illness** - The learners must notify both their preceptor and faculty advisor as soon as they become ill or cannot continue in the clinical setting.
- **Learner Unauthorized Absence (did not show up)** - The preceptor may attempt to contact the learner directly. If unsuccessful, the preceptor must contact the faculty advisor who will follow academic procedures to contact the learner.
- **Preceptor Illness or Absence** - The learner is to check in with the Charge Nurse, ICP, or Clinical Leader(s) who will assign a temporary preceptor for the day.
 - If no alternate preceptor is available, the learner cannot remain on the unit and must contact their faculty advisor.

Learner Guideline: Scope of Practice

All decisions related to learner practice must align with the [CNO Practice Standard - Scope of Practice](#), including considerations of authority, competence, and context. Additionally, NPEI has created [Appendix B: Decision Guide for Learner Practice & Performance of Specific Skills](#) which supports nurses in determining appropriate learner activities at LHSC.

Guiding Principles

NPEI recommends following these principles to help guide decisions related to learner's scope of practice:

- **Prioritize Foundational Nursing Competencies** - Such as comprehensive patient assessments, critical thinking, clinical reasoning, and clinical judgment.
 - Clinical skills which are uncommon in a clinical area are not a priority learning.
- **Align with Entry-to-Practice Competencies** - For [Registered Nurses](#) and [Registered Practical Nurses](#).
- **Completed Necessary Pre-Requisites** - Must complete any LHSC learning and competency verification requirements before performing any skill in the clinical environment.
- **Learners Cannot Perform Added Nursing Skills at LHSC** - These skills require specialized training and/or certification for nurses hired at LHSC (e.g. IV starts, venipuncture, chest tube removal, electrocardiogram (ECG) interpretation, etc.)
- **Eligibility** - There are some skills that have been reserved for IP students only. This will be outlined within this document (e.g. all learners vs. IP learners only).
- **Controlled Acts and Delegation** - Learner may perform controlled acts [authorized to nurses](#) when delegated appropriately as outlined in [Appendix B: Requirements for Delegating Controlled Acts](#) (within CNO Practice Standard - Scope of Practice).

Learner Competency and Supervision

Learners, clinical instructors, preceptors, and co-caring nurses must assess a learner's readiness to perform a skill and determine whether the learner can complete it independently:

- **Collaborative Assessment of Learners' Readiness** - Review learners' knowledge and understanding of the skill, past performance, clinical reasoning, readiness to learn, and ability to manage unexpected outcomes.
- **Supervision Requirements** - While learners are developing competency in a skill and cannot yet independently manage all outcomes, the co-caring nurse, preceptor, or clinical instructor must be present, provide guidance, support clinical judgement and step in to provide care when needed.
- **Independent Skill Performance** - A learner may only perform a skill independently when they possess the knowledge skill, and judgement to complete the skill safely, and recognize and manage all potential outcomes, including complications.

Cerner Access & Training

- **Eligibility:** All learners

Cerner Access

Upon meeting pre-placement requirements, Cerner access (PowerChart, FirstNet, SurgiNet) is arranged and distributed accordingly:

- **Western/Fanshawe:** Student Affairs collaborates with the school, and the school distributes usernames/passwords to the learners.
- **Other Schools:** Student Affairs arranges access and sends credentials directly to the learners.

Important

Learners may ONLY use their own log-in to Cerner and should NEVER share their password with anyone.



Powerchart Fundamentals Training

All learners completing a placement at LHSC must complete the following PowerChart education to ensure they can navigate the EHR safely and effectively:

1. **All Learners** - *Nurse Inpatient Orientation PowerChart Fundamentals eLearning Journey* before their first clinical placement at LHSC.
 - Assigned by Student Affairs once pre-placement requirements are met.
2. **IP Learners** - In addition, learners must complete the *LHSC Nursing PowerChart In-Class Practice Guide*.
 - Date of in-class session is given when IP placement is confirmed.

Medications

Learners must follow all applicable professional, regulatory, and organizational standards when administering medications at LHSC, and must comply with:

- CNO [Practice Standard - Medication](#)
- All LHSC medication policies (including, but not limited to, [Closed Loop Medication Administration \(Barcode Scanning\)](#), [Management of Controlled Drugs](#), [Safe Handling of Hazardous Drugs](#), [Management of High Alert Medications](#))
- [Parenteral Drug Administration Monographs \(PDAM\)](#)

Medication Access

Non-IP learners will not be granted independent access to medication rooms and/or automated dispensing units (ADU).

- They must be supervised when accessing any controlled or non-controlled medications by their preceptor, co-caring nurse, or clinical instructor from Workstation-on-Wheels (WOW), medication room, or ADU.

IP learners may request independent access to medication rooms and/or ADUs through the clinical leader or clinical educator for **non-controlled drugs only**.

Clinical Instructors may request independent access to medication rooms and/or ADUs through the clinical leader or clinical educator for **any drugs**.

For Controlled substances, all learners must be supervised by their preceptor, co-caring nurse, or clinical instructor to access any controlled drug.

- The learner and the preceptor, co-caring or clinical instructor must both sign the Controlled Drug Disposition Record.
- Controlled substances include all drugs listed in the [Controlled Drugs and Substances Act](#), such as opioids, benzodiazepines, ketamine, barbiturates, cocaine, and amphetamines.

IMPORTANT

Learners **cannot** carry or be assigned controlled drug keys or have independent access to controlled substances within medication rooms or ADU.



Medication Administration & Supervision

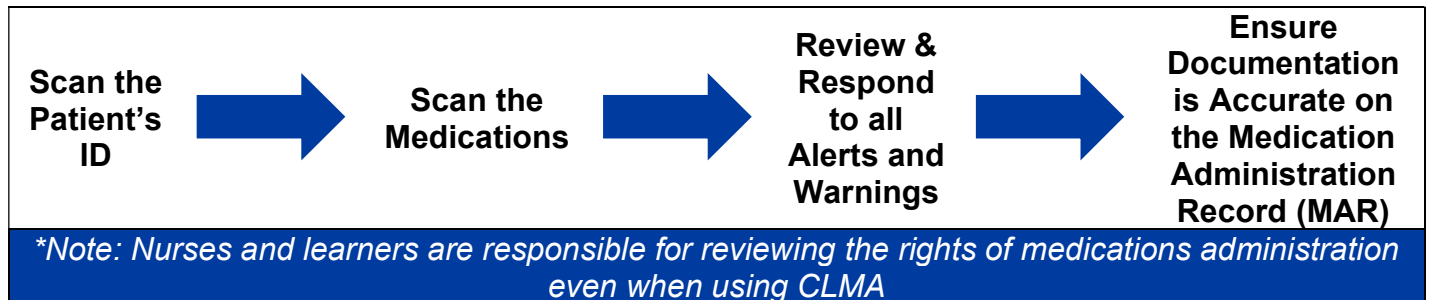
IMPORTANT

Learners **cannot** administer medications that are part of clinical trials.



Closed-Loop Medication Administration (CLMA)

Learners are to use CLMA during all medication administration in all designated CLMA areas.



Learners must immediately report the following to their preceptor and/or area leadership for follow-up:

- Barcode scanning issues,
- Equipment problems,
- Unreadable or missing barcodes.

Learners should confirm with their preceptor or area leadership if CLMA is not possible. Situations where CLMA may not be used include:

- Code Blue, Code Pink, or Code OB
- Patient emergencies where scanning would delay essential care.
- System downtimes (downtime procedures must be followed)
- Missing or unreadable barcodes (learner must notify preceptor and pharmacy)

Supervision

- **Clinical Group Model** - Medication administration must be witnessed for all learners by either the clinical instructor or the co-caring nurse.
 - Learners must ask their clinical instructor about expectations for giving medications during their placement.
- **Preceptorship Model** - Learners may only administer medications independently if they meet the following criteria:
 - The medication is a non-controlled substance (see [management of controlled drugs](#) section for supervision requirements for controlled drugs),
 - The learner has the necessary education completed in advance of administering the medication (e.g. IV direct medication administration),
 - The preceptor determines it is safe and appropriate for the patient, and

- The learner has the knowledge, skill, and judgment necessary to administer the medication and monitor for adverse outcomes

IMPORTANT

The preceptor or clinical instructor/co-caring Nurse must ensure the learner complies with all policies, procedures, and monitoring guidelines associated with the medication being administered.



Administration of Controlled Drugs

To administer any controlled substance, the learner must:

1. Sign out the medication for their assigned patient(s)
2. Be supervised by their preceptor, clinical instructor/co-caring nurse
3. Comply with legislation and policies related to controlled drugs.

Wastages of Controlled Substances:

- Learners may only dispose of controlled medication wastage when:
 - Supervised by their preceptor, co-caring nurse, or clinical instructor who must witness the wastage, and
 - The wastage is associated with administration of the controlled substance to their own patient.
- The learner is required to document the wastage on the *Controlled Drug Disposition Record* and it must be co-signed by the preceptor, co-caring nurse, or clinical instructor who witnessed the wastage.
- Learners cannot witness wastages for other regulated healthcare providers.
- Learners may remove and document removal of fentanyl patches under the supervision of the preceptor, co-caring nurse, or clinical instructor.
 - Fentanyl patch wastage must follow [Appendix F – Fentanyl Patches](#).

Controlled Drug Inventory Counts:

- **ONLY IP learners** can participate in, and co-sign, controlled drug inventory counts with their preceptor.

IV Direct Medication Administration

- **Eligibility:** IP learners ONLY.
- **Required Learning:** Complete the Intravenous Direct Administration eLearning module in the Student Affairs [NirvSystem](#).
- **Supervision:** Independent performance only after required learning is complete, and the preceptor determines it is appropriate and safe.

Venous Access

Venipuncture and Intravenous (IV) Initiation

- **Eligibility:** **NO** learners.
 - Learners are **not permitted to practice or perform** venipuncture or IV initiation on patients under any circumstances, even under supervision.

At LHSC, Venipuncture and IV initiation are added nursing skills and require formal education provided exclusively to LHSC staff. Learners may learn the theory and observe these procedures performed by LHSC nurses.

Central Venous Access Device (CVAD) Blood Draws

- **Eligibility:** IP learners ONLY.
- **Required Learnings:** successfully completed the Central Line Standards of Care (Module 1-4) via NirvSystem.
 - Additional Resources: [Central Line Care](#) (on VAST website).
- **Competency Verification:** Complete the CVAD blood draw competency with their preceptor.
- **Supervision:** Independent performance only after competency is verified and the preceptor determines it is appropriate and safe.

Point-of-Care Testing (POCT)

Glucose Point-of-Care (POCT) - Glucometer

- **Eligibility:** IP learners ONLY.
 - Note: If a non-IP student is an extern at LHSC, they cannot use their extern barcode while on placement.
- **Required Learning:**
 - Complete the [Glucose Meter online module](#) on the Student Affairs website (can be done before the placement begins).
 - Email the completion certification to POCT@lhsc.on.ca
- **Complete a Quality Control (QC) Test on the glucometer:**
 - Once the learner receives their glucose POCT barcode, they must perform a high-low QC test on the glucometer
 - Email POCT@lhsc.on.ca once completed so their barcode can be activated.
- **Supervision:** Independent performance only after the required learning and QC test is complete, and the preceptor determines it is appropriate and safe.

Important

Learners must not share their POCT barcode with anyone, including other learners, their preceptor, or any clinical nursing staff.



Urinalysis POCT - Clinitek

- **Eligibility:** IP Learners ONLY on placement in specific care areas (Emergency Departments, Women's Health Care Clinic, Urology Clinic, and OB triage)
- **Required Learning:**
 - Review Clinitek Status Urinalysis section of the [Point of Care Standard Operating Guide](#), including:
 - [Maintenance for the CLINITEK 50/Status](#)
 - [Analyzing Quality Controls & Analyzing Patient Samples](#)
 - [Urine specimen collection procedures in Women's Ambulatory Care](#) (if applicable)
 - Successful completion of the [Clinitek Quiz](#)
- **Supervision:** Independent performance only after required learning is complete, and the preceptor determines it is appropriate and safe.

Patient Care Orders

Initiating Electronic Patient Care Orders

- **Eligibility:** IP learners ONLY using their own Cerner log-in.
- **Required Learning:** [Cerner Access & Training](#).
- **Supervision:** Must be in direct supervision of their preceptor.

Verbal and Telephone Orders

- **Eligibility:** NO learners.
 - Learners are not permitted to take verbal or telephone orders from any regulated healthcare provider

Learners must follow the [Corporate Procedure – Telephone and Verbal Orders](#) for all related processes and ensure the preceptor or appropriate staff member receives and documents such orders.

Administration of Blood (Blood Components, Fractionated Blood Products, and Blood Product Derivatives)

- **Eligibility:** NO Learners.
- Learners are **NOT permitted** to participate in any aspect of the administration of blood components, fractionated blood products, and blood product derivatives.
- Learners may only **observe**:
 - The administration process.
 - Patient assessment and monitoring related to transfusion.
 - Recognition and management of transfusion reactions.

Learners are **not granted** access to **BRIDGE** and **cannot use this system** under any circumstances.

- When BRIDGE is not used, two regulated healthcare providers must complete the required checking process. Students may only observe.

Learners are only permitted to prepare transfusion tubing for any blood components, fractionated blood products, and blood product derivatives. This includes gathering supplies, priming the blood tubing, and preparing the secondary line. All preparation must be completed under the direct supervision of a regulated health professional.

Under no circumstances should a learner:

- Connect the transfusion tubing to a patient
- Initiate or discontinue a blood transfusion
- Program or adjust the IV pump
- Perform independent verification checks
- Monitor the patient independently during the transfusion
- Respond independently to transfusion reactions
- Document transfusion administration or patient response

Offsite Patient Transport

- Learners may accompany their assigned patient, within the City of London for tests or procedures when appropriate for the scope of their placement and aligns with the learner's goals.
 - **Preceptorship Model** - determined by the learner and preceptor.
 - **Clinical Group Model** - determined by the learner and clinical instructor.
- Learner must always be accompanied by an LHSC staff member, who retains full responsibility for the patient's care and safety during transport and the off-site procedure.

Code Blue & Code OB

During any code blue or code OB, patient resuscitation and emergent care take priority. Learners must not interfere with or delay critical care. Involvement depends on context, learner competence, and direction from LHSC staff leading the response.

Appropriate Learning Opportunities

When safe and appropriate, and only under the direction of LHSC staff, learners may participate in the following activities:

- Calling a Code Blue or Code OB.
- Obtaining the crash cart.
- Notifying healthcare team members as directed.
- Clearing the environment (e.g. removing obstacles or escorting visitors).

- Performing chest compressions, if deemed appropriate and safe.
- Documenting the situation prior to calling the code if the learner was the initial responder.
- Gathering supplies or equipment, such as IV fluids or suction equipment

Inappropriate Learning Opportunities

Learners should not participate in the following activities during a Code Blue or Code OB:

- Recorder (documentation during active resuscitation)
- Medication Administration
- Learners with external ACLS certification cannot independently perform ACLS components (e.g., advanced airway management, rhythm interpretation, defibrillation, transcutaneous pacing, cardioversion, medication administration). ACLS is an added skill for LHSC nurses trained and certified for their specific clinical areas, and medical directives apply only within that area.

Always refer to [Corporate Policy - Emergency Preparedness and Response](#) and all Associated Procedures and Protocols for every code.

Operating Room (OR) Observation Experience

- **Eligibility:** learners in a surgical placement.

With patient consent, eligible learners may be approved to follow one patient through their peri-operative experience during a *One-Day OR Observation Experience*. This is an opportunity for one learner to observe a single patient.

Scope of the Experience

- The OR experience is strictly observational (learners must not participate in any aspect of patient care).

Process Highlights for OR Observation Experience

Process requirements and site-specific details are available here:

[VH OR Observation Package](#)

[UH OR Observer Package](#)

Learner-Initiated Request

- The learner must express interest in the OR experience at the start of their surgical placement and communicate this to their preceptor.
- Learners must identify and communicate learning goals for the experience in their formal request.

Submission Requirements

- Formal submissions must be completed at least **10 DAYS** in advance of the OR experience.
- **No day-of requests can be accommodated.**

Patient Consent

- Once the OR case is confirmed, the learner, together with their preceptor or clinical instructor, must obtain patient consent prior to the experience.
- Learners must strictly maintain patient privacy and confidentiality.

IMPORTANT

Learners MUST Follow all outlined steps and instructions (e.g. radiation badge and education, instructions for the day of observation, attire, etc.) in the [OR Observer Package \(VH\)](#) or the [OR Observer Package \(UH\)](#)



If there are outstanding questions or concerns, the learner should reach out to their preceptor, clinical instructor, the Clinical Leader(s), and/or the Clinical Educator(s) from the unit they are placed.

Electrocardiogram (ECG) Interpretation

- **Eligibility:** NO learners.
 - Learners are **NOT permitted** to complete ECG rhythm interpretations

ECG rhythm interpretation is an added skill performed by LHSC nurses who have successfully completed the required basic rhythm interpretation training and testing.

Mechanical Restraints

- **Eligibility:** NO learners.
 - Learners are **NOT permitted** to initiate, manage (including fastening or unfastening), or remove mechanical restraints.

Learners may observe restraint-related care only when appropriate and when it does not interfere with patient safety, clinical workflow, or LHSC procedures.

Summary of Learner Guideline: Scope of Practice*

*Always review the corresponding section for more detailed instructions and considerations.

Skill	Non-IP Placement	IP Placement	Consideration
<u>Cerner Access</u>	Yes (requires Journey completion)	Yes (requires Journey and in-class session completion)	Learners to access Cerner through their OWN student log in
<u>Venipuncture</u>	NO	NO	May observe & learn theory
<u>IV Insertion</u>	NO	NO	May observe & learn theory
<u>CVAD Blood Draws</u>	NO	YES (must complete necessary requirements)	
<u>Glucose POCT</u>	NO	Yes (must complete necessary requirements)	Externs cannot use their barcode while on placement
<u>Urinalysis POCT</u>	NO	YES (must complete necessary requirements)	Only in certain care areas (e.g. ED, Women's and urology clinic, OB)
<u>Medication Access</u>	<ul style="list-style-type: none"> • Non-controlled Drugs = YES • Controlled Drugs = YES (with preceptor, clinical instructor/co-caring nurse) 	<ul style="list-style-type: none"> • Non-controlled Drugs = YES • Controlled Drugs = YES (with preceptor) 	IP students may request access to the Medication Room and/or ADUs.
<u>Non-Controlled Drug Medication Administration & Supervision</u>	<ul style="list-style-type: none"> • Clinical Group Model - witnessed by clinical instructor or co-caring nurse (learner to determine group process). • Preceptorship Model - independent 	<ul style="list-style-type: none"> • Preceptorship Model - independent medication administration when they meet competency 	

Skill	Non-IP Placement	IP Placement	Consideration
	medication administration when they meet competency		
<u>Controlled Drug Keys</u>	NO	NO	Learners cannot have independent access to controlled drugs
<u>Controlled Drugs (signing out)</u>	YES (with preceptor or clinical instructor)	YES (with preceptor)	Must co-sign controlled drug disposition record
<u>Controlled Drugs (Wastages)</u>	YES (only on their patients) (preceptor or clinical instructor must co-sign)	YES (only on their patients) (preceptor must co-sign)	Students cannot waste for other regulated healthcare providers
<u>Controlled Drugs (Administration)</u>	YES (with preceptor or clinical instructor)	YES (with preceptor)	Must follow all <u>Medication administration and supervision requirements</u>
<u>Controlled Drug Inventory Count</u>	NO	YES (with preceptor)	
<u>Closed Loop Medication Administration (CLMA)</u>	YES	YES	In all designated CLMA areas
<u>IV Direct Medication Administration</u>	NO	YES (must complete necessary requirements)	
<u>Initiating Electronic Patient Care Orders</u>	NO	YES (with preceptor)	
<u>Verbal and Telephone Orders</u>	NO	NO	
<u>Administration of Blood</u>	NO	NO	No aspects (including monitoring and documentation)
<u>Offsite Patient Transport</u>	YES For the Clinical Group Model (clinical instructor must approve)	YES	Must be with an LHSC staff the whole time.

Skill	Non-IP Placement	IP Placement	Consideration
<u>Code Blue & Code OB</u>	YES (certain aspects)	YES (certain aspects)	Cannot interfere with or delay critical patient care. Cannot complete delegated controlled acts or ACLS algorithm independently
<u>OR Observation Experience</u>	YES (surgical placements only)	YES (surgical placements only)	Required formal submission in advance
<u>ECG Interpretation</u>	NO	NO	
<u>Mechanical Restraints</u>	NO	NO	Cannot initiate, manage (fasten or unfasten), or remove

Additional Resources

[LHSC Nursing Website](#)

[Student Affairs Website](#)

[Preceptor Education Program](#) (e-learning)

[Nursing Preceptor Resources](#)

Registered Nurses Association of Ontario (RNAO) – [Practice Education in Nursing](#)

College of Nurses of Ontario (CNO) – [Supporting Learners](#)

[Western BScN Preceptor Resource](#)

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<https://LHSC.policymedical.net/policymed/registered/docViewer?stoken=4a63de12-8b34-45f4-8ce6-349d1506c34d&dtoken=aec00462-39a0-4f1d-9eb9-27b4c7adfb5c>

London Health Science Centre. (2026). Corporate procedure: Food and beverage for staff.

<https://LHSC.policymedical.net/policymed/registered/docViewer?stoken=4a63de12-8b34-45f4-8ce6-349d1506c34d&dtoken=6a8256a3-519c-4d9d-ab98-953e4d39e454>

London Health Science Centre. (2026). Student affairs. <https://www.lhsc.on.ca/learner-affairs>

London Health Science Centre. (2026). Vision, purpose and values.

<https://www.lhsc.on.ca/about-lhsc/vision-purpose-and-values>

Appendix A – London Health Sciences Centre (LHSC) Learner Safety Checklist

On the initiation of all Western and Fanshawe Integrative Practicum (IP) placements, all Learners must complete the following safety checklist with the support from their preceptor.

Learner Name (please print):
Date Completed:

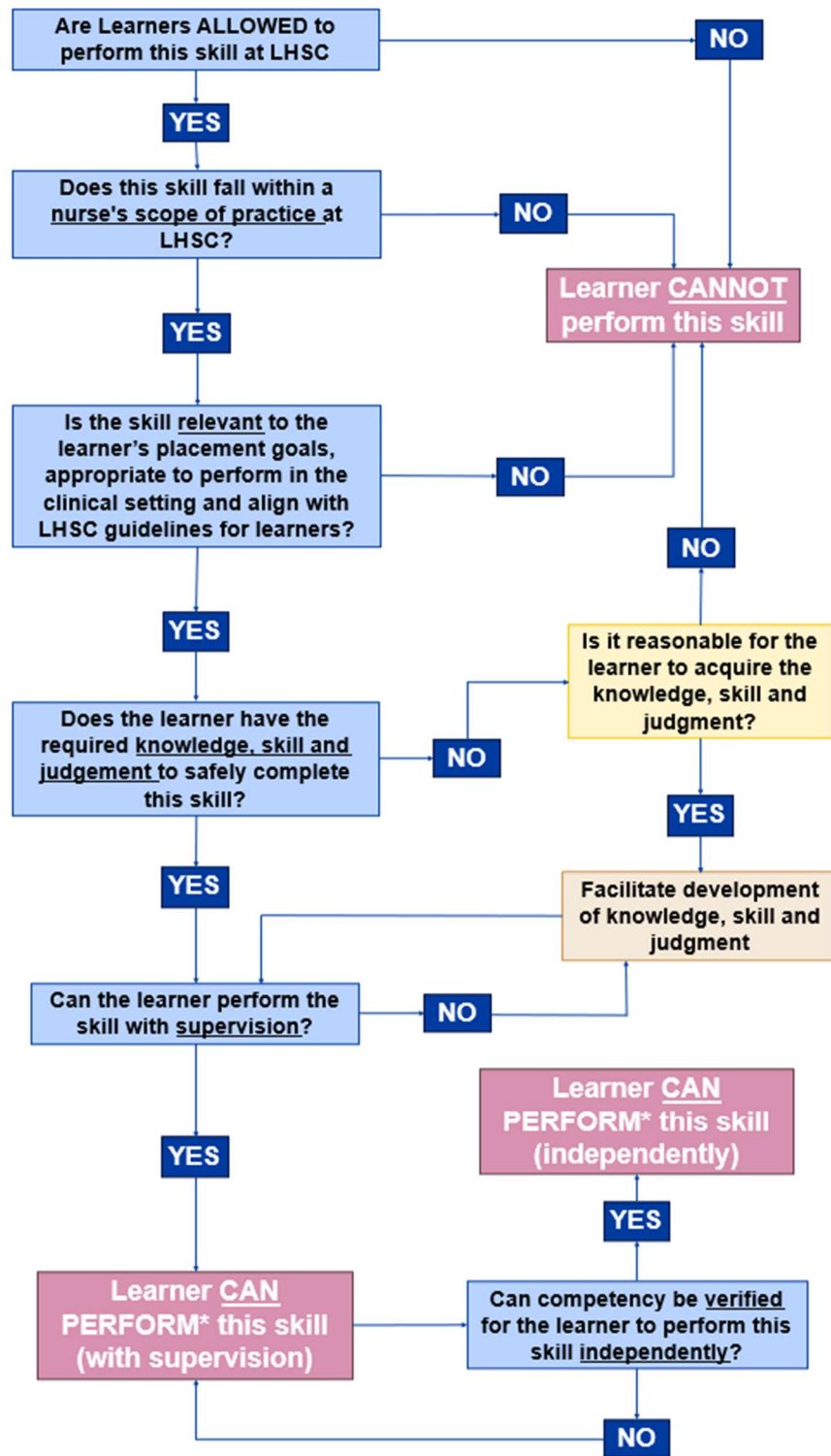
Please check off and sign below to acknowledge that you know where the following locations are on your assigned unit:

Location	Initials
Eye Wash Station(s)	
PPE Supplies	
Precaution Signs	
Crash Cart(s)	
Restraint Cart(s)	
Cytotoxic Spill Kits (Hazardous Material Spill Kit) & Cytotoxic Buckets	
Location of Fire Exits, Fire Pulls, Fire Extinguishers, and Evacuation Plan	
Screamers or Panic Alarms	
Safe Room(s)	
Designated "Safe Beverage Stations"	
Lift Equipment (e.g. lifts, slide sheets, slings)	
Baxter/HillRom Beds (safety features, steering arms default in down position, code blue release, max inflate)	

Learner Signature:

***IMPORTANT NOTE: The learner is to retain this document for proof of completion**

Appendix B – Decision Tree for Learner’s Performing a Specific Skill



*Always Consult with the nursing learner and continue to follow up and support as needed