## Goldfarb School of Nursing (GSON) at Barnes-Jewish College Student Experience and Development Policies/Procedures

#### TITLE: Injury, Illness, or Exposure During Practical or at School – GSON Students

**SUBMITTED/REVIEWED BY:** Edward Gricius, MS

Associate Dean of Student Experience and Development

LAST REVIEWED/REVISION DATE: February 22, 2023

### **Policy Statement**

Goldfarb School of Nursing at Barnes-Jewish College has established the following policy and procedures to assist employees with handling and documenting all student injuries, illnesses or exposures occurring while the student is on college property or during practical and lab experiences.

#### **Procedure**

A. In the event of injury, illness or exposure that requires immediate medical attention –

## **Duncan Campus –**

The student must:

- a. Notify the faculty member if practical;
- b. Dial 911;
- c. Call campus security at (314) 362-0911.

The student will be taken to the closest available emergency department.

#### West Campus –

The student must:

- a. Notify the faculty member if practical;
- b. Dial 84555 from any land line at Missouri Baptist Medical Center ("MBMC");
- c. Call MBMC Security at (314) 996-4770.

*The student will be taken to the closest available emergency department.* 

B. In the event of a non-critical injury, illness or exposure –

The student must:

- a. Notify the faculty member immediately.
- b. The student may elect evaluation and treatment site.

In the event of injury, illness or exposure, regardless of severity or location –

The <u>faculty</u> must:

- a. Complete and sign the "Student Report of Injury, Illness or Exposure" form within 48 hours of the incident;
- b. Forward the original Injury, Illness, Exposure form to the Associate Dean of Student Experience and Development for filing.

Note: In either case (critical or non-critical injury, illness or exposure), the student is responsible for follow-up care, hospitalization, and costs incurred.

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# Student Report of Injury, Illness or Exposure

Date of Ir	Date of Incident:Time of Incident:			
Facility: (where did the incident take place)		Student ID #:		
Student Name: (la	st, first, middle)		Social Security #:	
Date of Birth:	Age:	Sex: M F	Emergency Contact:	
Academic Program	ı: (circle one)			
BSN - Accelerated	<b>Upper Division</b>	Weekend & Evening	Graduate – MSN DNP/PhD	
BSN Term: 1 2	3 4 5		Home Phone:	
Email Address:			Work Phone:	
Campus Location: Duncan campus site		Cell Phone:		
(if applicable)	West	campus site	Other:	
Are you a BJC Employee?YesNo				
Describe in detail exactly how the injury/illness/exposure occurred (include name and brand of item that injured you, where you were when it happened, etc.)				
List your injury, symptoms and affected body parts				
Witness Name(s) Phone Number(s):				
Supervisor/Faculty Name and Phone Number:				

Supervisor/Faculty Account of the Incident:				
Actions/Recommendations:				
Do you have medical insurance? Yes No				
Student Signature:	Date:			
Witness Signature:	Date:			
Supervisor/Faculty Signature:	Date:			