

**Goldfarb School of Nursing (GSON)
at Barnes-Jewish College
Student Affairs Policies/Procedures**

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

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Vice Dean for Student Affairs and Diversity

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I. 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 practica and lab experiences.

II. Procedure

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

Duncan Campus –

- i. 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 –

- ii. 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 faculty must:

- a. Complete and sign the “Student Report of Injury, Illness or Exposure” form (located on the S-drive) within 48 hours of the incident;
- b. Forward the original Injury, Illness, Exposure form to the Vice Dean for Student Affairs and Diversity 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.

**Goldfarb School of Nursing
Barnes-Jewish College**

Student Report of Injury, Illness or Exposure

Date of Incident: _____ **Time of Incident:** _____

Facility: (where did the incident take place)	Student ID #:
Student Name: (last, first, middle)	Social Security #:
Date of Birth: _____ Age: _____ Sex: _____ M F	Emergency Contact:
Academic Program: (circle one) BSN - Accelerated Upper Division RN to BSN Graduate – MSN DNP/PhD	
BSN Term: 1 2 3 4 5	Home Phone:
Email Address:	Work Phone:
Campus Location: _____ Duncan campus site <i>(if applicable)</i> _____ West campus site _____ On-line	Cell Phone:
	Other:
Are you a BJC Employee? ____ Yes ____ No	
Describe in detail exactly how the injury/illness/exposure occurred <i>(include name and brand of item that injured you, where you were when it happened, etc.)</i>	
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: