

COUNTY COLLEGE OF MORRIS	
Business and Finance Division Policies and Procedures Manual	
Subject: STUDENT/VISITORS INJURY OR ILLNESS REPORTING REQUIREMENTS	Page: 13.08.01
	Date: 4/29/15

General

The college seeks to ensure a safe environment for students and visitors. Illness or injuries that occur at any hour must be reported to the college administration without delay.

Policy

All employees of the college, including student aides, are required to direct individuals experiencing illness or injury on campus to the college Health Office and to the Department of Public Safety.

Authority

Vice President for Business and Finance
 Director of Public Safety
 Morris County Loss Prevention Manual 3:1.0

Responsibility

Director of Public Safety
 Assistant Director of Public Safety
 Coordinator of Health Services
 Environmental Health and Safety Coordinator
 Business Services Coordinator
 All College Employees

Procedure

1. Any college employee involved in an incident or otherwise witnessing an illness or injury on campus must contact the Health Office at extension 5161 and the Department of Public Safety at extension 5550. He/she shall explain the illness or injury situation and give its location.
2. The Department of Public Safety will respond to the incident site and determine the appropriate course of action to be taken.

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Page: 13.08.02

Date: 4/29/15

3. If possible, the ill/injured party will be transported to the Health Services office. If local emergency assistance is required, the Coordinator of Health Services shall make this request through the Security Dispatcher. The health Services Coordinator shall complete an Accidental Illness/Injury report form, (See attachment A).
4. In the absence of the Health Services Coordinator the Public Safety department will treat the ill/injured party. Where necessary they will coordinate additional medical services to the scene for further treatment and possible transportation to a medical facility. A Security Department Investigation Report (see Attachment B) detailing the extent of illness or injury will be completed by the responding officer. If treatment is refused, the officer must complete and sign a Release from Liability form and request the signature of the ill/injured person, along with any other available witness' signature. (see Attachment C). If the ill or injured person refuses to sign the form, the officer will so indicate this by writing on the appropriate signature line, "Refused to Sign."
5. Security Personnel in attendance shall advise the Director of Public Safety or his designee who will determine if an extended investigation of an illness or injury is necessary and ensure its completion.
6. The Department of Public Safety will confer with the Business Services Coordinator and, upon request, forward all illness or injury information to that office.
7. When local emergency assistance is required, the Department of Public Safety shall notify the offices of the President, the Vice President for Business and Finance, the Director of Public Safety and the Assistant Director of Public Safety via email and telephone notification. Telephone notifications during the hours when the college is closed shall be made to the Director and Assistant Director only.

County College of Morris
ILLNESS / INJURY REPORT FORM

Attachment A

Date of Report _____

Completion of this form will allow the College to direct intelligently its efforts toward elimination of conditions and procedures that produce injuries.

Name: _____ (Last) _____ (First) _____ (Middle) _____ DOB: _____

Address: _____ Phone: _____

Sex: F M Soc. Sec. #: _____ Date of Injury: _____ Time: _____ am/pm

Status at time of accident (1) Student FT PT (3) Employee on duty off duty (5) Visitor
(2) C.P.P. (4) Student Aide on duty (6) Day Care Child

Supervisor or Instructor: _____
(The person, if any, directing your activity at time of accident)

Specific location of accident and activity engaged in at time of accident (Be specific so others can locate): _____

Employee's Department / Visiting group _____ Student's Major _____

If an off-campus location, was activity college sponsored? Yes No

Describe Accident

Include device, machine, material activity or condition involved and describe circumstances surrounding injury. _____

Signature of Injured/Responsible Party: _____

Type of injury and part of body involved: _____

Estimated Extent of Injury: (1) Minor (2) Moderate (3) Severe

Student Accident Policy Other—Identify _____

Sports Insurance Policy No Insurance

Workers' Compensation—Referral to: _____

Name and Address of Witness: (1) _____

Record of Patient's Treatment and Disposition: _____

Signature _____

Title

INVESTIGATION REPORT

1. Incident Number		2. Code		3. Phone Number and Ext. 973-328-5550			4. UCR na	21. Prosecutor's Case No. na		22. Department Case No. <input type="checkbox"/> Co-op <input type="checkbox"/> Original na		
5. Crime / Incident				6. NJS N/A			23. Victim (First, Middle, Last)					
							ID#		24. D.O.B	25. Sex	26. Race	
DATE AND TIME	7. Between <input type="checkbox"/>	8. Hour	9. Day	10. Mo.	11. Date	12. Yr	27. Victim's Address (City, State, Zip)			Phone and Ext. No		
	AT <input type="checkbox"/>											
13. Crime / Incident Location Workplace						28. Employer / Address				Phone and Ext. No		
14. Municipality RANDOLPH			15. County MORRIS		16. Code 1432		29. Person Reporting Crime / Incident			30. Date and Time		
17. Type of Premises B		18. Code	19. Weapons -- Tools		20. Code	31. Address S			Phone and Ext. No			
32. Modus Operandi / How Committed												
		34. Year na	35. Make na	36. Body Type na	37. Color na	38. Registration Number and State na			39. Serial Number or Identification na			
VALUE STOLEN PROPERTY	40. Currency na		41. Jewelry na		42. Furs na		43. Clothing na		44. Auto na		45. Miscellaneous na	
46. Total Value Stolen na		47. Total Value Recovered na		48. Teletype Alarm na		49. Technical Services na		50. Technician & Agency na				
51. Weather na		52. na		53.		54.		55. Evidence <input type="checkbox"/> None Yes No <input type="checkbox"/> <input type="checkbox"/> NJ SBI <input type="checkbox"/> <input type="checkbox"/> Retained <input type="checkbox"/> <input type="checkbox"/> Returned <input type="checkbox"/> <input type="checkbox"/> Destroyed		56. Disposition Yes No <input type="checkbox"/> <input type="checkbox"/> Arrest Pending <input type="checkbox"/> <input type="checkbox"/> Teletype Pending <input type="checkbox"/> <input type="checkbox"/> Evidence Pending		
57. Chem Lab No. na		58. Ballistics Lab No. na		59. MV Summons/ Warn No. na		60.						
List arrested / summoned. List and identify additional victims - Describe perpetrators or suspects - Date action taken include findings and observations of investigator - Physical evidence found - Where, by whom - Disposition and technical services performed - Interview of victims - witnesses - persons contacted - Suspects - Attach Victim Property Loss Report - Attach Statements - Court Action - All NCIC Entry / Inquiries - Prisoner Disposition.												
61. No. Arrested na		62. Adult na	63. Juvenile na	64. Status Crime na		65. Status Case na		66. UCR Status na		67. Date Cleared na		
68. Name				Address of Arrested / Summoned				69. Age		70. Sex	71. Race	72. D.O.B
73. Rank/Name (Print or Type)						74. 700 337		75. Page		76. Report Date		77. Rev. By
Signature						78.		79.		80.		81.



RELEASE FROM LIABILITY
COUNTY COLLEGE OF MORRIS
DEPARTMENT OF PUBLIC SAFETY

DATE: _____

VICTIM'S NAME: _____ ID# _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

_____ STUDENT _____ EMPLOYEE _____ VISITOR

I hereby certify that on the above date, against the advise of the Public Safety officer in attendance and the College administration, I declined:

- _____ First Aid assistance by members of the Department of Public Safety, for my injuries or illness, and/or
_____ Transportation to the Health Services office of the College for treatment of my injuries or illness, and/or
_____ Transportation to the hospital via an ambulance and/or
_____ Other (please explain) _____

I hereby release the Department of Public Safety, the County College of Morris and it's employees from any liability whatsoever and from any ill effects that may result from my refusal of such services.

Signature: _____
Signature of guardian/person responsible
if victim is under 18 years old: _____

Relationship to victim: _____

WITNESS _____

WITNESS _____