INJURY PROCEDURES FOR STUDENT ORGANIZATIONS

1. Assess the extent of injury and determine the appropriate level of care. **Should 911 be called? If so, proceed to #4 and follow emergency procedures described.** If the injury is one that does not have an immediate need to visit the emergency room, the dentist or another health care provider, then proceed to #2 below.

2. Listen to and respect the wishes of the injured person. If they want to be driven to the emergency room try to help facility a ride for them (do not transport them yourself). If they want an ambulance called, then you should do it. In most instances, the injured person will opt for the appropriate course of action. However, if no one is sure what to do, the injured individual should go to the emergency room and get it checked out to avoid further complications.

3. It is recommended that you allow injured participants to provide care for themselves, thereby reducing potential exposure to disease.

4. **When emergency medical personnel are needed:**

   Assign one person to remain with the accident victim if possible

5. Locate the nearest phone and call 911 for immediate assistance. If you do not have a cell phone use one of the black university call boxes located at various locations on campus (see attached). Open the box and push the button to activate the phone, then dial 911.

   Please follow these instructions when calling 911:
   A) Identify yourself
   B) Report what has happened
   C) Report where the accident has happened and give the specific location of victim.

   **Note:** If using a cell phone it is very important that you give accurate information about your location. The 911 operator will have no other way to know your location since even “enhanced 911” systems do not recognize cell phone locations.

   D) Report what aid is needed. If it is a life-threatening situation, make sure you communicate this to the dispatcher.

6. Please notify the Office of Student Activities (x1345) if emergency personnel are called to the scene or if the injured party is sent to the hospital. The Student Activities staff member will contact the correct university representative.

   If the emergency occurs after 1:00 a.m. please call the campus operator at 0 or 863-6511 from off campus to have SUPD paged and informed of the situation.
STUDENT ORGANIZATION INJURY REPORT FORM

Date of Injury ____/____/____  Time of Injury _______ a.m./p.m.

Information on Injured Person

Name: ___________________________________________________________________________________

Classification:  Student (Year: _____) / Faculty / Staff / Spouse / Alumni / Other (specify) ___________

Gender: Female / Male   Date of Birth: ____/____/__ __

Address: __________________________________________________________

(Residence Hall / Room #)    (SU Box # or address)    (city)      (state)    (zip)

Phone: (___) __________________

Describe Injury/Incident

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Facility where injury occurred (circle one):
Robertson Center   Snyder Field  Academic Mall   Residence Hall (Specify: ________)

Moses Field   Softball/Baseball Field  Other (Specify: ____________)

Did the person: Go to Health Services ____   Go to the Hospital ____    Return to the Residence Hall ____

Was Campus Police contacted: Yes ____ No ____   Officer Responding: _________________

Did Paramedics/Ambulance respond: Yes ____   No ____

Person Filing Report: ________________________________________________________________

Contact Information: ________________________________________________________________

(Residence Hall / Room #)    (E-mail)    (Phone)

Organization: _______________________________________________________________________

Event Information: _________________________________________________________________

(Name)    (Date)