

Policy: Emergencies Due to Accident or Serious Illness	Number: 518.01
Date Revised: 09-14-16	Supersedes: A-02
Cross Reference: N/A	Issued: 11-14-91

It is the responsibility of all personnel employed by ISTC to complete the appropriate ISTC Incident Report Form for an employee(s), student(s), or visitor(s) if an accident, illness, or incident should occur while on the College's premises or during the course of official College business. This policy applies to any accident regardless of who may be involved. There are two (2) applicable forms, the ***ISTC Employee Incident Report Form*** and the ***ISTC Student/Visitor Incident Report Form***.

Employees/Visitors

Emergency procedures as listed in the **ISTC Emergency Preparedness Guide** should be followed for the immediate treatment of employees and/or visitors to a College facility where the accident or serious illness occurred.

Students

In the event that any student(s) become seriously ill or injured while on the College's premise or transport, any college employee who becomes aware of the situation should notify the Dean of Students immediately and report the exact nature of the illness or injury. The administration will notify appropriate Alabama Department of Corrections (ADOC) officials, who will arrange for proper medical attention and transportation of the student. The employee reporting the occurrence(s) should complete and submit the appropriate form to the senior-level administrator at the facility closest to where the situation occurred.

While it is understood that a student may need immediate first-aid measures, any employee providing such measures should use universal precautions as prescribed. At no time is an employee of ISTC to administer any medication of any kind to a student.

NOTE: Instructors whose classes are located inside a correctional facility or at a site under ADOC supervision are to notify appropriate ADOC personnel and then their senior-level ISTC supervisor in the event of serious accidents or illness involving a student.

Regardless of whether an incident involves a student, visitor, or employee the appropriate form(s) must be completed after the incident. An employee completing an incident report form shall retain a copy for his/her files and submit the original to their senior-level supervisor who will retain a copy for his/her files as well as insure that the original form(s) are forwarded to the Office of Human Resources. The Office of Human Resources will send appropriate notifications as needed and maintain these documents for any/all State Board of Adjustment claims processed.

**J.F. Ingram State Technical College
Employee Incident Report Form**

1. Name of employee submitting report:

2. (circle one) Main Campus Draper-Staton Center Tutwiler Center 3. Date of Report:
Other location _____

4. Date of Incident:

5. Time of Incident

6. Where Did Incident Occur:

7. Details of Incident, including any Damage or Injury; Also include Manufacturer, model and serial # of any equipment involved:

8. List of Witnesses, if any, including DOC personnel and ISTC personnel:

9. Action Taken by Employee(s) involved in the incident.

10. Signature of Employee Submitting Report:

Additional Information May be Provided on the Back of this Form.



Student/Visitor Incident Report

Ingram State Technical College
5375 Ingram Road
P.O. Box 220350
Deatsville, Alabama 36022

Date: _____

Program: _____ Type of Incident: _____

*Name of Injured Student: _____

AIS # _____

Date of Incident: _____ Time of Incident: _____ AM/PM

Where in your program area did the incident happen? _____

How did the incident happen? (Give details) _____

What was the injured person doing? _____

List any DOC personnel present as witnesses: _____

List any Ingram personnel present as witnesses: _____

Statement by witness: _____

Experience in work in which the student was injured: _____

Manufacturer of Equipment Involved: _____

Serial#: _____ Model#: _____

Action taken by instructor: _____

Instructor or Supervisor (signature)

Where photos or videos taken of the scene or injury? No Yes
If yes, please attach with this form.

Additional information on reverse side: Circle one- No Yes

If injured person is a visitor at ISTC list their name and address on the back of this form.