

MCTC

Procedure for Non-Life Threatening Accidents

Step 1

Render necessary first aid

Step 2

Notify the Director of Public Safety, they will document the event and provide assistance.

Step 3

If the injured party needs additional medical attention but the injured party refuses medical transport via ambulance , **it is the responsibility of the injured party to seek medical attention on his or her own.**

Step 4

Fill out the provided incident report form and submit it to the Director of Public Safety.

Step 5

The supervisor/instructor should follow up with the injured party in a timely manner and inform them that they must meet with the Director of Public Safety to complete accident insurance paper work.

If you have questions or concerns about the incident report or insurance, please call the Director of Public Safety at 304-710-3463 or the Director of HR, Employee Development & Payroll at 304-710-3401.



Mountwest Community & Technical College officials require **ALL injuries** be reported that are sustained while on College property and/or while participating in College recognized activities. This report should be completed no matter how minor the injury may have been. A College representative must complete all sections of this form within 24 hours after the injury is first reported. Once completed, a copy of this report must be send to the Office of Human Resources. Please provide a thorough answer to all applicable sections.

For automobile accidents, in addition to completing this form you must also contact the Public Safety Department at 304-710-3463. For further information or if you have any questions, please contact the Office of Human Resources at 304-710-3401.

Mountwest Community & Technical College Incident Report

I hereby verify that the following information is correct and accurate to the best of my knowledge.

Part 1: MCTC Incident Identifier Information (representative filling out this form):

First Name	Last Name	Daytime Phone Number
Employee Job Title	Employee Department	On Campus Extension
Home Address	City, State	Zip Code
Did anyone witness the incident?	Witness Name(s)	Witness Telephone Number (s)

Part 2: Injured Person Information:

First Name	Last Name	
Employee Job Title (If Applicable)	Employee Department	Employee Phone Number
Home Address	City, State	Zip Code

Gender	College Status	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time Employee	<input type="checkbox"/> Student <input type="checkbox"/> Guest

Part 3: The Incident:

Date of Incident	Time of Incident	Location of Incident
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Where did the incident occur? *Please be as specific as possible, building & room number or in relation to a known fixed object. Example: In the hallway of the Main building next to the front office.*

What was the individual doing just before the incident occurred? *Describe the activity, as well as the tools, equipment, or material the individual was using. Be specific. Examples: climbing a ladder while carrying a paint can; spraying chlorine from a hand sprayer; daily computer key-entry*

What happened? *Explain how the injury occurred. Examples: When the ladder slipped on wet floor, worker fell 20ft; worker was sprayed with chlorine when gasket broke during replacement; worker developed soreness in wrist over time.*

What is the injury or illness? *Identify the part of the body that was affected and how it was affected. Indicate left or right. Please be more specific than "hurt", "pain", "sore". Examples: "twisted left ankle", "chemical burn on lower left arm", "one inch cut on right wrist"*

Part 4: Response / Treatment:

Who responded to the incident scene? (Please check all that apply)	
<input type="checkbox"/> Public Safety and/or Security	<input type="checkbox"/> Faculty/Staff
<input type="checkbox"/> MCTC Faculty or Staff member	<input type="checkbox"/> No One
<input type="checkbox"/> Emergency Services	<input type="checkbox"/> Other:
What treatment was received? (Please check all that apply)	
<input type="checkbox"/> No Treatment	<input type="checkbox"/> Unknown
<input type="checkbox"/> Treatment Refused	<input type="checkbox"/> Beyond First Aid
<input type="checkbox"/> First Aid	
Please describe the treatment given. (If treatment is refused have victim sign below)	

Was the individual treated/taken to the Emergency Room?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part 5. Signatures:

Injured Acknowledgement and Signature
I have been apprised that I may seek medical attention and would like to do so.
Signature: _____ Date: _____.
I have been apprised that I may seek medical attention but decline to do so.
Signature: _____ Date: _____
Witness Signature
Signature of Witness #1: _____
Date: _____