Florida A&M University
School of Allied Health Sciences

Emergency Medical/Illness Policy

Medical emergency/illness is defined as any sudden, unexpected, and unexplainable change in the physical or emotional condition of a student or faculty, which in the reasonable estimation: a) directs attention away from the academic matters at hand (such as noisy distractions, persistent moaning, collapsing or vomiting); b) creates a possible life affecting change in the classroom; and c) presents a danger to the health, safety, and/or well being of the faculty member and/or other students.

PROCEDURES:

When an individual experiences a medical emergency/illness during a class, the following should occur:

1. Immediately stop the class.
2. Immediately make the student or faculty member comfortable.
3. Call (or have a student call) 911, Campus Police and the Office of the Dean. If a cell phone is available, use it. Use the campus operator if numbers are not readily available.

NOTE: Campus emergency numbers will be placed in each classroom.

4. Never leave the student or faculty member, even when there are other students in the area.
5. Keep the student or faculty member talking by asking simple direct questions (such as: What is wrong? Where does it hurt? Who do you want us to notify, etc.)
6. Gather specific information for documenting the incident such as:
   a. Name (other demographic information such as: address, home telephone number, SID or SSN if SID is not available, major, classification, etc.) as appropriate.
   b. Record the time and location of incident; circumstances surrounding the incident.
   c. Record if there was a noticeable injury as a result of a fall.
   d. Record who was notified (911, dean, relative, campus police, etc.).
   e. Record witnesses (obtain names, addresses, telephone numbers, etc.).

7. Contact the Dean’s office after each occurrence and provide verbal and written documentation of the event.

NOTE: School - wide procedures will not circumvent University Policy and Procedures.

Implementation Date: 9/1/2006
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Emergency Medical/ Illness Incident Report Form

Instructions:
- This form is to be completed immediately following the incident by the faculty member witnessing the event.
- Please print legibly.

Name of Individual Involved in Incident__________________________

If Student, ID Number______________ Major ________________
Classification _____________

Contact Phone______________
Address_________________________________________________

Date of Incident _______ Time of Incident _________
Location _________________________

Description of Incident_________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Name of Witness ________________________________ Witness is a:
□ Student  □ Faculty Member

Contact Phone ________________Address__________________

Injury/Illness Information: (check all that apply)
- No apparent injury or illness
- Slight injury or illness not requiring professional medical attention
- Injury or illness requiring professional medical attention
- Pre-existing condition

Does individual have a significant medical history? □ Yes □ No  If yes, describe_________________________________________________________
________________________________________________________________

Did an injury occur as a result of an illness? □ Yes □ No  If yes, describe_________________________________________________________

Was medical treatment given? □ Yes □ No  If yes, describe
________________________________________________________________


Was corrective action taken to prevent the incident from occurring again?

☐ Yes  ☐ No  If yes,

describe________________________________________________________

________________________________________________________

Form Completed By:
Name/Title____________________________________________________
Signature___________________________ Date: ________________

___________________________________________