

- CONFIDENTIAL -

RETURN BY:

**Campus mail to: Tulane University,
Office of Environmental Health &
Safety (#8480)**

OR

Email: Studentinjuries@tulane.edu

CONFIDENTIAL

Tulane University

Student Report of On-Campus and Off - Campus Injury or Illness

This report should be completed for a student injury or illness related to an on-campus activity/unsafe condition, or to a University-sanctioned off-campus activity or an unsafe condition at such an activity. These types of incidents may require follow-up by the Office of Environmental Health and Safety (OEHS).

Reportable incidents might include the following: Cuts or burns related to glass-working class; slips and falls related to poor lighting or uneven walking surfaces; electrical shocks from damaged wiring; food-related illnesses; contact with hazardous chemicals; blood or body fluid exposures, needlesticks or sharp object injuries infectious disease exposures, etc.

Examples of University-sanctioned off-campus activities include service learning, clinical rotations, work in hospital or clinic settings, and required educational experiences.

In addition to this Student Report of Injury form , please, complete the "Needle stick & Sharp Object Injury Report" or the " Blood and Body Fluid Exposure Report" and return via email to studentinjuries@tulane.edu. The additional forms are available at: <https://campushealth.tulane.edu/emergency/bloodborne-pathogens>.

The Student Health Center should ensure that any students who are treated for a “reportable incident” fill out the applicable forms.

If the injury occurs during classroom activities, the course instructor should be notified immediately. The instructor should ensure that the student completes the incident form, but the student is responsible for sending the completed form to OEHS regardless of whether or not the student reports to the Student Health Center.

This is confidential material and will be treated as such.



Tulane University
Student Report of On-Campus or Off-Campus
Environment Injury

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Instructions:

A. Complete both pages of form.

B. Send to the Office of Environmental Health & Safety: Via Campus Mail: #8480 or; by email to studentinjuries@tulane.edu

1. Date of Report (mm/dd/yyyy):	2. Date of Injury: (mm/dd/yyyy)	3. Time of injury (hh:mm am/pm)
4. Student Name (Last, First, Middle)	5. Splash ID #	6. <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other If so, please describe: _____
7. Local Address:		8. Local Phone Number:
9. Date of Birth: (mm/dd/yyyy)	10. Academic Year: (yyyy)	11. School:
12. Exact Location of Incident: (Campus, Building, room number, etc. If off campus, indicate street address, city and state)		
13. What was the student doing when injured: Be specific. If using tools or equipment, or handling material, describe them and explain what student was doing with them.		
14. How did incident occur? Describe fully the events which resulted in injury. Tell what happened and how it happened. List any objects or substances involved and tell how they were involved. Give full details on all factors which led or contributed to injury.		
15. Nature and Location of injury. Describe fully and include parts of body affected:		
Did injury occur because of: 16. Unsafe condition Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please describe 17. Unsafe act Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please describe		Comments or recommendations to prevent future occurrences (optional):
18. Location of Care Required: Student Health Center <input type="checkbox"/> Uptown Campus <input type="checkbox"/> Downtown Campus <input type="checkbox"/> <input type="checkbox"/> Other:		
19. PERSON COMPLETING THIS REPORT <u>IF NOT</u> STUDENT – Name/Affiliation:		
SIGNATURE:		

Complete the following by checking the appropriate checkbox or by filling in the space provided.

EVENT CODE

- Falls, Slips, Trips (off, on, over)
- 101 Off chair, furniture
 102 Off dock, opening, excavation
 103 Off ladder, scaffold
 104 Off machinery, equipment
 105 Off vehicle
 106 Off high place
 107 On stairs, steps-indoors
 108 On other flat surfaces-indoors
 109 On stairs, steps-outdoors
 110 On paved surfaces-outdoors
 111 On loose ground cover-outdoors
 112 On flat surface-outdoors
- Struck, Caught (by, against, between)
- 201 By airborne dust particles
 202 By another person, object being held
 203 By chips/particles from use of powered hand tools, machinery or equipment
 204 By chips/particles from use of non-powered hand tools
 205 By object-blown off pressurized system
 206 By object-broken off, vibrated loose, mobilized
 207 By object-collapse, cave-in
 208 By object-dropped, released by self during handling
 209 By object-from explosion, over-pressure
 210 By object-dropped, released or thrown by another person
 211 By - other: _____
 212 By/against handtool, non-powered
 213 By/against handtool, powered
 214 By/against moving equipment/machinery
 215 Against stationary, sharp object
 216 Against - other: _____
 217 Caught in moving machinery, equipment
 218 Caught, pinched between objects
 219 Needle-self inflicted
 220 Needle-waste handling
 221 Other: _____

Contact with Material Condition (touching, breathing, swallowing, absorbing)

- 301 Chemicals-corrosive, irritating substances in, around or from process equipment
 302 Chemicals-corrosive, irritating substances while handling or transferring bulk quantity
 303 Chemicals-corrosive, irritating substances in small laboratory quantity
 304 Commercial cleaning materials
 305 Chemicals - other:
 306 Electricity, power hand tools
 307 Electricity - other:
 308 Exposure to natural elements
 309 Fire flame, intense heat
 310 Hot, cold surface
 311 Unpressurized hot liquid hot material
 312 Pressurized hot liquid/gas
 313 Pressurized cold liquid/gas
 314 Noise
 315 Radiation
 316 Smoke, gas
 317 Welding flash
 318 Other material or condition
 319 Biological agent
 320 Other: _____

Overexertion, Strain (Load, No Load)

- 401 Load-carrying, holding, twisting, reaching
 402 Load-lifting
 403 Load-pulling, pushing, turning

- 404 Load-other
 405 No load-bending
 406 No load-reaching, twisting
 407 No load-other
 408 Load-patient

Miscellaneous

- 501 Animal, insects, plants
 502 Public transportation
 503 Sports activity
 504 Vehicle passenger, driver
 505 Other: _____

NATURE OF INJURY CODE

Injury

- 601 Amputation
 602 Bite, sting
 603 Bruise, contusion
 604 Burn-hot, cold, chemical, scald
 605 Concussion, unconscious
 606 Cut, laceration
 607 Exhaustion, heat stroke
 608 Electric shock
 609 Irritation, other
 610 Exposure
 611 Foreign body, sliver, dust, etc.
 612 Fracture, crush, dislocated
 613 Internal injury, hernia, heart
 614 Loss of senses, faculties
 615 Puncture
 616 Scrape, scratch, abrasion
 617 Sprain, strain, torn
 618 Suffocation, drowning
 619 Dermatitis (skin rash)
 620 Other: _____

Illness

- 621 Skin disease, disorder
 622 Lung problem, dust related
 623 Lung problem, toxic agent related
 624 Poisoning
 625 Disorders due to physical agent (other than toxic agents)
 626 Disorders associated with repeated trauma
 627 Other: _____

PART OF BODY CODE

Head/Neck

- 701 Scalp
 702 Skull
 703 Ears (Both)
 704 Eyes (Both)
 705 Face (Both)
 706 Nose
 707 Mouth/Teeth
 708 Neck
 709 Whole Head
 710 Other: _____

Arm/Shoulder

- 711 Shoulder (Both)
 712 Upper Arm (Both)
 713 Elbow (Both)
 714 Forearm (Both)
 715 Wrist (Both)
 716 Hand (Both)
 717 Fingers (Both)
 718 Whole arm (Both)
 719 Other: _____

Torso

- 720 Chest/Ribs
 721 Back-Muscles
 722 Back-Skeletal/Nervous
 723 Abdomen
 724 Groin
 725 Hip (Both)
 726 Buttocks
 727 Whole Torso
 728 Other: _____

Leg

- 729 Thigh (Both)
 730 Knee (Both)
 731 Shin, Calf (Both)
 732 Ankle (Both)
 733 Foot (Both)
 734 Toe
 735 Whole Leg (Both)
 736 Other: _____

Faculty/System

- 737 Hearing
 738 Vision
 739 Smell
 740 Taste
 741 Touch
 742 Respiratory
 743 Circulation
 744 Digestive
 745 Nervous
 746 Other: _____

CONTRIBUTING ENVIRONMENTAL FACTOR CODE

- 801 Sound level
 802 Weather condition
 803 Illumination
 804 Working surface/facility layout condition
 805 Flammable liquid/solid exposure
 806 Chemical action/reaction exposure
 807 Materials handling equipment/method
 808 Gas/vapor/mist/fume/smoke/dust condition
 809 Overhead moving/falling object action
 810 Flying object action
 811 Temperature above/below tolerance level
 812 Radiation condition
 813 Pinch point action
 814 Catch point/puncture action
 815 Shear point action
 816 Squeeze point action
 817 Overpressure/underpressure condition
 818 Poor housekeeping
 819 Other: _____

CONTRIBUTING HUMAN FACTOR CODE

- 901 Misjudgment of hazardous situation
 902 No PPE used
 903 No special protective clothing/appropriate attire
 904 Malfunction of procedure for securing operation or warning of hazardous situation
 905 Distracting actions
 906 Equipment in use not appropriate for operation or process
 907 Malfunction of neuro-muscular system
 908 Malfunction of perception system with respect to task environment
 909 Safety devices removed or inoperative
 910 Operational position not appropriate for task
 911 Procedure for handling materials not appropriate for task
 912 Defective equipment in use
 913 Malfunction of procedure for lock-out or tagout
 914 Procedure to complete task not appropriate
 915 Other: _____

Student's Name:

Date of Injury:

Email to: