

Student Injuries

Student Emergency Care for Injury and Illness

POLICY

Enrolled students experiencing an injury or non-personal illness (excludes personal illnesses such as, but not limited to, flu, cold/sinus, etc.) on campus or while attending class or participating in University-sponsored activities shall receive initial treatment at a University-authorized medical facility as noted below:

EMERGENCY ISSUES:

Detroit Receiving Hospital – ER
4201 St. Antoine Blvd
Detroit, MI 48201
(313) 745-3000
Hours of Operation: 24 hours

Henry Ford Hospital- Detroit ER
2799 W Grand Blvd
Detroit, MI 48202
(313) 916-2600
Hours of Operation: 24 hours

NON-EMERGENCY ISSUES:

Detroit Receiving – University Health Center
4201 St. Antoine Blvd
UHC 4K
Detroit, MI 48201
(313) 745-3000
Hours of Operation: 7am - 4:30pm

Henry Ford Medical Center- Harbortown
3370 E Jefferson Ave
Detroit, MI 48207
(313) 656-1600
Hours of Operation: 8am - 5pm

Only the initial treatment necessary for an injury or illness requiring immediate attention is covered by this policy. The student is responsible for any subsequent treatment

PROCEDURE

<u>Responsibility</u>	<u>Action</u>
Student	<ol style="list-style-type: none">1. Notify Instructor/Administrator or Department of Public Safety of injury or illness immediately.2. Report to the appropriate University-authorized medical facility for initial treatment, as noted above.3. Complete the top portion of the Report of Injury (http://idrm.wayne.edu/risk/student-forms.php) form and sign bottom portion.4. If the student receives an invoice for initial service, student shall forward the invoice to the Office of Risk Management for payment review. For services/treatment beyond the initial visit, the student shall either self-pay directly to the provider or forward the invoice to the personal health insurance carrier.
Instructor/Administrator	<ol style="list-style-type: none">1. Contact WSU Police Department (7-2222) to obtain assistance and transportation to the appropriate University authorized medical facility.

IF A STUDENT IS INJURED DURING CLASS ON WSU CAMPUS:

1. Provide student with a Report of Injury Form
2. Phone WSU Police at 7-2222, who will generate a report and determine transportation method (i.e., self-drive, transport, or EMS)
3. For non-emergencies, send student to University Health Center (UHC), 4K (7:30 a.m.-3:30 p.m.*) or Henry Ford Health Center-HarborTown Suite 100 (8:00a.m.-4:30p.m.*) located on Jefferson just west of Belle Isle.
For Emergencies or after hours, send student to Detroit Receiving Hospital-ER or Henry Ford Hospital-ER on West Grand Blvd.
4. Top portion of the Report of Injury, including student and faculty signatures, along with all back-up documentation from the clinic must be turned in to the faculty's Assistant Dean (Room 230 Cohn) or the Associate Dean for Academic and Clinical Affairs (Room 201 Cohn), who will then forward to the Office of Risk Management

IF A STUDENT IS INJURED DURING CLASS OFF-CAMPUS:

1. Provide student with Report of Injury form
2. Send student to University Health Services (UHC), (7:30 a.m.-3:30 p.m.*) at Detroit Receiving Hospital, OR Henry Ford Health Center-HarborTown, Suite 100 (8:00a.m.-4:30p.m.*) on Jefferson just west of Belle Isle, or closest ER if an emergency.
3. Completed top portion of the Report of Injury, including student and faculty signatures, along with all back-up documentation from the clinic must be turned in to the faculty's Assistant Dean (Room 230 Cohn) or the Associate Dean for Academic and Clinical Affairs (Room 201 Cohn), who will then forward to the Office of Risk Management

IF A STUDENT IS INJURED DURING CLASS OFF-CAMPUS AND THAT INSTITUTION REQUIRES THAT THE STUDENT BE SEEN AT ITS FACILITY:

1. Provide student with Report of Injury form
2. Faculty or student must obtain a copy of that institution's policy stating that an injured student is required to be seen at its facility. If condition is an emergency or if student is required to be seen at facility where injured then they will only be seen at that facility and not at University Health Center 4K UHC nor Henry Ford Health Center-HarborTown.
3. Completed top portion of the Report of Injury, including student and faculty signatures, copy of institution's policy requiring the injured student to be seen at their facility, and all back-up documentation from the visit must be turned in to the faculty's Assistant Dean (Room 230 Cohn) or the Associate Dean for Academic and Clinical Affairs (Room 201 Cohn), who will then forward to the Office of Risk Management

IT IS IMPORTANT TO NOTE THAT ONLY THE INITIAL TREATMENT FOR THE ACTUAL INJURY IS COVERED BY THE UNIVERSITY. ANY DIAGNOSTIC TESTING, PRESCRIPTIONS OR SUBSEQUENT VISITS ARE THE RESPONSIBILITY OF THE STUDENT.

(*) Walk-ins should be no later than 3:00 p.m. for both clinics

BLOODBORNE PATHOGEN EXPOSURE PLAN

All students should use extreme caution in the care of their patients to avoid needle sticks and exposure to bloodborne pathogens. All students will use Universal Precaution in all patient care settings.

In the event of a needle stick or exposure to bloodborne pathogens:

Students who are possibly exposed to bloodborne pathogens by way of needle sticks or exposure to human body fluids must report the exposure to their clinical instructor **immediately**. They should wash off or flush out exposure as soon as possible after it occurs according the guidelines provided by the ACE modules or the clinical agency."

1. Exposure during a precepted experience must be reported immediately to the preceptor and as soon as possible to the course faculty member.
2. For students who are possibly exposed to bloodborne pathogens by way of needle sticks or exposure to human body fluids at off-campus sites, such as hospitals or community health settings, the following policy will apply
 - For exposures in a hospital or another agency with a policy covering possible exposure to bloodborne pathogens, the policy of the facility will be followed.
 - For exposures in a setting where there is no policy on possible exposure to bloodborne pathogens, the student should either report immediately to University Health Center (UHC), 4K (7:30 a.m. -3:30 p.m.*) or Henry Ford Health Center- Harbortown Suite 100 (8:00a.m.-4:30p.m.*) located on Jefferson just west of Belle Isle or to their personal health care provider (at your own expense). If the injury occurs after the previously mentioned clinic's operational hour, the student has the option to go to Detroit Receiving or Henry Ford Emergency Room for initial treatment. If the agency does not cover the cost of testing for students, students are responsible for the cost of testing beyond the initial treatment for exposure (health insurance may cover):
 - HIV antibody
 - Hepatitis B surface antibody
 - Hepatitis C antibody
 - Testing for Viral Hemorrhagic Fevers (e.g. Ebola and Marburg fevers)
 - Pregnancy test (for women)

Report of Injury

NAME (Last, First, Middle) :

SOCIAL SECURITY NO:

RESIDENTIAL ADDRESS (Street Address, City, State, Zip)

TELEPHONE NO(S).

DATE OF

TIME OF

☐ A.M.

WORK START

☐ A.M.

INJURY:

INJURY:

☐ P.M.

TIME:

☐ P.M.

Accident Reported to (name & title):

Witnesses:

Full Name

Address (Street, City, State, Zip)

Telephone No.

1.

2.

Treating Physician: Full Name

Address

Hospital (if hospitalized): Full Name

Address

**DESCRIPTION OF ALLEGED INJURY—WHAT ITEM CAUSED THE INJURY, BODY PART, AND EVENTS LEADING UP
TO AND INCLUDING THE INJURY (PLEASE ATTACH A SECOND PAGE IF NECESSARY):**

EXACT LOCATION AND/OR BLDG (including floor, room, etc.):_____

Birthdate (mm/dd/yy)

Sex: ☐ Female

☐ Male

****Employees MUST also complete the following / Injured Students only complete above this line****

Tax Filing

Single

Married, Filing Jointly

☐ If married, spouse is supported

Status (circle one): Single, Head of Household

Married, Filing Separately

at least 50% by injured.

No. of Dependent (under age 16) : _____

Other family members supported at least 50% by injured (specify on line below):

Lost Day(s)

Date of Last

Date returned to work/

Due to Injury: ☐ Yes ☐ No

Day Worked:

estimated length of disability:

Your Classification

Your Department

of Hours Worked
Per Week:

DATE OF
HIRE:

Do you have a SECOND EMPLOYER?: ☐ Yes

☐ No: If yes, Company Name and Complete Address:

Public Safety Contacted: ☐ Yes ☐ No Case # _____

I Am Currently Enrolled As A Medicare (Not Medicaid) Beneficiary: ☐ No ☐ Yes, HCN# _____

Your WSU Supervisor's Complete Name, Phone Number and E-mail Address:

Your Complete Campus Address & Campus Phone:

Employee'/Student Signature/Date:

Supervisor's Signature/Date:

INSTRUCTIONS:

**ALL INFORMATION MUST BE COMPLETED AND BOTH SIGNATURES OBTAINED FOR EMPLOYEE INJURIES
SUBMIT WITHIN 24 HOURS TO WAYNE STATE UNIVERSITY OFFICE OF RISK MANAGEMENT**

5700 Cass Ave., Suite 4622, Detroit, MI