Emergency Medical Procedures

In the event of a medical emergency involving a student, visitor, faculty or staff member at PJC, Paris EMS and the officer on duty shall be notified immediately.

Non Life-Threatening
Non threatening accidents (minor cuts, sickness, etc.) shall be reported to the PJC Department of Public Safety. The injured or sick party will be directed to seek medical attention from his/her physician, local hospital emergency room, or minor emergency clinic.

Written Report
A written report shall be made and submitted to the PJC DPS office and to the department head of reach incident. The report will be made by the instructor or supervisor on all medical emergencies or accidents and will include information on the time, date, location, suspected cause (including unsafe practices) and action taken by reporting persons.
If the accident was caused by a safety hazard, it will be reported immediately and a separate report will be made in writing and submitted to the PJC DPS and to the Director of Physical Plant.

Life Threatening
Life threatening assessment can be made immediately for injuries that are considered life threatening such as severely injured, sick, burns, or seizures etc. Call 911 and EMS will be dispatched. Only the patient can cancel or refuse to be transported by ambulance. The employee should remain with the person with the accident or illness until medical assistance arrives if at all possible.

The PJC Health Occupations Department is not equipped to handle medical emergencies. Employees should not risk imposing additional injury or transport injured or ill individuals to a facility.
Paris Junior College Personal Accident Report

Name: ______________________________________ Date: _____________

Time of Accident: _______ Place of Occurrence: ______________________

Description of Accident (nature of injury, cause, equipment involved)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Medical treatment provided (i.e. ambulance transported to hospital):__________
__________________________________________________________________

Corrective Action: ___________________________________________________

Witnesses: _________________________________________________________

Signature of reporting person _________________________________________
Date: _______________

One copy each: Dean of department, Instructor, and original to PJC DPS