



2024-25

# Health & Safety Plan



This plan is in effect for all guests, students and staff.

**Important Phone Numbers**

***For all life-threatening emergencies,  
DIAL 911***

Non-emergency:	Smithville Police Department	330-669-3471
	Wayne County Sheriff's Office	330-287-5750
	Central Fire District	330-669-2091
Office of Emergency Management		330-262-9817
American Electric Power		1-888-710-4237
Dominion East Ohio Gas - Daytime		330-262-8010
Dominion East Ohio Gas – 24 hours		1-877-542-2630
Smithville Water-Sewer Department		330-669-2633
Wayne County Health Department		330-264-9590
OSHA (Occupational Safety & Health Administration)		1-800-321-6742
Poison Control		1-800-222-1222
Staff: 330-669-7070		
Adult Education Office		1320
Director of Operations/Nursing Supervisor		6001
High School Principal		1024
Maintenance Supervisor		5010
School Nurse		1110
Superintendent		6160
Career Technical Supervisor		1322

Please Note:

1. To make an outgoing call from a school phone, you must first dial 8.
2. When dialing 911 from a school phone, it is not necessary to dial 8 first.
3. When dialing 911, it is recommended to use a landline, when possible, because a dispatcher can easily determine your location, which results in a much quicker intervention.

### **WCSCC Security Personnel**

Day: Wayne County Schools Career Center has an assigned School Resource Officer and a Safety Security Monitor on site during the day when secondary classes are in session.

Evening: The Adult Education Safety Coordinator serves in the role of security for evening classes. We have the direct support from our local Police Department for any situations that may arise.

### **WCSCC Safety and Security Committee**

WCSCC Safety and Security Committee is chaired by the Director of Operations. Safety and security procedures are reviewed and discussed at regularly held meetings. The committee is comprised of administrators, selected staff and local law enforcement.

- Assisting with the development of our security plans.
- Ongoing assessments of our current security procedures and recommendation of ways to improve.
- Sharing important security concerns between the community and the Career Center.
- Arranging for the participation of emergency personnel in our safety drills.
- Discussing available options for safety and security training for staff.

## **Campus Safety**

All exterior doors to the main building are locked from 8:05 a.m. through the remainder of the day during the school year when the high school is in session.

The Adult Education building (separate from the high school) front doors have a buzzer system for access. Office hours are Monday – Thursday from 8:30 a.m. to 6:00 p.m. and Fridays from 8:00 a.m. to 4:00 p.m.

All visitors are identified at the main office prior to admittance to the building.

Large, well-lit parking lots are provided.

Escorts are provided to staff and students at individual requests.

WCSCC fingerprints every potential employee in order to obtain a criminal history background check.

## **Campus Security**

It is the policy of Wayne County Schools Career Center that any criminal activities or emergencies be reported immediately to the appropriate authorities.

Notification should then be made to any available staff member, who will report the incident to the supervisor on duty. All emergencies and criminal activities will be reported to the Career Technical Supervisor, Director of Operations and to the Superintendent.

WCSCC maintains a close working relationship with the Smithville Police Department. A Resource Officer from the Wayne County Sheriff's Office is assigned to WCSCC, and on-duty officers routinely patrol the WCSCC grounds. Students will be notified of emergencies through the Remind App.

For student information, a list of registered sex offenders may be viewed at the Wayne County Sheriff's website,

<http://www.waynecountysheriff.com/sex-offenders>

## **Emergency Procedures**

Response – The Incident Command System (ICS) is utilized when responding to incidents and the WCSCC works with local safety agencies to manage, mitigate, and recover from incidents.

Evacuation – Evacuation will take place if it is determined that it is safer outside than inside the building (fire, explosion, hazardous material, intruder) and staff, students and visitors can safely reach the evacuation location without danger (see WCSCC Emergency Operations Plan).

Shelter-in-place – The shelter-in-place procedure provides refuge for students, staff and the public inside the school building during an emergency. Shelter-in-place is used when evacuation would place people at risk. Everyone should remain inside the building until told it is safe to come out (see WCSCC Emergency Operations Plan).

## **Missing Student Notification**

If there is reason to believe that a student is missing, notify the school administration immediately. The WCSCC will notify local law enforcement and immediately initiate an effort to locate the student. All notifications will be made by law enforcement.

## **Dissemination of Emergency Situations**

It is the policy of Wayne County Schools Career Center that any criminal activities or emergencies be reported immediately to the appropriate authorities.

Notification should then be made to any available staff member, who will report the incident to the supervisor on duty. All emergencies and criminal activities will be reported to the Career Technical Supervisor, Director of Operations and to the Superintendent.

At times, it may be necessary to alert students and staff of specific situations; below are examples of several mass notification methods used by Wayne County Schools Career Center:

- Remind – This service sends out important messages to registered recipients quickly and effectively.
- PA (Public Address) – This method is used to communicate important messages internally. Announcements can be made via a designated microphone located in the main office or by using classroom or office telephones.
- Website – School officials use this method when they need to disseminate urgent messages or updates to a larger population.
- Local Media – This method is usually utilized when major announcements or emergency-related updates of utmost importance are intended to reach a much larger population.

### **Safety and Security Tools**

Campus security has become a major concern for many people across the nation, including but not limited to: school staff and administration, students and their parents, law enforcement agencies and government officials. Everyone shares the same concern and the same goal. The concern is, a life-threatening emergency taking place in a school building or on campus, and the goal is, to be prepared to address any emergency that occurs. WCSCC staff have received training in Incident Command and responding to critical incidents on campus. The Incident Command System (ICS) is utilized when responding to incidents and the WCSCC works with local safety agencies to manage, mitigate, and recover from incidents.

At Wayne County Schools Career Center, we realize that an emergency can occur at any given time without a warning. Therefore, we continually perform security assessments in order to determine where we stand and what needs to be improved. Below are examples of the tools and measures that we have in place to help us achieve and maintain the highest level of security:

#### a) Surveillance System:

- All building and campus activities are monitored and recorded 24 hours a day, 7 days a week.
- Recordings are saved for a limited time and can be retrieved when necessary.

b) Access Control System:

- A state-of-the-art electronic door locking system is installed and active.
- Entry doors to the building and certain office areas automatically lock and unlock according to a preset time schedule.
- Doors that are programmed to remain locked require a key fob (key card) with the proper access level for entry.
- All key fob activities are recorded and a card history report with specific data can be generated when necessary.
- In the event of an emergency in which a lockdown becomes necessary, the building can be secured via computer access.

c) Emergency Procedures Reference Guide:

- An emergency preparedness guide (The Health & Safety Plan) has been developed, and is continually evaluated and updated.
- This guide has been designed to identify various security threats and to assist staff and administration in handling and/or reacting to them.
- A copy of this guide has been distributed to all staff and local law enforcement agencies. In addition, an online copy of this guide is currently available on our website [www.wccsc.org](http://www.wccsc.org)

d) Drills:

- At Wayne County Schools Career Center, we conduct various safety drills regularly, Fire, Tornado, Lockdown...etc.
- We encourage the participation of our local Police and Fire departments in our safety drills, as we believe it is extremely important for the emergency first responders to be familiar with our building.
- Wayne County Schools Career Center has adopted the A.L.I.C.E (Alert, Lockdown, Inform, Counter, Evacuate) concept in an active shooter emergency and all of our staff members have received the proper training associated with it.
- Upon completion of each safety drill, feedback is given by staff and administration. This feedback is a vital for the purpose of our ongoing security assessment and evaluation process.

e) Fire and Security Alarm System:

- We have a Fire Alarm system, made by Siemens with an Intelligent addressable fire alarm control panel.
- Addressable Thermal (heat) and photoelectric smoke detectors.
- Our security system is called Entrapass by Kantech. The system has magnetic relays at the main doors and overhead doors.
- We have motion detectors throughout the building and 117 alarm points monitored 24/7 by Silco Fire & Security.

f) AED's, Bleeding Control Kits and Fire Extinguishers:

- There are several Automated External Defibrillators (AED's), bleeding control kits and fire extinguishers at Wayne County Schools Career Center. They are strategically placed throughout the building—one can be found in each wing, the AE building, and the Admin Building.

g) Hazardous Materials:

- All labs are equipped with eyewash stations and first aid kits are assigned by program.
- An up-to-date SDS (Safety Data Sheet) binder is placed in all areas in which chemicals/hazardous materials are used.
- All classrooms and labs in our Health Department have sharps containers for the safe disposal of needles and other sharp objects.

### **Medical Emergencies**

School Nurse (High School Days Only): The school nurse is able to respond to various medical emergencies when needed. The school nurse will assess the extent of the emergency in order to decide whether on site treatment is possible or if EMS should be notified.

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***ALL MEDICAL EMERGENCIES OF A SERIOUS NATURE: DIAL 911***

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Evening –the Safety Coordinator will assess the extent of the emergency in order to decide whether on site treatment is possible or if EMS should be notified.



## **Reporting and Investigating Accidents**

All accidents/incidents shall be reported immediately to any staff member or supervisor. If medical attention is required, contact the School Nurse during day hours or the Safety Coordinator during evening hours.

All accidents/incidents shall be investigated and documented by a staff member or supervisor. Evening hour accidents/incidents will be investigated by the Safety Coordinator.

When documenting any incident, one of the following forms shall be utilized:

- Accident Report – This report is to be completed by the person responsible for the student at the time of the accident.
- Shop Accident Report – This report will be completed for any accident occurring in the shop areas.
- Workplace Accident Reporting Form – This will be completed when external medical treatment is sought at the time of the accident.
- Incident/Near Miss Report – This report will be completed for any unplanned event that MAY have caused an injury or equipment damage with no external medical treatment being sought.
- Supervisor Workplace Incident/Accident Report – This form is to be completed for all employee incident/accidents occurring on school property, or during any work related activity.
- Witness Statement – This form should be completed with any of the above forms, when applicable.

Hard copies of the above forms can be found in the Adult Education storeroom – File cabinet – top drawer listing “Forms File Drawer” and in the back of this plan.

## **Reporting of Crimes**

WCSCC expects all students to follow school policies and state laws. Any infraction is expected to be reported promptly. As adults and contributing members of society, the expectation is that students and staff will conduct themselves in a way to promote campus safety. Any suspicious activity or person seen in the parking lots, loitering around vehicles or inside the building should be

reported immediately. Students and staff will be made aware of resources related to Campus Safety and Security at Orientations.

WCSCC encourages anyone who is a victim or witness to any crime to promptly report the incident to the police. Please note: Police reports are public records under state law, WCSCC and local police departments cannot hold reports of crime in confidence.

Students may report crimes directly and voluntarily to any district administration personnel but their first attempt to report the crime should be to their program supervisor:

- Lynn Moomaw: Practical Nursing, Nurse Aide
- Sandy Elliott: Administrative Office Professionals, Cosmetology, Dental Assisting, Medical Assisting, Phlebotomy, Manufacturing Technologies, General Interest, Law Enforcement, and Literacy Education Programs.

### **Safe Options for Bystander Intervention**

Bystander intervention is defined as safe and positive options that may be carried out by an individual or individuals to prevent harm or intervene when there is a risk of dating violence, domestic violence, sexual assault or stalking. It encourages people to watch out for each other.

Be aware of those behaviors and situations that appear to be inappropriate, coercive or harassing. If you see someone in danger or in a situation that does not feel right:

- Create a distraction to help the person get to safety. If it is a friend, join the conversation and suggest that you leave, ask them to go to the restroom with you, etc. Make up an excuse to get them out of a potentially dangerous situation.
- Observe your surroundings. If you see someone who has had too much to drink or could be vulnerable, try to get him or her to a safe place.
- If you feel someone is at risk and you feel safe, find a way to de-escalate the situation and separate the parties. Ask the person directly if they need help or feel uncomfortable.

- Enlist others if needed. Call in friends or other people to remind someone behaving inappropriately that their actions should be respectful.
- Take steps to curb someone’s use of alcohol before problems occur.
- Do not hesitate to call the authorities if needed.
- Be aware that men can also be victims of domestic violence, dating violence, stalking and sexual assault.

**Alcohol and Drug Prevention**

As your support team while you are completing your technical training, we feel it is important for us to make you aware of the impact Drugs and Alcohol can have on your employment. Alcohol and drug use among employees and their family members can be an expensive problem for business and industry, with issues ranging from lost productivity, absenteeism, injuries, fatalities, theft and low employee morale, to an increase in health care, legal liabilities and workers’ compensation costs. We want to provide you with resources to be successful therefore a handout has been prepared, and is available; to educate you on various drug related issues.

Wayne County Schools Career Center is proud to be a “Drug free” campus and complies with the Drug Free Work Place Act and the Drug Free Schools and Campuses Act. In an effort to prevent the illicit use of drugs and alcohol by students and employees, the school has developed a policy that provides services related to treatment and prevention of drug and alcohol use and abuse. This policy includes dissemination of informational materials, disciplinary

**If you need help**

WCSCC encourages any students and employees who may have a problem with the use of drugs or alcohol to seek professional advice and treatment.

Local support and treatment programs include:

**Anazao Community Partners**

**Arrow Passage Recovery**

**One Eighty**

**WHIRE – Wayne. Holmes. Information. Referral. Exchange.**

330-263-6363

**Alcoholics Anonymous:**

Akron	330-253-8181
Canton	330-491-1989
Mansfield	419-522-4800

actions; and a list of educational programs, and referrals for outside-specialized counseling and treatment programs. This Policy applies to both on campus and off campus related activities.

Drug and Alcohol educational materials are available to students and employees. Wayne County Schools Career Center is the first Adult Education center to participate in the Drug Free Clubs of America program. In FY 21, we established our own in house WCSCC Drug Free Program. Students have the opportunity to drug test to voluntarily qualify for the program then are subject to random testing throughout their training program. Students that are part of the WCSCC Drug Free Club program receive incentives for their participation and are moved to the top for all placement related opportunities. Any student or staff requiring additional resources will be referred to STEPS and or Ana-azo, alcohol and drug counseling and rehabilitation agencies.

The possession, sale or the furnishing of alcohol or drugs at Wayne County Schools Career Center is forbidden by board policies and state laws.

Wayne County Schools Career Center has been designated “Drug free” and in no circumstances is the consumption of alcohol or drugs permitted. The Possession, sale, manufacture or distribution of any controlled substance is illegal under both state and federal laws. Such laws are strictly enforced by the school administration and local law enforcement agencies. Violators are subject to disciplinary actions by the school, criminal prosecution, fine and imprisonment.

It is unlawful to sell, furnish, or provide alcohol to a person under the age of 21. The possession of alcohol by anyone under 21 years of age in a public place or a place open to the public is illegal. It is also a violation for anyone to consume or possess alcohol in any public or private area of Wayne County Schools Career Center.

The following board policies are in place related to substance and drug use:

#### Board Policy on Substance Abuse (4170)

The Board of Education recognizes alcoholism and drug abuse as treatable illnesses. Such illnesses may impair the performance of staff. When appropriate, the Board may assist such employees in a manner recommended by appropriate specialists in the treatment of those illnesses.

A staff member having an illness or other problem relating to the use of alcohol or other drugs including, controlled substances, medications not prescribed by the employee's physician, or medications not taken as prescribed, will receive the same careful consideration and offer of assistance that is presently extended to staff having any other illness.

The responsibility to correct unsatisfactory job performance, attendance or behavioral problems resulting from a suspected health problem rests with the staff member. Additionally, regardless of whether a staff member has an illness or other problem relating to the use of alcohol or other drugs it remains the responsibility of the staff member to report to work and perform his/her duties in a fit and appropriate condition at all times. Being under the influence of alcohol or other drugs while on duty, on school property, or at a school related activity/event is not acceptable. Failure to correct unsatisfactory job performance, attendance or behavior and/or working or reporting to work under the influence of alcohol or other drugs for whatever reason, will result in appropriate corrective or disciplinary action as determined by the Board, up to and including termination.

If a staff member sustains a workplace injury while s/he is under the influence of alcohol or a controlled substance not prescribed by his/her physician, s/he may be disqualified for compensation and benefits under the Workers Compensation Act. If the staff member tests positive or refuses to submit to a test for alcohol and/or other drugs after sustaining a workplace injury, the employee may dispute or prove untrue the presumption or belief that alcohol and/or other drugs are the proximate cause of the injury (i.e., rebuttable presumption). The Board directs the Superintendent to establish guidelines and post a notice advising employees that the results of, or the employees refusal to submit to an alcohol or other drug test may affect an employee's right to receive workers' compensation benefits.

If a staff member voluntarily requests counseling or assistance before the Board learns of the staff member's substance abuse problem (through a positive test result or otherwise), the staff member's job security or promotion opportunities will not be jeopardized by his/her request for counseling or referral assistance. A staff member may not avoid the consequences of a positive test by requesting

counseling or assistance for a substance abuse problem after being instructed to submit to a drug test.

Staff who suspect they may have an alcoholism or other drug abuse problem are encouraged to seek counseling and information on a confidential basis by contacting resources available for such service.

R.C. 2925.01 et seq., 3793.02, 3719.01 et seq., 4123.54  
Rehabilitation Act of 1973, 29 U.S.C. 794

Board Policy on Drug Prevention (5530)

The Board of Education recognizes that the misuse of drugs is a serious problem with legal, physical, and social implications for the whole school community.

As the educational institution of this community, the schools should strive to prevent drug abuse and help drug abusers by educational, rather than punitive, means.

For purposes of this policy, "drugs" shall mean:

- A. all dangerous controlled substances as so designated and prohibited by Ohio statute and Federal Law;
- B. all chemicals which release toxic vapors;
- C. all alcoholic beverages;
- D. any prescription or patent drug, except those for which permission to use in school has been granted pursuant to Board policy;
- E. Any substance that is a look-alike to any of the above.

The Board prohibits the use, possession, concealment, or distribution of any drug or any drug-related paraphernalia as the term is defined by law, on school grounds, on school vehicles and/or at any school-sponsored event.

## **FIRE DRILL PROCEDURES**

### Evacuation

1. Upon hearing the fire alarm, direct all students to leave the building following the posted evacuation plan for your classroom.
2. Take your entire class folder with you to the evacuation location.
3. Students should walk rapidly (not run), no crowding, pushing, or talking.
4. Close all windows and doors to your classroom. Leave doors unlocked. All lights should be turned off. Labs should have power turned off.
5. Keep your students in a group and direct them to the appropriate evacuation area. Whenever possible keep students from walking on driveways to allow emergency responders access.

### Notes:

- No students should be in the front area of the building
- All students should be behind the fence as close to the wooded areas as possible
- No standing on the sidewalks or in the parking lots

### Reporting

1. After arriving at the evacuation area, take attendance of those present with you outside using the yellow Emergency Attendance Sheet. Compare it to your class roster – it may differ.
2. Write the names of any students with you that are not on your class roster on the back of the yellow Emergency Attendance Sheet.
3. An administrator will come to your evacuation area to collect your Emergency Attendance Sheet. In an actual emergency, report any injuries to the administrator.

## Supervision

1. Maintain your students in a group so we can locate a student if necessary until the “All Clear” sound is heard.
2. Once the “All Clear” is sounded, you may return to your classroom. In an actual emergency, keep your students in a group and wait until further instructions.

## **LOCKDOWN PROCEDURES**

### Non-Emergency Situation

1. An announcement will be made over the paging system that the school is entering into a non-emergency situation.
2. Classroom doors should be closed.
3. Students in the hallways when the announcement is made should continue to their destination and remain there until the announcement is made ending the non-emergency situation.
4. No additional students should be given permission to leave the classroom.
5. The non-emergency situation will end when an announcement is made over the paging system.

### Emergency Lockdown

1. Upon hearing an announcement over the paging system that the school is going into an EMERGENCY LOCKDOWN condition – clear the hallway in front of your classroom.
2. Close and lock all doors to your classroom and turn off the lights to make the room appear unoccupied.
3. Direct all students to move towards a location in your classroom that is not visible from windows.
4. Students are to remain quiet.
5. In an actual emergency, classroom doors should be barricaded to prevent anyone from entering. Staffs cell phones must be on vibrate and student cell phones must be turned off.
6. After securing the classroom, take attendance of those present with you using the yellow Emergency Attendance Sheet. Compare it to your class roster – it may differ.



7. Write the names of any students with you that are not on your class roster on the back of the yellow Emergency Attendance Sheet.
8. For lockdown drills, an administrator will come to your evacuation area to collect your Emergency Attendance Sheet. In an actual emergency, keep the attendance sheets with you until emergency responders arrive to your classroom or evacuation area.

### Evacuation

1. In an actual emergency, any possible information will be provided over the paging system. If you are able to leave the building safely, move as far away from the building as possible and proceed to the evacuation area.
2. Give the completed Emergency Attendance Sheet to an administrator upon arriving at the evacuation area.
3. Maintain your students in a group so we can locate any student if necessary.
4. Report any injuries to an administrator or first responder at the evacuation area.
5. Keep your students within a group and wait for further instructions.

In an emergency, the lockdown will end when an announcement is made over the paging system with “Wayne County Schools Career Center” included in the announcement.

## **SHELTER IN PLACE PROCEDURES - ADULT EDUCATION EVENING PROGRAMS**

### Shelter in Place (emergency near school)

1. An announcement will be made over the paging system that the school is entering into a Shelter in Place Situation.
2. Exterior grounds will be checked and cleared of all students and staff by administrators.
3. Staff should clear the halls near their area.
4. Both interior and exterior classroom doors and windows should be shut and locked.
5. No students should be permitted to leave the classroom.

6. Attendance should be taken using the Emergency Attendance Sheets. An administrator will come to your area to collect your Emergency Attendance Sheet.
7. Classroom instruction should continue.
8. Additional instructions will be given through the paging system or email.

## **TORNADO OR SEVERE THUNDERSTORM - ADULT EDUCATION EVENING PROGRAMS**

Tornado or Severe Thunderstorm Watch--A tornado or severe thunderstorm watch is a forecast of one or more tornadoes or severe thunderstorms in a large area. Continue normal activities, but watch for tornadoes or severe thunderstorms.

1. Monitor local radio stations (WKVX 960 AM or WQKT 104.5 FM) for weather conditions.
2. Alert the evening coordinator to begin the "lookout".
3. Keep all staff and students inside building until all clear.

Tornado Warning--A tornado warning means that a tornado has been detected and may be approaching.

1. When a tornado warning is received, this warning will be transmitted as quickly as possible to the entire building.
2. When a tornado warning is announced, students should proceed to the tornado shelter listed on the evacuation plan posted in the classroom. Assume a protective position such as lowering head to protect head and upper body as much as possible. If there is insufficient time to reach the shelter area, students should go to an inside wall of the classroom away from windows and assume a protective position. If possible, get under a large desk or other furniture for protection.
3. Make sure that all doors and windows are closed.
4. After arriving in the tornado shelter, take attendance of those present with you using the yellow Emergency Attendance Sheet. Compare it to your class roster – it may differ.

5. Write the names of any students with you that are not on your class roster on the back of the yellow Emergency Attendance Sheet.
6. The class should remain together in the tornado shelter area until authorized to return to the classroom or until dismissed. An all clear announcement or additional instructions will be made over the paging system.
7. An administrator will come to your shelter area to collect your Emergency Attendance Sheet. In an actual emergency, report any injuries to the administrator.

WCSCC Health & Safety Plan is evaluated/revised annually with input from staff and students. Input is obtained by several methods, to include, in part:

- Safety Meetings
- Person to person contact to include staff and students
- Classroom review and surveys
- Updates to policies and/or procedures

ACCIDENT REPORT

This report is to be filled out at once by the person responsible for the student at the time of any and all accidents during any school activity.

Building or Location: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Activity: \_\_\_\_\_

Describe what happened:

Place: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Witnesses (if any): \_\_\_\_\_

Action taken (if any), if none say none:

Parent/Guardian notified:  YES  NO If yes, when: \_\_\_\_\_

If no, explain: \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing report Date

SHOP ACCIDENT REPORT

STUDENT \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SCHOOL OR PROGRAM \_\_\_\_\_

LOCATION \_\_\_\_\_

1. Describe the injury.
2. Time and date of accident. \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. How did the accident occur?
4. Which machine or piece of equipment was involved? Serial Number?
5. Were proper safety precautions being used at the time of the accident? Explain.
6. Were proper safety clothing and equipment being used at the time of the accident? Explain.
7. Was the accident a direct result of a safety violation? Explain.
8. Was the student previously informed of the safety rule that should have prevented this accident? Explain.
9. What medical treatment was provided?

Witnesses: \_\_\_\_\_  
Name Address

Witnesses: \_\_\_\_\_  
Name Address

Witnesses: \_\_\_\_\_  
Name Address

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Instructor: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Supervisor: \_\_\_\_\_

Date report to **School Nurse**: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Copy of reports are to be filed within 24 hours (Supervisor and School Nurse)**

**Animal Programs (Only)  
Personal Injury Form**

1. **What animal/equipment did it involve?**

Species: \_\_\_\_\_

Name: \_\_\_\_\_

2. **Describe where the injury/bite is located:** \_\_\_\_\_

3. **Y\_\_\_ N\_\_\_ Signed safety waiver and Animal Care Program handbook on file?**

4. **Date/time call to parent:** \_\_\_\_\_

5. **Contact Name** \_\_\_\_\_ **Date** \_\_\_ / \_\_\_ / \_\_\_ **Time** \_\_\_\_\_

*If a dog bite breaks the skin—date time of call to health department*

6. **Health Dept Contact Name** \_\_\_\_\_

**Date** \_\_\_ / \_\_\_ / \_\_\_ **Time** \_\_\_\_\_

**Signatures**

\_\_\_\_\_  
**Teacher or Assistant**

\_\_\_ / \_\_\_ / \_\_\_  
Date

\_\_\_\_\_  
**Student**

\_\_\_ / \_\_\_ / \_\_\_  
Date

*Copy of this report to be sent within 24 hours to school nurse and supervisor.*

INCIDENT REPORT

*Please complete the requested information following an error or potential injury to a client. The report should be completed within twenty-four (24) hours that the incident occurs. **Do not include any client identification in the documentation.** If there was harm to a client, notify the WCSCC representative **immediately.** If no harm was done, notify the WCSCC representative within twenty-four (24) hours.*

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Phone # \_\_\_\_\_

Agency Nursing Supervisor notified \_\_\_\_\_

WCSCC Representative notified \_\_\_\_\_

Description of incident. (use reverse side if needed) \_\_\_\_\_

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Events leading up to incident \_\_\_\_\_

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Policies/practices that have been violated that contributed to incident \_\_\_\_\_

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Potential harm to client \_\_\_\_\_

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Actual harm to client \_\_\_\_\_

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Corrective Action \_\_\_\_\_

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Program Manager Comments \_\_\_\_\_

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**Documentation will be maintained in the Superintendent's office and destroyed after two (2) years.**

**\*WAYNE COUNTY SCHOOLS CAREER CENTER ,;I  
WOKPLACE ACCIDENT REPORTING FORM  
(External Medical Treatment Sought at Time of Accident)**

Name _____	Supervisor's Name _____
Home Address _____	Birth Date _____ Sex: O Male D Female
City/State/Zip _____	Telephone: (     ) _____

Date of injury or onset of symptoms \_\_\_\_\_ Time \_\_\_\_\_ am \_\_\_\_\_ pm

Described what caused the injury/symptoms, what you were doing just before the incident, and what you did after the incident (if you need more space, write on the back of this form). Be specific - name any objects or substances involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location of Accident (site, room number - be as descriptive as possible) \_\_\_\_\_

\_\_\_\_\_

*Type of Injury. This section to be completed for all accidents.*

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Concussion	<input type="checkbox"/> Strain/Sprain	<input type="checkbox"/> Fracture
<input type="checkbox"/> Bruise	<input type="checkbox"/> Cut	<input type="checkbox"/> Laceration	<input type="checkbox"/> Puncture
<input type="checkbox"/> Burn	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other, specify: _____	

*Part of body involved. This section to be completed for all accidents.*

left	right	left	right	left	right	left	right
<input checked="" type="checkbox"/> Chest	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/> Hip	<input type="checkbox"/>
<input type="checkbox"/> Back	<input type="checkbox"/>	<input type="checkbox"/> Teeth	<input type="checkbox"/>	<input type="checkbox"/> Upper arm	<input type="checkbox"/>	<input type="checkbox"/> Upper leg	<input type="checkbox"/>
<input type="checkbox"/> Abdomen	<input type="checkbox"/>	<input type="checkbox"/> Face	<input type="checkbox"/>	<input type="checkbox"/> Lower arm	<input checked="" type="checkbox"/>	<input type="checkbox"/> Lower leg	<input type="checkbox"/>
<input type="checkbox"/> Groin	<input type="checkbox"/>	<input type="checkbox"/> Eye	<input type="checkbox"/>	<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/> Knee	<input type="checkbox"/>
<input type="checkbox"/> Ear	<input type="checkbox"/>	<input type="checkbox"/> Nose	<input type="checkbox"/>	<input type="checkbox"/> Scalp	<input type="checkbox"/>	<input type="checkbox"/> Toes	<input type="checkbox"/>
<input type="checkbox"/> Fingers	<input type="checkbox"/>	<input type="checkbox"/> Ankle	<input type="checkbox"/>	<input type="checkbox"/> Mouth	<input type="checkbox"/>	<input type="checkbox"/> Hand	<input type="checkbox"/>

Additional Part of Body Description: \_\_\_\_\_

What part of your back hurts now? \_\_\_\_\_

When did you first notice this back pain? Date: \_\_\_\_\_ Time: \_\_\_\_\_ am \_\_\_\_\_ pm

What were you doing at that time (explain in detail)? \_\_\_\_\_

\_\_\_\_\_



If you were lifting an object, what was it and how heavy? \_\_\_\_\_

What did you feel? \_\_\_\_\_

What was the length of time between the injury and your disability, if any? \_\_\_\_\_

Did you ever have a back injury before?  Yes  No If yes, when? \_\_\_\_\_

What part of your back? \_\_\_\_\_

Were you ever treated by a doctor?  Yes  No If yes, when? \_\_\_\_\_

Has it given you further trouble since then? \_\_\_\_\_

Have you ever received or filed for compensation because of a back injury? Yes  No

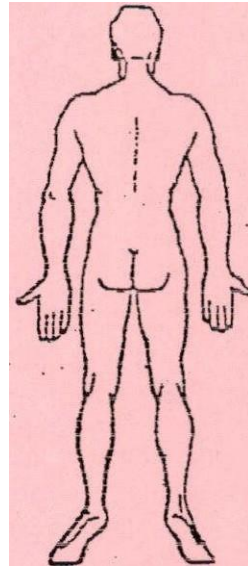
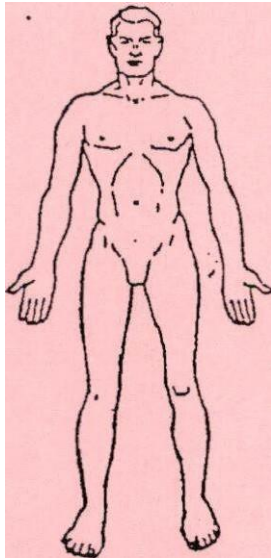
Any other injury?  Yes  No If yes, list Bureau of Worker's Compensation claim number(s): \_\_\_\_\_

En5f. -(3"a?Klnjrv:Slciion.

*Cause of Incident. This section to be completed for all accidents.*

- |   |   |  |   |
|---|---|--|---|
| <input checked="" type="radio"/> Animal/Insect bite | <input type="radio"/> Collision with person | <input checked="" type="radio"/> Toxic substance | <input type="radio"/> Fighting                  |
| <input type="radio"/> Struck by vehicle             | <input type="radio"/> Struck by object      | <input type="radio"/> Collision with object      | <input checked="" type="radio"/> Lifting        |
| <input type="radio"/> Exposure to weather           | <input type="radio"/> Exposure to blood     | <input type="radio"/> Hot surface/substance      | <input checked="" type="radio"/> Slip/trip/fall |
| <input type="radio"/> Other, specify: _____         |   |  |   |

What corrective action(s) would you take to prevent recurrence? \_\_\_\_\_



Please color/circle injured body parts on these images

Did anyone see you get hurt?  Yes  No If yes, who? \_\_\_\_\_

Did you report this incident to anyone?  Yes  No If not, why not? \_\_\_\_\_

If yes, to whom did you report it? \_\_\_\_\_ Title/Position \_\_\_\_\_ When? \_\_\_\_\_

Was any first aid provided at the scene?  Yes  No If yes, describe: \_\_\_\_\_

Will/did you seek medical treatment from a licensed medical professional?  Yes  No If yes, when? \_\_\_\_\_

Name of Physician, other health-care professional or first aid provider: \_\_\_\_\_

If Treatment was given away from the work site. Where was it given? \_\_\_\_\_

- Facility \_\_\_\_\_
- Street" \_\_\_\_\_
- City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Was the employee treated in emergency room?  Yes  No

Was employee hospitalized overnight as an inpatient?  Yes  No

I have been provided a copy of Wayne County Schools Career Center workplace injury procedures and our Managed Care System (MCO) is Comp Management Health System and the BWC medical provider will submit all medical bills related to this workplace injury to Comp Management Health Systems, Inc. 1-888-247-7799 \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that my statements are true and to the best of my knowledge.

PRINT ON PINK PAPER

Employee Name (print) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date (required) \_\_\_\_\_

**Medical Release**

*Under current workers' compensation provisions, the employer is entitled to a signed medical release*

I hereby authorize any person or persons who have in the past or will in the future medically attend, treat or examine me, or any person who may have information of any kind which may be used to reach a decision in any claim for injury or disease arising from the injury/illness described above, to disclose such information to my employer, my employer's managed care organization, or to my employer's designated representative, **Comp Management, Inc.** A copy of this form will serve as the original.

Employee Name (print) \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date (required) \_\_\_\_\_

**WAYNE COUNTY SCHOOLS CAREER CENTER ,  
INCIDENT/NEAR MISS REPORT**

An "Incident/Near Miss" is any unplanned event that MAY have caused an injury or equipment damage when no external medical treatment is sought at the time of the incident/near miss. This form should be completed for all incidents/near misses occurring on school property, or during any school activity. This report form must be completed by the end of the day or within 24 hrs. of the incident by the employee, or others involved with incident.

A. *General information. This section to be completed for all incidents.*

Employee    Visitor    Student    Vendor    Other (specify) \_\_\_\_\_

Name of person involved:----- Job Title: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address:-----

Telephone No.: \_\_\_\_\_ Building/Department: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Date and Time Reported to Supervisor \_\_\_\_\_

*Type of potential injury or body part affected.*

Specify : -----

*Location of Incident (site, room number- be as descriptive as possible)*

Location or area of occurrence: \_\_\_\_\_

D. *Cause of Incident.*

Other, specify : -----

*What was the employee or individual doing?*

Describe incident giving full details (continue on back if needed): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Was the task being done properly? list concern(s):*

\_\_\_\_\_

G. Was there any other person involved?

\_\_\_\_\_

H. What equipment or material was involved?

\_\_\_\_\_

# incident Near Miss Report

I. What led to the incident?

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J. (Internal) *First Aid given. This section to be completed for all incidents:*

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K. *What corrective action(s) would you take to prevent recurrence?* \_\_\_\_\_

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I certify that my statements are true and to the best of my knowledge.

Employee: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date/Time Reporting: \_\_\_\_\_