

# Academy of Careers and Technology

## Health and Safety Plan



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Preparing Students for Their Future  
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## **ILLNESS/PERSONAL INJURY**

If a student becomes ill or is injured while attending the Academy of Careers and Technology, every possible effort will be made in contacting parents or guardians.

If a parent or guardian cannot be located, information provided on the mandatory Student Emergency Information Form will be followed in seeking medical treatment. In the event that a student becomes ill or is injured in class, they should notify the teacher immediately.

## **MEDICATION ADMINISTRATION POLICY**

The Raleigh County Board of Education provides health services to students with chronic health conditions, acute health problems, classroom observations, and other services as requested by parents or school personnel. A written health care plan and intervention guide are completed by the school nurse based on an assessment of the student, a parental interview and physician orders. Relevant health information necessary for educational planning and student safety can be shared among school personnel who serve the student. If the need for medical records arises, the parent must provide written consent for copies of records.

Whenever possible, a student's medication should be administered at home, prior to or at the end of the school day. However, students may have health conditions which require the administration of medication during the school day. Students requiring medications at school, whether prescription or over-the-counter, must bring to school a Medication Instructions and Authorization (Appendix A) completed by the doctor. Any medication which remains at school at the end of the school year should be picked up by the parent or an adult. Any medications remaining at school after the student's last day will be destroyed.

ACT will follow county policy regarding medication administration. A school nurse is accessible to staff and students during school. The nurse is located on the campus of Stanaford Elementary four days per week and at ACT campus one day each week. An additional school nurse is available at Woodrow Wilson High School for emergencies. During school hours, the school nurse may be reached through radio contact. [Raleigh County Board of Education Policy D.3.10, Revised May 26, 2015]

## **HEALTH CLINIC**

The Access Health Clinic is open for staff and student use. Students must have parent consent form on file to be seen by clinic staff. Services provided include: immediate care for illness or injury, physical exams and sports physicals, medically prescribed laboratory tests, health education for students and parents, immunizations, management for chronic illnesses, individual, family and group mental health counseling.

Applications for parent consent are available at the school. For more information, call 304-461-3341.

## **STUDENT CODE OF CONDUCT**

All students are expected to know, understand and follow the policies of the student code of conduct for the Academy of Careers and Technology and Raleigh County Schools [Raleigh County Board of Education Policy D.3.22, Revised November 13, 2012].

Each student is required to sign the student acknowledgment form. This contract is implemented to ensure that all students receive information on expected behavior and student performance. Information in the contract and student handbook will be the basis for resolving disputes and for communicating the proper mechanism for problem resolution.

Students are expected to demonstrate the following:

- Desire to learn and develop their professional skills
- Regular and prompt class attendance
- Willingness to receive constructive feedback
- Be prepared for class
- Be considerate
- Show respect for school property, staff and students
- Actively participate in class
- Follow all school and county safety policies

## **SAFETY COMMITTEE**

A safety committee is a key element to achieving continuous improvement in a safety process. The purpose of a safety committee is to regularly bring stakeholders together in a non-adversarial, cooperative effort to promote safety and health in the school. The committee's primary focus is to detect and correct institutional hazards. The effective benefits of having a safety committee include a reduction in the number of injuries and illnesses, a reduction in the hidden costs associated with injuries and illnesses, and an increase in safety awareness in the school.

The Academy of Careers and Technology's Safety Committee is composed of representatives of the school administration, faculty, staff and students. The committee is co-chaired by the Assistant Principal. The committee meets quarterly and as circumstances warrant. Agendas and minutes of committee meetings are kept on file in the school office.

## **SUPERVISION AND SAFETY OF STUDENTS**

The primary responsibilities of the school to students are provisions for quality instruction and adequate supervision. The supervision and safety of students represent a total responsibility of the school staff under direction of the building principal at all levels of the elementary and secondary schools.

The building principal has the overall responsibility for supervising the loading and unloading of school buses. Teachers may be assigned in sufficient number to assist with this responsibility. Other staff members may be utilized to assure appropriate supervision and safety of the students.

All teachers under the direction of the building principal are responsible for the supervision and maintenance of an orderly and safe school environment. Classrooms, hallways, lunchrooms,

concession stands, preschool, noon hour and after school activities shall be sufficiently supervised to assure the safety and proper conduct of students present. Students shall be adequately supervised at all school-sponsored activities that occur after school hours, in the evenings or at other times when school is not generally in session, whether held on or off school grounds. Such activities include but are not limited to field trips and co-curricular activities. [Raleigh County Board of Education Policy D.3.5, Revised April 8, 2014]

### **CLOSED CAMPUS POLICY**

All Raleigh County schools will maintain a closed campus. This policy allows adequate property control and appropriate security measures with the primary purpose being the protection of students, employees, visitors and school property. The Superintendent along with district level administrators and building level administrators shall enforce this policy. Students are to remain on campus throughout their scheduled school day. Students may NOT leave campus during school hours. Student wishing to leave during scheduled school hours must present, to the school administration, a note from a parent or guardian explaining the reason for leaving the campus. Upon receipt, the administration will either grant or deny the request. The note must be presented to the administration with enough time for verification (minimum of two hours before a student leaves campus).

Parents or guardians with proper identification can personally sign out their student(s). Emergency situations will be handled on an individual basis by the school administration.

Students are not allowed in parking lots during school hours without proper authorization by the principal or designee.

### **VISITORS**

Any person not on an official class roster is considered a visitor. In order to properly monitor the safety of students and staff, all visitors who wish to enter classrooms must report to the office, sign in, and present a photo ID in exchange for a visitor's pass. Visitors are not to contact students, stand in hallways, visit classrooms or areas of the building without the approval from office staff.

Raleigh County Board of Education employees must show their official county photo ID upon entering the building. They will not be required to exchange their ID for a visitor's pass, but will receive a school visitor's pass which will be left in the school office upon leaving the building.

School personnel should notify the office if expecting any visitors or presenters. Those visitors should report to the office upon arriving at the school and sign in and out.

Anyone in violation of this policy may be reported to the appropriate police department or to emergency services.

### **LOITERING**

Persons not enrolled or employed by the Raleigh County Board of Education shall not loiter on or about any school, school building, or school grounds without permission from a building level administrator.

According to WV Code 61-6-14A, any person who violates the loitering law shall be guilty of a misdemeanor, and upon conviction for the first offense thereof, shall be fined not more than one hundred dollars, or imprisoned in the county jail not more than thirty days, or both such fine and imprisonment. Upon a second conviction, any such person shall be fined not more than five hundred dollars, or imprisoned in the county jail no more than one year, or both such fine and imprisonment.

### **SCHOOL ACCESS SAFETY PLAN**

ACT has implemented the Raleigh County School Access Safety Plan. All doors are locked at all times. Entrance to the school will be at the front entrance and may require buzzing the front desk and producing identification. Students who leave their assigned area may find themselves locked out of the building.

### **RESPONSE TEAMS**

The Academy of Careers and Technology has formed two teams of school personnel to respond in the event of a medical emergency or conflict resolution situation (Appendix B).

**RESPONSE TEAM A** is a medical emergency team consisting of nine members. Included in the team are a school administrator and at least one registered nurse, who is also an instructor at the school. Two members will remove other students from the area to alleviate confusion and chaotic-type situations. An RN or LPN and two other team members will visually assess the condition of the injured person(s) and render immediate medical aid. Another member will record all medical actions taken and file the necessary reports with the school authorities. The other members will be on the scene to assist or direct emergency crews to the site of the problem. An administrator will notify the parents as soon as possible as to the disposition of the student.

**RESPONSE TEAM B** is a conflict resolution team consisting of nine members including a school administrator. Three members will remove congregating students from the area while other members work directly on resolving the conflict status between the students. After control is gained, one member of the team will record a description of the problem and methods utilized to defuse the conflict. Parents will be notified regarding the dispensation of disciplinary or other forms of administrative action needed to resolve the situation.

### **CAMPUS SECURITY**

Faculty and staff at ACT make every effort to keep students safe, secure, and free of harassment. If, at any time, a student feels they need to report a problem, they should do so immediately by speaking with the teacher, counselor, or administration. In addition, Raleigh County Schools provides a 24-hour hotline for all students. Call 1-866-723-3982, to report confidentially and anonymously any activity that may hurt students or the school.

The Campus Security Act requires all schools receiving certain federal funds to disclose campus crime statistics to employees, students, and potential students.

<b>ON-CAMPUS CRIME STATISTICS</b>						
	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Murder	0	0	0	0	0	0
Sex Offenses	0	0	0	0	0	0
Aggravated Assault	0	0	0	0	0	0
Robbery	0	0	0	0	0	0
Burglary	0	0	0	0	0	0
Motor Vehicle Theft	0	0	0	0	0	0
<b>ARREST</b>						
Liquor Violations	0	0	0	0	0	0
Drug Violations	0	0	0	0	0	0
Weapons Violations	0	0	0	0	0	0

### **SEXUAL HARASSMENT AND OFFENSES**

Sexual harassment is a form of sex discrimination which violates Section 703 of Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. S2000e, et seq. Title IX of the Education Amendments of 1972, 20U.S.C. S1681, et seq. and WV Code S 5-11-1, et seq. The West Virginia Human Rights Act.

It is the policy of the Raleigh County Board of Education to maintain a learning and working environment that is free from sexual harassment. The Board prohibits any form of sexual harassment. Sexual harassment consists of unwelcome sexual advances, requests for sexual favors, sexually motivated physical conduct or other verbal or physical conduct or communication of a sexual nature when:

- a. Submission to that conduct or communication is made a term or condition, either explicitly or implicitly, of obtaining or retaining employment, or of obtaining an education; or
- b. Submission to or rejection of that conduct or communication by an individual is used as a factor in decisions affecting that individual's employment or education; or
- c. That conduct or communication has the purpose or effect of substantially or unreasonably interfering with an individual's employment or education, or creating an intimidating, hostile, or offensive employment or education environment.

Any sexual harassment as defined, when perpetrated on any student or employee by any student or employee, will be treated as sexual harassment under this policy. This includes any alleged acts committed on school grounds or at school-sponsored events regardless of where those events occur, as well as any alleged acts committed while outside groups are using school facilities.

It shall be a violation of this policy for any student or employee of the Raleigh County School District to harass a student or an employee through conduct or communication of a sexual nature as defined by this policy. The Raleigh County Board of Education will act to investigate all complaints, formal, informal, verbal or written, of sexual harassment and will discipline any student or employee who sexually harasses a student or employee of the school district.

The building principal is the person responsible for receiving oral or written reports of harassment or violence at the building level. Upon receipt of a report, the principal must notify the Board's Human Rights/Title IX Compliance Officer. A written copy of the Raleigh County Schools Complaint Form (Appendix C) will be forwarded by the end of the next working day to the Human Rights/Title IX Compliance Officer. If the report was given to the building principal verbally, the principal shall reduce it to written form before the close of the next working day and forward it to the Human Rights/Title IX Compliance Officer. Failure to forward any discrimination or harassment report or complaint as provided herein will result in disciplinary action. If the complaint involves the building principal, the complaint shall be made directly to the Human Rights/Title IX Compliance Officer.

By authority of the Board, the Human Rights/Title IX Compliance Officer, upon receipt of a report or complaint alleging sexual harassment or discrimination, shall authorize an investigation within 48 hours of receiving the report from the building principal. This investigation may be conducted by a school official or officials of the school district or by a third party or third parties designated by the Superintendent in an impartial manner and by an impartial decision maker. The investigating party shall provide a written report of the status of the investigation within ten working days to the superintendent and the Human Rights Officer. [Raleigh County Board of Education Policy D.3.19, Revised June 12, 2012]

### **BULLYING, HARRASSMENT, AND INTIMIDATION**

All students are entitled to a safe, equitable and harassment-free school experience. Bullying, harassment, or intimidation will not be tolerated and shall be just cause for disciplinary action.

Harassment, intimidation or bullying means any intentional gesture, or any intentional electronic, written, verbal or physical act, communication, transmission or threat that:

- A. A reasonable person under the circumstances should know will have the effect of any one or more of the following:
  - 1. Physically harming a student;
  - 2. Damaging a student's property;
  - 3. Placing a student in reasonable fear of harm to his or her person; or
  - 4. Placing a student in reasonable fear of damage to his or her property;
- B. Is sufficiently severe, persistent or pervasive that it creates an intimidating, threatening or emotionally abusive educational environment for a student; or

- C. Disrupts or interferes with the orderly operation of the school.
- D. Includes any electronic act, communication, transmission or threat includes but is not limited to one which is administered via telephone, wireless phone, computer, pager, or any electronic or wireless device whatsoever, and includes but is not limited to transmission of any image or voice, email or text message using any such device.
- E. Bullying means systematically and chronically inflicting physical hurt or psychological distress on one or more student(s). It is further defined as: unwanted purposeful written, verbal, nonverbal, or physical behavior, including but not limited to any threatening, insulting, or dehumanizing gesture, by an adult or student, that has the potential to create an intimidating, hostile, or offensive educational environment or cause long term damage; cause discomfort or humiliation; or unreasonably interfere with the individual's school performance or participation, is carried out repeatedly and is often characterized by an imbalance of power. Bullying may involve, but is not limited to:
  - 1. Unwanted teasing,
  - 2. Threatening,
  - 3. Intimidating,
  - 4. Stalking,
  - 5. Cyber stalking,
  - 6. Cyber bullying,
  - 7. Physical violence,
  - 8. Theft,
  - 9. Sexual harassment,
  - 10. Religious or racial harassment,
  - 11. Public humiliation,
  - 12. Destruction of school or personal property,
  - 13. Social exclusion, including incitement and/or coercion,
  - 14. Rumor or spreading of falsehoods,
  - 15. Harassment means any threatening, insulting, or dehumanizing gesture, use of technology, computer software, or written, verbal or physical conduct directed against a student that:
    - a. Places a student in reasonable fear of harm to his or her person or damage to his or her property;
    - b. Has the effect of substantially interfering with a student's educational performance, opportunities, or benefits;
    - c. Has the effect of substantially negatively impacting a student's emotional or mental well-being; or
    - d. Has the effect of substantially disrupting the orderly operation of a school environment.

At each school, the principal/designee is responsible for receiving oral or written complaints alleging violations of this policy. Students may report complaints of bullying to faculty or staff. All faculty and staff are required and must report, in writing, any allegations of bullying violations involving students to the principal/designee or appropriate county administrator. Failure to report will result in action(s) or discipline of employee consistent with Policy 5310.

Any student (and/or the parent on that complainant's behalf if the complainant is a minor) who believes he/she is a victim of bullying or any individual, including any student who has knowledge of any incident(s) involving bullying of students is strongly encouraged to report the incident(s) in writing to a school official. Complaints should be filed as soon as possible after the alleged incident using Raleigh County Schools Complaint Form (Appendix C). Any anonymous complaint may be taken on the Safe Schools Helpline 24 hours a day at 1-866-723-3982. [Raleigh County Board of Education Policy D.3.20, Revised June 12, 2012]

### **SAFETY DRILLS**

During the school year, ten fire drills and four lockdown drills are held to acquaint students with the proper procedures for evacuation or lockdown in an emergency. School personnel are provided with a notebook that contains detailed instructions for each contingency (Appendix D). Each student should cooperate with his/her instructor in learning the proper techniques for evacuation and clearance of the building or lockdown.

### **SAFETY REGULATIONS**

The Academy of Careers and Technology makes every effort possible to provide a safe working environment in all its instructional programs. Every student will be required to demonstrate and practice safe work habits at all times. In instructional areas where potentially dangerous machines and/or materials are used, all students, instructors and visitors must wear appropriate protective equipment. This includes appropriate shoes and safety glasses in all shop areas.

The Academy of Careers and Technology promotes and enforces safety rules and regulations according to standards set up by the Occupational Safety and Health Administration (OSHA). Safety rules will be reviewed by the instructors at the beginning of the year and throughout the program. Each student is to follow all safety rules. Safety tests are administered in every technical program. One hundred percent (100%) success is required of all students before they are cleared to work in lab or shop areas and operate equipment. It is the student's responsibility to follow the safety regulations established for their career and technical program. Students are to report all accidents/injuries to their instructor immediately and complete a Student Accident Report. Failure to abide by all safety regulations will result in disciplinary action.

### **EMPLOYEE ACCIDENT REPORTING POLICY**

The Raleigh County Board of Education takes the safety of every employee very seriously. In this regard, prompt reporting of all accidents is critical to ensure employees receive the best care possible and so that future accidents can be prevented. This operating procedure establishes a systematic process to ensure that accidents/incidents are properly reported and documented in a timely manner.

All Raleigh County Board of Education employees, including administrators, teachers, and service personnel are responsible for reporting all accidents which occur at work. This includes any accident or injury related to employment. All "near misses" which could have been resulted in injury or lost time shall also be reported.

## **Reporting**

When an employee sustains an on-the-job injury, the employee should notify his/her supervisor immediately, if possible, and in any event within 24 hours of the time of the injury. If the injury first becomes apparent after the employee has completed the normal work day or work week, the employee must still notify the supervisor by the next scheduled work day after the date of the employee becomes aware of the injury. Failure to properly report an incident can result in disciplinary action and/or denial of benefits.

Information about the injury and the related accident/incident is to be provided by the administrator/supervisor by completing the Employee Accident Report form (Appendix E) and submitting a copy to the Office of Safety & Loss Control upon its completion.

The Employee Accident Report form should be signed by the employee and supervisor. If the employee is unable or refuses to complete and sign the form, the supervisor who has knowledge of the accident should, within 24 hours, complete as much of the report as possible and submit the Employee Accident Report form.

## **Medical Evaluation**

Any employee seeking medical treatment is required to contact the Office of Safety & Loss Control as soon as possible.

If medical care is required, the employee should consult the Preferred Provider Network (PPN) available by calling the Safety Director or the local claims office to identify medical providers appropriate for treatment.

All employees are required to return to work following medical treatment and report to the supervisor. If it's not medically possible to return to work, the employee should report to the supervisor following the medical evaluation. Report the medical status and provide documentation to the supervisor and the Office of Safety & Loss Control within two (2) calendar days following any related medical evaluations.

When an employee is absent from work due to an injury, doctor's excuses are required for the entire period of the absence.

A doctor's excuse must be obtained and contain the following:

- Physician Name
- Physician Address
- Physician Signature
- Date of Visit
- Coverage Dates

Employees who miss more than three (3) workdays are required to report to the Office of Safety & Loss Control at the Central Office for required paperwork.

## **Enforcement**

An employee, who violates any provision of the Board's Accident Reporting Policy, or any regulations or procedures related thereto, shall be subject to the following incremental disciplinary steps:

1. Documented conference with immediate supervisor
2. Formal written reprimand from immediate supervisor
3. Placement on a 30-day improvement plan\*
4. Five-day suspension without pay by the Superintendent and approval of the Raleigh County Board of Education
5. Dismissal

*\*Improvement plan procedure will follow West Virginia Board of Education Policy 5310 for Professional Personnel and West Virginia Board of Education Policy 5314 for Service Personnel.*

## **Analysis**

A thorough analysis of the accident will follow after the filing of the report by the Office of Safety & Loss Control or designee (Appendix F).

As part of the analysis, the employee may be asked to attend the Raleigh County Board of Education's Safety Committee meeting for an Injured Employee Interview with the committee. [Raleigh County Board of Education Policy B.4.6, Revised August 14, 2012]

## **STUDENT AND VISITOR ACCIDENT REPORTING POLICY**

It is the policy of the Raleigh County Board of Education to have a record of all student and visitor accidents that occur throughout the district.

The Office of Safety & Loss Control will receive and maintain a copy of the report of all accidents that occur. The reports shall be provided to the Office of Safety & Loss Control within 24 hours of occurrence or immediately if the student or visitor is taken out of the school for medical attention.

Student and Visitor Accident Reports received by the Office of Safety & Loss Control are forwarded daily to the West Virginia Board of Risk and Insurance Management for review and processing. All questions and concerns about a student or visitor incident should be directed to the Director of Safety at 304-256-4500 ext. 3355.

## **Student Accident Procedure**

1. Student has an accident or is injured on school property.
2. The principal/assistant principal /supervising adult assesses the situation.
3. Parent/guardian is called.
4. If a student injury requires emergency medical treatment, the principal will instruct a staff member to call 911 for Emergency Medical Services (EMS).
5. First aid is administered.
6. A staff member will stay with the student until EMS arrives.
7. Office personnel will copy emergency card and will have it available for EMS.
8. Student Accident Report (Appendix G) is filled out by the staff member who saw the accident. Fill out accident report completely giving as much information as possible using additional pages as necessary.

9. Student Accident Report is submitted to the principal for signature. The signed original report is to be kept at the school.
10. Copy of the report is sent to the Office of Safety & Loss Control within 24 hours of occurrence or immediately if student is taken out of the school for medical attention.
11. Student Accident Report is submitted to the West Virginia Board of Risk and Insurance Management.

#### **Visitor Accident Procedure**

1. Visitor has an accident or is injured on school property.
2. The principal/assistant principal/supervising adult assesses the situation.
3. Parent/guardian is called, if a visitor is a minor.
4. If a visitor injury requires emergency medical treatment, the principal will instruct a staff member to call 911 for Emergency Medical Services (EMS).
5. First aid is administered.
6. A staff member will stay with the visitor until EMS arrives.
7. Visitor Accident Report (Appendix H) is filled out by the staff member who saw the accident.
8. Fill out accident report completely giving as much information as possible using additional pages as necessary.
9. Visitor Accident Report is submitted to the principal/department head for signature. The original report is to be kept at the school/department.
10. Copy of the report is sent to the Office of Safety & Loss Control within 24 hours of occurrence or immediately if visitor is taken out of the school/department for medical attention.
11. Student Accident Report is submitted to the West Virginia Board of Risk and Insurance Management.

[Raleigh County Board of Education Policy B.4.6A, Revised October 8, 2013]

### **STUDENT INSURANCE**

Secondary students are covered by an all-district county accident insurance. The insurance is a base plan, but additional coverage can be obtained through Raleigh County Schools. Adult students must present proof of insurance to the school office.

Each student will be required to provide information regarding their health coverage in preparing a Personal Information Form, which will be filed in the appropriate classroom/lab area and the assistant principal's office.

All students must have insurance coverage to participate in on-the-job training.

**APPENDIX A**  
**MEDICATION INSTRUCTIONS AND AUTHORIZATION**

**Raleigh County Schools - Health Services**  
**Medication Instructions and Authorization**  
 School Year: \_\_\_\_\_

Student Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Physician: \_\_\_\_\_

**About this Form and Medications**

- This form must be completed and signed by a licensed prescriber and a parent/guardian.
- A separate form is required for each medication.
- All medication changes (c.g. dosage, time, etc.) require a new form.
- Some medications may be given by unlicensed personnel designated and trained by Health Services.
- The medication must be delivered to the school in the original container by the parent/guardian unless otherwise authorized by Raleigh County Schools and Health Services.

**To be completed by Prescriber**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Directions: \_\_\_\_\_ Route: \_\_\_\_\_  
 Specific time(s) to be administered: \_\_\_\_\_  
 Please provide indication(s) for use: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

- This medication may be self-administered (if eligible according to district policy).  
 This medication may be carried by the student (if eligible according to district policy).

\_\_\_\_\_  
 Prescriber Signature                      Prescriber Phone Number                      Date

**To be completed by Parent/Guardian**

I understand that, whenever possible, all medications should be given at home. I give permission for my child to take this medication at school according to county policy. I also understand and agree that the school nurse may talk with the prescriber and his or her staff, as well as school personnel, regarding my child's condition and administration of this medication and its effects. I further understand that the school, county school board and its employees or agents are exempt from any liability, except for willful and wanton conduct, as a result of injury arising from the self-medication of asthma medication by the student and agree to indemnify and hold harmless the school, the county board of education and its employees or guardians and agents against any claims arising from the self-administration of asthma medications.

\_\_\_\_\_  
 Parent/Guardian Signature                      Parent/Guardian Phone Number                      Date

**APPENDIX B**  
**EMERGENCY RESPONSE TEAMS**

**ACADEMY OF CAREERS AND TECHNOLOGY  
RESPONSE TEAM A - MEDICAL EMERGENCY**

RESPONSE TEAM A is a medical emergency team consisting of nine members. Included in the team are a school administrator and at least one registered nurse, who is also an instructor at the school.

Two members will remove other students from the area to alleviate confusion and chaotic-type situations. An RN or LPN and two other team members will visually assess the condition of the injured person(s) and render immediate medical aid.

Another member will record all medical actions taken and file the necessary reports with the school authorities. The other members will be on the scene to assist or direct emergency crews to the site of the problem.

An administrator will notify the parents as soon as possible as to the disposition of the student.

Response Team A consists of:

Member(s)	Role	Class Cover
Charles Pack/Jeff Lacy	Administrators	
Rene' Shiflett	Team Leader	Matt Harper
Debbie Adkins	LPN	Ann Thomas
David Richmond	Student Control	Jeff Harrah
David Cole	Student Control	Tina Waycaster
Cathy Moore	Recorder	
Carrie Ross	RN	LPN Staff
Steve Simmerman	Custodian	
Anne Meadows	Emergency Direction	

**ACADEMY OF CAREERS AND TECHNOLOGY  
RESPONSE TEAM B - CONFLICT RESOLUTION**

RESPONSE TEAM B is a conflict resolution team consisting of nine members including a school administrator.

Three members will remove congregating students from the area while other members work directly on resolving the conflict status between the students.

After control is gained, one member of the team will record a description of the problem and methods utilized to defuse the conflict.

Parents will be notified regarding the dispensation of disciplinary or other forms of administrative action needed to resolve the situation.

Response Team B consists of:

Member(s)	Role	Class Cover
Charles Pack/Jeff Lacy	Administrators	
David Cole	Crowd Control	Tina Waycaster
Anne Meadows	Crowd Control	
Carrie Ross	Crowd Control	LPN Staff
Matt Harper	Conflict Resolution	Rene' Shiflett
Neil Byrge	Conflict Resolution	Shawna Lilly
Carol Meadows	Conflict Resolution/Team Leader	
Coralee Hatcher	Conflict Resolution	LPN Staff
Cathy Moore	Conflict Resolution	

**APPENDIX C  
COMPLAINT FORM**

**Raleigh County Schools Complaint Form**

Bullying  Harassment  Intimidation  Sexual Discrimination   
Racial Discrimination  Religious/Ethnic Discrimination  Hazing  Other  
(Definitions based on Raleigh Co Board of Education Policies C.1.3B, C.1.3A, C.1.4)

Name of Complainant: \_\_\_\_\_ Date of Complaint: \_\_\_\_\_

Name of Alleged Victim (if different from Complainant): \_\_\_\_\_

Relationship to Alleged Victim:  Teacher  Peer  Other: \_\_\_\_\_

Date(s) of Alleged Incident(s): \_\_\_\_\_ Time and Place: \_\_\_\_\_

Witness(es) Name(s): \_\_\_\_\_

ATTACH SIGNED AND DATED WITNESS (ES) STATEMENT(S)

What was his/her/their reaction to the incident: \_\_\_\_\_

\_\_\_\_\_

Describe the incident as clearly as possible including such information as names of others involved and their roles, verbal statements (i.e. threats, requests, demands, etc.) and note any physical contact, if any. (ATTACH ADDITIONAL SHEETS IF NECESSARY)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Document any evidence available and attach if possible (notes, texts, photos, etc.)

\_\_\_\_\_

Describe any prior incidents you have experienced: \_\_\_\_\_

\_\_\_\_\_

If, to your knowledge, this incident/or similar incident has been reported to an authority figure prior to this complaint, identify that individual and the approximate date, if possible. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ As a result, describe any action taken to investigate or resolve the incident.

\_\_\_\_\_  
Signature of Complainant  
(or Complainant's Parents/Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complaint Received

- Administrator
- Guidance
- Teacher
- Other

The Raleigh County Board of Education does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies  
Director of Pupil Services, Title IX and Title II Officer, 105 Adair Street,  
Beckley, West Virginia 25801 304-256-4500ext. 3331

**APPENDIX D**  
**EMERGENCY PROCEDURES**

# Emergency Procedures

**A. Evacuation** (For use when conditions outside are safer than inside)

When announcement is made or alarm sounded:

- Take the closest and safest way out as posted (use secondary route if primary route is blocked or hazardous)
- Take roll book for student accounting
- Assist those needing special assistance
- Do not stop for student/staff belongings
- Go to designated Assembly Area
- Check for injuries
- Take attendance; report according to Student Accounting and Release procedures
- Wait for further instructions

**B. Reverse Evacuation** (For use when conditions inside are safer than outside)

When the announcement is made:

- Move students and staff inside as quickly as possible
- Assist those needing special assistance
- Report to classroom
- Check for injuries
- Take attendance; report according to Student Accounting and Release procedures
- Wait for further instructions.

**C. Severe Weather Safe Area** (For use in severe weather emergencies)

When announcement is made or alarm sounded:

- Take the closest, safest route to shelter in designated safe areas (use secondary route if primary route is blocked or dangerous)
- Occupants of portable classrooms shall move to the main building to designated safe areas
- Take roll book for student accounting
- Take attendance; report according to Student Accounting and Release procedures
- Assist those needing special assistance
- Do not stop for student/staff belongings
- Close all doors
- Remain in safe area until the "all clear" is given
- Wait for further instructions

**D. Shelter in Place** (For use in external gas or chemical release)

When the announcement is made:

- Students are to be cleared from the halls immediately and to report to nearest available classroom or other designated location
- Assist those needing special assistance
- Close and tape all windows and doors and seal the gap between bottom of the door and the floor (external gas/chemical release)
- Take attendance; report according to Student Accounting and Release procedures
- Do not allow anyone to leave the classroom
- Stay away from all doors and windows
- Wait for further instructions

**E. Lockdown** (For use to protect building occupants from potential dangers in the building)

When the announcement is made:

- Students are to be cleared from the halls immediately and to report to nearest available classroom
- Assist those needing special assistance
- Close and lock all windows and doors and do not leave for any reason
- Cover all room and door windows
- Stay away from all doors and windows and move students to interior walls and drop
- Shut off lights
- BE QUIET!
- Wait for further instructions

**F. Drop, Cover and Hold** (For use in earthquake or other imminent danger to building or immediate surroundings)

When the command "Drop" is made:

- DROP – to the floor, take cover under a nearby desk or table and face away from the windows
- COVER - your eyes by leaning your face against your arms
- HOLD - on to the table or desk legs, and maintain present location/position
- Assist those needing special assistance
- Wait for further instructions

**APPENDIX E**  
**EMPLOYEE ACCIDENT REPORT**

**Raleigh County Schools**

**Employee Accident Report**

105 Adair Street  
Beckley, WV 25801

**Section I: Employee Information**

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_

School: \_\_\_\_\_ Position: \_\_\_\_\_

Employee #: \_\_\_\_\_ Date of hire: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Marital status: \_\_\_\_\_

**Section II: Accident Information**

Accident date: \_\_\_\_\_ Day S  M  T  W  TH  F  S  Time: \_\_\_\_\_ am  pm

Principal/Supervisor: \_\_\_\_\_ Time shift began: \_\_\_\_\_ am  pm

School and place accident occurred: \_\_\_\_\_

What was being done immediately before the accident occurred? \_\_\_\_\_

What happened? \_\_\_\_\_

Was this part of normal job duty? Yes  No  If "No" please explain: \_\_\_\_\_

Body part(s) injured? \_\_\_\_\_

Have you injured this body part in the past? Yes  No

If "Yes", please provide the date and explain: \_\_\_\_\_

Type of injury or illness? \_\_\_\_\_

What object or substance directly harmed the employee? \_\_\_\_\_

Witness(es) name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Section III: Medical Information**

Did employee seek medical treatment? Yes  No  If "Yes" Physician name: \_\_\_\_\_

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

Name medical facility/hospital: \_\_\_\_\_

Has employee returned to work? Yes  No  If "Yes" Date: \_\_\_\_\_ Time: \_\_\_\_\_ am  pm

**Section IV: Principal/Supervisor**

This accident was reported to me on: Date: \_\_\_\_\_ Time: \_\_\_\_\_ am  pm

**I certify that to the best of my knowledge, the above statements are true and correct.**

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scan completed form and email to [jcolvin@access.k12.wv.us](mailto:jcolvin@access.k12.wv.us) or fax to 304-256-4527.

**APPENDIX F**  
**ACCIDENT ANALYSIS**

### Accident Analysis

Accident date: \_\_\_\_\_ Day S M T W T H F S Time: \_\_\_\_\_ am pm

Date reported to supervisor: \_\_\_\_\_ Day S M T W T H F S Time: \_\_\_\_\_ am pm

Report to supervisor delayed? Yes  No  If yes, why? \_\_\_\_\_

Name: \_\_\_\_\_ Employee #: \_\_\_\_\_ DOB: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Position: \_\_\_\_\_ School: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Nature/extent of injury: \_\_\_\_\_

School and place accident occurred: \_\_\_\_\_

Principal/Supervisor: \_\_\_\_\_ Time shift began: \_\_\_\_\_ am pm

Did employee complete shift? Yes  No

What was being done immediately before the accident occurred? \_\_\_\_\_

What happened? \_\_\_\_\_

Was employee doing something other than required duties at time of accident? Yes  No

If "Yes", please explain: \_\_\_\_\_

If "Yes", were these duties approved by immediate supervisor? Yes  No

Witness(es) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Did employee seek medical treatment? Yes  No

If "Yes" Physician Name: \_\_\_\_\_

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

Name Medical Facility/Hospital: \_\_\_\_\_

Has Employee returned to work? Yes  No  Number of lost work days: \_\_\_\_\_

If "Yes" Date: \_\_\_\_\_ Time: \_\_\_\_\_ am pm

<p style="text-align: center;"><b>Nature of Injury</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Amputation</li> <li><input type="checkbox"/> Burns</li> <li><input type="checkbox"/> Contusion (bruise)</li> <li><input type="checkbox"/> Electrical Shock</li> <li><input type="checkbox"/> Foreign Body</li> <li><input type="checkbox"/> Fracture</li> <li><input type="checkbox"/> Heat</li> <li><input type="checkbox"/> Hernia</li> <li><input type="checkbox"/> Infection</li> <li><input type="checkbox"/> Abrasion</li> <li><input type="checkbox"/> Bite</li> <li><input type="checkbox"/> Laceration (cut)</li> <li><input type="checkbox"/> Hypertension</li> <li><input type="checkbox"/> Puncture</li> <li><input type="checkbox"/> Strain/Sprain</li> <li><input type="checkbox"/> Stress</li> </ul>	<p style="text-align: center;"><b>Part of Body</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Head (eye, nose, etc) _____</li> <li><input type="checkbox"/> Neck</li> <li><input type="checkbox"/> Shoulder      <input type="checkbox"/>Left   <input type="checkbox"/>Right</li> <li><input type="checkbox"/> Psyche/Mental Disorder</li> <li><input type="checkbox"/> Hip            <input type="checkbox"/>Left   <input type="checkbox"/>Right</li> <li><input type="checkbox"/> Arm            <input type="checkbox"/>Left   <input type="checkbox"/>Right</li> <li><input type="checkbox"/> Elbow         <input type="checkbox"/>Left   <input type="checkbox"/>Right</li> <li><input type="checkbox"/> Hand/Wrist   <input type="checkbox"/>Left   <input type="checkbox"/>Right</li> <li><input type="checkbox"/> Finger _____</li> <li><input type="checkbox"/> Upper Back</li> <li><input type="checkbox"/> Lower Back</li> <li><input type="checkbox"/> Leg            <input type="checkbox"/>Left   <input type="checkbox"/>Right</li> <li><input type="checkbox"/> Knee          <input type="checkbox"/>Left   <input type="checkbox"/>Right</li> <li><input type="checkbox"/> Ankle         <input type="checkbox"/>Left   <input type="checkbox"/>Right</li> <li><input type="checkbox"/> Foot          <input type="checkbox"/>Left   <input type="checkbox"/>Right</li> <li><input type="checkbox"/> Abdomen</li> <li><input type="checkbox"/> Respiratory</li> </ul>	<p style="text-align: center;"><b>Accident Type</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Burn</li> <li><input type="checkbox"/> Exposure</li> <li><input type="checkbox"/> Cut/Puncture</li> <li><input type="checkbox"/> Slip/Trip/Fall</li> <li><input type="checkbox"/> Absorb/Ingest/Inhale</li> <li><input type="checkbox"/> Stress (mental/heart)</li> <li><input type="checkbox"/> Motor Vehicle</li> <li><input type="checkbox"/> Repetitive Motion</li> <li><input type="checkbox"/> Running or Jumping</li> <li><input type="checkbox"/> Violence in Workplace</li> <li><input type="checkbox"/> Struck by</li> <li><input type="checkbox"/> Bite or Sting</li> <li><input type="checkbox"/> Lifting Human</li> <li><input type="checkbox"/> Lifting Object</li> <li><input type="checkbox"/> _____</li> </ul>
<p style="text-align: center;"><b>Unsafe Condition</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Inadequate or no safety guards</li> <li><input type="checkbox"/> Poor housekeeping</li> <li><input type="checkbox"/> Unsafe/defective equipment</li> <li><input type="checkbox"/> Inadequate illumination</li> <li><input type="checkbox"/> Inadequate noise control</li> <li><input type="checkbox"/> Hazardous established procedure</li> <li><input type="checkbox"/> Slippery surface</li> <li><input type="checkbox"/> Congestion, close clearance</li> <li><input type="checkbox"/> No unsafe condition</li> <li><input type="checkbox"/> _____</li> </ul>	<p style="text-align: center;"><b>Unsafe Act</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Operating without auth.</li> <li><input type="checkbox"/> Using defective equip.</li> <li><input type="checkbox"/> Failure to use safety device or</li> <li><input type="checkbox"/> Failure to use protective equipment</li> <li><input type="checkbox"/> Failure to make secure</li> <li><input type="checkbox"/> Improper use of equipment</li> <li><input type="checkbox"/> Safety rules violated</li> <li><input type="checkbox"/> Unsafe loading, lifting, placing</li> <li><input type="checkbox"/> Unsafe carrying technique</li> <li><input type="checkbox"/> Took unsafe position/posture</li> <li><input type="checkbox"/> Operating at unsafe speed</li> <li><input type="checkbox"/> Unsafe procedure</li> <li><input type="checkbox"/> Horseplay</li> <li><input type="checkbox"/> No unsafe act</li> <li><input type="checkbox"/> _____</li> </ul>	<p style="text-align: center;"><b>Contributing Cause (Indirect)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Minimum training</li> <li><input type="checkbox"/> Fatigue</li> <li><input type="checkbox"/> Pre-existing physical weakness</li> <li><input type="checkbox"/> Intoxicated</li> <li><input type="checkbox"/> Inattentive</li> <li><input type="checkbox"/> Nervous, excitable, impatient</li> <li><input type="checkbox"/> Lost temper</li> <li><input type="checkbox"/> Willful disregard of instructions</li> <li><input type="checkbox"/> Other person</li> <li><input type="checkbox"/> No significant personal factor</li> <li><input type="checkbox"/> Medication</li> <li><input type="checkbox"/> _____</li> </ul>

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

~~Investigator~~ Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scan completed form and email to [jcolvin@access.k12.wv.us](mailto:jcolvin@access.k12.wv.us) or fax to 304-256-4527.

**APPENDIX G**  
**STUDENT ACCIDENT REPORT**

### Raleigh County Schools

105 Adair Street  
Beckley, WV 25801

### Student Accident Report

#### Section I: School Information

School: \_\_\_\_\_ School Telephone #: \_\_\_\_\_

#### Section II: Student Information

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

#### Section III: Injury Information

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ am  pm  Specific Location of Accident: \_\_\_\_\_

Type of Activity: Recess  Physical Ed  Classroom/Non-Physical Ed  Sports Related Activity

Description of Accident (What was student doing? List conditions at time of injury.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Body Part(s) Injured: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Title: \_\_\_\_\_ Present at Scene: Yes  No

Witness(es) name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

#### Section IV: Action Taken

Type of First Aid Treatment Given: \_\_\_\_\_

Given by: \_\_\_\_\_ Title: \_\_\_\_\_

Student Sent Back to Class? Yes  No  If so, by whom: \_\_\_\_\_

Student Sent Home? Yes  No  If so, by whom: \_\_\_\_\_

Sent to Doctor? Yes  No  If so, by whom: \_\_\_\_\_ Doctor: \_\_\_\_\_

Sent to Hospital? Yes  No  If so, by whom: \_\_\_\_\_ Hospital: \_\_\_\_\_

Parent/guardian/other individual notified? Yes  No  Who: \_\_\_\_\_ Relationship: \_\_\_\_\_

How Notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ am  pm

#### Section V: Additional Information

Student Has Health Insurance: Yes  No  Student Has Accident Insurance: Yes  No

# of Days Missed: \_\_\_\_\_ Status of Student after Incident: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Scan completed form and email to [jcolvin@access.k12.wv.us](mailto:jcolvin@access.k12.wv.us) or fax to 304-256-4527.

**APPENDIX H**  
**VISITOR ACCIDENT REPORT**

# Raleigh County Schools

105 Adair Street  
Beckley, WV 25801

# Visitor Accident Report

## Section I: School/Department Information

School/Department: \_\_\_\_\_ Telephone #: \_\_\_\_\_

## Section II: Visitor Information

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cellular Telephone #: \_\_\_\_\_

Contain Person (if other than injured): \_\_\_\_\_ Telephone #: \_\_\_\_\_

## Section III: Injury Information

Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_ am  pm

Specific Location of Accident: \_\_\_\_\_

Description of Accident (What was visitor doing? List conditions at time of injury.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Body Part(s) Injured: \_\_\_\_\_

Witness(es) name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

## Section IV: Action Taken

Type of First Aid Treatment Given: \_\_\_\_\_

Given by: \_\_\_\_\_ First Responder (fire, ambulance, etc): \_\_\_\_\_

Did Visitor Seek Medical Treatment? Yes  No  Doctor: \_\_\_\_\_

Name medical facility/hospital: \_\_\_\_\_

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

Incident Report Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Scan completed form and email to [jcolvin@access.k12.wv.us](mailto:jcolvin@access.k12.wv.us) or fax to 304-256-4527.