

## **Garnet Career Center**

### **Reporting and Investigating Accidents/Incidents**

#### **Procedure**

It shall be the policy of Kanawha County Schools and Garnet Career Center to provide a safe and healthy environment free from unsafe conditions and unnecessary hazards. Accidents are undesirable, unplanned occurrences which can result in serious bodily harm, loss of time, property damage, and legal issues. It shall be the policy of KCS to take every reasonable.

**Reporting Accidents/Incidents:** It is the responsibility of each student or employee to immediately report any injury sustained to the immediate instructor or supervisor, regardless of whether or not medical treatment is required at the time. An accident report form shall be completed by the student and the immediate instructor or supervisor. Prompt reporting is needed to provide accurate data on the nature and cause of injuries in order that appropriate analysis and remedial measures can be undertaken.

**Investigating Accidents/Incidents:** It is the responsibility of the school administration to investigate all accidents or incidents in the facility.

#### **Guide for Responding to Emergencies:**

1. Evaluate the accident/injury/illness scene
2. Direct any unaffected persons to a safer and secure area
3. Call 911 and advise of situation, type of injury or illness
4. Notify Principal's Office
5. Assess severity of injury or illness, render first aid if qualified to do so
6. Use universal precautions if handling bodily fluids
7. Assist emergency medical responders
8. If scene is not safe, i.e. electrocution, downed wires, etc., wait for EMS
9. Maintain classroom control and class roster information
10. Do not move injured person(s) unless there is a threat or imminent danger
11. If the medical emergency involves a staff member, the Incident Commander should assign someone to take control of the staff member's classroom

# STUDENT INJURY REPORT

INJURED STUDENT'S NAME \*

FIRST LAST

PHONE

ADDRESS

STREET ADDRESS

CITY

STATE

ZIP CODE

HOME SCHOOL \*

☐ MALE  
☐ FEMALE

HOME ROOM TEACHER

GRADE

SUPERVISING ADULT

PHONE

DATE OF INJURY \*

TIME OF INJURY \*

HH : MM

DATE REPORTED TO PARENT/GUARDIAN \*

DATE SUBMITTED TO SAFETY DEPARTMENT \*

SCHOOL/SITE WHERE INJURY OCCURRED \*

SPECIFIC LOCATION \*

DETAILED DESCRIPTION OF WHAT STUDENT WAS DOING AT TIME OF INJURY AND ALL FACTORS INVOLVED: \*

NATURE OF INJURY: \*

☐ ABRASION  
☐ BURN  
☐ HEAD INJURY  
☐ SEIZURE  
☐ OTHER

☐ BITE  
☐ CUT  
☐ HORSEPLAY  
☐ SPILL

☐ BROKEN BONE  
☐ EXPOSURE TO COVID-19  
☐ PUNCTURE  
☐ SPRAIN/STRAIN

PART OF BODY INJURED: \*

☐ ABDOMEN  
☐ BACK  
☐ FACE  
☐ HAND  
☐ LEG  
☐ WRIST

☐ ANKLE  
☐ CHEST  
☐ FINGER  
☐ HEAD  
☐ NOSE  
☐ OTHER

☐ ARM  
☐ EAR  
☐ FOOT  
☐ KNEE  
☐ TEETH

PART OF BODY INJURED \*

- ☐ RIGHT  
☐ LEFT  
☐ MIDDLE

DID INJURY INVOLVE LOST SCHOOL BEYOND DATE OF INJURY?

No

WHAT TYPE OF INITIAL MEDICAL TREATMENT WAS RECEIVED \*

- ☐ NO MEDICAL TREATMENT  
☐ MINOR ON-SITE REMEDIES BY SCHOOL NURSE  
☐ EMERGENCY EVALUATION, DIAGNOSTIC TESTING, AND MEDICAL PROCEDURES  
☐ OTHER
- ☐ FIRST AID BY SCHOOL EMPLOYEE  
☐ MINOR CLINICAL/HOSPITAL MEDICAL REMEDIES AND DIAGNOSTIC TESTING  
☐ ADMITTED TO HOSPITAL

WHERE SPECIFICALLY WAS TREATMENT ADMINISTERED? (MEDEXPRESS, WHICH HOSPITAL OR CLINIC, ETC)

ARE YOU AWARE OF ANY ISSUES THAT WOULD MAKE YOU QUESTION THIS INJURY?

No

WAS THERE PRIOR INJURY OF PRE-EXISTING CONDITION?

No

WAS THERE ANY VIDEO OF THE INCIDENT? IF YES, PLEASE PROVIDE.

No

WITNESS STATEMENTS (IF ANY)

WITNESS #1

NAME

FIRST

LAST

EMAIL

DESCRIPTION OF INCIDENT

WITNESS STATEMENTS (IF ANY)

WITNESS #2

NAME

FIRST

LAST

EMAIL

PHONE

DESCRIPTION OF INCIDENT

CAUSE OF INJURY \*

- ☐ BEE STING  
☐ EXPOSURE  
☐ HORSEPLAY  
☐ LIFTING  
☐ FALL  
☐ VIOLENCE
- ☐ BITE  
☐ EXPOSURE TO COVID-19  
☐ IMPROPER TASK FOCUS  
☐ SLIP  
☐ SPORTS INJURY  
☐ OTHER
- ☐ EQUIPMENT FAILURE  
☐ FALLING/FLYING OBJECT  
☐ IMPROPER USE OF TOOLS/EQUIPMENT  
☐ TRIP  
☐ VEHICLE ACCIDENT

SLIPS/TRIPS/FALLS SPECIFIC (PLEASE FILL OUT THIS SECTION IF A SLIP/TRIP/FALL OCCURRED)

TYPE OF SHOES	FLOOR TYPE
<input type="text"/>	<input type="text"/>
CONDITION OF SOLES	FLOOR CONDITION
<input type="text"/>	<input type="text"/>
OBJECT, EQUIPMENT, SUBSTANCE OR TASK CONTRIBUTING TO SLIP/TRIP/FALL?	
<input type="text"/>	

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NAME OF PRINCIPAL OR SUPERVISOR WHO REVIEWED AND APPROVED THIS INJURY REPORT *		EMAIL *
<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST	LAST	
NAME OF PERSON SUBMITTING FORM *		EMAIL *
<input type="text"/>	<input type="text"/>	<input type="text"/>
MARY	PERDUE	MPERDUE@mail.kana.k12.wv.us
FIRST	LAST	
NAME OF SCHOOL NURSE *		EMAIL *
<input type="text"/>	<input type="text"/>	<input type="text"/>
FIRST	LAST	

## Kanawha County Schools Contacts

# SAFETY & SECURITY

### Mission Statement:

It is the Mission of the Safety/Security Department of Kanawha County Schools to promote a safe and secure learning/working environment for students, staff, and the general public through prevention, surveillance, intervention, training and education. All activities shall be focused on monitoring and analyzing trends, conducting risk assessments and providing guidance while working in cooperation with local, county and state first responder agencies.

### Contact Information:

#### Keith A. Vititoe, Executive Director of Safety and Security

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 South Charleston, WV 25303  
 Phone: (304) 348-1346  
 Email: [kvititoe@mail.kana.k12.wv.us](mailto:kvititoe@mail.kana.k12.wv.us)

#### Ryan Bremar, Directory of Safety

120 Third Avenue  
 South Charleston, WV 25303  
 Phone: (304) 348-1346  
 Email: [rbremar@mail.kana.k12.wv.us](mailto:rbremar@mail.kana.k12.wv.us)

### Additional Contact Emails:

Alice E. Riffe, Financial: [ariffe@mail.kana.k12.wv.us](mailto:ariffe@mail.kana.k12.wv.us)

Karen Eggleton, Certified Ergonomist: [keggleton@kcs.kana.k12.wv.us](mailto:keggleton@kcs.kana.k12.wv.us)

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