

## **Plan of Action for Student Accidents, Administration of Medicines, Child Abuse and Emergency Medical Treatment.**

**Safety Officers: Erlish Locklear and Dr. Eric Mikel  
2023-2024**

### **Procedures for Prevention of Staff and Student Accidents, Administration of Medicines**

The SANKOFA Board believes that it should provide a safe and orderly learning environment for students. Additionally, staff should work in an environment that is safe and orderly as well. The Board recognizes that many accidents can be avoided. Therefore, SANKOFA will reduce significantly any accidents that may occur on school property. Accidents are defined as any unforeseen occurrence that could cause injury to people or damage or loss of school property.

The Following represents a plan of action to reduce accidents:

- To reduce risks the Administration and Custodial staff will do weekly inspection to the SANKOFA facility to identify and eliminate any hazards found on school property.
- Ensure that staff and students are aware of any potential hazards such as playground equipment.
- All staff should report to the Administration any hazards that may exist.
- All accidents should be reported to him immediately.
- If a student is involved in an accident parents are notified immediately. If the parent cannot be reached and the accident requires medical attention-Administration will contact the proper medical authorities.
- If a staff member is involved in an accident, the next of kin is notified immediately.
- Ensure that first aide boxes are available for use if needed.
- Medicines are not administered to students without written permission from the parent.
- All approved medicines are kept in the main office.

### **Child Abuse and Neglect**

Oklahoma Law requires that teachers and all other school personnel report any suspected cases of physical abuse and neglect of a child. Failure to report information promptly can result in a misdemeanor. The law also grants immunity from any criminal or civil liability to any person who in good faith makes such a report.

Evidence of child abuse may consist of physical marks on the body or the child may relate incidents indicative of child abuse (sexual assault) when no physical marks are evident. Any suspected case of child abuse or neglect should be reported immediately to the Dr. Eric Mikel or Executive Officer. Failure to comply with this request will result in immediate suspension or a recommendation for termination. A nurse will be called to examine the child. If evidence appears to confirm the suspicion of abuse or neglect, the Executive Director or Dr. Eric Mikel will immediately call the Child Abuse Office, Department of Human Services and the Tulsa Police Department. The Executive Director or Dr. Eric Mikel will then complete the Child Abuse Report (See Attached Report). The report will be signed by the Executive Director or Dr. Eric Mikel, nurse or any other staff member involved.

The original completed form of the Child Abuse Report will be retained by the Executive Director or SANKOFA Administration. The remaining copies will be sent to the Department of Human Services for distribution to the Youth Bureau of the Tulsa Police Department and the Child Abuse Registry of the Oklahoma Department of Human Services.

**Administering Medications:**

Example Provided of Health Services Form

Parents must give written consent for the administering of any medication.



# Child Abuse Reporting Form

Hotline number: 800-522-3511  
Agency Contacted: DHS ☐ Law Enforcement (LE) ☐

Date of Contact with Agency/LE: \_\_\_\_\_ Time of Contact with DHS: \_\_\_\_\_

Agency/LE Confirmation Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Age of Child: \_\_\_\_\_ ID # \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Names, Ages, ID #s of Additional Children: \_\_\_\_\_

Address of Child/ren: \_\_\_\_\_

Describe the injuries and/or incident as reported: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Submit form(s) to the principal and/or other designated administrator within 24 hours of hotline reporting.  
Submit one form for each agency contacted.

\_\_\_\_\_  
*Signature of Principal/Director*

\_\_\_\_\_  
*Date Received*

\_\_\_\_\_  
*Principal and/or other Designated Administrator*

\_\_\_\_\_  
*Date Received*