

Jackson County School District

TO: Superintendent, Assistant Superintendents, Principals, Directors, and Transportation Supervisors
DATE: June 22, 2016
FROM: Laura C. McCool, SPHR

Please make this safety information available to your staff. Each employee should receive a copy. Use a sign-in sheet to indicate knowledge of this information. Sign-in sheets and a copy of the safety notice should be maintained at your office.

Incident and Investigation Report

Please review the circumstances of this incident and apply the recommendations to the appropriate work area.

Incident Number:	SI 2016 29 06 17 2016
Attendance Center:	Vancleave Attendance Center
School:	Vancleave Attendance Center
Job type:	Summer Worker
Date of Hire:	1/8/2014
Incident Date:	6/17/2016
Time of incident:	7:15am
Date reported to supervisor:	6/22/2016
Time reported to supervisor:	7:00am
Type of accident:	Chemical
Type of injury:	Allergic reaction
Body part affected:	Lungs and skin
Were safeguards provided?	Yes
Were safeguards used?	Yes
Was medical attention needed?	Yes
If yes, where:	Ocean Springs Hospital
Did the employee miss work?	Unknown
Is a return to work form on file?	Yes
Are there any restrictions?	Yes
Is any follow-up needed?	No

Description of events:

The employee was stripping floors, became short of breath and became covered in hives and wheals.

Recommendation:

Use of PPE while using waxes and sealers.