

PURPOSE

Dorsey College is committed to providing a safe and secure environment for our employees, students, and guests. The purpose of the Health and Safety Plan is to provide guidance and maintain readiness to support the health and safety of the institution's constituents in cases of sickness, accidents, or emergency health care needs on campus, including procedures for reporting and investigating incidents affecting the health and safety. The Health and Safety Plan is practiced regularly to reinforce procedures and knowledge.

GOALS AND OBJECTIVES

The following goals and objectives have been developed in support of achievement of this plan:

1. To provide a reference for guidance to be utilized in cases of sickness, accidents and emergencies, defined as real, threatened, or impending danger, including but not limited to fires, tornadoes, floods, hurricanes, earthquakes, bomb threats, or violent acts by an individual.
2. To maintain institutional readiness, including regular practice to reinforce procedures and knowledge
3. To ensure that there is a procedure for reporting and investigating incidents affecting health and safety of employees, students and guests
4. To ensure that applicable local, county, state, and federal laws, codes and procedures are being upheld
5. To identify personnel responsible for the plan
6. To ensure plan is evaluated during an annual review with input from employees and students
7. Revise and publish updated plan as required from the review
8. To ensure that the plan is distributed to employees and is available to students

MAJOR ACTIVITIES

The following outlines specific activities utilized to achieve the Plan objectives:

1. Specify the system of policies and procedures to be utilized in cases of institutional emergencies and incidents as follows:
 - a. Emergency Response and Evacuation Procedures Policy
 - b. Fire Drill and Fire Extinguisher Policy and Observers Report
 - c. Title IX Sexual Harassment Policy
 - d. Annual Campus Security Report
 - e. Student & Employee Incident Reporting and Forms
 - f. Drug and Alcohol Abuse Awareness
 - g. Communicable Diseases Policy
2. Procedures for identifying and acting upon emergency or dangerous situations, or immediate threats, are tested or practiced at least biannually, including the use of identification badges for Dorsey College employees and students.

3. Specify the system of policies and procedures for identifying, acting upon and reporting student incidents as follows:
 - a. Accident Reporting Procedures
 - b. Completion of medical treatment forms (Concentra, Covenant [Saginaw – only]), XL Catlin Insurance form) and the collection of witness statements
 - c. Human Resource and campus management notification
 - d. Human Resource follow-up with campus and student/employee
4. The Health and Safety Plan is available to students, distributed to employees, for input and revisions as necessary and is evaluated by the Health and Safety Committee, and revised annually via surveys sent and evaluated by the Chief Administrative Officer, Director of Operations and Compliance, Director of Compliance and Education, and Managing Directors.
5. Review emerging state and federal codes, laws and regulations as they are published to determine applicability.

RESPONSIBLE PERSONNEL

The school's plan for the operation and maintenance of our facilities and technology includes assigned responsibilities as follows:

RESPONSIBLE PERSONNEL	SCOPE OF SERVICES
Chief Administrative Officer	<ul style="list-style-type: none"> • Ensure plan is communicated to managing directors • Manage annual plan review and update
Health and Safety Committee	<ul style="list-style-type: none"> • Evaluate feedback from survey sent students and staff to identify improvements needed to physical plant, equipment, and supplies • Meet to determine necessary revisions and updates to Health and Safety plan
Human Resource Director	<ul style="list-style-type: none"> • Management of the policies and procedures regarding the health and safety of students and employees in cases of sickness, accidents, or emergency health care needs • Investigation of sickness, accidents, or emergencies • Ensure all documentation is completed timely and correctly • Facilitate communication with all required agencies
Director of Fiscal	<ul style="list-style-type: none"> • Gather information necessary to publish the Annual Campus Security Report, as required by the Department of Education and in compliance with the Jeanne Clery Disclosure of Campus Security Policy and Crime Statistics Act • Ensure that the Drug and Alcohol Abuse Prevention Policy including the Smoke-Free and Tobacco-Free policy is sent to student annually via the CampusNexus system
Vice President of Marketing	Publishes the Annual Campus Security Report for each campus on the Dorsey College website (www.dorsey.edu)
Managing Director	<ul style="list-style-type: none"> • Ensure that procedures are practiced on campus via evacuation or emergency response drills at least twice per year in accordance with Department of Education requirements • Ensure only appropriate students, staff and instructors are on-campus and at campus activities utilizing school-issued identification badges • Ensure that all students and staff receive the plan and have the opportunity to review and evaluate the plan annually • Ensure that key personnel are aware of the procedure for non-life-

	<p>threatening incidents and route the injured party to designated health care facility</p> <ul style="list-style-type: none"> • Report incidents to the Human Resources Manager • Report occurrences of crime on campus to the Director of Fiscal • Ensure each student has received and signed an orientation package including access to the following policies: <ul style="list-style-type: none"> ✓ <i>Emergency Contact and Personal Information (must sign separately)</i> ✓ <i>Covid-19 Conduct and Isolation Policies</i> ✓ <i>Notice of Availability: Annual Safety and Security Report</i> • Ensure that campus personnel are aware of the procedure for non-life-threatening incidents and route the injured party to designated health care facility
Campus Management	<ul style="list-style-type: none"> • Ensure that the student is properly attended to • Verify that proper authorization paperwork has been completed • Reviews the health and safety plan with the campus staff • Follows up with human resources as necessary
Medical Manager or Designee	Ensure that the OSHA Binder and SDS Sheets are kept up to date
Senior Director of Operations and Compliance; Director of Compliance and Education; Compliance Liaison Officer	<ul style="list-style-type: none"> • Review emerging accreditation state and federal codes, laws and regulations to determine applicability; communicate results to appropriate parties • Complete periodic audits to ensure safe, orderly, and secure environment is maintained • Coordinate the review, update and publish the current plan
Students	<ul style="list-style-type: none"> • Become familiar with the components of this plan and responsible for reporting all accidents / incidents

BUDGETARY RESOURCES

Resources for the implementation of this plan are routinely included in Dorsey College's annual operating budget, primarily funded through each campus' operational budget.

STAKEHOLDER PLAN REVIEW AND EVALUATION TIMELINE

This plan will be reviewed annually based on feedback from students and employees, and revised for updates and improvement to established practices, and updates to the COE Handbook of Accreditation. The Chief Administrative Officer, with the assistance and input of the Managing Directors, Health and Safety Committee, and Director of Operations and Compliance, will approve changes to the plan. The revised plan will be published for students and distributed to employees each year.



Emergency Response and Evacuation Procedures Policy

Effective Date: July 1, 2015
Updated: December 27, 2022

Dorsey College is dedicated to preparing individuals for promising career opportunities, and as indicated in our mission statement. The unpredictable nature of weather, civil unrest and persons with criminal intent requires the Institution to have a readiness plan. Michigan law under **1974 PA 154 R 408.10623 Employee emergency plans. Rule 623** necessitates that Dorsey College maintains an emergency action plan. This is consistent with **20 USC 1001, et. seq.** regulating schools under the Department of Education and **34 CFR 668** regarding Student Assistance General Provisions.

Emergency Response Policy

All Dorsey College owned and operated campuses are required to maintain an *Emergency Response and Evacuation Plan* (EREP) which includes plans and instructions to be followed by campus administration, faculty, staff, students and guests in the event of emergencies and evacuations. The campus managing director is designated as the campus safety authority (CSA), who is responsible for reporting and ensuring the evacuation of the campus in the case of an emergency.

A significant emergency or dangerous situation is any situation occurring on the campus involving an immediate threat to the health or safety of students, visitors or employees. The managing director of each campus makes a determination of the level of threat and the response needed.

Dorsey College will respond to any actual or perceived emergency with whatever necessary course of action the situation mandates. Any person with information warranting an emergency response must report the circumstances to school officials. Incidents should be communicated immediately to the individual's instructor or supervisor, campus managing director or senior management. In order to ensure a safe environment within Dorsey College, all police incidents and security or safety problems, on campus or immediately adjacent public property, including vehicle accidents, injuries, criminal offenses, and suspicious activity should be reported to the managing director. The individual, for expedience, may directly call 911 to initiate a public safety response. The campus will maintain a crime and incident log for the current 60 days, updated within two days of a reported event. This log is available on inquiry to the managing director of each campus. An OSHA manual is in each lab and can be used as a resource when needed.

Emergency Notification: If there is an immediate threat occurring on campus to the health or safety of students or employees, an institution must follow its emergency notification procedures. An immediate *emergency notification* shall be issued to alert the campus population that a significant emergency or dangerous situation poses an immediate threat to the health or safety of visitors, students or staff on campus. The institution will, without delay, and taking into account the safety of the community, determine the content of the notification and initiate the notification system, unless issuing a notification will, in the professional judgment of responsible authorities, compromise efforts to assist a victim or to contain, respond to, or otherwise mitigate the emergency. Emergency notification shall describe the threat and direct individuals to evacuate, shelter in place or take other specific action. This shall be authorized by the managing director or their designee.

Specific actions for an **Emergency Notification** include:

- Confirm that there is a significant emergency or dangerous situation.
 - Determine the appropriate segment or segments of the campus community to receive a notification.
 - Determine the content of the notification
 - Campus or workplace violence or external threat- lockdown
 - Building hazard (fire, chemical spill, structure collapse) –evacuate
 - Extreme Weather (storm, tornado, earthquake)– shelter-in-place
 - Initiate the notification system for appropriate populations
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The Institution's emergency notification procedures eliminate the need to issue a duplicate timely warning based on the same circumstances; however, the Institution must provide adequate follow-up information to the community as needed.

Timely Warning: In compliance with 40002(a) (20) of the Violence Against Women Act of 1994 (42 U.S.C. 13925(a) (20)), the Institution will report crimes to the campus community that are reported to campus security authorities as identified under the institution's statement of current campus policies or that of local police agencies, when considered by the institution to represent a threat to students and employees to aid in the prevention of similar crimes. The report will be made in a timely manner that withholds as confidential the names and other identifying information of victims. A *timely warning* is issued to relevant members of the campus community when there is a continued threat that, in the judgment of management, should be brought to the attention of the campus population to aid in the prevention of similar crimes or health issues. The warning may include information such as the date, time, and nature of the threat. A *timely warning* may only be withheld if the alert would compromise efforts to contain the emergency. The institution will, without delay, and taking into account the safety of the community, determine the content of the warning and initiate the timely warning notification system, unless initiating such a notification will, in the professional judgment of responsible authorities, compromise efforts to assist a victim or to contain, respond to, or otherwise mitigate the situation. Timely warning shall describe the threat and direct individuals take specific action to aid in the prevention of similar crimes or health issues. This shall be authorized by the managing director or their designee.

Specific actions for a **Timely Warning** include:

- Confirm that there is a continuation of a significant dangerous situation.
- Determine the appropriate segment or segments of the campus community to receive a timely warning that a situation continues to pose a risk.
- Determine the content of the timely warning including the specific action suggested to aid in prevention.
- Initiate the timely warning system of notification.
 - Email alert
 - Posted notice
 - Blackboard system

Emergency Action and Procedures

BUILDING EVACUATION

This action is taken after the decision is made in the event that it is unsafe to remain in the building. Evacuation may be needed when there is smoke or fire, a natural or man-made disaster, a structure collapse or a chemical, biological, nuclear or radiation release that occurs on or in proximity of the school and directly effects the campus population.

Procedure

1. Managing director or designee immediately announces the evacuation and initiates the procedure developed for that location
2. Directs public safety notification via 9-1-1 or activates building fire alarm.
3. Directs visitors, students and staff to immediately vacate to the pre-designated "rally-point" for that location. ALL building occupants should reach safety within three minutes of the alarm. Teachers are to bring student rosters and take attendance at the assembly area to account for all students. *Do not take time to gather your belongings. Do not delay! Even a few seconds of exposure to certain elements can be deadly. Calmly follow directions of staff in evacuating the scene – but do not leave the campus until staff has accounted for you!*

Emergency Exits

Since there is always the possibility of the need to evacuate the buildings, a system of illuminated EXIT signs has been installed for the protection of staff, students and visitors. Occupants should evacuate through the nearest (less than 150 ft.) marked exit. The locations of these fire exits are posted within each classroom. Building occupants should take a moment to familiarize themselves with the closest emergency exit. In the event that an evacuation is necessary, students and staff will be notified through an announcement and/or the fire alarm

1. Building occupants should choose to escape the danger rather than combat the problem. For example, you should **never try to use a fire extinguisher overreaching safety**. Look to your own safety but assist others if your own life is not placed in jeopardy to do so.
2. All fires which are extinguished by school personnel, regardless of size, require fire department response for investigation and confirmation that the fire is out.
3. The managing director or designee, if not placed in jeopardy, shall physically inspect all classroom/lab and staff areas as people exit to ensure all known occupants have evacuated.
4. Teachers will take attendance to account for all students. Managers will account for all staff and visitors. Missing building occupants are to be reported to the managing director and public safety providers.
NOTE: No individual should leave the campus until all building occupants have been accounted for.
5. Once assembled, teachers, students and staff are to stay in place until further instructions are given. Never send students home before the end of the regular school day unless instructed by the managing director.
6. Once public safety has determined the threat no longer exists the managing director or designee immediately announces the "all clear" and initiates the post-incident procedure developed for that location.
7. When time permits, the managing director shall notify the campus support center of the situation.
8. The managing director shall consult the campus support center to determine if school activities will resume or be dismissed for the day.
9. All staff, students and visitors shall cooperate with public safety and school officials in providing witness accounts and other necessary information in the investigation of the event.
10. The managing director shall record all pertinent information on the Dorsey incident report form and submit this to the campus support center within two days of the event.
11. If the event was the result of an act of arson, the managing director shall record all pertinent information on the Clery Act report form entitled Dorsey College Campus Security Authority Crime & Incident Report Form and submit this to the Campus Support Center within two days of the event.

SHELTER IN PLACE

This action is taken when it is determined that a greater level of protection is provided to students, staff and visitors by remaining within the building. Examples include tornado or severe weather activity, a dangerous wild animal in the area, or similar situation in an area surrounding the campus where being outdoors poses a greater hazard.

Emergency Alert Systems

Some units of county and city government in Michigan operate an Emergency Operations Center, which can send emergency alerts via cell phone or email. Managing Directors of each campus are encouraged to reach out to their local government bodies and subscribe to these alerts if they are available. All safety designees are encouraged to subscribe to applications on their phone for emergency alerts, such as FEMA, Code Red, and Everbridge.

The Outdoor Warning Siren System is meant to alert those people outdoors of an immediate threat entering their community. In most instances, the system is used for severe weather conditions. Always seek immediate indoor shelter when the system sounds. If electricity has not been disrupted, you should refer to local television or radio stations regarding the nature of the alert and instructions for safety.

The Outdoor Warning Siren System may be activated by the county EOC for the following severe weather conditions:

- Tornado Warning issued by the National Weather Service (NWS)
- Tornado / Funnel Cloud Sighting verified by a reputable source
- Severe Thunderstorm accompanied by winds of 70 mph or more issued by the NWS
- Other incidents that require immediate alerting to the public, such as hazardous material spill or terrorist attack.
- The outdoor warning system is tested the first Saturday of each month at 1:00 pm by sounding the sirens.

Procedure

1. The local office of emergency management may activate the disaster/tornado sirens for the affected area. A severe weather watch may be issued by the NWS. These may also be broadcast by local news outlets.
 2. Managing director or designee considers the available notification/alert information and determines the need to take action.
 3. Managing director or designee immediately communicates the "shelter-in-place" advisory and initiates the procedure developed for that location.
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4. In event of a tornado, direct campus occupants to a position of safety. **MOVE QUICKLY! Do not waste time to gather your belongings!**
 - a. Seek a small interior room or hallway on the lowest floor possible
 - b. Stay away from doors, windows, and outside walls
 - c. Stay in the center of the room, and avoid corners because they attract debris
 - d. Rooms constructed with reinforced concrete, brick or block with no windows and a heavy concrete floor or roof system overhead
 - e. Avoid auditoriums, cafeterias and common office areas that have flat, wide-span roofs.
5. In the event of a chemical or biological release in proximity to the campus, staff secures individual classrooms and assists completing procedures as needed:
 - Close all exterior doors and windows. If necessary, seal gaps under doors and windows with wet towels or duct tape.
 - Shut classroom doors and windows. If available, seal exterior windows and air vents with aluminum foil or plastic wrap
 - Turn off thermostats and air systems
 - Turn off sources of ignition, such as pilot lights and other electronics.Any affected areas will not be reopened until the local department or appropriate agency provides clearance and managing director gives authorization to do so.
6. When time permits, the managing director shall notify the campus support center of the situation.
7. Building occupants shall remain in the building until it is determined by the proper authority that it is safe to leave. **NOTE: No individual should leave the campus until all building occupants have been accounted for and it has been determined it is safe to leave the building.**
8. Once the outside agency calls an "All Clear," the managing director shall consult the campus support center to determine if school activities will resume or be dismissed for the day. Never send students home before the end of the regular school day unless instructed by the managing director. No student should be released until safety is assured.
9. The managing director shall record all pertinent information on the Dorsey incident report form and submit this to the campus support center within two days of the event.
10. The Federal Emergency Management Agency offers business readiness information at www.ready.gov/business which includes resources for sheltering preparations and disaster supplies. Campus managers should consider keeping minimal supplies on hand for these events.

LOCK DOWN (Internal/External)

This action is taken when threat of campus violence or gunfire is identified (internal), or as directed by law enforcement when it is necessary to prevent perpetrator(s) from entering occupied areas (external). During Lock Down, students remain as quiet as possible while hiding in a place of secured shelter, such as a locked classroom or other designated location, out of line of sight from windows at all times.

Procedure

1. Managing director or designee immediately announces the lockdown and initiates the lockdown procedure developed for that location.
 2. Directs public safety notification via 9-1-1.
 3. Directs the entry doors to the campus are locked (if not endangering the individual).
 4. In the event an attacker gains entry remember - **RUN-HIDE-FIGHT**. If escape is possible, individuals should always try to **run** from the attacker. Look to your own safety and only assist others if your own life is not placed in jeopardy to do so. If a panicked co-worker or student is "frozen" in place, you may have to leave them behind. Find a place of opportunity to **hide** such as under a working station or in a closet. If cornered, be prepared to **fight** for your life!
 5. Directs the doors to each classroom/lab are locked or barricaded.
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6. Directs students and staff to remain quiet and out of sight from windows. Do not evacuate the building if an active shooter is suspected in the building - even if the fire alarm rings. Remain secure until further instructed.
7. Teachers instruct students to lie on floor, lock or barricade doors and close any shades or blinds (if safe to do so). Stay hidden until found by police or the "all clear" has been given.

Do not take time to gather your belongings. Do not delay! Even a few seconds of exposure can be deadly. Do not evacuate the building if a shooter is involved- even if the fire alarm rings. Remain secure until further instructed by the managing director or law enforcement.

When law enforcement arrives – do not "pop-up" from your hiding place. Calmly follow directions of the public safety personnel in evacuating the scene – but do not leave the campus until staff has accounted for all building occupants.

8. Teachers will take attendance to account for all students. Managers will account for all staff.
9. When time permits, the managing director shall notify the campus support center of the situation.
10. All staff, students and visitors shall cooperate with public safety and school officials in providing witness accounts and other necessary information in the investigation of the event.
11. Once public safety has determined the threat no longer exists the managing director or designee immediately announces the "all clear" and initiates the post-lockdown procedure developed for that location
12. The managing director shall consult the campus support center to determine if school activities will resume or be dismissed for the day.
13. The managing director shall record all pertinent information on the Clery Act report form and submit this to the campus support center within two days of the event.

Specific Emergency Actions

No action plan can be all inclusive. Since there is always the possibility of an unforeseen emergency, the campus should have plans in place to deal with other situations not listed above. For example, what to do when a staff member or student suddenly becomes ill or injured, discovery of a suspicious package or specific bomb threat, or the need to summon local public safety agencies. Emergency contact numbers should be posted with the campus address clearly visible so that callers can properly direct public safety to the location.

MEDICAL EMERGENCY

This action is taken in the event of sudden illness or injury presenting in a member of the staff, students or visitors.

Procedure

1. Alert the managing director of the situation.
2. Managing director or designee directs public safety notification via 9-1-1.
3. If staff trained in first aid is readily available they may render aid until public safety arrives. This staff should not provide medical opinion or advice.
4. Managing director or designee shall meet, or direct others to meet, public safety personnel and direct them to the victim.
5. The managing director shall record all pertinent information on the Dorsey incident report form and submit this to the campus support center within two days of the event.

BOMB THREAT

This action is taken in response to a specific bomb threat initiated towards the campus upon receipt of a threatening phone call.

Procedure

1. The person receiving the call attempts to keep the caller on the telephone as long as possible and alerts someone else to contact managing director and/or Police Department at **911**. The person receiving the call is to stay calm and speak calmly. They must listen closely to the voice of the caller to determine the caller's age, sex, accent, speech impediment etc. Also, they must listen for background noise such as a pay phone, school yard, busy traffic, railroad cars, PA systems, etc.
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The following information should be elicited from the caller, if possible:

- Where is the specific location of the explosive device
 - When is it set to explode
 - What could make it explode
 - What type of explosive or device
 - What is the reason for the threat
 - The person's identity / call back number
 - What can be done to change their mind about setting off the device
2. If an unattended or suspicious package is discovered, the managing director shall be notified immediately.
 3. **NO CELL PHONE USE IS ALLOWED** – this can activate an explosive device!
 4. Managing director or designee considers the available information and determines the seriousness of the threat and the need to take action.
 5. Managing director or designee shall call **911**.
 6. If indicated, the managing director or designee immediately announces the bomb threat and moves staff, students and visitors to a place of safety following the building evacuation procedure listed above.
 7. **NO ONE SHOULD ATTEMPT TO MOVE OR EXAMINE A SUSPECTED EXPLOSIVE DEVICE.**
 8. Once the outside agency calls an "All Clear," the managing director shall consult the campus support center to determine if school activities will resume or be dismissed for the day.

Educating New Students and Employees

Michigan's DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS, GENERAL INDUSTRY SAFETY STANDARDS, by sections 16 and 21 of **Act No. 154 of the Public Acts of 1974**, as amended, PART 1. GENERAL PROVISIONS, **R 408.10011**. Employer responsibilities. Rule 11. Set forth, "An employer shall comply with all of the following: (a) Provide training to each newly assigned employee regarding the operating procedures, hazards, and safeguards of the job." **34 CFR 668.46**, CODE OF FEDERAL REGULATIONS, Title 34 – Education. Vol 3 Chapter VI - OFFICE OF POSTSECONDARY EDUCATION, DEPARTMENT OF EDUCATION, **Subpart D—Institutional and Financial Assistance Information for Students. §668.46 Institutional security policies and crime statistics. (b)(5) and (6)** States the following:

(b) *Annual security report*. An institution must prepare an annual security report that contains, at a minimum, the following information:

- (5) A description of the type and frequency of **programs designed to inform students and employees about campus security procedures and practices** and to encourage students and employees to be responsible for their own security and the security of others.
- (6) A description of **programs designed to inform students and employees about the prevention of crimes.**

Procedure

1. During orientation, individuals shall be directed to the location of the campus safety policy.
2. The managing director or designee shall instruct the individual to any *campus specific* policy or requirement regarding the reporting or response to crime or other campus emergency.
3. The managing director or designee shall disseminate any updates or changes to this policy to all current students and staff within 5 days of the change.

Emergency Response and Evacuation Plan – Practice Drills

34 CFR 668.46, CODE OF FEDERAL REGULATIONS, Title 34 – Education. Vol 3 Chapter VI - OFFICE OF POSTSECONDARY EDUCATION, DEPARTMENT OF EDUCATION, **Subpart D—Institutional and Financial Assistance Information for Students. §668.46 Institutional security policies and crime statistics. (g)(6)(i - iii)**. States the following:

(g) *Emergency response and evacuation procedures*. An institution must include a statement of policy regarding its emergency response and evacuation procedures in the annual security report. This statement must include—

- (6) The institution's procedures to test the emergency response and evacuation procedures on at least an annual basis, including—
 - (i) Tests that may be announced or unannounced;

- (ii) Publicizing its emergency response and evacuation procedures in conjunction with at least one test per calendar year; and
- (iii) Documenting, for each test, a description of the exercise, the date, time, and whether it was announced or unannounced.

Procedure

1. The *Emergency Response and Evacuation Procedure* (EREP) shall be tested as a planned/announced or unplanned/alarm exercise at least twice annually. The test exercises may be any combination of building evacuation (fire, toxic exposure, armed assailant), lockdown (dangerous perpetrator) or shelter-in-place (tornado) exercise.
2. The managing director or designee immediately announces the “alarm” via the emergency alert system and initiates the procedure developed for that situation.
3. The exercise is documented on the proper form to include a description of the exercise, the date, time, the time taken to successfully evacuate or achieve safety and whether it was announced or unannounced. Exercise reports are maintained in the campus safety log.

LOCAL EMERGENCY AND AGENCY PHONE NUMBERS			
POLICE / FIRE DEPARTMENT EMERGENCY NUMBER IN ALL AREAS – CALL 911			
<u>Location</u>	<u>Police</u>	<u>Fire</u>	<u>Animal Control</u>
EMERGENCY	9-1-1	9-1-1	9-1-1
Dearborn	(313) 943-2241	(313) 943-2242	(313) 791-3497
Grand Rapids	(616) 456-3000	(616) 456-3000	(616) 632-7300
Madison Heights	(248) 585-2100	(248) 588-3605	(248) 837-2784
Roseville	(916) 774-5000	(586) 778-1360	(248) 858-0550
Saginaw	(989) 759-1236	(989) 791-9800	(989) 797-4500
Taylor	(734) 287-6611	(734) 374-1355	(734) 287-6550
Wayne	(734) 721-1414	(734) 722-1111	(734) 721-1643
Woodhaven	(734) 676-7337	(734) 675-4918	(734) 675-4008
Michigan State Police	(866)-500-0017		
Oakland County Sheriff	(248) 437-5600	Poison Control Center:	(800) 222-1222
Macomb County Sheriff	(586) 469-5151		
Kent County Sheriff	(616) 632-6100		
Wayne County Sheriff	(734) 721-2222	Amer Red Cross-SE Mich:	(313) 833-4440
Saginaw Co Sheriff	(989) 790-5456	Amer Red Cross-W Mich:	(616) 456-8661
FBI – Detroit Field Office	(313) 965-2323	Amer Red Cross-Saginaw:	(989) 754-8181



Fire Drill and Fire Extinguisher Policy

Revised 06/01/2021

OVERVIEW:

It is the intent of Dorsey College to promote compliant organizational behavior by providing guidelines, which communicate these expectations to appropriate employees. This Fire Drill and Fire Extinguisher policy applies to all campuses of Dorsey College and Dorsey School of Beauty.

POLICY:

Managing Directors shall supervise mandatory school evacuation at least twice per year; one fire drill is to be planned, and one fire drill is to be unannounced. Managing Directors must become familiar with and follow procedures as outlined in the Campus Safety Plan (attached). This plan is saved in the Policy & Procedures drive on the Dorsey's network. At the conclusion of each fire drill, the "Fire/Evacuation Drill Observers Report" must be completed, with the original being maintained at the campus and a copy being forwarded to the campus support center.

Fire Extinguishers

Fire extinguishers shall be maintained as part of the physical plant according to municipal fire codes. Attention should be paid to the expiration date of each fire extinguisher and a visual check for any damage must be conducted monthly to ensure optimal performance should the need for use occur. Specifically, the following items on each extinguisher shall be checked:

1. Check the gauge to ensure the proper range (indicated by the green shaded are); there by evidencing no leakage or expansion of the propellant has occurred.
2. Check the locking pin and plastic tamper indicator to ensure they are in place and have not been removed.
3. Check the annual inspection tag to ensure it has not been removed.
4. Check the hose to ensure that there are no cracks and no foreign objects have been inserted into the nozzle or opening.
5. Check the cylinder body to ensure that no visual damage, rust, or corrosion has occurred. Check the weight and balance of the cylinder (by hefting) to ensure that the extinguishing agent has not compacted at the bottom.

The following items concerning the mounting of the extinguisher shall be checked:

1. Check that the extinguisher is in its proper location.
2. Check to ensure operating instructions are facing outward.
3. Check to ensure the extinguisher is free from obstructions and allowed access to the extinguisher within 36 inches.
4. Any extinguisher found in an unsafe condition shall be immediately replaced until maintenance action can be performed on the extinguisher. A temporary replacement extinguisher of the same class and type as required shall be installed to provide adequate protection.

INTERPRETATION OF THIS POLICY

Questions about this policy must be directed to your direct supervisor and/or the campus support center Director of Compliance. This policy shall be interpreted and administered by a Vice President of Operations and/or the President of Dorsey College, who shall have the authority to interpret, implement, modify or restate this policy and further define terms used in this policy.



TITLE IX SEXUAL HARASSMENT POLICY

Effective Date: March 28, 2025

INTRODUCTION, SCOPE AND PURPOSE

Dorsey College and Dorsey School of Beauty (the “Institutions” or “Dorsey”, or separately the “Institution”) are committed to maintaining an environment that is free from sexual discrimination, sexual and gender- based harassment and violence, relationship violence, stalking and retaliation. The Institutions do not discriminate on the basis of sex in matters of education, extracurricular activities, programs, admissions, housing, services, financial aid, or in the context of employment (collectively, the “programs and employment”).

Consistent with the Institutions’ Non-Discrimination Notice and the U.S. Department of Education’s implementing regulations for Title IX of the Education Amendments of 1972 (“Title IX”) (see 34 C.F.R. § 106 *et seq.*), the Institutions prohibits Sexual Harassment that occurs within its education programs or activities.

For purposes of this policy, Sexual Harassment includes Quid Pro Quo Sexual Harassment, Hostile Environment Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence, and Stalking.

This policy prohibits Sexual Harassment meeting specific definitions according to the Title IX regulations. The Institutions also prohibits other sexual misconduct, not falling under specific Title IX regulatory definitions. Such conduct may include Quid Pro Quo Sexual Harassment, Hostile Environment Sexual Harassment, Sexual Assault, Domestic Violence, Dating Violence, or Stalking that occurs outside of the Institutions’ Education Programs or Activities or outside the United States; or unwelcome conduct that does not rise to the level of Hostile Environment Sexual Harassment, as defined in this Policy, but is otherwise prohibited by the Institutions. The term sexual misconduct is used throughout this policy as a term to refer to such conduct that may be prohibited by the Institutions and addressed through other institutional procedures.

Administrators, faculty members, staff, students, contractors, guests, and other members of the Institutions’ community who commit Sexual Harassment are subject to the full range of the Institutions discipline including verbal reprimand; written reprimand; mandatory training, coaching, or counseling; mandatory monitoring; partial or full probation; partial or full suspension; fines; permanent separation from the institution (that is, termination or dismissal); physical restriction from Institutions property; cancellation of contracts; and any combination of the same.

The Institutions will provide persons who have experienced Sexual Harassment ongoing remedies as reasonably necessary to restore or preserve access to the Institutions’ Education Programs or Activities.

The Institutions seek to create a supportive climate that will encourage individuals to report incidents of Sexual Harassment.

This policy applies to Sexual Harassment that occurs within the Institutions’ Education Programs or Activities and that is committed by an administrator, faculty member, staff, student, contractor, guest, or other member of the Institutions community.

The Institution’s complete Title IX Sexual Harassment Policy is available on Dorsey’s websites:

<https://www.dorsey.edu/policies-and-plans/>
<https://www.dorsey.edu/dsbt/title-ix-information/>

Dorsey College

Notice of Availability: Annual Safety & Security Report

Pursuant to federal law, **Dorsey College** (all campuses and divisions) and **Taylorstown School of Beauty** are required each year to publish an Annual Security Report.

We have elected to publish these reports at the following web address: <http://www.dorsey.edu/disclosures.php>. The reports are organized by campus locations and divisions. Your campus or office will also provide a paper copy of the most recent report upon request.

The Annual Security Report discloses information concerning campus safety and security policies and procedures, as well as survey results regarding certain types of crimes reported to the campus and local law enforcement, during the prior calendar year. Among other things, the report includes **Dorsey College Drug-Free Campus/Workplace Policy**, as well as policies and procedures relating to:

- Security Awareness
- Security of and Access to Campus Facilities
- Drug & Alcohol Abuse Prevention (including Smoke-Free & Tobacco-Free policy)
- Possession, Use, and Sale of Alcoholic Beverages of Illegal Drugs
- Sexual Harassment & Sexual Violence
- Violence Against Women
- Reporting of Crimes and Emergencies
- Emergency Action Plans
- Campus Safety and Security Crime Survey

Together, these reports provide students, prospective students, employees, and prospective employees with key information regarding the security of the campus, workspace and surrounding areas, and ultimately creates a safer, more secure campus environment.

To request a paper copy of the current Annual Safety and Security Report, or for assistance with any of the information discussed therein, individuals may contact the campus Managing Director or the employee's supervisor, during regular business hours.



Student

Incident Procedures

For Life or Limb threatening accidents, call 911 IMMEDIATELY!

For Non-Life or Limb threatening incidents:

(forms are located at >Policies, Procedures, and Forms>Academics>Campus Safety)

1. **Complete a Concentra Authorization form.** (For needle stick injuries, follow the Needle Stick Injury protocol)
2. **Student to complete** (as much as possible) the **Student Incident Report** along with signature (on claimant line) for release of information for billing purposes.
3. Document any witness statements and describe the incident on the **Student Incident Report** for non-needle stick injury, or **Sharps injury Report form** for all sharps/needle stick injuries.
4. Complete **AIG Claim Form**.
5. Managing Director or his/her designee to **upload** all above **COMPLETED** forms to SharePoint in Academics>Academic Admin>Incident Reports>campus folder and **email** to dorseyhumanresources@dorsey.edu.

*Please ensure all forms are 100% complete and accurate (including signed and dated) before scanning to SharePoint and sending to Human Resources. Incomplete forms will be returned for completion.

*Those campuses outside the servicing area of Concentra should designate a local occupational health clinic to send injured students. This information, in either case, must be posted for all staff and students.

*At no time should a student go to the clinic without prior authorization from an authorized Dorsey employee (all staff and faculty are authorized). It is also recommended that an individual suspected to be under the influence of an illegal substance should be driven to the clinic (not by any Dorsey Staff or student); if it's determined that, the student would be a danger to the general public.

*In the event a medical invoice/bill is sent to your campus, please forward them to the Human Resources Department via fax at (248) 585-1195.

Accident Reporting Procedures

For emergency situations call 911 without delay

ALL INJURIES ARE TO BE REPORTED TO HUMAN RESOURCES

Reporting Accidents: An injured employee or student and the immediate supervisor must complete and sign the appropriate Injury Report form immediately following the treatment of the injury. This report must be scanned to Human Resources at dorseyhumanresources@dorsey.edu **within 24 hours of the incident.**

- **Employees** will complete the State Form 100 located on the Company intranet at: *CORPORATE HR > INJURY FORMS > EMPLOYEE > MICH EMPLOYEE BASIC REPORT OF INJURY (included in Employee Incident Procedures Packet)*
- **Students** will complete the Carrier form located on the Company intranet at: *CORPORATE HR > INJURY FORMS > STUDENT > STUDENT INJURY CLAIM FORM (included in Student Incident Procedures Packet)*

If the employee or student refuses to seek treatment at our designated clinic, they must indicate their refusal at the bottom of the State Form 100 (employee) or carrier claim form (student). Should the employee or student decide later on that they need medical treatment, they must immediately notify their Supervisor and go to our designated clinic for treatment. Employees or students are not allowed to seek treatment at their own physician or an ER for their injury without first notifying their Manager or the Campus Director. If the individual does so, they may be liable for the amount of the medical bill. Exceptions to this rule may be deemed so if the person became gravely ill due to not seeking initial treatment at the time of injury.

Please ensure all forms are 100% complete and accurate (including signed and dated) before sending to Human Resources. Incomplete forms will be returned.

If possible, take pictures of the site where the incident occurred. Forward all pictures & documentation to human resources. Dorseyhumanresources@dorsey.edu

Validity of Claim: Document any witness statements on plain, letter size paper and describe any questions you may have regarding the validity of the injury and scan to Human Resources at dorseyhumanresources@dorsey.edu. If you suspect fraud, do not publicize it; notify Human Resources immediately.

Witness and other statements are to include the Who, What, Where, Where, Why of the incident. The person making the statement is to sign and date it. Written or typed statements are acceptable.

Medical Facility: If the injury requires immediate medical attention and the employee or student cannot drive themselves to the clinic, the supervisor or Director should call a car service (i.e., Uber, Lyft) to take the injured to the designated clinic. When possible, call the clinic before the employee arrives so that they will have all the necessary information to accommodate the injury. Visit Concentra on-line at www.concentra.com to locate the nearest facility.

Those campuses outside the servicing area of Concentra should designate a local occupational health clinic to send injured employees and students. This information, in either case, should be posted for all employees and students. All appropriate personnel should be trained in this process and associated paperwork.

At no time, should an employee or student go to the clinic without prior authorization from their supervisor or the Campus Director. As well, it is recommended individuals be driven to the clinic for treatment in the event they are under the influence of any substance that would make them a danger to the general public.

Restrictions/Time Loss Cases: Keep in touch with the employee or student and do not allow them to return until you receive their release form or restricted duty information from the treating doctor/clinic or notification from Human Resources. If the employee or student can return to work/class with restrictions or modified duty make sure the employee or student follows the restrictions completely. Restrictions should be specific and

not vague in nature. All medical release forms and restrictions must be forwarded to Human Resources upon receipt. If you cannot accommodate restrictions, you must contact Human Resources immediately.

Medical Invoices/Bills: In the event a medical invoice/bill is sent to your campus, please immediately forward them to the Human Resources Department at dorseyhumanresources@dorsey.edu.

At no time should an employee or student provide personal health insurance information upon seeking treatment for a school or work-related injury or illness. If he/she does, they will be responsible for contacting their insurance carrier to clear the matter.



(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Billing Address: _____ Campus: _____

Temporary Staffing Agency: _____

Work Related

☐ Injury ☐ Illness

Date of Injury _____

Substance Abuse Testing[★] (check all that apply)

☐ Regulated drug screen ☐ Breath alcohol

☐ Collection only ☐ Hair collect

☐ Non-regulated drug screen ☐ Rapid drug screen

☐ Other _____

Type of Substance Abuse Testing

☐ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Special instructions/comments: _____

Authorized by: _____

Please print

Phone: (_____) _____

Physical Examination

☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit

DOT Physical Examination

☐ Preplacement ☐ Recertification

Special Examination

☐ Asbestos ☐ Respirator ☐ Audiogram

☐ Human Performance Evaluation[★]

☐ HAZMAT ☐ Medical Surveillance

☐ Other _____

Billing (check if applicable)

☐ Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: _____

Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)

Covenant Occupational Health & Wellness Authorization Form

Employee Name (Please Print) _____

Company _____ Dorsey College (bill to: 31799 John R Rd., Madison Heights, MI 48071)

INJURY CARE

Type of Injury _____ Injury Date ____/____/____

• Picture I.D. required. • If you wear glasses, please bring them.

SUBSTANCE ABUSE TESTING

☐ DOT Drug Screen ☐ Non DOT Drug Screen ☐ Breath Alcohol
☐ Collection ☐ E-Screen ☐ Other _____

REASON FOR SUBSTANCE ABUSE TEST

☐ Preplacement ☐ Reasonable Cause ☐ Post Accident
☐ Random ☐ Return to Duty ☐ Follow-up

Special Instructions (Please Print) _____

Authorized By (Print Name) _____ (Signature) _____

Phone (_____) _____

APPOINTMENT

Date ____/____/____ Time _____ ☐ am ☐ pm

PHYSICAL EXAM

☐ Preplacement ☐ Annual ☐ Other

DOT PHYSICAL EXAM

☐ Preplacement ☐ Recertification ☐ Other

SPECIAL EXAMS

☐ Asbestos ☐ Consultation ☐ Respirator ☐ Independent Medical Exam ☐ X-Ray
☐ Executive Physical ☐ Respiratory Questionnaire ☐ Audiogram ☐ Pulmonary Function Test ☐ TB Test
☐ Return to Work ☐ Lab Draw
☐ Other _____

See back for a listing and map of our five convenient
Covenant Occupational Health & Wellness locations.

**COVENANT**
HealthCare

Extraordinary care for every generation.

SUBMIT

Covenant Occupational Health & Wellness

5 Convenient Locations

SAGINAW

1 Covenant HealthCare Irving

600 Irving • Saginaw, MI 48602
989.583.6130 Tel • 989.583.6003 Fax
Monday – Friday • 8:00 am – 5:00 pm

2 Covenant MedExpress

5570 State • Saginaw, MI 48603
989.583.0100 Tel • 989.583.0108 Fax
Monday – Saturday • 8:00 am – 8:00 pm
Sunday • 9:00 am – 6:00 pm
No drug screen testing available

3 Covenant Emergency Care Center

700 Cooper • Use 900 Cooper entrance
Saginaw, MI 48602
989.583.6121 Tel
After hours and weekends
After hours injury care and drug testing

BAY CITY

4 Covenant HealthCare Wilder

2919 East Wilder • Suite 130
Bay City, MI 48706
989.671.5720 Tel • 989.671.5728 Fax
Monday – Friday • 8:00 am – 5:00 pm

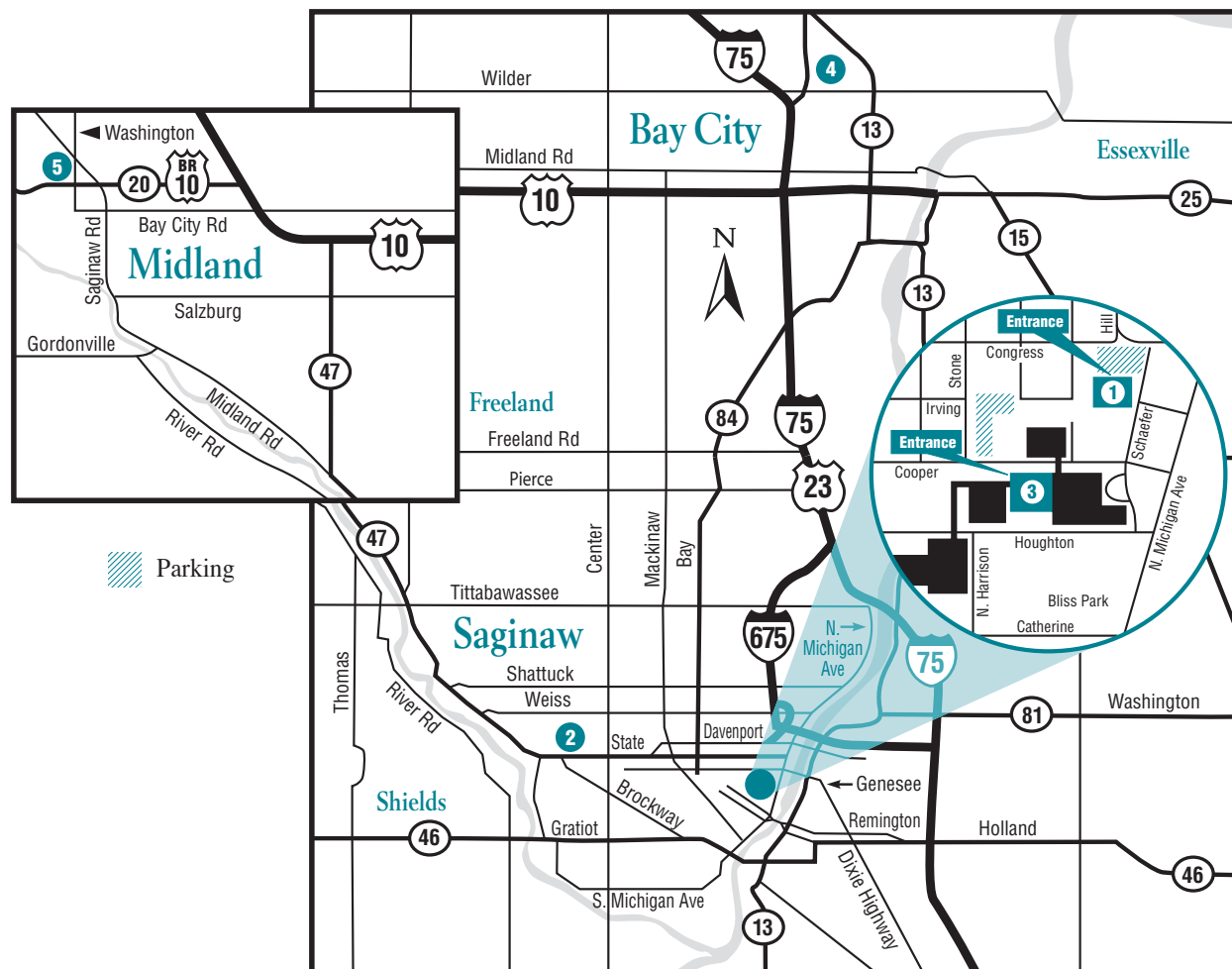
MedExpress –
after hours injury care and drug testing

989.671.5700 Tel
Monday – Friday • 5:00 pm – 8:00 pm
Saturday • 8:00 am – 8:00 pm
Sunday • 9:00 am – 6:00 pm

MIDLAND

5 Covenant HealthCare Washington

1549 Washington • Midland, MI 48640
989.837.2647 Tel • 989.837.6625 Fax
Monday – Friday • 8:00 am – 4:00 pm
Physicals by appointment only





Needlestick Injury Protocol

Revised: 06/01/2021

In the event of a needlestick injury at your campus, please take the following steps to insure that prompt and correct treatment and follow-up are employed immediately after the incident occurs:

1. When a needle-stick/sharps injury occur, follow the protocol for cleaning the puncture site.
2. Fill out the **Concentra Employer Authorization Form
3. Injured student **MUST** go to Concentra per Dorsey requirements.
4. Source student **should** accompany injured student so that source student can be tested to determine if prophylactic treatment should be started.
5. If source student refuses to go to Concentra, injured student must still go and may require prophylactic treatment.
6. Student to complete (as much as possible) the **Student Injury Claim form along with signature (on claimant line) for release of information for billing purposes. This form must be submitted to SharePoint within **7 days of the incident**.
7. Document any witness statements and describe the incident on the **Student Sharps injury Report form.
8. 4. Managing Director or his/her designee to upload COMPLETED forms to SharePoint in Academics>Academic Admin>Incident Reports>campus folder and email to dorseyhumanresources@dorsey.edu.

All forms can be found at: **Policies, Procedures, and Forms>Academics>Academics Forms>Campus Safety in SharePoint.



UNIFORM NEEDLESTICK AND SHARP OBJECT INJURY REPORT

Name: _____ Incident Report#: _____

Program Name: _____

Where did injury occur?

- ☐ Practice Lab
- ☐ Treatment room
- ☐ Outside treatment room (hallway, etc.)
- ☐ Operating room
- ☐ Procedure room (x-ray, sterilization, etc.)
- ☐ Dental laboratory
- ☐ Other _____

Was the source patient identified?

- ☐ Yes
- ☐ No

Was the injured person the original user of the sharp item?

- ☐ Yes
- ☐ No

Was the sharp item:

- ☐ Contaminated (known exposure to patient or contaminated equipment)
- ☐ Uncontaminated (no known exposure to patient or contaminated equipment)

For what purpose was the sharp item originally used?

- ☐ Unknown
- ☐ Injection (syringe)
- ☐ To connect IV line (intermittent IV/piggyback/IV infusion)
- ☐ To start IV (IV catheter or butterfly-type needle)
- ☐ To draw a venous blood sample
- ☐ To obtain a body fluid or tissue sample
- ☐ Finger-stick
- ☐ To contain a specimen or pharmaceutical (glass items, local anesthetic cartridge)
- ☐ Other _____

If the item caused the injury was a needle, was it a "safety design" with a shield, recessed, or retractable needle?

- ☐ Yes
- ☐ No

Was the injury:

- ☐ Superficial (little or no bleeding)
- ☐ Moderate (skin punctured, some bleeding)
- ☐ Severe (deep stick/cut, or profuse bleeding)

When and how did the injury occur?

- ☐ Before use of item
- ☐ During use of item
- ☐ Between steps of a multi-step procedure
- ☐ Disassembling device or equipment
- ☐ In preparation for reuse or reusable instrument (sorting, disinfection, sterilization, etc.)
- ☐ While recapping a used needle
- ☐ Withdrawing a needle from rubber or other resistant material (rubber stopper, IV port, etc.)
- ☐ Before disposal (in transit to disposal, cleaning up, left on table, floor, other inappropriate place)
- ☐ From item left on or near disposal
- ☐ While putting the item into the disposal
- ☐ After disposal, stuck by item protruding from opening of disposal
- ☐ Item pierced side of disposal
- ☐ After disposal, item protruded from trash bag or inappropriate waste container
- ☐ Other _____

Indicate the location of the injury:

What device or item caused the injury?

Describe the circumstances leading to this injury:



Student Incident / Accident / Injury Report

(Non needle-stick)

Name _____ Today's Date: _____

Address _____ Phone #(s): _____

Date of Event _____ Email: _____

To which campus official (and when) was the event reported: _____

Description of event including injury and treatment given (if applicable):

- continue on separate sheet -

Description of injury if any (include any medical attention administered by Dorsey personnel):

- continue on separate sheet -

Was 911 activated? If yes, describe

- continue on separate sheet -

Describe any follow-up action required at this time:

- continue on separate sheet -

To the best of my knowledge, all of the information on this form and attachment(s) is complete and accurate.

Student Signature

OFFICE USE ONLY

Date:

Initials:

**AIG Accident & Health
Claims Department**

**P. O. Box 25987
Shawnee Mission, KS 66225
800-551-0824 (Telephone)
866-893-8574 (Facsimile)
AHClaims@AIG.com (Email)**



PROOF OF LOSS- SPECIAL RISK ACCIDENT CLAIM FORM

UNDERWRITTEN BY:

NAME OF GROUP:

POLICY NUMBER:

POLICYHOLDER / CLAIMANT INSTRUCTIONS

INSTRUCTIONS:

1.) You must have SECTION A fully completed by a designated official of the Policyholder.

2.) SECTION B is to be completed, signed and dated by the claimant or parent/guardian of claimant, if claimant is a minor.

NEW YORK FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

☐ **PRIMARY PLAN** - benefits are payable for covered medical expenses from the first dollar without regard to payments made by other insurance up to the policy maximum.

☐ **EXCESS PLAN** - Eligible covered expenses will be determined after benefits have been paid by other valid and collectible insurance. You must submit your claim to your other insurance company first. When you receive their Benefit Statement (EOB) send it to us along with the itemized bills. Benefits for eligible expenses will be paid per policy terms.

The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract.

SECTION A - MUST BE COMPLETED AND SIGNED BY A DESIGNATED REPRESENTATIVE OF THE POLICYHOLDER

NAME OF SCHOOL/ORGANIZATION

NAME OF SCHOOL DISTRICT (IF APPLICABLE)

CLAIMANT'S FULL NAME (PLEASE PRINT CLEARLY OR TYPE)

SOCIAL SECURITY NO. MANDATORY

DATE OF BIRTH

GENDER: MALE ☐ FEMALE ☐

WAS THE ACCIDENT RELATED TO AN ACTIVITY SPONSORED BY THE SCHOOL OR ORGANIZATION ? YES ☐ NO ☐

DATE OF INJURY OR FIRST TREATMENT FOR SICKNESS

IF SICKNESS PROVIDE DATE SYMPTOMS BEGAN

NATURE OF INJURY OR ILLNESS. (DESCRIBE FULLY, INCLUDING WHICH PART OF BODY WAS INJURED.)

DESCRIBE HOW (PLEASE PROVIDE ALL DETAILS) AND WHERE ACCIDENT OCCURRED

NAME OF ACTIVITY

DID ACCIDENT OCCUR:

A. WHILE CLAIMANT WAS SUPERVISED

☐ YES ☐ NO

B. DURING SPONSORED ACTIVITY

☐ YES ☐ NO

INDICATE THE SPORT (IF APPLICABLE)

C. DURING PROGRAMMED HOURS

☐ YES ☐ NO

D. WHILE TRAVELING TO OR FROM REGULARLY SCHEDULED ACTIVITY IN A SUPERVISED GROUP

☐ YES ☐ NO

POLICYHOLDER REPRESENTATIVE (PLEASE PRINT OR TYPE)

TITLE

DAYTIME TELEPHONE NUMBER

SIGNATURE OF POLICYHOLDER REPRESENTATIVE

DATE

NAME OF SUPERVISOR

SECTION B - MUST BE COMPLETED

DO YOU HAVE OTHER INSURANCE ☐ YES ☐ NO **IS THE OTHER INSURANCE ONE OF THE FOLLOWING TYPES OF COVERAGE:** ☐ GROUP (EMPLOYER) ☐ INDIVIDUAL ☐ GOVERNMENT ☐ MEDICAID

LIST NAME, ADDRESS, AND PHONE # OF OTHER INSURANCE COMPANIES UNDER WHICH CLAIMANT IS INSURED. YOU MAY ALSO SEND A COPY OF THE INSURANCE ID:

POLICY # OR ACCOUNT #

IF CLAIMANT IS A MINOR, NAME OF CLAIMANT'S GUARDIAN/RELATIONSHIP TO CLAIMANT

BEST PHONE NUMBER

EMAIL ADDRESS

ADDRESS OF CLAIMANT (IF CLAIMANT IS A MINOR, NAME AND ADDRESS OF CLAIMANT'S GUARDIAN)

GUARDIAN'S SOCIAL SECURITY NUMBER

NAME/ADDRESS/TELEPHONE # OF EMPLOYER (IF CLAIMANT IS A MINOR, GUARDIAN'S EMPLOYER)

EMPLOYER'S DAYTIME TELEPHONE #

I HEREBY AUTHORIZE ANY COMMUNICATION BETWEEN THE POLICY HOLDER AND AIG AND IT'S AFFILIATES IN REGARDS TO THE ABOVE MENTIONED CLAIM AND RELATED MEDICAL EVENTS.

Signature

Date

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AUTHORIZATION and ASSIGNMENT OF BENEFITS

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, sickness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the group policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy identified above and that a copy of this authorization shall be considered as valid as the original. I understand that I or my authorized representative may request a copy of this authorization.

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE PHYSICIAN OR SUPPLIER FOR SERVICE PERFORMED.

☐ YES ☐ NO

CLAIMANT OR PARENT/GUARDIAN'S SIGNATURE

DATE



FRAUD STATEMENTS

FOR USE ON ALL APPLICATIONS AND CLAIM FORMS

ALABAMA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

ALASKA: A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW.

ARIZONA: FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DELAWARE: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IDAHO: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

INDIANA: A PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION COMMITS A FELONY.

KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MINNESOTA: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW HAMPSHIRE: ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638.20.

NEW JERSEY: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE, VIRGINIA, AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

TEXAS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

CLAIMANT OR AUTHORIZED PERSON'S SIGNATURE:

DATE:



CLAIM INSTRUCTIONS

In case of an accident, notify the school/organization immediately.

Step 1: Notify **ALL** treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to AIG.

Step 2: The school/organization should complete Section A. The claimant should complete Section B. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so.

Step 3: Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax I.D. number. **Balance Due bills are not acceptable.** Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service.

Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.

Step 4: Mail the completed Claim Form along with any other applicable correspondence to our office. Do not leave this form with the school, coach, hospital, physician, etc. When sending information to our office, please use the address below.

AIG Accident & Health Claims
P.O. Box 25987
Shawnee Mission KS, 66225

You may also send electronically; our fax number is **866-893-8574** or e-mail to **AHClaims@aig.com**

Should you or a provider need to reach AIG for benefit coverage, or claims questions please call us at **800-551-0824**.

Note: If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.



Employee Incident Reporting Procedures

For Life or Limb threatening accidents, call 911 IMMEDIATELY!

For Non-Life or Limb threatening incidents:

(forms are located at >Policies, Procedures, and Forms>Academics>Campus Safety)

1. Complete a Concentra Authorization form.
2. Employee to complete the **Employee Basic Report of Injury** form along with signature for release of information for billing purposes. This form must be submitted to Human Resources.
3. Document any witness statements and describe the incident on the form.
4. Managing Director or his/her designee to **upload** all above **COMPLETED** forms to SharePoint in Academics>Academic Admin>Incident Reports>Campus Folder and **email** to dorseyhumanresources@dorsey.edu.

*Please ensure all forms are 100% complete and accurate (including signed and dated) before scanning to SharePoint. Incomplete forms will be returned for completion.

*Those campuses outside the servicing area of Concentra should designate a local occupational health clinic to send injured students. This information, in either case, must be posted for all staff and students.

*It is also recommended that an individual suspected to be under the influence of an illegal substance should be driven to the clinic (not by any Dorsey Staff or student), if it is determined that the employee would be a danger to the general public.

*In the event a medical invoice/bill is sent to your campus, please forward them to the Human Resources Department via fax at (248) 585-1195.

Accident Reporting Procedures

For emergency situations call 911 without delay

ALL INJURIES ARE TO BE REPORTED TO HUMAN RESOURCES

Reporting Accidents: An injured employee or student and the immediate supervisor must complete and sign the appropriate Injury Report form immediately following the treatment of the injury. This report must be scanned to Human Resources at dorseyhumanresources@dorsey.edu **within 24 hours of the incident.**

- **Employees** will complete the State Form 100 located on the Company intranet at: *CORPORATE HR > INJURY FORMS > EMPLOYEE > MICH EMPLOYEE BASIC REPORT OF INJURY (included in Employee Incident Procedures Packet)*
- **Students** will complete the Carrier form located on the Company intranet at: *CORPORATE HR > INJURY FORMS > STUDENT > STUDENT INJURY CLAIM FORM (included in Student Incident Procedures Packet)*

If the employee or student refuses to seek treatment at our designated clinic, they must indicate their refusal at the bottom of the State Form 100 (employee) or carrier claim form (student). Should the employee or student decide later on that they need medical treatment, they must immediately notify their Supervisor and go to our designated clinic for treatment. Employees or students are not allowed to seek treatment at their own physician or an ER for their injury without first notifying their Manager or the Campus Director. If the individual does so, they may be liable for the amount of the medical bill. Exceptions to this rule may be deemed so if the person became gravely ill due to not seeking initial treatment at the time of injury.

Please ensure all forms are 100% complete and accurate (including signed and dated) before sending to Human Resources. Incomplete forms will be returned.

If possible, take pictures of the site where the incident occurred. Forward all pictures & documentation to human resources. Dorseyhumanresources@dorsey.edu

Validity of Claim: Document any witness statements on plain, letter size paper and describe any questions you may have regarding the validity of the injury and scan to Human Resources at dorseyhumanresources@dorsey.edu. If you suspect fraud, do not publicize it; notify Human Resources immediately.

Witness and other statements are to include the Who, What, Where, Where, Why of the incident. The person making the statement is to sign and date it. Written or typed statements are acceptable.

Medical Facility: If the injury requires immediate medical attention and the employee or student cannot drive themselves to the clinic, the supervisor or Director should call a car service (i.e., Uber, Lyft) to take the injured to the designated clinic. When possible, call the clinic before the employee arrives so that they will have all the necessary information to accommodate the injury. Visit Concentra on-line at www.concentra.com to locate the nearest facility.

Those campuses outside the servicing area of Concentra should designate a local occupational health clinic to send injured employees and students. This information, in either case, should be posted for all employees and students. All appropriate personnel should be trained in this process and associated paperwork.

At no time, should an employee or student go to the clinic without prior authorization from their supervisor or the Campus Director. As well, it is recommended individuals be driven to the clinic for treatment in the event they are under the influence of any substance that would make them a danger to the general public.

Restrictions/Time Loss Cases: Keep in touch with the employee or student and do not allow them to return until you receive their release form or restricted duty information from the treating doctor/clinic or notification from Human Resources. If the employee or student can return to work/class with restrictions or modified duty make sure the employee or student follows the restrictions completely. Restrictions should be specific and

not vague in nature. All medical release forms and restrictions must be forwarded to Human Resources upon receipt. If you cannot accommodate restrictions, you must contact Human Resources immediately.

Medical Invoices/Bills: In the event a medical invoice/bill is sent to your campus, please immediately forward them to the Human Resources Department at dorseyhumanresources@dorsey.edu.

At no time should an employee or student provide personal health insurance information upon seeking treatment for a school or work-related injury or illness. If he/she does, they will be responsible for contacting their insurance carrier to clear the matter.



(Patient Must Present Photo ID at Time of Service)

Authorization for Examination or Treatment

Patient Name: _____ Social Security Number: _____

Employer: _____ Date of Birth: _____

Billing Address: _____ Campus: _____

Temporary Staffing Agency: _____

Work Related

☐ Injury ☐ Illness

Date of Injury _____

Substance Abuse Testing[★] (check all that apply)

☐ Regulated drug screen ☐ Breath alcohol

☐ Collection only ☐ Hair collect

☐ Non-regulated drug screen ☐ Rapid drug screen

☐ Other _____

Type of Substance Abuse Testing

☐ Preplacement ☐ Reasonable cause

☐ Post-accident ☐ Random

☐ Follow-up

Special instructions/comments: _____

Authorized by: _____

Please print

Phone: (_____) _____

Physical Examination

☐ Preplacement ☐ Baseline ☐ Annual ☐ Exit

DOT Physical Examination

☐ Preplacement ☐ Recertification

Special Examination

☐ Asbestos ☐ Respirator ☐ Audiogram

☐ Human Performance Evaluation[★]

☐ HAZMAT ☐ Medical Surveillance

☐ Other _____

Billing (check if applicable)

☐ Employee to pay charges

★ Due to the nature of these specific services, only the patient and staff are allowed in the testing/treatment area. Please alert your employee so that they can make arrangements for children or others that might otherwise be accompanying them to the medical center.

Title: _____

Date

Concentra now offers urgent care services for non-work related illness and injury. We accept many insurance plans.

(Copies of this form are available at www.concentra.com)

Covenant Occupational Health & Wellness Authorization Form

Employee Name (Please Print) _____

Company _____ Dorsey College (bill to: 31799 John R Rd., Madison Heights, MI 48071)

INJURY CARE

Type of Injury _____ Injury Date ____/____/____

• Picture I.D. required. • If you wear glasses, please bring them.

SUBSTANCE ABUSE TESTING

☐ DOT Drug Screen ☐ Non DOT Drug Screen ☐ Breath Alcohol
☐ Collection ☐ E-Screen ☐ Other _____

REASON FOR SUBSTANCE ABUSE TEST

☐ Preplacement ☐ Reasonable Cause ☐ Post Accident
☐ Random ☐ Return to Duty ☐ Follow-up

Special Instructions (Please Print) _____

Authorized By (Print Name) _____ (Signature) _____

Phone (_____) _____

APPOINTMENT

Date ____/____/____ Time _____ ☐ am ☐ pm

PHYSICAL EXAM

☐ Preplacement ☐ Annual ☐ Other

DOT PHYSICAL EXAM

☐ Preplacement ☐ Recertification ☐ Other

SPECIAL EXAMS

☐ Asbestos ☐ Consultation ☐ Respirator ☐ Independent Medical Exam ☐ X-Ray
☐ Executive Physical ☐ Respiratory Questionnaire ☐ Audiogram ☐ Pulmonary Function Test ☐ TB Test
☐ Return to Work ☐ Lab Draw
☐ Other _____

See back for a listing and map of our five convenient
Covenant Occupational Health & Wellness locations.

SUBMIT

The logo for Covenant HealthCare features a stylized flame or leaf icon above the word "COVENANT" in a serif font, with "HealthCare" in a sans-serif font below it.

Extraordinary care for every generation.

Covenant Occupational Health & Wellness

5 Convenient Locations

SAGINAW

1 Covenant HealthCare Irving

600 Irving • Saginaw, MI 48602
989.583.6130 Tel • 989.583.6003 Fax
Monday – Friday • 8:00 am – 5:00 pm

2 Covenant MedExpress

5570 State • Saginaw, MI 48603
989.583.0100 Tel • 989.583.0108 Fax
Monday – Saturday • 8:00 am – 8:00 pm
Sunday • 9:00 am – 6:00 pm
No drug screen testing available

3 Covenant Emergency Care Center

700 Cooper • Use 900 Cooper entrance
Saginaw, MI 48602
989.583.6121 Tel
After hours and weekends
After hours injury care and drug testing

BAY CITY

4 Covenant HealthCare Wilder

2919 East Wilder • Suite 130
Bay City, MI 48706
989.671.5720 Tel • 989.671.5728 Fax
Monday – Friday • 8:00 am – 5:00 pm

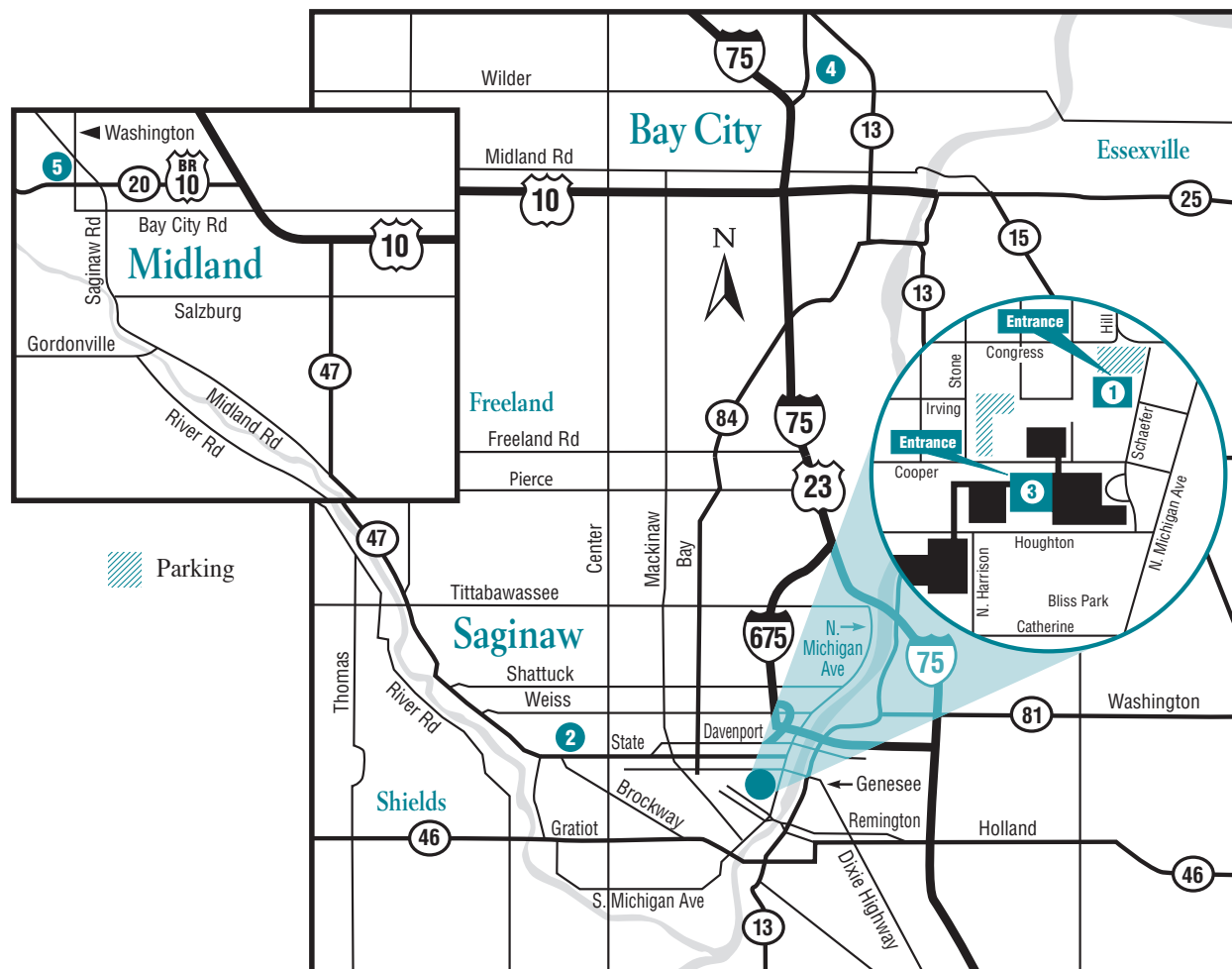
MedExpress –
after hours injury care and drug testing

989.671.5700 Tel
Monday – Friday • 5:00 pm – 8:00 pm
Saturday • 8:00 am – 8:00 pm
Sunday • 9:00 am – 6:00 pm

MIDLAND

5 Covenant HealthCare Washington

1549 Washington • Midland, MI 48640
989.837.2647 Tel • 989.837.6625 Fax
Monday – Friday • 8:00 am – 4:00 pm
Physicals by appointment only



EMPLOYER'S BASIC REPORT OF INJURY

Michigan Department of Energy, Labor & Economic Growth
Workers' Compensation Agency
PO Box 30016, Lansing, MI 48909

An employer shall report immediately to the agency on Form WC-100 all injuries, including diseases, which arise out of and in the course of the employment, or on which a claim is made and result in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific losses. In case of death, an employer shall also immediately file an additional report on WC-106. See instructions on reverse side for filing/mailling procedures.

I. EMPLOYEE DATA

1. Social Security Number	2. Date of injury	3. Employee name (Last, First, MI)		
4. Address (Number & Street)		5. City	6. State	7. ZIP Code
8. Date of birth (MM/DD/YYYY)	9. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	10. Number of dependents	11. Telephone number	
12. Tax filing status: <input type="checkbox"/> A. Single <input type="checkbox"/> B. Single, Head of Household <input type="checkbox"/> C. Married, Filing Joint <input type="checkbox"/> D. Married, Filing Separate				

II. EMPLOYER/CARRIER DATA

13. Employer name		14. Federal ID Number		
15. Injury location code	16. Mailing location code	17. UI number	18. Type of business (SIC/NAICS)	
19. Employer street address		20. City	21. State	22. ZIP code
23. Insurance company name (if employer not self-insured)			24. Insurance company telephone number (if known)	

III. INJURY/MEDICAL DATA

25. Last day worked	26. Date employee returned to work (if applicable)		27. Did employee die? <input type="checkbox"/> Yes <input type="checkbox"/> No	28. If yes, date of death
29. Injury city	30. Injury state	31. Injury county	32. Did injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, see item 53)	
33. Case number from OSHA/MIOSHA log		34. Time employee began work <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	35. Time of event <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. If time cannot be determined, check here <input type="checkbox"/>	
36. What was the employee doing just before the incident occurred? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific.				
37. How did the injury occur? Examples: "When ladder slipped on wet floor, worker fell 20 feet;" "Worker was sprayed with chlorine when gasket broke during replacement"				
38. Describe the nature of injury or illness		39. Part of body directly affected by the injury or illness		
40. What object or substance directly harmed the employee? Examples: concrete floor, chlorine, radial arm saw. If this question does not apply to the incident, leave it blank.				
41. Name of physician or other health care professional	42. Was employee treated in an emergency room? <input type="checkbox"/> Yes <input type="checkbox"/> No		43. Was employee hospitalized overnight as an in-patient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
44. If treatment was given away from the worksite, where was it given? (Include name, address, city, state and ZIP code of facility)				

IV. OCCUPATION AND WAGE DATA

45. Date hired	46. Total gross weekly wage (highest 39 of 52)	47. Number of weeks used	48. Value of discontinued fringes
49. Occupation (Be specific)	50. Was employee a volunteer worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	51. Was employee certified as vocationally handicapped? <input type="checkbox"/> Yes <input type="checkbox"/> No	
52. Date employer notified by employee		53. If temporary service agency, provide name/address of employer where injury occurred.	

V. PREPARER DATA I CERTIFY THAT A COPY OF THIS REPORT HAS BEEN GIVEN TO THE EMPLOYEE

Making a false or fraudulent statement for the purpose of obtaining or denying benefits can result in criminal or civil prosecution, or both, and denial of benefits.

54. Preparer's name (Please print or type)	55. Preparer's signature	56. Telephone number	57. Date prepared
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Notice to employee: Questions or errors should be reported immediately to the individual listed above in space 54

If you are using this form as a replacement for the Form 301 to document the specifics of an injury or illness for purposes of compliance with the work-related injury and illness logging requirements, follow the instructions in Section A only.

If you are using this form to report a workers' compensation injury, follow the instructions in Section A and B.

Section A

This form can be used in lieu of the MIOSHA Form 301, *Injury and Illness Incident Report*. It is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* (Form 300) and the accompanying *Summary* (Form 300A), these forms help the employer and MIOSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out questions 1-9, 27-28, 33-45 and 54-57.

According to Public Law of 1970 (P.L. 91-596) and Michigan Occupational Safety and Health Act 154, P.A. 1974, Part 11, Michigan Administrative Rule for Recording and Reporting of Injuries and Illnesses, you must keep this form on file for 5 years following the year to which it pertains. **DO NOT mail this form to the Workers' Compensation Agency unless it meets the conditions listed below in Section B.**

Section B

You must complete all questions on this form if the injury or disease results in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific loss. The original form must be mailed to the Workers' Compensation Agency, P.O. Box 30016, Lansing, MI 48909.

Authority:	Workers' Disability Compensation Act, 408.31(1)(3)	DELEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.
Completion:	Mandatory	
Penalty:	Workers' Disability Compensation Act, 418.631	

**AIG Accident & Health
Claims Department**

**P. O. Box 25987
Shawnee Mission, KS 66225
800-551-0824 (Telephone)
866-893-8574 (Facsimile)
AHClaims@AIG.com (Email)**



PROOF OF LOSS- SPECIAL RISK ACCIDENT CLAIM FORM

UNDERWRITTEN BY:

NAME OF GROUP:

POLICY NUMBER:

POLICYHOLDER / CLAIMANT INSTRUCTIONS

INSTRUCTIONS:

1.) You must have SECTION A fully completed by a designated official of the Policyholder.

2.) SECTION B is to be completed, signed and dated by the claimant or parent/guardian of claimant, if claimant is a minor.

NEW YORK FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

☐ **PRIMARY PLAN** - benefits are payable for covered medical expenses from the first dollar without regard to payments made by other insurance up to the policy maximum.

☐ **EXCESS PLAN** - Eligible covered expenses will be determined after benefits have been paid by other valid and collectible insurance. You must submit your claim to your other insurance company first. When you receive their Benefit Statement (EOB) send it to us along with the itemized bills. Benefits for eligible expenses will be paid per policy terms.

The furnishing of this form, or its acceptance by the Company, must not be construed as an admission of any liability on the Company, nor a waiver of any of the conditions of the insurance contract.

SECTION A - MUST BE COMPLETED AND SIGNED BY A DESIGNATED REPRESENTATIVE OF THE POLICYHOLDER

NAME OF SCHOOL/ORGANIZATION

NAME OF SCHOOL DISTRICT (IF APPLICABLE)

CLAIMANT'S FULL NAME (PLEASE PRINT CLEARLY OR TYPE)

SOCIAL SECURITY NO. MANDATORY

DATE OF BIRTH

GENDER: MALE ☐ FEMALE ☐

WAS THE ACCIDENT RELATED TO AN ACTIVITY SPONSORED BY THE SCHOOL OR ORGANIZATION ? YES ☐ NO ☐

DATE OF INJURY OR FIRST TREATMENT FOR SICKNESS

IF SICKNESS PROVIDE DATE SYMPTOMS BEGAN

NATURE OF INJURY OR ILLNESS. (DESCRIBE FULLY, INCLUDING WHICH PART OF BODY WAS INJURED.)

DESCRIBE HOW (PLEASE PROVIDE ALL DETAILS) AND WHERE ACCIDENT OCCURRED

NAME OF ACTIVITY

DID ACCIDENT OCCUR:

A. WHILE CLAIMANT WAS SUPERVISED

☐ YES ☐ NO

B. DURING SPONSORED ACTIVITY

☐ YES ☐ NO

INDICATE THE SPORT (IF APPLICABLE)

C. DURING PROGRAMMED HOURS

☐ YES ☐ NO

D. WHILE TRAVELING TO OR FROM REGULARLY SCHEDULED ACTIVITY IN A SUPERVISED GROUP

☐ YES ☐ NO

POLICYHOLDER REPRESENTATIVE (PLEASE PRINT OR TYPE)

TITLE

DAYTIME TELEPHONE NUMBER

SIGNATURE OF POLICYHOLDER REPRESENTATIVE

DATE

NAME OF SUPERVISOR

SECTION B - MUST BE COMPLETED

DO YOU HAVE OTHER INSURANCE ☐ YES ☐ NO **IS THE OTHER INSURANCE ONE OF THE FOLLOWING TYPES OF COVERAGE:** ☐ GROUP (EMPLOYER) ☐ INDIVIDUAL ☐ GOVERNMENT ☐ MEDICAID

LIST NAME, ADDRESS, AND PHONE # OF OTHER INSURANCE COMPANIES UNDER WHICH CLAIMANT IS INSURED.
YOU MAY ALSO SEND A COPY OF THE INSURANCE ID:

POLICY # OR ACCOUNT #

IF CLAIMANT IS A MINOR, NAME OF CLAIMANT'S GUARDIAN/RELATIONSHIP TO CLAIMANT

BEST PHONE NUMBER

EMAIL ADDRESS

ADDRESS OF CLAIMANT (IF CLAIMANT IS A MINOR, NAME AND ADDRESS OF CLAIMANT'S GUARDIAN)

GUARDIAN'S SOCIAL SECURITY NUMBER

NAME/ADDRESS/TELEPHONE # OF EMPLOYER (IF CLAIMANT IS A MINOR, GUARDIAN'S EMPLOYER)

EMPLOYER'S DAYTIME TELEPHONE #

I HEREBY AUTHORIZE ANY COMMUNICATION BETWEEN THE POLICY HOLDER AND AIG AND IT'S AFFILIATES IN REGARDS TO THE ABOVE MENTIONED CLAIM AND RELATED MEDICAL EVENTS.

Signature

Date

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

AUTHORIZATION and ASSIGNMENT OF BENEFITS

I, the undersigned authorize any hospital or other medical-care institution, physician or other medical professional, pharmacy, insurance support organization, governmental agency, group policyholder, insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above or its representatives, any and all information with respect to any injury or sickness suffered by, the medical history of, or any consultation, prescription or treatment provided to, the person whose death, injury, sickness or loss is the basis of claim and copies of all of that person's hospital or medical records, including information relating to mental illness and use of drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the group policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment-related information. I understand that this authorization is valid for the term of coverage of the Policy identified above and that a copy of this authorization shall be considered as valid as the original. I understand that I or my authorized representative may request a copy of this authorization.

I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE PHYSICIAN OR SUPPLIER FOR SERVICE PERFORMED.

☐ YES ☐ NO

CLAIMANT OR PARENT/GUARDIAN'S SIGNATURE

DATE



FRAUD STATEMENTS

FOR USE ON ALL APPLICATIONS AND CLAIM FORMS

ALABAMA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF.

ALASKA: A PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURANCE COMPANY FILES A CLAIM CONTAINING FALSE, INCOMPLETE, OR MISLEADING INFORMATION MAY BE PROSECUTED UNDER STATE LAW.

ARIZONA: FOR YOUR PROTECTION ARIZONA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

ARKANSAS, LOUISIANA, RHODE ISLAND, AND WEST VIRGINIA: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

CALIFORNIA: FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM. ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

DELAWARE: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

DISTRICT OF COLUMBIA: WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

FLORIDA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IDAHO: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

INDIANA: A PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD AN INSURER FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION COMMITS A FELONY.

KENTUCKY: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

MAINE: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND: ANY PERSON WHO KNOWINGLY AND WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OF BENEFIT OR WHO KNOWINGLY AND WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MINNESOTA: A PERSON WHO FILES A CLAIM WITH INTENT TO DEFRAUD OR HELPS COMMIT A FRAUD AGAINST AN INSURER IS GUILTY OF A CRIME.

NEW HAMPSHIRE: ANY PERSON WHO, WITH A PURPOSE TO INJURE, DEFRAUD OR DECEIVE ANY INSURANCE COMPANY, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS SUBJECT TO PROSECUTION AND PUNISHMENT FOR INSURANCE FRAUD, AS PROVIDED IN RSA 638.20.

NEW JERSEY: ANY PERSON WHO KNOWINGLY FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

OHIO: ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

OKLAHOMA: WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

PENNSYLVANIA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

TENNESSEE, VIRGINIA, AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

TEXAS: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

CLAIMANT OR AUTHORIZED PERSON'S SIGNATURE:

DATE:



CLAIM INSTRUCTIONS

In case of an accident, notify the school/organization immediately.

Step 1: Notify **ALL** treatment facilities (physician's office, hospital, etc.) of this insurance coverage so that any invoices and/or Explanation of Benefits (EOB) can be sent directly from the medical facility to AIG.

Step 2: The school/organization should complete Section A. The claimant should complete Section B. Do not leave any blank spaces or write "N/A" in any space. If either parent or guardian is uninvolved, deceased, unemployed, self-employed or disabled, please state so.

Step 3: Attach any itemized bills to the claim form, along with any corresponding Explanation of Benefits (EOB) for each itemized bill. An itemized bill includes treatment rendered, the dates of the treatment, diagnosis codes, physician's or hospital's name, address and tax I.D. number. **Balance Due bills are not acceptable.** Be sure to attach any receipts for bills paid out-of-pocket. Otherwise, benefits will be paid to the provider of service.

Please Note: Both an itemized bill and EOB (if applicable) must be submitted for claims to be considered for accident medical expense benefits.

Step 4: Mail the completed Claim Form along with any other applicable correspondence to our office. Do not leave this form with the school, coach, hospital, physician, etc. When sending information to our office, please use the address below.

AIG Accident & Health Claims
P.O. Box 25987
Shawnee Mission KS, 66225

You may also send electronically; our fax number is **866-893-8574** or e-mail to **AHClaims@aig.com**

Should you or a provider need to reach AIG for benefit coverage, or claims questions please call us at **800-551-0824**.

Note: If your medical coverage is under an HMO, PPO or similar plan, you must follow their requirements for obtaining benefits. Otherwise, our benefits may be reduced, where applicable, as stated in the policy provisions. This restriction does not apply in every state.

DORSEY COLLEGE
DRUG AND ALCOHOL ABUSE PREVENTION POLICY
including SMOKE-FREE AND TOBACCO-FREE POLICY

The purpose of Dorsey College Drug and Alcohol Abuse Prevention Policy is to foster a safe and healthy campus where students, faculty, and staff can work and attend in an environment free of the detrimental effects associated with drug and alcohol abuse. Through the Drug and Alcohol Abuse Prevention Program Dorsey College can inform students, faculty, and staff about the health risks associated with substance abuse, the resources available to help cope with substance abuse, and the sanctions imposed by federal, state, and local authorities, as well as our standards with regard to the use or abuse of alcohol and/or controlled substances.

DORSEY COLLEGE SUBSTANCE ABUSE POLICY AND SANCTIONS

Unauthorized drugs or alcohol is strictly prohibited on school premises. For the safety of fellow students, administrators, clinic clients and prospective patients, students believed to be under the influence of drugs, alcohol, or other substances, which could impair judgment, behaviors, and/or activities, may be required to take a drug test. Dorsey College reserves the right to suspend or dismiss any student soliciting illegal drugs.

Dorsey College can provide employees and students with information on outside resources available to help with problems related to the misuse of alcohol and all forms of substance abuse for themselves or their family members. Contact the Managing Director for names of appropriate agencies, phone numbers, and additional information.

CONSUMPTION AND POSSESSION OF MARIJUANA

All students, employees, and visitors are on notice that the Michigan Medical Marijuana Act ("MMMA") conflicts with federal criminal laws governing controlled substances, as well as federal laws requiring institutions receiving federal funds, by grant or contract, to maintain drug-free campuses and workplaces. Dorsey College participates in federal grant programs, which would be in jeopardy if those federal laws did not take precedence over state law. Thus, the use, possession, or cultivation of marijuana in any form and for any purpose on Dorsey College's property or premises violates the Dorsey College "Drug Free Schools Police Statement". Dorsey College will not allow the use, possession, or cultivation of marijuana on its property or premises or in / on Dorsey College controlled environments, even if a student, employee, or visitor has been properly certified as a medical marijuana user. Students, employees, and visitors will be asked to dispose of or remove marijuana from Dorsey College property or premises immediately.

Further, as part of a student's program at Dorsey College, an externship or clinical experience may be required. The MMMA states that employers are not required to accommodate employees who use medical marijuana; therefore, employers have the right to refuse employment to anyone who fails a drug test. Additionally, the State of Michigan prohibits a person from undertaking any task under the influence of marijuana, when doing so would constitute negligence or professional malpractice, as in many areas of the medical field. As a result, drug testing may be required at any time by a clinical site, externship site, or prospective employer consistent with the laws of the State of Michigan, the requirements of potential employers, and the requirements of any facility where the clinical experience and/or externship participation occurs. Students should be aware that participation in a clinical or externship experience and/or employment depends upon the results of these drug tests. If a drug test(s) prevents a student from obtaining and/or participating in a clinical or externship program, the student may be unable to complete the educational program requirements of Dorsey College.

Dorsey College prohibits the use of all illegal and illicit drugs by all students and employees while at school or at work. The campus and all associated campus and workplace areas are designated as "Drug-Free". The possession, sale or the furnishing of alcohol or illegal or illicit drugs of any kind on campus is governed by the Student Code of Conduct found in the catalog for each Dorsey College campus and division location. Students and employees are not allowed to bring alcohol, illicit or illegal drugs of any kind on school premises, or be under the influence of alcohol, illicit or illegal drugs while on school premises. The National Minimum Drinking Age Act of 1984 required all states to raise their minimum purchase and public possession of alcohol to age 21.

Any student or employee committing any of these violations is subject to disciplinary action imposed by the school. These sanctions may include:

- Mandated counseling with the managing director or employee's supervisor
- Mandated attendance at a local treatment center
- Mandated completion of drug rehabilitation program
- Discharge from employment or expulsion from school

The possession, sale, manufacture or distribution of any controlled substance is illegal under both state and federal laws. In conjunction

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with the campus safety personnel, the campus utilizes this Drug and Alcohol Abuse Prevention Policy to determine the following:

- 1) The number of drug and alcohol-related violations and fatalities that occur on the campus or as part of any of the campus activities that must be reported to campus officials, and
- 2) The number and type of sanctions that are imposed by the campus as a result of drug and alcohol-related violations and fatalities on the campus or as part of any of the campus activities.

Note: Additional information is available within the Employee Handbook for all Dorsey College personnel.

The campus must provide a timely notice to each student who has lost eligibility for any Federal Student Aid grant or loan assistance as a result of penalties in a separate clean, and conspicuous written notice that notifies the student of the loss of eligibility and advises the student of the ways in which to regain eligibility. If the student successfully passes two unannounced drug tests conducted by a drug rehabilitation program that complies with criteria established by the US Department of Education, the student may be eligible to regain eligibility of Federal Student Aid funds.

DESCRIPTION OF HEALTH RISKS ASSOCIATED WITH ALCOHOL ABUSE AND DRUG USE

Alcohol abuse is the leading preventable cause of death in the U.S. at 75,000 deaths per year and abuse of prescription drugs has escalated to as serious a national health problem as the use of illegal drugs. The health risks of alcohol and drug abuse can include nausea, emotional volatility, loss of coordination, visual distortions, impaired memory, sexual dysfunction, loss of consciousness/increased risk of injuries, violence, fetal damage (in pregnant women), depression, neurologic deficits, hypertension, liver and heart disease, increased heart rate, anxiety, panic attacks, psychosis, addiction, and fatal overdose. Below are some specific risks related to the use of alcohol and illegal drugs:

MARIJUANA - Use can lead to an increase in heart rate of up to 50%, cause disoriented behavior, acute anxiety, and tremendous mood swings. There is potential for long-term physical and psychological damage. Also slows reflexes, reduces mental power, causes forgetfulness and impairs judgment. Personal dangers include possible damage to lungs, reproductive system, and brain functions.

COCAINE - Use can affect the brain in seconds and result in heart or respiratory failure. It can cause hallucinations, convulsions, and possible death. Causes temporary false feelings of superhuman powers, impairing judgment and decision-making abilities. Also causes emotional problems, mood swings, and lack of dependability. Personal dangers include damage to the respiratory and immune systems, malnutrition, seizures, and loss of brain functions.

CRACK - Intensifies effects normally experienced with cocaine and can lead to intense dependency in a short time. The health risks are basically the same associated with other forms of cocaine.

AMPHETAMINES - Use increases heart rate, raises blood pressure, and often causes blurred vision, dizziness, lack of sleep and anxiety. Use of amphetamines can lead to long-term physical problems. Can also cause feelings of being rushed and causes users to push themselves beyond their capacity. Personal dangers range from disruption of family life to serious health problems such as kidney and liver disease.

BARBITURATES: Use can slow mental reflexes, causing danger when mental alertness is required. Personal dangers range from disruption of family life to serious health problems such as kidney and liver disease.

HALLUCINOGENS (PCP, LSD, and ECSTASY): Use can cause the user to hallucinate, thereby distorting what is being said or heard. Also causes sudden changes in behavior that may include attacks on others, loss of concentration, and memory loss long after the dose has worn off.

HEROIN: Use causes total disinterest in safety. Dirty needles and other paraphernalia can spread diseases such as HIV/AIDS. Personal dangers include damage to personal productivity and relationships, and an overdose can cause coma or death. Heroin is always addictive, even in small amounts, and withdrawal is difficult and painful.

ALCOHOL - Use can lead to a false feeling of confidence and control. Liver, brain, heart, and stomach destruction goes on even without apparent symptoms. Use for a period of time often causes dependency and can be fatal. Can also cause loss of concentration and judgment, poor attendance and punctuality, and the inability to manage work or school responsibilities. Personal dangers can range from liver and kidney disease to alcoholism.

Alcohol consumption causes a number of marked changes in behavior. Even low doses significantly impair the judgment and coordination required to drive a car safely, increasing the likelihood, the driver will be involved in an accident. Low-to-moderate doses

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of alcohol also increase the incidence of a variety of aggressive acts, including spouse and child abuse. Moderate-to-high doses of alcohol cause marked impairments in higher mental functions, severely altering a person's ability to learn and remember information. Very high doses can cause respiratory depression and death. If combined with other depressants of the central nervous system, much lower doses of alcohol will produce the effects just described.

Repeated use of alcohol can lead to dependence. Sudden cessation of alcohol intake is likely to produce withdrawal symptoms, including severe anxiety, tremors, hallucinations, and convulsions. Alcohol withdrawal can be life-threatening. Long-term consumption of large quantities of alcohol, particularly when combined with poor nutrition, can also lead to permanent damage to vital organs such as the brain and the liver. Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome. These infants have irreversible physical abnormalities and mental retardation. In addition, research indicates that children of alcoholic parents are at greater risk of becoming alcoholics than other youngsters.

FEDERAL SANCTIONS

Campuses are required to notify current/perspective students and employees of the federal and state legal sanctions associated with the possession or trafficking of a controlled substance. Penalties for unlawful manufacturing, distribution, and dispensing of controlled substances are provided under the Federal Controlled Substances Act. The penalties are determined by the nature of the drug or other substance, the amount of drug or other substance, the amount of drugs or other substance involved, and the number of offenses.

Federal Trafficking Penalties for Schedules I, II, III, IV, and V Available at: https://www.dea.gov/drug-information				
Schedule	Substance/Quantity	Penalty	Substance/Quantity	Penalty
II	Cocaine 500-4999 grams mixture	First Offense: Imprisonment of not less than 5 yrs. and not more than 40 yrs. If death or serious bodily injury, imprisonment of not less than 20 yrs. or more than life. Fine of not more than \$5 million if an individual, \$25 million if not an individual. Second Offense: Imprisonment of not less than 10 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$8 million if an individual, \$50 million if not an individual.	Cocaine 5 kilograms or more mixture	First Offense: Imprisonment of not less than 10 yrs. and not more than life. If death or serious bodily injury, imprisonment of not less than 20 yrs. or more than life. Fine of not more than \$10 million if an individual, \$50 million if not an individual. Second Offense: Imprisonment of not less than 20 yrs. and not more than life. If death or serious bodily injury, life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual. 2 or More Prior Offenses: Life imprisonment. Fine of not more than \$20 million if an individual, \$75 million if not an individual.
II	Cocaine Base 28-279 grams mixture		Cocaine Base 280 grams or more mixture	
IV	Fentanyl 40-399 grams mixture		Fentanyl 400 grams or more mixture	
I	Fentanyl Analogue 10-99 grams mixture		Fentanyl Analogue 100 grams or more mixture	
I	Heroin 100-999 grams mixture		Heroin 1 kilogram or more mixture	
I	LSD 1-9 grams mixture		LSD 10 grams or more mixture	
II	Methamphetamine 5-49 grams pure or 50-499 grams mixture		Methamphetamine 50 grams or more pure or 500 grams or more mixture	
II	PCP 10-99 grams pure or 100-999 grams mixture		PCP 100 grams or more pure or 1 kilogram or more mixture	

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Substance/Quantity	Penalty
Any Amount Of Other Schedule I & II Substances	First Offense: Imprisonment of not less than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than Life. Fine \$1 million if an individual, \$5 million if not an individual. Second Offense: Imprisonment of not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if not an individual.
Any Drug Product Containing Gamma Hydroxybutyric Acid	
Flunitrazepam (Schedule IV), 1 Gram	
Any Amount Of Other Schedule III Drugs	First Offense: Imprisonment of not more than 10 yrs. If death or serious bodily injury, not more than 15 yrs. Fine not more than \$500,000 if an individual, \$2.5 million if not an individual. Second Offense: Imprisonment of not more than 20 yrs. If death or serious injury, not more than 30 yrs. Fine not more than \$1 million if an individual, \$5 million if not an individual.
Any Amount Of All Other Schedule IV Drugs (other than one gram or more of Flunitrazepam)	First Offense: Imprisonment of not more than 5 yrs. Fine not more than \$250,000 if an individual, \$1 million if not an individual. Second Offense: Imprisonment of not more than 10 yrs. Fine not more than \$500,000 if an individual, \$2 million if other than an individual.
Any Amount Of All Schedule V Drugs	First Offense: Imprisonment of not more than 1 yr. Fine not more than \$100,000 if an individual, \$250,000 if not an individual. Second Offense: Imprisonment of not more than 4 yrs. Fine not more than \$200,000 if an individual, \$500,000 if not an individual.
Federal Trafficking Penalties for Marijuana, Hashish and Hashish Oil, Schedule I Substances	
Marijuana 1,000 kilograms or more marijuana mixture or 1,000 or more marijuana plants	First Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, not less than 20 yrs., or more than life. Fine not more than \$10 million if an individual, \$50 million if other than an individual. Second Offense: Not less than 20 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$20 million if an individual, \$75 million if other than an individual.
Marijuana 100 to 999 kilograms marijuana mixture or 100 to 999 marijuana plants	First Offense: Not less than 5 yrs. or more than 40 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine not more than \$5 million if an individual, \$25 million if other than an individual. Second Offense: Not less than 10 yrs. or more than life. If death or serious bodily injury, life imprisonment. Fine not more than \$8 million if an individual, \$50million if other than an individual.
Marijuana 50 to 99 kilograms marijuana mixture, 50 to 99 marijuana plants	First Offense: Not more than 20 yrs. If death or serious bodily injury, not less than 20 yrs. or more than life. Fine \$1 million if an individual, \$5 million if other than an individual. Second Offense: Not more than 30 yrs. If death or serious bodily injury, life imprisonment. Fine \$2 million if an individual, \$10 million if o her than an individual.
Hashish, More than 10 kilograms	
Hashish Oil, More than 1 kilogram	
Marijuana less than 50 kilograms marijuana (but does not include 50 or more marijuana plants regardless of weight) or 1 to 49 marijuana plants	First Offense: Not more than 5 yrs. Fine not more than \$250,000, \$1 million if other than an individual. Second Offense: Not more than 10 yrs. Fine \$500,000 if an individual, \$2 million if other than individual.
Hashish, 10 kilograms or less	
Hashish Oil, 1 kilogram or less	

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Additional details regarding federal drug trafficking penalties are available through the U.S. Drug Enforcement Administration at <https://www.dea.gov/drug-information>

STATE LEGAL SANCTIONS

It is Dorsey College policy to comply with the State of Michigan and Connecticut laws regarding the possession, use and sale of alcoholic beverages, including enforcement of underage drinking. Campuses are required to notify current/perspective students and employees of the state legal sanctions associated with the possession or trafficking of a controlled substance.

The State of Michigan and the State of Connecticut both have a broad range of penalties for the use and distribution of controlled substances. These penalties range from fines to imprisonment and seizure of property. Crimes pertaining to the use and/ or distribution of controlled substances can be prosecuted along a varying scale of seriousness, ranging from misdemeanor to felony. Full details on all crimes relating to controlled substances, their use and distribution can be found in the Michigan Code section 333.7212, 7214, 7216, 7218, and 7220 and in the Connecticut Consumer Protection Code Sections 21a-243-7 through 21a-243-11.

COUNSELING, TREATMENT AND REHABILITATION PROGRAMS

Campuses are required to notify current/prospective students and employees of local counseling, treatments, and rehabilitation programs for possession and trafficking of a controlled substance.

Students and employees are encouraged to seek assistance for substance abuse problems. Dorsey College offers confidential assistance to students and staff. Contact the Managing Director of the school or your supervisor for assistance. There are many programs that can provide help and support. Many health insurance plans include drug, alcohol and mental health services. If you live in Canada and need help in finding a treatment center, you can access a list of treatment facilities online at <http://www.champlainhealthline.ca>. If you live in the United States and need help in finding a treatment center, the Federal Substance Abuse & Mental Health Services Administration (SAMHSA) offers a free service to help you locate a facility near you. The toll free Treatment Referral Hotline can be reached 24 hours a day, 7 days a week; 1-800-622-HELP (4357). You can also access their treatment facility location online at <https://www.samhsa.gov/find-treatment>. Additional resources for counseling, treatment and rehabilitation include:

Al-Anon: 1-800-356-9996

American Council on Alcoholism Helpline: 1-800-527-5344

Cocaine Hotline: 1-800-COCAINE

National Council on Alcoholism: 1-800-NCA-CALL

SMOKE-FREE AND TOBACCO-FREE POLICY

All Dorsey College properties are “smoke-free”. Dorsey College is dedicated to maintaining a smoke-free and tobacco-free work and educational environment. All Dorsey College employees, students, visitors, guests and contractors are required to comply with this policy, which shall remain in effect at all times.

In compliance with various regulations, to protect the health and safety of Dorsey College’s faculty, staff, students and visitors, and to create a healthier and cleaner school environment, this policy defines smoking and tobacco use to include the following:

1. “Smoking” is defined as the use of smoke-producing tobacco products, such as cigarettes, cigars, cigarillos, mini-cigars, and hookah.
2. Tobacco use is defined as the use of any tobacco product including cigarettes, cigars, cigarillos, mini-cigars, hookah, spit tobacco, snuff, and other smokeless products. “Smokeless products” include the use of e-cigarette, or “vaping”, electronic smoking devices or electronic nicotine delivery systems. FDA-approved cessation aids, such as nicotine patches and gum, are not included in this category.

Smoking and tobacco use, as defined above, is prohibited in all enclosed areas at Dorsey College without exception. This includes common work areas, classrooms, conference and meeting rooms, private offices, hallways, employee lounges, student lounges, lunch areas, stairs, restrooms, and employer owned or leased vehicles and all other enclosed facilities. Additionally, smoking and tobacco

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use shall be prohibited within fifteen feet (twenty-five feet in Connecticut) surrounding all entrances, ventilation systems and windows that may be opened or used for ventilation, so that persons are not negatively impacted by secondhand smoke.

Dorsey College only permits smoking and tobacco use only in designated outdoor areas. In addition, tobacco users must dispose of smoking and tobacco-related waste in the appropriate receptacles. The cigarette receptacle must be used only for its intended purpose in order to reduce the possibility of other debris causing a fire. Students may only utilize outdoor areas during designated break times and are not permitted to leave class, laboratory or clinic to use tobacco products. Employees who choose to use tobacco products are required to utilize their breaks and lunch period; additional smoke breaks will be considered excessive. Should Dorsey College management determine abuse of this policy, management will address it on an individual basis and take appropriate disciplinary action if necessary.

DESCRIPTION OF HEALTH RISKS ASSOCIATED WITH NICOTINE USE

The US Centers for Disease Control and Prevention describes smoking as the leading preventable cause of death with nearly one in five medical deaths being contributed to by tobacco use. Smoking harms nearly every organ of the body and is the leading cause of cancer. Smokers are more likely than non-smokers to develop heart disease, stroke, and lung cancer. Smokeless tobacco is associated with many health problems. These include nicotine addiction, cancer of the mouth, throat and stomach, stroke and risk to pregnancy. Further information is available from the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health. E-mail: tobaccoinfo@cdc.gov or phone: 1-800-CDC-INFO.

ASSISTANCE TO QUIT SMOKING

There are many resources available to assist individuals who wish to quit smoking. For those who wish to quit smoking at our Michigan and Connecticut office and campus locations, we encourage them to contact the US Department of Health and Human Services and National Institutes of Health One website at www.smokefree.gov for information.

Review and Distribution

This Drug and Alcohol Abuse Prevention Policy, including Smoke-Free and Tobacco-Free Policy will be reviewed biennially (in even-numbered years) to determine its effectiveness. During the review and analysis of the effectiveness of the methodology will be reviewed in addition to the sanctions imposed therein.

The Drug and Alcohol Abuse Prevention Policy, including Smoke-Free and Tobacco-Free Policy, will be included in Dorsey College annual Campus Safety Report that is distributed to employees and students on an annual basis by October 1st, and also provided to new enrolled students during their orientation, and to newly hired employees during the onboarding process.





Communicable Diseases Policy

Effective Date: 06/12/2025

Dorsey College is committed to safeguarding the health and well-being of all Dorsey employees, student, and visitors. It is important to understand communicable diseases and protect yourself from diseases that are easily spread between people. A communicable disease is one that is caused by viruses, bacteria, parasites or fungi and is easily spread from one person to another through a variety of ways that include: contact with blood and bodily fluids, breathing in an airborne virus, or by being bitten by an insect.

Infectious diseases include:

- Common cold
- Influenza (flu)
- COVID-19
- Hepatitis
- Respiratory syncytial virus (RSV)
- Tuberculosis
- MRSA
- Measles

Not all infectious diseases are spread in the same way and some are more infectious than others. Basic actions that everyone can take to stop the spread of communicable diseases include:

- Wash and dry your hands often and properly. If soap and water are not readily available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Avoid going to public places when you are sick.
- Cleaning frequently touched objects (keyboards, desks, doorknobs).
- Cover your cough and sneeze with a tissue. If you don't have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands.
- Avoid sharing personal items that can't be disinfected, like toothbrushes and razors..
- Handle and prepare food safely. Wash hands, utensils, and surfaces often when preparing any food, especially raw meat. Always wash fruits and vegetables.
- Get vaccinated. Vaccination can prevent you from getting certain communicable diseases, such as flu, meningitis, and COVID-19.
- Practice safe sex.

Symptoms of communicable diseases are varied but could include fever, chills, congestion, cough, fatigue, muscle aches, headache, or gastrointestinal symptoms (diarrhea, nausea, vomiting). Anyone can get an infectious disease but some people are at higher risk, such as those with compromised immune systems, young children, pregnant people, adults over 60, healthcare workers and those who are unvaccinated against common communicable diseases.

Dorsey College wants all of our students, staff and their families to be healthy. This information is not intended to take the place of a healthcare professional. If you experience any signs or symptoms of illness or infection, seek medical attention immediately. If you need assistance in finding professional healthcare, please see someone in campus management or your supervisor.

References:

Protect Yourself With Healthy Habits, <https://www.sfcddp.org/communicable-disease/healthy-habits/>
Communicable Disease Prevention, <https://www.gvsu.edu/studentwellness/communicable-disease-prevention-52.htm>
Infectious Diseases, <https://my.clevelandclinic.org/health/diseases/17724-infectious-diseases#symptoms-and-causes>