



**CAMDEN COUNTY  
DEVELOPMENTAL DISABILITY RESOURCES**

HEALTH & SAFETY MANUAL  
*REVISED 09/2014; 8/2017*

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## **SECTION ONE HEALTH AND SAFETY**

### **A. Intent**

It is the intention of Camden County Developmental Disability Resources (CCDDR) that the health and safety of all individuals and employees within the CCDDR facility are maintained during all daily operations and in the event of any disaster relating to health and safety. Further, that persons served by the agency's Support Coordination program are supported in safe and healthy environments within the community.

In order to ensure these objectives, The Administrative Team will oversee all aspects of safety assurance including, but not limited to: initial education, on-going education, training, emergency drills, inspections, service monitoring and event report trending data of clients served; liaison with Regional Center Quality Enhancement and Provider Relations teams, and Service Providers. The Administrative Team shall review, and track any safety or health hazards and trends, and ensure they are properly remedied.

## **SECTION TWO SAFETY COMMITTEE COMPOSITION**

### **A. Composition**

The Safety Committee will be made up of the Administrative Team and the Safety Officer. A Safety Officer will be appointed by the Administrative Team to implement and monitor Emergency Procedures.

## **SECTION THREE GENERAL SAFETY COMMITTEE GUIDELINES**

### **A. General**

The mission of the safety committee is to maintain a high level of interest in, and awareness of, health and safety issues among staff. To do this, the committee should perform at least the following:

1. Meet as necessary.
2. Increase safety awareness and promote an attitude of cooperation on safety concerns.
3. Review the Safety Manual and make revisions as necessary.
4. Review all CCDDR Workers Comp claims and Accident Investigation Report forms as requested, compiling a database of reports to identify trends or increases in accidents and identifying necessary remedial training.
5. Act as a resource for in-house health issues and arrange for outside consultation.
6. Develop safety rules and practices and implement them.
7. Identify unsafe work practices and conditions and suggest remedies.
8. Include health and safety policies in new support coordination training and provide opportunities for certification as required by DMH operating regulations and CCDDR policy.
9. Encourage feedback with regard to problems, ideas, and solutions related to safety from all staff.
10. Keep everyone in CCDDR informed about safety procedures.

11. Identify specific safety-related problems that seem to be recurring and develop appropriate prevention measures.
12. Maintain safety records and reports.
13. Perform or schedule all internal and external self inspections and recommend action to be taken.
14. Review client/visitor report of injury as required by Risk Management.

**B. Minutes**

Safety concerns and policy changes will be recorded in Support Coordination team meeting minutes.

**SECTION FOUR  
FUNCTIONS OF HEALTH AND SAFETY OFFICER**

**A. Purpose**

The Safety Officer will be responsible for ensuring that CCDDR has a safe working environment. The Health and Safety Officer, or designee, will perform the following functions:

**B. Responsibilities**

1. Coordinate periodic required emergency drills.
2. Ensure that adequate first aid and other emergency supplies are current and present.
3. Report any issues, and discuss training needs at staff meetings.
4. Attend Regional Office Provider Annual Meetings of Provider Relations and Quality Enhancement Teams, and report findings to CCDDR Safety Committee.

**SECTION FIVE  
SAFETY OBJECTIVES**

1. Maintain ongoing programs to identify employee and client health and safety risks.
2. Provide safety programs to encourage employees to identify and eliminate safety risks.
3. Conduct ongoing safety training activities.

**SECTION SIX  
GENERAL SAFETY GUIDELINES**

1. Camden County Developmental Disability Resources (CCDDR) strives to provide a healthy and safe environment for all persons served and its staff. CCDDR will comply with local, state and federal laws and regulations concerning occupational health and safety. CCDDR requires all employees to strictly follow all health and safety policies and procedures.
2. CCDDR strives to meet the standards of CARF, funders, local and state safety codes, MO Division of DD Directives, operating regulations, and relevant state statutes as defined by law.
3. In striving to provide the safest possible environment, and in order for management to respond immediately, CCDDR encourages employees to identify potential hazards that are associated with their immediate environment and to detect hazards before they can result

- in injury and/or damage.
4. With regard to employees driving their vehicles and company vehicles during work hours, CCDDR requires that all local and state regulations be followed, including, but not limited to, wearing seat belts and adherence to speed limits. Employees must also follow guidelines described in CCDDR personnel policies and this Safety Manual.
  5. CCDDR is dedicated to discovering, correcting and preventing safety and environmental health hazards that could affect persons served, employees and the general public. CCDDR will endeavor to assure that all persons served and employees are knowledgeable of all health and safety programs and procedures.

## **SECTION SEVEN FACILITY SAFETY RULES**

1. All staff must be trained in CCDDR safety procedures and safety rules during orientation.
2. Any hazardous condition must be reported immediately to the Safety Officer.
3. All employee injuries must be reported immediately to Human Resources, and appropriate workers comp forms completed.
4. Emergency routes are posted throughout the building and procedures in this manual are available to all staff on the computer network.
5. All aisles, hallways, and doorways must be maintained free of obstacles and stored materials.
6. Areas around fire extinguishers must be kept clear at all times.
7. All storage areas shall be kept neat, clean and orderly at all times.
8. Smoke detectors and fire extinguishers are required in the CCDDR office and will be checked annually.

## **SECTION EIGHT SAFETY TRAINING GUIDELINES**

Camden County Developmental Disability Resources (CCDDR) takes safety training very seriously. The purpose is to teach staff to be safety conscious in their work and everyday living environment, and further, to be aware of safety issues pertaining to clients. Safety training is necessary for all new employees, with re-training required per requirements of regulatory agencies. New procedures are introduced to all employees. Most importantly, safety training is vital as a preventative measure.

### **A. New Employee Training**

1. First Aid/CPR
2. Fire Suppression
3. Safety Rules
4. Infection Control / Blood Borne Pathogens
5. Emergency Plans / Disaster Plans / Drills
6. Medication Administration
7. Abuse/Neglect
8. Accident Reporting
9. Service Monitoring/Event Report Procedures
10. Location of First Aid Kits

Safety resources are, but not limited to:

- American Red Cross
- Camden Fire Dept.
- Lake Regional Hospital Occupational Medicine Clinic
- Camden County Health Department
- First Aid Instructors
- Rolla Regional Office
- Local/State/Federal Emergency Mgmt. Offices

## **B. Safety Orientation for New Employees**

Purpose: To educate and train all new CCDDR employees in areas related to safety.

Procedure: It is the responsibility of the Director of Services and Supports to orient new staff with regard to CCDDR health and safety policies and procedures, including the content of this Safety Manual. Post-test competency procedures may be utilized in this process.

## **SECTION NINE PROCEDURE FOR INFECTION CONTROL**

### **A. Statement**

It is the responsibility of Camden County Developmental Disability Resources (CCDDR) to protect the health of all its employees and clients via the use of universal precautions, and other standard procedures as outlined by the Occupational Health and Safety Administration (OSHA). This infection control policy will be implemented through the training and education of employees, compliance with standard operating procedures in the work place, administrative monitoring and record keeping. The policy is divided into eight general categories as follows:

1. Personnel Requirements
2. Client Requirements
3. Infection Control Procedures
4. Communicable Disease Practices
5. Human and Animal Bites
6. Disinfection Practices
7. Environmental Sampling
8. Exposure Control Plan

### **B. Application**

This Manual applies to all staff having contact with individuals served in the community, staff within the CCDDR facility, as well as staff involved in the administration of first aid and other health care procedures.

1. Personnel Requirements
  - a. Employees whose positions make them at risk for exposure to potentially infectious materials will be offered education, testing and/or vaccinating information for the appropriate infectious disease.
  - b. Caution will be exercised in preventing the transmission of communicable diseases.

- i. Any employee exhibiting signs of a communicable disease will be encouraged to remain home until such condition is resolved.
    - ii. Concurrent disinfection as required will be carried out.
    - iii. Any employee who becomes ill at work will report to the supervisor or designee and then be asked to return home.
  - c. Employees will be responsible for conducting proper sanitation of their work area.
  - d. An emergency first aid kit is available within the CCDDR office, as well as agency vehicles.
- 2. Client Requirements
  - a. CCDDR Support Coordination staff reserve the right to refuse direct contact with clients when signs of acute infectious disease are apparent; i.e., rashes and conjunctivitis (pink eye).
  - b. CCDDR shall comply with the regulations of the MO Department of Health & Senior services pertaining to the control of communicable disease.
- 3. Infection Control Procedures
  - a. Dishes, utensils and countertops are to be washed.
  - b. Staff is instructed to use the Hand Washing Procedure after toileting and prior to and after exposure to all clients.
  - c. When applicable, wash all equipment used with clients with warm water and soap after each use.
  - d. Provide disposable tissues at all times.
  - e. Employees cleaning any spill of bodily fluids shall wear sterile latex gloves. The area shall be cleaned with warm soapy water followed by a rinse with a 1:9 household bleach solution.
- 4. Human and Animal Bites
 

All bites will be promptly treated with routine wound care. In cases of human bites, both parties will be tested for HIV and Hepatitis. Appropriate action /follow-up will be dependent on lab results. In the event of an animal bite, the appropriate authorities will be notified. The injured employee will work with Human Resources in completing the Camden County Developmental Disability Resources Worker's Compensation Authorization for Medical Treatment Form.
- 5. Environmental Sampling
 

Microbiological sampling will be done upon request in the course of an epidemiological investigation.
- 6. Exposure Control Plan
  - a. Personal Protective Equipment (PPE)
 

No invasive procedures are carried out by the (CCDDR) staff. The Infection Control Policy prohibits the administration of medication and eliminates the risk of exposure via needle stick and the need for a needle protected system, or specific protocols for recapping. The nature of job duties in CCDDR's office setting presents a low potential for occupational exposure to blood and bodily fluids. Staff is to use the PPE during activities that may lead to exposure to potential infectious material. Non-allergic

gloves will be provided if needed by staff members. Hands are to be washed thoroughly following removal of gloves.

b. Universal Precautions

Universal Precautions education is provided through staff training at CCDDR.

c. Engineering Controls and Workplace Practices

Universal Precautions shall be employed when there is risk of exposure to potentially infectious materials. Frequent hand washing is stressed as a first line of defense for all employees. Hand washing facilities are located in the restroom and kitchen area.

d. Training

A copy of CCDDR's Health and Safety Manual is given to each employee during orientation and as revised. Training will be provided and shall include modes of transmission, precautions and the correct use of personal protective equipment.

### C. Procedures

1. General Precautions

The bodily fluids of all persons should be considered potentially infectious. In general, good hygiene practices, especially hand washing, will prevent transmission of most infectious agents.

- a. All personnel will routinely use appropriate precautions to prevent small skin and mucous membrane exposure to blood and bodily fluids.
- b. Disposable gloves shall be provided and should be worn for touching blood and bodily fluids, mucous membranes or non-intact skin of others.
- c. Disposable gloves should be worn for handling items or surfaces soiled with blood or bodily fluids.
- d. Hands and other exposed skin will be washed immediately after gloves are removed.
- e. All personnel will take precautions to prevent exposure to blood and bodily fluids through unanticipated events: scratching, biting, spitting, etc.
- f. All personnel will cover open injuries with appropriate dressing.
- g. Gloves will be worn when administering First Aid.

2. Procedures for Monitoring Compliance

All personnel will receive orientation to and training in the following practices for prevention of infection transmission. Training will be documented.

- a. An Accident Investigation Report Form will be utilized to document all incidents of exposure to blood and bodily fluids by personnel. This includes all incidents where proper procedures were followed and there was direct non-intact skin contact or mucous membrane contact with blood or bodily fluids. This form will be completed by Director of Services and Supports.
- b. If there was direct skin or mucous membrane exposure, personnel will follow "Procedure for Management of Exposure."
- c. The Administrative Team will review the CCDDR Accident Investigation Report Form when submitted for compliance to procedures. Any corrective actions will be noted on the report. The Administrative Team will determine staff training needs based on these reviews.

3. Procedures for Management of Exposure

- a. Direct Skin Contact with Blood or Bodily Fluids:

- i. All skin areas exposed to blood or bodily fluids will be washed immediately with soap and water following hand washing procedures.
    - ii. Staff will work with Human Resources in completing an Worker’s Compensation Authorization for Medical Treatment Form if needed.
    - iii. The Director of Services and Supports will complete an Accident Investigation Report Form.
  - b. Direct Non-Intact Skin or Mucous Membrane Contact with Blood or Bodily Fluids:
    - i. Non-intact skin / mucous membranes will be washed immediately with soap and water following the ‘Procedure for Hand Washing.’”
    - ii. Eyebath solution will be applied if there is direct exposure to the eye area.
    - iii. Nose will be flushed with a soap / water solution if there is exposure of fluids to that area.
    - iv. Mouth will be rinsed with antiseptic mouth wash when there is exposure to that area.
    - v. Staff will work with Human Resources in completing a worker’s compensation authorization for medical treatment form, and an accident investigation report form will be completed by the Director of Services and Supports
    - vi. Staff who experience direct non-intact skin or mucous membrane exposure should report the incident via the Accident Investigation Report Form and seek medical evaluation for any acute illness that occurs within 12 weeks following the exposure.
- 4. Processing of Accident Investigation Report Forms
  - a. The CCDDR Accident Investigation Report Forms will be completed by the Director of Services and Supports.
  - b. The Director of Services and Supports will seek medical advice from the Camden County Health Dept. or Lake Regional Occupational Medicine Clinic on whether clinical or serological testing should be performed on the source of blood or body fluid.
  - c. The Accident Investigation Report Forms will be submitted to the Safety Committee for review at next Safety Committee meeting to determine what preventative actions need to occur.

**SECTION TEN  
HAND WASHING**

**A. Statement**

Camden County Developmental Disability Resources provides these guidelines to prevent the spread of germs.

**B. Standard Procedure**

- 1. Wash hands before
  - a. Touching or serving food.
  - b. Treating a wound.
  - c. Handling contact lenses.
  - d. Caring for someone sick

2. Wash hands after
  - a. Using or helping someone use the toilet.
  - b. Coughing or sneezing.
  - c. Wiping nose.
  - d. Being out in public.
  - e. Playing with pets.
  - f. Handling raw meat, poultry or fish.
  - g. Handling garbage.
  - h. Touching your face or hair, especially if you wear makeup or hair ointments.
  - i. Touching unclean equipment, work surfaces, soiled clothing, etc.
  - j. Smoking, eating and drinking.
  - k. Clearing away dirty dishes, utensils, etc.
  - l. When hands become visibly soiled.
  - m. Handling money.
  - n. Touching infected parts of the body.
  - o. Coming into contact with bodily fluids of self or others.
  - p. Use of sterile gloves.
  
3. How to wash hands
  - a. Use warm running water and soap.
  - b. Lather up for 15-20 seconds.
  - c. Rub lather all over, in between fingers and under nails.
  - d. Rinse well and dry.

The American Public Health Association encourages proper hand washing to help protect you and those you touch from germs. Wash your hands the right way at the right times.

## **SECTION ELEVEN COMMUNICABLE DISEASE**

- A. Support Coordinators are not expected to enter the home or work place of any individual with a communicable disease.
  
- B. Support Coordinators are expected to encourage immediate medical attention for individuals to include but not limited to the following conditions:
  1. Chickenpox
  2. Measles (Rubella)
  3. Mumps
  4. Whooping Cough (Pertussis)
  5. German Measles (Rubella)
  6. Tuberculosis (active)
  7. Bacterial Meningitis
  8. Streptococcal Sore Throat (untreated)
  9. Flu
  10. Staph / Strep Skin Infections (untreated)
  11. Conjunctivitis (untreated)

Support Coordinators are expected to follow Universal Precautions.

**SECTION TWELVE  
RECOMMENDED GUIDELINES FOR “UNIVERSAL PRECAUTIONS”**

**A. Statement**

The guidelines will assist in minimizing exposure to blood and body fluids.

**B. Procedures**

Universal precautions include, but are not limited to, the following procedures:

1. Hands should always be washed before and after eating, after toileting, and more frequently during the cold and flu season. Hands should be washed even when gloves have been used. If hands come in contact with blood or body fluids, they should be immediately washed with soap and water.
2. Gloves should be worn when contact with blood, body fluid, tissues, or a contaminated surface is anticipated.
3. To minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be used when available.
4. Sharp objects should be handled in such a manner to prevent accidental cuts or punctures. All accidental cuts or punctures or contamination of open wounds with blood or body fluids should be reported immediately to the employee’s supervisor.
5. Blood and body fluid spills should be cleaned up promptly with a disinfectant solution such as a 1:9 dilution of bleach.
6. All blood and body fluid should be considered biohazards.

**SECTION THIRTEEN  
PROCEDURES FOR SPECIFIC EMERGENCIES**

General procedures in the event of Fire, Tornado, Earthquake and other natural disasters

**A. Disaster Kit**

Some emergency situations may require use of a disaster kit (E & F below). This kit will consist of the materials listed below, and will be stored in the Client Records Room, which is the Sheltering In Place location.

<u>Item</u>	<u>Qty.</u>
Flashlight .....	1 heavy duty
Flashlight Batteries .....	8
Battery-Powered Radio.....	1
First Aid Kit.....	1
Blanket.....	1 Large
Manual Can Opener.....	1
Garbage Bags.....	1 Box

**Food:** Non-perishable items for 5 people for 3 days for 3 meals each day.

**Water:** 7 gallons

## **B. Evacuation “Go Box”**

Some emergency situations which require evacuation and which threaten the CCDDR facility (D & F below) may require use of an evacuation “Go Box”, which contains copies of important documents, equipment and supplies essential for CCDDR to continue to operate. It shall be stored in a location that is easily accessed by the TCM Administrative Assistant.

Evacuation to go box will include:

1. Copy of emergency contact list of all CCDDR employees, provider agency administrative staff/QDPs/Lead Staff, and all clients served.
2. Key to storage facility.

The following information will be kept in offsite storage:

1. Copy of CCDDR insurance policies, agent contact information
2. Copy of listing of emergency vendors (contractors, plumbers, electricians, restoration contractors, mold remediation, etc.)
3. Copy of listing of vendors & suppliers (and alternates) essential for mission critical activities.
4. Copy of essential policies, emergency procedures, CCDDR Health/Safety Manual
5. General Office supplies along with copies of frequently-used forms.

## **C. Coordination with Other Agencies**

As CCDDR shares building/office space with the Children’s Learning Center, CCDDR will coordinate emergency planning with this agency, as well as regular drills.

## **D. Fire Emergencies Procedures**

1. If an alarm has not automatically activated and smoke and/or fire is discovered, the employee should immediately pull the fire alarm to notify all staff.
2. When notified of a fire, staff will immediately evacuate the site using the nearest clear exit, per the evacuation maps posted.
3. If a visitor is present when the alarm is given, it will be the responsibility of the staff member who the visitor is with (or Admin. Assistant if visitor(s) are in reception area) to assist that person in evacuating the building. Fire or police department officials will be notified upon their arrival of all individuals not yet present or accounted for.
4. Staff should use the main facility exit to evacuate the site, and meet at North parking area.
5. As staff is exiting the building, they should notify as many persons in the building as possible that there is a fire in the building.
6. Director of Services and Supports or TCM Administrative Assistant should secure Go-Box but only if safe to do so.
7. Staff should come together outside at designated area so that the Director/Supervisor can account for all staff personnel. Staff responsible for visitors/s should determine that all visitors/clients have exited the building.
8. Staff will not re-enter the building for any reason until clearance is received from the fire department.

## **E. Tornado and Severe Storms Procedures**

1. When weather becomes threatening, e.g., conditions are such that severe thunderstorms or tornadoes may occur, the Director or Director of Services and Supports will monitor the

weather radio for reports of severe weather conditions. The Director or Director of Services and Supports shall also contact community placement facilities and day service providers within Camden County to insure these facilities are monitoring the weather. When a watch or warning is issued, designated staff will immediately notify all employees present. Tornado warning sirens are present in Camdenton.

2. Upon being notified of severe storm/tornado watch/warnings, all staff will shut down any computers in use to prevent damage and electrical shock.
3. If a visitor is present when the alarm is given, it will be the responsibility of the staff member whom visitor is with (or TCM Administrative Assistant if visitor is in reception area) to assist that person(s) in evacuating to the designated area.
4. Staff actions will be dependent upon the type of watch/warning issued:
  - a. Severe Storm Warning/Tornado Watch
    - i. Staff will stay away from windows and avoid using electrical equipment. Staff will remain alert for additional information, including possible need to evacuate.
  - b. Tornado Warning:
    - i. When tornado sirens are sounded or weather alert comes over weather radio, all staff/visitors will immediately report to the Records Room.
    - ii. An “all clear” announcement will be made to indicate that it is safe to return to classrooms, offices and cubicles.

#### **F. Earthquake Procedures**

1. In the event that an earthquake occurs, staff is directed to seek safety under a sturdy desk, table, and other furniture or door frames. Staff is to direct any visitors to these areas and everyone is to assume the safety position of sitting with head between knees and hands over head. People are to remain in this position until there is word that the alert has been lifted or (in the event of an actual earthquake) there is information about emergency and evacuation procedures.
2. All persons should move away from large glass doors and windows, hanging objects, mirrors, tall furniture, or other large objects that could fall.
3. The procedures listed above integrate the following basic responses to an earthquake.
4. The basic responses to an earthquake are as follows:
  - a. **DUCK.** Cover or drop to the floor
  - b. **COVER.** Take cover under a desk, tables or other furniture. If that is not possible, seek cover against an interior wall and protect your head and neck with your arms. Avoid danger spots near windows, hanging objects, mirrors or tall furniture.
  - c. **HOLD.** If you take cover under a sturdy piece of furniture, hold onto it.
5. If you are outdoors, stay there. Move away from any buildings, street lights and utility wires. If you are in a moving vehicle, stop as quickly as safety permits and stay in the vehicle. Avoid stopping near or under buildings, trees, utility wires or an overpass. Be prepared for aftershocks and take action as needed.
6. Director of Services and Supports or TCM Administrative Assistant should secure Go-Box but only if safe to do so.

#### **G. Threatening Situations**

1. Home Visit Safety.
  - a. Don't wear expensive jewelry; valuables should not be in plain sight.
  - b. Before leaving for home visits, lock your purse in the trunk of your car. Carry brief

- case, notebook, or folders on the home visit.
- c. Don't give too much personal information about yourself to unfamiliar persons/families.
  - d. Inform supervisor or other staff where you will be going, what time you will get there, how long you will stay, and what time you will return.
  - e. Be aware of your surroundings, notice things around you at all times.
  - f. Don't overburden yourself with equipment.
  - g. Sit nearest the door if you have any concerns about nature of those you are visiting.
  - h. When in an unfamiliar home, develop an exit strategy if you feel situation may be volatile.
  - i. Couple your appointment with another agency worker, or schedule appointments in morning.
  - j. Lock your vehicle.
  - k. React to signals of apprehension or gut feelings with caution or by leaving. Remain calm if signs of anger or hostility are shown.
  - l. Carry a cell phone.
2. Hostile Persons In The Office
    - a. Leave door open or open door if person becomes hostile. Redirect subject when possible.
    - b. Talk in low soothing voice.
    - c. Excuse yourself if possible.
    - d. Invite supervisor or co-worker to join you.
    - e. If you hear or witness an angry guest/visitor, stay in the perimeter of that area to assist your co-worker if needed.

## **H. Extended Power Loss**

1. In the event of utility failure occurring during regular working hours, first check breaker box in utility room to determine if a breaker needs to be re-set.
2. If it is determined that power to the building is off completely, immediately notify Laclede Electric by calling 346-5303 (Camdenton office or Keystone facility) or 800-263-7303. If the power loss in the Osage Breach Offices, call Ameren 800-552-7583
3. If there is a potential danger to building occupants, or if the utility failure occurs after hours, weekend, or holidays call Laclede Electric at 800-299-3164(Lebanon office) and also the CCDDR Executive Director at 573-469-5851 or Director of Services and Supports at 573-289-8598.
4. During an electrical/light failure the main lobby of the CCDDR facility has emergency lighting. Emergency lights contain battery-packs, which are continuously charged during normal building operations, and in the event of a power failure the emergency lighting systems will automatically switch on.
5. All CCDDR computers have battery backup for a limited period of time. In the event of a power loss, staff will ensure that programs are exited; their computer work stations are shut down, and subsequently unplugged. Any unnecessary electrical equipment and appliances should be turned off in the event that power restoration would surge causing damage to electronics and effecting sensitive equipment. Unplug if not sure that the device was on when power went out.
6. In the event of an extended power loss in which evacuation of the building is not possible,

the Director of Services and Supports or TCM Administrative Assistant shall obtain the Disaster Kit from Client Records Room, unless sheltering in place within this room is required.

7. Upon restoration of heat/power, electronic equipment should be brought up to ambient temperatures before energizing to prevent condensate from forming on circuitry. The Executive Director or Director of Services and Supports will make the determination as to when this is to be done.

#### **I. Medical Emergency**

Use the following procedures in the event of a life-threatening medical emergency:

1. **CHECK** the scene for any potential safety hazards
2. **CALL** 9-1-1
3. **CARE** for victim...maintain **Airway Breathing Circulation (A-B-C)**!
4. Provide the following information to 9-1-1 operator:
  - a. Nature of medical emergency,
  - b. Location of the emergency (address, building, etc.)
  - c. Your name and phone number from which you are calling.
5. Do not move victim unless absolutely necessary.
6. Only CCDDR personnel with a current certification in CPR and First Aid are authorized to provide emergency medical assistance in the event of a medical emergency.
7. If personnel trained in First Aid/CPR are not available, as a minimum, attempt to provide the following assistance:
  - a. Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or other bodily fluids).
  - b. Clear the air passages using the Heimlich Maneuver in case of choking.
8. Stay with the victim until help arrives.

#### **J. Bomb Threat**

1. When the Police Dept. authorizes an evacuation of the CCDDR facility due to a bomb threat, all employees will do the following:
  - a. Prior to leaving, all employees should briefly inspect their immediate work area for anything suspicious or out of the ordinary. If anything is found, advise the Executive Director or Director of Services and Supports immediately after evacuating.
  - b. After evacuation, all employees and visitors will report to the far north parking lot to stage and await further instructions. At this time, the Executive Director or designee shall account for all staff members.
  - c. All employees will be updated on the status of the situation as information becomes available.
  - d. No one will re-enter the building until the authorities authorize the building to be re- opened.

#### **K. Phone Threat**

1. The person receiving a telephone bomb threat should remain calm and obtain as much information as possible by completing the checklist provided in Appendices, which will be made available as a separate sheet to all employees.
2. If your phone is equipped with caller identification, write down the number that is on the

- Display screen.
3. After the caller hangs up, immediately call 911. Give all available information. Notify Executive Director ASAP.

#### **L. Emergency Drills**

Drills will be conducted per accreditation guidelines for the CCDDR facility and staff. Scheduled and unscheduled tests of the emergency action plan (bomb threats, natural disasters, utility failures, medical emergencies, and violent or other threatening situations) shall be conducted at least on an annual basis. All staff present will be required to participate in drills and sign in to document their presence. Evacuation route maps will be posted throughout the CCDDR facility.

### **SECTION FOURTEEN EMERGENCY PHONE NUMBERS**

After obtaining an outside line, dial:

Police: 911  
Fire/Ambulance Department: 911  
Poison Control: 1-800-222-1222  
Chemical Spill: 1-800-424-8802  
Emergency Personnel: 911  
FBI: 1-573-636-8814  
Gas/Electric: Camdenton & Keystone facility 346-5303, 800-263-7303  
Electric Osage Beach Offices 800-552-7583  
Water: 346-3600  
Sexual Assault: 1-888-809-7233  
Suicide Prevention: 1-800-273-8255

### **SECTION FIFTEEN TRANSPORTATION FOR PERSONS SERVED**

#### **A. Policy**

It is the responsibility of the Camden County Developmental Disability Resources to protect the health and safety of all our clients who are being transported in a personal vehicle of staff or company vehicles. On occasion, there may be situations where CCDDR employees must use their personal vehicles to transport clients. CCDDR has established requirements for staff transporting clients in personal and company vehicles. CCDDR's goal is to provide a transportation program and service that support public or private transportation opportunities for persons with developmental disabilities. Our agency wants to create better transportation for our clients in the town in which they live, work and play.

#### **B. Procedure for transporting clients in Support Coordinator vehicle:**

1. Drivers shall be properly licensed. Employees will furnish a copy of their driver's license to Human Resources.
2. Employees must have the minimum liability coverage as required by CCDDR policies.
3. Vehicles must have copy of guidelines regarding what to do in event of an accident.

4. In the event of an accident and/or injury while transporting a client, the driver will immediately notify the police and ambulance (if needed) to report the accident, provide CPR/First Aid as needed, and follow guidelines sheet. The Executive Director and/or Director of Services and Supports will be notified immediately and if needed, completion of a Work Comp Authorization for Medical Treatment Form, Auto Accident Report Form, and other necessary paperwork will be completed.

**C. Procedure for transporting clients in Agency vehicle**

1. Drivers shall be properly licensed. Employees will furnish a copy of their driver's license to Human Resources.
2. Vehicles must have copy of guidelines regarding what to do in event of an accident.
3. In the event of an accident and/or injury while transporting a client, the driver will immediately notify the police and ambulance (if needed) to report the accident, provide CPR/First Aid as needed, and follow guidelines sheet. The Executive Director and/or Director of Services and Supports will be notified immediately and if needed, completion of Work Comp Authorization for Medical Treatment, Auto Accident Report Form and other necessary paperwork will be completed.

**SECTION SIXTEEN  
HEALTH & SAFETY OF PERSONS SERVED**

**A. Intent**

It is the policy of CCDDR to ensure the health and safety of clients served in community settings for which CCDDR is responsible for as part of its Support Coordination program.

**B. Procedure**

As part of the Dept. of Mental Health/Division of MR-DD Service Monitoring process, CCDDR Support Coordinators shall be responsible for conducting Service Monitoring site visits to agencies where participants are referred to for DMH-funded services. This shall be documented in participant's file.

If there are health and safety concerns regarding clients served within agency programs, these will be processed according to Division of DD guidelines, operating regulations, Directives, and relevant state statutes. Appropriate DMH protocol shall be followed with regard to Service Monitoring procedures, abuse/neglect procedures, etc.

**C. Reporting Suspected Abuse or Neglect**

1. Introduction

CCDDR is committed to protecting clients served from abuse and neglect as well as any exploitation including, but not limited to, misuse of their funds/property. CCDDR is also dedicated to ensuring that all staff is trained and know what the expectations are when it comes to identifying and reporting abuse and neglect.

2. Reporting Requirement

DOR 2.210 requires all CCDDR employees to immediately report any complaints they receive or make a complaint themselves if they know through direct or indirect means that abuse, neglect, misuse of funds/property has occurred or suspect that such has occurred.

Employees who fail to report complaints of known or suspected incidents of abuse, neglect or misuse of funds/property or any other misconduct are subject to discipline, criminal prosecution or both.

Abuse, neglect, or misuse of funds/property may be discovered through:

- Service Monitoring
- Physician visits or Community RN monitoring
- Verbal or written complaints
- Observations in the community
- Reviewing documentation i.e. event reports, observation notes, staff logs, provider agency monthly reports, etc.

When the Support Coordinator receives or discovers any information suggesting abuse, neglect or misuse of funds/property, the Support Coordinator will do the following:

- Contact the provider and ensure the safety and well-being of the client(s)-the Support Coordinator is to stay on site and ensure the client's safety if s/he learns of abuse/neglect during a site visit;
- Ensure a DMH Event Management Tracking Form (EMT) is thoroughly and accurately completed, contains a detailed account of any actions or statements made surrounding the allegation, and lists all potential witnesses.

Support Coordinator and Services and Support Director will contact the Regional Office and submit appropriate EMT forms. Regional Office Staff may ask the Support Coordinator to:

- Gather additional information if necessary and compare the information provided to the DMH definitions of abuse, neglect, misuse of funds/property.
- Ask the provider agency to secure any physical evidence pertinent to the complaint if available.
- Support Coordinator will ensure the Department of Social Services, Children's Division (1-800-392-3738) is contacted if the client(s) is under the age of 18; OR Ensure the Department of Health and Senior Services, Elderly Abuse/Neglect Hotline (1-800-392-0210) is contacted if the client is over the age of 18 and the suspected abuse, neglect or misuse of funds/property occurred while the client was not receiving paid supports from DMH at the time the allegation occurred.

Following notification of the appropriate investigative agency, if the allegations concern physical abuse, sexual abuse or misuse of funds/property, the designated staff should also do the following:

### **PHYSICAL ABUSE**

If an injury occurred, ensure:

- Pictures are taken immediately;
- A physical examination is performed by a qualified medical staff as soon as practical;
- Stay on site and ensure client safety if abuse was discovered during Support Coordinator site visit

- Local law enforcement is contacted.

### **SEXUAL ABUSE**

If there is reasonable cause to believe penetration has occurred, ensure:

- A physical examination is conducted immediately (the physical examination should be performed by a medical professional at a facility qualified in the “rape kit” examination);
- Local law enforcement is contacted.

### **MISUSE OF FUNDS/PROPERTY**

- Ensure local law enforcement is contacted.

## **D. Serving Clients & Their Families During A Disaster**

CCDDR will prepare clients served and/or their families before a disaster occurs in the following ways:

1. Emergency evacuation supports needed for each client in residential placement settings shall be identified in their Person Centered Plan.
2. CCDDR shall provide disaster preparedness information to natural home clients to assist them in better responding to a disaster.
3. CCDDR shall provide the Ready In Three brochure/guide to all current clients served at the time of their annual plan meeting, and to all new clients thereafter.
4. CCDDR will assist clients and their families immediately after a disaster in the following ways:
  - a. CCDDR staff will make every attempt to contact all clients on their caseload to determine their status using emergency information provided by clients, families, or agency staff. Emergency contact information for staff, provider agencies, and clients served will be made available to Support Coordination staff for them to keep in a secure setting at their place of residence.
  - b. As needed, CCDDR staff will connect clients to needed emergency services available within the community, or, if circumstances warrant, directly assist clients/families in obtaining post-disaster assistance. The short-term health, medical, and safety needs of each client shall be determined and addressed by CCDDR Support Coordination staff to the greatest extent possible.
5. CCDDR will assist clients and families in meeting their long-term recovery needs in the following manner:
  - a. As needed, CCDDR will ensure that clients and their families can get their lives “back to normal” in the shortest amount of time possible, while ensuring that all basic needs of clients are being met. This includes connecting (or re-connecting) to local, state and federal relief efforts and governmental programs/services/funding.

## **SECTION SEVENTEEN PROCEDURE FOR ACCIDENT REPORT FORMS**

### **A. Purpose:**

To comply with OSHA and Workers Compensation regulations regarding the accurate and timely reporting of all accidents and injuries which are job related and / or on CCDDR

premises. The Work Comp Authorization for Medical Treatment Form, Accident Investigation Report, Client/Visitor Report of Injury, Witness Report of Accident and any other required forms will be completed when any staff, volunteer or intern incurs injury or potential injury at CCDDR office during business hours. The CCDDR Client / Visitor Report of Injury form is used when any client or visitor incurs injury at CCDDR offices.

**B. Procedure:**

1. All accidents occurring at the CCDDR office or away from the CCDDR office when on CCDDR business, regardless of professional medical attention, must be reported, for Workers Comp purposes.
  - a. Verbal notification of any serious occurrences should be immediately reported to the Executive Director.
  - b. The Work Comp Authorization for Medical Treatment form must be completed by Human Resources for employees who incur work related illness or injuries. The CCDDR Client/Visitor Report of Injury form is completed for any client or visitor.
2. All Workers Comp accident or injury forms must be sent to Human Resources within 24 hours of occurrence.
3. Human Resources must immediately send the originals to current workman's compensation insurance carrier.
4. Human Resources is responsible for submission of the completed Workers Comp forms.
5. The CCDDR Board of Directors must be notified of all serious accidents involving medical hospitalization, property damage, death, and any other accidents, that would affect the organization in the public. It is the responsibility of the Executive Director to notify the CCDDR Board President.
6. Director of Services and Supports or Human Resources completes Accident Investigation Report Form.

# Appendices & Forms

## ACCIDENT INVESTIGATION REPORT

Date of Report \_\_\_\_\_ Date and time of accident \_\_\_\_\_

Name of injured (Last, First, MI) \_\_\_\_\_ Full Time  Part Time

Job Title \_\_\_\_\_

Location of accident \_\_\_\_\_

Was supervisor present at time of accident? Yes  No

Was Workman's Comp form completed? Yes  No

Part of Body Injured \_\_\_\_\_

Injured Employee's Description of Accident:

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Persons Involved – List names and phone numbers

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Were there hazardous or unsafe conditions or acts contributed to the situation? Yes  No

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Investigator's Description of Accident:

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Direct Causes:

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Name of Witnesses:

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Contributing Cause

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Name of Witnesses:

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Actions taken to prevent recurrence:

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Person Responsible for corrective action and completion date: \_\_\_\_\_

Comments:

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

Comments made by: \_\_\_\_\_

Employees Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Safety Coordinator or Human Resources Signature Date \_\_\_\_\_

Reviewed by Safety Committee: \_\_\_\_\_ Date \_\_\_\_\_

## AUTO ACCIDENT/INJURY REPORT FORM

(To Be Completed by Supervisor)

Continue on reverse or attach additional sheet(s)

Department		Supervisor	
Date of Accident	Time of Accident	Location of Accident	
Vehicle Make	Vehicle Model	Vehicle I.D. Number	
Name(s) and Address (es) of Injured Party (ies)			
Witness Name and Address		Witness Name and Address	
Description of Accident			
Description of Injury			
Cause(s) of Injury			
Equipment Being Used			
Police Report Taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Police Report Taken By	
Measures for Preventing Recurrence			
Date of Report		Signature	

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES  
CLIENT/VISITOR REPORT OF INJURY

Date of Report:

\_\_\_\_\_

Reported to Director/Supervisor: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Name of Client or Visitor: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Address of location where injury occurred: \_\_\_\_\_

First Aid: Yes \_\_\_ No \_\_\_ By Whom: \_\_\_\_\_

Type of First Aid: \_\_\_\_\_

Medical Provider Contacted: Yes \_\_\_ No \_\_\_ Name of Provider: \_\_\_\_\_

Hospitalized: Yes \_\_\_ No \_\_\_ Name of Hospital: \_\_\_\_\_

Emergency Room Treatment: Yes \_\_\_ No \_\_\_ Name of Hospital: \_\_\_\_\_

Extent and nature of injury and part of body affected: \_\_\_\_\_

\_\_\_\_\_

Was there a safety hazard? Yes \_\_\_ No \_\_\_ Comment \_\_\_\_\_

\_\_\_\_\_

Preventative safety recommendation: \_\_\_\_\_

**CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES  
WITNESS REPORT OF ACCIDENT**

**Location of incident:**

\_\_\_\_\_

**Time of Incident:** \_\_\_\_\_

**Describe what occurred:**

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

**Persons Involved:**

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

**What hazardous conditions or unsafe conditions or acts contributed to the situation?**

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

**Report completed by:**

**Name:** \_\_\_\_\_  
                  **Please print**

**Name:** \_\_\_\_\_  
                  **Signature**

**Address and phone number of witness:**

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

**Date:** \_\_\_\_\_





12. What kind of bomb is it? \_\_\_\_\_

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13. What will cause the bomb to explode? \_\_\_\_\_

14. Why did you call me? \_\_\_\_\_

15. Why did you plant the bomb? \_\_\_\_\_

16. Who are you? \_\_\_\_\_

17. The caller's sex was:  Male  Female

18. The caller's age seemed to be about? \_\_\_\_\_

**Background Noise(s)- Check ONE or MORE:**

19.  House Noises  PASystem  Aircraft  Traffic  Crockery  Kids Crying  Voices  
 Static  Office Machinery  Factory Machinery  Animal Noises  Music  Bar Sounds  Trains  
 Motors  Clear Other: - Please Specify:
- 
- 

**The caller's ACCENT was:**

20.  English (Canadian)  French  German  Italian  English (British)  Spanish  Polish  
 Pakistani  English (American)  Jamaican  Russian  Chinese  English (Australian)  
 Japanese  Greek  Scandinavian  English (South African)  Arabic  
Other – Please Specify:
- 
- 

**The caller SEEMED to be:**

21.  Calm  Emotional  Irrational  Crying  Intoxicated  Excited  Drugged  Cool  
 Immature  Frightened  
Other – Please Specify:
- 
- 

**The caller's MANNER of SPEECH was:**

22.  Ragged  Slurred  Polite  Slow  Frightened  Clearing Throat  Incoherent  
 Cracking Voice  Fast  Taped  Stuttering  Deep Breathing  Lispering  Obscene  
 Normal  Rude  Whispering  Disguised  Defective  Out of Breath  Well Spoken/Educated  
Other – Please Specify:
- 
- 

23. Was the caller's voice familiar?  Yes  No

24. Who might the caller have been?

---

**THIS FORM WAS COMPLETED BY:**

25. Your name: \_\_\_\_\_

Your Position/Title: \_\_\_\_\_

Date Form Completed \_\_\_\_\_

Time Form Completed \_\_\_\_\_

## INSTRUCTIONS TO FILE WORKMAN'S COMPENSATION CLAIM

(In the event an employee needs medical attention due to an injury SUSTAINED ON THE JOB, the employee must inform Executive Director, Supervisor and Human Resources immediately.)

### **ALL WORK COMP INJURIES MUST BE REPORTED WITHIN 24 HOURS TO WORKER'S COMP INSURER (DR ABBOT AND CINCINNATI INSURANCE)**

1. Employee to fill out work comp authorization for medical treatment form
2. Employee to sign authorization to obtain information form
3. Employee to go to OCCUPATIONAL MEDICINE, 54 Hospital Drive, Suite 102, Osage Beach. Drug test must be administered.
  - a. *Dr Abbott 348-8045 must be utilized if employee wishes to get medical services paid for by the agency. (3.20 Employee Handbook)*
  - b. Dr. Abbott's office will treat the injury or make referrals if necessary and administer a drug/breath test per CCDDR policy.
  - c. Dr. Abbot's hours are Monday thru Friday 8:00am to 4:00 pm. If employee is working after normal business hours, and emergency medical attention is required, employee should go to urgent care facility or emergency room.

THIS IS THE ONLY WORK COMP CLINIC FOR THE LAKE AREA.
  - d. If accident occurs *out of lake area*, during working hours and employee is involved in accident/incident, that requires immediate attention, employee should go to nearest\ emergency room.
  - e. Executive Director, Human Resources Officer, or immediate supervisor will complete the Supervisor Incident/Injury Reporting Form and get statements from witnesses, if any.

**AFTER PAPERWORK IS COMPLETED WITH NECESSARY INFORMATION  
CALL CINCINNATI INSURANCE COMPANY AT **1-877-242-2544**  
(AVAILABLE 24 HOURS) TO REPORT ACCIDENT.**

**Work Comp Authorization for Medical Treatment**

**Cincinnati Insurance Cinfin.com 1-877-242-2544 (available 24 hours)**

**POLICYHOLDER NAME:** Camden Co Senate Bill 40 Board dba  
Camden Co Developmental Disability Resources  
573-693-1511

**POLICY NUMBER:** EWC 038 43 57-00

**EMPLOYEE INFORMATION**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # \_\_\_\_\_  
Social Security number \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_ Marital Status \_\_\_\_\_  
Number of dependents \_\_\_\_\_ Hire Date \_\_\_\_\_  
Job Title \_\_\_\_\_  
Wage information \_\_\_\_\_

**INCIDENT INFORMATION**

**Type of injury – such as burn or cut** \_\_\_\_\_

**Specific body part injured** \_\_\_\_\_

**Cause of accident (Contributing factors, lighting, ice, housekeeping, other)**  
\_\_\_\_\_  
\_\_\_\_\_

**Names / Telephone number of witness's** \_\_\_\_\_  
\_\_\_\_\_

**Address of where injury occurred** \_\_\_\_\_  
\_\_\_\_\_

**Date and time of injury** \_\_\_\_\_

**Was injured employee treated** Yes \_\_\_ No \_\_\_

**If so, indicate medical facility name, address, and phone number** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When was the accident reported to you?** \_\_\_\_\_

**By Whom** \_\_\_\_\_

\_\_\_\_\_  
**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_  
**HR/Management Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**CONSENT AND AUTHORIZATION FOR RELEASE AND USE  
OF DRUG AND/OR ALCOHOL TESTING**

**Camden County Developmental Disability Resources (CCDDR)**

I agree, per a request made under the drug/alcohol testing policy (3.32 Substance Abuse) of Camden County Developmental Disability Resources, to submit to a drug or alcohol test and to allow the laboratory testing service make the results available to Camden County Developmental Disability Resources.

If the test is for pre-employment and positive test results are confirmed, I understand I will not be considered as a candidate for employment.

If I am in the employment of Camden County Developmental Disability Resources, I understand I must abide by the company's alcohol and drug-free work place policy and may be required, at management discretion, to submit to testing for the presence of illegal drugs and/or alcohol. I understand that submission to such testing is a condition of employment with the company, and disciplinary action, up to and including termination, may result if I refuse to consent to such testing,

I hereby authorize any physician, laboratory, hospital or medical professional retained by Camden County Developmental Disability Resources for screening proposed, to conduct such screening, and to provide the results to aforementioned agency, or any person affiliated with Camden County Developmental Disability Resources.

**ACCEPT**

I hereby consent to the administration of the drug test and to the terms and conditions of the **CONSENT AND AUTHORIZATION FOR RELEASE AND USE OF DRUG AND/OR ALCOHOL TESTING**

**Applicant/Employee Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Agency Representative**\_\_\_\_\_ **Date**\_\_\_\_\_

**REFUSE**

I hereby refuse to the administration of the drug test and to the terms and conditions of the **CONSENT AND AUTHORIZATION FOR RELEASE AND USE OF DRUG AND/OR ALCOHOL TESTING**

**Applicant/Employee Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Agency Representative**\_\_\_\_\_ **Date**\_\_\_\_\_

# Supervisor Incident/Injury Reporting Form

Use this form to report any workplace accident, injury, incident, clinic/ER or fatality  
Return completed form to the Compliance Manager, or Management.

**This is documenting a:**

Lost Time/Injury      First Aid only      Incident      Taken to Clinic/ER      Fatality

**Details of person injured or involved**

Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Injured Employee(s) Involved: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Date Incident/Injury reported \_\_\_\_\_ Person reported to \_\_\_\_\_

**Event Details**

Date and Time of Incident/Injury: \_\_\_\_\_

Location of Incident/Injury: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Witnesses: \_\_\_\_\_

**Description of Incident/injury - involved body part injured, reason incident/injury occurred.:**

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

\*If more space is required please use the back of this sheet

**Action taken by staff member (counseled employee on safety etc)**

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

TO BE COMPLETED ONLY IF LOST TIME/INJURY WAS REQUIRED	
Type of injury sustained:	
Was medical treatment necessary? YES ___ NO ___	If yes, name of hospital or physician:
Return to work date: _____	Are Duties restricted? Yes ___ NO ___

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

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization to Obtain Information**

**I AUTHORIZE** any licensed physician, medical practitioner, nurse, hospital, or other medically related facility, insurance company, and employer who has any information as to the diagnosis, treatment of any physical condition of me, and any information regarding my occupation and salary, to give any information to The Cincinnati Insurance Companies, and the Division of Workers' Compensation to which a claim is submitted on my behalf

**I UNDERSTAND** that the information obtained by use of this authorization will be used by the company to determine eligibility for workers compensation benefits. Any information obtained will not be released to any person or organization except to other persons or organizations performing a business or legal service in connection with my claim or as may be otherwise permitted or required by law.

**I HEREBY CONSENT AND AUTHORIZE** the medical record provider to release and provide records containing this information to The Cincinnati Insurance Companies.

**I AUTHORIZE The Cincinnati Insurance Companies** to discuss my health information with my authorized treating physician, evaluating physician and/or medical care provider and with my Employer and their representatives and agents for the purpose of managing and adjudicating my workers compensation case(s).

**I KNOW** that I may request to receive a copy of this authorization.

**I AGREE** that a photocopy of this authorization shall be as valid as the original.

**I AGREE** that this authorization shall be valid for the duration of this claim, unless I choose to withdraw this aauthorization in writing.

---

**Date**

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**Print Name of Injured Employee**

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**Signature of Injured Employee or Authorized Representative**

**\* NOTE TO RECORD PROVIDER:**

*The Health Insurance Portability and Accountability Act (HIPAA) expressly indicates that a patient's consent or authorization is not required for records to be disclosed when the request is made pursuant to workers compensation laws. See 45 CFR Section 164.512(1). This request for records is made pursuant to The Missouri Workers' Compensation Act, Section 287.210 RSMO, ,subsections 5 and 6.*

**Submit completed form to:**

**The Cincinnati Insurance Companies  
PO Box145496  
Cincinnati, OH 45250-5496**