



**CAMDEN COUNTY
DEVELOPMENTAL DISABILITY RESOURCES**

HEALTH & SAFETY MANUAL
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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
- Event report trending data of clients served
- Liaison with Regional Center Quality Enhancement Provider Relations Team and service providers

The Administrative Team shall review and track any safety or health hazards and trends as well as 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(s). A Safety Officer(s) 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:

- Meet as necessary
- Increase safety awareness and promote an attitude of cooperation on safety concerns
- Review the Safety Manual and make revisions as necessary
- 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

- Act as a resource for in-house health issues and arrange for outside consultation
- Develop safety rules and practices as well as implementation
- Identify unsafe work practices or conditions and suggest remedies
- Include health and safety policies in new support coordination training and provide opportunities for certification as required by DMH operating regulations and CCDDR policy
- Encourage feedback regarding problems, ideas, and solutions related to safety from all staff
- Keep everyone in CCDDR informed about safety procedures
- Identify specific safety-related problems that seem to be recurring and develop appropriate prevention measures
- Maintain safety records and reports
- Perform or schedule all internal and external self-inspections and recommend action to be taken
- Review client/visitor reports of injury

B. Minutes

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

SECTION FOUR FUNCTIONS OF THE SAFETY OFFICER(S)

A. Purpose

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

B. Responsibilities

The Safety Officer(s)'s responsibilities include, but are not limited to:

- Coordinating periodic required emergency drills
- Ensuring that adequate first aid and other emergency supplies are current and present
- Reporting any issues and discuss training needs at staff meetings

SECTION FIVE SAFETY OBJECTIVES

A. Objectives

- Maintain ongoing programs to identify employee and client health and safety risks
- Provide safety programs to encourage employees to identify and eliminate safety risks
- Conduct ongoing safety training activities

SECTION SIX GENERAL SAFETY GUIDELINES

1. 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/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. CCDDR requires employees driving their vehicles and company vehicles during working hours to follow all local and state regulations. This includes, but is 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 the Human Resource Officer, 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 CCDDR's secured online network database and website.
5. All aisles, hallways, and doorways must be maintained, which includes being free of obstacles and stored materials.
6. Areas around fire extinguishers must always be kept clear and free of obstructions.
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 inspected periodically, but no less than annually.

SECTION EIGHT SAFETY TRAINING GUIDELINES

CCDDR takes safety training very seriously. The purpose is to teach staff to be safety conscious in their work and everyday living environment, as well as 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

- First Aid/CPR

- Fire Suppression
- Safety Rules
- Infection Control/Blood Borne Pathogens
- Emergency Plans/Disaster Plans / Drills
- Medication Administration
- Abuse/Neglect
- Accident Reporting
- Service Monitoring/Event Report Procedures
- Location of First Aid Kits

Safety resources include, but are 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

The purpose of Safety Orientation is to educate and train all new CCDDR employees in areas related to safety.

It is the responsibility of the Targeted Case Management Supervisor(s) and the Safety Officer(s) to orient new staff about CCDDR health and safety policies and procedures, including the content of this Health and Safety Manual. Post-test competency procedures may be utilized in this process.

SECTION NINE PROCEDURE FOR INFECTION CONTROL

A. Statement

It is CCDDR's responsibility to protect the health and safety of all its employees and clients via the use of universal precautions, and other standard procedures or recommended protocols as outlined by the Occupational Health and Safety Administration (OSHA), Centers for Disease Control, and/or other regulatory and/or relevant agencies. This infection control policy will be implemented through the training and education of employees, compliance with standard operating procedures in the workplace, administrative monitoring, and record keeping. The policy is divided into the following categories:

- Personnel Requirements
- Client Requirements
- Infection Control Procedures
- Human and Animal Bites
- Environmental Sampling
- Exposure Control Plan

B. Application

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

1. Personnel Requirements

- a. Employees whose positions place 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 may be required to leave the office(s) (other directives/conditions may apply) and will be encouraged/asked to remain home until such conditions are resolved.
 - ii. Concurrent disinfection as required will be carried out.
 - iii. Any employee who becomes ill at work will report to the supervisor or appropriate 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 staff reserve the right to refuse direct contact with clients when signs of infectious disease become apparent (i.e., rashes, conjunctivitis (pink eye), or other related signs to any applicable circumstance).
- b. CCDDR shall comply with the regulations of the MO Department of Health & Senior Services, Centers for Disease Control, and/or other regulatory and/or other relevant agency pertaining to the control of communicable disease.

3. Infection Control Procedures

- a. Dishes, utensils and countertops are to be sanitized.
- b. Areas accessible to the general public and employee workstations are to be sanitized regularly.
- c. Staff is instructed to use hand washing protocols after toileting or contact with individuals and prior to or after exposure to clients.
- d. When applicable, sanitize all equipment used with clients.
- e. When necessary, provide disposable tissues and/or sanitizing materials at all times.
- f. Employees cleaning any spill of bodily fluids shall wear sterile latex, nitrile, or other 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, Hepatitis, and/or other bloodborne pathogens, if applicable and/or necessary. 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 the Human Resource Officer 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, upon annual review, 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 and sanitizing, 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, including scratching, biting, spitting, etc.
- f. All personnel will cover open injuries with the 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 Targeted Case Management Supervisor(s), Human Resource Officer, or the appropriate designee(s).
- 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 the Human Resource Officer in completing a Worker's Compensation Authorization for Medical Treatment Form if needed.
 - iii. The Targeted Case Manager Supervisor(s), Human Resource Officer, or appropriate designee(s) 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 Resource Officer in completing a worker's compensation authorization for medical treatment form, and an Accident Investigation Report Form will be completed by the Targeted Case Manager Supervisor(s), Human Resources Officer, or appropriate designee(s).
 - 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 Form will be completed by the Targeted Case Manager Supervisor(s), Human Resource Officer, or appropriate designee(s).
- b. The Targeted Case Manager Supervisor(s), Human Resource Officer, or appropriate designee(s) will seek medical advice from the Camden County Health Department, Lake Regional Occupational Medicine Clinic, or other appropriate agency on whether clinical or serological testing should be performed on the source of blood or body fluid.
- c. The Accident Investigation Report Form 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

CCDDR provides these guidelines to prevent the spread of germs.

B. Standard Procedure

1. Wash hands before:

- Touching or serving food
- Treating a wound
- Handling contact lenses
- Caring for someone sick

2. Wash hands after:

- Using or helping someone use the toilet
- Coughing or sneezing
- Wiping nose
- Being out in public
- Playing with pets
- Handling raw meat, poultry or fish
- Handling garbage
- Touching your face or hair, especially if you wear makeup or hair ointments
- Touching unclean equipment, work surfaces, soiled clothing, etc.
- Smoking, eating and drinking
- Clearing away dirty dishes, utensils, etc.
- When hands become visibly soiled
- Handling money
- Touching infected parts of the body
- Coming into contact with bodily fluids of self or others
- Use of sterile gloves

3. How to wash hands:

- Use warm running water and soap
- Lather up for 20 seconds
- Rub lather all over, in between fingers and under nails
- 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 workplace 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:
- Chickenpox
 - Measles (Rubella)
 - Mumps
 - Whooping Cough (Pertussis)
 - German Measles (Rubella)
 - Tuberculosis (active)
 - Bacterial Meningitis
 - Streptococcal Sore Throat (untreated)
 - Flu
 - Staph/Strep Skin Infections (untreated)
 - 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, bodily 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 (BackPak)

Some emergency situations may require use of a disaster kit (E & F below). This kit will consist of, but not limited to, 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
Emergency Blankets	6
Manual Can Opener	1
Garbage Bags	1 Box

An assortment of gloves, masks, bandages, other personal hygiene products, and an Emergency Food Rationing Bar (or equivalent) will also be included.

B. Emergency Evacuations – Agency Documents

Some emergency situations may require evacuation or may compromise the use of CCDDR facilities (D & F below). Stored paper records, including copies of important documents for CCDDR to continue to operate, are now cloud-based.

Cloud-based information will include:

- Copy of emergency contact list of all CCDDR employees, provider agency administrative staff/QDPs/Lead Staff, and all clients served
- Copy of CCDDR insurance policies and agent contact information
- Copy of the list of emergency vendors (contractors, plumbers, electricians, restoration contractors, mold remediation, etc.)
- Copy of the list of vendors & suppliers (and alternates) essential for mission critical activities
- Copy of essential policies, emergency procedures, plans and manuals
- Copy of general office supply lists along with copies of frequently used forms

C. Coordination with Other Agencies

CCDDR shares building/office space(s) with the Children's Learning Center, OATS, and/or other agencies, and CCDDR will coordinate emergency planning with these agencies as well as regular health and safety 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 and visitors will immediately evacuate the site using the nearest clear exit, per the evacuation maps posted, and meet at the North parking area if possible.
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 TCM Office Manager 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 accounted for or present.
4. Staff shall take all possible measures to assist visitors who have mobility barriers to evacuate the building in the event accessible exits are obstructed.
5. As employees are exiting the building, they should notify as many persons in the building as possible that there is a fire in the building.
6. Staff should come together outside at a designated area so that the Directors/Supervisors can account for all personnel. Staff responsible for visitors/clients should determine that all visitors/clients have exited the building.
7. 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 Targeted Case Manager Supervisors, Safety Officer(s), or other appropriate designee(s) will monitor the weather radio for reports of severe weather conditions. The Targeted Case Manager Supervisors, Safety Officer(s), or other appropriate designee(s) 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 and Osage Beach.
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 client/visitor is present when the alarm is given, it will be the responsibility of the staff member whom the client/visitor is with (or TCM Office Manager if the client/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 a weather alert broadcasts over the weather radio, all staff/clients/visitors will immediately report to the Client Records Room.
 - ii. An "all clear" announcement will be made to indicate that it is safe to return to

classrooms, offices, and/or cubicles.

F. Earthquake Procedures

1. If an earthquake occurs, staff is directed to seek safety under a sturdy desk, table, and/or other furniture or door frames. Staff is to direct any clients/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, and/or other large objects that could fall.
3. The procedures listed above integrate the following basic responses to an earthquake. 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.
4. If you are outdoors, stay there. Move away from any buildings, streetlights, 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.

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 a briefcase, notebook, or folders on the home visit.
 - c. Don't give too much personal information about yourself to unfamiliar persons/families.
 - d. Inform your 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 and pay attention/notice things around you at all times.
 - f. Don't overburden yourself with equipment.
 - g. Sit near an exit door if you have any concerns about the nature of those you are visiting.
 - h. When in an unfamiliar home, develop an exit strategy if you feel the situation may be or become volatile.
 - i. Couple your appointment with another agency worker or schedule appointments in the 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. Office procedures are in place if a person becomes hostile while in CCDDR offices.

H. Extended Power Loss

1. In the event of utility failure occurring during regular working hours, check the breaker box first to determine if a breaker needs to be reset.
2. If it is determined that power to the building is off completely, immediately notify Laclede Electric by calling 573-346-5303 (Camdenton office or Keystone facility) or 800-263-7303. If there is a power loss in the Osage Breach Office, call Ameren at 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 the CCDDR Executive Director at 573-469-5851.
4. During an electrical failure, CCDDR facilities have 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 backups for a limited period of time. In the event of a power loss, staff will ensure that programs are exited and their computer workstations 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 equipment if you are not sure that the device was on when power went out.
6. In the event of an extended power loss when evacuation of the building is not possible, the Targeted Case Management Supervisor(s), Safety Officer(s), or TCM Office Manager 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 condensation from forming on circuitry. The Executive Director, Targeted Case Management Supervisor(s), or other appropriate designee(s) 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 the victim...maintain **Airway Breathing Circulation (A-B-C)**!
4. Provide the following information to the 9-1-1 operator:
 - Nature of medical emergency
 - Location of the emergency (address, building, etc.)
 - Your name and phone number from which you are calling
5. Do not move the 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:
 - Stop the bleeding with firm pressure on the wounds (note: avoid contact with blood or

- other bodily fluids)
- 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:
 - 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 Targeted Case Management Supervisor(s) immediately after evacuating
 - After evacuation, all employees and visitors will report to the far north parking lot to stage and await further instructions, and the Executive Director, Targeted Case Management Supervisor(s), or appropriate designee(s) shall account for all staff members
 - All employees will be updated on the status of the situation as information becomes available
 - 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 the 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 the Executive Director immediately.

L. Emergency Drills

Drills will be conducted for the CCDDR facilities and staff per accreditation guidelines. 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. 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: 800-222-1222
- Chemical Spill: 800-424-8802
- Emergency Personnel: 911
- FBI: 573-636-8814

- Electric: Camden & Keystone facility is 573-346-5303 or 800-263-7303
- Summit Natural Gas: 800-927-0787 for the Keystone facility
- Electric: Osage Beach office is 800-552-7583
- Water: 573-346-3600 for the Camden office, 573-317-9406 for the Keystone facility, or 573-302-2020 for the Osage Beach office
- Sexual Assault: 888-809-7233 or Kids Harbor is 573-348-6886
- Suicide Prevention: 800-273-8255

SECTION FIFTEEN TRANSPORTATION FOR PERSONS SERVED

A. Policy

It is CCDDR's responsibility to protect the health and safety of all our clients who are being transported in staff personal vehicles 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 has established contracted transportation services with OATS Inc. to support specifically identified transportation purposes for CCDDR clients; however, OATS Inc. is the designated public transit provider in Camden County and offers several transportation services from which to choose.

B. Procedure for Transporting Clients in Staff-Owned Vehicles

1. Drivers shall be properly licensed. Employees will furnish a copy of their driver's license to the Human Resource Officer.
2. Employees must have the minimum liability coverage as required by CCDDR policies.
3. Vehicles must have a 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 the appropriate guidelines. The Executive Director and/or Compliance Manager will be notified immediately and, if needed, the Work Comp Authorization for Medical Treatment Form, Auto Accident Report Form, and other necessary paperwork will be completed.

C. Procedure for Transporting Clients in an Agency-Owned Vehicle

1. Drivers shall be properly licensed. Employees will furnish a copy of their driver's license to the Human Resource Officer.
2. Vehicles must have a 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 the appropriate guidelines. The Executive Director and/or Compliance Manager will be notified immediately, and, if needed, the 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 CCDDR's policy to ensure the health and safety of clients served in community settings for which CCDDR is responsible as part of its Support Coordination program.

B. Procedure

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

DMH 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, or 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, 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 it is discovered or learned during a site/monitoring visit
- Ensure a DMH Event Management Tracking Form (EMT) is thoroughly and accurately completed and contains a detailed account of any actions or statements made surrounding the allegation and lists all potential witnesses

Support Coordinators and Targeted Case Management Supervisors will contact the Regional Office and submit appropriate EMT forms. Regional Office staff may ask the Support Coordinator(s) to:

- Gather additional information, if necessary, and compare the information provided to the DMH definitions of abuse, neglect, or misuse of funds/property
- Ask the provider agency to secure any physical evidence pertinent to the complaint, if available
- The Support Coordinator(s) will ensure the Department of Social Services, Children’s Division (800-392-3738) is contacted if the client(s) is under the age of 18; ensure the Department of Health and Senior Services, Adult Abuse/Neglect Hotline (800-392-0210) is contacted if the client is over the age of 18; and determine if the suspected abuse, neglect, or misuse of funds/property occurred while the client was or 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 follow protocols related to the type of allegation.

PHYSICAL ABUSE

If an injury occurred, ensure:

- Pictures are taken immediately (if pictures are taken via mobile devices controlled or owned by CCDDR, the pictures are to be immediately saved to the client’s file and deleted from the mobile device unless otherwise directed by law enforcement or other authorized investigating agency)
- 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

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

- Ensure local law enforcement is contacted.

D. Serving Clients & Their Families During A Disaster

CCDDR will make every attempt to prepare clients served and/or their families before a disaster occurs.

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.
 - 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.
 - 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

CCDDR will 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 whether professional medical attention is sought or

needed, 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 the Human Resource Officer 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 the Human Resource Officer within 24 hours of occurrence.
 3. Human Resources must immediately send the originals to current workman's compensation insurance carrier.
 4. The Human Resource Officer 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 Chairperson.
 6. The Targeted Case Management Supervisor(s), Human Resource Officer, or appropriate designee(s) complete the 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:

Persons Involved – List names and phone numbers

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

Investigator's Description of Accident:

Direct Causes:

Name of Witnesses:

Contributing Cause

Name of Witnesses:

Actions taken to prevent recurrence:

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	

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: _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES

FIRE - TORNADO-BOMB DRILL RECORD

DATE	TYPE OF DRILL	TIME REQUIRED TO EVACUATE	NUMBER OF PERSONS	COMMENTS (EXAMPLE - TIME OF DAY)

BOMB THREAT CHECKLIST
Threatening Call Form

This form is to be used as provided by company policy in the event of any threatening call (e.g., bomb threat, extortion attempt, etc.). It is to be *filled out as completely as possible* either *during* the call, or *immediately* afterward.

- 1. The call was received on (month/day/year): _____

- 2. Phone number at which call was received: _____ Line: _____ Ext: _____

- 3. The above-noted phone number is: Listed Unlisted

- 4. The call was possibly: Local Long Distance Cellular

- 5. The call began at (time): _____ call ended at (time): _____

- 6. Did the caller state a 'code word'? Yes: _____ No _____

Check off ANY critical words the caller may have used. This may indicate if the threat is REAL:

- 7. Det Cord Explosives Plastic Initiation C.E.4 Detonate Switch Detonator
- Explosion 808 Fuse Booby Trap Safety Fuse Timer Shrapnel Initiate
- P.E.4 Trigger Semtex: Trip Wire Plastic Explosive Power Source
- Chemical Fuse Trip Dynamite T.N.T Nitro

8. Was the caller reading from a 'text': Yes No

If *Yes*, the caller's *exact words* were as follows:

Questions to Ask:

- 9. When will the bomb go off? _____

- 10. Where is the bomb right now? _____

- 11. What does the bomb look like? _____

12. What kind of bomb is it? _____

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 Lisping 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

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**

_____ **Print Name of Injured Employee**

_____ **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**