

**City of Waterbury Temporary Employee**  
**Policy Manual Acknowledgement**

I ( \_\_\_\_\_ ) hereby acknowledge receipt of the City of Waterbury Policy Manual and orientation materials. By signing below, I agree to read these policies and materials and abide by the terms and conditions contained therein.

I understand that if I have any questions about any policy, that I will contact the Human Resources Department for clarification.

I further understand that my failure to comply with any of the City's policies may subject me to discipline, up to and including possible termination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Notice of Electronic Monitoring
- Electronic Mail Use Policy
- Internet Policy
- Executive Order #02-01 –Telephone Policy
- Proper Work Attire Policy
- Harassment in the Workplace Policy
- Employee Assistance Program
- Drug & Alcohol Policy
- Gifts and Favors
- Smoking Policy
- Workers' Compensation Pamphlet
- Business & Legal Reports Safety Brochures: Reducing Risks, Safety Attitude and Lifting
- Waste, Abuse & Fraud Hotline
- Nepotism

**The City of Waterbury  
And  
Waterbury Board of Education**

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I, the undersigned employee of The City of Waterbury and Waterbury Board of Education, have reviewed a copy of the City of Waterbury and Waterbury Board of Education employer Medical Care Plan Requirements. I understand that failure to follow the plan's requirements may suspend my right to receive Workers' Compensation benefits subject to the order of a Workers' Compensation Commissioner.

Print Name: \_\_\_\_\_

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

I have received a copy of the *"Payor and Medical Provider Guidelines to Improve the Coordination of Medical Services"*.

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

***An employee who declines to return a completed and signed form shall be considered to have accepted all statements as noted above.***

# Your EAP can help with virtually every area of life



TotalCare EAP  
Public Safety EAP  
Educators' EAP  
Higher Ed EAP  
HealthCare EAP



## PERSONAL

- |                      |                       |
|----------------------|-----------------------|
| Personal Stress      | Eating Disorders      |
| Anxiety              | Life Transitions      |
| Alcohol Abuse        | Pregnancy/Post Partum |
| Drug Addiction       | Personal Trauma       |
| Depression           | Sexual Concerns       |
| Medical Conditions   | Domestic Violence     |
| Grief/Bereavement    | Learning Disabilities |
| Gambling             | Smoking               |
| Weight Control       | Men's/Women's Issues  |
| Anger                | Nutrition             |
| Chronic Pain/illness |                       |



## FAMILY & RELATIONSHIPS

- |                     |                          |
|---------------------|--------------------------|
| Marital             | Teen Issues              |
| Parenting           | Domestic Partners        |
| Caregiving          | Physical Abuse           |
| Childcare           | Family Relocation        |
| Eldercare           | Sandwich Generation      |
| Education Planning  | Military Life/Separation |
| Adoption            | Disaster Preparedness    |
| Family Pets         | Communication            |
| Special Needs Child | Keeping Children Safe    |
| Blended Families    |                          |



## FINANCIAL & LEGAL

- |                     |                     |
|---------------------|---------------------|
| Debt                | Criminal Law        |
| Credit Card Issues  | DUI/DWI             |
| Financial Loss      | Landlords & Tenants |
| Bankruptcy          | Homeowner Concerns  |
| Budgeting           | Taxes               |
| Retirement Planning | Insurance           |
| Wills & Trusts      | Consumer Law        |
| Real Estate Law     | Contracts           |
| Car Buying          | Personal Injury     |
| Immigration         | Child Custody       |
| Divorce             | Social Security     |
| Civil Suits         |                     |



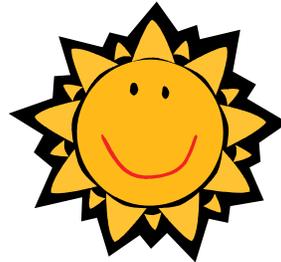
## WORK & CAREER

- |                     |                          |
|---------------------|--------------------------|
| Employee Conflict   | Time Management          |
| Work Related Stress | Skills Development       |
| Coaching            | Project Management       |
| Supervisor Conflict | Motivating Self & Others |
| Team Development    | Valuing Diversity        |
| Career Planning     | Managing Change          |
| Management Skills   |                          |
| Supervising Others  |                          |

**800-252-4555**  
**800-225-2527**

**The City of Waterbury**  
Department of Human Resources  
Office of the Civil Service Commission

June 2020



Dear Summer Recreation staff:

You are being employed and entrusted with a most important position of Leadership involving the care of children. This position allows you to make the Recreation Programs a more meaningful and enjoyable experience for the children who attend and use the playgrounds operated by the City of Waterbury Recreation Department.

Your job is to provide an opportunity for the children attending: to learn, enjoy and grow with the offered programs. Your enthusiasm and interaction, as well as leadership and example will have a strong influence on the children that will guide them and help them in their association with others throughout their lives. Summer programs are a very memorable time for children, be sure to put forth your best efforts in ensuring that these children have a great summer.

This manual is designed to inform you of the policies, programs and goals of the City of Waterbury Recreation Department. Their success depends heavily on your leadership, attitude and cooperation throughout the duration of the program.

Victor Cuevas, MS, ABO, CPO  
Acting Superintendent of Recreation

## SUMMER PLAYGROUND PERSONNEL



### SCHEDULED WORKING HOURS:

1. Seasonal Staff: 9am-3pm, Monday-Friday
2. Permanent Staff: 8am-4pm, Monday-Friday
3. Staff members have a 20-minute lunch break, which is assigned by a Supervisor. Lunch is to be taken on site unless otherwise arranged by a Supervisor.
4. If you are going to be late or out sick call your supervisor at the assigned location. Chase: 574-8292, Washington: 574-8297 River-Baldwin: 574-8342 North-End: 574-8294
5. If you can't reach anyone, call the Superintendent's Office at: 203-574-8342 by 8:30am.
6. All summer staff must give their telephone number to a Supervisor by JUNE 25TH. The Supervisor will give a copy to the Superintendent of Recreation.

### ATTENDANCE:

Daily worksheets with morning and afternoon attendance must be handed into the Supervisor.

No parent or guardian is to take a child without the permission from the Supervisor. Child also **MUST** be signed out on electronic system.

### ATTIRE:



All staff must remember that they set an example for the children in the Summer Program. Playground Leaders should keep a neat appearance and wear clean, comfortable sports attire.

Sandals, bare feet, open toes are not allowed. Employees MUST wear City issued Staff t-shirts. You will be sent home to change, with loss of pay. Shoes must be closed toe; sneakers are preferred for safety reasons.

### PAYROLL:

- ~ Payday is every two (2) weeks
- ~ Paychecks are issued on Thursday
- ~ All employees must sign a weekly worksheet
- ~ Site Supervisor sets up staff meetings, any questions should be directed to the site Supervisor.

## **CONDUCT:**

As an employee of the City of Waterbury Recreation Department, you are always representing us, even when you do not have direct contact with the Public. As you work in the park or at a pool, the Public is observing you. Your actions and behaviors affect their perceptions of the City of Waterbury. Good Public service requires everyone to perform his/her job in the most efficient, effective and courteous way possible. We want our employees to be friendly, understanding, capable and willing to serve.

1. Look presentable, neat and clean.
2. Be courteous and sincere. Remember to smile; say "Please" and "Thank You."
3. Be helpful when asked questions and always give accurate information. If you don't know the answer, say so, and find someone who can help or refer the person to your immediate Supervisor.
4. Be firm and clear when interpreting rules. Don't be sarcastic, rude or get into an argument.
5. Stay calm and listen carefully to what you are being told. Call your immediate supervisor if there is a problem you can't solve or if you need help with an angry person.
6. Most of all, if you do have to deal with an angry or rude member of the public, don't take it personally. Always give directions with a smile.
7. Be cooperative and nice, but limit your conversation to the problem or question at hand. It is not your job to carry on personal conversations with the public (because you need to get back to work.)
8. Drinking alcoholic beverages or use of any non-prescribed drug is strictly prohibited while on duty. Any employee who reports for duty while under the influence of non-prescribed drugs or alcohol is subject to discipline up to and including termination.
9. Employees may not sleep or lounge while on duty. Employees may not lay down on any of the benches or sleep or lay down in City vehicles.
10. Employees shall not use foul language or engage in fighting. This is grounds for immediate termination.
11. Employees must notify your immediate supervisor of any conditions that may affect your ability to perform your job.
12. Personal cell phones are NOT to be used while on City time. The ONLY time the usage of a personal cell phone is permitted is on your break or emergency situation.
13. If you are viewed talking or texting on your personal cell phone it will be confiscated and given back to you at the end of the work day. You must keep your attention on the children at all times.

Staff shall maintain professional and appropriate conduct in their daily interactions. It is not appropriate for staff to engage in personal relationships or have physical contact during work. You are reminded that you are subject to the City's Sexual Harassment policy. (Attached are copies of necessary policies for your review). Violations of these conduct standards and/or City policies will result in immediate termination.

## **PERFORMANCE EVALUATIONS:**

All seasonal employees will have their job performance evaluated by their immediate supervisor. This evaluation helps employees perform their jobs better by indicating their strengths and weaknesses. It also helps supervisors make decisions about future hiring.

## **RAIN DAY:**

All staff must report to the site and will be reassigned to another location if necessary.



## **ACCIDENTS/INCIDENTS:**

Accident/Incident reports must be filled out and filed with the Supervisor immediately.



## **SAFETY PROCEDURES**

1. If a child is seriously injured on site: get a supervisor, call 911 and the parents. Do not move the child.
2. If you are in a situation where bodily fluids are present, make sure the person aiding the injured is properly equipped with first aid equipment. Protective gloves, clean area, 5 parts water to 1 part bleach.
3. All personnel must be made aware to call 911, you must dial 9 first then 911. Be precise on the location of the victim. (Upper-park, lower-park, name of the street, etc.)
4. Parents must be notified of ANY injury their child has received no matter how small.
5. Incident/Accident reports must be filled out on any and every injury by the end of that working day.

## **PROBITIED PRACTICES:**

**YOU ARE NOT TO TAKE ANY PICTURES OF THE CHILDREN.**



**NO PICTURES OF THE CHILDREN ARE TO BE POSTED ON FACEBOOK OR ANY OTHER SOCIAL MEDIA SITE.**



**IF YOU POST ANY PICTURES OR TAKE ANY PICTURES OF THE CHILDREN, YOU WILL BE REPORTED TO HUMAN RESOURCES FOR IMMEDIATE TERMINATION.**

## **IN CONCLUSION:**

The level of service provided to the citizens of the City of Waterbury is directly related to your level of performance. As a public agency, we exist to provide services in the most effective, productive and efficient way possible. The attitude and work ethic we display while carrying out our duties plays a major role in determining the satisfaction level of those we serve. Let's work together and support one another so we can build the best working teams possible.

# ACUTE CONCUSSION EVALUATION (ACE)

Physician/Clinician Office Version

Gerard Gioia, PhD<sup>1</sup> & Micky Collins, PhD<sup>2</sup>

<sup>1</sup>Children's National Medical Center  
<sup>2</sup> University of Pittsburgh Medical Center

Patient Name _____
DOB: _____ Age: _____
Date: _____ ID/MR# _____

**A. Injury Characteristics** Date/Time of Injury \_\_\_\_\_ Reporter:  Patient  Parent  Spouse  Other \_\_\_\_\_

1. Injury Description \_\_\_\_\_

- 1a. Is there evidence of a forcible blow to the head (direct or indirect)?  Yes  No  Unknown  
 1b. Is there evidence of intracranial injury or skull fracture?  Yes  No  Unknown  
 1c. Location of Impact:  Frontal  Lft Temporal  Rt Temporal  Lft Parietal  Rt Parietal  Occipital  Neck  Indirect Force  
 2. **Cause:**  MVC  Pedestrian-MVC  Fall  Assault  Sports (specify) \_\_\_\_\_ Other \_\_\_\_\_  
 3. **Amnesia Before (Retrograde)** Are there any events just BEFORE the injury that you/ person has no memory of (even brief)?  Yes  No Duration \_\_\_\_\_  
 4. **Amnesia After (Anterograde)** Are there any events just AFTER the injury that you/ person has no memory of (even brief)?  Yes  No Duration \_\_\_\_\_  
 5. **Loss of Consciousness:** Did you/ person lose consciousness?  Yes  No Duration \_\_\_\_\_  
 6. **EARLY SIGNS:**  Appears dazed or stunned  Is confused about events  Answers questions slowly  Repeats Questions  Forgetful (recent info)  
 7. **Seizures:** Were seizures observed? No  Yes  Detail \_\_\_\_\_

**B. Symptom Check List\*** Since the injury, has the person experienced any of these symptoms any more than usual today or in the past day?

Indicate presence of each symptom (0=No, 1=Yes). \*Lovell & Collins, 1998 JHTR

PHYSICAL (10)		COGNITIVE (4)		SLEEP (4)	
Headache	0 1	Feeling mentally foggy	0 1	Drowsiness	0 1
Nausea	0 1	Feeling slowed down	0 1	Sleeping less than usual	0 1 N/A
Vomiting	0 1	Difficulty concentrating	0 1	Sleeping more than usual	0 1 N/A
Balance problems	0 1	Difficulty remembering	0 1	Trouble falling asleep	0 1 N/A
Dizziness	0 1	<b>COGNITIVE Total (0-4)</b> _____		<b>SLEEP Total (0-4)</b> _____	
Visual problems	0 1	<b>EMOTIONAL (4)</b>		<b>Exertion:</b> Do these symptoms <u>worsen</u> with: Physical Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Cognitive Activity <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A  <b>Overall Rating:</b> How <u>different</u> is the person acting compared to his/her usual self? (circle) Normal 0 1 2 3 4 5 6 Very Different	
Fatigue	0 1	Irritability	0 1		
Sensitivity to light	0 1	Sadness	0 1		
Sensitivity to noise	0 1	More emotional	0 1		
Numbness/Tingling	0 1	Nervousness	0 1		
<b>PHYSICAL Total (0-10)</b> _____		<b>EMOTIONAL Total (0-4)</b> _____			
<b>(Add Physical, Cognitive, Emotion, Sleep totals)</b>					
<b>Total Symptom Score (0-22)</b>				_____	

**C. Risk Factors for Protracted Recovery** (check all that apply)

Concussion History? Y ___ N ___	✓	Headache History? Y ___ N ___	✓	Developmental History	✓	Psychiatric History
Previous # 1 2 3 4 5		Prior treatment for headache		Learning disabilities		Anxiety
Longest symptom duration Days ___ Weeks ___ Months ___ Years ___		History of migraine headache ___ Personal ___ Family _____		Attention-Deficit/ Hyperactivity Disorder		Depression
If multiple concussions, less force caused reinjury? Yes ___ No ___				Other developmental disorder _____		Other psychiatric disorder _____

List other comorbid medical disorders or medication usage (e.g., hypothyroid, seizures) \_\_\_\_\_

**D. RED FLAGS for acute emergency management:** Refer to the emergency department with sudden onset of any of the following:

- |                          |  |  |                                    |
|--------------------------|--|--|------------------------------------|
| * Headaches that worsen  | * Looks very drowsy/ can't be awakened | * Can't recognize people or places     | * Neck pain                        |
| * Seizures               | * Repeated vomiting                    | * Increasing confusion or irritability | * Unusual behavioral change        |
| * Focal neurologic signs | * Slurred speech                       | * Weakness or numbness in arms/legs    | * Change in state of consciousness |

**E. Diagnosis (ICD-10):**  Concussion w/o LOC S06.0X0A  Concussion w/ LOC S06.0X1A  Concussion (Unspecified) S06.0X9A  Other (854) \_\_\_\_\_  
 No diagnosis

**F. Follow-Up Action Plan** Complete ACE Care Plan and provide copy to patient/family.

- No Follow-Up Needed  
 Physician/ Clinician Office Monitoring: Date of next follow-up \_\_\_\_\_  
 Referral:  
 Neuropsychological Testing  
 Physician: Neurosurgery \_\_\_ Neurology \_\_\_ Sports Medicine \_\_\_ Physiatrist \_\_\_ Psychiatrist \_\_\_ Other \_\_\_\_\_  
 Emergency Department

**A concussion (or mild traumatic brain injury (MTBI))** is a complex pathophysiologic process affecting the brain, induced by traumatic biomechanical forces secondary to direct or indirect forces to the head. Disturbance of brain function is related to neurometabolic dysfunction, rather than structural injury, and is typically associated with normal structural neuroimaging findings (i.e., CT scan, MRI). Concussion may or may not involve a loss of consciousness (LOC). Concussion results in a constellation of physical, cognitive, emotional and sleep-related symptoms. Symptoms may last from several minutes to days, weeks, months or even longer in some cases.

### ACE Instructions

The ACE is intended to provide an evidence-based clinical protocol to conduct an initial evaluation and diagnosis of patients (both children and adults) with known or suspected MTBI. The research evidence documenting the importance of these components in the evaluation of an MTBI is provided in the reference list.

#### A. Injury Characteristics:

1. Obtain **description of the injury** - how injury occurred, type of force, location on the head or body if force transmitted to head. Different biomechanics of injury may result in differential symptom patterns (e.g., occipital blow may result in visual changes, balance difficulties).
2. Indicate the **cause of injury**. Greater forces associated with the trauma are likely to result in more severe presentation of symptoms.
- 3/ 4. **Amnesia**: Amnesia is defined as the failure to form new memories. Determine whether amnesia has occurred and attempt to determine length of time of memory dysfunction – **before** (retrograde) and **after** (anterograde) injury. Even seconds to minutes of memory loss can be predictive of outcome. Recent research has indicated that amnesia may be up to 4-10 times more predictive of symptoms and cognitive deficits following concussion than is LOC (less than 1 minute).<sup>1</sup>
5. **Loss of consciousness (LOC)** - If occurs, determine length of LOC.
6. **Early signs**. If present, ask the individuals who know the patient (parent, spouse, friend, etc) about specific signs of the concussion/ MTBI that may have been observed. These signs are typically observed early after the injury.
7. Inquire whether **seizures** were observed or not.

#### B. Symptom Checklist:<sup>2</sup>

1. Ask patient (and/ or parent, if child) to report presence of the four categories of symptoms since injury. It is important to assess all listed symptoms as different parts of the brain control different functions. One or all symptoms may be present depending upon mechanisms of injury.<sup>3</sup> Record 1 for Yes or 0 for No for their presence or absence, respectively.
2. For all symptoms, indicate presence of symptoms as experienced within the past 24 hours. Since symptoms can be present pre-morbidly/at baseline (e.g., inattention, headaches, sleep, sadness), it is important to assess **change** from their typical presentation.
3. **Scoring**: Sum total **number** of symptoms present per area, and sum all four areas into Total Symptom Score (score range 0-22). (Note: most sleep symptoms are only applicable after a night has passed since the injury. Drowsiness may be present on the day of injury.) If symptoms are new and present, there is no lower limit symptom score. Any **score > 0** indicates **positive symptom** history.
4. **Exertion**: Inquire whether any symptoms worsen with physical (e.g., running, climbing stairs, bike riding) and/or cognitive (e.g., academic studies, multi-tasking at work, reading or other tasks requiring focused concentration) exertion. Clinicians should be aware that symptoms will typically worsen or re-emerge with exertion, indicating incomplete recovery. Over-exertion may protract recovery.
5. **Overall Rating**: Determine how different the person is acting from their usual self. Circle 0 (Normal) to 6 (Very Different).

#### C. Risk Factors for Protracted Recovery: Assess the following risk factors as possible complicating factors in the recovery process.

1. **Concussion history**: Assess the number and date(s) of prior concussions, the duration of symptoms for each injury, and whether less biomechanical force resulted in re-injury. Recent research indicates that cognitive and symptom effects of concussion may be cumulative, especially if there is minimal duration of time between injuries and less biomechanical force results in subsequent concussion (which may indicate incomplete recovery from initial trauma).<sup>4-8</sup>
2. **Headache history**: Assess personal and/or family history of diagnosis/treatment for headaches. Recent research indicates headache (migraine in particular) can result in protracted recovery from concussion.<sup>8-11</sup>
3. **Developmental history**: Assess history of learning disabilities, Attention-Deficit/Hyperactivity Disorder or other developmental disorders. Recent studies indicate the possibility of a longer period of recovery with these conditions.<sup>12</sup>
4. **Psychiatric history**: Assess for history of depression/mood disorder, anxiety, and/or sleep disorder.<sup>13-16</sup>

#### D. Red Flags: The patient should be carefully observed over the first 24-48 hours for these serious signs. Red flags are to be assessed as **possible signs of deteriorating neurological functioning**. Any positive report should prompt strong consideration of referral for emergency medical evaluation (e.g. CT Scan to rule out intracranial bleed or other structural pathology).<sup>17</sup>

#### E. Diagnosis: The following ICD-10 diagnostic codes may be applicable.

**S06.0X0A (Concussion, with no loss of consciousness)** – Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); no evidence of LOC (A5), skull fracture or intracranial injury (A1b).

**S06.0X1A (Concussion, with brief loss of consciousness < 30 minutes)** - Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); positive evidence of LOC (A5), skull fracture or intracranial injury (A1b).

**S06.0X9A (Concussion, unspecified)** - Positive injury description with evidence of forcible direct/ indirect blow to the head (A1a); plus evidence of active symptoms (B) of any type and number related to the trauma (Total Symptom Score >0); unclear/unknown injury details; unclear evidence of LOC (A5), no skull fracture or intracranial injury.

**Other Diagnoses** – If the patient presents with a positive injury description and associated symptoms, but additional evidence of intracranial injury (A 1b) such as from neuroimaging, a moderate TBI and the diagnostic category of **S06.890A (Intracranial injury)** should be considered.

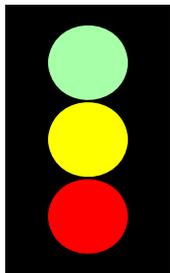
#### F. Follow-Up Action Plan: Develop a follow-up plan of action for symptomatic patients. The physician/clinician may decide to (1) monitor the patient in the office or (2) refer them to a specialist. Serial evaluation of the concussion is critical as symptoms may resolve, worsen, or ebb and flow depending upon many factors (e.g., cognitive/ physical exertion, comorbidities). Referral to a specialist can be particularly valuable to help manage certain aspects of the patient's condition. (Physician/clinician should also complete the ACE Care Plan included in this tool kit.)

1. **Physician/clinician serial monitoring**- Particularly appropriate if number and severity of symptoms are steadily decreasing over time and/or fully resolve within 3-5 days. If steady reduction is not evident, referral to a specialist is warranted.
2. **Referral to a specialist** – Appropriate if symptom reduction is not evident in 3-5 days, or sooner if symptom profile is concerning in type/severity.
  - **Neuropsychological Testing** can provide valuable information to help assess a patient's brain function and impairment and assist with treatment planning, such as return to play decisions.
  - **Physician Evaluation** is particularly relevant for medical evaluation and management of concussion. It is also critical for evaluating and managing focal neurologic, sensory, vestibular, and motor concerns. It may be useful for medication management (e.g., headaches, sleep disturbance, depression) if post-concussive problems persist.

# Asthma Action Plan

## Ages 0 – 11 Years

Name:	Birth Date:	Date:
Parent/Guardian Phone #'s:	Provider Phone #: Fax #: (or stamp)	
<b>Important! Things that make your asthma worse (Triggers):</b> <input checked="" type="checkbox"/> smoke <input type="checkbox"/> pets <input type="checkbox"/> mold <input type="checkbox"/> dust <input type="checkbox"/> tree/grass/weed pollen <input type="checkbox"/> colds/viruses <input type="checkbox"/> exercise <input type="checkbox"/> seasons:         other: _____		



**Severity Classification:**  Severe Persistent  Moderate Persistent  Mild Persistent  Intermittent

**GO – You're Doing Well!** USE THESE MEDICINES EVERY DAY TO PREVENT SYMPTOMS

You have **all** of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work and play



**CONTROLLER MEDICINE** **DIRECTIONS**

\_\_\_\_\_

\_\_\_\_\_

**If your child usually has symptoms with exercise then give:**

\_\_\_\_\_

☺ **Inhalers work better with spacers. Always use with a mask when prescribed.**

Peak Flow may be useful for some kids.

**CAUTION – Slow Down!** Continue with Green Zone Medicine and Add:

You have **any** of these:

- First signs of a cold
- Exposure to known trigger
- Cough
- Wheeze
- Tight chest
- Coughing at night



**RESCUE MEDICINE** **DIRECTIONS**

Then: Wait **20 minutes** and see if the treatment(s) helped

- If you are **GETTING WORSE** or **NOT IMPROVING** after the treatment(s) **GO TO RED ZONE**
- If you are **BETTER**, continue treatments every 4 to 6 hours as needed for 24 to 48 hours

Then: If you still have symptoms after 24 hours, **CALL YOUR DOCTOR** and if he/she agrees:

- Start: \_\_\_\_\_

If rescue medication is needed more than 2 times a week, call your doctor at: \_\_\_\_\_

**DANGER – Get Help!** TAKE THESE MEDICINES AND SEEK MEDICAL HELP NOW!

Your asthma is **getting worse fast**:

- Medicine is not helping
- Breathing is hard and fast
- Nose opens wide
- Can't talk well
- Getting nervous



**RESCUE MEDICINE** **DIRECTIONS**

Then: Wait 15 minutes and see if treatment helped

- If **GETTING WORSE** or **NOT IMPROVING**, go to the hospital or **call 911**
- If you are getting **BETTER**, continue treatments every 4 to 6 hours and call your doctor – **say you are having an asthma attack and need to be seen TODAY!**

Then: If your doctor agrees, start: \_\_\_\_\_

✓ Make an appointment with your primary care provider within **two days** of an **emergency visit, hospitalization**, or anytime for **ANY** problem or question with asthma

**School Nurse:** Call provider for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms

**Parents:** Call your doctor for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms

**HEALTHCARE PROVIDER SCHOOL MEDICATION AUTHORIZATION** **REQUIRED** FOR \_\_\_\_\_ as stated in accordance with CT State Law and Regulations 10-212a

**Self-Administration:**  This student **is** capable to safely and properly self-administer this medication **OR**  This student **is not** approved to self-administer this medication

Signature: \_\_\_\_\_ Provider Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ For use from \_\_\_\_\_ to \_\_\_\_\_

**Parent/Guardian Consent: REQUIRED**

I authorize this medication to be administered by school personnel **OR**  I authorize the student to possess and self-administer medication.

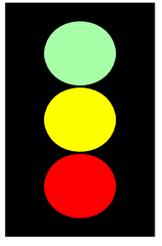
I also authorize communication between the prescribing health care provider, the school nurse, the school medical advisor and school-based clinic providers necessary for asthma management and administration of this medication.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_ **\* Bring asthma meds and spacer to all visits**

# Plan de Acción Contra el Asma

## Niños 0 – 11 años

Nombre de paciente:	Fecha de nacimiento:	Fecha:
# teléfono del Padre/Guardián:	# teléfono del Médico:	# fax:
<b>¡Importante! Cosas que hace peor el asma:</b> <input type="checkbox"/> humo <input type="checkbox"/> mascotas <input type="checkbox"/> moho <input type="checkbox"/> polvo <input type="checkbox"/> polen de árbol/hierba <input type="checkbox"/> resfriado/virus <input type="checkbox"/> ejercicio <input type="checkbox"/> cambio de clima: <input type="checkbox"/> otras cosas:		



**Clasificación de Severidad:**  Severo persistente    Moderado persistente    Leve persistente    Leve Intermitente

**Proceda – ¡Está haciendo bien!**      **USE ESTAS MEDICINAS CADA DÍA PARA PREVENIR SÍNTOMAS**

**Usted tiene todos estos síntomas:**

- Respira bien
- No hay tos o sibilancias
- Duerme toda la noche
- Puede trabajar y jugar

Información sobre flujo máximo podría ser útil para niños que no perciben bien sus síntomas.

MEDICINA DE CONTROL	COMO DEBERÍA TOMARLA
_____	_____
_____	_____
<input type="checkbox"/> Si por lo general su niño tiene síntomas de asma durante el ejercicio, déle:	
<input checked="" type="checkbox"/> Inhaladores funciona mejor con un espaciador. Siempre use con el espaciador con mascarilla o boquilla.	

**PRECAUCIÓN – ¡Detengase!**      **Continúe con medicina de la Zona Verde y Añade:**

**Si tiene estos síntomas:**

- Síntomas iniciales del resfriado
- Contacto con alguna cosa que provoca asma
- Tos
- Sibilancia
- Pecho apretado
- Tos por la noche

MEDICINA DE RESCATE	COMO DEBERÍA TOMARLA
_____	_____
<b>Entonces: Espere 20 minutos y evalúe si el tratamiento ayudó</b>	
<ul style="list-style-type: none"> <li>Si <b>ESTÁ EMPEORANDO</b> o <b>NO HAY MEJORÍA</b> después del tratamiento, <b>PROCEDA A LA ZONA ROJA</b></li> <li>Si <b>HAY MEJORÍA</b>, continúe con la medicina en dosis indicada cada 4 a 6 horas como necesario durante 24 a 48 horas</li> </ul>	
<b>Entonces:</b> Si todavía tiene síntomas después de 24 horas, LLAME A SU MÉDICO. Si él/ella está de acuerdo:	
<ul style="list-style-type: none"> <li>Empiece: _____</li> </ul>	
Si necesita medicina de rescate más que dos veces en una semana, llame a su médico: _____	

**PELIGRO – ¡Obtenga ayuda!**      **TOME ÉSTAS MEDICINAS Y COJA AYUDA MEDICA AHORA MISMO!**

**Rápidamente, su asma está empeorando:**

- La medicina no le ayuda
- Respiración es difícil y rápido
- Las fosas nasales se abre arriba
- No puede hablar bien
- Se pone nervioso

MEDICINA DE RESCATE	COMO DEBERÍA TOMARLA
_____	_____
<b>Entonces: Espere 15 minutos y evalúe si el tratamiento ayudó</b>	
<ul style="list-style-type: none"> <li>Si <b>ESTÁ EMPEORANDO</b> o <b>NO HAY MEJORÍA</b>, vaya al hospital o llame 911</li> <li>Si <b>HAY MEJORÍA</b>, continúe con la medicina en dosis indicada cada 4 a 6 horas y llame a su médico – <b>Dígale que está teniendo un ataque de asma y necesita una cita HOY!</b></li> </ul>	
<b>Entonces:</b> Si él/ella está de acuerdo, empiece: _____	

✓ Haga una cita con su proveedor de cuidado primario **dentro de dos días** a partir de una visita al ED o una hospitalización, o en cualquier momento para cualquier problema o pregunta sobre asma.

**School Nurse: Call provider for control concerns or if rescue medication is used more than 2 times/week for asthma symptoms**  
**Padre/Guardián: Llame al médico para discutir preguntas sobre control del asma o si uso de medicina de rescate es más que 2 veces/semana**

HEALTHCARE PROVIDER SCHOOL MEDICATION AUTHORIZATION **REQUIRED** FOR \_\_\_\_\_ as stated in accordance with CT State Law and Regulations 10-212a

**Self-Administration:**  This student is capable to safely and properly self-administer this medication OR  This student is not approved to self-administer this medication

Signature: \_\_\_\_\_ Provider Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ For use from \_\_\_\_\_ to \_\_\_\_\_

**Padre/Guardián: OBLIGATORIO**

Autorizo al empleados medicos de la escuela para dar estas medicinas a mi niño/a O  Autorizo al estudiante para tener estas medicinas y tomárselas a si mismo

Autorizo también la comunicación, entre el médico que prescribe las medicinas, la enfermera escolar, el consejero médico escolar, y profesionales de clínica basados en la escuela que es necesario para el manejo de asma y administración de estas medicinas.

Firma del Padre/Guardián: \_\_\_\_\_ Fecha: \_\_\_\_\_ **Traiga medicinas para asma y espaciador a todas citas.**



## FIRST AID FOR SEIZURES

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First aid for seizures involves responding in ways that can keep the person safe until the seizure stops by itself. Here are a few things you can do to help someone who is having a generalized tonic-clonic (grand mal) seizure:

- Keep calm and reassure other people who may be nearby.
- Prevent injury by clearing the area around the person of anything hard or sharp.
- Ease the person to the floor and put something soft and flat, like a folded jacket, under his/her head.
- Remove eyeglasses and loosen ties or anything around the neck that may make breathing difficult.
- Time the seizure with your watch. If the seizure continues for longer than 5 minutes without signs of slowing down or if a person has trouble breathing afterwards, appears to be injured, in pain or recovery is unusual in some way, call 911.
- Do not hold the person down or try to stop movements.
- Contrary to popular belief, it is not true that a person having a seizure can swallow their tongue. **DO NOT** put anything in the person's mouth. Efforts to hold the tongue down can injure the teeth or jaw.
- Turn the person gently onto one side. This will help keep the airway clear.
- Don't attempt artificial respiration except in the unlikely event that a person does not start breathing again after the seizure has stopped.
- Stay with the person until the seizure ends naturally and he/she is fully awake.
- Do not offer the person water or food until fully alert.
- Be friendly and reassuring as consciousness returns.
- Offer to call a taxi, friend or relative to help the person get home if they seem confused or unable to get home without help.

Here are a few things you can do to help someone who is having a seizure that appears as blank staring, loss of awareness, and/or involuntary blinking, chewing, or other facial movements.

- Stay calm and speak reassuringly.
- Guide him/her away from dangers.
- Block access to hazards, but don't restrain the person.
- If the person is agitated, stay a distance away, but close enough to protect until full awareness has returned.

### **CONSIDER A SEIZURE AN EMERGENCY AND CALL 911 IF ANY OF THE FOLLOWING OCCURS:**

- The seizure lasts longer than 5 minutes without signs of slowing down or if a person has trouble breathing afterwards, appears to be in pain or recovery is unusual in some way.
- The person has another seizure soon after the first one
- The person cannot be awakened after the seizure activity has stopped.
- The person became injured during the seizure.
- The person becomes aggressive
- The seizure occurs in water.
- The person has a health condition like diabetes or heart disease or is pregnant.

**PLACE  
PICTURE  
HERE**

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

Weight: \_\_\_\_\_ lbs. Asthma:  **Yes (higher risk for a severe reaction)**  **No**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

**THEREFORE:**

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:

## SEVERE SYMPTOMS

 <b>LUNG</b> Shortness of breath, wheezing, repetitive cough	 <b>HEART</b> Pale or bluish skin, faintness, weak pulse, dizziness	 <b>THROAT</b> Tight or hoarse throat, trouble breathing or swallowing	 <b>MOUTH</b> Significant swelling of the tongue or lips
 <b>SKIN</b> Many hives over body, widespread redness	 <b>GUT</b> Repetitive vomiting, severe diarrhea	 <b>OTHER</b> Feeling something bad is about to happen, anxiety, confusion	<p><b>OR A COMBINATION</b> of symptoms from different body areas.</p>

↓      ↓      ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS

 <b>NOSE</b> Itchy or runny nose, sneezing	 <b>MOUTH</b> Itchy mouth	 <b>SKIN</b> A few hives, mild itch	 <b>GUT</b> Mild nausea or discomfort
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**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

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**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose:  0.1 mg IM     0.15 mg IM     0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

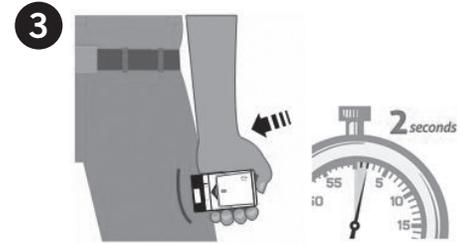
Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

\_\_\_\_\_

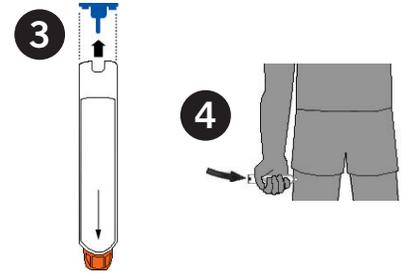
## HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



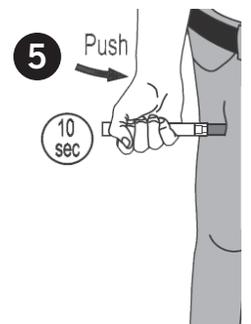
## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

## OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

### EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

### OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

# ASTHMA TRIGGERS

Triggers are things that make your asthma worse. Some triggers are things you are allergic to and some just irritate your airways. You can reduce how often your asthma flares up by reducing exposure to your triggers.

## TRIGGERS

## WHAT YOU CAN DO TO REDUCE YOUR TRIGGERS



### TOBACCO SMOKE

*Tobacco smoke can make asthma worse.*

- Do not allow smoking or vaping in your home or car, or around you.
- Talk to your health care provider about quitting or call: **1-800-QUIT-NOW (800-784-8669)** to connect to a Quitline coach. Free tools are available at [www.quitplan.com](http://www.quitplan.com)



### COLDS, FLU, & BRONCHITIS

*When you're sick, your asthma is more likely to flare up.*

- Wash your hands often.
- Don't touch your eyes, nose, or mouth.
- Get a flu shot every year, preferably in the fall.
- Avoid contact with people who have colds.



### DUST MITES

*Tiny spider-like mites live in cloth, carpet, and bedding and are too small to see with the naked eye.*

- Get special dust mite-proof covers for your pillows and mattresses.
- Wash sheets and blankets in hot water every week.
- Wash stuffed animals frequently and dry completely.
- Use a high quality furnace filter.
- Avoid having carpeting, if you can, or vacuum weekly with a HEPA vacuum cleaner.



### POLLEN & OUTDOOR AIR POLLUTION

*Some people are allergic to molds or pollen from trees, grass, and weeds.*

- Try to keep your windows closed during pollen season and when mold counts are high.
- Plan to do indoor activities on high pollen days.
- Ask your health care provider about taking medicine during allergy season.
- Follow daily air quality forecasts at [www.pca.state.mn.us/air/current-air-quality](http://www.pca.state.mn.us/air/current-air-quality)



### ANIMALS

*Some people are allergic to skin flakes (dander), urine, or saliva from animals and birds.*

- Keep pets with fur or feathers out of your home.
- If you can't keep a pet outdoors, then keep the pet out of your bedroom, and keep the bedroom door closed.
- Keep pets off upholstered furniture and away from stuffed toys.
- Wash your hands after petting or playing with pets.



### MICE, RATS, & COCKROACHES

*Some people are allergic to the droppings from these pests.*

- Seal openings, cracks, and crevices.
- Do not leave food or garbage uncovered.
- Clean up spills and food crumbs right away.
- Store food in airtight containers and cooking grease in the refrigerator.
- Keep food out of the bedroom.



### INDOOR MOLD

*This can be a trigger if your home has high moisture.*

- Fix leaking faucets, pipes, or other sources of water within 24 hours.
- Clean moldy surfaces with hot water and soap.
- Use bath and kitchen exhaust fans.
- Use a dehumidifier in the basement if it is damp and smelly.



### WOOD SMOKE, STRONG ODORS, & SPRAYS

*These can reduce air quality and irritate airways.*

- Avoid inhaling smoke from burning wood.
- Avoid strong odors and sprays, like perfume, powders, hair spray, paints, incense, cleaning products, candles, and new carpeting.



### EXERCISE OR SPORTS

*This can trigger an asthma attack for some people.*

- Take your rescue medicine before sports or exercise to prevent symptoms if directed by your health care provider.
- Warm up/cool down for 5-10 minutes before and after sports or exercise.



### OTHER TRIGGERS

*Cold air, changes in weather, and strong emotions can set off an asthma attack.*

- Cover your nose and mouth with a scarf when it gets cold.
- Sometimes laughing or crying can be a trigger.
- Some medicines and foods can trigger asthma.

H.D. Segur Risk Management

# ***Bloodborne Pathogens***



**Speaker:**



## Introduction:



- The Occupational Safety and Health Administration's (OSHA's) Bloodborne Pathogens standard requires safeguards to protect employees against the health hazards from exposure to blood and other potentially infectious materials, and to reduce their risk from this exposure through engineering control, administrative controls, and by using Personal Protective Equipment.

## Introduction:



- The OSHA standard pertaining to Bloodborne Pathogens: **1910.1030**
- *Who is covered?* All employees who could be "reasonably anticipated" as the result of performing their job duties to face contact with blood and other potentially infectious materials.
- "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

## BBP Definition:



- Pathogenic micro-organisms which are present in human blood and can cause disease in humans. These pathogens include, but are not limited to:
  - Hepatitis A virus (HAV)
  - Hepatitis B virus (HBV)
  - Hepatitis C (HCV)
  - Human Immunodeficiency Virus (HIV)

## Hepatitis A

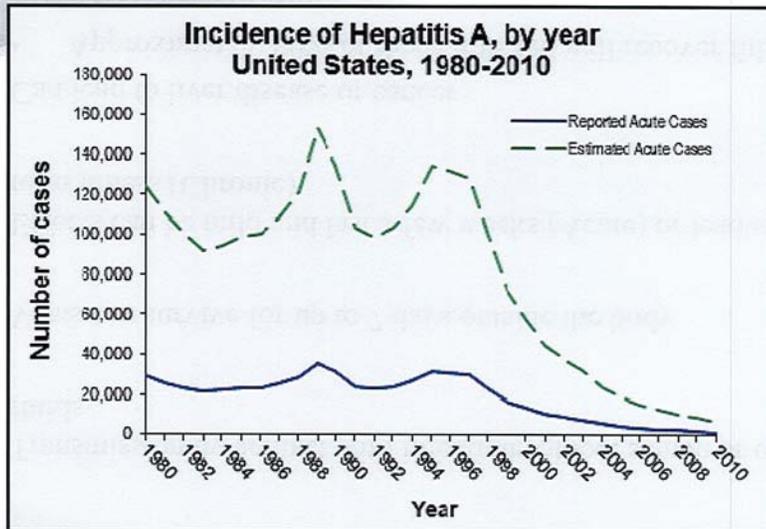


- Contagious liver disease
- Spread by contact with fecal matter from contaminated objects, food or drink
- Survives outside body for months, requires 1 min. at 185 degrees F to kill, freezing has no effect
- Effects range from mild illness for few weeks to severe illness for several months
- Vaccine available, 2 shots, 6 months apart. Can be given with Hepatitis B course (3 shots over 6 months)

# Hepatitis A



H.D. SEGUR  
INSURANCE



CDC 2012

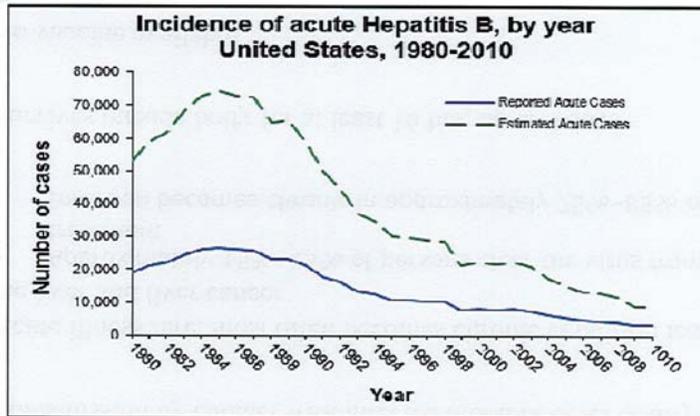
# Hepatitis B



H.D. SEGUR  
INSURANCE

- Transmission by contact with infectious blood, semen or other bodily fluids
- Virus can survive for up to 7 days outside the body
- Effects can be mild and last a few weeks (Acute) or lead to serious, long-term illness (Chronic)
- Can lead to liver disease or cancer
  - Approximately 90% of those infected will recover fully
- Vaccine available, 3-4 shots over 6 months

# Hepatitis B



Estimated 2,000–4,000 deaths per year.

CDC 2012

# Hepatitis C



- Transmission by contact with infected blood or other bodily fluids
- Acute illness rare, most often becomes chronic condition leading to cirrhosis of the liver and liver cancer
  - Approximately 15%–25% of persons clear the virus from their bodies without treatment
  - Infection becomes chronic in approximately 75%–85% of cases.
- Survives outside body for at least 16 hrs, up to 4 days
- No vaccine available

# Hepatitis C



**Of every 100 persons infected with HCV, approximately:**

- 75–85 will go on to develop chronic infection
- 60–70 will go on to develop chronic liver disease
- 5–20 will go on to develop cirrhosis over a period of 20–30 years
- 1–5 will die from the consequences of chronic infection (liver cancer or cirrhosis)

# Hepatitis Statistics



2009

Hepatitis A – 21,000 new cases

Hepatitis B - 38,000 new cases

800-,000 – 1.4 million chronic cases

Hepatitis C – 16,000 new cases

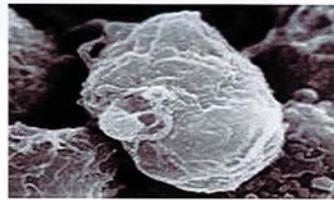
2.7-3.9 million chronic cases

Center for Disease Control - 2011

# Human Immunodeficiency Virus (HIV)



- Transmission by direct contact with infected blood or other bodily fluid(s)
- Environmental transmission unlikely, virus doesn't readily survive outside the body
- Virus operates by attacking the body's immune system
- Infection may lead to Acquired Immunodeficiency Syndrome (AIDS)
- No readily apparent symptoms of infection, blood test only
- No vaccine available

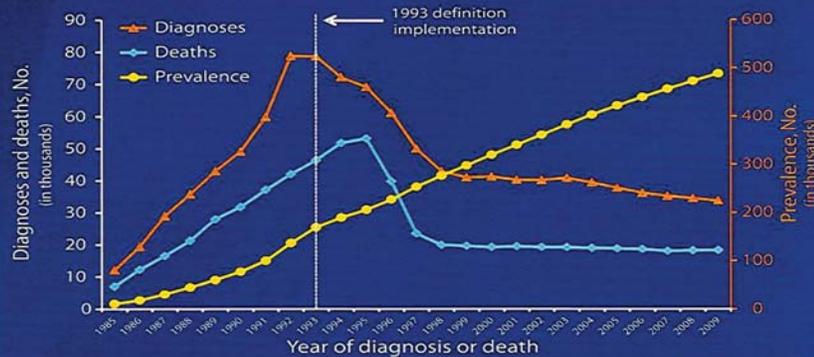


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# Human Immunodeficiency Virus (HIV)



**AIDS Diagnoses, Deaths, and Persons Living with AIDS, 1985–2009—United States and 6 U.S. Dependent Areas**



Note: All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting. Death may be due to any cause.



## Modes of Transmission:



### ***Direct Contact:***

- Contact with bodily fluids
- Airborne - breathing droplets of infected fluid

### ***Indirect Contact:***

- Touching objects that have touched infective material
- Vector - bites from infected person or animal

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## BBP Exposures:



- Most common: Needlesticks
- Cuts from other contaminated sharps (scalpels, broken glass, etc.)
- Contact of mucous membranes (eyes, nose, mouth, ears) or broken skin with contaminated blood or OPIM.



## BBP Exposure Control Plan:



- Written program which identifies jobs and tasks where occupational exposure to blood or other potentially infectious material occurs.
- Describes how the employer will:
  - Use engineering and work practice controls
  - Ensure use of Personal Protective Equipment
  - Provide training
  - Provide medical surveillance
  - Provide hepatitis B vaccinations
  - Use signs and labels

## A Bloodborne Pathogens Program:



- Written Exposure Control Plan
- Exposure Determinations
- Methods of Compliance
- Personal Protective Equipment
- Regulated Waste
- Hepatitis B Vaccination
- Post-exposure Evaluation and Follow-up
- Communication of Hazards to Employees
- Training
- Recordkeeping

## Exposure Determination:



Employers are required to determine whether employees have occupational exposure to bloodborne pathogens.



## Exposure Determination



### **The Exposure Determination Must Include:**

- **List of all job classifications** that all or some employees have occupational exposure
- **List of tasks and procedures** for the job classes that only some employees have occupational exposure

## Universal Precautions:



- Treat all human blood and body fluids as if they are infectious.
- Must be observed in all situations where there is a potential for contact with blood or other potentially infectious materials.



## Universal Precautions Interventions:



- Hand washing after any direct /indirect contact with fluids
- Safe collection and disposal of needles (hypodermic and suture) and sharps (scalpel blades, lancets, razors, scissors), using proper sharps containers
- Wearing gloves for contact with body fluids, non-intact skin and mucous membranes
- Wearing a mask, eye protection and a gown (and sometimes a plastic apron) if blood or other body fluids might splash
- Covering all cuts and abrasions with a waterproof dressing
- Promptly and carefully cleaning up spills of blood and other body fluids
- Using a safe system for health waste management and disposal

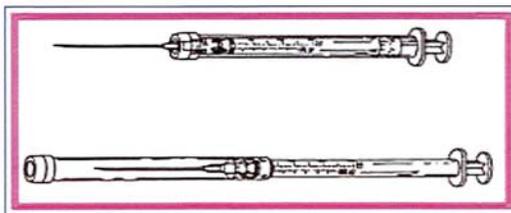
# Engineering Controls:



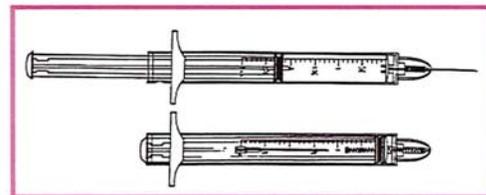
**These controls reduce employee exposure by either removing the hazard or isolating the worker.**

- Sharps disposal containers
- Self-sheathing needles
- Safer medical devices
  - Needleless systems
  - Sharps with engineered sharps injury protections

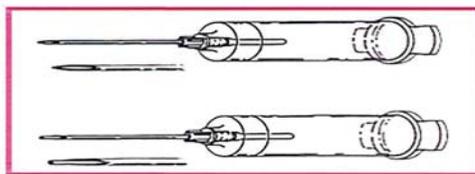
# Examples of Engineering Controls



Self-Sheathing needle



Retractable needle



Self-Blunting needle

## Personal Hygiene:



- Wash hands immediately or A.S.A.P.
- Do not rub/touch eyes and face
- Do not eat, drink, apply cosmetics/lip balm, or handle contact lenses
- Do not keep food and drink in refrigerators, shelves, cabinets, or countertops where blood or OPIM is present.
- Do not smoke



## Administrative Controls:



- **WASHING HANDS**
  - ❑ Wash hands with soap for 10-15 seconds after removing gloves
  - ❑ Use antiseptic (if no plumbed facilities are available)
  - ❑ *Heighted Awareness*



## Administrative Controls:



### ▪ **PERSONAL PROTECTIVE EQUIPMENT**

- ❑ PPE includes, but is not limited to, disposable gloves, eye protection, face masks and lab coat
- ❑ Always use PPE when there is the potential for exposure to bloodborne pathogens
- ❑ Examine PPE to ensure that it is in good condition
- ❑ Damaged PPE must be thrown away



## PPE *Must* Be:



- Provided at no cost to employees
- Available in appropriate sizes and alternative types (hypoallergenic)
- Properly cleaned, laundered, repaired, replaced and disposed of
- Removed when leaving area or upon contamination
- Inspected regularly for any breakage

## Safe / Proper Glove Removal:



**First:**



**Second:**



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## Eye and Face Protection



- Goggles should be used if there is a risk of splashing.
- Face shields provide additional protection for the nose and mouth.
- Depending on the situation, safety glasses / goggles should also be worn under a face shield.
- Protective aprons can also provide a protective barrier between the employee and blood or OPIM.

## What is Regulated Waste:



- Liquid or semi-liquid blood or OPIM
- Items contaminated with blood or OPIM which would release these substances in a liquid or semi-liquid state if compressed
- Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling
- Contaminated sharps



## Administrative Controls:



### ▪ **BIOHAZARDS & LABELS**

- Orange or red with biohazard symbol and lettering in a contrasting color
- Labels should be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and containers used to store, transport, or ship blood or other potentially infectious materials.
- A combination of implementing *Universal Precautions* and following appropriate clean-up procedures



## Administrative Controls:



### ▪ *CLEAN-UP PROCEDURES*

- Isolate the area
- Put on disposable gloves
- Place paper towels over the material
- Saturate the paper towels with disinfectant (eg. 10% fresh bleach solution or bleach straight from the bottle) for 10 minutes minimum
- Dispose of waste into red biohazard bags
- Each step of the process is important**



## Employee Preparedness:



### ▪ *If EXPOSED*

- Cleanse all exposed skin with soap and water for 15 minutes
- Rinse mucous membranes or eyes with water for 15 minutes
- Record the location and time of incident
- Report the incident to your supervisor
- Seek medical evaluation immediately
- Fill out an accident report A.S.A.P.



## Post-Exposure Evaluation & Follow-Up:



- Confidential medical evaluation and follow-up after an exposure incident
- **Documentation** of route(s) of exposure and the circumstances under which the exposure incident occurred



## Employee Preparedness:



### *LAUNDRY*

- Handle contaminated laundry as little as possible and use PPE
- Must be bagged or containerized at location where used
- No sorting or rinsing at location where used
- Must be placed and transported in labeled or color-coded containers



## Hepatitis B Vaccination:



- Must be made available to **all employees who have occupational exposure** to bloodborne pathogens
- Within 10 days of employment
- Offered at no cost to the employee
- Made available at a reasonable time and place
- Performed by or under the supervision of a licensed physician
- Provided in accordance with current U.S. Public Health Service recommendations

## Information & Training:



- Employers are required to ensure that all employees with occupational exposure to bloodborne pathogens participate in a training program which is:
  - Provided at no cost to employees during working hours
  - At the time of initial assignment to tasks
  - At least annually thereafter

## Recordkeeping:



### Did You Know?

- Medical records of an employees who is exposed to a BBP needs to be maintained for at least **the duration of employment plus 30 years**
- Training records for all employees need to be maintained for **3 years from the date on which training occurred**

H.D. Segur Risk Management



***Questions?***

***Thank you!***

# City of Waterbury Drug and Alcohol Policy Restated

## Purpose

In compliance with the Drug-Free Workplace Act of 1988 (41 U.S.C. 81) \*, the City of Waterbury has a longstanding commitment to provide a safe, quality-oriented and productive work environment consistent with the standards of the community in which the City operates. Alcohol and drug abuse pose a threat to the health and safety of City of Waterbury employees and to the security of the City's equipment and facilities. For these reasons, City of Waterbury is committed to the elimination of drug and alcohol use and abuse in the workplace. This policy applies to City of Waterbury Board of Education employees as well as all other City employees.

## Scope

This policy outlines the practice and procedure designed to correct instances of identified alcohol and drug use in the workplace.

This policy applies to all employees of and all applicants for employment with the City of Waterbury and the City of Waterbury, Board of Education. The human resource (HR) department is responsible for policy administration.

## Substance Abuse Awareness

Illegal drug use and alcohol and/or marijuana use have many serious adverse health and safety consequences. Information about those consequences and sources of help for drug or alcohol problems is available from the HR department, which has been trained to make referrals and to assist employees with drug or alcohol problems.

**NOTE:** For purposes of this policy, a controlled substance is defined in accordance with federal law. The use of any substance included in Schedule I of the Controlled Substance Act, including marijuana, whether for nonmedical or "ostensible medical purposes", is considered a violation of the Federal Drug-Free Workplace Program and therefore, constitutes a violation of this policy. Schedule I Controlled Substances, which includes marijuana have no currently recognized medical use under Federal Law. You cannot report to work under the effect of a Schedule I controlled substance. You cannot use a Schedule I controlled substance while on the job. You cannot bring a Schedule I controlled substance to work with you. Schedule II Controlled Substances are those that have been determined to have a high potential for abuse and which may lead to severe psychological or physical dependence. Certificates or recommendations from a health care provider are not recognized as a prescription and does not excuse an employee or candidate from a positive drug test result.

## Employee Assistance

City of Waterbury will assist and support employees who voluntarily seek help for such problems before becoming subject to discipline or termination under this or other City of Waterbury policies. Such employees will be allowed to use accrued paid time off, placed on leaves of absence, referred to treatment providers and otherwise accommodated as required by law. Such employees may be required to document that they are successfully following prescribed treatment and to take and pass follow-up tests if they hold jobs that are safety-sensitive or require driving, or if they have violated this policy previously. Once a drug test has been scheduled, unless otherwise required by the Family and Medical Leave Act or the Americans with Disabilities Act, the employee will have forfeited the opportunity to be granted a leave of absence for treatment, and will be subject to possible discipline, up to and including termination.

Employees must report to work fit for duty and free of any adverse effects of illegal drugs, marijuana or alcohol. This policy does not prohibit employees from the lawful use and possession of prescribed medications. Employees must, however, consult with their doctors about the medications' effect on their fitness for duty and ability to work safely, and they must promptly disclose any work restrictions to their supervisor *in writing*. Employees should not, however, disclose to City of Waterbury underlying medical conditions unless directed to do so. If you are prescribed a Schedule II Controlled Substance, you must submit in writing a note to your department head identifying the prescription. If you have any question about whether a prescription that you're taking is a Schedule II controlled substance, please consult your prescriber.

### Work Rules

1. Whenever employees are working, operating any City of Waterbury vehicle, or are conducting City-related work offsite, they are prohibited from:
  - a. Using, possessing, buying, selling, manufacturing or dispensing an illegal drug or marijuana (to include possession of drug paraphernalia).
  - b. Being under the influence of alcohol, marijuana or an illegal drug.
  - c. Possessing or consuming any illegal drug, alcohol or marijuana.
2. The presence of any detectable amount of any illegal drug or marijuana in an employee's body system, while performing City business, is prohibited.
3. City of Waterbury will also not allow employees to perform their duties while taking prescribed drugs that adversely affect their ability to safely and effectively perform their job duties. Employees taking a prescribed medication must carry it in the container labeled by a licensed pharmacist or be prepared to produce it if asked.
4. Any employee who is taking prescription medication which may interfere with the effective performance of any of the employee's duties shall disclose such to the Department Head or to the Human Resources Director, together with information concerning the effect of the prescription medication. The City may require that an employee be examined by a physician approved by the City to determine the employee's fitness for duty.
5. Any illegal drugs or drug paraphernalia will be turned over to an appropriate law enforcement agency and may result in criminal prosecution.

### Required Testing

#### *Pre-employment*

All applicants must pass a drug test before beginning work or receiving an offer of employment. Refusal to submit to testing will result in disqualification of further employment consideration.

#### *Reasonable suspicion*

Employees are subject to testing based on (but not limited to) observations by any supervisor of apparent workplace use, possession or impairment. HR, Department Head or designee should be consulted before sending an employee for testing. All levels of supervision making this decision must use the Observation Checklist to document specific observations and behaviors that create a reasonable suspicion that the person is under the influence of illegal drugs or alcohol. If the results of the Observation Checklist indicate further action is justified, the manager or supervisor should confront the employee with the documentation and with a union representative present (for all unionized employees) or with another member of management (for all nonunionized employees). *Under no circumstances will the employee be allowed to drive himself or herself to the testing facility. A member of supervision/management and a union rep (if appropriate) must escort the employee; the supervisor/manager will make arrangements for the employee to be transported home.*

### ***Post-accident***

Employees are subject to testing when they cause or contribute to accidents that seriously damage a City of Waterbury vehicle, machinery, equipment or property or result in an injury to themselves or another employee requiring offsite medical attention in which there is a reasonable basis for concluding that drug, alcohol or marijuana use could have contributed to the incident. A circumstance that constitutes probable belief will be presumed to arise in any instance involving a work-related accident or injury in which an employee who was operating a motorized vehicle (including a City of Waterbury forklift, pickup truck, overhead cranes and aerial/man-lifts) is found to be responsible for causing the accident. In any of these instances, the investigation and subsequent testing must take place within two hours following the accident, if not sooner. *Under no circumstances will the employee be allowed to drive himself or herself to the testing facility.*

### ***Follow-up***

Employees who have tested positive, or otherwise violated the City's Drug and Alcohol Policy in any way, are subject to discipline, up to and including termination. Depending on the circumstances and the employee's work history/record, City of Waterbury may offer an employee who violates this policy or tests positive the opportunity to return to work on a last-chance basis pursuant to mutually agreeable terms, which could include follow-up drug and/or alcohol testing at times and frequencies determined by City of Waterbury for a minimum of one year, but not more than two year, s as well as a waiver of the right to contest any termination resulting from a subsequent positive test. If the employee either does not complete the rehabilitation program or tests positive after completing the rehabilitation program, the employee will be subject to immediate termination from employment.

### ***Random Drug Testing***

Certain safety sensitive positions will be subject to random drug testing. Those positions include, but are not limited to, police officers, firefighters and certain drivers (CDL licensed). Safety sensitive positions are defined by the State of CT DOL. The listing prepared by State is available at the following web link: <https://www.ctdol.state.ct.us/wgwkstnd/highrisk.htm>. The random drug testing procedures governing this process are not set forth in this policy, but rather, appear in the collective bargaining agreements applicable to those employees and/or are governed by applicable federal law.

### **Collection and Testing Procedures**

The City's collection and testing procedures shall be compliant with all state and federal laws and regulations governing employer sponsored drug and alcohol testing programs.

### **Consequences**

Applicants who refuse to cooperate in a drug test or who test positive will not be hired and will not be allowed to reapply/retest in the future.

Employees who refuse to cooperate in required tests in violation of this policy will be terminated. The first time an employee tests positive for alcohol, marijuana or illegal drug use under this policy, the result will be discipline up to and including termination.

An employee subject to reasonable suspicion testing as set forth in this policy, who, at any point in time prior to submitting to testing, discloses either the use of alcohol, marijuana or illegal drugs during work hours, or impairment resulting from alcohol, marijuana or illegal drugs during work hours, shall be afforded a single opportunity to avail himself/herself to the City's Employee Assistance Program (EAP) in order to rehabilitate. Any such employee must complete a medical release and successfully complete the EAP recommended treatment and/or program. In addition, as part of the opportunity to rehabilitate, the City may, in its sole discretion, set forth other post-disclosure requirements in order to ensure compliance with any treatment and/or program, as well as compliance with this policy. Nothing in this provision prohibits the City from disciplining an employee while at the same time affording this opportunity to rehabilitate provided the discipline is not based solely on a violation of this Drug and Alcohol policy.

Further, an employee who does not complete the recommended treatment and/or program, or who fails to comply with any additional requirements set forth by the City as part of this opportunity to rehabilitate, will be subject to additional discipline up to and including termination.

An employee engaged in alcohol and/or drug related misconduct that constitutes the commission of a crime and/or misconduct that compromises the safety of the general public, and/or an employee who is subject to state or federal regulations that set forth a specific process that prohibits an opportunity to rehabilitate, shall be ineligible for a rehabilitative opportunity as set forth in the preceding paragraph.

Employees will be paid for time spent in alcohol or drug testing and then suspended pending the results of the drug or alcohol test. After the results of the test are received, a date and time will be scheduled to discuss the results of the test; this meeting will include a member of management/supervision, a union representative (if requested), and HR. Should the results prove to be negative, the employee will receive back pay for the times/days of suspension.

### **Confidentiality**

Information and records relating to positive test results, drug and alcohol dependencies, and legitimate medical explanations provided to the MRO should be kept confidential to the extent required by law and maintained in secure files separate from normal personnel files. Such records and information may be disclosed among managers and supervisors on a need-to-know basis and may also be disclosed when relevant to a grievance, charge, claim or other legal proceeding initiated by or on behalf of an employee or applicant.

### **Inspections**

City of Waterbury reserves the right to inspect all portions of its premises for drugs, marijuana, alcohol or other contraband; affected employees may have union representation involved in this process. All employees, contract employees and visitors may be asked to cooperate in inspections of their work areas and property that might conceal a drug, alcohol or other contraband. Employees who possess such contraband or refuse to cooperate in such inspections are subject to appropriate discipline, up to and including termination.

### **Crimes Involving Drugs**

City of Waterbury prohibits all employees, including employees performing work from manufacturing, distributing, dispensing, possessing or using an illegal drug, marijuana or alcohol in or on City premises or while conducting City business. City of Waterbury employees are also prohibited from misusing legally prescribed or over-the-counter (OTC) drugs. Law enforcement personnel should be notified, as appropriate, when criminal activity is suspected.

City of Waterbury does not desire to intrude into the private lives of its employees, but recognizes that employees' off-the-job involvement with drugs, marijuana and alcohol may have an impact on the workplace. Therefore, City of Waterbury reserves the right to take appropriate disciplinary action for drug use, sale or distribution while off company premises. All employees who are convicted of, plead guilty to or are sentenced for a crime involving an illegal drug are required to report the conviction, plea or sentence to HR within five days. Failure to comply will result in automatic termination. Cooperation in complying may still result in suspension without pay to allow management to review the nature of the charges and the employee's past record with City of Waterbury.

### **Definitions**

"City premises" includes all buildings, offices, facilities, schools, grounds, parking lots, lockers, places and vehicles owned, leased or managed by City of Waterbury or on any site on which the City is conducting business.

"Illegal drug" means a substance whose use or possession is controlled by federal law and its possession or use is prohibited except where Federal law allows the concerned person possession or use pursuant to a

valid prescription from a licensed healthcare provider for that substance. (Controlled substances are listed in Schedules I-V of 21 C.F.R. Part 1308.)

"Refuse to cooperate" means to obstruct the collection or testing process; to submit an altered, adulterated or substitute sample; to fail to show up for a scheduled test; to refuse to complete the requested drug testing forms; or to fail to promptly provide specimen(s) for testing when directed to do so, without a valid medical basis for the failure. Employees who leave the scene of an accident without justifiable explanation prior to submission to drug and alcohol testing will also be considered to have refused to cooperate and will automatically be subject to termination.

"Under the influence of alcohol" means an alcohol concentration equal to or greater than .04, or actions, appearance, speech or bodily odors that reasonably cause a supervisor to conclude that an employee is impaired because of alcohol use.

"Under the influence of drugs or marijuana" means a confirmed positive test result for illegal drug or marijuana use per this policy. In addition, it means the misuse of legal drugs when there is not a valid prescription from a physician for the lawful use of a drug in the course of medical treatment (containers must include the patient's name, the name of the substance, quantity/amount to be taken and the period of authorization).

### **Reasonable Suspicion and Post-Accident Testing Protocol**

1. The employee will be advised that City of Waterbury believes that there is reasonable suspicion to believe that he or she is affected by illegal drugs, marijuana or alcohol (or due to the nature of the accident the policy mandates this) and that this test is being offered to confirm or deny this suspicion.
2. The employee will be transported to any one of the City's contracted testing facilities (e.g., health services, prompt care or the emergency department). One member of management or a designated attendant will accompany the employee along with a union representative, if requested by the employee. *Under no circumstances will the employee be allowed to drive himself or herself to the testing facility.*
3. Prior to leaving for the testing facility, supervision/management will contact the testing facility to inform it that a staff member from City of Waterbury will be arriving and will need a drug or alcohol test completed.
4. The employee should be provided water to drink prior to leaving the City premises.
5. The employee should be given reasonable time—not to exceed 15 minutes—to secure photo ID in the company of a City of Waterbury representative.
6. The employee to be tested must present a photo ID (i.e., a driver's license or state ID card) to the testing facility staff before the specimen can be obtained. Ensure that the employee brings the photo ID with him or her when leaving City of Waterbury premises.
7. The employee to be tested must sign a consent form provided by the testing facility. Refusal to sign is addressed under the "Consequences" section of this document.
8. A City of Waterbury representative must sign as a witness to the collection procedure, along with the tested employee.
9. After returning to the City or when leaving the testing facility, the supervisor/manager must make arrangements to transport the person home (unless testing results are immediate). Under no circumstances will the tested employee be allowed to drive himself or herself home.

**Note:** This policy applies unless otherwise governed by a collective bargaining agreement, departmental procedures or federal or state statutes such as, but not limited to, Federal Motor Carrier Safety Administration (FMCSA) rules and regulations for commercial motor vehicle operators requiring a Commercial Driver's License (CDL).

**Enforcement**

The HR department is responsible for policy interpretation, administration and enforcement.

\* The federal government enacted the "Drug-Free Workplace Act," (41 U.S.C.A. §701 et seq.). This act requires any employer receiving federal funding must certify that it will maintain a drug-free workplace. Among other things, the act requires that a policy be published notifying employees that the unlawful manufacture, distribution, possession, or use of controlled substances is prohibited in the workplace. It also requires that certain actions be taken if this policy is broken.

Dated the 11<sup>th</sup> day of June, 2019

  
Neil M. O'Leary, Mayor, City of Waterbury CT

**Drug and Alcohol Policy Certificate of Receipt**

I hereby certify that I have been **notified** and have **received** a copy of the City of Waterbury and the City of Waterbury, Board of Education Drug and Alcohol Policy, dated \_\_\_\_\_, 2019. \*

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Department/Office/School

\_\_\_\_\_  
Name (Department Head/Administrator)

\_\_\_\_\_  
Employee Identification Number

Date entered into Infor:

\* This policy is subject to review and revision as deemed appropriate by the City of Waterbury in conforming with its legal obligations. This policy, and any subsequent revisions thereto, shall be posted on the websites of both the City and Board of Education.

**REVISED 3/27/03**

**CITY OF WATERBURY**  
**HARASSMENT IN THE WORKPLACE POLICY**

**SEXUAL HARASSMENT - OTHER FORMS OF HARASSMENT**

Harassment of an employee by a supervisor or co-worker on the basis of sex or inclusion in a protected class under law creates a harmful working environment and is illegal under state and federal law. It is the policy of the City of Waterbury to maintain a working environment free from harassment, insults or intimidation on the basis of an employee's sex or inclusion in a protected class. While this policy specifically addresses sexual harassment, the City will not tolerate harassment on any other basis as well (see section B, below).

**A. Sexual Harassment**

Verbal or physical conduct by a supervisor or co-worker relating to an employee's sex which has the effect of creating an intimidating, hostile or offensive work environment, unreasonably interfering with the employee's work performance, or adversely affecting the employee's employment opportunities is prohibited.

Sexual harassment is a violation of Title VII of the Civil Rights Act of 1964 as well as Connecticut General Statutes, Sec. 46a-60 (a) (8). Sexual harassment is generally defined under both state and federal law as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature where:

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
2. Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
3. Such conduct has the purpose or effect of unreasonably interfering with an individuals' work performance or creating an intimidating, hostile or offensive work environment.

Although not an exhaustive list, the following are examples of the type of conduct prohibited by the policy against sexual harassment:

1. Unwelcome sexual advances from a co-worker or supervisor, such as unwanted hugs, touches, or kisses;

2. Unwelcome attention of a sexual nature, such as degrading, suggestive or lewd remarks or noises;
3. Dirty jokes, derogatory or pornographic posters, cartoons or drawings;
4. The threat or suggestion that continued employment advancement, assignment or earnings depend on whether or not the employee will submit to or tolerate harassment; and
5. Engaging in indecent exposure.

Retaliation against any employee for complaining about sexual harassment is prohibited under this policy and illegal under state and federal law. Violations of this policy will not be permitted and may result in discipline up to and including discharge from employment. Individuals who engage in acts of sexual harassment may also be subject to civil and criminal penalties.

#### Procedures

If any employee believes that he or she has been subjected to sexual harassment, they should immediately:

1. Make their unease and/or disapproval directly and immediately known to the harasser and direct them to stop their behavior.
2. Make a written record of the date, time, and nature of the incident(s) and the names of any witnesses; and
3. Report the incident to the employee's immediate supervisor. In the event that the employee is uncomfortable discussing the matter with the immediate supervisor, the employee should report the incident to the Director of Human Resource or any member of the Human Resource professional staff.

#### Supervisor Responsibility

*Supervisors must deal expeditiously and fairly with allegations of sexual harassment within their departments whether or not there has been a written or formal complain.*

- Need to be alert to any sexual harassment and responsible for maintaining a workplace free of harassment and to refrain from harassment at all times;
- Responsible for promptly referring reports or complaints of sexual harassment to the Director of Human Resource.

- Responsible for maintaining complete and thorough documentation of any reports or complaints of sexual harassment.
- The Director of Human Resource or designee will be responsible for the investigation of the reports or complaints of harassment;
- Appropriate disciplinary or other action will be taken based on the circumstances.

*Supervisors who knowingly allow or tolerate sexual harassment are in violation of this policy and subject to disciplinary action.*

All incidents of sexual harassment or inappropriate sexual conduct should be reported immediately regardless of their seriousness. To the extent permitted by the law, the City will endeavor to keep such reports or complaints confidential, sharing them with others only on a need-to-know basis to enable their investigation and resolution. All reports or complaints of suspected sexual harassment will be investigated. While employees are strongly encouraged to utilize the City's internal complaint procedure, they are not limited to its use. Complaints may be filed directly with the regional office of the Connecticut Commission on Human Rights and Opportunities, 55 West Main Street, Suite 210, Waterbury CT 06702 (TELEPHONE NUMBER (203)805-6530, TDD NUMBER (203)805-6579) and/or the Equal Employment Opportunity Commission, Boston Area Office, John F. Kennedy Federal Building, Government Center, Room 475, Boston, MA 02203 (TELEPHONE NUMBER (617)565-3200; TDD NUMBER (617)565-3204). Connecticut law requires that formal written complaints be filed with the Commission on Human Rights and Opportunities within 180 days of the date when the alleged harassment occurred. Remedies for sexual harassment include cease and desist orders, back pay, compensatory damages, hiring, promotion or reinstatement.

#### B. Other Forms of Harassment

While this policy generally addresses only sexual harassment, other types of harassment also are prohibited by federal or state law, such as harassment on the basis of sexual orientation, race, color, religious creed, marital status, national origin, ancestry, present or past history or mental disorder, mental retardation, learning disability or physical disability or age.

Therefore, employees of the City should also report situations involving any of these other forms of harassment through the complaint and investigation procedure set forth above. Any questions should be directed to the Director of Human Resource. As with sexual harassment, employees may make inquiries of, or file complaints with, the Connecticut Commission on Human Rights and Opportunities or with the Equal Employment Opportunities Commission.



The City of Waterbury  
Connecticut

NOTICE – Electronic Monitoring

Pursuant to the authority of Connecticut General Statute Section 31-48d, the City of Waterbury hereby gives notice to all its employees of the potential use of electronic monitoring in its workplace. While the City of Waterbury may not actually engage in the use of electronic monitoring, it reserves the right to do so when determined by the City of Waterbury in its discretion.

"Electronic monitoring," as defined by Connecticut General Statute Section 31-48d, means the collection of information on City of Waterbury's premises concerning employees' activities or communications, by any means other than direct observation of the employees. Electronic monitoring includes the use of a computer, telephone, wire, radio, camera, electromagnetic, photo-electronic or photo-optical systems. The law does not cover the collection of information (A) for security purposes in any common areas of the City of Waterbury's premises which are open to the public or (B) which is prohibited under other state or federal law.

The following specific types of electronic monitoring may be used by City of Waterbury in its workplace(s).

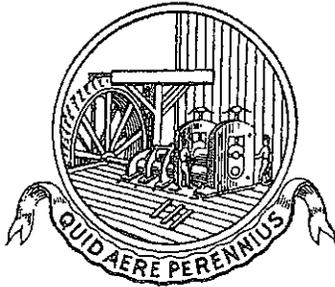
Monitoring of e-mail and other components of City of Waterbury's computer system for compliance with policies.

Video surveillance of employee parking areas for security purposes.

Monitoring of electromagnetic card access system for security purposes.

The law also provides that City of Waterbury may use electronic monitoring without any prior notice when City of Waterbury has reasonable grounds to believe employees are engaged in conduct that (i) violates the law, (ii) violates the legal rights of City of Waterbury or other employees, or (iii) creates a hostile work environment and electronic monitoring may produce evidence of such conduct.

Questions about electronic monitoring in the workplace should be directed to the Human Resource Department at (203) 574-6761.



236 Grand Street  
Waterbury, CT 06702

(203) 574-6761

**The City of Waterbury**  
**Connecticut**

**Department of Human Resources**

**City of Waterbury Internet Use Policy**

**Purpose:**

The purpose of this "Internet Use Policy" is to establish guidelines and minimum requirements governing the acceptable use of the Internet on City of Waterbury technology systems. By establishing and maintaining compliance with this policy, risks and costs to the City can be minimized while the valuable potential of this tool can be maximized.

**General:**

Employees are encouraged to use the Internet for *City of Waterbury's* business purposes. By providing access to the Internet, the *City of Waterbury* hopes to improve the employee's access to both internal and external information.

**Scope:**

This policy applies to any person(s) and/or contractor(s) (hereinafter referred to as "users") whose access to or use of the Internet is available through equipment owned or leased by the City.

**User Responsibilities:**

When you access the Internet through the *City of Waterbury*, you represent the City. Your use must be appropriate and your conduct professional. All Internet use by employees is subject to the same policies and guidelines as apply to activities that are not conducted online. The same level of courtesy and professional behavior that is expected in the workplace applies equally to all associate communications on the Internet.

In using the Internet, employees must comply with the *City of Waterbury's* Ethic Ordinance and other applicable policies, which require, among other things, compliance with all laws. Laws with particular relevance to the Internet include those governing:

- the export of technology;
- the transmission of personal data;
- copyrights;
- trademarks;
- sexual harassment;
- sexual and racial discrimination.

In addition to these, the *City of Waterbury* expressly prohibits:

- using Internet access provided through *City of Waterbury* for commercial gain;
- using Internet access provided through *City of Waterbury* for recreation (such as game playing or sports);
- transmission of confidential information outside the *City of Waterbury*, or inside the *City of Waterbury* to unauthorized personnel;
- inappropriate and unprofessional behavior online such as use of threats, intimidation or "flaming";
- viewing, downloading or transmission of pornographic material;
- significant consumption of *City of Waterbury* resources for non-business related activities (such as video, audio or downloading large files).

Employees using the Internet must also comply with all *City of Waterbury* computer security procedures.

Employees are expected to exercise good judgment regarding personal usage of the Internet. Personal use of the Internet should be limited in duration and not for any purpose that would otherwise be in violation of this policy. Personal use should normally occur during non-work time.

Employees should be aware that all Internet use is logged and may be audited for unauthorized attempts, invalid access logs, invalid password attempts, application usage and other purposes.

If violations of this policy occur, disciplinary action, up to and including termination, may result.

**No Presumption of Privacy:**

Internet use is not personal and private. The City reserves the right to monitor (please see Public Act 98-142) and/or log all Internet use without notice. Therefore, users should have no expectation of privacy in the use of these resources.

## CHAPTER 39: ETHICS AND CONFLICTS OF INTEREST

### (E) *Nepotism in municipal employment.*

(1) The City of Waterbury and its employees shall adhere to the highest ethical standards and shall avoid unmerited favoritism toward relatives. This policy shall not be construed to unnecessarily exclude qualified applicants from municipal employment.

(2) The city shall recruit and select employees based upon their qualifications and merit, and the city's requirements. City officials, department heads and management employees shall not participate in or influence employment decisions directly affecting their relatives, but may participate in decisions affecting their relatives as members of broad groups or classes of employees. Relatives of city officials, department heads or management employees shall be hired, transferred or promoted only after disclosure to the Human Resource Director, and approval by the Civil Service Commission pursuant to division (E)(5)(b) below.

(3) Unless disclosed to the Human Resources Director, and approved by the Civil Service Commission pursuant to division (E)(5) below, no person will be hired, promoted or transferred into a department in which a relative is employed if:

(a) The relative occupies a position in the supervisory hierarchy under which the person would work, and

(b) The relative could influence employment and personnel decisions affecting the person.

(4) For purposes of this division (E), the term **RELATIVE** means spouse, parent, grandparent, child, grandchild, brother, sister, aunt, uncle, niece, nephew or corresponding in-law or "step" relation.

(5) Employees shall disclose situations that conflict with the conditions stated in division (E)(3) above to the Human Resources Director within 15 calendar days of occurrence.

(a) The following events must be reported under this division:

1) If employees become relatives by marriage or adoption during the course of their employment, then the marriage or adoption is a reportable event.

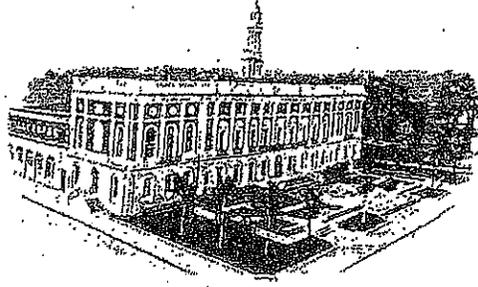
2) The acceptance of an offer of employment, including voluntary or involuntary transfer or promotion, that conflicts with the conditions stated in division (E)(3) above is a reportable event.

(b) Within 15 days after receipt of disclosure pursuant to this division (E)(5), The Human Resources Director shall notify the appointing authority of the affected employees and direct the appointing authority to draft an employment plan addressing the conflict. The draft employment plan shall be submitted to the Civil Service Commission by the appointing authority within 30 days of the appointing authority's notification by the Human Resources Director. Within 30 days after submission thereto, the Civil Service Commission shall review the draft employment plan and may recommend amendments as it deems appropriate. The Civil Service Commission can either approve the plan or amended plan, or deny the plan or amended plan. An approved employment plan shall be immediately implemented if the Civil Service Commission denies the plan or the amended plan, the Civil Service Commission shall promulgate an employment plan addressing the conflict, which shall be immediately implemented. If the Civil Service Commission has taken no action more than 30 days after it was submitted, the draft employment plan submitted by the appointing authority is approved by default.

(c) Notwithstanding a conflict with divisions (E)(2) or (3) above, a person may be conditionally hired, promoted or transferred into a department in which a relative is employed prior to the approval of the employment plan by the Civil Service Commission, provided a proper disclosure is made to the Director of Human Resources, and conditioned upon compliance the plan subsequently approved by the Civil Service Commission .

(d) The failure of an employee to report a reportable event as required by this division is grounds for disciplinary action, including involuntary transfer, reassignment, or termination of employment.

MICHAEL J. JARJURA  
MAYOR



JOSEPH A. GEARY  
DIRECTOR OF OPERATIONS

OFFICE OF THE MAYOR  
**THE CITY OF WATERBURY**  
CONNECTICUT

*To: All Department Heads*

*From: Joseph A. Geary, Director of Operations* 

*Re: Proper Work Attire*

*Date: December 2, 2010*

.....

*In order to maintain a professional workplace, the Mayor expects all employees to present an appearance that is clean, neat and appropriate to the requirements of their position. Appropriate attire includes consideration of the job responsibilities as well as health and safety regulations. All department heads, managers and administrators are expected to set an example for all other employees by wearing appropriate attire in the workplace and thus creating a professional image of the City. It is your responsibility to communicate this expectation to your administrators and managers.*

*Thank you for your continued cooperation.*

**RECEIVED**  
DEC - 3 2010  
HUMAN RESOURCES  
DEPT.



236 Grand Street  
Waterbury, CT 06702

(203) 574-6761

**The City of Waterbury**  
Connecticut

**Department of Human Resources**

**City of Waterbury Electronic Mail Use Policy**

**Purpose:**

The purpose of this "Electronic Mail Acceptable Use Policy" is to establish guidelines and minimum requirements governing the acceptable use of City-provided electronic mail (e-mail) services. By establishing and maintaining compliance with this policy, risks and costs to the City can be minimized while the valuable potential of this communication tool can be maximized.

The objectives of this policy are to:

- ensure that the use of City-provided electronic mail services is related to, or for the benefit of, City government;
- inform users that electronic mail messages and documents are subject to the same laws, regulations, policies, and other requirements as information communicated in other written forms and formats;
- minimize disruptions to City government activities from inappropriate use of City-provided electronic mail services; and
- provide users with guidelines describing their personal responsibilities regarding confidentiality, privacy, and acceptable use of City-provided electronic mail services as defined by this policy.

**Scope:**

This policy applies to any person(s) and/or contractor(s) (hereinafter referred to as "users") whose access to or use of electronic mail services is available through equipment owned or leased by the City.

**User Responsibilities:**

Electronic mail is not private communication. All information transmitted via the City's Internet/electronic mail system(s) can be reviewed at any time. The City reserves the right to review, audit, intercept, access and disclose all messages created, received or sent over the electronic mail system for any purpose. The contents of electronic mail properly obtained for legitimate business purposes may be disclosed within the City without the permission of the employee.

As an electronic mail participant, each user must comply with this "Electronic Mail Acceptable Use Policy." By participating in the use of networks and systems provided by the City, users agree to comply with policies governing their usage. The electronic mail system is to be used to conduct business.

The electronic mail system shall not be used to send (upload) or receive (download) copyrighted materials, trade secrets, proprietary financial information or similar materials without prior authorization.

The electronic mail system is not to be used to create any offensive or disruptive messages. Among those which are considered offensive are any messages which contain sexual implications, racial slurs, gender-specific comments or any other comment that offensively addresses someone's age, sexual orientation, religious or political beliefs, national origin or disability.

The electronic mail system may not be used to solicit or proselytize for commercial ventures, outside organizations or other non-job-related solicitations.

Users should take all reasonable precautions, to prevent the use of their electronic mail account by unauthorized individuals.

It is important to remember when communicating with clients and customers to please maintain professional standards in written format.

Although confidential and sensitive information should not be included in electronic mail communications unless proper, formalized security precautions have been established, certain electronic mail communications may be privileged or confidential. It is the responsibility of each department to protect confidential and sensitive information where intentional, inappropriate, or accidental disclosure of the information might expose the City to harm.

Any employee who violates this policy or uses the electronic mail system for improper purposes shall be subject to discipline, up to and including discharge.

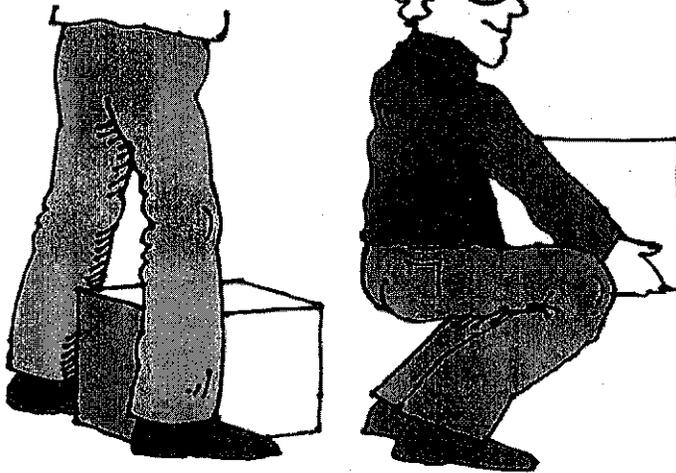
Any employee who discovers a violation of this policy shall notify the IT Director or Human Resources Department.

**No Presumption of Privacy:**

Electronic mail messages are not personal and private. The City reserves the right to monitor (please see Public Act 98-142) and/or log all electronic mail communications without notice. Therefore, users should have no expectation of privacy in the use of these resources.

# Get a Grip!

**To lift and carry safely,  
use your head and  
save your back.**



**To pick it up...**

**Stand** close to the load.

**Bend** your knees—not your back!

**Let** your legs push your body up slowly and smoothly.

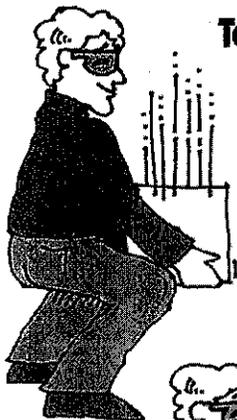


**To put it down...**

**Don't** twist your body. Twisting is a major cause of injury.

**Lower** the load bending your knees and letting your legs, not your back, do the work.

**Place** the load on the edge of a surface, then slide it back.



**A two-person lift works best if...**

● **Both** people are about the same height.

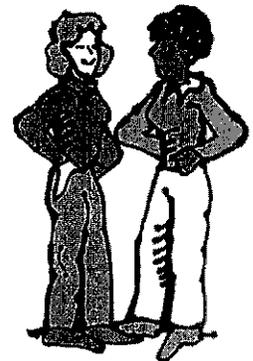
● **One** person is in charge of saying when to move where.

● **You** lift and raise at the same time.

● **You** keep the load at the same level while carrying it.

● **You** move smoothly together.

● **You** unload at the same time.



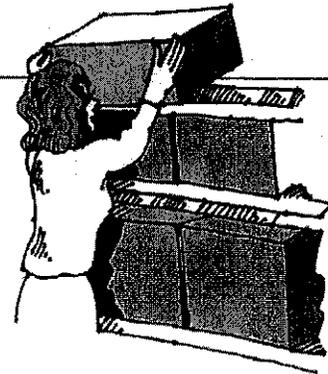


## For Those Awkward Moments . . .

Here are a few more lifting techniques.

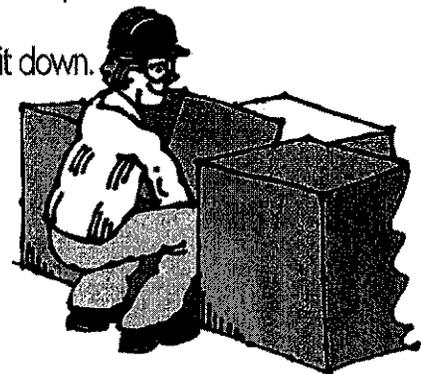
Try to avoid lifting or lowering from a high place, but if you must do it...

- **Stand** on a platform instead of a ladder.
- **Lift** the load in smaller pieces if possible.
- **Push** up on the load to see how heavy and stable it is.
- **Slide** the load as close to yourself as possible before lifting.
- **Grip** firmly and slide it down.
- **Get** help when you need it to avoid injury.



### Lifting from hard-to-get-at places...

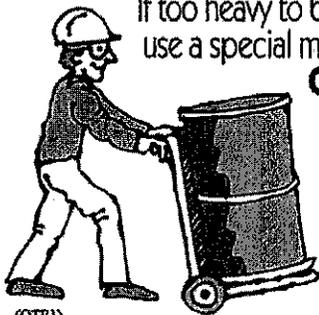
- **Get** as close to the load as possible.
- **Keep** back straight, stomach muscles tight.
- **Push** buttocks out behind you.
- **Bend** your knees.
- **Use** leg, stomach, and buttock muscles to lift—not your back.



### Drums, barrels, and cylinders present special problems.

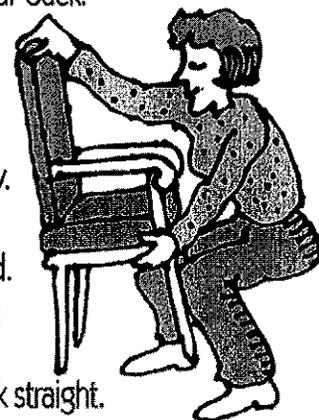
If too heavy to be comfortably lifted, get help or use a special mechanical device.

**Caution:** these loads can shift suddenly.



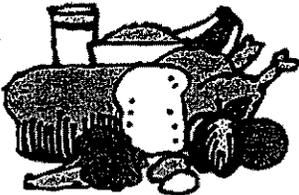
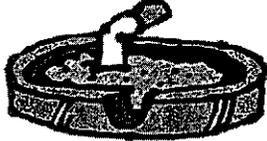
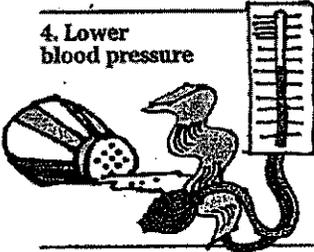
#### Awkward Objects...

- **Bend** your knees with feet spread.
- **Grip** the top outside and bottom inside corners.
- **Use** your legs to lift, keeping back straight.



# Making Heart-Healthy Changes In Your Lifestyle

Use the chart below to see how you can help lower your risk of heart attack.

What to Do	Why	Do's	Try To...
<b>1. Maintain a healthy diet</b> 	Reduced weight can lower blood cholesterol levels.	<ul style="list-style-type: none"> <li>● Choose foods that are steamed, baked, broiled, or stewed.</li> <li>● Eat more lean fish and skinless poultry.</li> <li>● Eat more grains, fresh fruits, and vegetables.</li> <li>● Eat low- or nonfat dairy products.</li> </ul>	<ul style="list-style-type: none"> <li>● Avoid fried, breaded, sautéed, creamed, or heavily sauced foods.</li> <li>● Limit the amount of red meat you eat.</li> <li>● Avoid high-fat dairy products.</li> <li>● Avoid saturated fats.</li> </ul>
<b>2. Exercise</b> 	Regular exercise lowers the risk of heart attack, increases stamina, improves circulation, and lowers heart rate.	<ul style="list-style-type: none"> <li>● Begin an exercise program.</li> <li>● Start slowly if you're not used to exercising.</li> </ul>	<ul style="list-style-type: none"> <li>● Work with your doctor to begin the best exercise program for you.</li> </ul>
<b>3. Stop smoking</b> 	Quitting smoking is the best way to help prevent a heart attack, and you can repair much of the damage you've incurred over the years of smoking.	<ul style="list-style-type: none"> <li>● See your doctor about the different methods available to help you quit smoking.</li> <li>● Set a date to quit and stick to it.</li> <li>● Join a support group.</li> </ul>	<ul style="list-style-type: none"> <li>● Avoid things you associate with smoking (for example, some people smoke more when they drink alcohol).</li> </ul>
<b>4. Lower blood pressure</b> 	High blood pressure means your heart is working harder than it should.	<ul style="list-style-type: none"> <li>● Have your blood pressure checked regularly.</li> <li>● Lose weight.</li> <li>● Exercise.</li> </ul>	<ul style="list-style-type: none"> <li>● Restrict your salt consumption.</li> <li>● Avoid alcohol.</li> </ul>
<b>5. Avoid stress</b> 	Continuous stress weakens your heart and increases your risk of heart attack.	<ul style="list-style-type: none"> <li>● Join a stress management class.</li> <li>● Learn relaxation techniques.</li> </ul>	<ul style="list-style-type: none"> <li>● Avoid stressful situations.</li> </ul>
<b>6. Control diabetes</b> 	Uncontrolled diabetes increases the amount of cholesterol in your blood.	<ul style="list-style-type: none"> <li>● See your doctor regularly to monitor your diabetes.</li> <li>● Maintain a healthy diet.</li> <li>● Exercise.</li> </ul>	<ul style="list-style-type: none"> <li>● Follow all of your doctor's guidelines.</li> </ul>

(OTB1)  
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# A GOOD ATTITUDE For Safety Means Being...

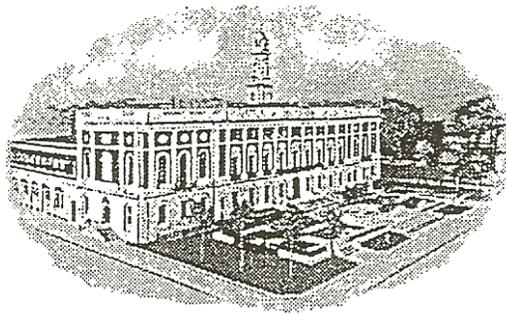
- **Attentive** to safety training and safety talks
- **Eager** to understand workplace procedures and asking questions about anything not understood
- **Alert** for anything that doesn't "feel" right and anything that could go wrong-before a job is started
- **Careful**, taking precautions and wearing protective clothing and equipment
- **Focused** on the job
- **Team-oriented** and using the buddy system for hazardous tasks.
- **Serious** about safety – never fooling around on the job!



## Fooling around is for FOOLS!

Lew and Sandy were bored and started playing catch with their tools. They didn't stop to think about what might go wrong. Unfortunately, Lew missed. Another worker was hit-and injured.

MICHAEL J. JARJURA  
MAYOR



GARRETT F. CASEY, JR.  
CHIEF OF STAFF

OFFICE OF THE MAYOR  
**THE CITY OF WATERBURY**  
CONNECTICUT

To: All Department Heads  
From: Mayor Michael J. Jarjura  
Re: Smoking Policy  
Date: January 22, 2002

.....

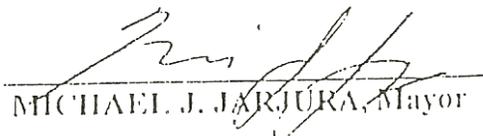
In compliance with Public Act 93-304, smoking is hereby prohibited in all city owned or operated buildings except within the designated smoking areas of such buildings. Such areas shall be clearly designated locations which:

- 1) need not be entered in order to conduct business; and
- 2) do not deprive employees or the public of an existing non-smoking lounge waiting area.

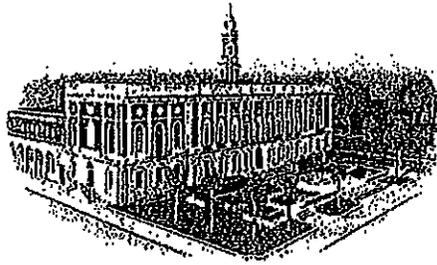
The purpose of a designated smoking area is to provide a place for persons to smoke, which minimizes smoke in all other areas of the building.

The provisions of this policy are effective immediately.

THE CITY OF WATERBURY

  
MICHAEL J. JARJURA, Mayor

NEIL M. O'LEARY  
MAYOR



JOSEPH A. GEARY  
CHIEF OF STAFF

OFFICE OF THE MAYOR  
**THE CITY OF WATERBURY**  
CONNECTICUT

## MEMORANDUM

To: All City Employees  
From: Mayor Neil M. O'Leary   
Date: March 26, 2012  
Re: Chase Municipal Building smoking area

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Effective April 1, 2012, the sole designated smoking area for the Chase Municipal Building shall be outside the basement entrance of the building. All other areas around the Chase Municipal Building henceforth shall be designated as non smoking areas. If you have any questions, please contact the Office of Human Resources at 203.574.6761.

cc: Lou Spina, President, Local 2090  
Bob Chevalier, President, Waterbury City Employees' Association  
Mark Carlson, President, Local 353



# City of Waterbury Anonymous Waste, Abuse and Fraud Hotline

**Hotline (203) 573-7882**

**Fax (203) 574-8607**

**FraudHotline@waterburyct.org**

The City of Waterbury has established a Hotline to provide a confidential and anonymous way for employees, taxpayers, vendors and others to report questionable practices or practices that will reflect poorly on the City.

The hotline is not intended as a substitute for speaking directly to your supervisor, but rather as a resource available if you would like to help, **but prefer not to leave your name.**

## Appropriate Matters for Hotline

- Abuse of Authority or Position
- Bribes/Kickbacks/Acceptance of Gratuities
- Conflicts of Interest
- Ethics Violations
- Illegal acts like theft or fraud
- Procurement Issues
- Misuse or abuse of City Property or Time
- Gross Misconduct, incompetence, or inefficiency
- Substantial Safety/Public Health Issues
- Gross Waste

## As a matter of policy this hotline cannot assist with:

- Day to Day Management Decisions
- Equal Opportunity Employer Complaints
- Issues covered by the Grievance Process

## Please be sure to report the following:

- Specific nature of conduct.
- Name of person, department or organization
- Date and Time of Occurrence
- Reason you believe conduct is wrong
- Contact information of anyone who can corroborate your information

**Important note:** All calls will be taken seriously. Please provide as much detail as possible. Vague allegations may not be able to be substantiated.

This hotline has been sanctioned by the City of Waterbury Finance, Audit and Review Commission (FARC)

**The MCMC CareSys  
Workers' Compensation Medical Care Plan**

**City of Waterbury  
and  
Waterbury Board of Education**

**EFFECTIVE DATE OF PLAN IS:  
SEPTEMBER 15, 2016**

**REVISED DATE:  
JANUARY 1, 2019  
APRIL 1, 2019**

**Prepared for:**

**PMA Management Corp. of New England  
101 Barnes Road  
Suite 300  
Wallingford, CT 06492**

# City of Waterbury and Waterbury Board of Education Medical Care Plan

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To All Employees:

The City of Waterbury and Waterbury Board of Education has elected to become a participating employer in an Employers Medical Care Plan filed with the Connecticut Workers' Compensation Commission. The Employer Medical Care Plan allows The City of Waterbury and Waterbury Board of Education to direct employees to a list of Medical Providers for treatment of work-related injuries and illnesses. **Failure to do so may suspend an employee's right to receive Workers' Compensation benefits, subject to the order of a Worker's Compensation Commissioner.**

The City of Waterbury and Waterbury Board of Education Employer Medical Care Plan is part of **The MCMC CareSys Medical Care Plan** and of PMA Management Corp. of New England, the employer's risk management firm. The effective date of the Employers Medical Care Plan is September 15, 2016. The current revised date is effective April 1, 2019.

The City of Waterbury and Waterbury Board of Education Workers' Compensation medical care plan is applicable for injuries occurring on or after the plan's effective date. If you have an established and approved Workers' Compensation claim and are currently being treated for that injury, there are no changes. You can continue your treatment with your established treating provider until treatment for your injury is completed.

As an employee of The City of Waterbury and Waterbury Board of Education, you must report a work-related injury or illness to your supervisor, who will complete a **First Report of Injury Form** before the end of the shift. If you require medical intervention or evaluation for your injury or illness, you will be directed to your choice from a primary care center to receive treatment. If you require further medical treatment, **notify your department supervisor. If you have a medical emergency, go to the nearest emergency department.**

You may obtain follow-up medical care from providers listed on The MCMC CareSys Medical Care Plan directory, which is available through Risk Management. Should your injury require specialty treatment not available in The MCMC CareSys Medical Care Plan, a consultant from an approved list established by the Workers' Compensation Commission may be chosen for your treatment. Please see The City of Waterbury's Risk Manager for guidance.

Please review the medical care plan guide, and sign the Employee Acknowledgment, recognizing your understanding and that you have read and understand the process for treatment of work-related injuries or illnesses.

**If you are out of work as a result of your work-related injury or illness, you will be contacted regularly by the PMA Management Corp. of New England Claims Coordinator** to determine that your medical needs are met. You are responsible for providing on-going updates regarding your work status to your supervisor. Each of you is an important member of **The City of Waterbury and Waterbury Board of Education** and the purpose of this program is to ensure you receive appropriate medical treatment in a timely manner to facilitate recovery. If you have any questions during this process, please contact Risk Management at 1-203-574-6840.

The Management staffs of The City of Waterbury and Waterbury Board of Education, PMA Management Corp. of New England, and MCMC CareSys llc are available to assist you from the time of your injury through recovery and return to work.

# QUESTIONS ABOUT WORKERS' COMPENSATION

---

## You May Ask About Workers' Compensation Protection.

### 1. What is Workers' Compensation?

The purpose of Workers' Compensation is to provide injured workers and those who depend upon them with a means of support when they are unable to work because of a **work-related** disability. Its purpose also is to bring about a prompt recovery.

### 2. What is a "Work-Related Injury or Illness"?

The term "Work-Related Injury or Illness" is used to describe any injury or disease which results from work or working conditions and which occurs during the employee's service to the employer.

### 3. Who administers a Workers' Compensation claim?

PMA Management Corp. of New England is the claims administrator for The City of Waterbury and Waterbury Board of Education. They administer all compensation benefits an injured worker is entitled to receive. If you have any questions about Workers' Compensation, contact the City's Risk Management Department at 203-574-6840 or PMA Management Corp. of New England at 203-679-3900 or 1-800-379-0276.

### 4. How do you qualify for benefits?

Report the injury or illness to your supervisor immediately. The employee must specify what, where, when and how it happened and provide enough information so that your supervisor can complete **the First Report of Injury form**.

Prompt reporting is key. Benefits are automatic for accepted work-related injuries or illnesses.

### 5. What if you need prescription drugs?

Employees requiring prescriptions must have them filled at a pharmacy that participates with PMA's Pharmacy Benefit Manager, Express Scripts. Most pharmacies will participate in this network but please contact Express Scripts at 1-888-786-9640 to confirm.

### 6. What if you are currently being treated for a workers' compensation injury or illness?

The City of Waterbury and Waterbury Board of Education Workers' Compensation medical care plan is for injuries occurring on or after the plan's effective date. If you have an established and approved Workers' Compensation claim and are currently being treated for that injury, there are no changes. You can continue your treatment with your established treating provider.

**7. Where do you obtain medical treatment?**

Prompt medical care is a key element to a fast recovery from an injury or illness. Emergency medical care and medical follow-up treatment can often mean the difference between complete recovery from an injury or lasting physical disability.

If you become injured at work, you should report your injury **to your department supervisor** and proceed to one of the plan's Occupational Health / Walk In Medical Centers listed (St Mary's Hospital or Concentra). If you become injured when the centers are closed, you should go to the nearest emergency department.

**8. What if you need continuing medical treatment?**

In the event an employee's injury or illness requires additional medical care beyond the initial visit to a primary care center or the emergency department, a primary treating physician within the MCMC CareSys network should be requested. This physician will continue to provide necessary treatment and referrals to other specialists if or when needed.

**Employees are required to obtain treatment from providers in the approved plan. Failure to do so may suspend an employee's right to receive Workers' Compensation benefits, subject to the order of a Workers' Compensation Commissioner.**

Should your injury require specialty treatment not available in The MCMC CareSys Medical Care Plan, a consultant from an approved list established by the Workers' Compensation Commission may be chosen for your treatment. Please see The City of Waterbury's Risk Manager for guidance.

**9. What do you do if the doctor releases you to modified/light duty work?**

Bring your physician's completed copy of the "Work Status Report" to **your department supervisor or HR representative** immediately. The City of Waterbury and Waterbury Board of Education will try to provide you with a temporary, modified duty position to meet your doctor's specified restrictions. If you have any questions regarding the Modified / Light Duty process, please contact your **department supervisor or HR representative**.

**Once your Medical Provider releases you to return to full duty, the temporary, disability wage support stops.**

**10. What if you have further questions?**

If you have further questions regarding your Workers' Compensation benefits, **contact The City's Risk Management Department** at 203-574-6840 or PMA Management Corp. of New England Claims Manager at 1-203-679-3900 or 1-888-476-2669.

**11. What if you have questions about your medical treatment?**

MCMC CareSys can review the medical care and services being provided to you. They can be contacted at 1-888-476-2669.

**CITY OF WATERBURY and WATERBURY BOARD OF EDUCATION**  
**Workers' Compensation Medical Care Plan Provider Specialty Index**  
**Effective Date - September 15, 2016**

**Approved Specialties**

- ✓ Represents the core specialties covered within the City of Waterbury and Waterbury Board of Education's customized Medical Care Plan

Allergy/Immunology	✓	Occupational Medicine
Audiology		Occupational Therapy
Cardio Vascular Surgery		Oncology
Cardiology	✓	Ophthalmology
Cardiothoracic		Optometry
Chiropractic Medicine		Oral and Maxillofacial
Dentistry	✓	Orthopedic Surgery
Dermatology		Osteopathy
Endocrinology		Otolaryngology
Family/General Practice	✓	Pain Management
Gastroenterology	✓	Physical Medicine & Rehabilitation
General Hospital Services	✓	Physical Therapy
✓ General Surgery		Plastic Surgery
✓ Hand Surgery		Podiatry
Hand Therapy		Psychiatry
Head & Neck Surgery		Psychology
Hematology		Pulmonary Medicine
Infectious Diseases		Radiology
✓ Initial Care		Rheumatology
Internal Medicine		Social Work
Nephrology		Surgical Centers
✓ Neurological Surgery		Thoracic Surgery
✓ Neurology		Urology
OBGYN		Vascular Surgery

Should an injury require specialty treatment not covered in the Waterbury Medical Care Plan, a provider from the approved provider list established by the Worker's Compensation Commission may be chosen for treatment. Please contact PMA or the City of Waterbury's Risk Management Team for guidance.

## City of Waterbury and Waterbury Board of Education Medical Network for Workers' Compensation

*Emergency care may be obtained at the nearest emergency department or center. For your convenience the closest emergency department to your primary place of employment is:*

Emergency Care		
<p><b>Saint Mary's Hospital</b> 56 Franklin Street Waterbury, CT 06706 (203) 709-6000</p>	<p><b>Waterbury Hospital</b> 64 Robbins Street Waterbury, CT 06721 (203) 573-6000</p>	
Occupational Health / Walk In Medical Centers		
<p><b>Concentra Medical Center - Waterbury</b> 8 South Commons Road Waterbury, CT 06704 (203) 759-1229</p>	<p><b>Saint Mary's Occupational Health and Diagnostic Center</b> 1312 West Main Street Waterbury, CT 06708 (203) 709-3740</p>	<p><b>Saint Mary's Hospital Urgent Care Center</b> Waterbury Urgent Care 1312 West Main Street Waterbury, CT 06708 (203) 709-4575</p>
General Surgery		
<p><b>Abdel Richi, M.D., LLC</b> 1389 West Main Street Suite 322 Waterbury, CT 06708 (203) 753-0877 <b>Richi, Abdel MD</b></p>	<p><b>Alliance Medical Group Surgery</b> 1625 Straits Turnpike, Suite 200 Middlebury, CT 06762 (203) 568-2929 <b>Knight, David MD</b> <b>Shetty, Jayakara MD</b></p>	<p><b>Middlebury Surgical, LLC</b> 687 Straits Turnpike Suite 2A Middlebury, CT 06762 (203) 598-0235 <b>Tripodi, Guisepppe MD</b></p>
Hand Surgery		
<p><b>Active Orthopaedics, PC</b> Turnpike Office Park 1579 Straits Turnpike Middlebury, CT 06762 (203) 758-1272 <b>Carlson, Erik J. MD</b></p> <p><b>Neurosurgery, Orthopaedic &amp; Spine Specialists, PC (NOSS)</b> 1320 West Main Street Waterbury, CT 06708 (203) 755-7115 <b>Manzo, Richard MD</b> <b>Nelson, Andrew MD</b></p>	<p><b>Orthopedic Associates of Hartford PC</b> 499 Farmington Avenue, Suite 300 Farmington, CT 06032 (860) 549-3210 <b>Bontempo, Nicholas MD</b> <b>Burton, Kevin MD</b> <b>Caputo, Andrew MD</b> <b>Linburg, Richard MD</b></p> <p><b>Stanley J. Foster III, M.D., P.C.</b> 1625 Straits Turnpike, Suite 108 Middlebury, CT 06762 (203) 757-0583 <b>Foster III, Stanley J. MD</b></p>	

Neurology		
<p><b>Alliance Medical Group</b> 1625 Straits Turnpike Suite 302 Middlebury, CT 06762 (203) 573-9512 <b>Zhang, Jianhui (Jane) MD</b></p>	<p><b>Associated Neurologists, PC</b> 1389 West Main Street Tower 1, Suite 212 Waterbury, CT 06706 (203) 748-2551 <b>Culligan, Neil MD</b> <b>Grecco, David MD</b> <b>Markind, Samuel MD</b> <b>Wirz, Diane MD</b></p>	<p><b>Neurological Specialists, P.C.</b> 4 Corporate Drive, Suite 192 Shelton, CT 06484 (203) 924-8664 <b>Barasch, Philip M., MD</b> <b>Beck, Lawrence, MD</b> <b>Butler, James B., MD</b> <b>Webb, Lisa B., MD</b></p>
Neurosurgery		
<p><b>Hartford HealthCare Medical Group</b> 1781 Highland Avenue Suite 106 Cheshire, CT 06410 (203) 271-2120 <b>Bauman, Joel MD</b></p> <p><b>HHC PhysiciansCare, Inc.</b> 85 Barnes Road Wallingford, CT 06492 (203) 265-9122 <b>Bauman, Joel MD</b></p>	<p><b>Neurosurgery, Orthopaedic &amp; Spine Specialists, PC (NOSS)</b> 500 Chase Parkway Waterbury, CT 06708 (203) 755-6677 <b>Forshaw, David MD</b> <b>Karnasiewicz, Michael MD</b> <b>Mushaweh, Jarob MD</b> <b>Strugar, John MD</b> <b>Waitze, Alan MD</b></p>	<p><b>Neurosurgery, Orthopaedic &amp; Spine Specialists, PC (NOSS)</b> 330 Bridgeport Avenue Shelton, CT 06484 (203) 755-6677 <b>Gorelick, Judith MD</b></p> <p><b>Orthopedic Associates of Hartford</b> 220 Farmington Avenue Farmington, CT 06032 (860) 522-7121 <b>Lange, Stephan MD</b></p>
Ophthalmology		
<p><b>Eye Center - A Medical &amp; Surgical Group, PC</b> 415 Highland Avenue Cheshire, CT 06410 (203) 272-5494 <b>Fezza, Andrew MD</b> <b>Marks, Peter MD</b> <b>Martone, James MD</b> <b>Masi, Paul MD</b> <b>Milner, Mark MD</b></p> <p><b>Eye Center - A Medical &amp; Surgical Group, PC</b> 2880 Old Dixwell Avenue Hamden, CT 06518 (203) 248-6365 <b>Fezza, Andrew MD</b> <b>Marks, Peter MD</b> <b>Martone, James MD</b> <b>Masi, Paul MD</b> <b>Milner, Mark MD</b> <b>Swan, Andrew MD</b></p>		<p><b>OptiCare Eye Health Centers, Inc.</b> 811 East Main Street Torrington, CT 06790 (860) 496-8668 <b>Dua, Neeru MD</b></p> <p><b>OptiCare Eye Health Centers, Inc.</b> 87 Grandview Avenue Waterbury, CT 06708 (203) 574-2020 <b>Capuano, Mara OD</b> <b>Cervantes, Lorenzo MD</b> <b>Dua, Neeru MD</b> <b>Fei, Eugene OD</b> <b>Gershon, Meredith MD</b> <b>Gilbert, Richard MD</b> <b>Konykhov, Olga MD</b> <b>Nguyen, Kelly OD</b> <b>Oberman, Jeffrey MD</b> <b>Peterson, W. Scott MD</b> <b>So, Kevin OD</b> <b>Yimoyines, Dean MD</b></p>

## Orthopedics

<p><b>Active Orthopaedics, PC</b> Turnpike Office Park 1579 Straits Turnpike Middlebury, CT 06762 (203) 758-1272 <b>Carlson, Erik J. MD</b> <b>Kaplan, Michael MD</b></p> <p><b>CT Spine and Disc Institute</b> 1579 Straits Turnpike Middlebury, CT 06762 (203) 758-2003 <b>Raftery, Charles MD</b></p> <p><b>Neurosurgery, Orthopaedic &amp; Spine Specialists PC (NOSS)</b> 2 Pomperaug Office Park, Suite 308 Southbury, CT 06488 (203) 264-2878 <b>Flynn, Jr., William MD</b> <b>Taylor, Glenn MD</b> <b>Watson, Frederick MD</b></p> <p><b>Neurosurgery, Orthopaedic &amp; Spine Specialists PC (NOSS)</b> 500 Chase Parkway Waterbury, CT 06708 (203) 755-6677 <b>Flynn, Jr., William MD</b> <b>Taylor, Glenn MD</b> <b>Watson, Frederick MD</b></p>	<p><b>Neurosurgery, Orthopaedic &amp; Spine Specialists PC (NOSS)</b> 1320 West Main Street Waterbury, CT 06708 (203) 755-7115 <b>Manzo, Richard MD</b> <b>Nelson, Andrew MD</b></p> <p><b>Orthopedic Associates of Hartford</b> 499 Farmington Avenue, Suite 300 Farmington, CT 06032 (860) 549-3210 <b>Aronow, Michael MD</b> <b>Barnett, Peter MD</b> <b>Becker, Gerald MD</b> <b>Benthien, Ross MD</b> <b>Bontempo, Nicholas MD</b> <b>Burns, Jeffrey MD</b> <b>Burton, Kevin MD</b> <b>Caputo, Andrew MD</b> <b>Carangelo, Robert MD</b> <b>Davis, Stephen L. MD</b> <b>Dugdale, Thomas MD</b></p>	<p><b>Orthopedic Associates of Hartford (cont.)</b> <b>Esmende, Sean MD</b> <b>Froeb, Richard MD</b> <b>Fulkerson, John MD</b> <b>Grady-Benson, John MD</b> <b>Kime, Charles MD</b> <b>Krompinger, W. Jay MD</b> <b>Lena, Christopher MD</b> <b>Lewis, Courtland MD</b> <b>Linburg, Richard MD</b> <b>Miranda, Michael MD</b> <b>Nagarkatti, Durgesh MD</b> <b>Rios, Clifford MD</b> <b>Schutzer, Steven MD</b> <b>Shekman, Mark MD</b> <b>Sullivan, Raymond MD</b> <b>Zimmermann, Gordon MD</b></p> <p><b>Waterbury Orthopaedic Associates</b> 1211 West Main Street Waterbury, CT 06708 (203) 755-0163 <b>Mariani, Michelle MD</b> <b>Olson, Eric MD</b> <b>Rodin, Dennis MD</b></p>
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## Pain Management

<p><b>Active Orthopaedics, PC</b> 1579 Straits Turnpike Middlebury, CT 06762 (203) 758-1272 <b>Glassman, David B, MD</b></p> <p><b>Neurosurgery, Orthopaedic &amp; Spine Specialists, PC (NOSS)</b> 500 Chase Parkway Waterbury, CT 06708 (203) 755-6677 <b>Ghaly, Tamer MD</b> <b>Johar, Sandeep DO</b></p> <p><b>Neurosurgery, Orthopaedic &amp; Spine Specialists, PC (NOSS)</b> 166 Waterbury Road Suite 300 Prospect, CT 06712 (203) 755-6677 <b>Johar, Sandeep DO</b></p>	<p><b>Orthopedic Associates of Hartford</b> 499 Farmington Avenue Suite 300 Farmington, CT 06032 (860) 549-3210 <b>Memmo, Pietro MD</b> <b>Codispoti, Vincent MD</b></p> <p><b>RehabHealth, PC</b> 1320 West Main Street, Suite #2 Waterbury, CT 06708 (203) 755-9355 <b>Lichter, Arlen MD</b> <b>Nisenbaum, Michelle MD</b></p>
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Physical Medicine & Rehabilitation		
<p><b>Neurosurgery, Orthopaedic &amp; Spine Specialists, PC (NOSS)</b>            500 Chase Parkway            Waterbury, CT 06708            (203) 755-6677  <b>Darling, Alisa MD</b></p>	<p><b>Orthopedic Associates of Hartford</b>            499 Farmington Avenue            Suite 300            Farmington, CT 06032            (860) 549-3210  <b>Codispoti, Vincent MD</b>  <b>Memmo, Pietro MD</b></p>	<p><b>RehabHealth, PC</b>            1320 West Main Street, Suite #2            Waterbury, CT 06708            (203) 755-9355  <b>Lichter, Arlen MD</b>  <b>Nisenbaum, Michelle MD</b></p>
Physical Therapy Services		
<p><b>Access Rehab Centers</b>            1625 Straits Turnpike            Middlebury, CT 06762            (203) 598-0400</p> <p><b>Access Rehab Centers</b>            305 Church Street, Suite 16            Naugatuck, CT 06770            (203) 723-4010</p> <p><b>Access Rehab Centers</b>            84 Oxford Road - Route 67            Oxford, CT 06478            (203) 881-0830</p> <p><b>Access Rehab Centers</b>            Bennett Square #70-G            134 Main Street South            Southbury, CT 06488            (203) 267-4060</p> <p><b>Access Rehab Centers</b>            131 Main Street            Thomaston, CT 06787            (860) 283-4700</p> <p><b>Access Rehab Centers **</b>            715 Lakewood Road            Waterbury, CT 06704            (203) 759-1122</p> <p><b>Access Rehab Centers</b>            2154 East Main Street            Waterbury, CT 06705            (203) 575-0516</p>	<p><b>Access Rehab Centers</b>            134 Grandview Avenue            Waterbury, CT 06708            (203) 573-7130</p> <p><b>Access Rehab Centers</b>            22 Tompkins Street            Waterbury, CT 06708            (203) 419-0381</p> <p><b>Access Rehab Centers</b>            64 Robbins Street            Waterbury Hospital            Waterbury, CT 06708            (203) 573-6041</p> <p><b>Access Rehab Centers</b>            650 Wolcott Road            Wolcott, CT 06716            (203) 879-6700</p> <p><b>Physical Therapy &amp; Sports Medicine Center</b>            1183 New Haven Road, Suite 104            Naugatuck, CT 06770            (203) 723-0722</p> <p><b>Physical Therapy &amp; Sports Medicine Center **</b>            18 South Center Street            Southington, CT 06489            (860) 621-5054</p> <p><b>Physical Therapy &amp; Sports Medicine Center</b>            1211 West Main Street            Waterbury, CT 06708            (203) 753-6043</p>	<p><b>Physical Therapy &amp; Sports Medicine Center</b>            27 Depot Street            Watertown, CT 06795            (860) 274-1487</p> <p><b>Select Physical Therapy **</b>            117 Sharon Road            Mall View Plaza            Waterbury, CT 06705            (203) 756-2334</p> <p><b>Select Physical Therapy</b>            76 Westbury Parkway Suite 201E            Watertown, CT 06795            (860) 274-7573</p> <p><b>Select Physical Therapy</b>            1320 West Main St., Bldg 2 Unit #5            Waterbury, CT 06708            (203) 573-9518</p> <p><b>Saint Mary's Hospital Physical Therapy</b>            799 New Haven Road            Naugatuck, CT 06770            (203) 720-1750</p> <p><b>Saint Mary's Hospital Physical Therapy</b>            1981 East Main Street, Suite 2            Waterbury, CT 06705            (203) 709-6232</p> <p><b>** Aqua Therapy Available</b></p>

Should your injury require specialty treatment not available in The MCMC CareSys Medical Care Plan, a consultant from an approved list established by the Workers' Compensation Commission may be chosen for your treatment. Please see The City of Waterbury's Risk Manager for guidance. The City will comply with the Commissioner's decision regarding second opinion requests.