

## Appendix E

### Exposure to Infectious and Environmental Hazards

#### *LMU-Harrogate PA Program Policy on Needle Stick and Bloodborne Pathogen Exposure*

Detailed information on the prevention and treatment of exposure to bloodborne pathogens is contained in the CDC brochure, “Exposure to Blood: what Healthcare Personnel Need to Know” (<http://stacks.cdc.gov/view/cdc/6853/>).

If a student experiences a needle stick, sharps injury, or is otherwise exposed to the blood of a patient while participating in activities directly related to the curriculum, the student should:

- **Immediately perform basic first aid.** Wash needle sticks and cuts with soap and water. Flush splashes to the nose, mouth, or skin with water. For ocular exposures, flush eyes with water, normal saline solution, or sterile irrigates for several minutes.
- **Immediately report the incident** to the Director of Didactic Education during the Didactic Phase of training or to the clinical preceptor and Clinical Faculty during the Clinical Phase of training. Prompt reporting is essential. In some cases, post-exposure treatment may be recommended and should be started as soon as possible. If there is a potential exposure to Human Immunodeficiency Virus (HIV), it is imperative to initiate post-exposure prophylaxis (PEP) within two hours of the incident. Also, without prompt reporting, the source patient may be released before testing for infectious diseases can be conducted.
- **Seek post-exposure services.** During the Didactic Phase, students will be referred to their primary care provider or one of two local hospitals. The provider will file claims with the student’s health insurance company; however, students are responsible for payments not covered by their health insurance provider. There are two hospitals in the immediate vicinity, Claiborne County Hospital, 1850 Old Knoxville Road, Tazewell,

TN, and Appalachian Regional Hospital (ARH), 3600 W. Cumberland Avenue, Middlesboro, KY. Both hospitals have emergency services 24 hours a day, seven days a week. Hospital care is not included with tuition; therefore, students are responsible for the cost of services rendered.

- **File the claim with your personal health insurance company** as the primary insurance. Do not file a worker's compensation claim. File the claim with First Agency, Inc. as your secondary insurance. Fees and copays are paid through First Agency.
  - **First Agency, Inc.**
    - 5071 West H Avenue Kalamazoo, MI 4009-8501
    - Phone (269)381-6630
    - Fax (269) 381-3055
- **Complete the following documents (found at the end of the appendix) and submit** to the Didactic Education Assistant during the Didactic Phase of training or to the Clinical Education Assistant during the Clinical Phase of training: Student Accident Claim, Authorization to Permit Use and Disclosure of Health Information, Parent/Guardian/Student Information, and Incident Form.
- **Copy the front and back of your health insurance card and submit it** to the Didactic Education Assistant during the Didactic Phase of training or to the Clinical Education Assistant during the Clinical Phase of training.
- **Collect all itemized bills for medical expenses associated with the injury that have not been paid** (itemized bills include the date of service, procedure code and diagnosis code – not balance due statements) including all worksheets, denials, and/or statements of benefits from your primary insurer (each charge must be processed by your primary insurance before those charges can be processed by First Agency, Inc.) and submit to the Didactic Education Assistant during the Didactic Phase of training or to the Clinical Education Assistant during the Clinical Phase of training.

- **Collect a UB-04 or HCFA billing statement** related to the injury from the billing office of the clinical site during the Clinical Phase of training and submit it to the Clinical Education Assistant.
- The LMU-Harrogate PA Program will submit all completed documents to First Agency, Inc.

*Blood borne Infectious Diseases Including Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV)*

<https://www.cdc.gov/niosh/topics/bbp/default.html>

### **Human Immunodeficiency Virus (HIV)**

Human Immunodeficiency Virus (HIV) is a blood-borne virus typically transmitted through sexual intercourse, shared intravenous drug needles, and mother-to-child transmission during the birth process or breastfeeding. HIV disease is caused by infection with HIV-1 or HIV-2 retroviruses that attack the host's immune system, most specifically the CD4 cells. Co-infection with other viruses that share similar transmission routes (HBV, HCV, HHV8) is common. Acute seroconversion (when a specific antibody develops and becomes detectable in the blood) manifests as a flulike illness (fever, malaise, generalized rash) and may be associated with generalized lymphadenopathy. This occurs within two to four weeks after infection with HIV. People with acute seroconversion have a large amount of HIV in their blood (high viral load) and are very contagious. However, some people may not develop symptoms.

Following acute seroconversion is a period of clinical latency where HIV is still active but reproduces at much lower levels. This stage may last for years and may not cause any symptoms. AIDS is the most severe stage of HIV infection. In this stage, the immune system is severely impaired (CD4 cell count drops below 200 cells/mm), allowing for the development of opportunistic illnesses. Without treatment, people with AIDS typically survive about three years. Common symptoms of AIDS include fever, chills, sweats, malaise, generalized lymphadenopathy, and weight loss. Their viral load is high, and they are very contagious.

Healthcare workers can acquire HIV infection through occupational exposure. As of December

31, 2013, there were 58 confirmed occupational transmissions of HIV and 150 possible transmissions reported in the United States. Of these, only one confirmed case has been reported since 1999. The risk of a healthcare worker becoming infected with HIV after being exposed to a needle stick contaminated with HIV-infected blood at work is 0.23%. The risk of exposure due to splashes with even overtly bloody contaminated body fluids is thought to be near zero.

It is the policy of the LMU-Harrogate PA Program to follow CDC and OSHA guidelines to prevent transmission of HIV in the healthcare setting. LMU-Harrogate PA Program students, faculty, and staff must follow standard precautions and assume that all blood or body fluids are potentially infectious. These guidelines include the following:

- Routine use of personal protective equipment (such as gloves, face and eye shields, and gowns) when anticipating contact with blood or body fluids.
- Immediately washing of hands and other skin surfaces after contact with blood or body fluids.
- Careful handling and disposal of sharp instruments during and after use.
- Careful use of safety devices developed to help prevent needle stick injuries.

Any LMU-Harrogate PA Program student, faculty, or staff member with an occupational exposure is required to seek medical attention immediately as postexposure prophylaxis (PEP) with antiretroviral therapy (ART) is more effective the sooner it is initiated after exposure. Most PEP regimens follow a four-week, two-drug regimen initiated as soon as possible after exposure (within 72 hours). A three-drug regimen may be required for HIV exposures that pose an increased risk of transmission.

To date, there is no cure for HIV and AIDS and there is no vaccine to prevent HIV or AIDS.

### **Hepatitis B Virus (HBV)**

Hepatitis B virus (HBV) is a hepadnavirus that invades hepatocytes. The interaction of the virus with the host immune system leads to liver injury and, potentially, cirrhosis and hepatocellular carcinoma. Infected people can experience an acute symptomatic phase (usually about 90 days after exposure to HBV) including fever, myalgia, malaise, anorexia, nausea, vomiting, jaundice, and right upper quadrant pain or they may be asymptomatic. Patients with chronic active hepatitis, especially during the replicative state, may have symptoms similar to the acute symptomatic phase.

Sexual contact, needle sticks, needle sharing blood transfusions, and organ transplantations are routes for HBV transmission. Blood contains the highest HBV titers of all body fluids and is the most important vehicle of transmission in the healthcare setting. HBV is highly resistant to extremes of temperature and humidity and can survive in dried blood at room temperature on environmental surfaces for at least one week. HBsAg can be found in other body fluids, including breast milk, bile, cerebrospinal fluid, feces, nasopharyngeal washings, saliva, semen, sweat, and synovial fluid.

HBV is the most efficiently transmissible of the blood-borne viruses important in healthcare settings. The risk of HBV infection is primarily related to the degree of contact with blood and the HBeAg status of the source patient. In studies of healthcare workers who sustained injuries from needles contaminated with blood containing HBV, the risk of developing clinical hepatitis if the blood was both HBsAg positive and HBeAg positive was up to 31%. By comparison, the risk of developing clinical hepatitis if the blood was HBsAg positive and HBeAg negative was up to 6%. Before widespread implementation of HepB vaccination, HBV infection was a common occupational risk among healthcare workers. The use of standard precautions and routine HepB vaccination of healthcare workers have resulted in a 98% decline in HBV infections from 1983

through 2010 among healthcare workers.

It is the policy of the LMU-Harrogate PA Program to follow CDC and OSHA guidelines to prevent transmission of HBV in the healthcare setting. LMU-Harrogate PA Program students, faculty, and staff members are to follow standard precautions and assume that all blood or body fluids are potentially infectious. These guidelines include the following:

- Routine use of personal protective equipment (such as gloves, face and eye shields, and gowns) when anticipating contact with blood or body fluids.
- Immediately washing of hands and other skin surfaces after contact with blood or body fluids.
- Careful handling and disposal of sharp instruments during and after use.
- Careful use of safety devices developed to help prevent needle stick injuries.

OSHA mandates that healthcare workers who have a reasonable expectation of occupational exposure to blood or body fluids be offered the hepatitis B vaccine (Bloodborne Pathogens Standard [29 CFR 1910.1030 and 29 CFR 1910.030f]). Approximately 25% or more of medical and dental students and many physicians, surgeons, and dentists in the United States have been born to mothers in or from countries in Asia (including India), Africa, and the Middle East with high and intermediate endemicity for HBV. The CDC recommends that all healthcare providers at risk for HBV infection be tested and that all those found to be susceptible should receive the vaccine.

The three-dose HepB vaccine series produces a protective antibody response (anti-HBs > 10 ml/U/mL) in > 90% of healthy adults < 40 years-old. Factors such as smoking, obesity, aging, chronic medical conditions, drug use, diabetes, male sex, genetic factors, and immune suppression contribute to a decreased response to the HepB vaccine.

All LMU-Harrogate PA Students are required to complete the HepB vaccine series. **Students must provide proof of HepB vaccination and proof of immunity with a qualitative or**

**quantitative anti-HBs titer prior to matriculation.**

Any LMU-Harrogate PA Program student, faculty, or staff member with an occupational exposure is required to seek medical attention immediately to prevent delays in treatment. The management of a healthcare worker with an occupational exposure to HBV depends on the anti-HBs status of the healthcare worker and the HBsAg status of the source patient. The healthcare worker should be tested for anti-HBs and the source patient (if known) should be tested for HBsAg as soon as possible after the exposure. More detailed management recommendations are listed in "Table 1".

Post-exposure management of healthcare personnel after occupational percutaneous and mucosal exposure to blood and body fluids, by healthcare personnel HepB vaccination and response status".

**TABLE 1. Post-exposure management of healthcare personnel after occupational percutaneous and mucosal exposure to blood and body fluids, by healthcare personnel HepB vaccination and response status**

Healthcare personnel status	Postexposure testing		Postexposure prophylaxis		Postvaccination serologic testing <sup>†</sup>
	Source patient (HBsAg)	HCP testing (anti-HBs)	HBIG*	Vaccination	
Documented responder <sup>§</sup> after complete series	No action needed				
Documented nonresponder <sup>¶</sup> after 2 complete series	Positive/unknown	Not indicated	HBIG x2 separated by 1 month	—	No
	Negative	No action needed			
Response unknown after complete series	Positive/unknown	<10mIU/mL**	HBIG x1	Initiate revaccination	Yes
	Negative	<10mIU/mL	None		
	Any result	≥10mIU/mL	No action needed		
Unvaccinated/incompletely vaccinated or vaccine refusers	Positive/unknown	—**	HBIG x1	Complete vaccination	Yes
	Negative	—	None	Complete vaccination	Yes

\* HBIG should be administered intramuscularly as soon as possible after exposure when indicated. The effectiveness of HBIG when administered >7 days after percutaneous, mucosal, or nonintact skin exposures is unknown. HBIG dosage is 0.06 mL/kg.

† Should be performed 1–2 months after the last dose of the HepB vaccine series (and 6 months after administration of HBIG to avoid detection of passively administered anti-HBs) using a quantitative method that allows detection of the protective concentration of anti-HBs (≥10 mIU/mL).

§ A responder is defined as a person with anti-HBs ≥10 mIU/mL after 1 or more complete series of HepB vaccine.

¶ A nonresponder is defined as a person with anti-HBs <10 mIU/mL after 2 complete series of HepB vaccine.

\*\* HCP who have anti-HBs <10mIU/mL, or who are unvaccinated or incompletely vaccinated, and sustain an exposure to a source patient who is HBsAg-positive or has unknown HBsAg status, should undergo baseline testing for HBV infection as soon as possible after exposure, and follow-up testing approximately 6 months later. Initial baseline tests consist of total anti-HBc; testing at approximately 6 months consists of HBsAg and total anti-HBc.

**ABBREVIATIONS**

HCP = healthcare personnel  
 HBsAg = hepatitis B surface antigen  
 anti-HBs = antibody to hepatitis B surface antigen  
 HBIG = hepatitis B immune globulin

Adapted from CDC. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, *MMWR* 2018; 67(RR-1), available at [www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf](http://www.cdc.gov/mmwr/volumes/67/rr/pdfs/rr6701-H.pdf).

*Hepatitis B and Healthcare Personnel CDC*

<https://www.immunize.org/catg.d/p2109.pdf>

*Morbidity and Mortality Weekly Report (MMWR): Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices CDC January 12, 2018*

<https://www.cdc.gov/mmwr/volumes/67/rr/rr6701a1.htm>



## **Hepatitis C Virus (HCV)**

Hepatitis C virus (HCV) is an RNA virus that invades hepatocytes leading to inflammation and possibly cirrhosis and hepatocellular carcinoma. Symptoms of acute HCV infection, such as arthralgias, myalgias, pruritis, paresthesia, can occur within six months after exposure to HCV. Most people with acute HCV infection develop chronic HCV infection.

Transfusion of blood contaminated with HCV was the leading mode of transmission prior to screening of donated blood for HCV antibody beginning in 1992. More advanced screening tests for HCV have reduced the risk of HCV transmission through blood transfusion to less than one per two million units transfused. People who inject illicit drugs with nonsterile needles are at the highest risk for HCV infection. HCV may also be transmitted via sexual contact, tattooing, sharing razors, and acupuncture. HCV transmission may occur during the birth process, but breastfeeding is not associated with HCV transmission.

Healthcare workers can acquire HCV infection through needle stick injuries or other occupational exposures. Needle stick injuries in the healthcare setting result in a 3% risk of HCV transmission.

It is the policy of the LMU-Harrogate PA Program to follow CDC and OSHA guidelines to prevent transmission of HCV in the healthcare setting. LMU-Harrogate PA Program students, faculty, and staff members are to follow standard precautions and assume that all blood or body fluids are potentially infectious. These guidelines include the following:

- Routine use of personal protective equipment (such as gloves, face and eye shields, and gowns) when anticipating contact with blood or body fluids.
- Immediately washing of hands and other skin surfaces after contact with blood or body fluids.
- Careful handling and disposal of sharp instruments during and after use.
- Careful use of safety devices developed to help prevent needle stick injuries.

Any LMU-Harrogate PA Program student, faculty, or staff member with an occupational exposure is required to seek medical attention immediately to prevent delays in treatment. HCV can be detected in blood within one to three weeks after exposure. There is currently no vaccine to prevent HCV. Any LMU-Harrogate PA Program student, faculty, or staff member with an occupational exposure is required to seek medical attention immediately to prevent delays in treatment. Treatment of acute HCV can reduce the risk of progression to chronic HCV. Recommendations for pharmacologic therapy vary and management by a specialist is recommended.

*Viral Hepatitis: Hepatitis C FAQs for Health Professionals*

<https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm#f2>

### **Hepatitis D Virus (HDV)**

HDV also infects hepatocytes but is uncommon in the United States. HDV infection only occurs among people who are infected with HBV because HDV is an incomplete virus that requires the helper function of HBV to replicate.

HDV can be transmitted via percutaneous or mucosal contact with HDV-infected blood. Any LMU-Harrogate PA Program student, faculty, or staff member with an occupational exposure is required to seek medical attention immediately to prevent delays in treatment. There is no vaccine for HDV but HepB vaccination can prevent HDV infection.

### **Less Common Bloodborne Pathogens**

Students may be exposed to bloodborne pathogens that cause the following conditions during the course of their training: Syphilis, Malaria, Babesiosis, Brucellosis, Leptospirosis, Arboviral infections (including Colorado Tick Fever), Relapsing Fever, Creutzfeldt-Jakob Disease, Human T-lymphotropic Virus Type I, and Viral Hemorrhagic Fever.

## **Latex Allergy**

Latex refers to the natural rubber latex manufactured from a milky fluid that is primarily obtained from the rubber tree. The U.S. Food and Drug Administration (FDA) requires labeling of medical devices that contain natural rubber. Healthcare workers are at risk of experiencing latex allergies because of the frequent use of latex gloves. Latex proteins also become fastened to the lubricant powder used in some gloves; therefore, when healthcare workers change gloves, the protein/powder particles become airborne and can be inhaled.

The most common reaction to latex products is irritant contact dermatitis. Other symptoms of latex allergy include itchy eyes, rhinorrhea, sore throat, respiratory symptoms, and rarely, shock. The prevalence of latex allergy in healthcare workers is 8-12% (compared to 1-6% of the general population).

Appropriate barrier protection is necessary when exposure to bloodborne pathogens or other infectious agents is anticipated. The use of powder-free gloves with reduced protein content will reduce exposure, and subsequent sensitization, to latex. After removing latex gloves, wash hands with mild soap and dry thoroughly. "Hypoallergenic" latex gloves may reduce reactions to the chemical additives in the latex. Any LMU-Harrogate PA Program student, faculty, or staff member with a suspected allergic reaction to latex is required to seek medical attention immediately to prevent delays in treatment.

*Latex Allergy: A Prevention Guide CDC June 6, 2014*

<https://www.cdc.gov/niosh/docs/98-113/>

*NIOSH Alert: Preventing Allergic Reactions to Natural Rubber Latex in the Workplace NIOSH*

*August 1998*

<https://www.cdc.gov/niosh/docs/97-135/pdfs/97-135.pdf>

NAME OF SCHOOL: Lincoln Memorial University  
ADDRESS: 6965 Cumberland Gap Parkway, Harrogate, TN 37752

First Agency, Inc.  
5071 West H Avenue  
Kalamazoo, MI 49009-8501  
Phone: (269) 381-6630  
Fax: (269) 381-3055

## STUDENT ACCIDENT CLAIM FORM

STUDENT'S FULL NAME (PRINT) LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

STUDENT'S SCHOOL ADDRESS \_\_\_\_\_

STUDENT'S HOME ADDRESS \_\_\_\_\_

S.S.# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ HOUR \_\_\_\_\_  A.M.  P.M.

DETAILED DESCRIPTION OF ACCIDENT: HOW DID IT OCCUR? (OR ATTACH ACCIDENT REPORT COMPLETED BY THE SCHOOL REPRESENTATIVE WHO WITNESSED THE ACCIDENT) \_\_\_\_\_

WHERE DID IT OCCUR? \_\_\_\_\_

PART OF BODY INJURED \_\_\_\_\_ RIGHT \_\_\_\_\_ LEFT

ACTIVITY SPORT \_\_\_\_\_  INTERCOLLEGIATE  INTRAMURAL

STUDENT ACCIDENT (describe) \_\_\_\_\_

HAS A CLAIM EVER BEEN FILED ON THIS STUDENT?  YES  NO

NAME OF SCHOOL AUTHORITY SUPERVISING ACTIVITY \_\_\_\_\_

WAS SUPERVISOR A WITNESS TO THE ACCIDENT?  YES  NO

IF NOT, WHEN WAS THE ACCIDENT FIRST REPORTED TO A SCHOOL AUTHORITY? DATE \_\_\_\_\_

SIGNATURE OF SCHOOL OFFICIAL \_\_\_\_\_ TITLE \_\_\_\_\_

DATE OF THIS REPORT \_\_\_\_\_

### IMPORTANT: PLEASE ATTACH ITEMIZED BILLS

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE COMPANY WITHIN 90 DAYS FROM THE DATE OF TREATMENT ACCOMPANIED BY ALL MEDICAL BILLS INCURRED TO DATE.**

### HOW TO FILE YOUR ACCIDENT CLAIM FORM

1. Complete **ALL** blanks.
2. Please read and sign authorization on back of this form.
3. Attach all **ITEMIZED** bills (itemized bills include the date of service, procedure code, diagnosis code, etc. not balance due statements) for **MEDICAL EXPENSES ONLY**. Include all worksheets, denials, and/or statements of benefits from your primary insurer. (Each charge **must** be processed by all other insurances/plans before they can be processed by First Agency, Inc.)
4. Mail within 90 days of the accident to:

First Agency, Inc.  
5071 West H Avenue  
Kalamazoo, MI 49009-8501

**First Agency, Inc.**  
 5071 West H Avenue  
 Kalamazoo, MI 49009-8501  
 Phone (269) 381-6630  
 Fax (269) 381-3055

**PARENT/GUARDIAN/STUDENT INFORMATION FORM**

**RETURN FORM WHEN COMPLETE TO**

→ Name of College/University Lincoln Memorial University  
 Attention \_\_\_\_\_  
 Address 6965 Cumberland Gap Parkway  
 City Harrogate State TN Zip 37752

This form is to be completed by the  
 Parents, Guardians, or Student

**Note: Complete all blanks on this form. Failure to complete all blanks will result in claims processing delays.**  
 If information is not applicable, indicate the reason it is not (e.g., deceased, divorced, unknown).

Name of Athlete \_\_\_\_\_ Sport \_\_\_\_\_  
 Social Security No or Passport No \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 College Address \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
 Home Address \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FATHER/GUARDIAN INFORMATION	MOTHER/GUARDIAN INFORMATION
Father's Name _____	Mother's Name _____
Date of Birth _____	Date of Birth _____
Address _____	Address _____
Employer _____	Employer _____
Address _____	Address _____
Telephone ( ) _____	Telephone ( ) _____
Medical Insurance Company or Plan _____	Medical Insurance Company or Plan _____
Address _____	Address _____
Policy Number _____	Policy Number _____
Telephone ( ) _____	Telephone ( ) _____
Is this plan an HMO or PPO? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this plan an HMO or PPO? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is pre-authorization required to obtain treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is pre-authorization required to obtain treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is a second opinion required before surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is a second opinion required before surgery? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PLEASE COMPLETE AUTHORIZATION ON NEXT PAGE**

First Agency, Inc.  
5071 West H Avenue  
Kalamazoo, MI 49009-8501



**AUTHORIZATION - To Permit Use and Disclosure of Health Information**

This Authorization was prepared by First Agency, Inc. for purposes of obtaining information necessary to process a claim for benefits.

Upon presentation of the original or a photocopy of this signed Authorization, I authorize, without restriction (except psychotherapy notes), any licensed physician, medical professional, hospital or other medical-care institution, insurance support organization, pharmacy, governmental agency, insurance company, group policyholder, employer or benefit plan administrator to provide First Agency, Inc. or an agent, attorney, consumer reporting agency or independent administrator, acting on its behalf, all information concerning advice, care or treatment provided the patient, employee or deceased named below, including all information relating to, mental illness, use of drugs or use of alcohol. This Authorization also includes information provided to our health division for underwriting or claim servicing and information provided to any affiliated insurance company on previous applications. If this Authorization is for someone other than myself, that individual has given me the authority to act on his/her behalf as explained below.

I understand that I have the right to revoke this Authorization, in writing, at any time by sending written notification to my agent or to us at the above address. I understand that a revocation will not be effective to the extent we have relied on the use or disclosure of the protected health information or if my Authorization was obtained as a condition to determine my eligibility for benefits. Revocation requests must be sent in writing to the attention of the Claims Supervisor.

I understand that First Agency, Inc. may condition payment of a claim upon my signing this authorization, if the disclosure of information is necessary to determine the level or validity of the claim payment. I also understand, once information is disclosed to us pursuant to this Authorization, the information will remain protected by First Agency, Inc. in accordance with federal or state law.

I understand that I or my authorized representative is entitled to receive a copy of this authorization upon request.

This Authorization is valid from the date signed for the duration of the claim.

\_\_\_\_\_  
Name of Claimant (please print)

\_\_\_\_\_  
Name of Authorized Representative, or Next of Kin (please print)

\_\_\_\_\_  
Signature of Claimant (if claimant is 18 or older)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative of Next of Kin

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship of Authorized Representative or Next of Kin to Claimant

**LINCOLN MEMORIAL UNIVERSITY  
INCIDENT REPORT**

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Position Title: \_\_\_\_\_

Male/Female (circle one)

Date/Time of Accident: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **AM/PM**

Date/Time Reported: \_\_\_\_\_ A.M./P.M.

Time Employee Began Work: \_\_\_\_\_ A.M./P.M.

Names of Witnesses:

\_\_\_\_\_ Interviewed: YES NO (attach documentation)

\_\_\_\_\_ Interviewed: YES NO (attach documentation)

Treatment away from work site?

Emergency Room: Yes / No

Physician or Other: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Was injured person hospitalized overnight as inpatient? Yes / No

If injured person died, when did death occur? Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Name of building or area the injured person was in: \_\_\_\_\_

What was the injured person doing just before the incident occurred? Describe the activity, as well as the tools, equipment or material the injured person was using. Be specific. Examples: Climbing a ladder while carrying roofing materials, spraying chlorine from hand sprayer, daily computer tasks. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What happened? Tell us how the injury occurred. Examples: When ladder slipped on wet floor, injured person fell 20 feet; injured person was sprayed with chlorine when gasket broke during replacement.; Injured person developed soreness in wrist over time. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What was the injury or illness? Tell us the part of the body that was affected and how it was affected. Example: Lower back pain: complained of pain. \_\_\_\_\_

\_\_\_\_\_

What object or substance directly harmed the injured person? Examples: Concrete floor, chlorine, radial arm saw. If this question does not apply to the incident, leave it blank. \_\_\_\_\_

\_\_\_\_\_

Cause: Reason(s) for accident. Contributing factors, unsafe acts, unsafe conditions? \_\_\_\_\_

\_\_\_\_\_

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Prevention: Describe how to prevent a similar accident. \_\_\_\_\_

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What action do you need to take? \_\_\_\_\_

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

(If applicable)

**Signature of Injured Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(If injured person refuses to sign, please note here)

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Has corrective action been taken to prevent a similar accident? YES NO

By whom and what action was taken? \_\_\_\_\_