

On-the-Job Injury (OJI) Program Summary

Please review this summary with your employees. Every employee should sign the accompanying form- "On-the-Job Injury Program Acknowledgement Form" (OJI-F002). This should be turned in to the Risk Management section of the Human Resources Department. (OFFICIAL PROGRAM: www.cmcss.net)

- ◆ OJI stands for On-The-Job injuries (OJI)'s. The OJI Program for CMCSS was implemented January 1, 2006.
- ◆ Purpose of the program is to provide uniform procedures for the reporting, treatment, and compensation of eligible individuals who are injured while performing their duties.
- ◆ To receive benefits, eligible employees must follow rules and regulations of the OJI Program (OJI-PRO1).
- ◆ The OJI program is administered under the Risk Management section of the Human Resources Department. The online version of this program at www.cmcss.net is official. Therefore, all printed versions of this document and any summaries thereof are unofficial copies.

RULES

- ◆ Eligible employees are expected to practice safety awareness and exercise good judgment and common sense in the performance of his/her job and while on CMCSS premises and/or job locations. They also have a duty to ensure that his/her physical/emotional conditions are such that they have the mental clarity and physical ability to perform assignments, responsibilities and duties as related to his/her job, per his/her job description.
- ◆ Employees must report in writing to their supervisors all potentially unsafe conditions and any hazardous or safety violations which could contribute to or result in injuries to employees or others.
- ◆ When an employee performs a task that is within the duties of another department, he/she is responsible for following the safety rules of that department. An employee should **never** attempt to perform a task that he/she has not been instructed and/or trained how to perform. This includes, but is not limited to, any games, fitness, physical, or hazardous activities, or any activities that exceed the physical requirements of his/her job description.
- ◆ All work related injury or illness whether or not requiring medical attention must be reported to the employee's supervisor and OJI Building Representative immediately. The employee's failure to file a written report of injury (On-the-Job Injury Employee Statement-OJI-F003) to the appropriate supervisor and assigned OJI Building Representative within 24 hours of the occurrence of the work related injury or illness will result in the OJI claim being deemed non-compensable.
- ◆ OJI Building Representatives must call in notification of work related injury or illness to the Risk Management Department immediately. In the event the OJI Building Representative is not available, it is the responsibility of the injured employee to contact the Risk Management Department immediately. The following are the telephone numbers for such notification: 920-7917, 920-7806, 220-3317, 920-7836, 216-1971, 920-7976, or 980-2613.
- ◆ It is the responsibility of the injured employee to immediately notify the OJI Building Representative of the injury or illness and complete the Employee Injury Statement (OJI-F003) within 24 hours of the time of injury. Reports of work related injury or illness must be filed with the Risk Management Department by the OJI Building Representatives on all work related injuries or illnesses whether or not medical treatment is necessary. The OJI Building Representative should approve by signature all such reports.
- ◆ When an employee completes a written report of injury (Employee Injury Statement- OJI-F003), the employee does so with the knowledge that all OJI claims are investigated by the Risk Management Department. By filing an OJI claim, the employee waives any right of privacy and understands the investigation may include an inquiry of the injury/illness occurrence, past and current medical treatment and care, treatment of the medical condition, and any other inquiry relevant to his/her claim. Completion of an Employee Injury Statement or attempting to file such a claim does not guarantee the approval of said claim. After an investigation of the OJI claim, the claim may be deemed non-compensable despite the fact that the employee may have received treatment by an OJI physician with Risk Management approval. If, after the investigation, the claim is deemed non-compensable, bills for treatment prior to the investigation will be paid in full by CMCSS, and the employee will be responsible for all further treatment and medication. Any employee making a false or fraudulent claim will be subject to disciplinary action up to and including termination from employment with CMCSS.
- ◆ By completing a written report of injury (Employee Injury Statement- OJI-F003), the employee authorizes the release of his/her protected health information from health care providers. The filing of a written report of injury authorizes CMCSS Risk Management Department to request copies of any of the employee's medical records, regardless of the stated areas of injury, and it is the responsibility of the employee to provide said medical records or to ensure that said medical records are provided to the CMCSS Risk Management Department. Said medical records may be used in determining the employee's eligibility for benefits under the OJI program. This authorization is in effect for 365 days.

MEDICAL TREATMENT / BENEFITS

- ◆ All medical treatment for a work related injury or illness requires the Risk Management Department's approval. The eligible employee shall seek treatment only at authorized CMCSS designated facilities. CMCSS has the right to choose and/or change physicians when necessary. Non-authorized treatment may void any future OJI benefits for said claim. **Any non-authorized treatment will be at the employee's own expense except in the case of life-threatening or limb-threatening emergency situations.**
- ◆ In the event that an injury or illness is life threatening, (i.e., poisoning, convulsions, serious breathing difficulty, unconsciousness, major lacerations, smoke inhalation, head injuries or other acute conditions which would lead to disability or death if not treated emergently), the eligible employee should seek treatment at an emergency care facility. Once the employee is stabilized, CMCSS has the right to relocate the employee to a designated facility/physician. All follow up care must be coordinated with the Risk Management Department. OJI coverage for such emergency treatment will be at the sole discretion of the Risk Manager/Safety Coordinator. Notification must still be made to the Risk Management Department by the injured employee **within 24 hours of alleged work related injury**.
- ◆ Any eligible employee suffering a work related injury or illness that requires medical attention is notified and understands that the OJI Specialist, OJI Nurse Consultant, School Nurse Supervisor, and/or Risk Manager/Safety Coordinator have the right to attend all appointments. All appointments are scheduled by the Risk Management Department. Eligible employees suffering a work related injury or illness are not authorized to schedule or change appointments.
- ◆ Any eligible employee shall follow all orders given to them by the CMCSS designated physician, including but not limited to: using prescribed medications properly; following modifications as required by physician; participating in physical therapy program; and keeping all physician and physical therapy appointments. Failure to comply with physician's orders will void any future OJI benefits for the specific claim.
- ◆ In no event shall the time period for receiving OJI medical benefits under this program exceed one calendar year from date of work related injury or illness. In determining the maximum duration of OJI medical benefits for any eligible employee, CMCSS will count the days or parts of days actually worked by the employee over the one-year period prior to the report of injury or illness.
- ◆ Any eligible employee (including probationary employees) may receive 75% of employee's salary/wages. The employee may supplement this payment with sick and/or annual leave. The employee will not receive OJI lost wage benefits for days that he/she is not scheduled to work. Medical documentation from a CMCSS designated physician stating that it is medically necessary for the eligible employee to remain off work due to a work-related injury or illness or due to physical therapy in relation to a work-related injury or illness must be provided to the Risk Management Department initially and every 30 days thereafter until the employee is

released to return to work. **The maximum period of OJI lost wage benefits paid by CMCSS shall not exceed 90 days (three calendar months).** In no event will the period of time for which an employee may receive OJI benefits exceed the period of time for which the employee originally worked and the OJI benefits will be based on the hours per pay period that the employee would have worked. All benefits are limited specifically to those listed in this program, i.e. medical treatment and loss of wages and nothing more. Lost wages for as needed/ substitute/ non guaranteed duties will not be reimbursed to eligible employees.

- ◆ This section does not supersede any exclusions, provisions, or rules of the OJI program. This OJI policy provides benefits for the acute re-injury of pre-existing injury or condition suffered by the eligible employee provided the acute re-injury occurs during the performance of the employee's respective specified job duties as provided herein. Proof must be presented and confirmed that an anatomical change occurred to the pre-existing injury or condition for the claim to be compensable. Claims of work-related re-injury of a pre-existing condition (whether known or unknown by the employee) must be medically documented to be causally related to a specific work task or essential function as per the employee's job description. Existing medical conditions which are present during the completion of an eligible employee's specified work task does not indicate a re-injury of an existing injury or condition unless medical documentation substantiates a new injury resulting from the performance of work as described in the employee's job description. To receive OJI benefits under these circumstances, medical records must be obtained by the injured employee from the previous treating physician regarding the existing medical conditions. Requested medical records must be received prior to further treatment beyond the initial evaluation.
- ◆ If the employee has a known, yet untreated pre-existing injury or condition, CMCSS will not be responsible for treatment of such injury or condition.

EXCLUSIONS

All injuries, illnesses, and health conditions that occur or appear during the eligible individual's hours of work may not qualify as OJI injuries. The employee will be responsible for his / her own health care for these incidents. Determination of whether an injury or illness is work related and compensable will be made by the Risk Management Department. The following categories of injuries or illnesses are excluded from coverage under the OJI program:

- ◆ Injury or illness resulting from the adverse effects of prescription or over-the-counter medications which are related or unrelated to an OJI injury and/or illness.
- ◆ Injury or illness resulting from the use of alcohol or from unlawful use of drugs.
- ◆ Injury or illness resulting from misconduct, including but not limited to horseplay.
- ◆ Intentional injury or illness, including self-inflicted injury or injury incurred while intentionally harming another.
- ◆ Injury or illness resulting from failure or refusal of employee to use safety devices and/or personal protective equipment, failure to follow general safety precautions in performing one's duties, or working outside the scope of the employee's job description.
- ◆ Injury or illness resulting from failure of employee to perform duties as required by law or failure of employee to follow CMCSS policies, procedures, handbooks, and any additional applicable rules and regulations.
- ◆ Aggravation of work related injury or illness by off-duty activity.
- ◆ Injury or illness suffered while traveling to and/or from work except in circumstances when such travel is in the performance of the employee's duty driving a CMCSS vehicle.
- ◆ Health conditions which are attributed to the gradual onset of symptoms associated with physical or mental changes, degenerative conditions (whether known or unknown to employee) or are attributed to repetitive motion.
- ◆ Injury or illness resulting from participation in physical fitness, athletic, or recreational activities **unless** the activity is a part of an organized program approved by the department head **and** the employee's participation is made mandatory by the department head. Voluntary participation in such activities, whether during working hours or not, is not covered by the OJI program. These activities include, but are not limited to, any games, fitness, physical, or hazardous activities, or any activities that exceed the physical requirements of his/her job description.
- ◆ Injury or illness resulting from participation in employee wellness activities.
- ◆ Injury or illness resulting from employees who choose to work when directed not to work.
- ◆ Injury or illness resulting from an accident in an employee's personal vehicle.
- ◆ Injury or illness resulting from the employee's performance of duties that the employee has not been trained to do and/or is not required to do for CMCSS.
- ◆ Injury or illness stemming from claims based upon individual respiratory sensitivity to air quality.
- ◆ Injury or illness resulting from terrorist activities.
- ◆ Injury or illness resulting from natural disasters, such as tornados, earthquakes, etc.
- ◆ Injury or illness related to common contagious, communicable, or pandemic illness or disease.
- ◆ Injury or illness stemming from claims of stress (mental, emotional, or physical tension, strain, or anguish).

CESSATION OF BENEFITS

Benefits for OJI will cease when one or more of the following conditions are met:

- ◆ Termination of employment with CMCSS, either by resignation, retirement, discharge, or death, except for such coverage provided by any insurance policies specifically designated to continue after such event and except for any applicable OJI death benefit for which employee may be eligible.
- ◆ Failure of employee to follow the medical advice or instructions of CMCSS's designated physicians. This includes, but is not limited to, failure to follow physician's restrictions, failure to attend scheduled appointments or treatments, and failure to take prescribed medications as directed.
- ◆ Acceptance of employment by employee which would make the employee unavailable in his/her regular job.
- ◆ Upon the completion of medical treatment by the employee or when the employee chooses to terminate medical treatment.
- ◆ Upon the employee's return to work or directive to return to work without restrictions by the treating physician.
- ◆ When the employee has reached the point of maximum medical recovery as indicated by the treating physician.
- ◆ Inactivity of 30 consecutive days of an OJI claim (filed or logged).
- ◆ Employee opting out of OJI is deemed a waiver of any claims or benefits under this plan.

The employee has 10 business days from the date of cessation of benefits to request that the case be reopened. Any request must be in writing and postmarked within 10 business days from the date of the letter indicating cessation of benefits. The final decision to reopen the case will be within the sole discretion of the Risk Manager/Safety Coordinator.

MODIFIED DUTY ASSIGNMENTS

When the physician allows the eligible individual to return to work on a "light" or "restricted" duty assignment, the Risk Management Department will contact the physician to determine the nature and scope of duties allowed under the specific restrictions. The medical provider will define the scope of duties in terms of what can and cannot be done, and anticipated length of time the employee may be expected to remain in said status. Approved modified duty assignments are temporary in nature, and will not be permanent job modifications.

Decisions as to whether there is a temporary "light" or "restricted" duty assignment will be made by Risk Management Department and appropriate Department Administrator on a case by case basis. CMCSS will not discriminate on the basis of disability or any other protected status, and will comply with applicable federal and state law with regard to issues of alternative duty, restricted duty, or reasonable accommodations.

When an employee is released to return to work on "light" or "modified" duty by the approved physician, the employee is expected to report to the assigned work location. If the employee elects not to return to work, the employee will be responsible for using his/her own personal leave time. Should the employee elect not to return to work, the employee may be in violation of the CMCSS sick leave policy (HUM-A029).