

**Clarksville-Montgomery County School System**  
**Risk Management**  
**On-the-Job Injury Program**

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# Clarksville-Montgomery County School System

## Risk Management

### On-the-Job Injury Program

#### I. General Policy and Purpose

Effective January 1, 2006, and pursuant to Tennessee Code Annotated §50-6-106(16), the Clarksville-Montgomery County School System (hereinafter “CMCSS”) elected not to participate in the Tennessee Workers Compensation law and elected to implement and administer an On-the-Job Injury (“OJI”) Program.

The purpose of this program is to provide uniform procedures for the reporting, medical treatment, and compensation of work related injuries or illnesses for eligible employees.

In general, this program provides for medical treatment, payment of medical bills, payment of lost wages, and payment of death benefits for eligible employees who suffer a work related injury or illness during the performance of their specified job duties during working hours and who comply with the rules and regulations of this program. This program exists in conjunction with all CMCSS policies and regulations, including but not limited to the CMCSS Employee Safety Handbook and CMCSS OSHA Compliance Policy.

#### II. Eligible Employees

All full-time CMCSS employees (including probationary employees) are eligible to receive OJI benefits as set forth herein.

Part-time, temporary, or seasonal CMCSS employees are eligible to receive OJI benefits as set forth herein.

Student workers and volunteers (paid or unpaid) are not covered under the OJI program.

#### III. Administration

The OJI program will be administered under the Risk Management section of the Human Resources Department of CMCSS, under which these rules, procedures and guidelines are established. This policy, as with all policies adopted by CMCSS, may be subject to revision, change or modification as deemed necessary. **The online version of this program is the official program. Therefore, all printed versions of this document and any summaries thereof are unofficial copies.**

## **IV. Benefits, Procedures, and Rules of the OJI Program**

### **A. Reporting of Injuries and/or Illnesses**

1. All work related injuries or illnesses whether or not requiring medical attention must be reported to the employee's supervisor 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.
2. OJI Building Representatives must call in notification of work related injuries or illnesses to the Risk Management Department immediately. The following are the telephone numbers for such notification: 920-7917, 920-7806, 920-7836, 216-1971, 920-7976, or 980-2613.
3. It is the responsibility of the injured employee to immediately notify the OJI Building Representative of the injury or illness. Reports of work related injuries or illnesses 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 complete and approve by signature all such reports.
4. 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.
5. 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 360 days.

**B. Medical Treatment/Benefits**

1. All medical treatment for a work related injury and/or illness requires the Risk Management Department’s approval. Eligible employees 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.**
2. In the event that an injury and/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), employees 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. Notification must still be made to the Risk Management Department.
3. For work related injuries and/or illnesses that are not life threatening emergencies but medical treatment is necessary, employees shall seek medical treatment at the following approved locations:

Doctors Care Clinic	On-Site Medical Clinic	Gateway Occupational
2320 Wilma Rudolph Blvd	350 Pageant Lane, Suite 102	651 Dunlop Lane
Clarksville, TN 37040	Clarksville, TN 37040	Clarksville, TN 37040
(931) 645-1564	(931)906-2001	(931) 502-1181

These are the authorized treatment centers for work related injuries and/or illnesses. If the authorized physician recommends that the employee see a specialist, CMCSS reserves the right to approve the specialist seen by the employee. No other treatment centers will be compensated by CMCSS for medical treatment provided to an employee for an alleged work related injury or illness without prior approval from the Risk Management Department.

4. All employees suffering work related injuries or illnesses that require medical attention are notified and understand that the OJI Specialist, Nurse Consultant, RN Nursing Supervisor, and/or Risk Manager have the right to attend all physician and physical therapy appointments.
5. Employees 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.

6. Medical providers are required to adhere to the established medical fee schedule and all applicable requirements of this schedule as established by the 2004 Tennessee Workers Compensation Act, T.C.A. §50-6-204 and subsequent amendments thereto.
7. The time period for receiving OJI benefits under this program are set forth below in Section IV. D.

### **C. Death Benefits**

In the event a CMCSS employee has a compensable on-the-job injury which results in the employee's death then the employee's surviving spouse or beneficiary shall be entitled to a lump sum OJI death benefit of \$70,000.00. This death benefit is in addition to any accidental life insurance that may be provided to employee as an employee benefit by CMCSS. If any accidental life insurance exists, the payments of any benefits thereunder are subject to the terms and conditions of the respective life insurance agreements.

### **D. Lost Wages Benefits**

Employees (including probationary employees) may receive 75% of employee's salary/wages. Employees may supplement this payment with sick and/or annual leave. Employees will not receive OJI lost wage benefits for days that they are 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.

After the initial three months of OJI benefits (medical and lost wage), the employee may continue to receive the medical benefits under the OJI program, if necessary, for an additional nine months from the date of injury and/or illness for a total of not more than 12 months of medical benefits. If after three months from the date of work-related injury or illness the employee is not able to return to his or her previously held position, CMCSS provides an occupational long-term disability (LTD) policy. For definitions, criteria, and/or eligibility, please see the applicable insurance agreement which is maintained by the benefits office in the Human Resources Department.

The total maximum period of OJI medical benefits shall not exceed one calendar year from the date of the work-related injury or illness. If the employee is unable to return to regular full-time duties after the maximum OJI period has expired and is totally and

permanently disabled from obtaining any employment, he/she may apply for disability benefits under the TCRS Guidelines if employee is qualified to do so.

If the employee cannot return to his/her job, is totally and permanently disabled, there is no job available within CMCSS which the employee can perform, and the employee does not qualify under TRCS, then the employee will be separated from employment from CMCSS subject to the rules, terms and conditions of the LTD policy and will be provided with long-term disability benefits under that policy. The cost of the policy will be paid for by CMCSS and will be provided to all regular full-time employees of CMCSS.

Part-time, temporary, or seasonal employees of CMCSS may receive 75% of benefits for a work-related injury or illness except that the period of time for which they may receive OJI benefits will not exceed the period of time for which they originally worked and the compensation will be based on the hours per pay period they would have worked. In determining the maximum duration of OJI benefits for said employees, CMCSS will count the days or parts of days actually worked by said employee over the one-year period prior to the report of injury and/or illness. The maximum benefit period shall not exceed the limits as set forth in this program.

#### **E. Acute Re-injury of Pre-existing Conditions**

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 employees provided the acute re-injury occurs during the performance of the employee's respective specified job duties as provided herein. Proof will be presented and confirmed that an anatomical change occurred to the pre-existing injury or condition. 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.

If the pre-existing injury or condition was handled or adjusted under Worker's Compensation law, the employee understands that he/she still must follow the OJI program's notification requirements set forth in Section IV.A. Employee understands and agrees that if his/her pre-existing injury or condition was adjudicated or settled under Worker's Compensation law, the employee is bound by that settlement and/or order.

#### **F. Modified Duty Assignments**

When a physician allows the employee 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 physician restrictions. The medical provider will define the scope of duties that the employee can and cannot perform and the anticipated length of time the employee may be expected to remain on “light” or “restricted” 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 the Risk Management Department and appropriate Department administrators 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. (Refer to [RSK-A006](#).)

## **G. Employee Responsibilities**

As a condition of participation in the OJI program and the receipt of benefits thereunder, employees are expected to practice safety awareness and exercise good judgment and common sense in the performance of their jobs and while on CMCSS premises and/or job locations. Employees also have a duty to ensure that their physical/emotional conditions are such that they have the mental clarity and physical ability to perform assignments, responsibilities and duties as related to their jobs.

In addition, 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. Supervisors are obligated to correct or have corrected in a timely manner any unsafe conditions and/or safety violations which are reported to them.

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 has not been instructed and/or trained how to perform.

## **H. No Travel Reimbursement/Assistance**

There is no provision for travel reimbursement for employees who are covered under the OJI program.

There is no provision for travel assistance or arrangements for employees under the OJI program. Nothing in this OJI program obligates CMCSS to provide any travel assistance or arrangements for injured employees. Under extreme, dire and extraordinary circumstances, the Risk Manager has the discretion to authorize travel assistance.

## **I. Exclusions**

Not all injuries, illnesses and health conditions that occur or manifest during an employee’s working hours will qualify as OJI injuries or illnesses. Employees

understand that all non-eligible or non-compensable injuries and/or illnesses will not qualify for OJI benefits including medical treatment and employees will be responsible for their own health care for those incidents. The Risk Management Department makes the determination of whether an injury and/or illness are work related and compensable.

The following categories of injuries and/or illnesses are excluded from coverage under the OJI program:

1. Injury or illness resulting from the adverse effects of prescription or over-the-counter medications which are unrelated to an OJI injury and/or illness.
2. Injury or illness resulting from the use of alcohol or from unlawful use of drugs.
3. Injury or illness resulting from misconduct, including but not limited to horseplay.
4. Intentional injury and/or illness, including self-inflicted injury or injury incurred while intentionally harming another.
5. Injury or illness resulting from failure or refusal of employee to use safety devices and/or personal protective equipment or failure to follow general safety precautions in performing one's duties.
6. Injury or illness resulting from failure of employee to perform duties as required by law or failure of employee to follow CMCSS policy.
7. Aggravation of work related injury or illness by off-duty activity.
8. 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.
9. 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.
10. 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.
11. Injuries or illnesses resulting from participation in employee wellness activities.
12. Injury or illness resulting from employees who choose to work when directed not to work.

13. Injury or illnesses resulting from an accident in an employee's personal vehicle.
14. Injury or illness resulting from the employee's performance of duties that the employee has not been trained to do and is not required to do for CMCSS.
15. Injuries or illnesses stemming from claims based upon respiratory air quality problems.
16. Injuries or illnesses stemming from claims of stress (mental, emotional, or physical tension, strain, or anguish).

## **J. Cessation of Benefits**

OJI benefits will cease for an employee when one or more of the following conditions are met:

1. 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.
2. Failure of employee to follow the medical advice or instructions of CMCSS's designated physicians.
3. Acceptance of employment by employee which would make the employee unavailable in his/her regular job.
4. Upon the completion of medical treatment by the employee or when the employee chooses to terminate medical treatment.
5. Upon the employee's return to work or directive to return to work without restrictions by the treating physician.
6. When the employee has reached the point of maximum medical recovery as indicated by the treating physician.
7. Inactivity of 30 consecutive days of an OJI claim (filed or logged).
8. 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.

## **V. Right of Offset and/or Subrogation**

As a condition of participation in the OJI program and the receipt of benefits thereunder, the employee acknowledges and agrees that if the work related injury or illness was caused by the liability of a third party, CMCSS shall be entitled to subrogation for OJI benefits expended by it on behalf of the employee. The employee acknowledges and agrees that CMCSS has a right to assert a claim against the third party. If, however, the injured employee, or in the case of death, his/her dependents or next of kin, recovers damages against a third party for a work related injury or illness, the employee agrees that from the damages recovered and collected CMCSS shall receive and be paid back in full first the amount of OJI benefits paid by CMCSS to and/or on behalf of the employee. Moreover, if the damages recovered and collected are in excess of the benefits payable under the OJI program, there may be no further obligation on the part of CMCSS to pay benefits due to the work related injury, illness or death.

## **VI. OJI Benefits Appeal Process**

- A. As set forth above, a member of the Risk Management Department initially determines whether or not the claim is compensable. If it is determined that the claim is non-compensable, the employee shall be notified in writing via certified mail.

In the event the claim is found to be non-compensable by a member of the Risk Management Department, this decision may be appealed to the OJI Review Committee as set forth below.<sup>1</sup>

- B. The appeal must be requested by the employee in writing and received by the Risk Manager/Safety Coordinator within ten (10) business days from the date of letter notifying the employee of the non-compensable determination.
- C. The OJI Review Committee is comprised of the Chief Human Resources Officer or his/her designee, the Chief Operating Officer or his/her designee, and the Director of Middle Schools or his/her designee. Upon appeal of the employee, the OJI Review Committee shall conduct a hearing to review the determination of non-compensability of the OJI claim.
- D. The appeal hearing is scheduled by the Risk Management Department and written notice shall be provided to the employee of the appeal hearing. Said written notice shall include:

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<sup>1</sup> The review shall be conducted in accordance with the provisions of the On-the-Job Injury Procedure (OJI-PRO1). The CMCSS classified employee grievance policy differs from the OJI Benefits Appeal Process and is not applicable to the OJI program.

1. A statement of the time, place, nature of the hearing, and the right to be represented by counsel or a designated representative, the opportunity to present evidence, the opportunity to call witnesses and examine witnesses under oath;
  2. A statement of the legal authority and jurisdiction under which the hearing is to be held, including a reference to the particular sections of the statutes, rules, or regulations at issue; and
  3. A short and plain statement of the matters asserted. If the Risk Management Department is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter, upon timely, written request by the employee, a more definite and detailed statement shall be furnished ten (10) days prior to the date of the scheduled appeal hearing.
- E. The employee is required to notify the Risk Management Department if he/she plans to have an attorney present at the appeal hearing. Such notification must be received within five (5) business days prior to the appeal hearing. If timely notification is not received, the Risk Management Department reserves the right to reschedule the appeal hearing.
- F. The employee is required to provide the Risk Management Department with a list of witnesses and exhibits he/she plans to use at the appeal hearing within two (2) business days prior to the appeal hearing. Upon request by the employee, the Risk Management Department will provided the employee with its list of witnesses and exhibits to be used at the appeal hearing.
- G. The OJI Review Committee convenes and receives testimony under oath, documents, and any other items or materials requested for review by the employee or the Risk Manager/Safety Coordinator or his/her designee or representative. Testifying witnesses remain outside the hearing room until such time as they are called to testify.
1. The Risk Management representative is responsible for the presentation of the evidence and basis for the denial of the OJI claim.
  2. The hearing will be recorded and transcribed.
- H. The OJI Review Committee issues a decision affirming, modifying, or reversing the denial of the OJI claim and makes written findings of fact and conclusions. The decision must be unanimous and the written conclusions must be signed by all members of the OJI Review Committee. If the OJI Review Committee is unable to reach an unanimous decision, the underlying decision of non-compensability remains and the employee can choose to continue his/her appeal as provided below.
- I. The Risk Management Department shall notify the employee in writing via certified mail of the OJI Review Committee's decision within three (3) business days of its receipt of the OJI Review Committee's decision. The employee shall also be notified that if he/she seeks a review of the decision of the OJI Committee, the employee must notify the Risk Management Department within ten (10) business days.

- J. If the employee requests a review of the OJI Review Committee's decision, the full record of the hearing will be transcribed within ten (10) business days and forwarded along with the OJI Review Committee's written findings and conclusions to the Director of Schools or his designee. The Director does not receive any new or additional evidence or testimony. The Director reviews the record and accepts, modifies, or rejects the OJI Review Committee's decision and notifies the Risk Management Department within three (3) business days.
  
- K. The Risk Management Department notifies the employee of the Director's decision within three (3) business days of its receipt of the Director's decision.

## **Emergency Contact Information**

In the event of an emergency, the contact telephone numbers for the Risk Management Department is as follows:

**Tommy Butler (Risk Manager/Safety Coordinator)**

[tommy.butler@cmcss.net](mailto:tommy.butler@cmcss.net) Office: (931)920-7836 Cell: (931) 216-1971

**Vianna Norman (On-the-Job Injury Specialist)**

[vianna.norman@cmcss.net](mailto:vianna.norman@cmcss.net) Office: (931)920-7917

**Sharla Adams (On-the-Job Injury Nurse Consultant)**

[Sharla.adams@cmcss.net](mailto:Sharla.adams@cmcss.net) Office: (931) 920-7806 Cell: (931) 220-3317

**Erin Blalock (School Nurse Supervisor)**

[Erin.blalock@cmcss.net](mailto:Erin.blalock@cmcss.net) Office: (931) 920-7976 Cell: (931) 980-2613