

**SUBJECT:** On-the-Job Injury (OJI)

**PURPOSE:** To provide uniform procedures for the reporting, treatment, and compensation of employees who are injured while performing their duties.

**APPLICABILITY:** All City of Clarksville Employees

**APPLICABILITY:** Clarksville City Code, Sec ~~1-1302~~ *Reserved*  
Ordinance 67-1992-93, June 22, 1993 *Sec 1-1333*

**POLICY STATEMENT:** To provide for the payment of medical and lost time compensation for employees who suffer injury or occupational illness during the performance of their duties.

**PROCEDURE:** Effective July 1, 1993 it will become the practice of the City of Clarksville to treat injuries that occur during the scope and course of employment as on-the-job injuries (OJI'S).

**OBJECTIVES:**

1. To comply with all applicable federal, state and local health and safety regulations and to provide a work environment as free as feasible from recognized hazards.
2. To prevent injuries on the job and to reduce the seriousness of those that cannot be prevented.
3. To provide for the payment of medical expenses and lost time compensation for employees who suffer injury or occupational illness during the performance of their duties.

**ADMINISTRATION:**

The OJI program will be administered under the Risk Management section of the Human Resources Department, under which these rules, procedures and guidelines are established.

This policy, as with all policies adopted by the City of Clarksville, may be subject to revision, change or modification as deemed necessary by the Mayor and City Council of the City of Clarksville.

COVERAGE:

All full-time employees (including probationary employees) of the City of Clarksville may receive 75% of salary (Employees may supplement salary with sick or annual leave and receive a maximum of 100% of salary.) provided there is medical documentation from a city-designated physician stating that it is medically necessary for the employee to remain off work due to an OJI, or to undergo physical therapy in relation to an on-the-job injury. This maximum period of compensation shall not exceed six (6) calendar months. After the initial six (6) months of compensation and depending on the circumstances of the employee, the following may occur:

1. The employee may use his/her accumulated sick or annual leave for an additional six (6) calendar months or until medical maximum improvement is reached.

2. If there is no accumulated leave time, the employee may request a sick leave solicitation, in accordance with Personnel Procedure 91-4, for up to a maximum additional six (6) calendar months, or remain in an unpaid leave status for an additional six (6) calendar months.

The total maximum period of an OJI shall not exceed one (1) calendar year from the date of the injury or illness. If the employee is unable to return to regular full-time duties after the maximum OJI period and is totally and permanently disabled from any employment, he/she may apply for disability benefits under TCRS guidelines, if qualified.

If the employee cannot return to his/her job, and is totally and permanently disabled, and there is no job available within the City which the employee can perform, and they do not qualify under TCRS, then the employee will be separated from employment with the City of Clarksville, and provided with a long-term disability policy which will pay at least 60% of his/her annual salary for at least an eight (8) year period. The cost of the policy will be paid for by the City of Clarksville, and will be provided to all regular full-time employees.

Currently the City of Clarksville provides a Long Term Disability (LTD) policy which provides an "own occupation" benefit at 80% of annual salary for non-permanent disability for a two year period. "Own Occupation" is defined as being unable to perform each of the material duties of the occupation that you regularly perform. The benefit then reduces to 60% of annual salary for permanent total disability to age 65, or becoming medicare eligible.

Regular, part-time employees of the City of Clarksville may receive 75% of compensation for a period not to exceed six (6) calendar months provided medical documentation is received from the city-designated physician. The compensation will be based on the amount the employee would have received had he/she worked the scheduled hours. A regular part-time employee may remain in an unpaid status for six (6) additional months, as there is no accrual of sick nor annual leave. At the end of the 12 month period from the date of the injury or illness, the employee will be separated from employment with the City of Clarksville, if unable to return to regular duties.

Temporary or seasonal employees of the City of Clarksville may receive 75% of compensation for an OJI or illness as described for Regular Part-Time employees, EXCEPT THAT THE PERIOD OF TIME FOR WHICH THEY MAY RECEIVE COMPENSATION WILL NOT EXCEED THE PERIOD OF TIME FOR WHICH THEY WERE ORIGINALLY HIRED, AND THE COMPENSATION WILL BE BASED ON THE HOURS PER PAY PERIOD THEY WOULD HAVE WORKED.

This OJI policy covers the aggravation of pre-existing injuries (non-work related) suffered by employees, provided the aggravation occurs during the performance of duties. Casual claims of work-related aggravation must be medically documented.

This OJI policy also covers Police Officers and Firefighters as required by State Statutes.

Police Officers, diagnosed with diseases of the heart and hypertension, are presumed (unless the contrary is shown by competent medical evidence) to have contracted these diseases or conditions in the course and scope of their employment.

Firefighters who are diagnosed with diseases of the heart, hypertension or lungs are presumed (unless the contrary be shown by competent medical evidence) to have contracted these diseases or conditions in the course and scope of their employment.

Police Officers and Firefighters must submit a report of such a condition to Human Resources within five (5) calendar days of receipt of diagnosis from his/her physician.

The Human Resources Department will send a written release of information, copy of the TCA 7-51-201B and a copy of the officer or firefighter's job description to the physician within three (3) regular business days of receipt.

The Human Resources Department will review the physician's reply and make a recommendation regarding the processing of the claim.

If further medical information is required, the City of Clarksville may obtain a 2nd and/or 3rd opinion by a physician designated by the City of Clarksville.

**RULES:**

1. All injuries that occur during the employee's hours of work may not qualify as on-the-job injuries. Determination of questionable injuries will be made by the Human Resources Department and the City Attorney.

2. All injuries, on the job, whether requiring medical attention or not, must be reported to the supervisor within one (1) hour after such occurrence.

3. Supervisors will call in notification of an OJI to the Human Resources Office within one (1) hour.

4. Reports of injuries must be filed with the Human Resources Office by the supervisor on all injuries and/or accidents whether medical treatment is necessary or not. The Department Head will sign off on all reports of injuries.

5. Employees must report to their supervisor 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 any unsafe conditions and/or safety violations which are reported to them.

6. Employees are encouraged to practice safety awareness and exercise good judgement and common sense in the performance of their jobs and while on city premises and/or job locations. Employees also have a moral as well as a legal responsibility 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.

7. Employees shall seek treatment only at authorized city-designated facilities. Any non-authorized treatment will be at the employee's own expense. (See Medical Treatment Centers p.6)

8. Employees shall follow all orders given by the city-designated physician, including but not limited to: using prescribed medications properly; participating in physical exercise or therapy program; adhering to prescribed dietary programs; and the keeping of appointments. Failure to comply with physician's orders may result in the termination of benefits.

9. When OJI benefits are paid and the injury was due to the actions of a third party, the City has subrogation rights or a claim against the third party to the extent of the OJI benefits paid. In such cases, the injured employee is required to sign a subrogation agreement. If the employee, or others on his behalf, then recover from the third party by judgment, settlement or otherwise, the City shall have a lien against such recovery and the City may intervene to enforce such lien.

10. Claims arising from the following activities will not be considered an OJI:

a. Injury or illness resulting from the adverse effects of prescription or over-the-counter medications not related to an on-the-job injury or illness.

b. Injury or illness resulting from alcohol or from unlawful use of drugs.

c. Misconduct, including horseplay.

d. Intentional or self-inflicted injury.

e. Failure or refusal to use safety devices and/or personal protective equipment as outlined in the City Safety Manual, or failure to perform duties as required by law.

f. On-the-job injury or illness aggravated by any activity while off duty.

g. Injuries suffered while traveling to and/or from work, except when such travel is in the performance of the employee's duties driving a personal or city-owned vehicle.

h. Participation in physical fitness 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 is not covered either during work hours nor during off-duty hours.

**CESSATION OF BENEFITS:**

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

1. Termination of employment with the City of Clarksville, either by resignation, retirement, discharge, or death.

2. Failure to follow medical advice of city-designated physician or OJI instructions.

3. Upon completion of medical treatment.

4. Upon return to work, or directive to return to work without restrictions by treating physician.

5. When the point of maximum medical recovery has been reached.

**MEDICAL TREATMENT CENTERS:**

In the event that an OJI that is deemed life-threatening such as: heart attack, stroke, poisoning, convulsion, serious breathing difficulty, unconsciousness, major lacerations, smoke inhalation, head injuries or other acute conditions which would lead to disability or death if not treated, employees are to seek treatment at the Emergency Room of Clarksville Memorial Hospital.

For OJI's that are not emergencies such as referenced above, and where medical treatment is necessary, employees are to seek assistance at: Clarksville Occupational Health Specialist, Dr. Stephen W. Kent, M.D., 1811 Memorial Drive, Clarksville, TN.

This is the authorized treatment center for on-the-job injuries. Direct referrals made by the medical doctor at this treatment center will be treated as OJI's.

**LIGHT DUTY ASSIGNMENTS:**

When the physician allows the employee to return to work on an unspecified "light" or "restricted" duty assignment, the Human Resources Department will contact the physician to determine how light or restricted duty is defined in terms of what can and cannot be done, and anticipated length of time the employee may be expected to remain in said status.

Discretionary judgement decisions as to whether there is a temporary "light" or "restricted" duty assignment will be made by the Department Head on a case by case basis.

**DEATH:**

In the event a city employee suffers an accident or injury while in the line or course of employment which results in that employee's death, then the employee's surviving spouse or beneficiary shall be entitled to a lump sum death benefit of \$70,000. In accidental deaths, the \$70,000 combined with the \$30,000 accidental death benefit provided by the city's life insurance will provide a total benefit of \$100,000. In certain

cases, a death that is determined to be work related may not be considered accidental. In those cases the death benefit will be a \$70,000 lump sum from the city combined with the city's \$15,000 life benefit for a total of \$85,000.

LOSS REPORTING:

When a work related injury occurs, the supervisor should be notified within one (1) hours of the incident. The supervisor should then fill out the Report-of-Injury form (See Exhibit III), and forward the completed form to the Human Resources Department to the attention of Risk Management. The maximum allowable period for notification by a department to the Human Resources Department of an employee injury will be three (3) working days from the date of the event.

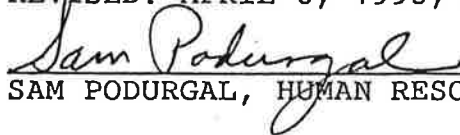
All charges for medical treatment be approved city physicians should be sent to the Human Resources Department for approval and they will then be forwarded to the Finance Department for payment. Prescription drugs for work-related injuries may be either charged at a city designated pharmacy, or the employee may pay for drugs at the pharmacy of their choice and then submit the bill to Human Resources for reimbursement.

OFFICIAL DOCUMENT

APPROVED BY THE CITY COUNCIL: JUNE 22, 1993 ORD 67-1992-93

EFFECTIVE DATE: JULY 1, 1993

REVISED: APRIL 6, 1995; AUGUST 23, 1995



SAM PODURGAL, HUMAN RESOURCES DIRECTOR

(policy.oji)

## **MEDICAL TREATMENT CENTERS FOR OJI POLICY**

In the event that an OJI is deemed life-threatening such as heart attack, stroke, poisoning, convulsion, serious breathing difficulty, unconsciousness, major lacerations, smoke inhalation, head injuries, or other acute conditions which would lead to disability or death if not treated, employees are to seek treatment at the **Emergency Room of Gateway Medical Center**.

For all other non-emergency injuries, treatment may be sought at the following:

**DoctorsCare Occupational Health (2 locations)**

**2320 Wilma Rudolph Blvd.**

**Clarksville, TN 37040**

**-and-**

**2302 Madison Street**

**Clarksville, TN 37043**

**Premier Medical Group – Occupational Health**

**2831 Wilma Rudolph Blvd.**

**Clarksville, TN 37040**

**American Family Care**

**1763 Madison Street**

**Clarksville, TN 37043**



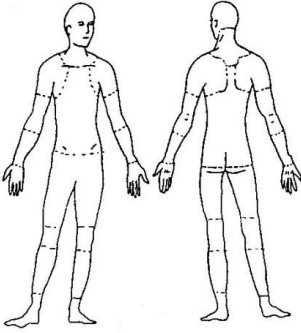
# On The Job Injury Report

## City of Clarksville

**NOTICE:** The On-the-Job Injury Policy requires all injuries and accidents to be reported to your supervisor no later than one (1) hour from the time of injury. You are responsible to notify your supervisor and having this form is completed. Failure to follow the requirements of the OJI program may result in your injury not being covered by the City.

EMPLOYEE INFORMATION	Department		Job Title		Injury Date/Time		Time you started work		Immediate Supervisor		
	Name			Date of Birth		Age		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Hire	
	Home Address			City		State		Zip		Cell Phone	
	Is the City insurance your primary health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you Medicare eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Medicare eligible, what are your specific benefits ( <i>disability, etc.</i> )?						
	Safety equipment used at time of injury: <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Respirator <input type="checkbox"/> Gloves <input type="checkbox"/> Fall Protection <input type="checkbox"/> Hard Hat <input type="checkbox"/> Seat Belt <input type="checkbox"/> Traffic Vest										
	<i>I understand and agree that if benefits are paid by the City of Clarksville for an on the job injury, and the injury was due to the actions of a third party, the city has a right to a claim against the third party for the reimbursement of those benefits only. This in no way prohibits the employee from any recovery as a result of an injury inflicted by a third party to which he or she is legally entitled. If I have received medical treatment from a physician or medical facility other than a city-authorized physician for this injury, I hereby grant the treating physician permission to release any or all medical records related to this injury to the City. I further acknowledge the information contained on this form is true and correct to the best of my ability.</i>										
<b>Employee Signature:</b>						<b>Date:</b>					

### EMPLOYEE'S SUPERVISOR MUST COMPLETE BELOW

INJURY INFORMATION	Date and time notified:		How were you notified? <input type="checkbox"/> Phone <input type="checkbox"/> Radio <input type="checkbox"/> In person			Accident location/address:				
	Describe Injury (example: one inch cut to left leg)			Body Part: Shade part of body affected:			Side of Body: <input type="checkbox"/> Left <input type="checkbox"/> Right			
	What happened? <i>(ie: slipped and fell on wet rock while walking to car)</i>						Nature of injury: (most serious one)			
	When did injury happen: <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> During normal work activity <input type="checkbox"/> During meal period or break <input type="checkbox"/> During unusual work activity <input type="checkbox"/> Working overtime <input type="checkbox"/> Other						<input type="checkbox"/> Abrasions, cuts, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Job-related Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Exposure to environment <input type="checkbox"/> Exposure to substance <input type="checkbox"/> Existing injury (document below)			
	Did Injury Require Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of doctor or clinic visited							
	What was the employee doing just before the injury occurred? (Use back of page if needed)									
	What Steps Are Being Taken To Prevent A Similar Injury?					List names of witnesses:				
	Was the employee treated in an Emergency Room?					Was the employee hospitalized overnight as an inpatient?				
Had Employee Been Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was Injury Reported When It Occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No			Was Safety Coordinator or HR Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Date / Time:					
REVIEW	Report Prepared By				Signature				Date	
	Supervisor Reviewing Report				Signature				Date	
	Department Head				Signature				Date	
HR	<b>Risk Management</b>		<b>Medicare contacted</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Medicare Notification Confirmation #</b>				<b>Other</b>	