

THE HOWARD COUNTY PUBLIC SCHOOL SYSTEM
10910 Clarksville Pike
Ellicott City, Maryland 21042

Circular No. 19
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Chief Operating Officer

Procedures for Workers'
Compensation and
Employee Incident Reports

TO: All Staff

FROM: Camille Jones, Chief Operating Officer

Attached please find a copy of the procedures for reporting a work-related injury/illness. Also, please find sample copies of the Workers' Compensation Commission First Report of Injury (Form IA-1) and Employee Incident Report, referred to in the procedures.

Please read the procedures thoroughly and, in particular, pay careful attention to what you must do when an employee assigned to your school/area is injured. Please inform your staff of the procedures for reporting incidents and obtaining medical care. Not following these procedures may impact the workers' compensation benefits received. The forms must be completed and forwarded to the Office of Safety, Environment and Risk Management within 48 hours of the injury.

Additional forms are available from the Office of Safety, Environment, and Risk Management upon request and are also available on the Staff Hub.

If you have any questions, please contact Ron Miller at 410-313-6739 or Cathy McLin at 410-313-7494.

CJ/RAM/cm

Attachment

Howard County Public School System
10910 Clarksville Pike
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Workers' Compensation
Program and Procedures

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HCPSS WORKERS' COMPENSATION PROGRAM

Workers' Compensation is a program that provides benefits for an employee who sustains a compensable work related injury or illness while performing assigned job duties in the course of employment. All work related injuries/illnesses must be reported. Work related injuries/illnesses of employees are subject to the Maryland Workers' Compensation laws.

The Howard County Public School System (HCPSS) Workers' Compensation benefits and procedures are as follows:

1. Appropriate medical attention (first aid and/ or professional medical care) will be provided immediately to an employee sustaining a work-related injury/illness. Professional medical care is provided through the following procedures:
 - a. **Call 911 immediately for a life-threatening injury/ illness.** If the employee is not admitted to the hospital, the **employee is required** to report to Concentra Medical Center within 24 hours of treatment from the hospital. An Employer's Authorization for work evaluation and/ or treatment is to be taken by the employee to the initial visit at Concentra Medical Center. This form is to be provided by the employee's site of employment (school or office).
 - b. **Non-emergency injury/ illness.** The employee must report to Concentra Medical Center, 6656 Dobbin Road, Columbia, MD 21045, 410-381-1330 or Concentra Medical Center, 7377 Washington Boulevard – Suite 101, Jessup, MD 21075, 410-379-3051 for work evaluation and/ or treatment. The employee will be given an Employer's Authorization for Examination or Treatment to take to the initial visit at Concentra Medical Center.
 - c. If it is a non-emergency injury/ illness, and the employee requires professional medical care during the hours that Concentra Medical Center is closed, the employee may receive

treatment from other medical services. The **employee** is **required** to report to Concentra Medical Center the next open business day for a work evaluation and/or treatment. The employee will be given an Employer's Authorization for Examination or Treatment to take to the initial visit at Concentra Medical Center.

NOTE: This does not bar the employee from seeking medical treatment from a physician or urgent care center of choice. However, only the work evaluation for work restrictions and off work status from Concentra Medical Center will be accepted, unless waived by the Office of Safety, Environment, and Risk Management.

2. All incidents must be reported by the employee to a supervisor immediately after the event. Any employee or individual aware of the incident may report the incident, if the injured/ill employee is unable to do so.
 - a. Failure to notify a supervisor of an incident will be cause for forfeit of compensation, unless excused by the Maryland Workers' Compensation Commission. The 90-day full salary benefit will be forfeited.
 - b. An Employee Incident/ Injury Report will be completed for all incidents as soon as possible, even those that do not require medical attention. This form serves as notification of the incident, should medical attention be required at a later date.
 1. The employee completes each question on Section I (front page), signs, dates the form, and returns it to the principal / supervisor/ lead person.
 2. Section II is completed, signed, and dated by the principal/ supervisor/ lead person. All questions must be answered.

3. Submit the completed, signed, original form to the Office of Safety, Environment, and Risk Management within 48 hours of the injury/illness or knowledge of the incident. If this is a serious injury/illness (911 or off work status), fax the form to 410-313-7177. Keep a copy for your file.
3. The Workers' Compensation First Report of Injury must be completed for all injuries that require medical attention and/or lost time from work.
 - a. **The principal/ facility manager completes this form. The injured/ ill employee does not complete or sign this form.**
 1. The principal or facility manager must sign and date.
 2. All sections except for wage information must be answered.
 3. Submit the completed, signed, original form to the Office of Safety, Environment, and Risk Management within 48 hours of the injury/illness or knowledge of the incident. If this is a serious injury/illness (911 or off work status), fax the form to 410-313-7177. Keep a copy for your file.
4. SISCO is the Workers' Compensation Third Party Claims Administrator for the Howard County Public School System.
 - a. SISCO will investigate and determine if the claim meets the criteria under Maryland state law for a compensable Workers' Compensation claim.
5. The injured/ ill **employee** must **immediately notify** his/ her principal/ supervisor/ lead person if he/ she is placed off from work or needs to modify his/ her job tasks.

- a. The employee must submit the Activity Status Report from Concentra Medical Center to his/ her principal/ supervisor/ lead person for review of the work status and restrictions upon return from each visit to Concentra, or at the next scheduled workday.
- b. The Activity Status Report will be reviewed and job tasks modified as per the work restrictions. The Activity Status Report from Concentra Medical Center is required by the Workers' Compensation claim administrator (SISCO), by the Office of Safety, Environment, and Risk Management, and by the employee's school/ department for modified duty assignments.
- c. The Office of Safety, Environment, and Risk Management is to be notified by the principal/ facility manager when they are unable to modify an employee's job tasks at the employee's regular work site. The Office of Safety, Environment, and Risk Management will assign the employee to a modified duty position based upon the employee's restrictions, skills, and length of disability.
- d. All employees of HCPSS are subject to modified duty assignments. Modified duty assignments are temporary short-term work assignments. Assignments are contingent upon medical status and needs of the school system.
- e. Employees are required to provide information concerning work status and medical treatment as requested by the Office of Safety, Environment, and Risk Management.
- f. When an employee returns to work, he/ she must provide the supervisor and Office of Safety, Environment, and Risk Management with a Concentra doctor's certificate that verifies that the employee is able to return to work. The statement must include the date of return to work and any work restrictions, i.e., modified duty. **Note: The doctor must list**

those things the employee can and cannot do – “modified duty” is not enough.

- g. An employee receiving treatment from Concentra must schedule appointments before or after work hours, or as close to that time as possible.
- 6. All time lost from work due to a work-related compensable injury/ illness must be substantiated by the Activity Status Report from Concentra Medical Center.** During the period of disability, salary compensation will be as follows:
- a. No salary will be paid to the employee under Workers' Compensation until SISCO has determined that the claim is compensable.
 - b. The Activity Status Report from Concentra Medical Center is required by the Office of Safety, Environment, and Risk Management, and by the employee's school/ department for payment of lost time from work.
 - c. If not documented by the Activity Status Report from Concentra Medical Center, time lost from work will be charged to accrued leave, or if none, leave without pay. Compensable lost time will be paid at the rate specified by Maryland Workers' Compensation law.
 - d. Failure to substantiate time away from work by Concentra Medical Center is a forfeiture of benefits for full pay under the HCPSS 90-day benefit. It is not a denial of a Workers' Compensation claim or any compensation due under the Workers' Compensation law.

NOTE: Employees covered by negotiated agreements, meet and confer agreements and Administrative Management are eligible for salary benefits under the 90-day benefit. Temporary and non-benefited employees are not eligible for this benefit.

7. If the employee is unable to return to work due to a compensable work related injury/illness, HCPSS will pay eligible employees full salary for a period not to exceed 90 workdays without loss of annual, sick, or personal leave or fringe benefits for the employee. The availability of the 90 days expires one year from the date of the injury/illness.
 - a. Subject to employee eligibility, a period of incapacity of five or more days will be considered a serious health condition, as defined by the Family and Medical Leave Act (FMLA). Days will be counted under an employee's annual FMLA entitlement (12 weeks/ 60 working days) and run concurrently with Workers' Compensation.
 - b. During the 90-day period, an employee will be paid at the rate of pay the employee is earning at the time leave is taken.
 - c. Employees will be paid for lost wages if time away from work is for an independent medical examination at the request of SISCO or HCPSS.
 - d. Failure to use provided safety equipment, or improper use of equipment and materials, may result in loss of eligibility for full salary benefits under the 90-day benefit.
 - e. A claim resulting from an employee's willful misconduct is subject to denial under the Maryland Workers' Compensation law.

8. After the 90-day period expires, and the employee has not returned to work, the employee has the option to use accrued leave to continue to receive full salary payments. If the employee elects not to use accrued leave, or if none is available, the employee will be placed on an approved leave of absence without pay.
 - a. Any salary payments made by SISCO to the employee, not applicable to the 90-day period, will belong to the employee.

- b. Subject to FMLA qualifications, an employee may return to the same or substantially equivalent position and location within 12 weeks (60 working days) of the work related injury/illness. If the employee is not able to return to work within the 12 week time (FMLA) period (including the 90-day period), the employee will be assigned to a same or equivalent position when a vacancy becomes available for which the employee is qualified. The employee will be placed at the grade and step held at the time of injury, or if placed in an equivalent position an appropriate grade and step for that position. Pay increments occurring during an employee's time away from work are subject to approval by the Human Resources Office.
 - c. After an absence of six months (including the 90-day period), the employee will be placed on an excused leave of absence for a period up to two years, including the 90-day and subsequent absences. The employee may use any accrued leave.
 - d. The approved leave of absence will not affect any benefits that may be due under the Workers' Compensation law.
9. The Department of Human Resources will be notified when the 90-day period expires or other circumstances require consideration for a leave of absence and when the employee is placed on an approved leave of absence.
10. If SISCO has determined that the injury/illness is a non-compensable claim, then:
- a. If the employee is not able to return to work, he/she may use accrued leave, if available, and apply for a leave of absence for the duration of the recovery period. Leave is subject to FMLA.
 - b. If leave is not available, then the employee must apply for an unpaid leave of absence for the duration of the recovery period. Leave is subject to FMLA.

- c. Reassignment will be determined by the Department of Human Resources.
- d. All time lost from work will be charged to the employee's accrued leave, and if none, the employee will be placed in a no-pay status.
- e. SISCO will notify the employee when a claim has been denied. The employee may appeal this decision by filing a Notice of Employee Claim Form with the Maryland Workers' Compensation Commission.

Contact the Office of Safety, Environment, and Risk Management at 410-313-6739 or 410-313-7494 with any questions.

PROCEDURES FOR MEDICAL ATTENTION
WORKERS' COMPENSATION

EMERGENCY INJURY/ILLNESS

An employee sustaining a work-related injury/ illness that requires emergency assistance (911 or use of an ambulance) shall:

- Call 911 immediately for life-threatening injury/ illness.
- Contact next of kin, spouse, or emergency contact person.
- Report all 911 calls to the Office of Safety, Environment, and Risk Management (410-313-6739/ 7494).
- Unless admitted to the hospital, the employee must report to Concentra on the next business day for work evaluation and/ or treatment.
- Follow procedures under Non-Emergency Injury/ Illness after visit to Concentra.

NON-EMERGENCY INJURY/ILLNESS

An employee sustaining a work-related injury/ illness that does not require emergency medical care (911) shall:

- Obtain an Employer's Authorization for Examination or Treatment at Concentra Medical Center from his/ her principal/ supervisor/ lead person.
- Employee must report for work evaluation and/ or treatment at Concentra Medical Center (any location).
- Each employee will receive an Activity Status Report at the conclusion of each visit to Concentra.
- Employee shall return the Activity Status Report to the principal or designated staff, supervisor, or lead person for review of work status and restrictions.
- The Activity Status Report shall be reviewed, and job tasks modified as per the work restrictions.
- Notify the Office of Safety, Environment, and Risk Management if unable to modify the job tasks at the employee's regular work site, or if the employee is placed in an off work status.
- The Office of Safety, Environment, and Risk Management will assign the employee to a modified duty position based upon the employee's restrictions, skills, and length of disability.

- All employees may be assigned to modified duty assignments.

The Activity Status Report from Concentra Medical Center must substantiate all time away from work due to a work-related injury/illness. The Activity Status Report is given to the employee at the conclusion of each visit to Concentra Medical Center. This report must be given to the employee's principal/supervisor/lead person for review of the work status and restrictions upon return from the visit to Concentra Medical Center, for review of any necessary job modifications to accommodate work restrictions.

Failure to substantiate time away from work from Concentra Medical Center is a forfeiture of benefits for full pay under the 90-day policy of HCPSS. It is not a denial of a Workers' Compensation claim or any compensation due under the Workers' Compensation law.

Concentra Locations in and near Howard County

6656 Dobbin Road	7377 Washington Blvd.
Columbia, MD 21045	Jessup, MD 21075
410-381-1330 Fax 410-381-5585	410-379-3051 Fax 410-379-3074

Both locations are open 8:00 am – 5:00 pm Monday through Friday.

INSTRUCTIONS FOR WORKERS' COMPENSATION FORMS

Employer's Authorization for Examination or Treatment at Concentra Medical Center

- Principal/supervisor/lead person should complete and sign the authorization to include employee name, date of birth, school/department name, date of injury, purpose of visit (work-related injury or illness), signature and title of person completing the form.
- Employee is to take the completed authorization form to the initial visit at Concentra Medical Center and give it to the receptionist upon arrival.

Employee Incident/Injury Report

- Completed for all incidents, even those that do not require medical attention. Should medical attention be required at a later date, this form serves as notification of the occurrence of the incident.
- Employee completes each question on Section I (front page), signs, dates the form and returns the form to principal/supervisor/lead person.
- Section II (back page) is to be completed, signed, and dated by the principal/supervisor/lead person.
- All questions must be answered.
- Submit the completed, signed, and dated original form to the Office of Safety, Environment and Risk Management within 48 hours of the injury/illness or knowledge of the incident. Fax the form if this is a serious injury/illness (911 or off work status) to 410-313-7177. Keep a copy for your file.

Workers' Compensation First Report of Injury or Illness

- Completed for all incidents that require medical attention and/or lost time from work.
- Completed by the principal/supervisor/lead person. **The injured employee does not complete or sign this form.** The principal/supervisor/lead person must sign and date.
- All sections, **except for wage information**, must be answered.
- Submit the completed, signed, and dated original form to the Office of Safety, Environment, and Risk Management within 48 hours of the injury/illness or knowledge of the incident. Fax the form if this is a serious injury/illness (911 or off work status) to 410-313-7177. Keep a copy for your file.

Please give the injured/ill employee the pamphlet "Workers' Compensation for Employees of the Howard County Public School System".