

**BLUE WATER DEVELOPMENTAL HOUSING, INC.  
POLICIES AND PROCEDURES: EMPLOYEE INFORMATION**

<b>SUBMITTED BY:</b> Kathleen Swantek	<b>DATE SUBMITTED:</b> 04/93	<b>SECTION:</b> Human Resources	
<b>BOARD APPROVED ON:</b> 06/93	<b>DATE REVISED:</b> 07/18/18, 04/17/19	<b>SUBJECT:</b> Work Related Injury	
<b>ANNUAL REVIEW BY EXECUTIVE DIRECTOR:</b> 07/18/18, 04/17/19, 3/18/20		<b>Policy #:</b> ED-046	<b>PAGE #:</b> 1 of 4

**I. APPLICATION**

The provisions stated herein shall apply to all employees of Blue Water Developmental Housing, Inc. (BWDH).

**II. POLICY**

It is the policy of the organization to carry worker's compensation insurance for employees to cover medical expenses for injuries occurring during scheduled work periods. Worker's compensation insurance will also pay lost wages in limited situations should an injured employee be eligible and be off work for seven consecutive days. The corporation will authorize medical treatment by a health care provider. Should the employee choose a health care provider not authorized by the corporation, he/she may be financially responsible for the treatment which may not be covered under worker's compensation insurance.

**III. DEFINITIONS**

**Significant Restrictions:** Restrictions which prevent an employee from performing the duties of his/her job position.

**IV. STANDARDS**

Employees who suffer injuries during scheduled work periods and are unable to perform their job duties due to physical restrictions are required to request a leave of absence should the following apply:

1. They do not have enough paid time off to cover absence; and/or
2. The absence is over three days then FMLA must be applied for; and/or
3. The absence is a result of an injury that qualifies as a serious health condition and/or because of the type of injury, the employee is eligible for worker's compensation benefits.

Employees may apply for a BWDH unpaid leave of absence, which may run concurrently with a leave due to an injury sustained during scheduled working hours. If an employee is on leave as a result of a worker's compensation injury and is eligible for FMLA or BWDH unpaid leave, the worker's compensation and FMLA/BWDH leave will run concurrently. Eligibility for a leave will be determined based on unpaid leave of absence policy.

When injuries occur during work at any location, they are to be reported to the human resource and quality assurance specialist and the appropriate division director. Should injuries occur during work at the Administrative office, they are to be reported to the human resource and quality assurance specialist and the executive director.

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**V. NOTIFICATION/PROCEDURE**

**WHO**

**DOES WHAT**

Injured Employee

1. Notify your program supervisor immediately that a work-related injury has occurred. If the program supervisor is not on duty at the home and cannot be reached by phone, it is the employee's responsibility to contact the assistant supervisor.
2. Prior to leaving the shift, the employee must document the incident on an Employee Accident Investigation Report which is kept on file at each location and at the administrative office. If due to the nature of the injury, the employee is unable to complete the form, the employee will complete the form as soon as they are able to.
3. Submit Employee Accident Investigation Report to your program supervisor.

Program Supervisor/Designee

4. Authorizes treatment with the medical service provider identified by the organization. When there is an incident involving an employee that may result in an injury, the employee must be evaluated by a medical professional.
5. If the organization's designated physician/clinic is not available, instruct the employee to report to the nearest hospital emergency room, if immediate medical attention is needed. Otherwise, follow up the next available day.
6. The employee will be reimbursed for unworked time for which they were scheduled if the injury requires immediate medical attention and the employee must leave the shift. If the employee cannot return to their shift, per physician's orders, this reimbursement time is limited to no more than the amount of time which they were scheduled to work, not to exceed 8 hours for day and afternoon shifts, or ten hours for scheduled midnight shifts.

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**V. NOTIFICATION/PROCEDURE (continued)**

<b>WHO</b>	<b>DOES WHAT</b>
Program Supervisor/Designee	<ul style="list-style-type: none"> <li>7. When an employee has been directed by the program supervisor/designee to receive treatment, a return to work statement must be presented and approved before they will be allowed to return to their shift.</li> <li>8. Reviews and completes the Employee Accident Investigation Report form and submits to human resource and quality assurance specialist within 48 hours.</li> <li>9. Immediately reports the incident to the appropriate division director and human resource and quality assurance specialist should it result in any fatality, if the hospitalization of five (5) or more employees suffering injury or illness from the same incident has occurred, if an employee requires emergency medical care, or if the employee is hospitalized</li> <li>10. Forwards medical evaluation results to the human resource and quality assurance specialist immediately upon receipt should evaluation result in work restrictions. Otherwise, forwards results within 48 hours.</li> </ul>
Human Resource and Quality Assurance Specialist	<ul style="list-style-type: none"> <li>11. Immediately reports the incident to the executive director when it results in any fatality or if the hospitalization of five (5) or more employees suffering injury or illness from the same incident has occurred.</li> <li>12. If employee's medical evaluation identifies restrictions, assess with the assistance of the program supervisor if employee can perform functions of job position.</li> </ul>

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**V. NOTIFICATION/PROCEDURE (continued)**

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| Human Resource and Quality Assurance Specialist | 13. Sends restrictions sign-off to program supervisor.  |
|   | 14. Have the employee sign off understanding the restrictions and forwards to human resource and quality assurance specialist   |
| Program Supervisor                              | 15. Documents injury on Michigan Occupational Safety and Health (MIOSHA) Form 300 and 301.  |
| Injured Employee                                | 16. Monitors any continued treatment by medical provider and forwards evaluations to human resource and quality assurance specialist within 24 hours of receipt.  |
|   | 17. Follows medical recommendations and attends scheduled appointment.  |
| Human Resource and Quality Assurance Specialist | 18. Reports, within 8 hours, any accident which results in one or more fatalities to the MIOSHA Fatality Line at 800-858-0397. Reports, within 24 hours, any incident which results in the in-patient hospitalization, amputation, or loss of an eye of any employee to the MIOSHA Severe Injury Report Line at 844-464-6742. |

**VI. EXHIBITS**

- A. Supervisor Accident Investigation Report for Workplace Injury
- B. Employee's Report of Injury Form
- C. Concentra Authorization for Examination or Treatment
- D. McLaren Port Huron Industrial Health Medical Authorization Form
- E. MIOSHA Form 300
- F. MIOSHA Form 301