Return-to-Work Program

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<th>Return to Work Program</th>
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<tr>
<td>Approved By:</td>
<td>Position:</td>
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**PURPOSE**

To enable an employee who sustains a work-related injury or illness to return to his/her original job duties as soon as possible and to minimize the disruption and costs that can accompany a work related injury or illness by providing temporary transitional or modified work duties to the employee.

**OBJECTIVES**

- Facilitate the employee's transition from illness/injury to temporary or modified job assignment back to their full time regular job.
- Decrease the number of lost work days.
- Maintain worker productivity.
- Increase employee morale.
- Motivate employees to return to and remain at work.

**BENEFITS**

**Employer**

- Reduces likelihood of fraudulent claims.
- Receives production for wages being paid.
- Saves costs of training and replacing employees.
- May speed up healing process.

**Employee**

- Increases self-esteem.
- Keeps employee mentally and physically acclimated to the work schedule.
- Maintains social contact with co-workers which may encourage faster return to the job.
- Reduces negative financial impact of the injury/illness.
Practice Name

APPLICABILITY

- All active employees who become temporarily unable to perform their regular job due to a compensable work-related injury or illness may be eligible for temporary work duties within the provisions of this program.

RESPONSIBILITIES

If work is available which meets the limitations/restrictions set forth by the attending practitioner, the employee may be assigned transitional work for a period not to exceed 60 days. Transitional duty is a temporary program and an employee’s eligibility in a temporary assignment will be based on medical documentation, continued recovery, and availability of a restricted duty position.

The success of our program is the responsibility of each employee in the company, from senior management to every hourly employee.

Human Resources (HR) Manager

- Administer the Return to Work Program policies and procedures.
- Make sure all decisions regarding work availability and assignments comply with all physician’s work restrictions, and state and federal regulations.
- With assistance from Supervisors/Managers, create an inventory of restricted duty jobs for each department
- Communicate Return to Work Program and functional job descriptions (w/ physical demands) to treating physicians.
- With Supervisor/Manager’s assistance, identify appropriate duties for injured employee in accordance with physician’s work restrictions.
- Maintain weekly contact with employees until they return to the work place.
- Maintain appropriate documentation for each injured employee (physical restrictions, physician visits, employee progress etc.)

Supervisors/Managers

- Support the Return to Work Program by actively participating and cooperating with the Program Administrator.
- Provide HR with a list of modified or restricted positions within their departments, if any.
- Assist HR in identifying appropriate duties for injured employees in accordance with physician’s work restrictions.
- Ensure employees on restricted duty perform job tasks according to physician’s restrictions.
- Promote, communicate, and educate workers about the employer’s commitment to the Return to Work Program.
<table>
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<th>Employee</th>
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<tr>
<td>• Support, contribute and participate in the Return to Work Program, when possible and if a position is available, when they sustain an occupational injury or illness.</td>
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<td>• Contact HR on a weekly basis or after meeting with physician regarding their status.</td>
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<th>TRAINING</th>
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<tr>
<td>• New employees will be informed of the Return to Work program during their initial orientation process.</td>
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<tr>
<td>• Supervisors/Managers will be trained on the provisions of this policy.</td>
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<th>PROCEDURES</th>
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<tr>
<td>• Employee is injured on the job.</td>
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<td>• Employee reports injury to his/her immediate supervisor.</td>
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<tr>
<td>• Supervisor arranges transport to a <strong>Practice Name</strong> approved medical facility. A hospital emergency room should only be utilized if severity of injury dictates.</td>
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<tr>
<td>• Supervisor or company designated employee should accompany employee to medical facility, if possible.</td>
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<tr>
<td>• HR completes Employers First Report of Injury and Supervisors complete Supervisors Investigation Report Form and routes to HR.</td>
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<td>• Supervisor contacts designated manager for immediate notification and supervisor begins accident investigation procedure.</td>
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<td>• HR reviews/approves and sends completed forms to insurance carrier within 24 hours or as soon as feasible.</td>
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<td>• HR/Supervisor follows-up with employee to obtain completed “duty status report” from medical provider.</td>
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<td>• If return to work instructions from the physician include “restrictions,” HR checks job banks for appropriate placement of injured employee. If there are no jobs available, the employee is put on Worker’s Compensation.</td>
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<tr>
<td>• Employee is placed in a temporary restricted duty position, if available, and is monitored closely by supervisor and HR to ensure employee is following restriction.</td>
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<td>• Supervisor and HR communicate with employee on a weekly basis.</td>
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<tr>
<td>• Employee provides full duty release by a <strong>Practice Name</strong> approved medical provider.</td>
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<tr>
<td>• Employee is transferred to original full duty position with no restrictions.</td>
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**PAYMENT OF WAGES DURING RESTRICTED DUTY**

- If an employee’s injury is determined to be work related, benefits/wages will be paid in accordance with the State workers’ compensation statute, with regard for the “waiting period,” and Practice Name Human Resource policies.

**MEDICAL APPOINTMENTS**

- Medical appointments that conflict with working hours must be coordinated, in advance, with the employee’s supervisor. Appointments are to be scheduled as to not interfere with working hours on an unpaid basis. Non-emergency medical appointments NOT scheduled in advance may be cause for denial of the time off and subsequently ineligible for payment.
- A Return to Work Evaluation form must be completed for each practitioner visit, for evaluation of the impairment, for work-related injuries and illnesses.
- It is the employee’s responsibility to keep the HR apprised weekly of their status and after each physician visit.

**REFUSAL TO PARTICIPATE IN TRANSITIONAL DUTY PROGRAM**

- If an employee chooses not to participate in the Return to Work program due to a work-related injury or illness, they may become ineligible for Worker’s Compensation benefits.

**FAMILY MEDICAL LEAVE**

- In the case of reduced work hours, unpaid Family Medical Leave, if eligible, may be applied to the hours not worked. Contact HR for further details.
- In the case of an employee choosing not to participate in the Transitional Duty Evaluation Program, unpaid Family Medical Leave, if eligible, will be applied.

**PROGRAM EVALUATION**

- The return to work program will be reviewed annually by the appropriate Practice Name personnel.
APPENDICES

A. Return to Work Policy Statement – Notice to Employees
B. Physician’s Transitional Duty Evaluation Form

<table>
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<tr>
<th>Revision Date</th>
<th>Description of Revision</th>
<th>Approved By</th>
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Appendix A
Return to Work Policy Statement
Notice to Employees
Practice Name

Return to Work Policy Statement

Notice to Employees

Our company has instituted a Return to Work Program. It is our goal to prevent work-related injuries from happening. We are always concerned when one of our employees is injured or ill due to a work-related condition. We believe that such absences cost both our company and the employee. We want the injured employee to get the best possible medical treatment immediately, to assure the earliest possible recovery and return to work.

We have a workers’ compensation program available for employees who have had work-related injuries. The Human Resources (HR) Department will determine, based upon their guidelines, whether you are eligible for wage loss or medical expenses under that program.

Our company wants to provide meaningful work activity for all employees who become unable to perform all, or portions, of their regular work assignment. Thus we have implemented a Return to Work program (light duty). Return to Work duties are temporary, not to exceed 60 days.

Employee Procedures

- All work-related injuries should always be reported immediately to your Supervisor, no later than the end of the shift on which the injury occurs.
- An Injury Report must be completed and signed by you.
- Where medical treatment is sought, you must advise your supervisor that you are seeking such treatment and obtain a Return to Work Evaluation form. Regardless of your choice of physicians, the Physician’s Transitional Duty Evaluation form must be completed for each practitioner visit.
- Under this program temporary transitional work may be available for up to 60 days (with a review frequently) while you are temporarily unable to work in your regular job capacity.
- If you are unable to return to your regular job, but are capable of performing transitional duty, you must return to transitional duty, if it is available. Failure to do so may result in your not being eligible for full benefits under the workers’ compensation program and may result in disqualification for certain employee benefits and in some cases be a basis for termination.
- Employees who are unable to work and whose absences the company approves, must keep us informed on a weekly basis of their status. Failure to do so may result in a reduction in benefits available and discipline, up to and including termination from employment.
- If you are unable to return to your regular job or transitional duty, your absence must be approved under the Family Medical Leave program. For this purpose you need to complete a Family Medical Leave Request form, if eligible, and submit it to the HR Department. You must also have your practitioner complete both the Transitional Duty Evaluation and Medical Certification forms.
- Employees who are not eligible for leave under the Family Medical Leave Act must return to transitional duty, if available, or regular work if at all possible. If you are unable to return to any available work, your job position may be filled after a reasonable time. When able to do so, you will be entitled to return to a suitable
position, if available and consistent with any limitations. However, you must keep us regularly informed of your status and any changes in your condition.

- Employees must provide a Return to Work Evaluation form indicating they are capable of returning to full-duty. Permanent restrictions will be evaluated on a case-by-case basis and relate to the performance of essential job functions.
- Cooperate with our third party administrator and provide accurate and complete information as soon as possible so that you receive all benefits to which you are entitled. If you have problems or concerns, please contact the HR Department.

By signing this document you have read and understood the above and will comply with this policy.

______________________________________ ________________
Employee’s Signature     Date
Appendix B
Physician’s Transitional Duty
Evaluation Form
## Physician’s Transitional Duty Recommendations Record

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Date of Injury/Illness</th>
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<tr>
<td>Patient’s Name</td>
<td>(Last)</td>
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**TO BE COMPLETED BY ATTENDING PHYSICIAN**

**DIAGNOSIS/CONDITION (Brief Explanation)**

I treated this patient on ___________. Based on the above description of the patient’s current medical problem, I recommend the following:

- Patient may return to work with NO LIMITATIONS on ___________.
- Patient may return to work on ___________ (limitations are noted below).

**CHECK ONLY AS RELATES TO ABOVE CONDITIONS**

**SEDENTARY WORK.** Lifting 10 pounds maximum; occasionally lifting or carrying such articles as dockets, ledgers and small tools. Work essentially involves sitting and is considered sedentary if only a small amount of walking and standing is necessary to carry out duties.

1. In an 8 hour work day, patient may:
   - Stand/Walk
     - None
     - 1-4 Hours
     - 4-6 Hours
     - 6-8 Hours

2. Patient may use hand(s) for repetitive:
   - Single Grasping
   - Fine Manipulation
   - Pushing & Pulling

3. Patient may use foot/feet for repetitive movement, as in operating foot controls:
   - Yes
   - No

**LIGHT WORK.** Lifting 20 pounds maximum; frequent lifting or carrying objects up to 10 pounds. Work is classified light if it requires walking or standing to a significant degree (regardless of weight lifted) or involves sitting most of the time with a degree of pushing and pulling of arm or leg controls.

4. Patient may:

**LIGHT MEDIUM WORK.** Lifting 30 pounds maximum; frequent lifting or carrying of objects weighing up to 20 pounds.

**MEDIUM WORK.** Lifting 50 pounds maximum; frequent lifting or carrying objects weighing up to 25 pounds.

**LIGHT HEAVY WORK.** Lifting 75 pounds maximum; frequent lifting or carrying of objects weighing up to 40 pounds.

**HEAVY WORK.** Lifting 100 pounds maximum; frequent lifting or carrying of objects weighing up to 50 pounds.

**OTHER INSTRUCTIONS AND/OR LIMITATIONS (Including prescribed medications)**

These restrictions are in effect until ______ or until patient is reevaluated on ______

Patient is totally incapacitated at this time. Reevaluation scheduled on ______

Referred to: None Private Physician Return Here A Consultant

Physician’s Signature ___________ Date ___________

**PATIENT’S AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified about to my employer or representative.

Patient’s Signature ___________ Date ___________