Quick Start Guide

Return to Work Program

Provided By: Optimus Risk Services

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Return to Work Programs

Policy Statement

Organization is committed to providing a safe and healthy working environment for all employees. As part of this commitment, we shall make every reasonable effort to provide suitable temporary employment to any employee unable to perform his or her job duties as a result of a workplace injury or illness. This may include a modification to the employee's original position or providing an alternative position, depending on the employee's medical restrictions, providing that this does not create an undue hardship to stRtwOrganization. This program applies to all employees with work-related injuries and/or illnesses. Only work that is considered meaningful and productive shall be considered for use in the return to work program. Employees placed on a return to work plan will be expected to provide feedback in order to improve the program. All employees, regardless of injury or illness, will be considered for placement through the return to work program.

Medical Provider

_____'s designated/preferred medical provider is/are:

All employees injured at work will go to their assigned medical provider for treatment. All providers have been sent copies of all of 's job descriptions.

Transitional Work

_____has identified a list of preplanned transitional work for common work restrictions. This list can be found in **Appendix C.** will work with the medical provider's prescribed restrictions to find transitional work for all injured employees. The work may consist of modified, alternative or a combination.

Written Job Descriptions

_____has written job descriptions for all positions with detailed information on physical demands and essential tasks. All job descriptions are shared with the medical providers so they can provide input regarding the transitional work the injured employees can perform. reviews job descriptions annually to ensure they include up-to-date information and measurements.

Program Responsibilities

Management. The management of is committed to our overall safety program, including our return to work initiatives. Management supports the Return To Work Program and by pledging financial and leadership support. Management will effectively communicate with employees about the program on a regular basis.

Program Administrator. is the primary contact for the Return To Work Program. will:

- Ensure prompt, quality medical care is available and offered to injured employees.
- Identify transitional work for injured employees and record in **Appendix C.**
- Follow all the steps outlined in **Appendix F** when an employee is injured.
- Maintain all return to work records and communications in a folder separate from the employee's HR folder.
- Train supervisors and employees on the program annually or when employees are assigned to a new role or responsibility. Training will be documented in the Training Record located in **Appendix K.**
- Review the Return to Work Program annually and make any needed changes or updates.
- Arrange for medical providers to tour facilities.
- Record injured employee's transitional work hours in **Appendix I** and send to Insurance Companies.

Supervisors. Our supervisors play an active role in the success of our Return To Work Program. Supervisors will:

- Assist in identifying transitional work options.
- Follow all the steps outlined in **Appendix G** when an employee is injured**.**
- Assign employees with job-related restrictions to transitional work within their prescribed restrictions. *(Under no circumstance should an employee be assigned to work that exceeds the medical provider's restrictions.)*
- Ensure all employees with job-related restrictions are adhering to their restrictions.

Injured Employees. Every effort will be made to assist the injured employee in returning to his or her regular position as soon as it is medically safe to do so. To assist in this effort, employees must do the following:

- Follow all the steps outlined in **Appendix H** if injured on the job.
- Attend all scheduled medical, therapy and other related appointments, and follow all medical advice.
- Provide their supervisors and with information about their work restrictions or changes to work restrictions (this includes release to full duty with no continuing restrictions).
- Only perform work activities within the restrictions – both on and off the job. If problems develop, even for work within the current restrictions, employees must notify their supervisor immediately.
- Perform assigned transitional work. Note: the injured employee may or may not be working the same position or even in the same department.

Permanent Job Modifications

In the event an injury results in permanent medical restrictions, we will work with our insurance carrier to determine the best course of action. In some cases, this may include reasonable accommodations made to the worker's regular job or the placement of the employee in a position that is suitable to his or her permanent restrictions.

Training

All employees including new hires will be trained annually on 's Return to Work Program. Training will include the following topics:

- Purpose and detail of the Return To Work Program
- How to fill out necessary return to work forms
- The step-by-step process to follow when an injury occurs
- Where to go for treatment if injured on the job
- How to report any work restrictions prescribed by their physician
- How to report any difficulties with performing transitional work duties

All training will be documented in **Appendix K**.

Periodic Program Review

At least annually, will conduct a program review to assess the progress and success of the program. **(Appendix J)**

Appendix A – Employee Work Injury Report

You, the injured employee, are responsible for answering all questions on the Employee's Work Injury Report accurately and in detail. This completed report should be given to within 24 hours of your work-related injury.

Employee Work Injury Report

Name _____ Social Security Number _____

Address _____ Birth Date _____ Sex M ☐ F ☐

City, State _____ Zip _____ Telephone _____

Married ☐ Single ☐ Number of Dependents _____ Home/School _____

Family Physician _____ Telephone Number _____

Are you currently entitled to Medicare Benefits? Yes ☐ No ☐ Medicare #(HICN)

Have you applied for Medicare or SSDI? Yes ☐ No ☐ Pending ☐ Rejected ☐

Job Title _____ Employment Date _____

Salary/Hourly Rate _____ Hours Worked Per Day _____

Building Location _____ Time Work Day Begins _____

Date of Injury _____ Time of Accident _____

Where in the facility/job site did this injury occur? _____

What were you doing when injured? _____

How did the injury occur? _____

Describe the injury or illness in detail and indicate the part of the body affected. (Designate right or left if appropriate)

Any previous similar injury? If yes, explain. _____

Was this injury witnessed? If so, by whom? _____

Did you lose time from work? Yes ☐ No ☐ Date(s) missed _____

Have you returned? Yes ☐ No ☐ If yes, what was the date?

Medical Facility _____

Diagnosis/Care Prescribed

When you return to work, you must call _____

Employee Name _____ Date _____

(PRINTED)

Employee's Signature _____ _____

Appendix B – Work-Related Injury/Illness Report

Date of Service: _____

Patient Name: _____

Employer: _____

Notified: ☐ Yes ☐ No

Diagnosis:		Is condition work related? ☐ Yes ☐ No
Treatment Plan:		
Medication(s):		

Date of most recent examination by this office: / /. The next scheduled visit is: ☐ as needed OR / /.

Month/Day/Year

1. ☐ Recommended his/her return to work with no limitations on _____.

Date

2. ☐ He/She may return to work on _____ with the following limitations:

Date

DEGREE	LIMITATIONS
☐ **Sedentary Work.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met. ☐ **Light Work.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls. ☐ **Medium Work.** Lifting 50 pounds maximum with frequent lifting and/or carrying objects weighing up to 25 pounds. ☐ **Heavy Work.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds. ☐ **Very Heavy Work.** Lifting objects in excess of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more.	1. In an 8 hour work day, patient may: a. Stand/walk ☐ None ☐ 1-4 Hours ☐ 4-6 Hours ☐ 6-8 Hours b. Sit ☐ 1-3 Hours ☐ 3-5 Hours ☐ 5-8 Hours c. Drive ☐ 1-3 Hours ☐ 3-5 Hours ☐ 5-8 Hours 2. Patient may use hands for repetitive: ☐ Single grasping ☐ Pushing and pulling ☐ Fine manipulation 3. Patient may use feet for repetitive movement as in operating foot controls: ☐ Yes ☐ No 4. Patient is able to: Frequently / Occasionally / Not at all a. Bend ☐ ☐ ☐ b. Squat ☐ ☐ ☐ c. Climb ☐ ☐ ☐

OTHER INSTRUCTIONS AND/OR LIMITATIONS:

3. ☐ These restrictions are in effect until _____ or until patient is reevaluated.

Date

4. ☐ He/She is totally incapacitated at this time. Patient will be reevaluated on _____ .

Date

THIS TREATMENT HAS BEEN DISCUSSED WITH THE EMPLOYEE

Treating Facility Name	

Please Print

Physician's Signature:		Phone No:	

Appendix C – Transitional Work List

The following list outlines preplanned opportunities for transitional work. Tasks selected for an injured employee must be consistent with their work restrictions provided by the medical provider. Additional tasks that may be appropriate for this list should be sent to for approval. Prior to work beginning, the injured employee's supervisor and will ensure the selected tasks are within the physician's prescribed restrictions. The treating physician will be consulted to verify the tasks are appropriately matched to the worker's current abilities.

Frequency Abbreviation	Number of Repetitions During Shift	Percentage of Time
Rare to Occasional (R/O)	0-20	33%
Frequent (F)	20-100	33-66%
Constant (C)	>100	66-100%

Job	Requirements							
	Lift/ Carry (lbs)	Stand/ Walk	Sit	Drive	Grip	Bend	Squat	Climb

Appendix D – Transitional Job Letter
Temporary Transitional Job Offer Letter

This sample letter is designed and intended for general information purposes only and is not intended, nor shall be construed or relied upon, as specific legal advice. Before using this document, you should have your legal representative conduct their own review of this sample letter to ensure it is compliant with state workers' compensation laws. The state of Wyoming requires the use of a state form which can be found at wyomingworkforce.org For Vermont employees only: you should contact the Vermont Department of Labor's Workers' Compensation Division to determine any right to object or appeal, as provided by law, and to seek information from the Department on the process and procedures.

Date:

,

Dear

We are pleased to offer you temporary transitional work as part of our Return To Work Program while you are recovering from your injury. It is our goal that this temporary assignment will aid in your transition back to full work activities. Your doctor has released you to perform certain work activities, which we have considered when creating your temporary position. We will only assign tasks consistent with your physical abilities, knowledge, and skills and will provide training if necessary.

Start Date: _____
Planned Work Schedule and Location:_____Supervisor Name: _____

Job Title/Tasks (including physical requirements): _____

Wage Rate:

Details of Applicable Lodging/Meals/Transportation Compensation and any changes to benefits package:

Please complete the following sections on the next page: 1) acknowledgement of receipt of this letter and 2) acceptance/refusal of the temporary transitional job offer. If you refuse the temporary transitional work offer, you must communicate the reason for the refusal in the space provided. Please sign and return both pages of this letter to me by_____and retain a copy for your records.

If we do not receive this acknowledgment form from you by_____, or if you refuse the temporary transitional work that has been offered to you, your rights to further workers' compensation benefits may be affected. Please let me know if you have any questions or concerns.

Sincerely,

_____
_____

Acknowledgement of Receipt of This Letter:

My signature below acknowledges receipt of this letter and offer of temporary transitional work:

Your Signature_____Printed Your Name_____

Date_____

Acceptance/Refusal of the Temporary Transitional Job Offer:

By checking the appropriate box below, I accept or refuse this temporary transitional work offer:

☐ Accept
☐ Refuse (you must communicate the reason for the refusal in the space provided):

Your Signature_____Print Your Name _____

Date _____

**Please sign and return both pages of this letter to me by_____and retain a copy for your records.*

Appendix E – Letter To Treating Physician

,

_____

Dear_____:

_____is employed by as a_____. He/she was injured on_____.

has a Return To Work Program that is designed to safely return our injured employees to work as soon as possible.

If_____is unable to return to work in his/her original position and capacity, we will make every effort to provide modified or alternative work for him/her. Enclosed you will find a copy of _____job description, which outlines the employee's essential job functions, and a work-related injury/illness report. Please fill out the work-related injury/illness report so we will have a better understanding of_____work restrictions. We will ensure that any modified or alternative positions meet all of your prescribed medical restrictions. Please fax the work-related injury/illness report back to our office at_____.

Please contact me if you have any questions at_____. We appreciate your participation in our efforts to return our employees to a safe, productive workplace.

Sincerely,

_____

Appendix F – Program Administrator Checklist

Follow the steps below when an employee is injured.

- ❑ Fill out the First Report of Injury
- ❑ Contact the medical provider and collect the Work-Related Injury/Illness Report with the doctor's signature.
- ❑ Review the Work-Related Injury/Illness Report from the medical provider with the injured employee's supervisor and find transitional work within his/her work restrictions using the following priority:

  Regular Work. If the medical restrictions do not exceed the injured employee's regular job requirements, the employee can return to his or her usual job. If not, evaluate modified work options. **Modified Work.** If the medical restrictions do exceed the injured employee's regular job requirements, determine if changes can be made to the job to accommodate the employee. For example, an employee with a 20 pound lifting restriction will not be able to complete a job requiring him or her to lift a 30 pound box. We will attempt to work around this restriction through the use of controls such as hoists, or by having another employee perform the lifting task in the interim. **Alternate Work.** If job changes are not feasible, determine if other jobs are available within the facility that fall within the employee's restrictions. This may include jobs such as quality assurance inspections or non-routine jobs like filing papers or painting.
- ❑ Send the injured employee a Written Transitional Job Offer outlining the duties of the transitional position, start date, hours and work tasks, and a job description for the transitional job.
- ❑ Receive signed copy of the Written Transitional Job Offer from the employee.
- ❑ Send a copy of the signed Written Transitional Job Offer
- ❑ File a copy of the signed Written Transitional Job Offer in a folder separate from the employee's HR folder.
- ❑ After employee returns to work, check in with him/her daily and remind him/her to only work within the prescribed restrictions.
- ❑ Log all the employee's transitional work hours in the Transitional Work Log.
- ❑ Send Transitional Work Log to Insurance Companies.
- ❑ Contact Insurance Companies regarding any changes to the employee's work restrictions or if he/she is not adhering to the prescribed restrictions.
- ❑ If restrictions change, update the employees transitional work assignment.
- ❑ Send employee a new Written Transitional Job Offer if transitional work changes.

NOTE: *An employee may be disqualified from receiving workers' compensation benefits if he/she refuses to return to work after a physician has cleared him/her for work. If a situation like this arises, contact your insurance claims adjuster for guidance.*

Appendix G – Supervisor Checklist

When an employee is injured, follow the steps below.

- ❑ Ensure the employee fills out the Employee Work-Injury Report as soon as possible.
- ❑ For medical care, direct the injured employee to go to the correct medical provider.
- ❑ Make sure he/she has the following forms and direct him/her to give the forms to the treating physician.
    - ❑ Work-Related Injury/Illness Report
    - ❑ Copy of employee's job description
    - ❑ Letter to Treating Physician
- ❑ Contact employee and ask if he/she has received, reviewed, signed and returned the Written Transitional Job Offer.
- ❑ Once the employee has returned to work, report any issues he/she has completing the transitional work to .
- ❑ Assist in logging the employee's transitional work hours in the Transitional Work Log.

Appendix H – Employee Checklist

- ❑ Fill out the Employee Work-Injury Report as soon as possible.
- ❑ For non-emergency medical treatment and follow-up care go to the select/preferred medical provider with the following documents:
    - ❑ Work-Related Injury/Illness Report
    - ❑ Copy of your job description
    - ❑ Letter to Treating Physician
- ❑ Receive a Written Transitional Job Offer from .
- ❑ Review the Written Transitional Job Offer, sign and return to .
- ❑ Return to work on the agreed upon date.
- ❑ Report any issues you have completing your transitional work to .
- ❑ Report all transitional work hours to and your Supervisor.
- ❑ Return to regular work when approved by the medical provider

NOTE: *You may be disqualified from receiving workers' compensation benefits if you refuse to return to work after a physician has cleared you for work.*

Appendix I – Transitional Work Log

Fill out this log each day accounting for all the transitional work performed by the injured employee. Weekly send a copy to Insurance Companies and retain a copy in a folder separate from the employee's HR file.

Organization Name:	
Date:	
Employee Name:	
Supervisor Name:	

Date	Start/Stop Time	Transitional Work Performed	Issues With Work

Appendix J – Annual Program Evaluation Report

Date of Evaluation:	Evaluated By (list all present):
Written Program Reviewed: Yes No	
Comments on Written Program:	
The following specific procedures have been reviewed:	
The following specific procedures were modified:	
The following specific procedures were added:	
A review of the accident reports and injury and illness reports were made: Yes No	
The following additional expense(s) resulted from failure to use correct return to work procedures:	
Comments:	

Appendix K – Training Record For The Return To Work Program

The following individuals received training on the Return To Work Program.

Print Name	Sign Name

The undersigned conducted training in accordance with 's Return To Work Program.

Print Instructor’s Name	
Instructor’s Signature	
Instructor’s Title	
Date of Training	