

RETURN TO WORK PROGRAM POLICY GUIDE



I. POLICY STATEMENT

Central Nine Career Center recognizes the need to provide temporary, transitional work to employees who are unable to perform their regular duties to occupational or illness.

II. SCOPE

This program applies to all employees who sustain an occupational illness or injury. Employees will receive assignments on availability.

III. DEFINITIONS

Occupational illness/Injury: For the purposes of this program, an occupational injury or illness means an injury or disease arising out of the employment with Central Nine Career Center and compensable under the workers' compensation laws of the State of Indiana.

Temporary Totally Disabled (TTD): An employee who is temporarily totally disabled as a result of an occupational injury or illness is one who is medically incapable of performing any work.

Temporary Partially Disabled (TPD): A person whose medical condition permits him or her to perform some occupational function.

The administration shall develop procedures to comply with this policy.

RETURN TO WORK PROGRAM GUIDELINES



I. GOAL

- To provide work for employees with job-related injuries or illnesses that restrict regular job performance.
- To assist employees in the transition from injury or illness to recovery while continuing to be a productive part of the work force.
- To prevent the deterioration of employees' work skills, health, and attitude that may result from prolonged work absence.
- To demonstrate the organization's commitment to employee recovery.
- To minimize the loss of productivity.

II. ROLES AND RESPONSIBILITIES

Central Nine Career Center recognizes the need to provide temporary, transitional work to employees who are unable to perform their regular duties due to occupational injury or illness.

A. Employer/Top Management Roles and Responsibilities

- Develop a written policy with clearly defined procedures (that is signed by top management).
- Hold all managers/supervisors/employees accountable for their participation in the program.
- Select a RTW Coordinator – Business Manager or designee
- Inform the insurer and health care providers that our organization has an early Return to Work program.

B. RTW Coordinator Responsibilities

- Understand and promote the RTW (disability management) program.
- Coordinate medical provider selection (where allowed by law) that supports early return to work.
- Monitor progress of returning injured/ill employees to work and monitor problems that may occur to ensure that they are addressed.
- If the employee is released to work with restrictions that prohibit a return to regular job duties, identify temporary, transitional work opportunities that meet the physician's restrictions.
- Notify the employee if temporary, transitional work is available and send a copy of the job offer to the claims adjuster.
- Notify the claims adjuster of the employee's acceptance or rejection of temporary, transitional work.
- Document the temporary, transitional work duties to show compliance with physician's recommendations.

- Review the accommodation with the employer and supervisor prior to the injured/ill worker starting work.

C. Manager/Supervisor Responsibilities

- Understand and support the company's written policies/procedures.
- Complete accident investigation as soon as possible after the injury and forward report to RTW coordinator.
- Meet with RTW coordinator and employee to review the restrictions from provider and identify accommodations or temporary, transitional work assignments.
- Maintain daily/weekly contact with employee.
- Assure that employee does not exceed work restrictions.
- Provide employee with employee claim form and complete supervisor's report form.

D. Employee Responsibilities

- Follow procedures for reporting all injuries and illness immediately.
- Communicate with managers/supervisors about your ability to return to work.
- Cooperate with the medical provider regarding ability to return to work.
- Work within the physical capabilities outlined in the temporary, transitional work plan by the medical provider.
- Support coworkers and provide a positive environment when injured employees return to transitional positions.
- Abide by the work/safety rules at the location of the temporary, transitional work assignment.

E. Medical Provider Responsibilities

- Become familiar with the Central Nine Career Center operations, job demands and temporary, transitional work assignments.
- Communicate verbally and in writing with RTW coordinator, claims adjusters, and manager/supervisor regarding employee status.
- Promote early return to work with injured employees.
- Utilize organizations forms to communicate status of employee.
- Explain any temporary work restrictions to the employee, RTW coordinator and claims adjuster, along with clarification of what the employee can do.

III. Procedures

A successful RTW program involves having a formal documented procedure of the process. In determining the procedures, an organization should tailor them to fit their company standards.

A. Post-Injury Procedures

1. Immediately following an injury.
 - Send employee for medical treatment to an approved medical provider, where allowed by law.
 - Complete an accident investigation form.
 - Report the claim by phone or fax within 24 hours, so handling of the claim can begin in a timely manner.
 - Contact the Return to Work Coordinator, and forward the accident investigation documents.
2. Provide an Information Packet to the physician's office at the time of the initial visit. The prepared packet should include:
 - **Letter to the treating doctor** explaining the return to work program, providing carrier information and identifying an employer contact.
 - **Description of the injured worker's regular job, including job duties.**
 - **Physician's Return to Work Status (Return to Work Capabilities) Form.** It is critical to know the work restrictions that may be placed on an injured worker by the physician.

B. Temporary, Transitional Work Job Assignment

1. The Return to Work Status Form should immediately be emailed/faxed to the Return to Work Coordinator, for review and placement determination.
2. The Return to Work Coordinator will review restrictions and review the temporary, transitional work assignment.
3. Once the temporary, transitional work assignment has been determined, The Return to Work Coordinator will contact the physician to review the position and get approval. Once approval has been received from the physician, the employee will be notified.
4. Inform employee of a temporary, transitional work assignment and ask to sign a "Transitional Offer of Employment" agreement. See Appendix E for a sample agreement.
 - A temporary, transitional work assignment will be determined based on job analysis and the injured worker's work capabilities.
 - The physician will be contacted regarding the position for verification and approval.
 - The employee will be contacted regarding the position via phone and mail.
 - Employee will have 2 days (if internal position) to accept the position.
 - RTW will contact the employee 2 days before the deadline to determine acceptance and provide instructions.
 - Signed acceptance will be given to The Return to Work Coordinator or Supervisor.

C. Transitional Offer of Employment

1. If the employee refuses to work in the return to work program, temporary disability benefits or industrial accident leave benefits may not be payable.
2. The employee will be returned to work within the restrictions given by the physician with the first priority being to assign the employee to the same job observing the prescribed restrictions.

3. If appropriate tasks cannot be found within the same job, the employee may be placed in another job that meets the prescribed restrictions.
4. If the physician determines the employee is not able to perform the temporary, transitional/return to work tasks, the employee will be placed on leave until appropriate work can be assigned or the restrictions are lifted.

Under the RTW Program, Central Nine Career Center does not intend to create long-term jobs for accommodation of permanent disability. The length of a temporary, transitional work assignment is based on several factors including medical recovery, compliance with medical treatment plan, physician input and availability of work.

D. Monitoring of Temporary, Transitional Work Assignment

1. The Return to Work Coordinator will assist the supervisor (prior and current) in maintaining weekly contact with employees while in temporary, transitional work assignments.
2. The Return to Work Coordinator will assist the supervisors in monitoring the assignment for appropriateness and will contact the Executive Director if there are any issues.
3. The physician claims adjuster and any other involved parties will be kept informed if any changes are necessary.
4. The RTW coordinator should evaluate the employee's status on a monthly basis. If the restrictions are of short duration, the RTW coordinator should evaluate the employee on a weekly basis. The RTW coordinator should escalate any issues to the appropriate party.

E. Employee Work Hours and Compensation

1. No overtime will be permitted while the employee is participating in the early return to work program.
2. Employees eligible to participate in the RTW program will be sent to the physician for re-evaluation of ability to work if they do not personally feel ready to perform the temporary, transitional work assignment.

F. Conclusion of Temporary, Transitional Work Assignments

Temporary, transitional work assignments conclude when one of the following occurs:

1. Upon receipt by Central Nine Career Center of a medical report stating the employee can return to regular duties.
2. Upon receipt by Central Nine Career Center of a medical report stating that the employee will be permanently unable to return to the job performed at the time of injury.
3. The termination date specified in the "Transitional Offer of Employment" agreement.

TEMPORARY, TRANSITIONAL WORK JOB AGREEMENT LETTER



My doctor has advised me that my physical activities at work are to be restricted on a temporary basis on my return to work for _____. I understand that these physical limitations are as follows.

By cosigning this agreement with me, my Manager/Supervisor acknowledges the above temporary restrictions and is able to temporarily modify my usual job or provide temporary alternative work for me as long as I continue with medical treatment. My salary will remain the same and modified duty will temporarily continue until my restrictions are lifted. When my doctor assesses maximum medical improvement any permanent restrictions imposed by my doctor will be used to evaluate my ability to meet the essential functions of my regular job.

I understand that it is my personal responsibility to follow my doctor's restrictions at all times, on the job and off. Therefore, if I am asked to perform a task at work, which is outside the restrictions outlined above, I must notify my Manager/Supervisor immediately.

This agreement is in effect until _____, at which time I will return to Dr. _____ for recheck. After my appointment I will return to the Risk Management/Environmental Health & Safety office with an updated list of restrictions or a full medical release.

Employee Signature _____ Date _____

Treating Physician Signature _____ Date _____

Manager/Supervisor Signature _____ Date _____

RETURN TO WORK CAPABILITIES FORM



I. IN AN 8-HOUR WORKDAY, INJURED WORKER CAN:

(Check full capacity for each activity)

		NUMBER OF HOURS									
		0	1	2	3	4	5	6	7	8	Unrestricted
Total at One Time											
A.	Sit	<input type="radio"/>									
B.	Stand	<input type="radio"/>									
C.	Walk	<input type="radio"/>									
D.	Drive	<input type="radio"/>									
Total During Entire 8-Hour Day											
A.	Sit	<input type="radio"/>									
B.	Stand	<input type="radio"/>									
C.	Walk	<input type="radio"/>									

II. INJURED WORKER CAN LIFT:

		Occasionally	Frequently	Continuously	Not at this time
A.	Up to 10 lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	11-20 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.	21-25 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.	26-50 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.	51-100 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

III. INJURED WORKER CAN CARRY:

		Occasionally	Frequently	Continuously	Not at this time
A.	Up to 10 lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B.	11-20 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C.	21-25 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D.	26-50 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E.	51-100 lbs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

IV. INJURED WORKER CAN USE HANDS:

		Simple Grasping	Fine Work	Pushing/ Pulling	Low Speed Assembly	High Speed Assembly
A.	Left	<input type="radio"/>				
B.	Right	<input type="radio"/>				
C.	Comments:	_____				

RETURN TO WORK CAPABILITIES FORM

Continued.



V. INJURED WORKER CAN USE FEET FOR REPETITIVE MOVEMENT AS IN PUSHING AND PULLING OF LEG CONTROLS:

<u>RIGHT</u>		<u>LEFT</u>		<u>BOTH</u>	
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

VI. INJURED WORKER IS ABLE TO:

	Occasionally	Frequently	Continuously	Not at this time
A. Bend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Squat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Crawl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Climb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. each	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Kneel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Twist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

VII. RESTRICTION OF ACTIVITIES INVOLVING:

A. Unprotected Heights Yes No

B. Being Around Moving Machinery Yes No

C. Exposure to Marked Changes in Temperature and Humidity Yes No

D. Exposure to Dust, Fumes, Gases Yes No

VIII. CAN INJURED WORKER NOW WORK?

A. Part-Time (Hours/Day): _____ Yes No

B. Full-Time Yes No

Remarks: _____

Signature of Provider

Date