

Introduction to Early Return to Work

A successful return to work program can provide many benefits:

- Injured worker recovers faster.
- Reduction in the cost of the claim.
- Reduction in cost of claim will lead to reduction in experience rating, thereby reducing premium costs.
- Return to regular work usually occurs more quickly when transitional duty is offered.
- Injured workers are less likely to obtain unnecessary legal counsel.
- Reduction in costs associated with re-hiring, re-training and slow down in production.

An effective Early Return to Work Program requires the involvement and cooperation of management and the employees. It is essential to keep an open line of communication between the injured worker, employer, medical provider and claim representative to assure a safe and prompt return to full duty work.

The information presented in this booklet outlines what Keevily, Spero-Whitelaw believes to be the minimum requirements of a successful Early Return to Work Program. We have included all the materials and forms you will need to implement your Early Return to Work Program. All forms are available on disk at your request. These forms should be modified to suit your organization.

If you need any assistance in developing your program please contact Genevieve Keller at (800)523-5516 ext 245.



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Starting Your Early Return to Work Program

Four easy steps to start your Early Return to Work Program:

1. Designate a Program Coordinator
2. Identify frequently used medical facilities
3. Begin identifying transitional duty
4. Communicate and train your supervisors and employees

Step 1: Program Coordinator

It is important to have one point of contact within your organization to manage your Early Return to Work Program. This person should also be responsible for the following:

1. Reporting claims.
2. Communicate disability and Early Return to Work information internally.
3. Facilitate the Early Return to Work Program.
4. Report status and complete forms to be sent to the carrier.

Step by steps instructions to follow once an injury occurs are included in this booklet.

Step 2: Medical Facilities

If a medical facility is frequently used by your employees, it is important to begin building a relationship with that facility. The Program Coordinator should take the lead in this task, as most of the communication will be between these parties. Meeting with the provider and presenting them with the Early Return to Work program is a good start. Inviting the provider to tour your facility will give the physicians a strong understanding of the usual work tasks and the environment your employees are in. The physicians will also be a valuable recourse for identifying transitional duty positions and possible safety concerns. Many facilities also offer lifting and material handling training, which can be utilized as part of your safety program.

Step 3: Identify Transitional Duty

An effective program will find ways to make use of the injured worker's skills and knowledge, rather than placing the injured worker in a "make-work" assignment. To do this it is important to identify the actual demands and essential elements of positions by completing a job analysis on various positions within your

organization. Once you identify all the tasks involved in performing a job, you may find that the injured worker is only restricted from performing one or two tasks involved. If this is the case you can assign the tasks the injured worker can not perform to other co-workers. Other forms of transitional duty may include part time jobs, temporary jobs, alternative tasks, job sharing, and jobs in other departments.

Step 4: Communication & Training

Policies and procedures relating to the Early Return to Work program should be carefully developed and made public throughout the organization. Factors that need to be considered include existing company policies, collective bargaining agreements, and the corporate culture of the organization. Constant communication with the employees is vital as this program is something that is done **with** the employees, **not** to them.

Employees:

Orientation is a good time to introduce the concept to new employees. Take time to explain that modified positions are approved by a physician and designed as part of their therapy to help them in their recovery and transition to full duty.

Supervisors:

Training should also be provided to the supervisors on topic such as accident reporting and investigation, need for early and ongoing communication, and methods of documentation.

Medical Providers:

The medical provider needs to be informed of your Early Return to Work Program. This can be done through a letter provided to the injured worker upon injury. A sample letter can be found in the back of this booklet. The medical doctor should be contacted to discuss the restrictions and provided a job description for the transitional position. Once the medical professional understands what the regular job consists of and that transitional duty is available, they will be in a position to make a better determination if injured worker will be able to return to a transitional position or their normal job duties.

Claim Representative / Carrier:

Advising the claim handler that transitional duty is available will provide you with additional assistance. It is also important to keep the Carrier informed during the process to avoid overpayments.

Early-Return-To-Work Procedures

The following is an outline of the steps involved following an injury:

- Immediately following an incident, an accident investigation should be completed. If the accident resulted in an injury that required treatment the injured worker should be given a *Physical Capability Worksheet* and the *Doctor Notification Letter* to provide to the physician. If the injury is very severe, the forms can be faxed to the hospital or doctor directly by the Program Coordinator.
- The employee should bring the completed *Physical Capabilities Worksheet* and bottom portion of the *Doctor Notification Letter* to the Program Coordinator after the initial medical examination. The Program Coordinator should follow up with the employee or physician if the form was not completed after initial treatment.
- If the employee is not capable of returning to work in any capacity then it is important that the Program Coordinator remain in contact with the injured worker on a regular basis. The *Physical Capability Worksheet* should be sent to the treating doctor with each follow up visit to complete upon examination.
- If the injured worker is released to return to work with restrictions then the Program Coordinator, Safety Director and Supervisor should work together to identify reasonable accommodations that may be done to the current job to fit within restrictions or find another job to perform until medically able to return to original position.
- Once the transitional duty is identified the Supervisor should be advised of the employee's restrictions and job duties. The injured worker should be contacted about the position and the *Return-to-Work Availability Letter* should be sent by regular and certified mail. A copy should also be sent to the State Insurance Fund and Keevily, Spero-Whitelaw.
- Before the employee starts the transitional duty assignment, he/she must report to the Program Coordinator and supervisor to review the job duties and limitations set by the physician. It should be emphasized that the employee is to remain within these limitations and that the employee should report any physical difficulties immediately.
- Once the employee returns to the transitional duty assignment the C11 Form should be completed and sent to the State Insurance Fund and KSW.
- If the employee refuses the transitional duty, the State Insurance Fund and KSW should be notified immediately and sent a copy of the certified letter receipt. If the employee returns to the transitional duty, but is unable to perform the tasks due to physical difficulties then the State Insurance Fund and KSW should be notified immediately and the C11 Form updated.
- Communication between the injured employee, treating physician, Program Coordinator, supervisor and Carrier should remain constant until the employee is capable of returning to full duty and a signed *Physical Capability Worksheet* indicating the injured worker is capable of full duty.

Form Samples

In this section you will find sample forms which you can use or modify to your needs. You can contact KWS to request all forms on disc for easy modification.

Early Return to Work Policy Statement – This is a statement to notify the employees of the Early Return to Work policy. It should be presented to new employees in orientation and handed out to all employees on a regular basis as a reminder. Employees should be encouraged to ask questions so that the policy and reasons behind the policy are fully understood. It should be stressed to the employees that the process will involve themselves, their treating doctor, and the supervisors to insure their health and recovery are the main concern.

Doctor Notification Letter – This letter should be provided to the injured worker and passed on to his physician(s). This letter will advise the doctor of the Early Return to Work Program, as well as provide the doctor's office with the billing information.

Physical Capabilities Worksheet – This form should accompany the Doctor Notification Letter and be provided to the injured worker once an injury is reported, in order to have the doctor complete it upon examination. This form should also be sent to the treating physician on a regular basis so that the work restrictions can be addressed at each examination.

Job Summary Form – This form details the physical demands for a position. This form can be used to identify transitional duty throughout your organization. It can also be used to present the treating doctor with the injured worker's current job duties or possible transitional position. This will help the doctor understand the tasks involved to perform a specific job and will assist in the doctor's decision on whether the injured worker will be capable of performing full duty or if restrictions will be needed.

Return-to-Work Availability Letter – This letter should be sent to the injured worker via regular and certified mail. This letter serves as a documented offer of the transitional duty position. A copy should also be sent to the State Insurance Fund and KSW. This letter will be vital if transitional duty is refused and benefits are suspended.

All sample forms can be requested on disk and modified to meet your company's needs and policies.

Early-Return-To-Work Policy Statement

SAMPLE

To All Employees:

It is the policy of this organization to maintain and support an Early Return to Work Program. This program is designed to minimize the disruption and uncertainty that can accompany an on-the-job injury for both the company and all its employees.

It is our goal to maintain a safe workplace for our employees. When an injury does occur, our Early Return to Work Program helps make the process of returning to work as smooth and efficient as possible. The process will include your doctor, supervisor and yourself to insure your health and recovery is the top priority.

The success of this program is the responsibility of everyone in the company from top management to every employee. Only by working together can we provide a safe and secure work environment.

Everyone should be alert for potential accidents and strive to eliminate them. If you are aware of an unsafe act or condition it should be reported immediately to your supervisor to be addressed and possibly prevent an injury from occurring. If an injury does occur, the injury must be reported immediately to a supervisor.

Thank you for your cooperation and assistance.

Signature _____

Title: _____

Date: _____

Doctor Notification Letter

SAMPLE

(Company Letterhead)

Dear Doctor:

You are treating a valuable employee of _____, which has designed an Early Return to Work program to assist your patient in the transition to full duty employment, if needed.

This program has been developed to help the recovery and rehabilitation of the injured employee. **We ask that you complete the bottom of this form, plus the attached Physical Capabilities Worksheet, in order to fully understand the patient's limitations and restrictions.** We would like to work with you and your patient to find a transitional position, which will assure the employee's safety, as well as, assist in his/her recovery.

Below is the information for our Workers' Compensation Carrier:

New York State Insurance Fund
(Fill in address & phone number of local branch)

Please fill out below and return to: (add company name, Program Coordinator's name & fax number)

Patient's Name: _____ Social Security #: _____

Date of Injury: _____ Date of Exam: _____

Based upon this examination (history, physical evaluation and tests, if any), it is the opinion of this physician:

{ } May resume full duty immediately { } Projected full duty return to work: _____

{ } May resume work immediately { } Should return for treatment on: _____
with the following limitations:

Signature of examining physician

Date

Physical Capabilities Worksheet

You are treating a valuable employee and we would like to assist in this patient recovery back to full health. We are able to accommodating many restrictions you find necessary to ensure the full recovery of this patient and assist in the transition to full duty employment.

We ask that you complete this form after your examination and outline all restrictions, if any, you have assigned to this patient. Please include modified hours, duties and any other information pertinent to this employee's healthy recovery.

Employee: _____ Title: _____

Date of Injury: _____ Social Security: _____

| Activity | N | S | O | C | Activity | N | S | O | C |
|--|---|---|---|---|----------------------|---|---|---|---|
| | | | | | | | | | |
| Lifting/Carrying: | | | | | Bend | | | | |
| 10 Lbs. or less | | | | | Squat | | | | |
| 11 – 20 Lbs. | | | | | Kneel | | | | |
| 21- 40 Lbs. | | | | | Twist/Turn | | | | |
| 40- 60 Lbs. | | | | | Climb | | | | |
| 61 – 100 Lbs. | | | | | Crawl | | | | |
| 100 + Lbs. | | | | | Stand | | | | |
| Comments: | | | | | Reach Above Shoulder | | | | |
| Pushing/Pulling | N | S | O | C | Walk | | | | |
| 12 Lbs. or less | | | | | Sit | | | | |
| 13-25 Lbs. | | | | | Type/Keyboard | | | | |
| 26-40 Lbs. | | | | | | | | | |
| 41-60 Lbs. | | | | | Drive: | | | | |
| 61-100 Lbs. | | | | | Automatic | | | | |
| 100+ Lbs. | | | | | Standard | | | | |
| Comments | | | | | Comments: | | | | |
| General Comments or Additional Restrictions: | | | | | | | | | |

Mark the appropriate box for each of the following activities to indicate the extent to which the employee can perform:

Key:

N = Never

S = Sometimes; 1 – 33% of time

O = Occasional; 34-66% of time

C = Constant; 67-100% of time

Physician Name _____

Date _____

Telephone _____

Please fax form to:

Physician's Signature _____

Job Demands Summary

| | |
|--------------------------|--|
| Title: | |
| Job Description: | |
| Typical Work Conditions: | |
| Equipment Used: | |
| Essential Tasks: | |

| Activity | N | S | O | C | Activity | N | S | O | C |
|--|---|---|---|---|----------------------|---|---|---|---|
| | | | | | | | | | |
| Lifting/Carrying: | | | | | Bend | | | | |
| 10 Lbs. or less | | | | | Squat | | | | |
| 11 – 20 Lbs. | | | | | Kneel | | | | |
| 21- 40 Lbs. | | | | | Twist/Turn | | | | |
| 40- 60 Lbs. | | | | | Climb | | | | |
| 61 – 100 Lbs. | | | | | Crawl | | | | |
| 100 + Lbs. | | | | | Stand | | | | |
| Comments: | | | | | Reach Above Shoulder | | | | |
| Pushing/Pulling | N | S | O | C | Walk | | | | |
| 12 Lbs. or less | | | | | Sit | | | | |
| 13-25 Lbs. | | | | | Type/Keyboard | | | | |
| 26-40 Lbs. | | | | | | | | | |
| 41-60 Lbs. | | | | | Drive: | | | | |
| 61-100 Lbs. | | | | | Automatic | | | | |
| 100+ Lbs. | | | | | Standard | | | | |
| Comments | | | | | Comments: | | | | |
| General Comments or Additional Restrictions: | | | | | | | | | |

Doctor's Section:

I have reviewed the above job demands and I believe _____ is:

(employee's name)

Check all boxes that all to the job tasks:

Key:

N = Never

S = Sometimes; 1 – 33% of time

O = Occasional; 34-66% of time

C = Constant; 67-100% of time

Capable of performing the work described above

Not capable of performing the work described above

Degree of Disability: _____

Physician's Signature: _____

Date: _____

Return-to-Work Availability Letter

SAMPLE

(Company Letter Head)

(Date)

Dear *(employee)*,

Based on limitations and restrictions provided by Dr _____, we have developed a transitional duty position, which you will be able to return to in an effort to assist in your recovery and eventual return to full duty. We will work closely with you and your doctor to insure that this position will adhere to your physical limitations. We designed this program to work as part of your rehabilitation and to ease your transition into full duty.

We ask that you contact _____ no later then *(enter date – normally one week)* to make necessary arrangements. You will need to report to (Program Coordinator) to review your new job duties and restrictions before you begin to work.

Please note, failure to return to work by the above mention date may result in a suspension of your Worker's Compensation benefits.

If you have any questions please do not hesitate to call.

Sincerely,

(Program Coordinator)

cc: New York State Insurance Fund
(local branch address and claim number)

Keevily, Spero-Whitelaw
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