

Return to Work

Originated: April 22, 2013

I. PURPOSE

Hawley Public Schools recognizes the need to provide temporary, transitional work to employees who are unable to perform their regular duties due to occupational injury 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 purpose of this program, an occupational injury or illness means an injury or disease arising out of the employment with Hawley Public Schools and compensable under the workers' compensation laws of the State of Minnesota.
- **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.
- **Transitional duty:** Is a therapeutic tool used to accelerate injured employees' return to work by addressing the physical, emotional, attitudinal and environmental factors that otherwise inhibit a prompt return to work. These assignments are meant to be temporary and may not last longer than 90 days, though Hawley Public Schools permits multiple 90-day assignments back-to-back if it is medically warranted.
- **Alternate duty:** Is a part of Hawley Public Schools Return to Work Policy that is designed as a placement service for individuals who have reached maximum medical improvement and are still unable to perform the essential functions of their pre-injury job.

IV. GOAL

- To provide work for employees with job related injuries that restricts 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 district's commitment to employee recovery.
- To minimize the loss of productivity.

V. ROLES AND RESPONSIBILITIES

Hawley Public Schools recognizes the need to provide temporary, transitional work to employees who are unable to perform their regular duties due to occupational injury or illness.

Employer/Administration Roles and Responsibilities

- Develop a written policy with clean defined procedure (that is signed by top management).
- Hold all managers/supervisors/employees accountable for their participation in the program.
- Selection of a Return to Work Coordinator.
- Inform the insured and health care providers that Hawley Public Schools has an early Return to Work program.

Return to Work Coordinator Responsibilities

- Understand and promote RTW (disability management) program.
- Monitor progress of the returning injured/ill employees to work and monitor problems that may occur to ensure that they are addressed.
- If an 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 employee if temporary, transitional work is available and send a copy of the job offer to the claim 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 Administration and supervisor prior to the injured worker starting work.

Manager/Supervisor Responsibilities

- Understand and support the district'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.

Employee Responsibilities

- Follow procedures for reporting all injuries and illnesses immediately.
- Communicate with managers/supervisors about your ability to return to work.
- Cooperate with the medical provider regarding ability to return to work.
- Work with 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.

VI. PROCEDURES

- **Post-Injury Procedure**

- Immediately following an injury
 - Send employee for medical treatment to an approved medical provider.
 - Complete an accident investigation form.
 - Report the claim by phone, fax or email 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.
- 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 in place, Providing 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.

- **Temporary Transitional Work Job Assignment**

- The Return to Work Status Form should immediately be emailed to the Return to Work Coordinator for review and placement determination.
- Administration will review restrictions and review the temporary, transitional work assignment.
- 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.
- Inform employee of temporary, transitional work assignment and ask to sign a "Transitional Offer of Employment" agreement. (See appendix C)
 - 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.
 - Employee will have 3 days to accept position after work related injury.
 - RTW Coordinator will contact the employee on day 3 to determine acceptance and provide instructions.
 - Signed acceptance will be given to the employee's Supervisor/Manager.

- **Transitional Offer of Employment**

- IF the employee refuses to work in the return to work program, temporary disability benefits or industrial accident leave benefits may not be payable.
- 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.

- If appropriate tasks cannot be found within the same job, the employee may be placed in another job that meets the prescribed restrictions.
- 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, Hawley Public Schools 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. (See appendix D for Transitional Work)

- **Monitoring of Temporary, Transitional Work Assignment**

- The RTW Coordinator will assist the supervisor in maintaining weekly contact with employees while in temporary, transitional work assignments.
- The RTW Coordinator will assist the supervisors in monitoring the assignment for appropriateness and will contact administration if there are any issues.
- The claims adjuster and any other involved parties will be kept informed if any changes are necessary.
- 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.

- **Conclusion of Temporary, Transitional Work Assignments**

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

- Upon receipt by Hawley Public Schools of a medical report stating the employee can return to regular duties.
- Upon receipt by Hawley Public Schools of a medical report stating that the employee will be permanently unable to return to the job performed at the time of injury.
- The termination date specified in the "Transitional Offer of Employment" Agreement.

APPENDIX A

Return to Work Policy

Hawley Public Schools primary goal is to accommodate injured workers by identifying or modifying jobs to meet their physical capacities and allowing them to return to work as quickly and smoothly as possible. The district is committed to individualizing return to work programs based around the individual’s physical capabilities and will review all task assignments regularly to ensure duties are appropriate.

We are committed to early return to work and recognize that it speeds up the recovery process and reduces the likelihood of permanent disability. Employees are expected to show the same commitment to the program by following the Return to Work Policy and all guidelines of the Return to Work Program. The Return to Work Program requires a team approach, so employees are expected to cooperate with the management team, supervisors and medical staff should they ever become injured and unable to perform your full job duties.

Prior to working on any job site, each employee is expected to have read the entire Return to Work Policy, which includes the following sections:

- Purpose
- Scope
- Definitions
- Goals
- Roles and Responsibilities
- Procedures

If you have any uncertainty or questions regarding the content of these policies, you are required to consult your supervisor. This should be done prior to signing and agreeing to the Return to Work Policy.

I am aware of and have read Hawley Public Schools Return to Work Policy, and I understand the requirements and expectations of me as an employee. Should I become injured or ill and unable to carry out my regular duties, whether it happens inside or outside the workplace, I fully recognize Hawley Public Schools expectations of me during my recovery.

I understand that if I choose not to participate in the Return to Work Program or follow this policy’s guidelines, I may become ineligible for state workers’ compensation benefits and, in some cases, my refusal may be grounds for termination.

Employee Signature: _____

Date: _____

APPENDIX B

Return to Work Letter To Employee

[Insert Employee Name]
[Insert Employee Address]
[Insert City, State Zip]

Re: [Insert Name] –
Return to Work
[Insert Date of Injury]

Dear [insert employee name],

As per our recent conversation, [insert physician's name] released you to return to modified duty work. Modified duties are available for you starting on [insert day of week], [insert date]. We expect you to begin work at [insert time]. Please report to [insert supervisor's name] in the [insert department name] department.

During modified duty, your hours will be from [insert start time] to [insert end time] each day for a total of [number] hours per week. Your wage will be \$ per hour while you are on light duty work. We will coordinate your workers' compensation benefits with your wages for the hours that you work.

It is important to recognize that, as it states in Hawley Public Schools Return to Work Policy, you may jeopardize your workers' compensation benefits if you fail to report to modified duty work. Please contact me immediately if you have any questions, concerns or problems with these requirements.

Sincerely,

[Insert Supervisor name]
[Insert Supervisor title]

APPENDIX C

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 Hawley Public Schools. I understand that these physical limitations are as follow:

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. 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 District Office/RTW Coordinator with an updated list of restrictions or a full medical release.

Employee Signature: _____

Date: _____

Treating Physician Signature: _____

Date: _____

Manager/Supervisor Signature: _____

Date: _____

APPENDIX D

Temporary, Transitional Work

These are examples of temporary transitional work assignments for the school industry:

- Answer phones
- Assist in library
- Catalog and index books
- Check and repair safety equipment
- Check children in and out
- Check homework
- Collect attendance slips
- Conduct safety inspections
- Correct Papers
- Decorate bulletin boards
- Ensure visitors sign in and out
- Enter data into computer
- Greet families and guests
- Help coordinate volunteers
- Inventory books
- Monitor hallways
- Organize and update files/file cabinets
- Orient new hires
- Patrol parking lots
- Print and assemble materials
- Send and deliver mail or messages
- Serve snacks and meals
- Shred outdated materials/paper

APPENDIX E

Return to Work Capabilities Form to be Completed by Physician

Patient Name: _____

Dr. Name: _____

Date: _____

I. In an 8-hour workday, injured worker can: <i>(Check full capacity for each activity)</i>												
	NUMBER OF HOURS											
	0	1	2	3	4	5	6	7	8	Unrestricted		
<u>Total at One Time</u>												
A. Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Total During Entire 8-Hour Day</u>												
A. Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<i>Note: In terms of an 8-hour workday, Occasionally = 1% - 33%; Frequently = 34% – 66%; Continuously = 67% - 100%</i>												
II. Injured worker can lift:												
	<u>Occasionally</u>			<u>Frequently</u>			<u>Continuously</u>			<u>Not at this Time</u>		
A. Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. 21-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. 26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
III. Injured worker can carry:												
A. Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. 21-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. 26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
IV. Injured worker can use hands:												
	<u>Simple Grasping</u>		<u>Fine Work</u>		<u>Pushing/Pulling</u>		<u>Low Speed Assembly</u>		<u>High Speed Assembly</u>			
A. Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Comments	_____											
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="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
VI. Injured worker is able to:												
	<u>Occasionally</u>			<u>Frequently</u>			<u>Continuously</u>			<u>Not at this Time</u>		
A. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
B. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
C. Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
E. Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
F. Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
G. Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
VII. Restriction of activities involving:												
A. Unprotected heights	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
B. Being around moving machinery	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C. Exposure to marked chngs in temp & humidity	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
D. Exposure to dust, fumes, gases	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
VIII. Can injured worker now work?												
Part-time (hrs/day): _____	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	REMARKS: _____							
Full-time	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	_____							
_____					_____							
(SIGNATURE OF PROVIDER)					(DATE)							