

Return-to-Work Program Guidance



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Purpose & Introduction

This document provides guidance for Signal Members interested in developing or enhancing a Return-to-Work (RTW) program.

A RTW program is a plan established by a business to help employees return to work as soon as medically appropriate following a work-related injury or illness. The goal is to enable the employee to return to meaningful and productive work through a modified or alternate job role while they rehabilitate from a work-related injury or illness. It is important to note that not all work-related injuries or illnesses will result in the need for a modified or alternate job role.

The success of a RTW program is dependent upon the commitment and efforts of all parties involved. This includes the employer (Member), employee, healthcare provider, claims adjuster, and, if applicable, union representatives.

Establishing a written RTW program is recommended for any size company, including those with a limited number of job roles.

Benefits of A Return-to-Work Program

A Return-to-Work Program benefits both the employer and the injured employee.

The power of Return-to-Work Programs

- On average, an effective Return-to-Work program will save a business: 35% on medical costs, and 30% on lost time costs. (*Statistics according to Washington Business Journal*).
- Studies show that an injured employee recovers faster while working in a modified or alternate job than staying at home on Temporary Total Disability.
- It is important to be aware that employee non-compliance with a businesses' RTW program can be grounds for suspending temporary disability payments.

Key Benefits

- **Promotes a Positive Employer-Employee Relationship**
 - Employees feel valued by the company and motivated to return to their regular job sooner.
 - Studies show that employees able to return to work through a modified or alternate role often recover more quickly and re-enter the medical care system less often.
 - Reduces employee stress because employees feel more secure knowing their employer will facilitate their return to meaningful and productive temporary assignments while they recuperate.
- **Cost Management:**
 - By helping employees transition back into the workforce while they recuperate from their work-related injury or illness, the duration of benefits paid per worker and the number of days of productivity lost per claim are reduced.
 - Reduces costs associated with hiring and training temporary or replacement employees or paying overtime for alternate employees. *"An experienced person at 80% is more valuable than an inexperienced person at 100%."* (Anonymous author).

Elements of a Successful Return-to-Work (RTW) Program

1. **Commit to a program** that utilizes [transitional temporary employment opportunities](#) to keep injured employees working in healthcare provider supported positions during their recovery process.
2. **Prepare a [written program](#) consisting of a policy and procedures** that clearly define the scope, purpose, expectations, and responsibilities of everyone involved.
3. **Train** supervisors, managers, and anyone else involved with implementing the program on the policy and procedures.
4. **Communicate the program** to the workforce in a positive way so it becomes part of the culture. Educate them about its benefits and each persons' responsibility to ensure its success. Emphasize that it is supported by upper management.
5. **Establish a goal** to bring 90% or more of injured employees who would lose work time back to work within 1 – 4 days after having knowledge of transitional temporary employment eligibility. Agree on a timeframe to review and re-evaluate the goal (6 mos. – 1 yr. depending on the average number of losses). Commit to the goal.
6. **Develop comprehensive job descriptions for all positions.** These are essential for making decisions about medically appropriate transitional temporary employment opportunities. Each job description should be detailed and include all essential functions, responsibilities, and tasks of the position. They should also include the physical demands of the position and the various environmental conditions under which the job is performed. Some Members utilize Vocational Rehabilitation Counselors to aid in developing comprehensive job descriptions. See [Appendices A and B](#) for Job Description Examples.
7. **Identify Transitional Temporary Employment Opportunities.** See [“The Frequently Asked Questions”](#) section of this document for further information.
8. **Establish a [Modified Duty Agreement](#) for Modified Duty Work.** A Modified Duty Agreement is used when an employee is assigned to their regular job duty but has work restrictions identified by their healthcare provider. **The Agreement should be in writing and acknowledged by the employee.**
9. **Ensure that Alternate Positions and Bridge Jobs are in writing and approved by the healthcare provider. Send the employee an [Offer Letter](#) for these positions.** The offer letter should be on company letterhead and sent via certified mail or hand-delivered to the employee. It should include the exact job duties and terms of the position (hours, pay, etc.), and a date for the worker to report to work.
10. **Establish a procedure for reporting work-related injuries and illnesses** and communicate it to all employees.
11. **Develop relationships with local healthcare providers.** Send a [Notice](#) to healthcare providers to inform them that you have a RTW program and will make every effort to accommodate employees. If it is a designated clinic, provide them with copies of the job descriptions to maintain on-site.

12. **Ensure that an injured employee's healthcare provider has a copy of the job description at the time of their initial appointment.**
13. **Stay in touch.** Maintain communication among all parties (injured employee, employee's supervisor, healthcare provider, workers' compensation carrier), keeping everyone updated and informed.
14. **Identify measurable data and establish a review process** to discern what is working well and what needs adjustment to enhance the program and further reduce claim costs.
15. **Review the terms of any applicable union contracts** to verify whether transitional temporary employment is prohibited or restricted.

Return-to-Work

FAQs

Q: What is meant by “Return-to-Work (RTW)?

A: Once an employee has been injured on the job, it is most beneficial to both the injured employee and the employer to find temporary work that fits the injured employees’ healthcare provider assigned work restrictions. This enables the employee to return to meaningful and productive work through a modified or alternate role while they rehabilitate from their work-related injury or illness.

Q: Who is involved in the Return-to-Work Process?

A: The Return-to-Work process is a team effort involving a variety of players including the injured employee, the healthcare provider, the Member, the claims adjuster, and anyone else who could be of assistance in expediting the process.

Q: How does the Return-to-Work Process work?

A: An employee must have reported a workplace injury or illness to the Member. The healthcare provider treating this injury or illness must indicate that the employee is temporarily unable to return to work without physical limitations. The healthcare provider must also state that the employee is capable of performing some work tasks. In doing so, it is the healthcare providers’ responsibility to describe what the employee can perform during the recovery process. This information is to be presented to the employer who will then identify and utilize suitable transitional temporary employment opportunities to keep the employee working.

Q: What are Transitional Temporary Employment Opportunities?

A: Transitional Temporary Employment Opportunities are meaningful and productive temporary assignments that allow an injured employee to continue to work within their physical capabilities, as indicated by the healthcare provider. These include Modified Duty, Alternate Positions and Bridge Jobs with the same employer.

Q: What is Modified Duty?

A: Modified Duty is intended for employees who are temporarily unable to return to full duty without restrictions due to a work-related injury or illness. It involves returning an injured employee to their regular job, but instead of performing all of the tasks they did prior to the injury, certain restrictions are placed on the job by the healthcare provider. Subsequently, as the injured employee’s health status improves, additional job duties are added back into the work routine upon the approval of the healthcare provider.

Example: A custodian with a temporary ten-pound lifting limitation may be able to perform all of their normal job functions with the exception of lifting large trash bags which could be done by another custodian.

Q: What is an Alternate Position?

A: An Alternate Position is temporary work, with the same employer, in an existing position that consists of duties for which the injured employee was not hired to perform but is capable of performing and which meet the healthcare provider’s instructions for work restrictions.

Example: A forklift driver who cannot drive a forklift due to an ankle injury could perhaps be utilized as a dispatcher, trainer, or mailroom support clerk.

Q: What are Bridge Jobs?

A: These are job assignments created for injured employees that are meaningful to the employee, within their physical capabilities, and beneficial to the employer. They provide a progressive “bridge” between Modified Duty, an Alternate Position and Full-Duty. They must be legitimate work and something that needs to be done. To develop a Bridge Job, ask the following:

- If the injured worker does not do this job will someone else have to do it?
- Is there a job that you have been planning to get to but have not been able to do because of competing priorities? Ask Supervisors/Managers to create a “Wish List” of things they would like done but have not had time to do.

Example: A storage room with tools and equipment needs to be organized and inventoried.

Q: What is Sheltered Employment?

A: Sheltered employment is a job for which the injured employee is paid even if they cannot do the work or work the employee can perform but is unnecessary (does not benefit the employer). It is not acceptable to provide sheltered employment as described. If a job is found to constitute sheltered employment, the employee is entitled to keep the wages they were paid and receive Total Disability Benefits for the same period.

Transitional Temporary Employment is not sheltered employment if the employee is able to perform the assigned work and the work is necessary to the employer’s operations, e.g., An employee is performing a job they are physically capable of doing and someone else would do it if they didn’t.

Appendix A. SAMPLE 1. Job Description

| | |
|--------------------|--|
| Job Title | Hustler Driver |
| Approved By / Date | XXX |
| Work Hours | 10 hour shift: 6:00 am to 11:00 am & 12:00 noon to 5:00 pm |
| Breaks | 1 hour for meal: 11:00 am to 12 noon Break: 9:00 am to 9:15 am & 3:00 pm to 3:15 pm |

General Summary

- Works in all weather conditions outside, within the confines of an operator’s cab.
- Checks in with the timekeeper and receives an assignment from the Assistant Operations Manager and drives to Hustler lot or boards a bus for transport to Hustler lot.
- Number of pick-ups average 35 per shift.
- Walks to the assigned vehicle and performs an exterior and interior inspection prior to use.
- Vehicles are equipped with power steering, air ride seats, heat, side and rear-view mirrors which eliminate the need for increased twisting and turning around from the driver’s seat. Utilize all mirrors throughout the driving process.
- Connects the container by attaching two air hoses (Glad hands) weighing 2 lbs. between the hustler and chassis. Walks up steps to the rear platform and reaches down to attach Glad hands.
- Ensures the 5th wheel is locked after engaging a chassis by pulling forward and listening for a click to ensure the chassis is secure.
- Drive under the crane lift site and stop hustler as directed while the container is loaded on or discharged from a vessel. Drive to the designated drop-off site.
- For Rail/Strad Operation: Driver will obtain container and drive to the transfer zone, exit hustler and walk to the front/side of the cab while straddle carrier loads or unloads the container. Once complete, drive to pick up or load another container.
- The speed limit for all terminals is 20 MPH, unless posted otherwise.
- When hauling a Reefer or OOG cargo, raise the legs, lower the 5th wheel, and unlock the pins on the chassis (3.5 to 4.0 feet from the ground). This may require the driver to pull, lift and secure chains weighing up to 20.4 lbs.
- Walks to chassis corners to lock or unlock pins for wheeled locations.
- When parking a chassis, lowers the chassis until the legs are resting securely on the ground, unhooks Glad hands, pulls out slowly to ensure the load is resting properly, and if there are signs of an unstable load, stops immediately and contacts a supervisor.
- At the end of the shift, drives the hustler back to the designated lot.

- **Equipment:** Glad Hands – 2lbs.and Chains – 20.4 lbs.

- **Personal Protective Equipment:** Hard Hat / Safety Shoes (steel toe) / Safety Vest

- **Certifications:**
 - TWIC - Transportation Worker Identification Credential
 - Port ID
 - HAZMAT
 - Physical
 - Hustler Certification
 - Valid Driver’s License

| HUSTLER DRIVER PHYSICAL ACTIVITIES ANALYSIS/CHECKLIST | | | |
|--|------------------------------|---|---|
| <p>These are the physical activities a Hustler Driver could perform while engaged in one or more of the job tasks in the General Summary. They may vary from day-to-day depending on assigned job tasks. The employee may crouch, stoop, squat, reach at or below shoulder level, twist, and bend for several hours while working.</p> | | | |
| JOB DEMAND | EXTENT | JOB DETAILS | COMMENTS |
| Physical Activities | Hours Based on 10-hour Shift | Continuously, Frequently, Occasionally, Seldom, Never | |
| Lift/Carry/Lower 1-15 lbs. | < 1 hour | Seldom | Glad Hands – 2 lbs. |
| 15-30 lbs. | < 1 Hour | Seldom | Chains for Out of Gauge – 20.4 lbs. |
| 30-50 lbs. | 0 Hours | Never | |
| 50-75 lbs. | 0 Hours | Never | |
| 75-100+ lbs. | 0 Hours | Never | |
| Pushing/Pulling | 0 hours | Never | |
| Reach Above Shoulder | < 1 hour | Seldom | To reach for radio and utilize hand-rail to enter hustler. |
| Reach at Shoulder | < 1 Hour | Seldom | To enter and exit hustler. |
| Reach Below Shoulder | 7-8 Hours | Continuously | To perform driving duties, turn landing gear and adjust 5 th wheel |
| Bending/Twisting | < 1 Hour | Seldom | To turn landing gear and adjust 5 th wheel |
| Crouching/Stooping/Squatting | < 1 Hour | Seldom | |
| Crawling/Kneeling | 0 Hours | Never | |
| Climbing Inclined Steps | < 1 Hour | Seldom | To enter and exit hustler |
| Walking | < 1 Hour | Seldom | To enter and exit hustler, and walk to stand in front of hustler when loading/discharging to a straddle carrier |
| Standing | < 1 Hour | Seldom | To enter and exit hustler, and walk to stand in front of hustler when loading/discharging to a straddle carrier |
| Sitting | 7-8 Hours | Continuously | To drive hustler |
| Repetition – Hand/Wrist Simple Grasping | 4-5 Hours | Frequently | To drive hustler, adjust 5 th wheel and attach Glad Hands |
| Firm Grasping | < 1 Hour | Seldom | To turn landing gear |

Appendix B. SAMPLE 2. Job Description

| | |
|--------------------|--|
| Job Title | Forklift Operator / Genset Repairman |
| Approved By / Date | XXX |
| Work Hours | 8 hour shift: 8:00 am to 12:00 noon & 1:00 pm to 5:00 pm. |
| Breaks | 1 hour for meal: 12:00 noon to 1:00 pm Break: 10:00 am to 10:15 am & 3:00 pm to 3:15 pm |

General Summary

- Refrigerator Unit Identification:
 - Drives forklift to reefer rows to visually locate numbers and record on maintenance-sheets.
 - Utilizes right hand to push and pull hand lever to raise the safety basket with forks to the appropriate level on the Genset for the Refrigeration Mechanic to loosen bolts. At this time the forks will slide under the Genset which is positioned in front of the safety basket.
 - Upon completion, will lower Refrigeration Mechanic to the ground for him to exit the safety basket.
 - Drives forklift to deliver the Genset to shop or place in the Genset area.
 - During an average shift, may obtain and deliver 10-12 Gensets.
- Troubleshoots and diagnoses Gensets with mechanical problems which are staged on the ground. Work performed is at waist level. May sit on work stool when needed.
 - Performs mechanical work using hand tools such as wrenches, sockets, screwdrivers, and ratchets at waist level (no pneumatic tools required). Replaces fan belts, fan blades, alternators, and water pumps.
- Refills anti-freeze and oil when needed by filling can half full of liquid (12 lbs.) and carrying to the Genset to complete necessary refills.
- Completes paperwork and work orders.

- Forklift Operation:
 - Steps up two steps to enter and exit forklift. (First Step = 16"; Second Step = 12").
 - Sits in the seat and secures the seatbelt.
 - Hand controls on right include: tilt and up/down shift. Hand control on left for the parking brake.
 - Foot controls are used for the accelerator and brake.
 - When backing forklift up, must complete a trunk rotation to the right and may use right handle attached to the right rear frame of forklift to then turn head to confirm the area is safe for back up.
- Personal Protective Equipment: Safety Vest and Safety Shoes (steel toe)
- Certifications
 - TWIC- Transportation Worker Identification Credential
 - HAZMAT Certification
 - PIT Certification

**FORKLIFT OPERATOR/GENSET REPAIR-PERSON PHYSICAL ACTIVITIES
ANALYSIS/CHECKLIST**

These are the physical activities a Forklift Operator/Genset Repair-person could perform while engaged in one or more of the job tasks in the General Summary. They may vary from day-to-day depending on assigned job tasks. The employee may crouch, stoop, squat, reach at or below shoulder level, twist, and bend for several hours while working.

| JOB DEMAND | EXTENT | JOB DETAILS | COMMENTS |
|--|-------------------------------|---|--|
| Physical Activities | Hours based upon 8-hour shift | Continuously, Frequently, Occasionally, Seldom, Never | |
| Lift/Carry/Lower 1-30 lbs. | 1 hour | Seldom | To use hand tools (0-4 lbs.), carry refill can (12 lbs.) |
| 30-50 lbs. | < 1 hour | Seldom | Radiator (31 lbs.); Front Hood of Genset (35 lbs.) |
| 50-75 lbs. | 0 hours | Never | |
| 75-100+ lbs. | 0 hours | Never | |
| Pushing/ Pulling | < 1 hour | Seldom | To push or pull wrenches or ratchet s (push/pull force is less than 10 lbs.) |
| Reach Above Shoulder | 0 hours | Never | |
| Reach at Shoulder | 0 hours | Never | |
| Reach Below Shoulder | 5 hours | Frequently | Driving forklift and completing repairs and maintenance of Gensets |
| Bending/Twisting | < 1 hour | Seldom | Driving forklift and completing repairs and maintenance of Gensets |
| Crouching | < 1 hour | Seldom | May sit on work stool if needed to avoid crouching |
| Crawling/ Kneeling | 0 Hours | Never | |
| Climbing/Stepping | < 1 Hour | Seldom | To enter and exit forklift |
| Walking | 2 hours | Occasionally | Completing repairs and maintenance of Gensets |
| Standing | 2 hours | Occasionally | Completing repairs and maintenance of Gensets |
| Sitting | 4 hours | Frequently | Driving forklift and completing repairs and maintenance of Gensets |
| Repetition - Hand/ Wrist Simple Grasping | 3 hours | Occasionally | Driving forklift and completing repairs and maintenance of Gensets |
| Firm Grasping | < 1 hour | Seldom | To use hand tools such as wrenches and ratchets. |

Appendix C. SAMPLE: Return-to-Work Policy, Procedure and Forms Claims Management and Return-to-Work Policy and Procedures

I. Policy Statement

- a. **Company XXX** recognizes that its first responsibility is the prevention of occupational injury and illness. If an injury or illness does occur, it becomes our responsibility to mitigate its impact on both the employee and the company.
- b. **Company XXX** is committed to working with our employees who sustain a work-related injury or illness. We will make every effort to keep our employees working in a meaningful and productive manner. If an employee is unable to perform all of their regular job duties due to a work-related injury or illness, we will make every effort to provide Transitional Temporary Employment Opportunities so that the employee remains an active and vital part of our company.

II. Purpose

- a. The intent is to work with the employee, our company, and the workers compensation claims adjuster as an advocate. This is in place to ensure the employee receives appropriate care and can return to work at the company in a work capacity that is both suitable and gainful employment as soon as medically possible.

Transitional temporary employment will be provided if available and will be reviewed after each healthcare provider visit and each **X day period**. Days assigned to transitional work will not exceed **X days** unless approved by upper management. If management does not approve additional transitional workdays, the employee must be advised of the appropriate filing procedures with the workers compensation claims adjuster or the applicable State Agency.

- i. It is **Company XXX** policy to return employees who are injured or become ill as a result of a work-related exposure, to productive employment without incurring lost time or at least as early as possible taking into consideration physical restrictions and recommended medical treatment.
- ii. **Company XXX** recognizes that the benefits of the return-to-work program include:
 1. Little to no interruption or negative impact on the injured or ill employee's earning capacity.
 2. Injured employees do not feel isolated / separated from the workforce.
 3. Injured employees' recovery period is shorter.
 4. Experience in the workforce is maintained.
 5. Production operations are minimally affected.

6. Compensation costs are lowered.
7. Employee relations are improved.

At Company XXX, our Return-to-Work program is mandatory when an employee sustains a work-related injury or illness and the employee can be accommodated.

a. Eligibility

- a. Eligible employees are those who sustain an injury or illness while performing their regular job duties. And, as a result, they have temporary restrictions or limitations identified by a healthcare provider. The healthcare provider must provide a clear and complete written description of the restrictions and utilize the employee's written job description, if available, to do so.

b. Claims / Return-to-Work Coordinator Responsibilities

- a. The Claims / Return-to-Work Coordinator reports to the COO. Their responsibilities are to oversee and effectively manage workers' compensation claims for employees who sustain a work-related injury or illness. In addition, the coordinator has the responsibility and authority to manage the Company's return-to-work program activities.

An alternate coordinator will be trained by the coordinator, who will be available to take over the responsibilities of the coordinator during absences, i.e., illness, vacations, etc.

The duties of the coordinator include:

1. Monitor provision of initial medical treatment
2. First aid incident and tracking
3. Contact with healthcare providers
4. Reporting of all claims within 24 hours of knowledge to:
 - a. Company Management
 - b. Third Party Administrator and Risk Department
5. Regular review of the Carriers on-line claims system.
6. Ongoing communication with:
 - a. Injured employee
 - b. Healthcare providers
 - c. Claims adjuster

7. Work with departmental managers and supervisors in the identification of transitional temporary employment opportunities.
8. Monitor the employee's progress until the employee is able to return to full duty.
9. Facilitate Return-to-Work meetings.
10. Coordinate and facilitate quarterly claims review meetings Include: Third Party Administrator: claims adjuster, senior leadership, and appropriate supervision (based on claims to be discussed) Discuss issues, concerns, strategies, and impact to the company
11. Evaluate with supervision and management the possibility of permanent modified jobs when necessary.
12. Bi-annually, provide the Company COO an analysis of the use of RTW. Include financial results, days saved from lost work time, claims loss run information and action items planned for the next 6 months.
13. Ensure that the employee's healthcare provider receives the employee's current, written job description at the time of the initial visit or as soon as possible.
14. Ensure that an employee who can be accommodated/ granted Transitional Temporary Employment is provided with the appropriate document: Either an Offer Letter for an Alternate Position or a Bridge Job or a Modified Duty Agreement

V. Department Managers and Supervisors

- a. Department managers and supervisors are to assist in the effective management of workers who sustain a work-related injury or illness and fully support the company's return-to-work program. Responsibilities include:
 1. Assure provision of initial medical treatment
 - a. First Aid
 - b. Healthcare providers
 2. Prompt reporting of all claims to:
 - a. Claim coordinator
 - b. Alternate claim coordinator
 3. Timely and documented contacts with the injured employee
 4. Work with the claims coordinator in the identification of transitional temporary employment opportunities
 5. Participate in Return-to-Work meetings
 6. Monitor the employee's progress until the employee is able to return to full duty
 7. Assist in the evaluation of possible, permanent, modified jobs when necessary

VI. Employees

Employee responsibilities are as follows:

- a. Regardless of how small or insignificant they may appear, report all injuries to:
 1. Immediate supervisor
 2. Other member of management if your immediate supervisor is not available
- b. Initial medical treatment cooperation and participation with those providing:
 1. First aid care
 2. Medical care
- c. Timely response and cooperation with oral and written contacts with:
 1. The Company
 2. Healthcare provider
 3. Claims adjuster

- d. Positive, active participation in ongoing medical treatment:
 - 1. Follow prescribed treatments
 - 2. Keep medical appointments
 - 3. Cooperate with physical therapy and work hardening as assigned
- e. If you are put on Modified Duty by your healthcare provider, you must complete the [Modified Duty Agreement Form](#).
- f. If you are offered transitional temporary employment, you must report to perform that work on the date and at the time identified in the [Offer Letter](#) that you receive.
- g. Return to full duty when authorized to do so by your healthcare provider.

VII. Accident Reporting

Refer to the **Company XXX** Safety Manual (Section: Accident Investigation) for the complete procedures for investigating and responding to an incident.

There are several documentation steps to follow once a work-related injury or illness occurs.

- a. Notice of injury or illness
- b. Investigation
- c. Documentation and forms requiring completion

Notification of an injury or illness can come from a variety of sources, including oral communication, written communication, or by observing an employee who may be suffering from a stress or other physical difficulty.

Any notice of injury should be brought to the responsible supervisor's attention immediately. The date of notice is significant and can impact the outcome of the claim. The date of notice is also critical when and if it becomes necessary to question a claim.

VIII. Reporting to Third Party Administrator

To report a claim, the Claims/Return-to-work Coordinator must send the first report of injury, accident report and any other required state form within 24 hours of occurrence of injury to the workers' compensation claims adjuster. The preferred methods of reporting a claim will be to utilize the workers compensation carriers' online system; call-in; or via their fax system.

Timetable

Company XXX has (number of days, depending on statutory requirements) from the date of knowledge to delay, deny, or accept a claim.

If the claim is delayed pending investigation, [location name] has (number of days to make a decision of compensability based on State regulation) from the date of knowledge.

Investigation

An investigation is extremely important when an injury or illness occurs in the workplace. At a minimum, the investigation should include the following information:

- a. Facts about the injury or illness and the circumstances that caused it.
- b. Was the employee performing normal job duties and acting within the course of his or her employment?
- c. Were there witnesses present at the time of the accident? If so, immediately obtain their statements.
- d. All other pertinent information (i.e., car accidents, prior injuries, etc.).

**The accident investigation should be conducted as outlined in the Safety Manual.

IX. Forms Completion

Accident reports, investigation reports, and other federal or state required forms should be completed as soon as possible after medical treatment has been provided.

- a. Provide the injured or ill employee with the required federal or state form to complete. The form must be completed and submitted to the Third Party Administrator or State Agency within 24 hours of knowledge of the injury.
- b. Complete the investigation report per the requirements in the Safety Manual.

X. Employee Education

Employees who become injured or ill as the result of a work-related exposure might have concerns over medical bills, lost income, etc. They may even delay reporting or not report injuries or illnesses at all to the company and seek assistance from attorneys if they don't understand the process. [Location name] will ensure the following information is provided

and explained to any employee who becomes injured or ill as a result of work-related exposure in order to reduce employee concerns:

- a. Information regarding key contacts and the healthcare provider the injured worker must visit.
- b. Directions to the designated medical facility.
- c. An explanation of the pharmaceutical benefits allowing the employee to receive prescription medication resulting from their work-related injury or illness, without out-of-pocket expenses.
- d. A medical authorization allowing the Third Party Administrator, Federal or State Agency to obtain appropriate records.
- e. Explanations of the return-to-work program and benefits and their responsibilities as described in the written program.

Employee education will be periodically reinforced at company meetings and company-sponsored training sessions.



SAMPLE FORM: Notice to Healthcare Provider

Can be given, along with the employee's regular job description, to the healthcare provider during the employee's first visit with them, or as soon as possible.

Notice to Healthcare Provider

(Company XXX) has established a Return-to-Work Program and we are committed to making every effort to accommodate employees to return to medically appropriate transitional temporary employment opportunities if they are unable to perform all of their regular job duty tasks.

Please review the regular job description for the employee who sustained a work-related injury-illness. If you determine that the employee is unable to perform any of their regular job duty tasks, please provide a detailed list of those restrictions and the duration for them.

Please call or email our Claims/Return-to-Work Coordinator if you prescribe lost work time or work restrictions for the employee.

Claims/RTW Coordinator at company XXX:

Name _____

Telephone Number _____

Email _____

Thank you for your timely response.



SAMPLE FORM: Modified Duty Agreement

Can be used when an employee is still assigned to their regular job duty but has work restrictions identified by their healthcare provider.

Modified Duty Agreement

(Healthcare provider’s name) has released me (Employee’s name) to my regular job with the following restrictions/capabilities (Modified Duty):

Describe the specific restrictions / capabilities in detail

My (Employee’s name) next appointment with my healthcare provider is (date): _____ at (time): _____

The appointment is with (healthcare provider’s name) _____

Healthcare provider’s phone number _____

The duration of these restrictions will be:

Beginning date: _____ Ending Date: _____

I agree to work within these restrictions. I will not violate the restrictions, as I understand them. I will cooperate with supervision, management, and co-workers to help prevent re-injury and or aggravation of my physical condition.

Employee Signature Employee Name (Print) Date

Claims/RTW Coordinator Coordinator Print Date

Supervisor Signature Supervisor Print Date

HR Mgmt. Signature HR Mgmt. Print Date



SAMPLE FORM: Offer Letter for an Alternate Position or a Bridge Job

(Employer Letterhead) Certified Mail

Date:

Employee:

Employer:

Claim Number:

Date of Injury:

OFFER OF: ALTERNATE POSITION ___ OR BRIDGE JOB ___

(Check applicable Transitional Temporary Employment Opportunity)

Dear: (Employee’s name)

We currently have a Transitional Temporary Employment Opportunity which will enable you to return to work in an appropriate setting. According to your treating healthcare provider: (name), you may engage in work that adheres to the following restrictions:

Your Transitional Temporary Employment Opportunity will include the following:

You are expected to return to work in the assigned position described above on

Date: _____ At _____ AM/ PM

Please report directly to _____ upon arrival

Please contact (employer contact) immediately to coordinate your return to work. This work assignment will continue until you are released by your treating healthcare provider to full duty or until further notice. We look forward to your return to work and your contributions to the success of our company.

Failure to report for work as stated above *may* result in an interruption or discontinuation of your temporary total disability benefits. You are expected to work all available hours. You will not be compensated for lost time, which has not been approved by your treating healthcare provider. Please contact your claims adjuster should you have any questions regarding your temporary disability benefits.

Sincerely,

Name / Title

SAMPLE FORM: Claims/RTW Coordinator Checklist

The Claims/RTW Coordinator will utilize the checklist for initial actions and follow-up activities.

- a. Name of injured employee _____
- b. First aid provided (date/time) _____
- c. Medical treatment authorization (by whom/when) _____
- d. Name of healthcare provider _____
- e. Phone number _____
- f. e-mail _____

Notice to claims adjuster within 24 hours:

- a. Reported to: _____
- b. Phone Number: _____
- c. Fax Number: _____
- d. E-mail _____

Ensure immediate delivery of this information to Physician:

- a. Job Description – Tasks of injured / ill employee
- b. How the employee reportedly was injured or became ill
- c. Form - Notice to Healthcare Provider
- d. A signed copy of release for medical authorization

Call employee within 24 hours:

- a. Name of person calling _____
- b. Date and time of phone call(s) _____
- c. Phone number of person called _____
- d. Express concern about the injured / ill employee's well-being and desired recovery
- e. Express commitment to quality medical care and benefits delivery
- f. Inquire regarding perspectives of the treatment and services received
- g. Inquire about special needs, concerns, anxieties
- h. Explain and discuss the return-to-work program, including the mutual benefits

SAMPLE FORM: Claims/RTW Coordinator Checklist

Follow up with healthcare provider within 24 hours:

- a. Contacted by: _____
- b. Discuss employees' job duties and options for accommodation of restrictions.
- c. Inquire as to the physical capabilities of the injured or ill employee.
- d. Discuss prognosis and timetable re: employees' full duty status.
- e. If all avenues to avoid lost time have been unsuccessful, then while the employee is away from work, monitor progress with their healthcare provider at least every **X days**.
- f. If transitional temporary employment is provided, conduct a review of its continuation after each healthcare provider visit and each **X-day period**. Days assigned to transitional work shall not exceed **X days** unless approved by management.

Contact the appropriate claims adjuster:

- a. Name of claims adjuster: _____ Date/Time notified: _____
- b. Inform the claims adjuster of any transitional temporary employment opportunities.
- c. Inform the claims adjuster of any initial treatment rendered

Ongoing Medical Treatment Tracking. Maintain a running log with this information:

- a. Name of healthcare provider: _____ Date/Time seen: _____
- b. Specialty (e.g., Orthopedist): _____
- c. Restrictions: _____



SAMPLE FORM: Communication Tracking and Log

Ongoing Communication with Injured / Ill Employee

If an employee is out on lost time due to a work-related injury or illness, it is imperative that contact be maintained at least weekly to express concern and interest and answer any questions they may have. If the employee returns to transitional temporary employment, it is imperative to maintain contact at least bi-weekly to evaluate their status, and express concern and interest in their full recovery and return to full duty.

a. Contact by: _____ Date / Time: _____

b. Phone number of injured / ill employee: _____

c. Record of questions asked /answered:

d. Issues discussed and resolution:

---- END ----