Dear policyholder:

Congratulations on having expressed an interest in implementing your own return-to-work (RTW) program. Studies have shown RTW programs are effective at increasing worker morale, promoting faster physical and mental recovery, and providing a sense of security, stability and community. Additionally, RTW programs can have a positive impact on overall claim costs while reinforcing management’s commitment to worker welfare.

The first step toward a successful RTW program is identifying temporary or light duty work assignments that are compatible with injury restrictions such as lifting or standing limitations. Many employers assume their operation isn’t compatible with light duty work and that they simply have none to offer. We encourage our insureds to be proactive in considering the day-to-day needs of their operation to really assess the potential for a light duty work program within their company. Some examples of light duty work include:

* Performing a variety of special projects, project planning, preparation of training materials and assisting with other administrative duties.
* Helping with routine tasks that are often overlooked or delayed during the normal course of business such as cleaning, sweeping, sorting and organizing.

Once you have identified light duty work, it’s time to commit your program to writing and incorporate into your policies. All businesses are different, but there are some simple steps to follow that may help this process proceed smoothly:

1. Determine who will be the Workers’ Compensation/Disability Coordinator (WCDC) responsible for managing the program.
2. Hold a meeting with your workers to advise them of the formalized RTW program. Explain the benefits of the program and stress the importance of timely reporting of injuries and accidents by workers.
3. Although not always possible and depending on the nature of your work or the state in which the injury occurred, we strongly encourage you to meet with your selected immediate clinic to introduce yourself. If a medical provider has no knowledge of how your business works, it’s harder for them to assess your workers’ medical limitations as they apply to your business.
4. Develop detailed physical job demand documentation on each light duty task identified. Often times, the medical provider is willing to help draft physical demands that better correlate the injury to current job tasks and light duty assignments.

We’ve included a RTW program template, physical job demand documentation form and a sample job offer notification that can be sent to injured workers to notify them of the light duty work program. In addition, the Office of Disability EmploymentPolicy (ODEP) has a toolkit for creating a policy and implementing a RTW program, available at [www.dol.gov/odep/return-to-work](http://www.dol.gov/odep/return-to-work). ODEP also has a list of relevant employment laws, which vary by state, available at [www.dol.gov/odep/return-to-work/employer-law.htm#law](http://www.dol.gov/odep/return-to-work/employer-law.htm#law).

If you have any questions, please contact our Loss Prevention Department at 800-644-5501 or email us at lossprevention@protectiveinsurance.com.

# RETURN-TO-WORK PROGRAM TEMPLATE

|  |  |
| --- | --- |
| **Introduction:**  | [COMPANY NAME] has instituted a return-to-work (RTW) program to help protect our most valuable asset: Our workers. We’re committed to keeping productive and dedicated workers who have been injured on the job or off duty on our team in a temporary capacity for 30 days, compatible with their current capabilities. The program assigns injured workers to light duty work that is compatible with physical restrictions determined by the worker’s treating physician.Should any of the terms contained in this policy be contrary to any of the provisions of the Collective Bargaining Agreement or any applicable law, then and to that extent, the Collective Bargaining Agreement and laws will take precedent. Contact Human Resources (HR) for more information. |
| **Objective:**  | To return injured workers to productive work as soon as possible. Part of that process is setting a goal for the worker’s return. Our supervisors and managers are an integral part of this process. A worker’s return may be on a full-time or part-time basis. If a worker returns on a part-time basis, [COMPANY NAME] will pay the worker for the actual time worked and the workers’ compensation carrier will pay the remaining portion to the worker up to the allowable maximum of two-thirds. |
| **Examples of light duty work:** | These are examples and will need to be customized based on each individual case. Attach a complete listing of light duty jobs identified with detailed physical job demand documentation. Your medical provider(s) and/or insurance carrier loss prevention specialist can assist you with identifying examples of light duty work that are unique to your business:* Assigning the worker to perform a variety of light package pickup or delivery tasks.
* Assigning the worker to perform a variety of special projects including inventory of supplies, ordering supplies, project planning and assisting with other administrative duties as assigned.
* Assigning the worker to assist trainers and supervisors in preparation of training manuals and other training projects for the department.
* Assigning the worker to the routine tasks that often get overlooked or delayed during the normal course of business: Breaking down cardboard or other products; label cartons of outbound freight; scan merchandise in the shipping department; sort tags returned from locations; sweep and clean floors, racks and stairs; vacuuming facilities; cleaning trucks; etc.

\**Note: these are examples and not intended to be an exhaustive list of light duty/modified duty work to which a worker may be assigned. Light duty/modified work that is appropriate for an injured worker will be determined on a case by case basis and with the restrictions indicated by the worker’s treating physician in mind.*  |
| **Supervisor expectations & responsibilities:** | * Promptly provide reasonable information as to where the worker may seek timely medical treatment.
* Report the injury to our insurance carrier within 24 hours of the injury.
* Provide the insurance carrier with the injured worker’s complete job description within 72 hours of injury if the worker has been unable to return to work in that time.
* Thoroughly and promptly investigate every reported incident of injury to determine the root cause of the injury in workers’ compensation cases.
* Supervise injured workers who are successful in returning with restrictions to ensure the worker adheres to the restrictions set by the physician.
* Refer the worker to the appropriate claim adjuster at the insurance carrier should they have any questions regarding workers’ compensation benefits.
* Upon receipt of written releases to return to work from worker’s treating physicians, notify the worker of the availability of light duty/modified duty work via telephone and in writing as soon as such work is identified.
* If the worker is not receptive to return to work in the position offered by phone, document the job offer in writing and contact the insurance carrier.
* If the worker does not follow the physician-recommended treatment plan, contact the claim adjuster immediately.
* Contact the insurance carrier claim adjuster once the worker has returned to light duty and again once the worker has returned to full duty.
 |
| **Worker expectations & responsibilities:** | * Report the injury immediately to your supervisor or manager.
* If you are injured at work, you should seek immediate medical treatment if necessary. Ask your supervisor or manager for the name of the clinic that [COMPANY NAME] has designated as our occupational health clinic.
* [COMPANY NAME] ’s insurance carrier will pay for reasonable and necessary medical treatment, provided the treatment is related to a compensable injury.
* Lost-time benefits are also payable by [COMPANY NAME]’s insurance carrier if you are disabled beyond the waiting period (varies by state) and your claim is determined to be compensable.
* If you have any issues or problems with the handling of your claim, bring this to your claim adjuster’s attention as soon as possible to resolve the issue.
* Make yourself available for light duty/modified duty work as assigned; failure to do so may result in a termination of your lost-time benefits.
* Follow all suggested medical treatment to assist you in your recovery.
 |
| **Employer’s obligations:** | * Report the injury to our insurance carrier.
* Investigate the cause of the injury to determine if any workplace issues need to be addressed. Examples of this would be building or equipment repairs or worker training. The goal of the investigation is to provide a safer workplace and to prevent a similar injury from occurring.
* If the physician provides work restrictions, the supervisor will review job availability within the restrictions.
* Communicate with the injured worker to ensure a timely return to work.
* [COMPANY NAME] will comply with all federal and state disability laws and will make reasonable accommodations for disabled workers.
 |

# JOB OFFER NOTIFICATION FOR RETURN TO WORK

[ON COMPANY LETTERHEAD]

[DATE]

[WORKER NAME]

[STREET ADDRESS]

[CITY, STATE, ZIP]

RE: Light duty assignment

Dear [WORKER NAME]:

We value you as a worker and would like you to return to work with us as soon as possible.

Information received from [DOCTOR NAME] has indicated you can return to work provided you do not [LIST RESTRICTIONS]. Having given careful consideration to your current restrictions, we have developed a temporary position for you. This position will allow you to return to work in a light duty capacity while you continue to recover.

We are committed to working with you and your doctor to ensure your current condition is not aggravated by this temporary position which will entail [LIST SPECIFIC RESPOSIBILITIES]. Your hourly rate will be $[HOURLY RATE].

We request that you report to [SUPERVISOR] on [DATE]. At that time your work assignment, scheduling and pay will be explained. Any wage differential will be compensated by our insurance carrier.

If you have any questions or concerns, please feel free to contact me at [PHONE AND/OR EMAIL] within 24 hours of receipt of this letter. Failure to report to work could jeopardize your right to further workers’ compensation benefits. We look forward to your return to work.

Sincerely,

[NAME AND TITLE]

cc: Manager/supervisor

 Insurance carrier claims adjuster

 Corporate claims manager

Worker’s attorney (if applicable)

***Note: VIA REGULAR & CERTIFIED RETURN RECEIPT REQUESTED***

# PHYSICAL JOB DEMAND DOCUMENTATION

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of analysis:** |  | **Employer:** |  | **Location:** |  |
| **Job title:** |  | **Department:** |  | **Days per week:** |  |
| **Hours per shift:** |  | **Overtime:** |  | **Breaks:** |  |

|  |  |
| --- | --- |
| **General purpose of job:** |  |
| **Essential functions:**  |  |
| **Marginal functions:**  |  |
| **Equipment/tools used:**  |  |
| **Protective clothing & equipment used:**  |  |
| **Special skills, education, license, or certification required:**  |  |
| **Physical activity type (standing, walking, sitting, lifting, carrying, pushing/pulling, climbing, kneeling, reaching, grasping):** |  |
| **Physical demands (weight, time, pace):** |  |
| **Environmental conditions (temperature, lighting, weather, noise, hazards, etc.):** |  |
| **Comments:** |  |