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| State of Wisconsin |
| Return to Work (RTW) Guideline |
| [Agency/Institution] |

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**Why RTW?**

Return-to-work (RTW) programs with transitional duty have historically been a best practice to assist in managing workers’ compensation and disability costs. Transitional duty allows workers who are unable to perform their normal job duties because of injury or illness to return to work in temporary modified-duty capacity. Employees who participate with their employer in RTW problem solving, decision making and collaboration to determine appropriate modified work are essential to good RTW outcomes. By allowing workers to return to temporary modified duties, benefits include: preservation of an experienced workforce, sustain a stable operation, improve compliance with state and federal employment regulations, increase morale and self-esteem, and accelerate/improve recovery time. Transitional duty can also help decrease future workers’ compensation premiums, hiring and job-training costs, use of nonessential medical treatments, injury rates, frequency of lost time claims, ligation costs, fraud and abuse. Thus, developing a proactive RTW program that provides modified, transitional or even part-time work as a means of returning an injured employee to work is beneficial, not only for the agency/institution, but the employee as well.

**RTW Effectiveness:**

* The odds of returning to work drop by 50% by just the twelfth week of disability, according to the American College of Occupational and Environmental Medicine (ACOEM).
* Early intervention return-to-work programs reduced lost work day cases by 55 percent, Bernacki et al. (2000).
* Workplace based return-to-work interventions can reduce time to return to work by one-half or even more, Krause, Dasinger, and Neuhauser (1998) and Franche et al. (2005).
* Having a program in place reduces the median duration of a work injury absence by 3.6 weeks. The effects are more pronounced for workers with more severe injuries that result in permanent disability – the reduction in the median duration of absence is 12.6 weeks for these workers, McLaren, Reville and Seabury (2010).
* Studies show after implementing RTW programs, 25% to 50% reductions in loss time payments and lost days due to workplace injuries. ROI was nine dollars for every dollar spent by the organization in implementing a RTW program, Helve, P.F. (1993).
* Employees who return to work quickly and feel positive about their experience with the employer are less likely to seek legal counsel. Workers’ compensation is not forgiving and the system is built so that employers pay the cost, over and over.

**Purpose:**

To provide temporary, modified-duty for employees who are temporarily partially disabled due to work-related injuries. Every effort will be made to assist the employee to return to his/her former position. We will cooperate with the employee, the physician, the therapist, and any rehabilitation personnel involved in the case.

**Scope:**

[State Agency/Institution] will provide modified return-to-work whenever possible for a period of 120 calendar days to determine the degree of improvement. An extension in excess of 120 days may be allowed on a case-by-case basis, when recovery is incomplete. Such extensions will be reviewed every 30 calendar days thereafter and modified work may continue to be provided in cases where improvement continues.

**Objectives:**

1. To allow the employee to remain in the work force and resume productive employment as soon as possible in his/her normal classification.
2. To enable the worker to gradually overcome his/her limitations through a transitional period of modified-duty, work reconditioning assignments.

**Employer Benefits:**

* Reduced direct costs such as medical and lost wage replacements paid to employees
* Reduced indirect costs in relation to:
  + Production downtime due to loss of valued employee, their skills and knowledge.
  + Disruption of work schedule and potential added overtime.
  + Hiring and training temporary and/or replacement workers until injured employee is returned to their job either in a modified or transitional capacity.
* Increased employee morale and job satisfaction.
* Demonstration of goodwill between the employer and public at large demonstrating the Agency/Institution’s committed to their workforce and care for their employees.
* Reduced workers compensation fraud and likelihood of litigation.
* Continued working knowledge from skilled and experienced workers.

**Employee Benefits:**

* Supports a sense of self-worth because the focus is on the injured employee’s abilities
* Improved quality of life and less emotional stress.
* Expedites a speedy recovery as injured employee is physically active and working towards resuming their pre-injury duties.
* Prevents interruption of salary and/or benefits because pre-injury benefits are approximately 30% higher than temporary income benefits through workers compensation.

**Management Support and Direction:**

Management: Senior management shall be committed to the RTW program, effectively promoting success by the following techniques:

* Building a RTW culture by emphasizing early positive supervisory response and communications about the injury/illness at work.
* Providing leadership to the program by allocating the appropriate resources for program facilitation.
* Identify transitional RTW options in the event that a position cannot be modified in advance to facilitate early RTW.
* Supporting joint labor/management involvement within the program.
* [Designated Person] is to be the Program Coordinator and liaison between the managing supervisor, the employee, the claims adjuster and physician.

**Program Coordinator:**

[Designated Person] shall possess strong organizational and communication skills. In addition, they shall know the Agency/Institutions claims handling procedures, employee benefits, accident investigation and follow-up reporting. Furthermore, they shall:

* Be familiar with different jobs within the workplace to help facilitate and determine modified and transitional work.
* Able to coordinate RTW activities and work in a collaborative manner with all stakeholders.
* Notify the employee if modified work is available, and send a copy of the “Offer of Modified/Transitional Work Assignment Letter” to the employee as well as the claims adjuster.
* Review accommodations with the employee and supervisor prior to his or her return to work, to ensure everyone understands the restrictions.
* Monitor the job to determine compliance within restrictions.
* Maintain contact with the employee on a regular basis.

**Manager/ Supervisor:**

* Complete accident investigations as soon as possible after the injury and forward the report to the RTW Coordinator.
* Be sure that the employee is not exceeding their restrictions or limitations, and communicate to the RTW Coordinator if there are any issues.
* Thoroughly explain the use of the Temporary Transitional Work Schedule.

**Employee:**

* Follow procedures for reporting all injuries and illnesses immediately.
* Formally accept return to work offer, and return to human resources.
* Communicate and cooperate with managers, supervisors, health care provider and claims adjuster.
* Work within physical limitations predetermined by the physician.

**Identifying RTW Options:**

The primary goal of a RTW program is to return the employee to his/her pre-injury positions. Consider the following when evaluating transitional duty assignments and keep in mind:

* Job duties must be productive, meaningful and contribute to the organization (ex. Making copies, assisting with safety training, inventorying).
* Placement should emphasize the employee’s abilities rather than limitations.
* Placement should be transitional, directed towards a full return to the pre-accident job whenever possible.
* Physical demands should mirror those provided by the physician.

Types of RTW:

* **Transitional Work**: Temporary work offered to an injured employee before he/she is fully recovered. It can be modified or alternate work.
* **Modified Work**: Temporary modifications to the employee’s regular job duties to remove or change the elements that exceed current physical abilities.
  + Modified work includes reduced hours/graduated work schedule—offering less than full-time hours to meet the temporary restrictions and current capabilities.
* **Alternate Work**: Temporary reassignment of the employee to another position or different type of work, within current physical limitations.

**What can be done before an injury occurs?**

1. Identify transitional job tasks and descriptions that employees can resume in a safe manner, and communicate with the employee’s healthcare provider. Job descriptions should include:

* Job duties and tasks the job requires.
* Tools and equipment required to perform the job.
* How often and how long the employee would do the tasks.
* Physical demands required to perform the job.
* Work hours, location and start date: identifying assigned supervisor.
* Ideally should include an indication of job accommodations.

1. Provide supervisor training that defines their roles and functions in the return-to-work process.
2. Set the expectation in the workforce that employees will return to work as soon as safely possible.

**Job Descriptions**

Completing written job descriptions are important initial steps of RTW. The written job descriptions typically include essential job functions, knowledge and critical skills, physical demands and environmental factors. Essential job functions are essentially the minimum required duties and abilities necessary to perform the job. See the “Physical Demands Job Analysis Form” in the plan.

**Awareness, Training, Communication**

Training sessions can help inform coworkers and supervisors about the importance of returning injured or ill employees to work. Providing RTW training ensures employees know about the program and how it benefits them, should they become injured or ill. Training should include but is not limited to:

* The impact of accidents and how they affect the organization
* Benefits of RTW for employees
* Roles and responsibilities at all levels
* Name of RTW Coordinator and contact info
* RTW procedures

Continuous communication between management, RTW coordinator and affected employees is key for a successful return-to-work program. Program leaders should always look and listen to program improvement ideas.

**Temporary Transitional Work Schedule**

Every employee returning to work in a temporary fashion must use a Temporary Transitional Work Schedule. It is the employee’s immediate supervisor’s responsibility to thoroughly explain the use of the Temporary Transitional Work Schedule. The schedule must be completed daily.

|  |  |
| --- | --- |
| **Employee’s Responsibilities:** | **Supervisor’s Responsibilities:** |
| Restrictions | Supervisor’s Comments |
| Date | Supervisor’s Signature |
| Hours Worked – Log Breaks, Rest/Lunch | Turn schedule in to Human Resources |
| Duties Performed | Explain the use of the schedule |
| Employee Comments |
| Employee Signature |

**\*The Supervisor and Employee must sign schedule daily.**

**Letter to Treating Doctor**

Date:

Healthcare Provider’s Name:

Address:

RE: Employee’s Name

Dear Doctor,

Thank you for your prompt treatment of our valued employee.

[Agency/Institution] believes the prevention of occupational injuries and illness cannot be overemphasized. The protection of our employees, our number one resource, is of paramount importance.

[Agency/Institution] has implemented a return-to-work program providing transitional duty assignments that allows the employee to perform value-added work for a specified period of time during the recovery process.

[Agency/Institution] can provide a variety of tasks to suit the employee’s capabilities and will work with you to provide appropriate placement to assist with transitioning the employee back to full duty.

Some examples of transitional duty work available could be:

* + - * Making copies,
      * Assisting with safety training,
      * Inventorying
      * Etc.

For your convenience, I am enclosing a Fitness for Duty form which will allow you to express your opinions on what restrictions may be necessary.

In order for this program to be successful, a coordinated effort between [Employee Name], [Healthcare Provider], [Agency/Institution] and our agents is imperative.

Please do not hesitate to contact me to discuss return-to-work opportunities for [Agency/Institution] employees. I thank you in advance for your continued cooperation in this manner.

Sincerely,

Name

Title

Address

Contact Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PATIENT’S NAME** :(First) (Middle Initial) (Last)  **FITNESS FOR DUTY** | | | | | **DATE OF INJURY/ILLNESS:** | |
| **AGENCY/INSTITUTION NAME:** | |
| **DIAGNOSIS:** | | | | | | |
| **TREATMENT:** | | | | | | |
| **WORK RELATED  NON WORK RELATED** | | | | | | |
| **No Restrictions/Return to Previous Work  Return to Work Subject to Following Restrictions:** | | | | | | |
| **DEGREE** | | | | **LIMITATIONS** | | |
|  | **Sedentary Work.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met. | | | 1. In a work day patient may: 2. **Stand/Walk**  None  1-4 Hrs.  6-8 Hrs.  Unlimited 3. **Sit**  1-3 Hrs.  3-5 Hrs.  5-8 Hrs.  Unlimited 4. **Drive**  1-3 Hrs.  3-5 Hrs.  5-8 Hrs.  Unlimited | | |
|  | **Light Work.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree or pushing and pulling of arm and/or leg controls. | | | 1. Patient may use hands for repetitive:   Simple Grasping  Fine Manipulation  Pushing/Pulling   1. Patient may use feet for repetitive movement as in operating foot controls:   Yes  No | | |
|  | **Medium Work.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds. | | | 1. Patient is able to: **Frequently Occasionally Not at all**   a. Bend  b. Squat | | |
|  | **Heavy Work.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds. | | | c. Climb  d. Twist Body | | |
|  | **Very Heavy Work.** Lifting objects in excess of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more. | | |  | | |
| **OTHER INSTRUCTIONS, LIMITATIONS:** | | | | | | |
|  | | | | | | |
| **RETURN TO WORK DATE: ANTICIPATED DURATION OF RESTRICTION:** | | | | | | |
| **FOLLOW-UP APPOINTMENT DATE: REFERRED TO:** | | | | | | |
| PHYSICIAN’S NAME | | | ADDRESS | | | TELEPHONE NO. |
| PHYSICIAN’S SIGNATURE | | | | | | DATE |
| **AUTHORIZATION TO RELEASE INFORMATION** | | | | | | |
| I hereby authorize my attending physician and/or hospital to release the above information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer or his representative. I understand the restrictions above apply 24 hours per day and it is my responsibility to report my availability to work to my employer. | | | | | | |
| PATIENT’S SIGNATURE | | | | | | DATE |

**Offer of Modified/Transitional Work Assignment Letter**

To: [Employee Name]

From: [Coordinator Name]

Date: [Today’s Date]

**Re: Offer of Modified Position or Transitional Work Assignment**

Date of Injury:

Dear [Employee Name],

After reviewing information provided by your physician, we are pleased to offer you the following modified/transitional work assignment.

Position:

Supervisor:

We believe this assignment is within your capabilities as described by your healthcare physician provided on the “Fitness for Duty” form that outlines your physical capabilities, skills and knowledge. Your expertise is of infinite value to [Agency/Institution].

The provider’s release attached is made a part of this light duty job description, and is to be strictly followed. Failure to follow any portion of these descriptions will be considered a violation of work rules and may result in disciplinary action. Know your restrictions and be aware of them at all times.

The restricted duty job description is effective until [Employee Name] next visit to the provider. It may be extended based on the provider’s report; however, extensions may not exceed 120 days without authorization by Human Resources.

I have read and understand the terms and conditions of the restricted duty job description. If I have questions I will ask my Supervisor; any differences of interpretation will be brought to the attention of Human Resources. Refusal of this offer may impact your workers’ compensation benefits. We look forward to your return to work.

Employee Signature: Date:

Supervisor Signature: Date:

Coordinator Signature: Date:

**Physical Demands Job Analysis Form**

Job Title:

Work Area:

Date:

|  |
| --- |
| 1. Brief Job Description |
|  |

|  |
| --- |
| 1. Job Tasks/Essential Functions |
| 1) |
| 2) |
| 3) |
| 4) |
| 5) |
| 6) |
| 7) |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Equipment/Tools | | | |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| 1. Hazards/Environment | |
| Hazards |  |
| Environment |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Physical Demands (Requirements) | | | | | | | | | | | |
| Body Movements | Total Hours in 8-Hr Day | | | |  | Physical | | Total Hours in 8-Hr Day | | | |
| 0-1  R | 1-3  O | 3-6  F | 6-8  C | 0-1  R | 1-3  O | 3-6  F | 6-8  C |
|  | | | | |  | | | | | |
| Bend at Waist |  |  |  |  | Lift | 1-10 lbs |  |  |  |  |
| Twist Upper Body |  |  |  |  |  | 11-19 lbs |  |  |  |  |
| Kneel |  |  |  |  |  | 20-49 lbs |  |  |  |  |
| Walk-Uneven Surface |  |  |  |  |  | 50+ lbs |  |  |  |  |
| Climb |  |  |  |  | Carry | 1-10 lbs |  |  |  |  |
| Reach Above Shoulder |  |  |  |  |  | 11-19 lbs |  |  |  |  |
| Repetitive Use of Hands |  |  |  |  |  | 20-49 lbs |  |  |  |  |
| 1. Squeezing |  |  |  |  |  | 50+ lbs |  |  |  |  |
| 1. keyboarding |  |  |  |  | Push | 1-10 lbs |  |  |  |  |
| Operate Foot Controls |  |  |  |  |  | 11-19 lbs |  |  |  |  |
| Endurance |  |  |  |  |  | 20-49 lbs |  |  |  |  |
| Sit |  |  |  |  |  | 50+ lbs |  |  |  |  |
| Stand |  |  |  |  | Pull | 1-10 lbs |  |  |  |  |
| Walk |  |  |  |  |  | 11-19 lbs |  |  |  |  |
| Talking |  |  |  |  |  | 20-49 lbs |  |  |  |  |
| Hearing |  |  |  |  |  | 50+ lbs |  |  |  |  |

R= Rare (1%) O=Occasional (1-33%) F=Frequently (33-66%) C=Continuously (66-100%)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Saturday | Friday | Thursday | Wednesday | Tuesday | Monday | Sunday | **Date** |
|  |  |  |  |  |  |  | **Hours Worked Log Breaks/Lunch** |
|  |  |  |  |  |  |  | **Tasks/ Duties** |
|  |  |  |  |  |  |  | **Employee Comments & Signature** |
|  |  |  |  |  |  |  | **Supervisor Comments & Signature** |

**Temporary Transitional Work Schedule**