

THE COMPANY

RETURN TO WORK PROGRAM

Temporary Alternative Work Assignments

RETURN TO WORK PROGRAM

Most injured employees are best served when they are not required to get a 100% medical release prior to returning to work when they have a temporary physical limitation. Instead, the Company's objective is to eliminate lost-time incidents through close communication with the treating physician and the utilization of Temporary Alternate Work Assignments (TAWA). This is not to be considered light work, but rather a temporary alternate assignment which will not aggravate the specific employee injury.

Employees who experience a work-related injury are usually best served if they can continue working in some type of work assignment rather than being off work due to the injury. The continuation of work status will provide for regular wages and also give the employee the emotional satisfaction of knowing they are still a productive member of our team. Additionally, personnel studies show that alternate work assignments serve as good therapy for most injuries and therefore facilitate a more speedy recovery.

When an employee is off work due to an industrial injury, we pay for temporary disability benefits, medical costs, and all costs associated with administering the program. Obviously, the Company enjoys no productivity whatsoever from a lost-time industrial injury and can incur the cost of bringing in another worker to cover job assignments. On the other hand, as we utilize Temporary Alternate Work Assignments which meet the physical limitations established by the treating physician, we avoid the cost of temporary disability payments and still benefit from the productivity and experience of the employee.

The Company has assigned the responsibility for the Return to Work Program (RTW) and Temporary Alternate Work Assignments (TAWA) to the Workers' Compensation Coordinator (WCC), a management staff member who is capable of implementing and coordinating the RTW and TAWA programs. The WCC has the authority to make decisions, respond to employee injuries, establish meaningful TAWA's, and meet with the designated health care provider to communicate RTW objectives.

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Temporary Alternative Work Assignments

Injured employees are best served when the Company does not require a 100% medical release prior to returning an injured employee to work when an employee has a temporary physical restriction. Instead, our objective is to eliminate lost-time incidents through close communication with the treating physician and the utilization of Temporary Alternate Work Assignments (TAWA). This is not to be considered light work, but rather a temporary alternate assignment which will not aggravate the specific employee injury.

Individuals who experience a work-related injury are usually best served if they can continue working in some type of work assignment rather than being off work due to the injury. The continuation of work status will provide for regular wages and also give the employee the emotional satisfaction of knowing that he is still a productive member of our team. Additionally, personnel studies show that alternate work assignments serve as good therapy for most injuries and therefore facilitate a more speedy recovery.

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Documentation of Offers of Modified Work

The attending physician in many instances will indicate that the injured employee can return to the workplace in a modified work capacity. Modified work may be in the form of restricted activities (such as no lifting over a certain weight, etc.) or part-time work (such as being able to do regular work, but for only 4 or 6 hours a day, etc.), or a combination of both. The doctor will specify the restrictions.

Communication with the attending physician at the time of injury is critical, make sure the doctor knows you want to provide modified work if at all possible, and tell him the types of activities you have in mind for the injured employee (you should maintain a list of potential modified work assignments). The Company recommends that you telephone the doctor even as the injured worker is being transported to the doctor's office, and let them know you want to discuss the possibility of modified work before a final determination is made.

There are two broad categories of temporary disability-temporary partial disability and temporary total disability. In addition there is a separate category of vocational rehabilitation temporary disability, not covered in this book.

Temporary total disability is when a doctor projects an inability to return to any form of work for a period of time. Make sure, however, that the doctor is aware of the scope of possible restricted work tasks that are available.

Sometimes, a physician might just ask the injured employee what work duties he/she performs, and make a determination on that basis that the employee should be classified as temporarily totally disabled. Had the employer been in close consultation with the doctor at the time of the injury, and had the doctor known the types of modified work available, the doctor could possibly have classified the worker under the temporary partial disability status rather than temporary total disability.

If the employee's condition is classified as temporary partial disability, then you have an opportunity to bring that employee back to work on a modified, restricted basis.

An injured employee's temporary partial disability benefits may be terminated after an offer of modified work is properly communicated to the employee, whether such an offer is accepted or not. Proper written documentation is important in these cases, and can help you keep workers compensation costs down.

Offers of modified work should contain six important elements:

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Offers of Modified Work

1. Make the offer in writing to the injured employee. Otherwise, it is your word against the injured employee if there is a dispute over whether modified work was offered. If the letter cannot be personally handed to the injured worker, it is recommended that you send it by certified mail to the injured employee, with return receipt requested. If given in person, you could have the employee sign and date the written offer on your file copy.
2. The offer should describe the modified work that is available. The work described should preferably be in the same language as set forth in the treating physician's report. For example, the doctor might designate that the restriction is that the employee is not to lift more than 15 pounds, nor raise his hands above the shoulders. The physician's **exact language** should be included in your written offer. Get a copy of the physician's report so you can include the appropriate language.
3. The written offer should name the supervisor or management person to whom the injured worker is to report for work. Make sure that all appropriate persons at the Company get a copy of the written offer, to prevent any misunderstanding. This might well include the insurance company claims handler, safety officer, the immediate supervisor or crew chief in the section where the person will be working, and any other pre-designated individuals.
4. The letter should indicate the day, date, and time the person is to report to work. Confirm this with the doctor treating the injured employee.
5. Specify in the letter the phone number and extension of the management person the injured employee is to contact. This will help avoid a breakdown in communications.
6. The employee should be informed of the consequences of their failure to accept the offer of modified work; i.e., that temporary disability benefits will be terminated.

A sample letter in both English and Spanish has been provided which includes the elements indicated above. If another language is the only one used and understood by the injured worker, it would be preferable to have the letter translated into that language, with an English version and statement by the translator also kept as part of your documentation.

If the written offer is refused by the injured worker, contact the company claims person immediately to find out how to proceed. If the employee does not show up for work when he or she is supposed to, contact the insurance company claims handler immediately to discuss appropriate steps. It is recommended that you document all conversations with the injured worker and claims handlers.

Póliza Recomendable Concerniente a Lesiones de Empleados: Alternativa Temporal de Asignaciones Laborales

(Recommended Policy Regarding Employee Injuries: Temporary Alternate Work Assignments)

Es mas cómodo para la mayoría de empleados lesionados cuando no requerimos que sea dado de alta médicamente en un 100% anterior al regreso del empleado lesionado al trabajo cuando el empleado tiene restricción física temporal. En cambio, nuestro objetivo sera eliminar incidentes de pérdida de tiempo por medio de comunicación cercana con el médico que le está tratando y utilizando la Alternativa Temporal de Asignaciones Laborales. Esto no se debe considerar trabajo ligero, sino una alternative temporal de deberes, la cual no agravará al empleado lesionado.

Individuos quienes sufren una lesión relacionada con el trabajo son normalmente mejor servidos si continuan trabajando en alguna clase de asignación laboral en vez de estar sin trabajar debido a la lesión. La continuación del estado laboral proveerá salarios regulartes y tambien dará al empleado la satisfacción emocional de saber que el es todavia un miembro productivo de su grupo. Además estudios de personal indican que las asignaciones temporales de trabajo sirven como una buena terapia para la mayoría de lesiones y por lo tanto facilitan una recuperación más rápida.

Cuando un empleado se encuentra fuera del trabajo debido a. una herida industrial, pagamos por beneficios de incapacidad temporal, gastos médicos, y todos costos asociados con la administración del programa. Oviamente, disfrutamos no productividad alguna del tiempo perdido debido a la lesión industrial y contraemos el costo de traer otro empleado para cubrir las asignaciones de trabajo. Por otro lado, si utilizamos Alternativas Temporales de Asignación Laboral la cual cumple con las limitaciones fisicas establecidas por el médico en tratamiento, podemos evitar el costo de pagos de incapacidad temporal y aun beneficiarnos de la productividad del empleado.

El procedimiento adjunto de Tratamiento subsecuente a un Accidente se debe llevar a cabo subsecuente a cada accidente.

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Modified Work Offer Letter

Modified Work Offer *Sample Letter* Date: 199__

Dear

We are pleased that the attending physician has released you to return to work on a modified work basis. Of course, our goal is to have you back with us on a full-time, unrestricted basis as soon as your condition and the doctor permit you to do so. In the meantime, having modified work will be beneficial to both you and us.

The doctor has indicated that your work be restricted as follows:

You are to report to work on: _____

at: _____
(day of week) (month, date) (time, a.m./p.m.)

You should contact your supervisor, who has your modified work assignment ready for you. Make sure you phone him/her at our office at the following phone number to confirm that you will be at work at the date and time indicated above. Phone # _____

Since the doctor has indicated you are able to work in a modified capacity, your failure to return to work on that basis would by law result in your temporary disability benefits being terminated. Therefore, it is important that you work in order to receive those benefits.

We look forward to your returning to work with us!

Sincerely,

Your Supervisor

cc: Personnel File

(Modified Work Offer Sample Letter)

Oferta De Modificación De Trabajo Carta De Ejemplo

Fecha:

Estimado (a)

Es de nuestro agrado que su médico le ha permitido volver a trabajar siempre y cuando el trabajo sea moderado. Claro, nuestra meta es el tenerie de regreso tiempo completo y sin restricciones en cuanto su condicfón y el médico lo permitan. Mientras tanto, el haber modificado su trabajo será beneficiario tánto para usted como para nosotros.

El médico ha indicado que su trabajo sea modificado de la siguiente manera:

Usted debe presentarse a trabajar en:

a las

(dia de la semana) (mes y fecha)

(hora am/pm)

Usted debe comunicarse con su supervisor, _____ quien ya tiene lista su orden de de trabajo modificado. Asegurese de telefonarle a nuestra oficina al () I extensión para confirmarle que se presentará a trabajar el dia y la hora sena lada arriba.

I

Puesto que su medico ha indicado que usted puede trabajar a una capacidad moderada, el no presentarse a trabajar bajo esas condiciones resultará, por ley, en la terminación de sus beneficios temporales de inca pacidad. Por lo tanto es importante que usted trabaje para que pueda recibir esos beneficios.

Anticipamos su regreso a trabajar con nosotros.

Sinceramente,

Su Supervisor

cc: Por poliza de la compañía

RETURNING INJURED EMPLOYEES TO MODIFIED WORK

Workers' Compensation temporary disability payments are the fastest growing Workers' Compensation Insurance benefit. One in every three claims submitted involves lost time payments. In addition to improving safety and health programs, one of the most important steps an employer can take to control premium costs is that of promptly returning injured employees to work. Companies who implement modified work programs cut their workers' compensation premium expense substantially.

- **WHAT IS MODIFIED WORK?**

The concept of modified work or limited duty refers to promptly returning a work-related injured employee to the job, but protecting the workers' health by modifying the work activity and/or the work schedule. It is based on the premise that few injuries are incapacitating, therefore, with good medical decision making and informed employer cooperation, many injured employees can return to work immediately following medical care.

- **HOW DO THE COST OF INJURY CLAIMS AFFECT THE COST OF YOUR WORKERS' COMPENSATION PREMIUM?**

Even with open ratings, your Workers' Compensation Insurance company utilizes an experience rating system for calculating workers' compensation insurance premiums. Experience rating tailors the cost of Workers' Compensation Insurance to the performance of the individual employer. It compares the employer's past loss record to all members of the same industry classification. The workers' compensation "cost" is then adjusted by an experience modification factor to arrive at the premium necessary to provide coverage for that employer.

- **HOW DOES THIS PROCESS ACTUALLY WORK?**

Your workers' compensation insurance premium is calculated by multiplying your payroll (per \$100 of remuneration), times the established occupational rate, times your current experience modification factor. The following is an example of two different carpentry businesses with the same payroll, but different experience modification factors:

1) $\$24 \text{ (rate)} \times \$1,000,000 \text{ (payroll)} = \$240,000 \times 1.50 \text{ (ex. mod.)} = \$360,000 \text{ (premium)} \text{ } \$100 \text{ (per employee remuneration)}$

2) $\$24 \text{ (rate)} \times \$1,000,000 \text{ (payroll)} = \$240,000,000 \times .50 \text{ (ex. mod.)} = \$120,000,000 \text{ (premium)} \text{ } \$100 \text{ (per employee remuneration)}$

NOTICE OF OFFER OF MODIFIED OR ALTERNATE WORK

THIS SECTION COMPLETED BY EMPLOYER OR CLAIMS ADMINISTRATOR:

Your employer (name of firm) _____ is offering you the position of a
(name of job) _____.

Attached is a list of the duties required of the position.

Signature of the Representative: _____.

Date of offer: _____. Date job starts: _____.

Claims Administrator: _____ Claim Number: _____.

NOTICE TO EMPLOYEE

You have 30 calendar days to accept or reject this offer of modified or alternate work. If you reject this job offer, you will not be entitled to rehabilitation services unless:

- A. You cannot perform the essential functions of the job; or
- B. The job is not a regular position lasting at least 12 months; or
- C. Wages offered were less than 85% of the wages paid at the time of injury; or
- D. The job is beyond a reasonable commuting distance.

THIS SECTION TO BE COMPLETED BY EMPLOYEE

Name of employee: _____ Date offer received by employee _____

I ____ Accept this offer of Modified or Alternate work.

I ____ Reject this offer of Modified or Alternate work.

signature Date _____

I feel I cannot accept this offer because:

NOTICE TO THE PARTIES

If the offer is not accepted or rejected within 30 days, the offer is deemed to be rejected by the employee.

The employer or claims administrator must forward a completed copy of this agreement to the Rehabilitation Unit with a Case Initiation Document (DWC Form RU-101) within 30 days of acceptance or rejection.

If A dispute occurs regarding the above offer or agreement, either party may request the Rehabilitation Unit to resolve the dispute by filing a Request for Dispute Resolution (DWC Form RU-103) at the nearest office of the State of California, Division of Workers' Compensation, Rehabilitation Unit.

CHARACTERISTICS OF AN EFFECTIVE RTW PROGRAM

- Policy Supported by Upper Management
- Easy to Administer
- Employee Involvement
- Non-Adversarial
- Immediately Available
- Workers' Comp Resources
- Transitional in Nature

IDENTIFY AND TRAIN THE WORKERS' COMPENSATION COORDINATOR

- Select an employee capable of implementing and coordinating the RTW program
- The WCC should be someone who has the authority to make decisions and the ability to serve in a leadership capacity
- Call the local Loss Control TA to enroll the WCC in the Employers' School

THE WORKERS' COMP COORDINATOR

- The policyholder's safety director, personnel manager, administrative assistant, or vice president of human resources
- Should have decision-making authority
- A resourceful, diplomatic and persistent individual
- Certified by attending the Employers' School
- Able to facilitate response to employee injuries
- May be solely responsible for spearheading the RTW Program

ESTABLISH MEDICAL CONTROL

- Choose a local medical provider
- Meet with the designated clinic director to communicate RTW Program policies

TRAIN THE SUPERVISORS

- Teach the importance and benefits of a RTW program
- Let them know their role in program implementation
- A Workers' Comp representative is available to assist with this training

PROMOTE THE RTW PROGRAM AS AN EMPLOYEE BENEFIT

- Present the RTW program enthusiastically to all employees
- Outline the benefits of the program when an employee is hired and regularly thereafter

BENEFITS TO THE EMPLOYEE

- Feels good about being productive again
- Remains in touch with co-workers
- Continues a routine in a familiar environment
- Avoids feelings of isolation and depression which can arise during even short periods of disability
- Avoids the financial stress of making ends meet on TD payments
- Projects a positive image to family members
- Remains visible in the workplace; career opportunities are not interrupted
- Shows incentive and commitment to the employer
- An active, involved individual actually heals faster and remains healthier overall
- Retains seniority at work
- No fear of losing group health benefits

WHAT THE SUPERVISOR OR WCC SHOULD DO WHEN AN INJURY OCCURS

- Accompany the injured worker to the pre-designated medical facility
- Discuss the injury with the doctor and injured worker
- Confirm that the employer can provide transitional work
- Obtain specific medical restrictions from the doctor
- Solicit injured worker input on appropriate work assignment

IF IMMEDIATE RTW IS NOT PRACTICAL DUE TO THE SEVERITY OF THE INJURY

- Establish a set RTW target date
- Discuss target date with Workers' Comp Claims Examiner
- Contact the injured worker frequently to maintain close communication and facilitate RTW on or before the target date

WHEN AN INJURED WORKER COMES BACK TO WORK

- Welcome the injured worker
- Explain the new or modified job duties
- Communicate regularly
- Consult with Workers' Comp Claims as needed