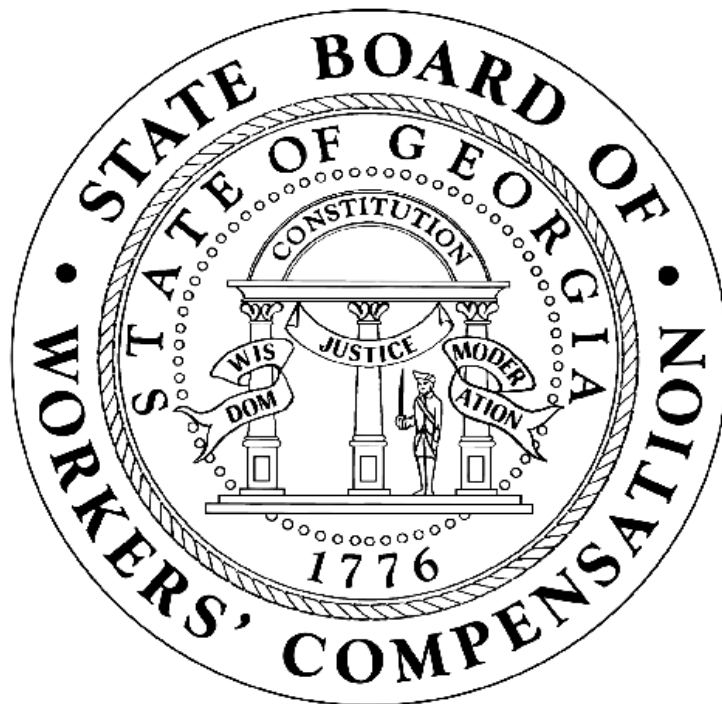


GEORGIA STATE BOARD OF WORKERS' COMPENSATION

www.sbcw.georgia.gov



Model Return to Work Program

July 2013

Model RTW Program Outline

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Project Stay at Work It's The Right Thing to Do

I. An Employee Benefit Program

The philosophy of a return-to-work program is to control the effects of disability and absenteeism in the work place. Employees are a business' most valuable resource and any injury/illness can interrupt the work activities. Small businesses or work units are especially hard hit when an employee's injury keeps him or her away from work.

The goal of any good return-to-work benefit program is the safe return of employees to transitional or regular employment. Medical research has shown that people recover more quickly if they remain active and return to their normal routine as soon as possible.

A return-to-work program offers an employee access to transitional duties, which are approved by his or her physician. As participants in a return-to-work program, employees become involved in the decision-making process related to the design of transitional employment.

A return-to-work program also helps injured/ill employees maintain their earnings and benefits, such as sick leave, annual leave, health insurance, etc. Also, job security and retirement plans can be maintained.

II. Establish Implementation Team

Prior to the initiation of a return-to-work program, an Implementation Team should be established. This team is responsible for establishing and implementing policy and procedures. Therefore, the Implementation Team consists of those persons involved in making decisions. Members of the Implementation Team may include: President/CEO/Director/Owner, Manager, Human Resource Manager/Personnel Director, Safety Officer, Risk Manager and Benefits Coordinator. The size and make-up of the team will vary based on the needs and configuration of the company.

Once the Implementation Team is identified, this team should meet to develop policies and procedures regarding return to work. In order to ensure that all parties understand the return-to-work process and to provide for the equal treatment of each employee, the return-to-work policy should be incorporated in the employer's written personnel policies and procedures.

Your company's written policy and procedures may include:

- **Purpose** of the return-to-work program. *Example: The XYZ Company recognizes the value of our employees and is committed to their retention even when injuries or illnesses intervene and threaten their ability to work.*
- **Policy** regarding the return-to-work program. *Example: It is the policy of the XYZ Company that all employees with occupational or non-occupational Injuries/illnesses are returned to work as quickly and safely as possible.*
- **Other** policy points may be included, such as:
 - Length of time for transitional employment warranting further evaluation
 - The injured/ill employee will be an active member of the transitional employment team
 - Duties will relate to the skills and abilities of the injured/ill employee
 - The transitional duties will be valuable
 - Permanent limitations will be assessed for reasonable accommodation
- **Applicability.** Define those employees covered by the return-to-work program. *Example: all full and part time employees.*
- **Process and Procedures.** Detail how the program will work. Define the process and procedures for occupational injury/illness, and then define the process and procedures for non-occupational injury/illness. You'll want to include:
 - Reporting of the injury/illness
 - The Job Activity Analysis
 - Definition of a Transitional Employment Team
 - Definition of a Transitional Employment Team Meeting
 - Development of a Transitional Employment Plan
 - Monitoring the Transitional Employment Plans
 - Maintaining Contact with the Injured/Ill Employee
 - Assessing for Reasonable Accommodation
- **Noncompliance.** Define the consequences in the event that an employee refuses to participate in the return-to-work program.

After finalizing the written policy and procedures, the Implementation Team will likely want to develop a schedule for training/orientation of all employees. It is suggested that training be conducted first for all of management, then all supervisors and, finally, all other employees. Training needs will be determined by the size of the company.

For example, a small company may have just one meeting to inform all employees of the return-to-work policy and process. Return-to-work program information can then be included in new employee orientation. A logical place to include return-to-work would be in the benefits section of orientation. You may also want to include the return-to-work policy and process in annual benefits or program updates.

III. Program Components

Several return-to-work program components have been identified as key to the success of the program. These key components include: timely reporting of injuries, Job Activity Analysis, maintaining communication, transitional employment, Transitional Employment Team meetings, and Transitional Employment Plans.

Timely Reporting is the first key component of a good disability management program. Delays in reporting can create difficulties for both the employer and the employee, especially with a work-related (occupational) injury.

Ideally, the employer should report work-related injuries/illnesses to the insurer or claim office within 24 hours of knowledge. When reporting the injury the employer should be prepared to provide such basic information as: Name, Address and Telephone Number of the employer; Name, Address, Telephone Number and Social Security Number of the injured/ill employee, Age and Sex of the injured/ill employee, Date and Time of the accident, Description of the accident, Type of injury/illness, Body Part injured, Hourly/Weekly/Monthly wages, Name and Address of physician/hospital and whether or not the injured/ill employee has returned to work. A WC-1, First Report of Injury required by the Georgia State Board of Workers' Compensation must be completed and submitted to the Board via EDI. Please see the WC-1 in **Addendum A**. Current forms are found at www.sbwc.georgia.gov/board-forms.

For non-occupational injuries/illnesses, the employer (usually the Human Resources representative) works with the injured/ill employee and physician to gather medical documentation regarding the non-occupational injury/illness. The employer prior to requesting medical information should obtain a written medical release signed by the injured/ill employee. The rest of the return-to-work process is the same as for occupational injuries.

Please see **Addendum B** for a flow chart for occupational injuries/illnesses and a flow chart for non-occupational injuries/illnesses.

A Job Activity Analysis is a brief, concise description of the tasks and associated physical, environmental and mental demands of a job. It is to be used as a communication tool throughout the return-to-work process.

Many employers complete a Job Activity Analysis for each job in the company and keep them on hand as a resource. In case of an injury, the employee's Job Activity Analysis is readily available for the treating physician.

Ideally, the Job Activity Analysis should arrive at the treating physician's office when the injured/ill employee first sees that doctor for an occupational injury/illness. It should be provided to the treating physician as soon as possible when dealing with non-occupational injuries/illnesses.

The Job Activity Analysis will give the treating physician an idea of the demands of the injured/ill employee's regular job. This will then allow the physician to make decisions regarding release to return to work (all or part of the regular job) based on medical findings. The Job Activity Analysis helps facilitate rapid return to work and helps eliminate lost time and lost productivity. A blank Job Activity Analysis and instructions can be found in **Addendum C**.

Communication between all parties involved is critical to the success of return to work and rehabilitation. Clearly, maintaining good communication from the point of injury to recovery is important. First, the employer should maintain communication with the injured/ill employee. There are few things an employer can do to anger an injured/ill employee more than to simply ignore or discount that employee.

Maintaining contact between the employer and the injured/ill employee helps maintain the relationship between the employer and the employee. Breakdowns in communication are a significant cause of otherwise simple medical impairments turning into very complicated and disabling conditions. All contact and communication must convey respect for the employee. Both the employee's loss and his/her continuing value must be acknowledged. The employer should communicate concern and support for the injured/ill employee, affirm the employer is there to help and provide information to the employee.

Contact with the treating physician is also crucial to the return-to-work process. The Job Activity Analysis is the first step in positive communication. The physician should remain informed of transitional duties and progress in return-to-work. Information from the physician is provided on a need-to-know basis and should be restricted to capacities and limitations for the employee in regards to return to regular duty.

Transitional Employment is the process through which injured/ill employees are brought back to work as quickly as possible in temporary assignments. These temporary assignments are designed to help them remain productive and to actually speed their medical recovery. Transitional Employment is a dynamic process involving input from the employee, his/her supervisor and other involved parties. It is designed to create the best possible return-to-work opportunity for the injured/ill employee and the employer.

Transitional employment **IS NOT** light duty! The principles of transitional employment are described below.

Transitional employment is a temporary, ever-changing, time-limited assignment. There are specific start and end dates set at the time of the transitional assignment. Failure to establish a time limit for transitional employment can potentially create a right to "permanent" transitional employment. It is recommended that the Transitional Employment Plan be evaluated when an employee becomes medically stationary.

However, the Transitional Employment Team should thoroughly evaluate any Transitional Employment Plan that extends beyond 90 days for continuing suitability.

Transitional Employment is tailored to meet the injured/ill employee's physical abilities. It is intended to maximize recovery, resulting in increased productivity. Transitional employment is intended to ensure rapid return to temporary work, but only when such work is medically appropriate.

The nature of the job duties in transitional employment is flexible. The duties may change daily or weekly depending on the injured/ill employee's medical progress and company's needs. Transitional employment tasks must be productive. Task must never be demeaning or appear worthless in any way. Transitional employment encourages the employee to do as much of his/her regular job as possible and to keep working in his/her work unit if possible.

The temporary work assignment is designed by the Transitional Employment Team. The Transitional Employment Team is always comprised of the injured/ill employee, the injured/ill employee's supervisor or manager and an employer representative (usually someone from Human Resources/Personnel). For larger employer's additional members of the team may include a Safety representative, Claims Specialist, Benefits Administrator, Rehabilitation Supplier, Legal representative and any other outside resources as deemed necessary.

Once the Transitional Employment Team has determined the transitional duties, a Transitional Employment Plan is written. The Transitional Employment Plan includes information regarding the physical capacities/limitations as assigned by the treating physician. It identifies the start and end, or review, dates of the temporary assignment. The Plan describes the specific job duties/tasks the injured/ill employee is to perform during the transitional employment period as well as the hours per day and days per week to be worked. The plan may provide a schedule for progression to allow for more duties or time as the employee rehabilitates.

An important part of the Transitional Employment Plan is that it requires a signature from both the employee and his/her manager or supervisor. This helps ensure that all parties are communicating and have the same expectations. A blank Transitional Employment Plan can be found in **Addendum D**.

The Transitional Employment Team continues to meet on each case to revise the Transitional Employment Plan as needed until the injured/ill employee returns to regular duty. As an evolving dynamic team, meeting on a regularly scheduled basis, the Transitional Employment Team pulls knowledge from numerous sources and can benefit from a more creative and successful process.

It is recommended that the Transitional Employment Team evaluate all lost time claims and that notes on each meeting be kept. Should an individual situation be determined inappropriate for transitional employment, the employer will have documentation that the situation was considered and no viable plan was developed.

Because transitional employment is designed to be temporary, the Team can be creative in job duty assignments. You do not have to get "stuck" on performing only

the regular job duties. Here are some things the Team may want to consider when developing transitional duty assignments.

Focus on the Individual. Each person is unique. What skills, interests, hobbies, experiences or abilities does the injured employee have that might be used productively by the organization?

Think beyond the Work Unit. If it is impractical for the injured employee to return to his/her work unit, consider a temporary assignment somewhere else in the organization. Consider supervisors who wish to have projects done or who have staffing needs that are in keeping with the injured employee's needs and abilities. Trade "free" labor in return for training and supervision of the injured employee.

Think Value Added. In every organization there are "value added" components to products or services. "Value added" represents unexpected bonuses that customers derive from using the products or services that the organization provides.

Think Skill Enhancement. Whether it is through workshops, classroom training, or on-the-job training, maintaining and enhancing employee skills is a goal and a constant struggle for every employer. You may consider the possibility of using the time that would be lost if the injured/ill employee were at home as a chance to develop new skills that this employee will eventually need. Enhance and update old skills, or retrain and develop new skills. You should remember that the more skills an employee has, the more options the employer will have with which to employ and accommodate the individual when the need arises.

Think Mentoring. Consider the following questions. Could an injured employee be assigned to train other employees with less experience and skills? Could the employee be used to mentor and assist other employees? Could the injured employee be used to orient new employees?

Think Special Projects. Volunteer coordinating, charity fundraising and special projects are functions that some injured/ill employees may be able to assist with until they are able to participate in more traditional transitional employment assignments.

Remember, concentrate on the goal and be flexible about the methods to achieve it. Too often we lose sight of the goal while we are wrapped up in the process. When brainstorming about transitional employment, the comment "but we have never done that before" is not a criticism, it is a benchmark.

The key is not to look at the injured/ill employee as an added burden. The key is to look at the injured/ill employee as a hand the organization would not otherwise have had.

Evaluate for Reasonable Accommodation

Sometimes an injury/illness results in permanent restrictions in spite of all attempts at transitional employment and rehabilitation. A return-to-work program assists in attempting various modifications and in documenting these attempts. At the point of permanent restrictions, the employer needs to consider reasonable accommodations

under the American with Disabilities Act (ADA). The ADA protects an individual with a “disability” if that individual is “qualified” for a job with or without a reasonable accommodation.

Disability is defined in three ways under the ADA. It includes: 1) an individual who actually has an impairment which substantially limits life activities such as walking, seeing, hearing, performing manual tasks and working in a class of jobs or a broad range of jobs, 2) an individual who has recovered in whole or in part from a disability in the past but who is discriminated against because of the record of a past disability, and 3) an individual who is regarded as having a disability even if the individual does not actually have one.

Resources

There are many resources available to assist employers in dealing with issues surrounding return to work. Listed below are a few of the resources available.

The Job Accommodation Network (JAN) is available to assist in determining accommodations for a specific job. Before an employer determines that no accommodations can be made, the JAN should be contacted. The toll-free hotline is 1-800-JAN-7234 (1-800-526-7234). The web site address for the Job Accommodations Network is www.askjan.org.

Americans with Disabilities Act Information

www.eeoc.gov/eeoc/publications/fs-ada.cfm
www.ada.gov

Family and Medical Leave Act Information

www.fmla.com
www.dol.gov/whd/fmla

Georgia State Board of Workers' Compensation

www.sbwgc.georgia.gov

Miscellaneous

<http://www.healthfinder.gov>
www.askjan.org
www.rehabpro.org

Addendum A

WC-1 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

NOTE: FAILURE TO SUBMIT THIS REPORT TO INSURER IMMEDIATELY MAY RESULT IN PENALTY. MUST BE TYPED OR PRINTED IN BLACK INK.

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking #	Date of Injury
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A. IDENTIFYING INFORMATION

EMPLOYEE	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate	Phone Number	Employee E-mail
Address		City	State	Zip Code
EMPLOYER	Name	NAICS Code	Nature of Business (Trade, Transport, Mfg., etc.)	
Address		Phone Number	Employer FEIN	
City	State	Zip Code	Employer E-mail	
INSURER / SELF-INSURER	Name	Insurer/Self-Insurer FEIN	Insurer/Self-Insurer File #	
CLAIMS OFFICE	Name	Claims Office FEIN #	Claims Office Phone	Claims Office E-mail
SBWC ID# (five digit no.)	Address	City	State	Zip Code
EMPLOYMENT/WAGE	Date Hired by Employer	Job Classified Code No.	Number of Days Worked Per Week	Wage rate at time of Injury or Disease <input type="checkbox"/> per Hour <input type="checkbox"/> per Day <input type="checkbox"/> per Week <input type="checkbox"/> per Month
Insurer Type Code <input type="checkbox"/> Insurer <input type="checkbox"/> Self-Insurer <input type="checkbox"/> Group Fund	List Normally Scheduled Days Off			
INJURY/ILLNESS & MEDICAL	Time of Injury <input type="checkbox"/> am <input type="checkbox"/> pm	County of Injury	Date Employer had knowledge of Injury	Enter First Date Employee Failed to Work a Full Day
Did Employee Receive Full Pay on Date of Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did Injury/Illness Occur on Employer's Premises? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Injury/Illness	Body Part Affected	
How Injury or Illness / Abnormal Health Condition Occurred				
Treating Physician (Name and Address)		Initial Treatment Given: <input type="checkbox"/> None <input type="checkbox"/> Minor: By Employer <input type="checkbox"/> Minor: Clinical/Hospital <input type="checkbox"/> Emergency Room <input type="checkbox"/> Hospitalized > 24 hrs	Hospital / Treating Facility (Name and Address)	If Returned to Work, give Date: Returned at what wage _____ per Week If Fatal, Enter Complete Date of Death
Report Prepared By (Print or Type)			Telephone Number	Date of Report

B. INCOME BENEFITS Form WC-6 must be filed if weekly benefit is less than maximum.

Previously Medical only <input type="checkbox"/> Yes <input type="checkbox"/> No	Average Weekly Wage: \$ _____	Weekly benefit: \$ _____	Date of disability: _____
Date of first Payment _____ Compensation paid: \$ _____ or Date salary paid: _____ Penalty paid: \$ _____			
BENEFITS ARE PAYABLE FROM _____ FOR:			
<input type="checkbox"/> Temporary total disability <input type="checkbox"/> Temporary partial disability <input type="checkbox"/> Permanent partial disability of _____ % to _____ for _____ weeks			
UNTIL _____ WHEN THE EMPLOYEE ACTUALLY RETURNED TO WORK WITHOUT RESTRICTIONS. ALL OTHER SUSPENSIONS REQUIRE THE FILING OF FORM WC-2 WITH THE STATE BOARD OF WORKERS' COMPENSATION AND THE EMPLOYEE.			

C. NOTICE TO CONTROVERT PAYMENT OF COMPENSATION

Benefits will not be paid because:

D. MEDICAL ONLY No disability paid or controverted

Insurer / Self-Insurer: Type or Print Name of Person Filing Form	Signature	Date
Phone and Ext.	E-mail	

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwc.georgia.gov>. WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

Addendum A (continued)

WC-1 EMPLOYER'S FIRST REPORT OF INJURY OR OCCUPATIONAL DISEASE

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

NOTICE TO EMPLOYER

1. Provide prompt medical attention; allow the employee to select a physician from your posted panel; and explain the panel to the employee.
2. Complete Section A of this form immediately upon your knowledge of an injury and send the WC-1 to your insurance company or self-insurer claims office. **FAILURE TO DO SO MAY RESULT IN A PENALTY.**
Do not send this form to the State Board of Workers' Compensation.
3. If you need additional help, call your insurance company or self-insurer claims office.
4. Report serious injuries immediately by telephone to your insurer's claims department, then file this form with your insurance company or self-insurer claims office.

NOTICE TO INSURER / SELF-INSURER

1. Complete Section B, C, or D.
This form must be filed with the State Board of Workers' Compensation. A copy of both sides of this form must be sent to the claimant(s) and all counsel of record. Form WC-6 must be filed if weekly benefits are less than the maximum.

NOTICE TO EMPLOYEE

1. This form is provided for your information only.

If Section B is completed, you will receive income benefits on a weekly basis and the employer will pay medical expenses from approved doctors. If you do not receive payment of benefits, or medical bills are not paid, call your employer or your employer's insurance company or self-insurer claims office.

If Section C is completed, your claim of injury has been denied by the employer/insurer. If you disagree with this denial, you must file a form WC-14, Notice of Claim, within one year of the accident with the **State Board of Workers' Compensation, 270 Peachtree Street, N.W., Atlanta, Georgia 30303-1299.**

For Information or Assistance, contact:

STATE BOARD OF WORKERS' COMPENSATION

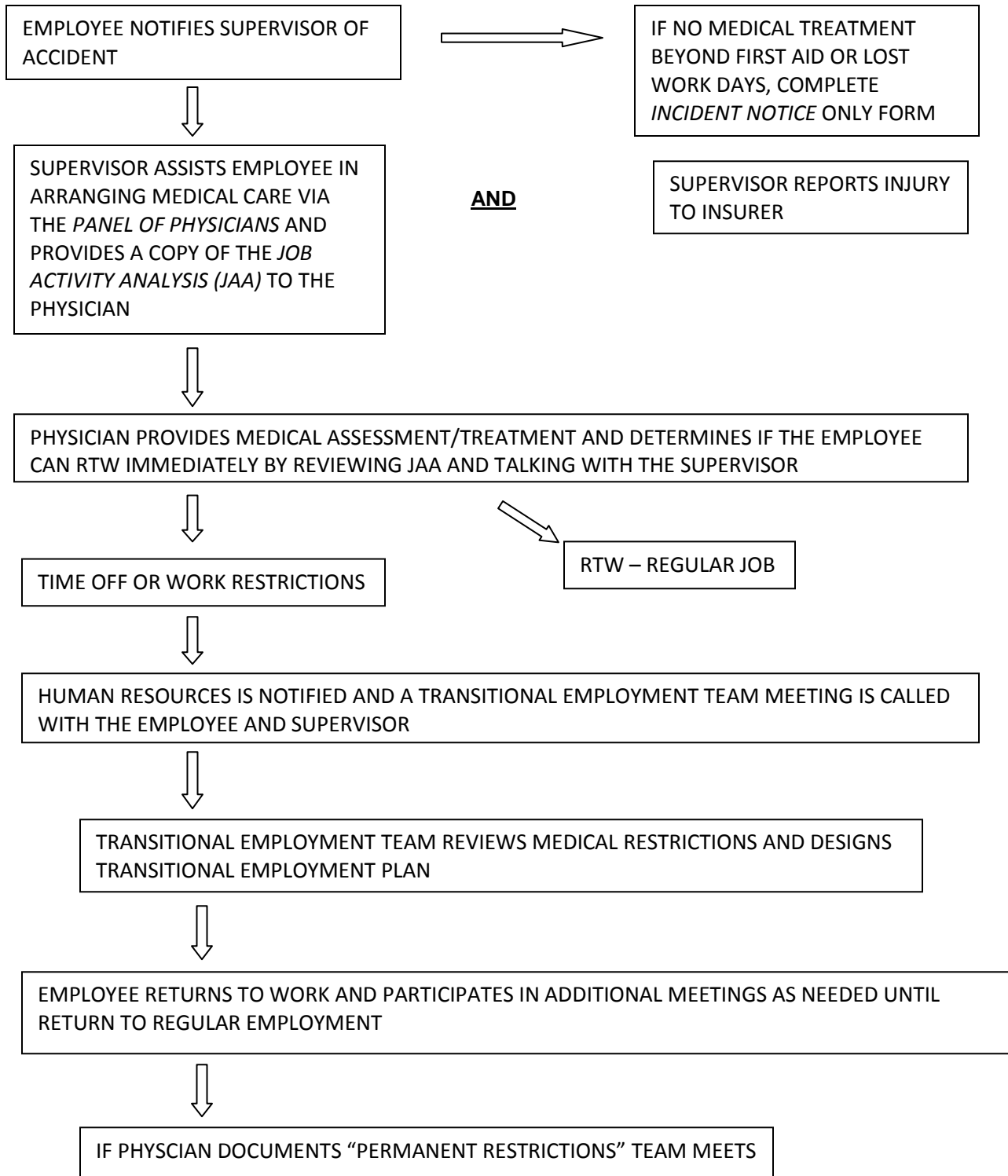
Toll Free Telephone: 1-800-533-0682

In Atlanta: (404) 656-3818

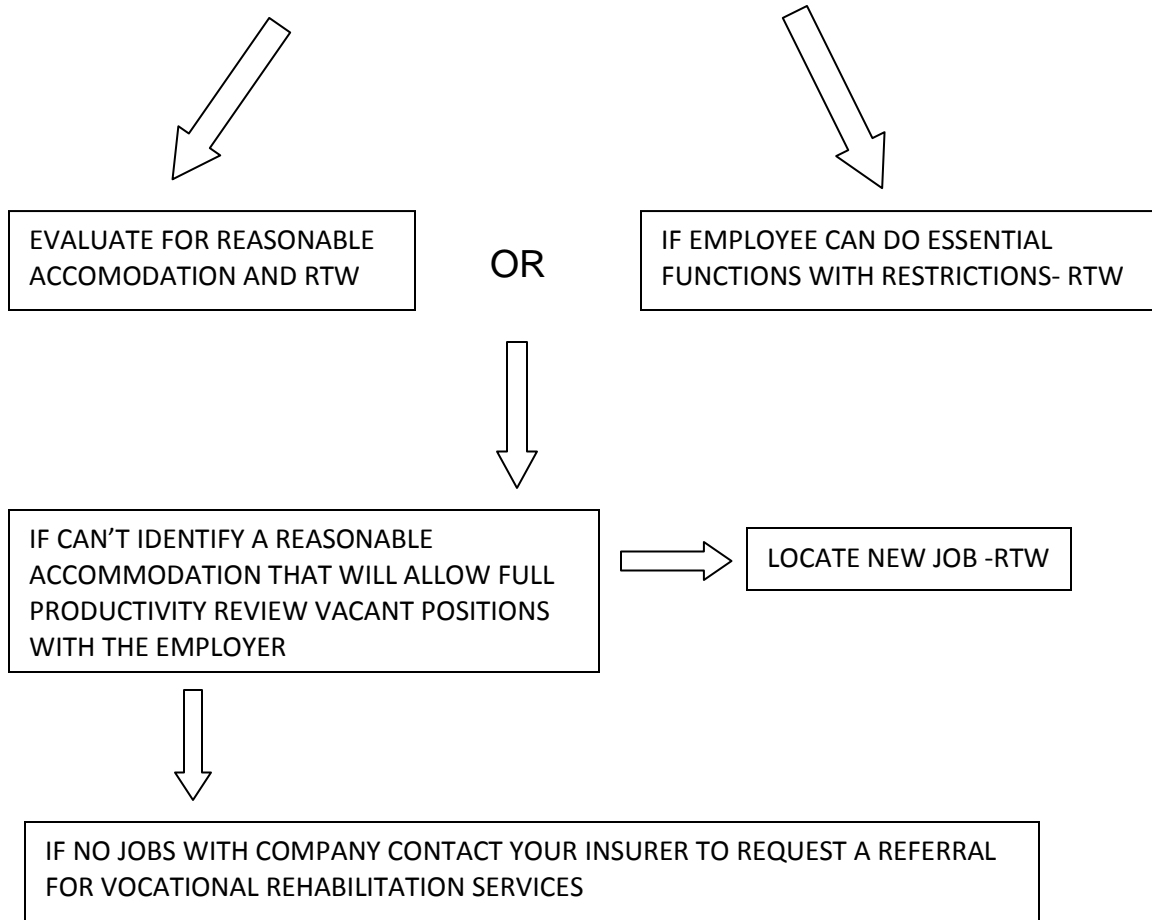
<http://www.sbwc.georgia.gov>

Addendum B

OCCUPATIONAL RETURN-TO-WORK

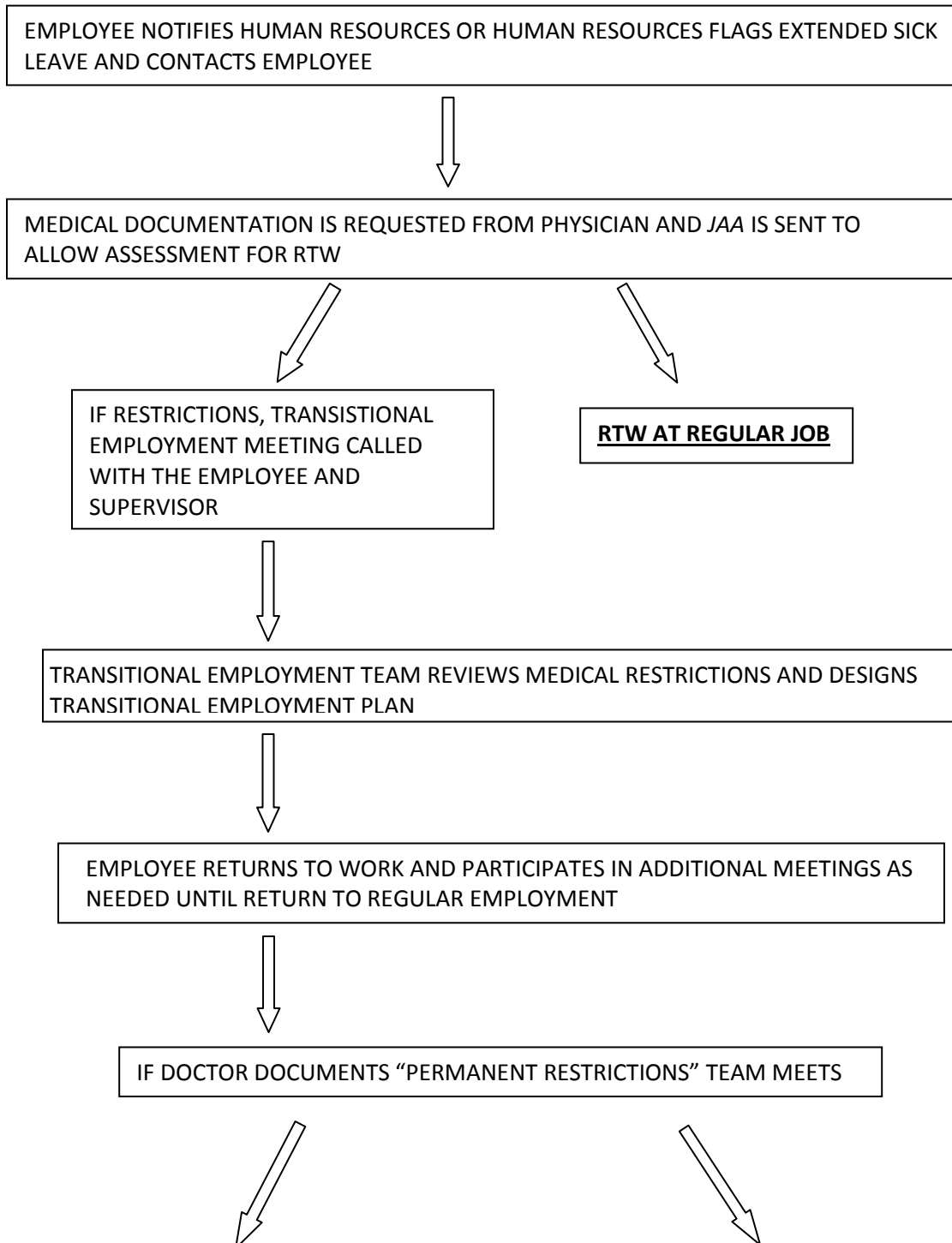


Addendum B (continued)

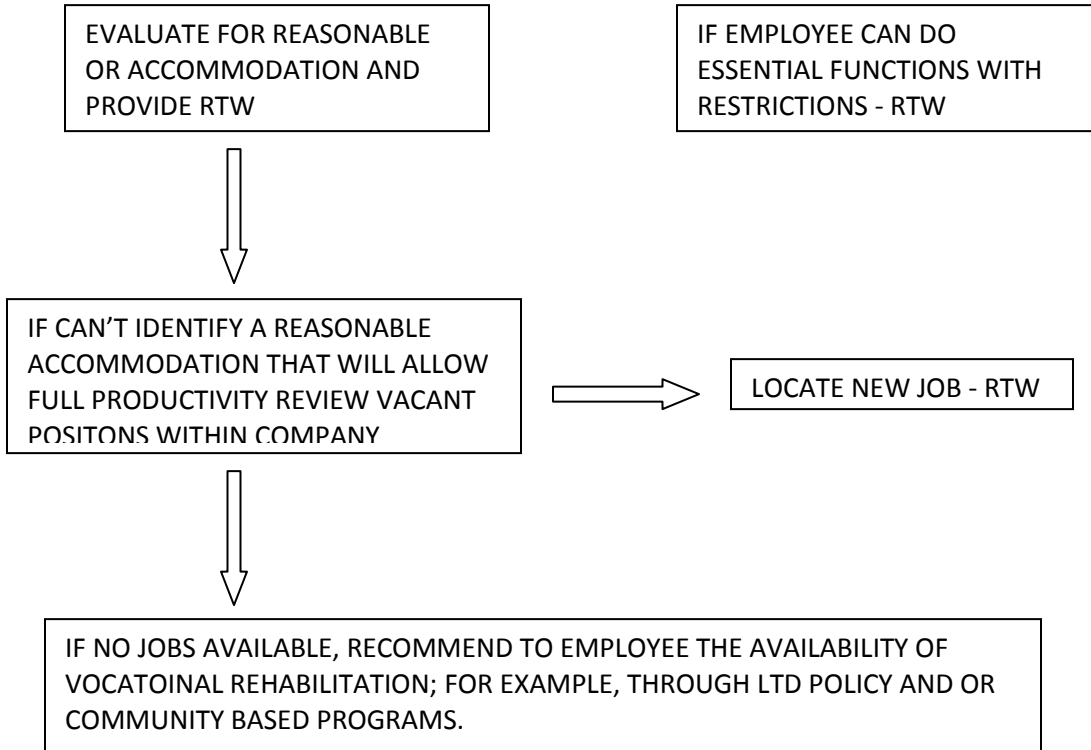


Addendum B (continued)

NON-OCCUPATIONAL RETURN TO WORK



Addendum B (continued)



Addendum C

Job Activity Analysis

POSITION TITLE:		EMPLOYEE NAME:	
DATE COMPLETED/UPDATED:		LOCATION:	
I. PURPOSE OF POSITION (Describe in terms of the reason the position exists.)			
II. JOB FUNCTIONS* A. Describe each task in order of frequency performed. What is required to do the job? B. Indicate primary physical, mental and environmental demands required to perform each function.			
A. Job Functions		B. Physical Demands	
III. REQUIRED PRODUCTIVITY (Describe production rate including quantity & quality of work required)			
IV. WORK SCHEDULE REQUIREMENTS (Describe specific shifts (including rotating) and/or hours, travel or overtime)			
PHYSICIAN COMMENTS (Complete the appropriate box below and provide comments as necessary)			
➤ I release _____ to this job as above described.			
➤ I release _____ to this job under the following conditions:			
The medical rationale is:			
➤ I cannot release _____ to any part of this job at this time. The medical rationale is:			
An appointment to review _____ condition further is scheduled for			
Physician's Signature:		Date:	

Addendum C (continued)

How to Complete a Job Activity Analysis

Position Title: “What do you call the job?” “Housekeeper”, “Equipment Operator”, etc.

Employee’s Name: Include the name of the injured employee.

Date Completed/Updated: Give the date this form was completed. If this form was simply updated, put that date next to the date it was originally completed.

Location: Name of the department and the location of this position.

I. **Purpose of Position:** The goal is to describe this job in terms of why it exists. Be sure to describe the reason for the job.

II. **Job Functions:**

- A) Describe each task of this position, starting with those tasks that are most frequently performed. For instance, “delivering lunches to patients on the ward.”
- B) Describe briefly the primary physical, mental and environmental demands of each task. Example: Six hours of standing/walking. Lifting ten pounds twenty times a day.

Physical Demands may include:

- Lifting or carrying required (what, how much does it weigh and how often lifted/carried)
- Sitting, standing and/or walking required (1/3, 1/2, 2/3 or all day)
- Pushing, pulling, gripping, bending, twisting, stooping, kneeling, squatting, climbing and any other physical demands. Be sure to say how often the employee has to bend, etc. and whether there is any overhead reaching, for example.

Mental Demands may include:

- Intellectual or memory requirements. For example, it is necessary to keep track of a lot of things at one time.
- Ability to concentrate and make fine discriminations. For instance, would it be dangerous to work there if you could not think straight? Do you have to have a steady hand?
- Aptitudes such as form perception, good understanding of mechanics, need to read blueprints, or understand how to figure the amount of materials needed to do a job.

Environmental Conditions may include:

- Description of the general environment in which the job is completed.

Addendum C (continued)

- Specific conditions may include: temperature range, vibration, radiation, fumes, ventilation, chemical and related hazards.

- III. Required Productivity:** Describe the output required of an employee in his/her position, including quality and quantity of work. In a production position, this might include a specified number of assemblies completed, with a specific percentage of acceptable errors, or it may mean that all patients have to get their meals by 1:00, or all reports need to be typed within three working days.
- IV. Work Schedule Requirements:** Describe the typical work shift requirements, such as the hours per day, shift work, travel or overtime.

Addendum D

Transitional Employment Plan

Employee Name	Department
Job Title	Supervisor Reviewing Manager

Physical Capacities/Restrictions	
Date Restrictions Began	Next Review Date

Plan Specifications	
Start Date	End Date
Describe job and/or specific tasks:	
Describe hours/day and days/week, including progression schedule:	
Special considerations:	

This Transitional Employment Plan has been reviewed and discussed with me to clarify any questions I may have. I have been provided with a copy of this plan and I understand my supervisor will retain a copy. Should I experience any difficulties while performing transitional work, I will immediately contact my supervisor.	
Employee Signature	Date

I have reviewed and discussed this Transitional Employment Plan with the employee. In addition, I have provided a copy of the plan to the employee.	
Supervisor or Reviewing Manager Signature:	Date
Other Transitional Team Members in Attendance:	
Physician's Signature:	