

## Policy and Procedures

<b>Subject: Return To Work Policy</b>
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<b>1.</b>	<b>Table of Contents.....</b>	<b>1</b>
<b>2.</b>	<b>Purpose.....</b>	<b>2</b>
<b>3.</b>	<b>Policy.....</b>	<b>2</b>
<b>4.</b>	<b>Procedures.....</b>	<b>3</b>
	<b>4.1 Reporting an Injury.....</b>	<b>3</b>
	<b>4.2 Medical Treatment.....</b>	<b>3</b>
	<b>4.3 Transitional Duty.....</b>	<b>3</b>
	<b>4.4 Return to Work.....</b>	<b>4</b>
	<b>4.5 Fiscal Responsibility.....</b>	<b>5</b>
<b>5.</b>	<b>Definitions.....</b>	<b>5</b>
<b>6.</b>	<b>References.....</b>	<b>5</b>
<b>7.</b>	<b>Approval and Revisions.....</b>	<b>5</b>

## **2.0 Purpose**

This policy provides guidelines for the establishment of a return to work program for employees who have sustained job-related injuries and illnesses. The provisions of this policy comply with Americans with Disabilities Act, Family Medical Leave Act, Company Policy and our existing Worker's Compensation Insurance Carrier.

## **3.0 Policy**

The health and well being of all employees is of great importance to (company). It is well documented that injuries affect the whole person, that effective rehabilitation and treatment must address the whole person. The opportunity to return to work within the restrictions of the particular injury is a crucial part of an overall treatment plan, which benefits the employee and the employer. The principle goal of the return to work program is simple: Zero days missed from work.

(company) will make every reasonable effort to place the workplace employees who have sustained job-related injuries or illnesses, and as a result are prevented from returning to their full former employment. Employees will be returned to work on a transitional basis as soon as it is determined to be medically feasible to do so.

(company) will make every reasonable effort to place returning employees in existing positions that are the same as, or equivalent to, those held prior to the illness or injury. The company will also make every reasonable effort to investigate the cause of the work-related injury or illness to determine what actions can be taken to prevent a reoccurrence of the injury or illness. (company), however, is under no affirmative obligation to create a position solely for this purpose.

- First priority for such placement will be within the employee's job classification.
- Second priority will be for placement within the employee's department.
- Third priority will be for placement in another production area within the plant.

## **4.0 Procedures**

The Human Resources Department and the Plant Manager has the responsibility for the administration of claims for medical and disability benefits for employees who sustain job-related injuries or illnesses. The coordination of the return-to-work program, including transitional duty assignments, will be under the domain of the Human Resources Department. The Human Resources Department and Plant Manager will work with the individual, supervisory personnel, and the applicable medical personnel.

#### **4.1 Reporting an Injury**

Employees injured on the job or incurring job-related illnesses must report the injury or illness to their supervisor immediately or within 24 hours of the occurrence. The injured employee's supervisor must complete the OSHA Form 301 Injury and Illness Incident Report and forward to the Human Resources Department within the 24 hours of notification of the injury or illness. The employee will be notified of medical treatment procedures if applicable.

#### **4.2 Medical Treatment**

The Work Ability Report Form is required for all medical visits except for X-ray, MRI, and Physical Therapy. The employee must obtain this form from their supervisor and should do so prior to a medical appointment. The employee will give this form to the physician for completion. The Medical Release Form is used in place of the Work Ability Report Form. This form is provided by the examination facility explaining any work restrictions or extended time off from. Faxed copies will be accepted. The HR Department or Plant Manager will relate the employee's status to their immediate supervisor.

#### **4.3 Transitional Duty**

If the employee's regular job duties have to be adjusted to accommodate the restrictions imposed by the injury or illness, then transitional duties can be considered. The employee will be advised by the supervisor of the transitional duty chosen and will be assigned such duty for a period normally not to exceed 13 weeks per case. The employee must sign the Transitional Duty Assignment Form indicating acceptance or refusal of the transitional duty assignment. Any refusal of a transitional duty assignment will be communicated to the Worker's Compensation Carrier. Refusal of a transitional duty assignment may result in termination of Worker's Compensation benefits.

#### **4.4 Return To Work**

Upon receipt of the Work Ability Report W3.2, the HR Department, Plant Manager and the employee's supervisor will review the form to determine whether it indicates any restrictions. The employer has the right to obtain a second medical opinion relating to the employee's condition at the employer's expense.

If the HR Department, Plant Manager and the employee's supervisor determine that modifications in hours or duties are necessary, it will then be determined whether the employee's job can be altered or whether temporary reassignment can be made to return the employee to work. Considerations will be given to:

1. the severity of the employee's condition and the extent to which their ability to work is impaired;
2. whether the employee's condition is temporary or permanent, and if temporary, for what duration it is expected to continue;
3. the extent to which regular job duties or hours may be temporarily altered to permit the employee to return;
4. the impact of any alteration in hours or duties on the productivity, workload, or work environment of other employees;
5. the availability of alternative work assignments.

Any temporary changes in schedule or duties will normally last for a period not to exceed 13 weeks. The supervisor must inform the HR Manager of all noncompliance hours or duties by the employee that is assigned to transitional duties. All noncompliance issues will be handled through discipline policies of the *Employee Handbook*.

If accommodations cannot be made within the employee's department, the Plant Manager will determine if there are other areas within the plant that can accommodate a temporary or permanent placement of the employee.

At the end of the 13-week period the Plant Manager will review the employees medical status of improvement for extension consideration.

If the Plant Manager has exhausted all attempts to return the employee to work within 13 weeks at an acceptable level, made reasonable accommodation and cannot fulfill medical restrictions the employee will be placed on termination status.

Ant time off due to a work related illness or injury will be applied to (company) FMLA policies and procedures.

In the event an employee refuses an accommodation or reassignment to duties that are within the employee's restrictions, the company is not obligated to provide alternatives. The employee may also be subject to a limitation or termination of any benefits for lost time. If, at the end of the healing period, employee's restrictions prevent them from returning to the occupational area of their former employment, they will be assisted in finding other employment within the plant, within their restrictions and availability of appropriate employment opportunities. The provisions of the Americans with Disabilities Act must be applied if there is a disabling condition.

**4.5 Fiscal Responsibility**

If the injured employee cannot return to work immediately to their original job assignment or to transitional duty they will still be responsible for their share of premium cost associated to health benefits, STD benefits, LTD benefits, retirement fund and other compensation benefits if applicable.

(company) pays an annual premium for Worker’s Compensation cost. Any successful efforts to return Worker’s Compensation recipients to gainful employment will have a positive fiscal impact.

**5.0 Definitions**

**Transitional Duty:** allows an employee to return to work with restrictions to facilitate rehabilitation.

**Medical Treatment:** treatment received by a medical professional for a particular injury or illness.

**Restrictions:** physical limitations due to injury or illness.

**6.0 References**

*Worker’s Compensation Program, Chubb First Report Form IA-1*

*Work Ability Report, W3.2* (company) *Employee Handbook*

*Transitional Duty Assignment Form Medical Release Form*

*OSHA Form 301 Accident and Injury Incident Report*

**7.0 Approval and Revisions**

Approved \_\_\_\_\_, by \_\_\_\_\_

Revised \_\_\_\_\_, by \_\_\_\_\_