

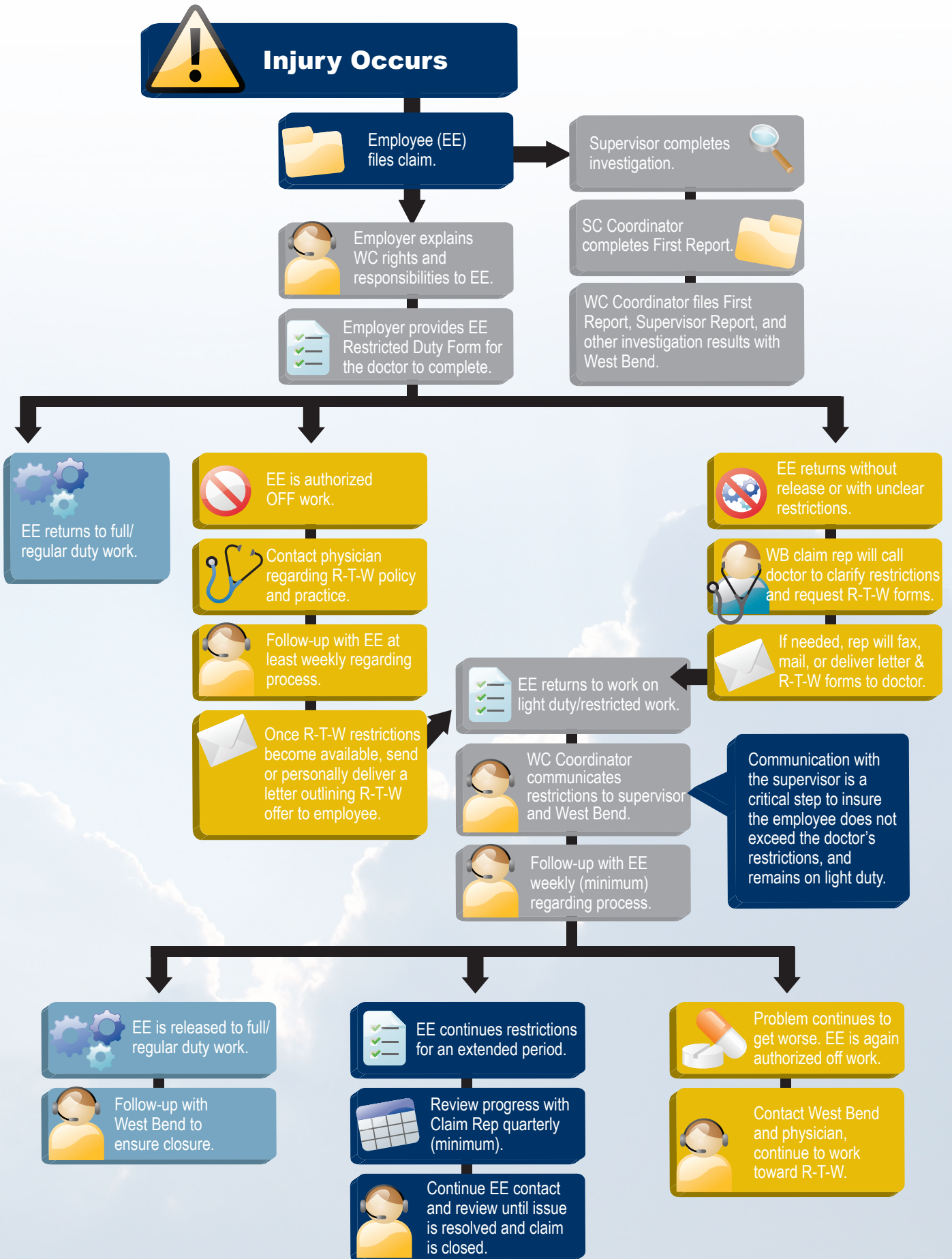
Early Return to Work PROGRAM



TABLE OF CONTENTS

Benefits of an early return to work program	2
Transitional duty highlights.....	3
Psychosocial factors that negatively impact RTW	4
Procedure	5,6
Generic TRTW Task List	7
Job Analysis.....	8,9
Develop your company program statement	10
Sample statement #1	11
Sample statement #2	12
Sample statement #3	13
Injury Assessment.....	14
Identify Light Duty Tasks.....	15
Employee handout “What to Expect”	16
Medical Provider Relationships	17
Employer’s role and responsibilities	18
Employee’s responsibilities and expectations	19
Supervisor’s Incident Report.....	20
Witness Statement.....	21
Employee Accident Report.....	22
Sample letter to employee.....	23
Attending physician’s return to work recommendations.....	24
Attending Physician’s Return to Work Recommendations Form.....	25
Early Return to Work Checklist for Employee.....	26
Early Return to Work Agreement	27
Return to Work Log Instructions	28
Return to Work Log.....	29

Return to Work Flow Process



BENEFITS OF AN EARLY RETURN TO WORK PROGRAM:

- Decreases workers' compensation premiums and decreases extended disability periods.
- Promotes constructive relationships between employer and employees, and often results in less system abuse.
- Improves morale of your employees.
- Addresses injured employee's fear of the unknown by maintaining a regular routine.
- Helps employees feel positive about their contributions and enhances self-esteem.
- Reduces the frequency of medical treatment because the employee feels he/she is recovering, not disabled.
- Discourages the notion that workers' compensation is a "paid vacation" benefit.
- Reduces litigation costs. After talking to family and friends, employees on disability for extended periods often feel they "deserve a settlement".
- Reduces vocational rehabilitation costs by diminishing the employee's belief he/she will not be able to perform the same job again.
- Reduces permanent disability awards.
- Builds positive public relations for the company.
- Decreases turnover.
- Reduces productivity loss.

TRANSITIONAL DUTY HIGHLIGHTS

Transitional or modified duty is an accommodation intended to promote fast recovery of an injured employee based on the treating physician's recommendations.

- 1. Identifying Opportunities:** Management will need to work with the employee returning to work to locate transitional duty work that fits the worker's capacity to perform productive work. Supervisors may assist by preparing a job video or an on-site physician visit if more detailed job information is required. It is always best, however, to solicit physical restrictions from the treating physician first and find a suitable transitional duty job upon receipt. This avoids the potential of the physician or the employee misinterpreting the job description.
- 2. Identifying Workplace Accommodations:** When jobs have been altered and modified duty is available, notify the treating provider of the availability of this as soon as possible. Use the Attending Physician's Return to Work Recommendations Record and send it with the injured employee, along with a letter, at the time of the initial medical treatment following the injury. Follow up with the medical provider to ensure they received the form and understand your goals.
- 3. Progress Checks:** An employee should remain on temporary modified duty work as indicated by the physician's release. The employee should continue to make progress while on modified duty. Regular checks should be completed by the supervisor and the employee's progress should be documented during this time frame. Any questions should be directed to your rep.
4. Communication with all parties to the process will ensure success. This includes the injured employee, treating physician, and your West Bend workers' compensation claim representative.
5. Participating in the program is mandatory for the employee. Failure to do so will affect the employee's workers' compensation benefits and employment status. Treat all employees consistently and fairly.
6. Supervisors must respond to workers' compensation injuries quickly. Assure prompt medical attention according to your emergency response plan.
7. Assure that all work related injuries are immediately reported to West Bend.
8. Conduct an incident investigation using the Supervisor's Incident Report and have the injured employee sign the form if possible. Try to determine underlying causes and what could be done to prevent a similar incident in the future. If you're concerned an injury did not occur at work, report the claim and alert your West Bend claim representative to investigate it thoroughly.
9. Regularly monitor the progress of the injured employee during the recovery period.

PSYCHOSOCIAL FACTORS THAT NEGATIVELY IMPACT RTW

Employer:

No modified work available
Negative attitude toward injured employee
No contact with injured employee

Employee:

Employment Issues:

Poor work ethic
Employed for fewer than 30 days
Poor attendance record
Negative attitude toward employer
Poor job performance

Prior Accident/Health History:

Multiple prior workers' compensation claims
Recent treatment for depression/anxiety
Prior injury to same body part
Medical treatment with more than three medical providers in past year

Vocational/Educational History:

No high school diploma or GED
Knows workers' compensation process
More than three employment changes in past five years

Family Status:

Inadequate personal support
Single parent
Disability policies in force
Financial issues
Child care issues
Other family members on disability
Recent life events (divorce, illness self/family member, death, addition to family)

Psychological Issues:

Perceives self as a victim
Dependant personality
Addictive personality

Social Issues:

Previous incarcerations

PROCEDURE

- Develop a program statement that outlines your company's culture and commitment to the program.
- Develop an employee handbook that describes what to expect following a work-related injury:
 - Include a sample.
 - Provide to all new employees or provide to injured worker at time of injury.
- Develop accident investigation procedures for supervisors:
 - Complete within 24 hours of occurrence.
 - Complete the accident investigation form and have the employee sign off.
 - Review and reinforce your early return to work program immediately following the injury; highlight the benefits and responsibilities.
 - If the incident is serious, the area should be roped off with no clean up. Pictures or videotape should be taken of the incident scene. Witnesses to the incident should be interviewed as soon as possible.
- Develop claim reporting procedures for employees to follow:
 - All injuries must be immediately reported to the direct supervisor.
 - Place posters outlining procedures in conspicuous areas, such as lunch or break rooms.
 - Reinforce periodically.
- Identify medical providers with a:
 - Commitment to providing quality medical care.
 - Willingness to work with you and with your early return to work program.
- Develop claim reporting procedures:
 - Complete the Employer's First Report Of Injury.
 - Report to West Bend within 24 hours of occurrence.
- Put the ERTW program procedures in writing:
 - Outline the goals and parameters of the program.
 - Outline the responsibilities of all parties.
 - Maintain communication with the injured employee.
- Designate a point person (Workers' Compensation Coordinator) for:
 - First aid and transportation for medical treatment, if necessary;
 - Accident investigation;
 - Completing First Reports of Injury;
 - Providing the injured employee with forms for the treating physician;
 - Following up with medical provider;
 - Following up with the injured employee immediately following the incident, even if the employee is hospitalized;
 - Following up with the West Bend claim representative; and
 - Maintaining regular communication with the injured employee.

- Include timeframes for:
 - Employee accident reporting
 - Supervisor accident investigation and reporting
 - A modified duty program time limit (i.e., modified duty will not exceed 12 weeks in duration)
 - Modified duty will cease when the injured employee is released without physical restrictions.
 - Employer reserves the right to evaluate the injured employee's continued participation in the modified duty program if the employee is not making progress toward full duty.

- Communicate to management and employees:
 - Develop communication protocols for maintaining contact with all parties following an injury.

- Coordinate with West Bend claim representatives:
 - Avoid duplication of efforts.

- Additional considerations for developing procedures:
 - Identify a number of light duty tasks and develop written descriptions using Job Analysis format.
 - Rate of pay for the light duty tasks may be based on the particular job description and adjusted according to the modified duty task. If the employee is earning less than the average weekly wage rate at the time of injury, West Bend will make up the difference to bring the injured employee's benefit level to what he/she would receive if on temporary total disability (TTD). This is called Temporary Partial Disability (TPD).
 - The light duty job may be on any reasonable shift or location.
 - If no light duty position is available on your premises, consider an arrangement for temporary placement with a non-profit agency. Contact your claim representative to identify jurisdictional opportunities and other non-profit organizations.
 - Be sure to place parameters on the duration of your light duty job tasks.
 - Permanent modified duty should be considered on an individual case-by case basis.
 - Build employee accountability into your program.
 - Have the employee sign a Return To Work Agreement which outlines the responsibilities and obligations for participation in the Early Return To Work Program.
 - Open communication and close monitoring are necessary to a successful program.

Generic TRTW Task List

- Answer telephones
- Apply ice melt during winter months
- Complete chemical inventory for Haz. Com.
- Clean hand and power tools
- Compile safety talks or materials for safety committee
- Complete required safety training
- Copy
- Create or re-write evacuation maps
- Data entry
- Drive a vehicle, run errands
- File paperwork
- Inspect fire extinguishers & eye washes
- Inspect walking surfaces for slip/trip hazards
- Inspection (quality, safety, PPE, seat belts)
- Inventory parts, supplies, PPE, equipment, and/or tools
- Labeling
- Light cleaning, custodial, sweep, dust
- Machine greasing/cleaning
- Make telephone calls / answer telephones
- Mow lawn with riding lawn mower
- Operate a fork truck
- Order supplies
- Organize storage room
- Other tasks that never seem to get done
- Paint aisle markings, guard rails, machine guards, parking stops/curbs, touch up walls, etc
- Perform assembly, sub-assembly
- Pick up trash in yard and lot
- Replenish first aid cabinets
- Security guard
- Shipping (labeling & wrapping)
- Shred documents
- Sorting
- Train new employees
- Update MSDS manuals
- Update safety bulletin board
- Update team boards
- Wash company vehicles
- Work in tool room
- Work normal job but slower
- Work normal job but with specific limitations

JOB ANALYSIS

Name			Claim Number				
Employer			Address				
Date of Hire	Date of Injury	Job Title			Check One <input type="checkbox"/> Skilled <input type="checkbox"/> Unskilled		
Training Required to Learn Job							
Was Employee Working as a Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Number of People Supervised		Employee Worked: <input type="checkbox"/> Alone <input type="checkbox"/> Small Group (3-5) <input type="checkbox"/> Large Group			
Days Worked Per Week (Circle) M Tu W Th F Sat Sun			Hours Worked During Week From _____ To _____ Shift _____				
Work Breaks (Daily Rest Periods and Lunch)							
Morning — Minutes		Lunch — Minutes		Afternoon — Minutes			
Overtime Per Week Number of Hours		How Often		Was Employee Hired With Any Restrictions? (Check) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, Specify							
Body Movements – Amount Spent Each Day							
Sitting		Standing		Walking			
%		%		%			
Check Appropriate Column				None	Occasionally (1/3 or Less)	Frequently (1/3 – 2/3)	Continuously (2/3 or more)
Reaching above shoulder length							
Working with body bent over at waist							
Working in kneeling position							
Crawling							
Bending, stooping, squatting							
Repetitive foot movements as in foot controls – L/R or both							
Climbing stairs							
Climbing Ladders							
Working with arms extended at shoulder level							
Working with arms above shoulder height							
Height from floor of object to be reached and/or worked on (use space for drawing, if needed):							
Object		Height					
<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div>							
Weights Handled	Item	Alone or Assisted	Push, Pull Or Lift	Times Per Hour	Times Per Day	Times Per Week	Times Per Month
1 – 10 lbs.							
15 – 20 lbs.							
25 – 35 lbs.							
45 – 60 lbs.							
65 – 80 lbs.							
85 – 100 lbs.							
<input type="checkbox"/> No lifting required for this job.							

Hand Coordination Activities (Check Appropriate Column)				
Movement Required	Tool/Machine	Right	Left	Both
Major hand				
Fine Manipulation				
Gross Manipulation				
Simple Grasping				
Power Grip				
Hand Twisting				
Pushing				
Pulling				
Tools Used By Worker		Weight	No. of Hands Needed To Move	
Objects Worker Must Move During Day		Weight	Distance	No. of Workers Needed To Move
Physical Surroundings		Does Employee Walk On Uneven Ground? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Employee Work <input type="checkbox"/> Inside ___% <input type="checkbox"/> Outside ___%				
Does Employee Work Around Moving Machinery?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Does Employee Drive Automotive Equipment?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, describe:				
Does the Employee Come In Contact With The Following? (Indicate Type)	Yes	No	Type	
Fumes				
Dust				
Mist				
Steam				
Strong Odors				
Poor Ventilation				
Air Conditioning				
Characteristics Of Job That Cannot Be Modified By Employer For This Employee				
Comments And/Or Observations				
<input type="checkbox"/> Job Site Evaluation Done		<input type="checkbox"/> Narrative Discussion Only		
Name(s) of Person(s) Interviewed		Title		
Person Completing Analysis		Title	Date	

DEVELOPING A PROGRAM STATEMENT

The success of your early return to work program depends on support and direction from senior management. A program statement publicized throughout your company is a way to show your support of and commitment to the program and provide clarity.

Attached are several samples of program statements for your review. Each company should start with a written statement that reflects:

- Program objectives
- Responsibilities
- Your company's culture
- Your company's attitude toward early return to work
- Top management's commitment
- Compassion for employees
- Value of employees' contributions to the organization

You may also want to have your corporate counsel review your statement.

EARLY RETURN TO WORK PROGRAM STATEMENT

SAMPLE # I

GOAL: To help the rehabilitation process and return our employees to productive work within their functional capacities as soon as possible following an injury or illness.

The management team at (ABC Company) supports our early return to work program.

The early return to work program goes into effect immediately following a reported injury or illness. Planning for the employee's return requires the cooperation of the employee, treating physician, the employee's direct supervisor, management, and human resources.

Before the employee's return, the treating physician will provide specific information about the employee's physical restrictions. In addition, the treating physician will receive a written description of the light-duty tasks assigned to the employee. The employee and supervisor will sign and maintain a Daily Log documenting the modified-duty jobs until a release to full duty is accomplished. The employee must comply with the physical restrictions imposed by the treating physician and understand that physical restrictions also apply to non-occupational activities. The employee must remain under active medical treatment or a rehabilitation program while on physical restrictions. The employee is encouraged to communicate any problems or concerns to his/her supervisor.

We will make every attempt to return injured employees to their former departments, while accommodating temporary physical restrictions. However, it may be necessary to return the employee to another department or shift. The supervisor of that department will be made aware of his/her physical restrictions and the light-duty tasks assigned to this employee. The supervisor is also responsible for maintaining the Return To Work Log for the employee.

Ongoing communication with all parties is crucial to a successful early return to work program.

EARLY RETURN TO WORK PROGRAM STATEMENT

SAMPLE #2

TO: ALL EMPLOYEES

Our policy is to maintain an early return to work program that addresses the uncertainty that often accompanies a work-related illness or injury. We consider our employees our most valuable resource and want them back to productive work as soon as medically possible. We believe an early return to work program helps the employee's rehabilitation process following an injury.

The goal of our company is to maintain a safe and healthy environment for all of our employees. Avoiding accidents and injuries involves the cooperation and awareness of everyone in the company. When an accident or injury does occur and the employee cannot perform his/her regular job, we have developed a procedure to accommodate the employee's physical restrictions.

Everyone will benefit from this program. You are an integral part of our success, as well as the success of this program. Open communication and support is needed from everyone in the company to maintain a successful early return to work program.

Therefore, you need to know that failure to report for work will be regarded as an unexcused absence and will be handled in accordance with our attendance policy. Failure to report to modified duty may also affect your workers' compensation benefits.

EARLY RETURN TO WORK PROGRAM STATEMENT

SAMPLE #3

POLICY:

It is the policy of ABC Company to accommodate temporary work assignments to employees who have been injured and are unable to immediately perform their regular job duties.

PURPOSE:

To clarify the procedure that is to be followed by the injured employee entering the early return to work program. This is a transitional position intended to eventually return an employee to full-time regular work.

SCOPE:

This policy applies to all employees.

RESPONSIBILITY:

The manager or supervisor will determine eligibility for participation in the early return to work program and will coordinate the temporary work assignment.

ABC COMPANY'S COMMITMENT:

ABC Company is committed to providing our employees with the opportunity to return to work as soon as their abilities allow them to contribute to the organization. Our ultimate goal is to return the injured employee to work within 24 hours following the injury or release from the treating physician. Obviously, this goal may not be attainable, but each case must be addressed with the appropriate sense of urgency and with open communication by all parties.

Most importantly, management believes our employees are important resources, not expendable commodities. Every effort will be made to assist in their rehabilitation.

INJURY ASSESSMENT

The primary goal of an early return to work program is to provide work consistent with your employee's physical restrictions while he/she recovers from a work-related injury or condition. An early return to work program does not address permanent modified duty replacement which must be addressed on an individual case-by-case basis. Your goal is to have the injured employee return to his/her normal job as soon as medically able to do so.

- A good start for determining your goals for an early return to work program is to evaluate your work-related accident history for any trends. Consider:
 - Types of injuries that have occurred
 - Areas where injuries and accidents occur
 - Frequency of accidents
 - Severity of accidents

- Sources where you may find this information:
 - OSHA 300 Log
 - West Bend's loss runs
 - Your insurance agent
 - West Bend's loss control representative

IDENTIFY LIGHT DUTY TASKS

- There are several options to consider when identifying light duty tasks for your injured employees:
 - Modify current job tasks within physical capabilities
 - Combine job tasks from various jobs
 - Your light duty job tasks may only be available partial days
 - Consider gradual acclimation to a full schedule
 - Consider other locations and shifts
 - Consider temporary placement in a non-profit organization
- Be creative. Consider having the injured employee perform simple clean-up tasks or light maintenance.
- The work provided should be meaningful and safe.

WHAT TO EXPECT FOLLOWING A WORK RELATED INJURY

This communication provides employees with an understanding of what they can expect and what is expected of them following a work-related injury. All employees should receive a copy when hired.

Its purpose is to prevent litigation by helping to ease the anxiety associated with incurring a work-related injury or illness. It should be a simple and easy reference, no more than one page. If it is too lengthy, the employee may not read it or may not understand it.

In addition, it's important for employees to understand where Workers' Compensation insurance comes from. Is it employer paid or state funded? It's important that employees understand the state mandates what can and cannot be paid under Workers' Compensation. To avoid potential malingering or an incentive for employees to remain off work, be careful not to provide too much information or interest in Workers' Compensation benefits.

While you cannot prevent all losses, you can control and mitigate losses through early return to work, early medical intervention, and prospective communication.

These suggestions may be included in this handout:

- **Reporting:**
 - Reporting requirements of employees
 - To whom should the injury be reported
 - Importance of timely reporting
 - Reporting requirements for employers – jurisdictional
- **Medical treatment:**
 - Communication expectations with employer
- **RTW:**
 - General statement of company's policy or philosophy (one or two sentences)
 - Procedures (forms for treating physician to complete, returning the form, etc.)
 - Employee's responsibilities
- **Insurance Company:**
 - Name and address
 - Advise that the employee's cooperation with the insurance claim representative is necessary.
The employee may be asked to provide a recorded statement of what occurred.
- **Benefits:**
 - State mandated
 - How temporary total disability (TTD) is calculated in general terms: two-thirds of average weekly wage at time of injury.
 - Keep it very general. For instance, Workers' Compensation provides both wage replacement during the healing period and payment for reasonable and necessary medical expenses. Provide just enough information to take the worry out of experiencing a compensable injury. Be careful not to provide incentives for the employee to stay off work or seek retraining-vocational rehabilitation-Loss of earning benefits.
- **Employer Contacts:**
 - Any questions should be directed to company personnel. Telephone number and contact person are optional.
 - Participation in the early return to work program is mandatory. Failure to report to work may be regarded as a voluntary resignation and will affect Workers' Compensation benefits.

MEDICAL PROVIDER

Developing a long-term relationship with a medical provider whose services and philosophy mirrors your company's needs is particularly helpful when implementing your early return to work program. The provider staff should become familiar with your operations and early return to work philosophy. Schedule a meeting with essential contacts to establish procedures and a communication plan. If possible, schedule a tour of your facility.

While you cannot direct medical treatment in many states, you can suggest facilities to your employees as long as they're aware the final choice is theirs.

PROSPECTIVE MEDICAL PROVIDER CHECK LIST:

1. Location(s)
2. Clinic hours
3. Average waiting times for pre-placement physicals, drug screening, walk-ins
4. Affiliation with hospital emergency room for after-hours medical treatment and testing
5. Information management
6. Services available
7. DOT drug/alcohol screening and physicals
8. Staff case manager
9. Role of case manager
10. Use of staff physical therapists
11. Specialties available (orthopedic, neurology, occupational, hand specialists)
12. Outsourcing of specialties
13. Philosophy regarding early return to work process
14. Does staff, including physicians, conduct on-site analysis?
15. Will physicians view videotapes?
16. Fees: DOT and non-DOT
17. Will physicians agree to meet with nurse case managers?
18. Does the medical provider participate in your PPO Network?

EMPLOYER'S ROLE AND RESPONSIBILITIES

1. Report all work-related injury/illnesses to West Bend as soon as possible. Reinforce prompt reporting of injuries to your employees regularly.
2. In case of medical emergency, ensure that prompt medical treatment is provided. Call 911 for an ambulance and direct them to the nearest emergency medical facility. If your organization has a first responder team, the team should be activated to ensure the employee receives prompt medical attention until emergency medical services can arrive.
3. For non-medical emergencies requiring medical attention, please follow these important steps:
 - Complete Supervisor's Incident Report and have the employee sign it.
 - If there are witnesses, have witness complete the Witness Form.
 - If the injured employee is seeking medical attention, provide him/her with the Physician's Attending Return to Work Form. Require the employee to either return it to you or have the treating physician fax it to you the same day.
 - Ensure root cause(s) have been identified and the corresponding corrective actions have been implemented to prevent a reoccurrence.
 - Inform the employee that every effort will be made to accommodate any physical restrictions imposed by the treating physician.
 - Inform injured employees of their responsibilities by having them sign and date the Employee Checklist and Early Return to Work Agreement upon their return.
 - Reinforce the employee must deliver to you in person any work-related restrictions immediately following physician appointments.
 - Fax a letter to the treating physician advising light duty is available. You may wish to include the Physician's Attending Return to Work Form if it's not given to the injured employee before he/she leaves for medical appointment.
 - Send a written confirmation of light-duty job availability to the injured employee.
 - Review restrictions with the employee. Ensure that tasks assigned are within the physical restrictions imposed by the treating physician.
 - Complete the Return to Work Log on each day following the injured employee's return to work.
 - Maintain weekly contact with injured employees who are completely off work due to physical restrictions. Let them know they're valuable members of your organization and show concern for their recovery.

EMPLOYEE'S ROLE AND RESPONSIBILITIES

Report all work-related illnesses and incidents to your supervisor.

If seeking medical attention for injury/illness, have the treating physician complete the Attending Physician's Return to Work Record upon your initial visit.

Hand deliver the completed Attending Physician's Return to Work Record or make sure the physician faxes it to the employer the same day of treatment.

Review, sign, and date the Return to Work Agreement.

Follow physical restrictions during work and non-work-related activities.

Complete the return to work log with your supervisor each day upon return.

You must be under active medical treatment and/or rehabilitation while on light duty.

You must have a release from your treating physician before returning to your regular job duties.

Communicate any problems or concerns to your supervisor or to management.

If you're authorized to be off work completely, maintain regular contact with your employer and insurance company representative.

Signature _____ Date _____

SUPERVISOR'S INCIDENT REPORT

Injury (work related)
 Illness (work related)
 Property Damage
 Incident

Employee Name (First, Middle, Last)			Social Security Number			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Employee Home Telephone Number		
Employee's Street Address						City		State	Zip	
Age	Birthdate Mo. Day Yr.		Job Title			Department				
Employee's Scheduled Work Week When Injured		Start Time AM PM	End Time AM PM	Hrs. Per Day	Hrs. Per Wk.	Days Per Wk.	Normal Full-Time Schedule for Injured's Work		Start Time AM PM	End Time AM PM
Injury Date Mo. Day Yr.		Hour of Day AM PM		Last Day Worked Mo. Day Yr.		Start Date Mo. Day Yr.		<input type="checkbox"/> No Lost Time <input type="checkbox"/> Date Returned to Work Mo. Day Yr. <input type="checkbox"/> Estimated Date of Return Mo. Day Yr.		

Did employee seek medical attention? Yes No If yes, name of treating physician: _____

Name of clinic or hospital: _____

Will the employee complete a drug screening? Yes No

Names of Witnesses (Attach witness statements.)

1. _____ 2. _____

Injured Employee's statement of what happened. (Identify circumstances and equipment involved.)

How could this incident have been prevented?

What corrective action has been taken?

What is the injury/illness? (Be specific.)

Part of Body Affected

- Eye
- Head
- Neck
- Back
- Arm
- Shoulder
- Fingers
- Leg
- Knee
- Hip
- Foot
- Wrist
- Hand
- Toes
- Ankle
- Elbow
- Trunk (Other than back)
- Other

Type of Injury

- Cut/Abrasion
- Bruise/Contusion
- Foreign Object
- Burn
- Break
- Sprain/Strain
- Exposure
- Repetitive Motion
- Other

I believe that the answers to the above questions are true to the best of my knowledge.

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

Notified

WITNESS STATEMENT

Name _____ Department _____

Date of Injury Witnessed _____ Employee Involved _____

Description of Incident: Please be as specific as possible

Were any safety rules not followed?

What factors contribute to this incident?

What body part was injured?

How could this incident have been prevented?

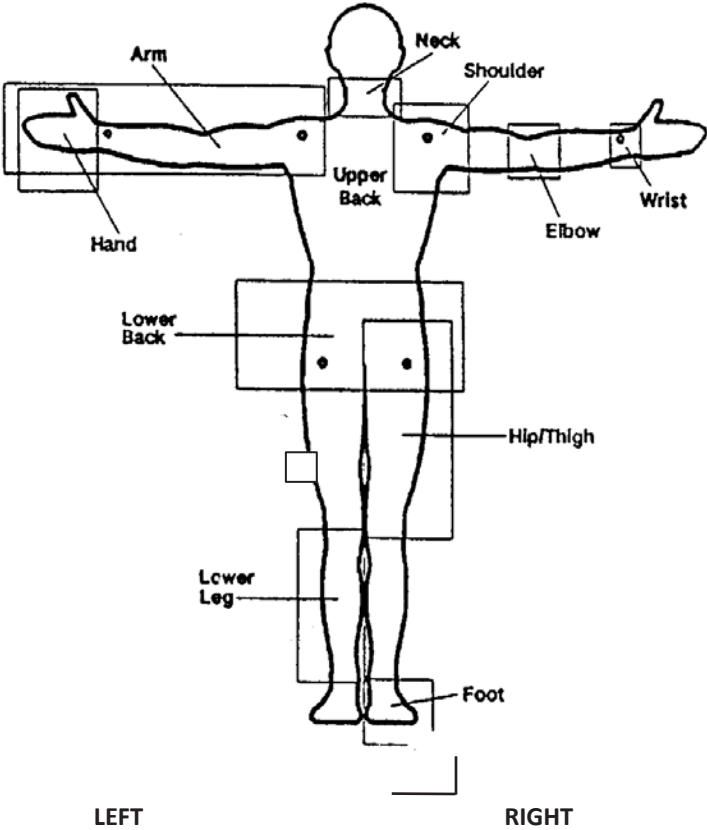
Sign and Date:

Employee Accident Report

Name: _____ Accident Location: _____

Date of Injury: _____ Time: _____ a.m. p.m. Date Reported: _____

Witnesses: _____ Accident Description: _____

Injured Area	Indicate Area of Injury	Type of Injury
1 <input type="checkbox"/> Head 2 <input type="checkbox"/> Eye: L / R 3 <input type="checkbox"/> Shoulder L / R 4 <input type="checkbox"/> Arm L / R 5 <input type="checkbox"/> Elbow L / R 6 <input type="checkbox"/> Wrist L / R 7 <input type="checkbox"/> Hand L / R 8 <input type="checkbox"/> Finger: Specify _____ 9 <input type="checkbox"/> Back 10 <input type="checkbox"/> Chest 11 <input type="checkbox"/> Abdomen 12 <input type="checkbox"/> Pelvis 13 <input type="checkbox"/> Hip L / R 14 <input type="checkbox"/> Leg L / R 15 <input type="checkbox"/> Knee L / R 16 <input type="checkbox"/> Ankle L / R 17 <input type="checkbox"/> Foot L / R 18 <input type="checkbox"/> Toe: Specify _____ 19 <input type="checkbox"/> Other: _____ _____ _____		1 <input type="checkbox"/> Abrasion 2 <input type="checkbox"/> Amputation 3 <input type="checkbox"/> Bite: _____ 4 <input type="checkbox"/> Bruise 5 <input type="checkbox"/> Burn 6 <input type="checkbox"/> Concussion 7 <input type="checkbox"/> Cut / Laceration 8 <input type="checkbox"/> Foreign Body 9 <input type="checkbox"/> Fracture 10 <input type="checkbox"/> Hearing Impaired 11 <input type="checkbox"/> Infection 12 <input type="checkbox"/> Pain: _____ _____ 13 <input type="checkbox"/> Puncture 14 <input type="checkbox"/> Rash/Derm. 15 <input type="checkbox"/> Respiratory 16 <input type="checkbox"/> Strain/Sprain 17 <input type="checkbox"/> Other: _____ _____

Have you ever injured this body part before? _____ if so, when? _____

Are you currently receiving medical treatment for the prior injury? _____

What do you believe caused this accident? _____

What can be done to prevent this from happening in the future? _____

Signature: _____

Date: _____

SAMPLE LETTER TO INJURED EMPLOYEE

(CERTIFIED MAIL - RETURN RECEIPT REQUESTED)

Dear (Employee):

Dr. (Name) has provided us with a release returning you to work with physical restrictions. (Please see attached form) or (list restrictions). We are very pleased to advise you that we have work available for you within these physical restrictions.

Effective (Date) and (Time) please report directly to (Name of Supervisor). The light duty job available is (Title), (Times/Shift) and the wage is (\$).

We are looking forward to seeing you on the (Date).

Sincerely,

ATTENDING PHYSICIAN'S RETURN TO WORK RECOMMENDATIONS RECORD (FORM WB-531)

Anytime an injured employee is required to seek medical attention for their injury or illness; he/she will need to provide a physician's authorization and/or release to return to work. Using the Attending Physician's form will ensure the treating physician addresses the issue of early return to work. The following is a suggested procedure for using the Attending Physician's form:

- » Provide the injured employee with a copy of the Attending Physician's form to deliver to their treating physician. This form will provide you with the following:
 - Documentation of lost time
 - Return to work date
 - Physical Restrictions
 - Duration of Restrictions
 - Re-evaluation date

- » You may also want to provide the physician with a copy of your early return to work policy.

- » Require the employee to return the form to a designated contact within the Company.

- » Inform the employee that every possible effort will be made to safely return them to work immediately following the injury.

- » You may wish to fax the form directly to the treating physician along with a letter outlining your goals (Sample in packet).

- » Provide a copy of the form to your West Bend claim representative.

ATTENDING PHYSICIANS REPORT
RETURN TO WORK RECOMMENDATIONS

Client name

Patient's Name (Last)	(First)	(Middle Initial)	Date of Injury/Illness
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TO BE COMPLETED BY ATTENDING PHYSICIAN - PLEASE CHECK

DIAGNOSIS/CONDITION (Brief Explanation)

I saw and treated this patient on _____ and based on the above description of the patient's current medical problem:

Date

1. Recommend his/her return to work with no limitations on _____ Date

2. He/she may return to work on _____ with the following limitations:
Date

CHECK ONLY AS RELATES TO ABOVE CONDITIONS

Sedentary Work. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as docket, 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.

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 of pushing and pulling of arm and/or leg controls.

Light Medium Work. Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.

Medium Work. Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

Light Heavy Work. Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

Heavy Work. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

1. In an 8 hour work day patient may:
- a. Stand/Walk
 None 4-6 Hours
 1-4 Hours 6-8 Hours
- b. Sit
 1-3 Hours 3-5 Hours 5-8 Hours
- c. Drive
 1-3 Hours 3-5 Hours 5-8 Hours
2. patient may use hand(s) for repetitive:
 Single Grasping Pushing & Pulling
 Fine Manipulation
3. Patient may use foot/feet for repetitive movement as in operating foot controls:
 Yes No
4. Patient may:
- | | Not at All | Occasionally | Frequently |
|----------|--------------------------|--------------------------|--------------------------|
| a. Bend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Twist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Squat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Climb | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHER INSTRUCTIONS AND/OR LIMITATIONS - INCLUDING PRESCRIBED MEDICATIONS

3. These restrictions are in effect until _____ or until patient is reevaluated on _____
Date Date

4. He/she is totally incapacitated at this time. Patient will be reevaluated on _____
Date

5. Referred To: None Private Physician _____
Doctor

Return Here _____ A Consultant _____
Date & Time Doctor, Date & Time

Physician's Signature	Date
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AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified above to my employer to his representative.

Patient's Signature	Date
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RETURN TO WORK CHECKLIST FOR EMPLOYEE

1. Report directly to your supervisor.
2. You must wear appropriate personal protective equipment.
3. Review all physical restrictions with your supervisor.
4. Review the return to work log with your supervisor.
5. Complete and initial the return to work log each day.
6. Remember that physical restrictions apply to non-occupational activities, as well.
7. Do not exceed your physical restrictions while on light duty. If anyone asks you to do so, advise management immediately.
8. You must be under active medical treatment and/or rehabilitation while on light duty.
9. You must have a release from your treating physician before returning to your regular job.
10. Communicate any problems or concerns to your supervisor or to management.

Signature _____ Date _____

EARLY RETURN TO WORK PROGRAM

RETURN TO WORK AGREEMENT

TO BE USED WHEN INJURED EMPLOYEE IS RELEASED TO RETURN TO WORK WITH PHYSICAL RESTRICTIONS

List of work restrictions: _____

I understand that I am to follow these restrictions at all times.

I understand that if I am ever asked to perform work outside of the above restrictions, I will decline the task and notify my supervisor.

I understand that if I experience difficulty with the assigned task, I will notify my supervisor.

Name of employee (please print)

Name of supervisor (please print)

Signature of employee

Signature of supervisor

Date

Date

Modified Duty Time Frame _____ to _____ (not to exceed 1 weeks)

If employee is not making progress toward returning to full duty, as deemed by (employer name), will be evaluated for continued participation in the light duty program.

RETURN TO WORK LOG (FORM 4I40-14)

The Return To Work Log is an efficient method used to monitor and document the specific tasks your employees are performing while on modified duty. It will help eliminate potential conflicts, should the question arise regarding the employee performing work in excess of his/her restrictions. It also serves as a daily reminder to the employee and his/her supervisor that restrictions are in effect.

- A supply of these forms should be centrally located and provided to each department supervisor or manager.
- Attach a copy of the employee's physical restrictions to the log.
- Have the employee write name on top of the log.
- Inform the employee it is their responsibility to follow their physical restrictions.
- Remind the employee physical restrictions also apply to non-occupational activities.
- Employee completes daily and initials daily.
- Employee's supervisor initials daily.

RETURN TO WORK LOG

EMPLOYEE NAME _____ SUPERVISOR _____

Date	Hours Worked		Tasks Performed	Comments Regarding Employee's Tolerance of Modified Duty Tasks	Employee Initials	Supervisor's Initials
	In	Out				
Sunday						
/ /						
Monday						
/ /						
Tuesday						
/ /						
Wednesday						
/ /						
Thursday						
/ /						
Friday						
/ /						
Saturday						
/ /						

I clearly understand, take responsibility for, and acknowledge the limitations my physician, Dr. _____ has placed on me while participating in this temporary transitional work program.

Employee Signature

Date

