



Stay-at-Work Program Guide



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Introduction:

This guide is designed to provide instructions and sample tools to help you develop a successful Stay-at-Work program. Whatever the program is called: “modified duty,” “light duty,” “transitional duty,” the goal remains the same – to assist employees to safely remain at work or return to work as soon as possible and contribute in a meaningful way to the workplace.

Stay-at-Work programs utilizing transitional work reduce loss cost through the reduction of health care costs and lost-time wage payments and they benefited employees, not just the employer. Remember, the sooner you implement a successful program, the sooner you can more effectively manage your workers’ compensation costs and potentially reap the cost benefits.

Important Notice: The following is intended only as general information for employers wanting to develop a Stay-at-Work program and not for the purpose of providing legal advice. Before utilizing any information in any of these documents, including sample programs and example forms, employers should verify its reliance for their purpose and should obtain any appropriate professional advice. The following information is intended only as a guide and does not release employers from their responsibilities under the Workers’ Compensation Act and regulations, or under any federal or state law. Employers are encouraged to discuss the development of a Stay-at-Work program as it is impacted by federal and state law with their legal counsel.

Responsibilities:

(The Program Coordinator and Supervisor can be the same person. Be sure to list their names in both spaces)

It is the program administrator’s responsibility to implement and enforce the requirements of this program, and to keep all required records and paperwork involved.

Sample Administrative Policy

TITLE: STAY-AT-WORK PROGRAM

EFFECTIVE DATE:

Approved By: _____
Signature/Title

Date: _____

Approved By: _____
Signature/Title

Date: _____

PURPOSE:

To define the terms and conditions of employee participation in the Stay-at-Work Program.

POLICY:

We recognize the need to return injured/ill employees to work as soon as possible. Therefore, a Stay-at-Work Program has been established to provide employees who are temporarily unable to perform the essential duties of their regular job, with the opportunity to perform a job within the scope of their medical restrictions.

Program Coordinator

_____ Phone

Responsibilities

- Issuing and overseeing the program actions.
- Maintaining all paperwork that is involved with implementing and maintaining the modified duty process.
- Assigning injured employees with work responsibilities and completing periodic reviews associated with this program.
- Notifying the workers' compensation carrier when an employee is assigned to a Stay-at-Work position and when the employee returns to work.

Supervisor Responsibilities

It is the supervisor's responsibility to ensure that all duties established by the program administrator are accomplished.

- Monitor employees who are currently on modified duty.
- Document all notable actions or changes in the progress of the employee who is currently on modified duty.

Employee Responsibilities

It is the employee's responsibility to follow the directions and job duties assigned to them by the program administrator.

- Follow the job duties assigned to them by the program administrator.
- Communicate any issues or limitations that arise in the process of trying to work while on modified duty.

Administrative Policy and Procedure

ELIGIBILITY:

- A. All regular full-time and part-time employees who have had an occupational injury or illness and who are temporarily unable to perform the essential functions of their regular job.
- B. In order to be considered for the Stay-at-Work Program, an eligible employee must:
 1. Have an occupational injury/illness that prevents performance of one or more of the essential functions of his/her regular position.
 2. Receive clearance on return to a Stay-at-Work position by the designated licensed healthcare provider.
 3. Be capable of performing the duties of an available Stay-at-Work position.

PROCEDURE:

A. Stay-at-Work Positions

1. Stay-at-Work positions will fall into one of the following categories:
 - a. Temporary modification of the current position to meet restrictions;
 - b. Temporary alteration in the number of hours or the schedule in the employee's regular position
 - c. Placement in a Stay-at-Work position in the same department.
 - d. Placement in a Stay-at-Work position in a different department.
2. Eligible employees may remain in a Stay-at-Work position until cleared to return to full duty, not to exceed a time determined by management. The period of restricted activity will be continually reviewed by the management team. Interim review by the workers' compensation healthcare provider may be conducted at any time as requested by site/facility management.

- a. Exceptions may be granted by the Administrator and Human Resources in consultation with department management if such exception would benefit the company;
- B. At the time an eligible employee is cleared to return on a limited basis by the licensed workers' compensation healthcare provider, the following procedure must be followed:
1. The employee must present the healthcare provider release to the Administrator. The note must specify the extent of the employee's restrictions. It should not list the diagnosis or discuss any confidential health information;
 2. A copy of the release will be forwarded to the employee's Department Manager and the Human Resources Department;
 3. In conjunction with the Department Manager and the designated workers' compensation healthcare provider, the Administrator will determine if a suitable Stay-at-Work position is available. Consideration will be given to placing the employee primarily in the same department and shift where practical. However, the employee may be offered a Stay-at-Work position in any unit and on any shift:
 - a. We reserve the right to determine how best to accommodate the restrictions established by the physician;
 4. The Stay-at-Work Coordinator will work with the Administrator and the employee's Department Manager to place the employee in the position. The Department Manager will be responsible for monitoring the employee's progress in the position;
 5. Employees placed in a Stay-at-Work position will receive their current hourly rate for all hours worked and benefits;
 6. Employees in a Stay-at-Work position will be held to the same standards of performance as any other employee;
 7. If an employee's performance evaluation is due while he/she is on a Stay-at-Work assignment, his/her regular supervisor will do the evaluation based on the employee's regular position.
 8. The employee will be evaluated periodically for any changes in restrictions and/or ability to perform by the workers' compensation healthcare provider.

The Stay-at-Work Coordinator will be responsible for coordinating the evaluations and for maintaining appropriate records.

The Stay-at-Work Coordinator will be responsible for notifying the workers' compensation carrier when an employee is assigned to a Stay-at-Work position and when the employee returns to work.

TERMINATION:

- A. If at the end of a three-month period restrictions are still in place and the employee is unable to perform the essential functions of his/her regular position, one of the following actions may be taken:
 - 1. In conjunction with the Human Resources Department, the workers' compensation healthcare provider, the employee, and the Department Manager will determine if a reasonable accommodation can be made to enable the employee to perform the essential functions of his/her regular position;
 - 2. If a reasonable accommodation cannot be made, the employee will be considered for any other available position for which he/she is qualified and is able to perform. Pay and benefits will be appropriate to the new position;
 - 3. If no position is available, the employee may be terminated and placed on a priority rehire list for a period of 90 days.

EMPLOYEE REFUSAL TO PARTICIPATE:

- A. An employee who refuses a Stay-at-Work position will be subject to the following:
 - 1. If he/she is entitled to additional Family Medical Leave Act (FMLA) leave, then the employee continues on leave until the full 12-week entitlement is exhausted. However, eligibility for the Workers' Compensation benefits may be impacted;
 - 2. If the employee is not eligible for FMLA or has exhausted his/her entitlement, then refusal of a suitable Stay-at-Work position may result in the employee's ineligibility for leave extensions resulting in termination of employment. Workers' compensation benefits may cease.
 - 3. An employee who refuses a suitable Stay-at-Work position could jeopardize their TPD and TTD benefits.
- B. Although we will make every effort to place eligible employees in a Stay-at-Work position, such placements are subject to availability and the employee's ability to perform.
- C. We reserve the right to amend, modify, or terminate this program at any time with or without prior notice to employees.

Transitional Duty Job Tasks - Some of the transitional duty tasks available are:

- | | | |
|---|---------------------------|---------------------------|
| Update SDS Materials | Train Other Employees | Make Service Appointments |
| Safety Audits | Parts & Vehicle Inventory | Organize Tool Room |
| DX or Courtesy Driver | Business Asset Inventory | Answer Phones |
| File Paperwork | Organize Warranty Parts | Housekeeping |
| General Office Work | Run Errands | Greeter |
| Obtain Customer & Vendor Tax Exempt Certificates, Insurance Certificates, or W-9s | | |

Sample Job Demands/Functional Demands Form

Use this form to assess the physical demands of a Job Title or specific position within the company.

JOB DEMANDS/FUNCTIONAL DEMANDS

TITLE	
JOB DESCRIPTION	
TYPICAL WORK CONDITIONS	
EQUIPMENT USED	
KNOWLEDGE/TRAINING	
ESSENTIAL TASKS	

PHYSICAL DEMANDS SUMMARY

ACTIVITY	FREQUENCY *				ACTIVITY	FREQUENCY *			
	N	O	F	C		N	O	F	C
Lift/Carry:					Body Movement				
10 Lbs. or less					Twist/Turn				
11-20 Lbs.					Climb				
21-50 Lbs.					Crawl				
51-100 Lbs.					Reach Above Shoulder				
100 + Lbs.					Reach Outward				
					Handling/Fingering				
Push/Pull:					Stand				
12 Lbs. or less					Walk				
13-25 Lbs.					Sit				
26-40 Lbs.					Bend				
41-100 Lbs.					Sit				
					Type/ Keyboard				
Drive									
Automatic					Other				
Standard									

*** Frequency**

N = NEVER O = OCCASIONALLY (1-33% of time) F = FREQUENTLY (34-66% of time) C = CONSTANTLY (67-100% of time)

Sample Injury Tracking Log

ACTION TO TAKE IMMEDIATELY	COMPLETED	NOT COMPLETED/COMMENTS
1. Attend to injured employees		
2. Send employee to medical treatment with Physician's Packet		
Within First 24-48 Hours:		
3. Report claim to ORMARKS		
4. Follow up with employee after treatment		
5. Check Physician's Packet and determine if employee can return to work on full duty, modified duty or transitional duty (if Yes, go to Step 6, if No, go to Step 10)		
6. Stay-at-Work Coordinator and Supervisor meet to identify modified or transitional work that accommodates employee		
7. Obtain Stay-at-Work Release from Physician		
8. Contact employee to explain Stay-at-Work benefits and light duty position		
9. Have employee sign Transitional Duty Agreement		
If Light Duty is not an option at this time:		
10. Follow up with employee a minimum of once a week or after significant medical treatment		
11. Contact Case Manager if one is provided		
12. Determine when employee will be available for light duty		
13. When medical approval is received, Stay-at-Work Coordinator and Supervisor meet to identify modified or transitional work that accommodates employee		
14. Obtain Stay-at-Work Release		
15. Contact employee to explain Stay-at-Work benefits and light-duty position		
16. Request employee sign Transitional Duty Agreement		
17. Follow up with employee within first week of return		

Sample Letter of Introduction to the Physicians

Date
Employer Name
Employer Address
Employer Telephone Number
Employer Contact Person
Workers' Compensation Claim Number

Dear Doctor _____:

_____ is seeking treatment for a reported occupational injury. You are treating a valuable employee of _____, which offers a Stay-at-Work Program to assist your patient in the transition to full-duty employment. We can accommodate many restrictions you may believe necessary to ensure full recovery of this patient. This includes modified hours, duties and availability to continue medical treatment. Attached is a Medical Treatment and Restriction form outlining what restrictions, if any, you assign to the patient. Your expeditious return of the requested information is an important component to the success of this program.

Understand that the objective remains to return this individual to Full-Duty Employment. Please keep this in mind when establishing your treatment plan.

Our workers' compensation carrier has Case Managers who are registered nurses to assist with case management when it is deemed appropriate. This is done with telephonic or in-person case management. In this capacity, they act as a liaison to the employer, medical provider, claims representative and injured employee to assure safe and early claim management.

Please communicate your diagnosis and treatment plan to the Claims Professional (or Case Manager if one is assigned) if one of the following occurs:

1. Prior injury or disability, by history, of the same body part
2. Fracture of a major bone/non-union fracture
3. Anticipated permanent injury or disability
4. Referral to another physician or specialist
5. Hospitalization
6. Anticipated surgery
7. Treatment Plan
8. Physical Therapy Recommended

Please let me know if you have any questions or concerns. You may reach me by telephone at _____ or email at _____.

Sincerely,

Name
Title

Medical Treatment & Restriction Form

Employee Name _____ Employer _____

To Be Completed by Healthcare Provider

Patient has follow up appointment on _____ () Check if treatment complete
Diagnosis: _____

Treatment (including surgery, physical therapy, medications, and diagnostic procedures):

Medical Restrictions for this injury: (Modified/Transitional duty will be considered for all employees)

WORK STATUS: (Health Care Provider, please check all appropriate boxes)

- Released to regular duty on _____ or, Expected to return to full duty on _____
 Patient may work transitional/ modified duty as of _____ with restrictions as listed:

WORK EFFORT LEVEL:

- | | |
|--|---|
| <input type="checkbox"/> Sedentary: lift/carry 10 lbs. maximum: walk, stand, sit as needed | <input type="checkbox"/> Medium Heavy: lift/carry occasional 75 lbs. maximum, frequently lift/carry up to 50 lbs. |
| <input type="checkbox"/> Light: lift/carry occasional 20 lbs. maximum; sitting as needed, may lift/carry up to 10 lbs. frequently, walk stand, push pull (arm or leg controls), may walk/stand to significant degree | <input type="checkbox"/> Heavy: lift/carry occasional 100 lbs. maximum, frequently lift/carry up to 50 lbs. |
| <input type="checkbox"/> Light Medium: lift/carry occasional 35 lbs. maximum, frequently lift/carry up to 20 lbs. | <input type="checkbox"/> No reaching above shoulder height |
| <input type="checkbox"/> Medium: lift/carry occasional 50 lbs. maximum, frequently lift/carry up to 25 lbs. | <input type="checkbox"/> No reaching below waist |
| <input type="checkbox"/> Medium Heavy: lift/carry occasional 75 lbs. maximum, frequently lift/carry up to 50 lbs. | <input type="checkbox"/> No exposure to dust/fumes |
| <input type="checkbox"/> Other restrictions _____ | <input type="checkbox"/> No operating vehicles |
| | <input type="checkbox"/> No operating machinery |

Name of Healthcare Provider Practice _____ Phone _____

Signature of Healthcare Provider _____ Date _____

*HEALTHCARE PROVIDER: Please forward records and bills from this visit as soon as possible to:
PMA c/o ORMARKS – PO Box 5231 Janesville, WI 53547-5231*

*EMPLOYEE: Return this form to your supervisor/claims coordinator
QUESTIONS: Contact our Customer Service Center: 888-476-2669*

To be Completed by Employee (Employee Signature Required)

Name: _____ Date of Injury: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

I give permission to my physicians or other healthcare providers, hospitals, or clinics to release the information on this form and to release my medical records relating to this injury/illness to my employer, PMA, ORMARKS, and any entity responsible for providing services in connection with my workers' compensation claim. I understand this information will be used to assist my employer in evaluating my injury/illness, my work status, and proposed courses of treatment.
Employee Signature: _____ Date: _____

To be Completed by Supervisor

Transitional Duty Provided: _____ Date Started: _____ Policy #: _____
Description of Duty: _____ Expected Completion Date: _____
Supervisor Signature: _____ Date: _____

Name (Please Print)

Date

I have been advised that my physical activities at work have been restricted.

DURATION OF RESTRICTION: _____

DATE TO BE RE-EVALUATED: _____

I understand that the limitation is as follows: _____

By co-signing this agreement, the Department Manager/Supervisor with an available job acknowledges this restriction and is able to accommodate my limitations or provide alternative work for me while I am on transitional duty.

I acknowledge that it is my personal responsibility to maintain my transitional duty status for as long as it is in effect. Therefore, if I am asked to perform a task that is outside of the limits as outlined above, I must notify my Supervisor/Department Manager immediately to intervene.

I further acknowledge that should I perform activities outside my limitations, I will be subject to disciplinary action.

Employee

Department Manager (Name, Title)

Transitional Duty Refusal

I refuse transitional duty. My rights and benefits have been explained to me, and I understand my workers' compensation temporary benefits may be terminated.

Employee

Department Manager

Date

Date