

Early Return-to-Work (ERTW) Program

PURPOSE:

The purpose of the ERTW Program is to facilitate a timely and smooth transition back to regular work for employees who have reported an on-the-job illness or injury. We hope our employees never have an accident or suffer any injury as a result of employment with our company. However, should an employee become injured, it is our policy to have the employee return to work no later than the next day if possible. The ERTW Program is designed to be a transitional process offering temporary, modified-duty work assignments, as available, and/or to modify the work site or the employee's regular job duties, if possible, to achieve the employee's return to full-time, regular work. While on temporary, modified-duty work assignments, the employee will continue to receive his or her regular rate of pay. Our goal is to help injured employees maintain their income during reasonable recovery periods and to keep them valued members of our team.

ELIGIBILITY CRITERIA:

Our company shall where possible, if work is available, and at the discretion of management, provide a transitional, modified-duty work assignment for those employees who have been injured on the job and the injury would result in lost time from work. Our company reserves the right to modify, change, or discontinue the transitional work assignment or other conditions of the ERTW Program at any time.

PROCEDURE:

When an employee reports an on-the-job injury or illness, the employee shall contact the direct supervisor immediately. The employee may be given certain forms by the supervisor and may be sent to a physician for an examination and/or treatment.

If the attending physician outlines in writing temporary work restrictions or conditions for transitional work, our company will then attempt to provide a transitional, modified-duty work assignment as available to assist the employee to return to normal duties. You may be asked to take a work task description to your attending physician for review to obtain a work release.

EMPLOYEE'S RESPONSIBILITIES:

The employee agrees to make every reasonable effort to return to the workplace as soon as possible. The employee who seeks medical treatment for an on-the-job injury or illness must make the attending physician aware of our company's ERTW program and the opportunity of modified work assignments. If the attending physician removes the employee from work, the employee must notify the supervisor as soon as possible. The employee needs to contact the supervisor weekly when off work to facilitate the company's ability to identify work assignments when medically appropriate.

When the employee receives a return-to-work release from the attending physician, the employee must notify the supervisor immediately, but no later than before the next workday. This will enable our company to locate appropriate work assignments and as quickly as possible for the employee.

INSTRUCTIONS TO SUPERVISORS

If an employee notifies you of an on-the-job injury while at work, provide medical attention as needed immediately. If this is an emergency, call for an ambulance or appoint a designated driver to transport the employee to an appropriate medical facility.

ERTW Packet: For all reported injuries requiring medical treatment, provide the employee with an Early Return-to-Work (ERTW) Packet to take to the attending physician. This packet consists of an Employee's Responsibilities sheet and a letter to the attending physician entitled "Work Tolerance Report." The Work Tolerance Report outlines transitional work restrictions, if any. Advise the employee to return this form to you or to the ERTW Coordinator, immediately after seeing the physician.

801 First Report of Injury: Complete the 801 First Report of Injury report with the employee. Then forward the 801 Injury Report to Empire Pacific Risk Management as soon as possible, but no later than 24 hours post injury reporting.

Letter to Injured Employee: Mail letter with a few copies of the Work Tolerance Report. This letter will provide the employee with information about the ERTW Program, instructions about what to take to the attending physician and convey the important message that you care about this employee's well being.

Work Tolerance Report: It is important to obtain specific information about any work restriction from the attending physician. The Work Tolerance Report will clarify this information from the attending physician. Provide this form to the employee to take to the first and/or next doctor appointment.

Available Transitional Employment Letter: When the employee brings you either the signed Work Tolerance Report or a written work release from the attending physician, fill in the Available Transitional Employment Letter (temporary modified work/job offer letter). This Available Transitional Employment Letter must be completed to assure any possible reimbursement from the state funds.

Task Analysis: Complete the Task Analysis together with the injured employee if possible. The Task Analysis describes the temporary work assignment's duties and physical demands. The modified tasks must fall within the attending physician's work restrictions outlined on the Work Tolerance Report or other similar work release form. Fax the Task Analysis to the attending physician for his/her approval of the temporary work tasks or have the employee take the Task Analysis to his/her next doctor's appointment. As long as the temporary work assignments fall within the work restrictions, the employee can return to work immediately. However, the Task Analysis must be received from the attending physician for appropriate workers' compensation claims handling.

Discuss with the employee any work restrictions and what he or she can and cannot do. Reinforce the importance of staying within the work restrictions. Suggest that the employee carry a copy of the work restrictions with him or her while at work. Stay closely involved with the injured employee throughout the modified work process. Provide support and encouragement to the employee to work safely.



**EMPIRE
PACIFIC**
Risk Management, Inc.

To Empire Pacific Risk Management SIG Members:

One of the most important changes affecting Empire Pacific SIG members is the process needed to bring injured workers back into the work force in “modified” or “light duty” positions.

Attached are the forms and letter that will be needed in the future to legally and successfully return injured workers back to work in modified position. The purpose of the attached letter and forms is threefold: 1) by completing the forms correctly, you can bring an injured worker back to work in modified position, 2) if the forms are completed correctly, should the injured worker refuse the modified position, temporary total disability payments cease, and 3) the correct completion of the attached letter and forms will enable you organization to receive a 50% wage reimbursement through the EAIP Program of the hourly wage paid to the injured worker for up to 66 work days while the were in their modified duty position.

The procedure for the completion of the forms and letter is quite simple:

1. Have you injured employee take the “Work Tolerance Report” form to the treating physician for completion. If you have physical restrictions from the treating physician for you injured worker, the Work Tolerance Report is not needed and you can skip to #3.
2. When the treating physician completes the Work Tolerance Report, you can use the information on that report to prepare a “light duty job”, or Task Analysis.
3. Prepare the “Task Analysis” form using the information provided by the physician on the Work Tolerance Report or other Physical Restrictions form from doctor.
4. FAX the Task Analysis to the treating physician for his/her signature – the doctor will usually sign the form and FAX it back to you the same day.
5. When the signed Task Analysis is received from the treating physician, complete the attached letter on your organizations letterhead, filling in the blanks where indicated and sending the letter (Certified and Regular Mail) to the injured employee. Attach to the letter the task analysis completed by you and approved by the treating physician.
6. Wait until the date the employee is to start the modified position. If the employee does not contact you or come to work on the “start date” noted on the return to work letter, contact our claims department immediately so time loss to that injured worker can be discontinued as that date.

If you have any questions about the attached forms and letter, please contact the Empire Pacific claims department at (503) 968-6300 for assistance. Regular office hours are Monday through Friday, 8:00 AM to 4:30PM.

LETTER TO INJURED EMPLOYEE

Date

Name
Address

Dear _____ :

We are sorry to hear that you have suffered an on-the-job injury. We will do all that we can to help you in returning to work as soon as you are physically able.

As an employee who has filed a claim for an on-the-job injury, you will come into contact with the Oregon Workers' Compensation system. The first step in this system is your filing of an "801" First Report of Accident form. This 801 is forwarded by Our company to our worker's compensation insurance company, Empire Pacific Risk Management Services.

Our company, through Empire Pacific Risk Management Services, will pay the benefits you may receive as a result of an accepted on-the-job injury. State law determines these benefits. However, once you return to work to either a transitional, modified-duty work assignment or to your regular work, you will receive your regular wages from our company.

After you have seen your attending physician, a letter may be sent to your physician describing our Early Return-To-Work (ERTW) Program. In this ERTW program, a transitional, modified-duty work assignment will be provided to you as available. The work assignment is selected to fit your work limitations as outlined by your physician. It is also designed to help you ease back into the workforce gradually, until your physician releases you to return to your regular job.

Enclosed are extra Work Tolerance Report forms to take with you if you need to see your physician again. Please discuss our ERTW Program with your physician and any physical restrictions the physician may give you. Please return a completed Work Tolerance Report immediately to me. We want you to return to work safely and not exceed your physical abilities.

If you have any questions about your compensation benefits or the ERTW Program, please feel free to call me. By the time you receive this letter, you may have already returned to work, or you may not have lost any work time at all. However, we hope this information will be helpful to you.

Best wishes for a quick recovery.

Early Return-to-Work Coordinator

AVAILABLE TRANSITIONAL EMPLOYMENT LETTER

Date:

SEND CERTIFIED & REGULAR MAIL
OR HAND-DELIVER TO EMPLOYEE

Name:

Address:

Your attending physician has released you for modified-duty work (see attached). Our company's Early Return-to-Work program enables you to remain safely in the workforce while you are recovering from your injury. Appropriate, temporary work tasks are available. The specifics of the transitional, modified-duty work assignments are: **WORK TASKS:**

SHIFT TIMES: (a.m./p.m.) to (a.m./p.m.); (day of week) to (day of week)

START DATE: Date Time

DURATION OF ASSIGNMENT, IF KNOWN:

WAGE RATE PAYABLE: \$ per hour

PLACE (ADDRESS): _____

REPORT TO (SUPERVISOR'S NAME): _____

If you have any questions about your return to work, please contact me. We look forward to seeing you on the above date.

Pursuant to OAR 436-060-0030 (5)(c)(F), you have the right to refuse this modified job offer without termination of Temporary Total Disability benefits if any of the following conditions are marked "yes":

Yes No

The offer is at a site more than 50 miles from where the worker was injured, unless the work site is less than 50 miles from the worker's residence, or the intent of the employer and worker at the time of hire or as established by the employment pattern prior to the injury was that the job involved multiple or mobile work sites and the worker could be assigned to any such site. Examples of such sites include, but are not limited to logging, trucking, construction workers, and temporary employees;

The offer is not with the employer at injury;

The offer is not at a work site of the employer at injury;

The offer is not consistent with existing written shift change policy or common practice of the employer at injury or aggravation; or

The offer is not consistent with an existing shift change provision of an applicable union contract.

If you refuse this offer of work for any of the reasons listed in this notice, you should write to the insurer or employer and tell them your reason(s) for refusing the job. If the insurer reduces or stops your temporary total disability and you disagree with that action, you have the right to request a hearing. To request a hearing you must send a letter objecting to the insurer's action(s) to the Worker's Compensation Board, 2601 25th Street SE, Suite 150, Salem, Oregon 97302-1282.

The Reemployment Assistance Program provides Oregon's qualified injured workers help with staying on the job or getting back to work. Because of your injury, your employer may be eligible for assistance to return you to transitional work through the Employer-at-Injury Program while your claim is open. Your employer may contact {insurer name and phone number}.

Failure to report to work could affect time loss compensation and could affect your vocational eligibility.

Sincerely,

ERTW Coordinator

Enclosure: Physician release

I have read, understand and (circle one) **ACCEPT / REJECT** the above offer of employment.*

Employee Signature

Date

*Please return this letter to me before or at the scheduled work time. Failure to report to work at the scheduled date, time and place will be regarded as a voluntary resignation and could affect your worker's compensation benefits.

WORK TOLERANCE REPORT

Employee Name: _____ DOB: _____ (Month/Day/Year)

To the Attending Physician:

Our company has an active Early Return-to-Work (ERTW) Program designed to return an employee to transitional modified work assignments, if that is needed during recovery. We request your assistance in helping us return our employee back to work safely.

Representative: _____

Phone #: _____

Address: _____

Fax #: _____

City: _____ State: _____ Zip: _____

DOCTOR COMPLETES:

Body part injured: _____ Diagnosis: _____

Treatment: _____

If referring our employee to a specialist, please indicate:

Specialist's Name	Specialty	Date

- Employee is able to return to full regular duty (no restrictions).
- Employee is able to return to modified work _____ # hours/day _____ # days/week
- Anticipated duration of modified status _____
- Restrictions are in effect until _____ / _____ / _____

	Not at All 0%	Rare 1-5%	Occasionally 6-33%	Frequently 34-66%	No Restrictions
Lift/Carry/Push/Pull -					
- Up to 10 pounds					
- 11 – 25 pounds					
- 26-50 pounds					
- 51-75 pounds					
Sit					
Stand/Walk					
Drive					
Climb ladders/stairs					
Bend					
Kneel/Squat					
Reach – Shoulder level	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>
Reach – Overhead	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>
Use of hands	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>	L <input type="checkbox"/> R <input type="checkbox"/>

Comments:

Date of next exam: _____ / _____ / _____

Physician's Signature: _____

Physician's Name (please print): _____

Address: _____ City: _____ State: _____ Zip: _____

Please hand deliver to employee or fax back to Company at above Fax number.

Thank you.

