

**New York State Department of Labor  
Division of Safety and Health**

**Workplace Safety and Loss Prevention Incentive Program**

**Return to Work Model Program**



**Workplace Safety & Loss Prevention Program  
Building 12, Room 167  
W. Averell Harriman Campus  
Albany, NY 12240**

## TABLE OF CONTENTS

<b>Required Elements of a Return to Work Program</b> .....	2
<b>I. Policy Statement (Statement of Commitment)</b> .....	4
<b>II. Program Goals</b> .....	5
<b>III. Communication Plan</b> .....	6
<b>A. Workforce</b> .....	6
<b>B. Injured Staff Members</b> .....	6
<b>C. Collective-Bargaining Representatives</b> .....	7
<b>IV. Policy and Procedures</b> .....	8
<b>A. To return the staff member to the workplace</b> .....	8
<b>B. To involve the injured staff member in the RTW process</b> .....	8
<b>C. To involve a representative of employees in the RTW Program</b> .....	8
<b>D. To provide information to the injured staff member’s treating doctor</b> .....	8
<b>E. To develop and implement a written Individual RTW Plan</b> .....	9
<b>F. To monitor the injured staff member’s progress, recovery and RTW</b> .....	11
<b>G. To refer a staff member to a vocational assessment and offer vocational services</b> .....	12
<b>V. Ways to maintain and promote the Program</b> .....	13
<b>VI. Evaluation of the Program</b> .....	14
<b>Appendix A: Authority to Release Medical Information</b> .....	15
<b>Appendix B: Letter to Treating Physician</b> .....	16
<b>Appendix C: Transitional Assignment Form</b> .....	17
<b>Appendix D: Physical Demands Task Assessment</b> .....	19
<b>Appendix E: Individual RTW Plan Development Worksheet</b> .....	25
<b>Appendix F: Individual RTW Plan Form</b> .....	26
<b>Appendix G: Ways to Accommodate</b> .....	28

**Required Elements of a Return to Work Program  
under the Workplace Safety and Loss Prevention Incentive Program (WSLPIP)**

Section 134(6-10) of the Workers' Compensation Law (WCL) was changed in 2007 to give employers more reasons to use safety and loss prevention programs. The program gives employers a cut in workers' compensation costs. They are eligible for this cut if they have a Safety Incentive Program, a Drug and Alcohol Prevention Program, and/or a Return-to-Work Program. The following employers may take part in the program:

- An employer covered by any authorized insurer who issues workers' compensation policies or by the New York State Insurance Fund (except those in a recognized safety group) who:
  - Pays annual workers' compensation insurance premiums of at least \$5000
  - Has an experience rating of under 1.30 for the preceding year
- An individually self-insured employer
- A group self-insured employer, as authorized by the Chair of the Workers' Compensation Board

Employers who must have a safety and loss prevention program under NYCRR 59 may not take part in the program.

To make your Safety Program eligible for the Incentive, it should contain:

- A statement of commitment to providing safe, gainful, and meaningful to employees as soon as medically possible following an on-the-job injury or illness.
- A plan for communication with all parties including the injured worker, the medical provider, the collective bargaining representative, if any, and the Board, in order to facilitate an employee's return to work.
- A policy and procedure for returning injured employees to the workplace that is communicated to all employees and collective bargaining representatives in writing, in a timely manner, and in languages and methods clearly understood by all employees.
- A policy and procedure for ensuring the involvement of the injured or ill employee in all aspects of the return to work process.
- A policy and procedure for ensuring the involvement of a designated representative of employees and/or the recognized representatives of each collective bargaining unit in the Return to Work Program.
- A policy and procedure for ensuring that the injured employee's medical provider is given information which will assist in determining the injured worker's ability to return to the pre-injury job, a modified job, or a suitable alternative work assignment at the employer in a timely manner.
- A process for the development and implementation of a written individual return to work

plan by the employer, the employee, and employee representative(s).

- Policies and procedures that focus on returning the employee to his or her pre-injury employment in a safe and timely manner, with accommodations if necessary, but which do not cause undue hardship on the parties or violate an existing collective bargaining agreement.
- A policy and procedure to make reasonable efforts to accommodate the employee's work-related injury or illness so that the post-injury job is consistent with an assessment by the worker's treating physician, with the goal of offering the employee alternative suitable and available work that is comparable in nature and earnings to the worker's pre-injury job.
- A policy to return an injured worker to the pre-injury job as soon as it is medically determined by the treating physician that the employee is capable of performing the essential duties of their pre-injury or pre-illness job.
- A policy and procedure for referring an employee to a vocational assessment and for providing vocational services if the injured or ill employee cannot safely perform the essential duties of the pre-injury job or a suitable alternative job at the employer.
- A procedure for monitoring the employee's progress, recovery, and return to work with notice to the employee's treating physician, and the recognized collective bargaining representative, if any.
- Strategies for maintenance and promotion of the program.
- An evaluation component that includes realistic and measurable criteria to determine the appropriateness and effectiveness of the program.
- Designation of a Return to Work Program contact at the employer for use by employees seeking to participate in the Return to Work Program.
- A final, approved Return to Work Program plan must be made available to all employees upon request and provided to the employee representative(s) in each workplace location.
- The Return to Work Program must be documented in writing and communicated in languages and methods clearly understood by all employees.

This document outlines a Return to Work Program for use by a business seeking the Workplace Safety and Loss Prevention Incentive Program (WSLPIP) credit. Employers may use this model, in whole or in part, depending on their business needs. To qualify for a credit under the WSLPIP, a Safety Program must meet the requirements in Industrial Code Rule 60-1.15. We list them on pages two and three of this document.

## **I. Policy Statement (Statement of Commitment)**

*(Company Name)* is committed to giving safe, gainful and meaningful employment to staff members as soon as medically possible after an on-the-job injury or illness. To do this, we have set up a Return to Work Program. This program will serve staff members who have sustained a workplace injury or illness. *(Some employers also offer this program to off-the-job disabilities. State that here as well.)*

For those injured on the job, *(Company Name)* provides ways for you to return to work as soon as medically possible. We will provide other options if you are not able to go back to your previous job or full duty right away. You may be able to do your regular job with changes. In the meantime, you also may be able to do other work.

If your injury does not let you ever return to your regular job, *(Company Name)* will try to place you in another position. This position will be similar in nature and earnings to your former job. If there is no suitable position, we will make sure that you get a vocational assessment. This will help you to find suitable employment. We will make every reasonable effort to help every staff member who is injured on the job return to work.

For more information about our Return to Work program, you may contact *(the Return to Work Program Contact)* at XXX-XXXX.

*Signature (Director of Human Resources/Executive Manager)*

## **II. Program Goals**

- Return all staff members who sustain a workplace injury or illness to work in a safe and timely manner
- Reduce time loss resulting from workplace injuries or illnesses
- Increase injured staff member\* retention
- Produce effective and cost-efficient Individual Return to Work (RTW) Plans
- Reduce workers' compensation insurance premiums
- Reduce the cost of medical and indemnity benefits
- Run a program that meets the needs of staff members

*\*Note: "Injured staff member," as used in this Return to Work Program, means any staff member who has sustained a work-related injury or occupational illness.*

### III. Communication Plan

#### A. Workforce

The Return to Work (RTW) Program Handbook will be given to:

- All staff members when the program starts
- New staff members when they start work
- The designated representative(s) of employees: *(insert name or list of names and assigned locations here)*

We will train all staff members within (#) days of the program's start date. We will train new staff members within (#) days of their start date. Training can be a workplace-wide event or small group sessions.

Training will:

- Advise all staff of the features and use of the program
- Stress to staff members that they must notify their supervisor as soon as an injury happens, or as soon as they realize they have been injured
- Advise supervisors of their responsibilities under the program
- Train supervisors on how to report injuries to the employer and the Workers' Compensation Board (Board)
- Train supervisors on how to communicate with injured staff members to promote early and safe return to work

#### B. Injured Staff Members

When an injury happens, the supervisor will:

- Make it a top priority to ensure that the staff member has received proper medical attention
- Make sure to notify emergency contacts, if necessary
- Encourage the injured staff member to seek medical attention as soon as possible
- Fill out an accident report as soon as possible
- Forward a copy of the accident report to *(identify proper person/department)* and the Board
- Give the staff member's name and contact information to the designated RTW Program Contact (Program Contact) for follow up

The purpose of follow-up contact is to remind staff members that the RTW Program exists for their use. The follow-up also will assure injured staff members of our commitment to help them return to work as soon as their doctor says they can. It is important to let the staff member know that we will find work that he or she can do while recovering. This includes part-time and alternate work. We will then return the staff member to his or her pre-injury job or another similar job, if possible.

The follow-up contact's purpose is to encourage the staff member. We value staff members and want to return them to the workplace as soon as it is medically possible. However, we will not force a staff member to return to work before he or she is ready.

Staff members should be encouraged to contact the Program Contact with any questions or when they are ready to return to work.

The Program Contact will:

- Maintain the staff member's involvement in the RTW process
- Oversee the development of a written Individual RTW Plan
- Make a follow-up phone call after 45 days to check on the staff member's recovery and well-being
- Conduct follow-up calls with sensitivity to the injured staff member
- Not pressure the injured staff member to return to the workplace
- Remind the injured staff member that the RTW Program is there as soon as the staff member is feeling well enough to use it

### **C. Collective-Bargaining Representatives**

The RTW Program should not break existing collective-bargaining agreements. The Program Contact will include the collective-bargaining representative in the meetings to develop an Individual RTW Plan. The representative will make sure that any work scheduling, alternative work assignments or other changes contained in the Plan do not break any collective-bargaining agreements.

## **IV. Policy and Procedures**

### **A. To return the staff member to the workplace**

The main concern is to return injured staff members to the workplace. The Program Contact should follow the process in the Communication Plan and obtain a reply from the treating doctor. Then, the Program Contact will set up a meeting to discuss returning the staff member to work.

The meeting will:

- Include the employer, the injured staff member, and the representative of employees or the collective-bargaining representative
- Develop a written Individual RTW Plan
- Arrange to put the Plan into practice
- Focus on returning the injured staff member to their pre-injury work as soon as the physician decides that the staff member is able to do the basic duties of the pre-injury work
- Accommodate, within reason, any work to the injured staff member's abilities
- Make any work assignments consistent with the treating physician's recommendations

In some cases, the injured staff member cannot return to his or her pre-injury employment. This may be due to a permanent injury. Also, the position may no longer be open. In this case, you should return the injured staff member to suitable available alternate work. This work should be similar in nature and earnings to the staff member's pre-injury work.

### **B. To involve the injured staff member in the RTW process**

Include the injured staff member in all decisions about his or her return to work. The Program Contact will make sure the injured staff member takes part in all meetings and decisions.

### **C. To involve a representative of employees in the RTW Program**

The representative of employees will:

- Act as the liaison between staff members and the Program Contact to answer questions or make concerns known
- Represent the interests of the greater employee population and the injured staff member during the development and discharge of Individual RTW Plans
- Promote the program to employees

### **D. To provide information to the injured staff member's treating doctor**

When the staff member feels that he or she can return to some work, he or she should notify the Program Contact. The staff member does not have to feel able to do full time work or full pre-injury job duties. When the staff member is ready to do some work:

- The Program Contact will ask the staff member to sign the *Authority to Release Medical Information*

- The staff member's supervisor will fill out a *Physical Demands Task Assessment* form
- The Program Contact will help fill out the above forms, if needed.
- The Program Contact will forward the above two forms, a *Letter to Treating Physician* and a blank *Transitional Assignment* form to the staff member's treating physician
- The Program Contact will obtain the address for the physician from the injured staff member
- The information that the physician sends in response to the forms will help the employer to understand the staff member's work limits.
- The physician's recommendations will guide the development of the Individual RTW Plan

It is the staff member's responsibility to keep in contact with his or her treating doctor. The staff member should keep any follow-up appointments with the doctor. The staff member also should give the doctor news about his or her recovery and return to work.

See Appendix A for the *Authority to Release Medical Information* form.

See Appendix B for the *Letter to Treating Physician*.

See Appendix C for the *Transitional Assignment* form.

See Appendix D for the *Physical Demands Task Assessment* form and instructions.

### **E. To develop and implement a written Individual RTW Plan**

An Individual RTW Plan lays out the steps to take to return a staff member to his or her pre-injury job. Transitional work is a vital piece of a successful RTW Program.

Consider transitional work for any Individual RTW Plan. Transitional work may include:

- A modified version of the injured staff member's original job
- The same job with reduced hours
- A combination of tasks from other positions
- Full or part-time work hours

Transitional work should be alternate job duties with a time limit. These duties should lead to the injured staff member's full return to their pre-injury job. The work must be useful and maintain the staff member's sense of worth.

To identify alternate assignments, determine:

- What useful tasks could the injured staff member do?
- What tasks, now done occasionally, need to happen more often?
- What tasks can we give to someone else?

Be aware of the physical and other demands of the alternate jobs. They must be within the limits set by the injured staff member's physician. This will prevent re-injury and ensure the full healing of the staff member.

The Individual RTW Plan should be developed jointly by:

- The Program Contact

- The injured staff member
- The employee and/or union representative
- The injured staff member's supervisor (if proper)

Remember to stress the injured staff member's abilities rather than their limits.

The Plan should include:

- Goals and timetables to help the injured staff member reach the final goal of returning to pre-injury employment, with changes if there is permanent disability.
- A graduated work outline of appropriate transitional work activities:
  - Of increasing complexity, duration, and/or physical difficulty
  - Achieved incrementally, consistent with the treating physician's recommendations
  - With timetables that are consistent with the treating physician's assessment of the staff member's capabilities
  - With the end goal of returning the injured staff member to his or her pre-injury job at full capacity if possible
- A beginning and an end date, usually not longer than 90 days
- A clear definition of what is considered progress for the staff member, e.g.:
  - can work five hours a day by week three, or
  - can assume a certain task by week five
- The plan should also include the responsibilities of
  - The staff member
  - The supervisor or manager
  - Any co-worker who will assist the injured staff member
- A list of the actions that each party must take to achieve the RTW Plan goal

These people must fill out and approve the *Individual Return to Work Plan* form:

- the injured staff member,
- his or her supervisor,
- a member of management, and
- the representative of employees

You must do this before you can start the Plan. The Program Contact must give the original Plan to Human Resources. They will store it in the injured staff member's personnel file. The Program Contact should also give copies of the Plan to the staff member and his or her supervisor. Record any changes to a Plan on an *Individual Return to Work Plan* form and note them as revisions. Redistribute the form to the parties as above.

*Note: Most transitional assignments should last no more than 90 days. Every RTW assignment should have a start and end date. You may need to modify the dates from time to time, but they should never be open-ended.*

See Appendix E for an *Individual RTW Plan Development Worksheet* for use in developing the Individual RTW Plan

See Appendix F for an *Individual Return to Work Plan* form

See Appendix G for the *Ways to Accommodate* document to assist in developing the Individual RTW Plan

The injured staff member's supervisor will:

- Oversee the Individual RTW Plan
- Carry out the steps the Plan prescribes
- Get feedback from the injured staff member about his or her satisfaction with the Plan as it progresses

For example, if the injured staff member feels that he or she can take on more work hours more quickly than the Plan has scheduled, he or she should tell the supervisor

The members of the committee that developed the Plan should:

- Meet when changes are requested, or
- Meet at reasonable intervals, depending on the length of the Plan
- Evaluate the Plan
- Make revisions to the Plan when necessary

If the injured staff member feels that the supervisor has not taken his or her feedback or requests for changes seriously, he or she should talk to the representative of employees. The representative will tell the Program Contact.

*If the injured staff member has doctor's appointments during working hours, these visits must be coordinated with the Individual RTW Plan.*

#### **F. To monitor the injured staff member's progress, recovery and RTW**

The injured staff member's supervisor is responsible for monitoring the staff member's progress through the Individual RTW Plan and his or her recovery. The supervisor sees and speaks with the injured staff member every day, and can get verbal feedback. The supervisor should also watch for signs that the staff member is physically struggling with a task.

When a supervisor sees an injured staff member struggle with his or her work tasks or work hours, the supervisor should:

- Meet with the staff member
- Present his or her observations
- Get the staff member's feedback
- Come to an agreement with the staff member about whether or not the Plan should be revised

The supervisor alone cannot change elements of the Plan. The committee must meet to discuss any revisions. This is not to prevent anyone from revising the Plan. The Plan exists to serve the injured staff member and must meet his or her needs. However, it does this best when all committee members develop the revisions. This lets the committee

consider all options. They may need to speak with the injured staff member's treating doctor for more advice.

Supervisors must also recognize that an injured staff member's Individual RTW Plan may impact other staff. Coworkers may resent taking on an extra work to help the injured worker. They may also feel that the injured staff member has gotten an "easier" job. A negative work atmosphere can be a major factor in a breakdown of the RTW process. Therefore, it is important to respond to the concerns of both the injured staff member and his or her coworkers.

Once the Individual RTW Plan has ended, the committee will meet a final time to:

- Affirm that the Plan is finished and the staff member has recovered or has reached maximum medical improvement
- Return the injured staff member to his or her pre-injury job duties, or
- Develop permanent accommodations to the staff member's pre-injury job if he or she cannot return to the pre-injury job due to permanent disabilities

See Appendix G for *Ways to Accommodate*. Again, you may need to speak with the injured staff member's treating doctor for more advice.

Return to the pre-injury job may not be possible because the Company had to fill the position. In this case, the injured staff member must be returned to a job similar in nature and earnings to his or her pre-injury job. The committee will go over open positions to find a suitable job. The committee will also make any changes to the job that the staff member needs.

**G. To refer a staff member to a vocational assessment and offer vocational services**

A job suitable for the injured staff member may not exist with the Company. In this case, The Program Contact will seek a job for the injured staff member at companies with which the Company has professional or business ties. If the Program Contact cannot find a suitable job in this manner, he or she may refer the injured staff member for a vocational assessment and vocational services. The Program Contact must develop and maintain a list of these providers. Providers may include:

- New York State Workers' Compensation Board District Offices
- New York State Department of Labor One Stop Career Centers
- New York State Vocational and Educational Services for Individuals with Disabilities District Offices
- Private companies or not-for-profit organizations that offer job training and vocational rehabilitation services

## **V. Ways to maintain and promote the Program**

The employer will maintain and promote the Program by:

- Providing information and training on the RTW Program to all staff
- Maintaining early and consistent contact with injured workers to encourage them to utilize the program
- Evaluating the Program, and obtaining staff feedback to:
  - determine its effectiveness and
  - make improvements if necessary

## **VI. Evaluation of the Program**

It is vital to evaluate the RTW Program to find the strengths and weaknesses. We will use information from yearly evaluations to make regular improvements. We also will use it to decide if we met our program goals. We may need to conduct evaluations two or four times a year, depending on the size of the Program and how many locations it covers.

The RTW Program Contact will conduct an evaluation every year. The Program Contact will review the prior year's RTW Program records, including:

- time from injury to return to work
- average duration of Individual RTW Plans
- cost of accommodations or modifications for the injured staff member
- cost of Workers' Compensation premiums
- cost of medical and indemnity benefits paid
- amount of time lost
- the rate of injured staff member retention
- number of workers accommodated, compared to historical records
- number of workers accommodated in their pre-injury job
- number of workers who had recurrences while performing modified work
- injured staff member satisfaction level with the RTW program

The Program Contact should report the results of this analysis to:

- management
- the representative(s) of employees
- union representatives, if any
- any staff member who requests a copy

The Program Contact, human resources, management and the representative(s) of employees should meet to talk about changes to the RTW Program. Base any changes on the results of the evaluation. If you make changes, provide new written copies of the Program to those listed above.

**Appendix A: Authority to Release Medical Information**

**AUTHORITY TO RELEASE MEDICAL INFORMATION**

Employee Name:  
Employee Address:

Date of Birth:

I authorize (*name of treating physician*) \_\_\_\_\_ to release medical information to my employer, (*name and address of employer*), regarding my on-the-job injury that occurred on (*date of injury*). This information is confidential. It may not be used for any purpose other than helping me to return to work.

This information may assist my return to medically appropriate, productive work.

*Print Employee Name* \_\_\_\_\_

*Employee Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

## **Appendix B: Letter to Treating Physician**

*(Date of letter)*

*(Doctor's name and address)*

Subject: *(Employee's name and date of injury)*

Dear Dr. \_\_\_\_\_:

Our Company has begun a Return to Work program designed to help any injured employee resume medically appropriate work as soon as possible.

We are sending you a job description for the regular job of the employee named above. We will modify the job, if possible, to meet any medical restrictions. If our employee cannot return to his or her regular job, we will try to find an appropriate alternate work assignment. We will make sure that any assignment meets all medical requirements needed for your specific treatment strategies. We will consider re-arranging work schedules around medical appointments, if needed. With those goals in mind, please complete the enclosed Transitional Assignments Form with as much detail as possible.

If you need more information about a possible work assignment or about our Return to Work Program, please call *(Return to Work Program Contact name and number)*. Our insurance carrier is *(name and address of insurance carrier)*.

Thank you for helping us to return our employees to a safe and productive workplace.

Sincerely,

*(Signature of company representative or owner)*  
*(Title), (Name of Company)*

Encls: Signed authorization  
Job descriptions and task analysis  
Transitional Assignments Form

## Appendix C: Transitional Assignment Form

### TRANSITIONAL ASSIGNMENT

To: *(Physician Name)*

From: *(RTW Program Contact)*

Date:

Re: Transitional Work Assignment

*(Injured Employee's full name)*

The *(Company Name)* has a Return to Work (RTW) program designed to help an employee reach full recovery following an occupational injury/illness. By filling out this form, you will help the company's effort to find a temporary transitional assignment that matches the above named employee's current work capability. Please fill out only what applies and return the form to the employee or fax it to the number below. If you have any questions about the transitional assignment or the RTW Program, please contact the RTW Program Contact at *(company phone number)*. Fax the completed form to *(Fax Number)*.

1. Positioning: Indicate which of the following should be *avoided* in each area:

Prolonged Standing  Bending  Twisting  Reaching Overhead

Walking  Prolonged Sitting  Leaning Forward  Crawling

Climbing  Squatting

Other: \_\_\_\_\_

2. Material Handling: Please indicate which of the following should be *avoided*:

Lifting over 10 lbs.  Lifting over 25 lbs.  Lifting over 50 lbs.

Carrying object  Pushing objects  Pulling objects

Lifting objects off floor  Lifting objects above shoulders

Other \_\_\_\_\_

3. Repetitive Motion: Please indicate which of the following activities should be *avoided*:

Keyboarding

Other \_\_\_\_\_

4. Time Limitation - for temporary transitional assignment:

Number of hours/per day  Number of days/per week

Estimate the length of temporary transitional assignment:

1-5 days  2 weeks  3 weeks  4 weeks  5 weeks

6 weeks  greater than 6 weeks

Date of next visit \_\_\_\_\_

Date temporary transitional assignment can begin: \_\_\_\_\_

Estimated date for return to regular activities: \_\_\_\_\_

Program is not appropriate at this time because:

---

---

---

---

Other comments:

---

---

---

---

Physician Approval \_\_\_\_\_ Date \_\_\_\_\_

## Appendix D: Physical Demands Task Assessment

### HOW TO USE THE PHYSICAL DEMANDS TASK ASSESSMENT

There are many types of assessment and analysis tools. This assessment asks you to describe a task and show information about the physical demands and environmental conditions of the injured staff member's position. This lets the treating physician make informed decisions about whether or not the staff member can return to their pre-injury job.

Follow these steps for completing the assessment.

1. Use these definitions to complete the top of the form:

**Task Title:** Name of the assessed task

**Date:** Date the form is completed

**Analyst:** Name of the person making the assessment

**Task Duration:** Number of hours the staff member spends doing this task during one day

**With Breaks:** Whether the staff member doing the task takes breaks

**Overtime:** Average number of overtime hours the staff member usually works per day/week

**Task Description:** A brief description of the task (Use the tasks inventory form to list the steps of each task)

2. Fill in Sections 1 through 5 and make any additional comments.

#### **Section 1: Postures**

Watch the staff member's postures (standing, sitting, walking or driving) during the task.

First, circle the number of hours the staff member stays in a posture without changing.

Second, circle the total number of hours that the staff member is in a posture while doing this task throughout the day.

#### **Section 2: Lifting and Carrying**

Observe any manual lifting and carrying during the task. For each category of weight, mark how frequently the worker lifts or carries the weight. If the staff member never lifts this amount of weight, mark "0 percent." If the staff member lifts this weight less than one-third and two-thirds of the day, mark "sometimes"; between one-third and two-thirds of the day, mark "often"; and more than two-thirds, mark "always." For each weight, say how high the load must be lifted (ex: about three feet) and how far the weight is carried (ex: about 20 feet).

#### **Section 3: Actions and Motions**

Observe the different actions and motions during the task. Write a description that explains why the staff member must take action or motion (ex: pushes mail cart across room). Show the total amount of time during the day the staff member does each action or motion using these definitions:

**Pushing** - Moving an object away from you, including kicking, slapping, pressing and striking an object.

*Example:* Pushing a dolly.

**Pulling** - Moving an object towards you, including jerking or sliding an object.

*Example:* Dragging a box across the floor toward you.

**Climbing** - Using your legs, arms, hands or feet to move up or down a structure such as stairs, ladders, scaffolds, and ramps.

*Example:* Dragging a box across the floor toward you.

**Balancing** - Moving in a manner that requires you to keep from falling because of unstable surfaces such as slippery, moving or narrow spaces.

*Example:* Replacing shingles on a steep roof.

**Bending** - Using your back and legs to bend forward and downward.

*Example:* Leaning over a car engine to do repairs.

**Twisting** - Rotating your upper body in a different direction than your lower body.

*Example:* Reaching behind you to pick up parts while you remain seated at a machine.

**Squatting** - Lowering your body by bending at the knees.

*Example:* Crawling through a crawl space to get to plumbing.

**Kneeling** - Lowering your body onto one knee or both knees.

*Example:* Kneeling on one knee to remove a flat tire from a car.

**Reaching** - Moving your hands and arms toward an object at arm's length in any direction from your body.

*Example:* Reaching upward to change an overhead light bulb.

**Handling** - Using your hands to hold, grasp, grip or turn an object.

*Example:* Holding a drill while drilling holes.

**Fingering** - Using your fingers to pinch, pick or manipulate objects, especially small ones.

*Example:* Picking up nuts and placing them on bolts.

**Feeling** - Using your hands and fingers to perceive the shape, size, temperature or other characteristic of an object.

*Example:* Laying your hand on the hood of a car to check for heat.

**Repetitive** - Using your feet or hands over and over in the same motion or motions.

*Example:* Typing at a computer or using a foot pedal on a sewing machine.

#### **Section 4: Equipment**

Note any equipment, tools, or machinery the staff member uses. Describe the name or type of each tool, piece of equipment or machine. Mark how often it is used: never, sometimes, often or always. Make sure to note anything about the physical demands of operating equipment.

#### **Section 5: Environmental Conditions**

Note the environmental conditions the staff member work under, such as vibration, noise and heat or cold. Describe each type of condition, then list how often the worker is exposed: never, sometimes, often or always. Make sure to note anything about the physical demands of working in these conditions.

## PHYSICAL DEMANDS TASK ASSESSMENT FORM

Task Title: \_\_\_\_\_ Date: \_\_\_\_\_

Duration of Task (hours/day): \_\_\_\_\_ With breaks: Yes / No

Average Weekly Overtime Hours: \_\_\_\_\_ Analyst: \_\_\_\_\_

Task Description: \_\_\_\_\_

---



---



---



---

### 1. Postures:

<b>Stand:</b> Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+
<b>Sit:</b> Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+
<b>Walk:</b> Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+
<b>Drive:</b> Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+

### 2. Lifting/Carrying:

	Not Present 0%	Sometimes 0-33%	Often 34-66%	Always 67-100%	Height of Lift	Distance of Carry
1-10 lbs.						
11-20 lbs.						
21-50 lbs.						
51-100 lbs.						
> 100 lbs.						

### 3. Actions and Motions

	Not Present 0%	Sometimes 0-33%	Often 34-66%	Always 67-100%	Description
Pushing					
Pulling					
Climbing					
Balancing					
Bending					
Twisting					
Squatting					
Crawling					
Kneeling					
Reaching					
Handling					
Fingering					
Feeling					
Repetitive					
Hand Motion					
Foot Motion					

4. Equipment

	Not Present 0%	Sometimes 0-33%	Often 34-66%	Always 67-100%	Description
Tools					
Machinery					
Equipment					

5. Environmental Conditions

	Not Present 0%	Sometimes 0-33%	Often 34-66%	Always 67-100%	Description
Vibration					
Noise					
Extreme heat					
Extreme cold					
Wet/humid					
Moving parts					
Chemicals					
Electricity					
Radiation					
Other _____ _____					

Comments:

---



---



---



---



---

**Appendix E: Individual RTW Plan Development Worksheet**

<b>PLAN DEVELOPMENT WORKSHEET</b>			
Staff Member Name:		Staff Member I.D.#:	
Shift/Department/Group:		Job Class:	
Supervisor:		Operation:	
Seniority:		Telephone:	
Functional Abilities	Restriction(s)	Restriction Expiration	
<b>RTW Committee Comments/Recommendations:</b>			
<b>Operations reviewed and available within staff member's seniority:</b>			
Shift	Department	Group	Name of Operation

**Appendix F: Individual RTW Plan Form**

<b>INDIVIDUAL RETURN TO WORK PLAN</b>		
Workplace:		Location:
Staff Member Full Name:		Date of Birth:
Claim No.:		
Job Injury:		
Date Injury Occurred:		
Phone:		
Plan Start Date:		Plan Finish Date or Event:
Limitations:		
Physician Name:		Date Contacted:
Functional Abilities (what can the staff member do):		
<b>Return to Work Objective: (X in appropriate box)</b>		
<input type="checkbox"/>	(A) Pre-injury job	<input type="checkbox"/> (C) Return to alternate job
<input type="checkbox"/>	(B) Pre-injury job with accommodations	<input type="checkbox"/> (D) Other:
<b>Specify Agreed Objective:</b>		
<b>ACTIONS</b>	<b>Due Date:</b>	<b>Review Date:</b>
<b>Staff member:</b>		
<b>Supervisor:</b> Name:		

Changes to the work duties needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Specify:				
Training needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Specify:				
Changes to work site needed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Specify:				

**Graduated Work Plan**

Week	Scheduled hours/days:	Duties:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

**I have read the above notice:** \_\_\_\_\_  
Supervisor Signature Date

**We have agreed to this plan:** \_\_\_\_\_  
Employee Signature Date

**Plan approved:** \_\_\_\_\_  
Manager Signature Date

## **Appendix G: Ways to Accommodate**

### **WAYS TO ACCOMMODATE AN INJURED WORKER**

#### Temporary Accommodations

**Light Duties:** Demand less physical exertion than pre-injury job. The health care provider's advice limits the worker's duties.

**Lesser Duties:** The worker performs reduced duties at a slower pace.

**Alternate Duties/Tasks:** Although the worker may not be able to perform their regular duties, they may be able to perform other duties. The worker must be able to perform these duties competently and safely. The worker may also need a short-term development-training program.

**Reduced Hours:** The worker performs duties for fewer hours.

**Temporary Accommodation as Treatment:** The health care provider may ask the employer to make certain additional changes to the worker's job to help with the treatment process. These changes include work hardening, extended therapy and lightened duties.

**Work Hardening:** Use work duties as part of a conditioning and strengthening process. The work slowly improves the worker's physical ability until they can perform their regular duties.

**Extended Therapy Program:** The health care provider designs a treatment program that uses actual work duties in a work setting. Under supervision, this slowly adds the worker's usual duties to the treatment program. This ensures that the worker can perform their duties safely and correctly.

**Graduated Return-to-Work Program:** The employer must make reasonable changes to let the worker return to work as soon as medically able. These changes allow the worker to slowly take back their regular duties as they recover.

#### Permanent Accommodations

If the injured worker cannot return to their pre-accident duties, they may need a permanent job change. The worker may ask the employer to help find an appropriate job change. This may include training on the job and work assessment.

**Training on the Job:** Employers may use the work site may to train an injured worker in a new job. Trainees perform their work under the supervision of a qualified worker. The program will prepare injured workers for a specific new job. This program works best if there is a job waiting at the training employer after they complete the training period.

Work Assessment: The worker does their job under supervision to assess if they are able to perform their job duties. You may need to assess the worker before they begin training on the job or enroll in academic or technical training programs.