

Return to Work Toolkit

for the **CONSTRUCTION INDUSTRY**

**CONSIDERING APPRENTICESHIP PROGRAMS AS A VIABLE
MEANS TO RETURN INJURED WORKERS TO THE INDUSTRY**





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INTRODUCTION

THE CONSTRUCTION INDUSTRY has an inherent high risk for injury to your talented workforce. In the current market, those workers are even more valuable as the workforce ages out of the industry. In Washington State, the industry collectively aims to provide the safest worksites for our workers. Yet, even with the greatest safety and risk reduction programs your workers run the risk of being injured. Luckily, most injuries are minor in nature and result in simple first aid treatment. In more serious cases, workers are injured to a level that they are unable to return to their vocation of injury temporarily or permanently. Those more serious cases will likely result in a need for vocational rehabilitation inclusive of potential retraining.

Vocational rehabilitation services aim to enable the injured worker to become gainfully employed. The State of WA in partnership with experts in this arena will determine when vocational rehabilitation is both necessary and likely to make the worker employable at gainful employment. In determining whether to provide vocational services and at what level, the following list must be used, in order of priority with the highest priority given to returning a worker to employment:

- 1 Return to the previous job with the same employer.
- 2 Modification of the previous job with the same employer including transitional return to work.
- 3 A new job with the same employer in keeping with any limitations or restrictions.
- 4 Modification of a new job with the same employer including transitional return to work.
- 5 Modification of the previous job with a new employer.
- 6 A new job with a new employer or self-employment based upon transferable skills.
- 7 Modification of a new job with a new employer.
- 8 A new job with a new employer or self-employment involving on-the-job training.
- 9 Short-term retraining.

This process should consider the vast numbers of opportunities that your company currently has at its disposal and those that it could add to its offerings to keep your valued employees gainfully employed. The sooner you return your injured worker back to gainful employment, the sooner they will recover to their fullest potential. In addition, you will build value for the injured worker and increase morale for their colleagues too. One such consideration to ponder is the utilization of the apprenticeship model.

The Certified Safety Specialist Apprenticeship Program (CSSAP) recognized a trend within the construction industry. Upon querying our educational partners, Edmonds College (EdCC), we learned that roughly 50% of the students enrolled in the Occupational Safety and Health courses at EdCC were participating in a vocational retraining program, as a result of an injury on the job in the construction industry. We pondered if these same workers would benefit from enrollment in the CSSAP? Enrollment in the CSSAP would allow a current or new employer to return them to work more quickly, leading to potential recovery more quickly both physically and mentally for the injured worker. Inspiring us to produce this document and supporting materials to introduce the CSSAP and other apprenticeships aligned with the construction industry that would offer a physically viable means of fulfilling a vocational rehabilitation and/or retraining need.

The chart on the right, **TABLE 1**, shows the top injuries that have occurred in the construction industry from 2008–2017 in Washington State. When considering viable light duty, modified duty and apprenticeship programs we took into consideration these types of injuries. Our intent being to offer viable alternatives for vocational retraining or Stay at Work programs that will return injured workers to the construction industry in meaningful and rewarding careers.

In the pages to follow, you will find resources to help you navigate vocational rehabilitation and develop and/or enhance your company's return-to-work (RTW) program. We hope you find the information helpful and applicable.

TABLE 1: Construction Industry Top Injury Types Necessitating Vocational Retraining in Washington State (2008–2017)

Location of Injury	# of Injuries
Back (including spine, spinal cord)	1,154
Multiple Body Parts	690
Shoulder (including clavicle, scapula)	593
Leg(s)	508
Wrist(s)	310
Arm(s)	147
Ankle(s)	132
Neck (except internal location of diseases or disorders)	95
Foot/feet (except toes)	91
Fingers/fingernails	80
Multiple Trunk Locations	77
Multiple Upper-Extremity Locations	61
Hand(s) (except fingers)	56
Pelvic Region	46
Cranial Region (including skull)	43
Multiple Lower-Extremity Locations	42
Chest (including ribs, internal organs)	36
Abdomen	23
Face	20



EMPLOYER RESOURCES


Even with the strength of your safety program and efforts to protect your workforce, accidents can occur. If you are reading this now, you are either trying to develop your RTW program or you just had a valuable employee injured on the job. Let's presume this injured employee has worked at your construction company for over a decade and is highly valued for their knowledge and skill sets.

What Should You Do?

Obviously, the first action is to provide care for your valued employee and take them to a trusted medical provider to treat their injuries. **Call 911 immediately** if there is an emergency on-the-job injury. L&I will pay for your employee's emergency transportation and care (the request for reimbursement must be in writing).

Your injured worker will likely complete their accident report at the initial medical visit and the medical provider will submit the accident report to the State or the injured employee can file a claim over the phone by calling **1-877-561-3453**. As the employer, you will also need to file a report of the accident on the Secure Access Washington site, which is accessible online at: <https://secure.lni.wa.gov/home/>.

If an injured worker needs ongoing treatment, they must see a provider in WA State's network after their first visit. All of the providers listed in the "Find a Doctor" online directory (<https://secure.lni.wa.gov/provdir/>) are approved to give ongoing care to injured workers.

 **Note: Employers must report to L&I the death or in-patient hospitalization of any employee (within 8 hours) and any non-hospitalized amputation or loss of eye (within 24 hours) due to an on-the-job injury by calling 1-800-423-7233.**

In addition, medical provider(s) can offer valuable guidance on your valued employee's ability to return to their job of injury or whether there will be physical limitations for a short-time or indefinitely. In either case, you are eager to do the right thing and get your valued employee the care they need and to get them back to work quickly.

How Do I Get Them Back to Work Quickly?

So, how do you get them back to work quickly? Do you have or have you considered implementing a return-to-work (RTW) program at your company?

WHAT IS RTW?

Return-to-work is simply the process of helping your injured worker return to work as quickly as feasibly possible. This can be done by giving your employee(s) shorter hours, doing different work and/or assigning light duty tasks until they are fully recovered.

There are inherent benefits to you, as the employer, in reducing your claims costs and the benefits carryover to your injured worker too, in speeding their recovery. Studies show that even a few months out of work will gravely reduce the likelihood that an injured worker will return-to-work. Employers and employees who remain in close communication and work together are best able to limit time off the job.

Having an RTW program developed before an injury occurs will better ensure that you know how and what to do when your valued worker is injured. You will eliminate guesswork and have a system in place to help guide your injured worker to a speedy recovery and give them an opportunity to contribute their skillsets and knowledge back into your company more quickly. Successful RTW means you keep a valuable employee and limit the financial impact of their claim on your insurance premiums.

To learn more go to: <https://lni.wa.gov/patient-care/workshops-training/attending-provider-resource-center/helping-workers-return-to-work>.

The State of Washington Offers RTW Incentive Programs

STAY AT WORK

What is Stay at Work? Stay at Work is a financial incentives program that aims to keep injured workers on the job or return them quickly and safely back into light-duty or transitional work. If eligible, the employer can be reimbursed as much as 50% of the employee's base wages paid for up to 66 days with a maximum of \$10,000 per claim in a 24-month period. Stay at Work may also pay for some training fees or materials, tools and clothing. For more information go to: <https://lni.wa.gov/patient-care/workshops-training/attending-provider-resource-center/helping-workers-return-to-work>.

PREFERRED WORKER PROGRAM

The preferred worker program is another return-to-work incentive program. Workers with permanent medical restrictions may be certified as a "preferred worker". This certification enables an employer to receive financial incentives when they hire the worker for a medically approved, long-term job.

The worker's preferred worker certification lasts for thirty-six consecutive months of employment at medically approved work and will not be extended. The thirty-six consecutive month period begins the first date the certified preferred worker actually returns to work at a medically approved job, but ends no later than five years after claim closure.

If you create a safe, long-term, medically appropriate job for a preferred worker, you may receive the following financial benefits:


- 👛 financial protection against subsequent claims;
- 👛 premium relief;
- 👛 one-time incentive payment for continuous employment, and reimbursement for
 - ➔ 50% of the base wages paid to the preferred worker, for up to 66 days or up to \$10,000, within a consecutive 24-month period;
 - ➔ Up to \$2,500 for tools and equipment and up to \$400 for worker clothing needed to do the job;
 - ➔ PLUS, an incentive payment of 10% of the worker's wages or \$10,000 (whichever is less) is paid to eligible employers after 12 months of continuous employment of the preferred worker.


Note: These benefits are available to a self-insured employer only in cases where the worker was employed by a state fund employer at the time of injury or occupational disease manifestation.

How Does RTW Work?

BEFORE AN INJURY

In order to have an effective RTW program, you will need to do some work before an accident, resulting in an injury, occurs. A successful return-to-work strategy begins with commitment from the business owner and/or top management.


 **Establish a strong safety and accident prevention program** Ensure procedures are in place to report near misses and injuries.

 **Designate an RTW lead** Ideally, this person would accompany an injured worker to the initial healthcare provider visit and support the injured worker through the RTW process.

 **Establish a written policy for RTW** (See [Appendix A](#)).


 **Identify different types of work:**

- **Graduated RTW:** (part-time work) wherein the health care provider authorizes gradual increases in the hours worked and the tasks performed.
- **Transitional RTW:** A temporary job where the worker is expected to be able to go back to the job of injury during early intervention.
- **Light-duty work:** Temporary work that is less vigorous and fits the health care provider's restrictions. (See [Appendix B](#)).
- **Modified work:** A change in the way the job is normally done to stay within the employee's physical restrictions. (See [Appendix C](#) for a list of equipment that may help in modifying jobs for injury types).
- **Alternative work:** A different job in the company that meets the employee's physical restrictions. It can be an existing job, or a set of job tasks that you need done. (See [Appendix D](#) for vocational retraining options and suggested Apprenticeship Program Opportunities).
















 **Write job descriptions for all positions** including the physical descriptions/limitations for all jobs (See sample in [Appendix F](#)). It should be one to two pages and describe the proposed light duty (transitional) job. It should describe the following:

- Job duties and tasks the job requires;
- Tools and equipment required to perform the job;
- How often and how long the employee would do the tasks;
- Physical demands required to perform the job.

 **Educate workers on the value of RTW** to the employee.








 **Create an injured worker packet:** See [Appendix E](#), for a sample packet to include light duty options, letter to medical provider that we have an RTW program, job of injury job description & instructions for injured worker.

AFTER AN INJURY

-  **Seek medical treatment** for the injured worker immediately.
-  **If possible, escort injured worker** to medical appointment and provide the injured worker with your injured worker packet. (See **Appendix E** for a sample injured worker packet to include light duty options, letter to medical provider that we have an RTW program, & instructions for injured worker.)
-  **Provide medical provider with a job description** of the job performed at time of injury.
-  **If unable to escort injured worker**, provide job description to injured worker and follow-up with your employee afterwards.
-  **Ask the employee to return** after seeing the medical provider to discuss return to work solutions.
-  **Assure your employee** that they are a valued worker and that you will do everything in your power to get them back to work quickly.
-  **Complete your portion** of the Report of Accident form and file the report with your Workers' Compensation Administrator or L&I.
-  **Conduct an accident investigation** and identify root causes and identify solutions to prevent similar incidents.
-  **Review the Activity Prescription Form (APF)** completed by the injured employee's health-care provider. (See **Appendix F** for completed sample forms. Blank forms are available at <https://lni.wa.gov/forms-publications/F242-385-000.pdf>)
-  **Identify a suitable alternative** work position for the injured employee.
-  **Contact the health-care provider** to review the job description for the alternate work position and clarify any restrictions. Inform them of the timeframe for needing approval of the alternative work. If we don't need approval, then skip the next step and offer the position to the injured employee with a job offer letter.
-  **Have your injured employee sign off** on the alternative work position job description, which will assist in making you eligible to receive Stay at Work benefits/reimbursements.
-  **Apply for the Stay at Work program** To access the application, go to <https://lni.wa.gov/claims/for-employers/employer-incentives/stay-at-work>
-  **Continue** to work with your Workers' Compensation Administrator or L&I.
-  **Use the online Claim & Account Center** to manage your claims at <https://secure.lni.wa.gov/home/>

What Are The Requirements for Offering Jobs?

TABLE 2: Requirements for Offering Jobs

Transitional Job	Permanent Job
<p>The transitional job you offer your injured employee must be a valid offer. This means:</p> <ul style="list-style-type: none">  The job must be with you, the employer of record.  The job should provide a meaningful and respectful work environment.  The job must be gainful: paying at least the relevant minimum wage.  You must continue the health and welfare benefits the employee received at the time he/she was injured unless doing so conflicts with the benefit program and collective bargaining agreement. 	<p>A permanent job offer must be “bona fide”:</p> <ul style="list-style-type: none">  It is reasonably continuous work or matches the employee’s employment pattern at the time of injury (full-time versus part-time and seasonal versus year-round).  It is gainful: paying at least the relevant minimum wage (wage and health-care benefits do not need to be identical to those at the time of the injury).  It is meaningful: both inherently valuable to the employer and not demeaning to the employee.

What Are the Benefits of RTW to the Employer?

- ☐ L&I may reimburse 50% of the salary of the injured worker;
- ☐ Keep valued, skilled employees to continue working for you;
- ☐ Injured employee provides useful labor;
- ☐ Loss of productivity is kept to a minimum;
- ☐ Reduced training costs for new employees;
- ☐ Opportunities to complete work that otherwise would not be done;
- ☐ Possibly decrease risk of re-injury;
- ☐ Your injury statistics improve and that saves your company worker compensation insurance premiums; and
- ☐ It enhances transparency among supervisors, injured workers and their co-workers.

What Are the Benefits of RTW to the Injured Worker?

- ☐ Decreased recovery time;
- ☐ Focus on “ability”, “not disability”;
- ☐ Decreased risk of re-injury;
- ☐ A sense of job-security;
- ☐ They typically retain their usual wages;
- ☐ They retain their self-image of being a productive employee;
- ☐ Continued contact with co-workers; and
- ☐ Shows your injured worker that they are valued by you and your company.

What Are the Outcomes of RTW?

TABLE 3: Return to Work Outcomes

Outcome	Referral Type*	Definition	Dispute Rights?
RTW1: Return to work, job of injury, same work pattern	All	The worker returns to work at the occupation at the time of injury, same work pattern.	No
RTW2: Return to work, new permanent job, employer of injury	All	The worker accepts the employer's offer of a medically- approved, permanent new job. This outcome includes modified work with the employer at time of injury.	No
RTW3: Return to work, temporary job, employer of injury	All	The worker accepts the employer's offer of a medically approved temporary job consistent with the work pattern at time of injury. Further vocational assessment may be needed if the temporary job ends or the worker has permanent restrictions.	No
RTW4: Return to work, permanent job with new employer	All	The worker returns to work with a new employer at a new or previously held permanent job.	No

*Referral Types: **AWA:** Ability to Work Assessment, **EI:** Early Intervention, **PI:** Plan Implementation, **PD:** Plan Development, **SAJA:** Stand-Alone Job Analysis.

Sample RTW Programs

A Return-to-Work program may be introduced in large or small organizations. Large companies may be able to devote more resources to the program, but smaller companies can customize many of the features to meet their needs.

ESSENTIAL ELEMENTS FOR ALL RETURN-TO-WORK PROGRAMS

- 📋 Set up a list of clear steps to follow, after an injury has occurred;
- 📋 Set up lines of communication among health care providers, management, and the union;
- 📋 Set up a contact schedule to monitor the progress and needs of the injured worker;
- 📋 Evaluate and enhance the Return-to-Work program on a regular basis;
- 📋 Present the Return-to-Work program as part of a benefit package;
- 📋 Identify some Return-to-Work opportunities before they are needed;
- 📋 Be positive and flexible: focus on capabilities rather than disabilities;
- 📋 Use videos in job modification, workplace redesign, rehabilitation efforts, and other reasonable accommodation procedures;
- 📋 Promote a cooperative environment;
- 📋 Maintain contact with all partners;
- 📋 Make sure the Return-to-Work tasks are appropriate for the injured worker's capabilities; and
- 📋 Have the injured worker assist in identifying suitable work.

Outlined on the following pages are sample programs that have been shared for your consideration. These are real-world samples that you may utilize to develop your company's program. No one program is likely to fit your company's individual needs, therefore we encourage you to select sections from one or more of the following to create your own customized program.



APPENDIX A

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SAMPLE 1: Return-to-Work Program

This program is to minimize the production lost by the company and wages lost by the employee as a result of temporary partial incapacity resulting from on the job injury. It is the express intent to provide modified duty within the employee's restrictions whenever possible and to facilitate the employee's full rehabilitation as rapidly as possible.

The Human Resources Director is primarily responsible for administration of this procedure.

1 Notification of Restriction

- a** Human Resources will be notified that an employee has been injured.
- b** Copy of completed Treatment Report will be furnished to Human Resources immediately after treatment; if after office hours, a copy will be left in the Supervisor's office and furnished to Human Resources the next business morning.
- c** In the event the injured employee cannot return to the facility due to hospitalization or similarly severe prescribed restriction, Human Resources will obtain required information directly from the medical resources.
- d** The Treatment Report is the primary document to capture the treating physician's restrictions. Additional clarification or modification of restriction may be provided on other documents; however, a Treatment Report will be taken by the employee to all medical appointments (except physical therapy).
- e** Restrictions addressed by this policy must be identified by a medical doctor or other state licensed practitioner of the healing arts.

2 Identification of Modified Duty Job Assignment(s)

- a** In cases where an employee's restrictions preclude performing his pre-injury job (or particular aspect of the job), every reasonable effort will be made to identify or create a productive job assignment which will accommodate temporary restrictions as identified by the treating physician.
 - 1** This accommodation may include providing intermittent assistance or relief in dealing with one or more elements of the employees "regular" (pre-injury) job.
 - 2** Accommodation may also include arrangements for less than an eight-hour work day (in such cases, hours not worked will be accumulated and submitted to the worker's compensation insurance carrier).
 - 3** Every effort will be made to place the employee in the most productive assignment available; direct labor categories will be preferred over indirect.
 - 4** The modified duty job assignment will be made by the Human Resources Director after consultation with production management.

- b** The modified duty job assignments will be recorded on the Restricted Job Description, to be completed by Human Resources prior to or coincidental with the employee's return to work.
 - 1** The Description will be acknowledged by the employee, supervisor, union representative and the Human Resources Director. Each will be provided a copy of the completed document.
 - 2** The Description may be revised or reissued based on change in the employee's restrictions. The Description will expire 90 days after last authorization or when employee is released without restrictions.
 - 3** It is the Supervisor's explicit responsibility not to assign any work to the employee which is contrary to the identified restrictions. The employee has an explicit responsibility not to attempt any task which may exceed his identified restrictions. Any difficulties experienced by the employee within his restrictions will be reported to Human Resources for review with treating physician.
 - 4** Any questions or controversy as to an employee being restricted from performing specific task(s) will be brought to the immediate attention of the Human Resources Director for resolution.
 - 5** The Human Resources Director will notify all parties when the employee has been fully released for unrestricted duty.
- c** Wages and Related Considerations
 - 1** The employee will continue to receive his/her pre-injury wage, plus any general increases, for all hours worked in a restricted capacity.
 - 2** The employee will be paid per C.1 for hours less than his/her scheduled shift lost due to company arranged examinations, treatment and therapy.
 - 3** The employee may not bid on any posted job openings while in a restricted capacity.
 - 4** The employee will be shown on the weekly schedule as "restricted."
 - 5** Since he will "follow the work" within restrictions, normal shift scheduling practices may not be possible.

RESTRICTED DUTY JOB DESCRIPTION

Position: Modified Duty _____

Supervisor: _____

General Description: Performs restricted duty assignments within the weight and/or physical limitations prescribed by a provider. Employee must be eligible to receive workers' compensation benefits and must have medical release for restricted duty.

Responsibilities/Examples of Work

Special Limitations: The provider's release attached is made a part of this light duty job description and is to be strictly followed. Failure to follow any portion of these descriptions will be considered a violation of work rules and may result in disciplinary action. Any questions regarding the appropriateness of a work assignment must be brought to the immediate attention of Human Resources.

Specific Restrictions (e.g., 10-lb lifting restriction):

Time Limit: The Restricted Duty job description is effective until the employee's next visit to the provider. It may be extended based on the provider's report; however extensions may not exceed ninety (90) days without authorization by Human Resources.

I have read and understand the terms and conditions of the Restricted Duty Job Description. If I have questions, I will ask my Supervisor; any differences in interpretation will be brought to the attention of Human Resources.

Date: _____ Employee: _____ Date: _____

Supervisor: _____

Date: _____ Union: _____ Date: _____

Human Resources: _____

Dr. Appointment: _____ With: _____

SAMPLE 2: Return-to-Work Policy

It is the purpose of this policy to provide guidelines for administering a modified duty program. This program is necessary to limit the number of lost workdays an injured or ill employee may incur by providing meaningful work of a restricted or limited nature. The program objectives should prevent the unnecessary loss of work time for valuable employees and help maintain continuity of departmental operations to the maximum extent possible.

DEFINITIONS

Restricted Duty: Duties assigned to an injured or industrially ill employee which enable the employee to retain his/her current status with some limited restrictions and with the company being able to make a reasonable accommodation of full duties.


Alternate Duty: Duties assigned to an injured or industrially ill employee which require the employee to transfer to another job position or department on a temporary basis.

Work Related: Any injury or illness which occurs while performing assigned job duties.

RESPONSIBILITIES

Injured Employee

- 1 Have any or all specific job-related restrictions approved by company designated physicians, as necessary.
- 2 Report all job-related restrictions to the Safety Director and your immediate Supervisor.
- 3 Keep both the Safety Director and immediate Supervisor informed of any change in job-related restrictions.
- 4 Adhere to all medical advice and directives as prescribed by your treating physician, nurse, or other medically qualified professional.
- 5 Question any medical directives which you may not understand.
- 6 **Do NOT perform any activity which is not in accord with your job-related restrictions**, both on and off the job.
- 7 Employees must be re-evaluated by a company designated physician within 30 days of their last examination to determine whether their modified duty status should be continued.

 **NOTE:** Failure to adhere to any work-related restrictions may result in disciplinary action.

Supervisors

- 1 Insure all employees with job-related restrictions are adhering to their restrictions as noted on the modified duty form.
- 2 Assign employees with job-related restrictions to jobs which can accommodate their restrictions. If no jobs are available within your department, contact the Human Resources Department and/or the Safety Director to discuss options or arrange for departmental transfer.
- 3 Compile and maintain a list of departmental job duties that meet light duty requirements. List to be given to Human Resource/Safety Department.

Human Resources/Safety Department

- 1 Arrange for temporary work assignment of modified duty employees where no work is available within the employee's regular department.
- 2 Contact all Company designated physicians and inform them of our modified duty policy. Provide periodic updates and any change of status relating to the modified duty program.
- 3 Schedule all employees' re-evaluations as noted in the "Injured Employees Responsibilities" number seven.

GUIDELINES

- 1 Restricted duty employees will be compensated at their designated base rate for a period not to exceed 4 weeks for work-related injuries. For non-work-related injuries, the employee will be compensated at the rate of pay, by contract, for the job he/she is performing. After 4 weeks, the Human Resources/Safety Department will determine the rate of pay for the job being performed. At no time will the rate of pay be less than labor rate per contract.
- 2 Alternate duty employees, with a work-related injury, will be compensated at their designated base rate for a period not to exceed 4 weeks. For non-work-related injury, the employee will be compensated at labor rate per contract. After 4 weeks, the Human Resources/ Safety Department will determine the rate of pay for the job being performed. At no time will the rate of pay be less than labor rate per contract.
- 3 Job availability for work-related injuries will take precedence over non-work-related injuries.
- 4 The company shall make every effort to bring people back to work as long as this person can not cause any harm to themselves, others, or company property.
- 5 A non-work-related injured employee may continue on a modified duty job for a period 4 weeks. After this time, they may be placed on or returned to sick leave at the company's discretion.
- 6 Whether an employee should be continued on modified duty due to a work-related injury or illness shall be at the discretion of the company.
- 7 NO alternate duty employee will be permitted to work overtime.

- 8 People on modified duty may be assigned to work on any shift at the discretion of the company.
- 9 Any person who is unable to report for work due to an injury or industrial illness must check in with the company at least once per week. This person shall contact the Human Resources/Safety Department to verify there has or has not been a change in their status as to coming back to work.
 - Non-work-related injury/illness — Contact Human Resources
 - Work-related injury/illness — Contact Safety Director
- 10 The company maintains the right to assign employees on modified duty to any job, within the organization, that will not exceed their restrictions and they are capable of doing.

MODIFIED DUTY JOB DESCRIPTION

Position: Modified Duty _____

Location: _____

Supervisor: _____

General Description: Perform modified duty assignments within the weight and/or physical limitations prescribed by a physician, for a limited time period. Employee must be eligible to receive Workers Compensation and must have a medical release for light duty work.

Responsibilities/Examples of Work

Special Limitations: The Physician's Return to Work Evaluation, attached, is made a part of this light duty job description and is to be strictly followed. Failure to follow any portion of this light duty job description will be considered a violation of work rules and may result in disciplinary action.

Specific Restrictions (e.g., 10-lb lifting restriction):

Time Limit: This Modified Duty job description is effective until the employee's next visit to the physician. It may be extended based on the physician's report, however, extensions may not exceed ninety (90) days without authorization by _____. Upon expiration of the time limit, the employee must have a medical release before returning to regular duties.

I have read and understand the terms and conditions of the Restricted Duty Job Description. If I have questions, I will ask my Supervisor; any differences in interpretation will be brought to the attention of Human Resources.

Date: _____ Employee: _____

Date: _____ Supervisor: _____

Date: _____ Administration: _____

Next Dr. Appointment Date: _____ With: _____

Next Dr. Appointment Date: _____ With: _____

SAMPLE 3: Return-to-Work Policy

[EMPLOYER NAME] has implemented a Return-to-Work Modified Duty Work Program for employees injured at work. The purpose of this program is to return an injured employee to work as soon as possible following an injury. This keeps the employee in their normal routine of working and allows the employee to be productive in some manner. Ideally an injured employee can gradually progress back to their full-time position.

Modified duty job tasks are determined by the restrictions placed on an employee by their physician. To avoid re-injury only those tasks within the limitations must be performed by the injured employee.

Panel physicians are made aware of our programs and are encouraged to cooperate with [EMPLOYER NAME], for a smooth and safe return to work. Non-panel physicians treating employees with work related injuries shall be notified by mail to define our Return to Work Modified Duty Policy.

Upon returning to work a conference should be held with the Safety Manager, the employee's immediate supervisor, and the injured employee. The purpose of this conference is to ensure all parties involved are aware and understand the modified duties to be performed. A "Modified Duty Job Description" form shall be signed by all attending the conference and posted as a result. Also, a daily "Modified Duty Sign-off" form will be provided to the employee. The injured employee shall be asked to sign the form following their daily shift in order to ensure [EMPLOYER NAME] has provided a modified duty job and the employee has followed his/her physician's restrictions.

SAMPLE 4: Return-to-Work Program

Purpose: To provide temporary, modified duty for members who have physical restrictions due to work-related injuries. Every effort will be made to assist the member to return to his/her former position. We will cooperate with the member, the physician, the therapist and any rehabilitation personnel involved in the case.

Scope: [EMPLOYER NAME] will provide temporary transitional duty whenever possible for a period of 120 calendar days to determine the degree of improvement. An extension in excess of 120 days may be allowed on a case-by-case basis, when recovery is incomplete. Such extensions will be reviewed every 30 calendar days thereafter and modified work may continue to be provided in cases where improvement continues.

If a member does not demonstrate progress in their recovery through the modified duty program, the program will be re-evaluated utilizing the team approach and possibly discontinued as with any other ineffective medical treatment.

Program Coordinator: The Health/Safety Manager will coordinate the return-to-work modified duties with the injured worker, the supervisor and other team members.

OBJECTIVES

- 1 To allow the member to remain in the work force and resume productive employment as soon as possible in his/her normal classification.
- 2 To allow the injured worker to recover more quickly.
- 3 To enable the worker to gradually overcome his/her limitations through a transitional period of modified-duty, work reconditioning assignments.

TYPE OF WORK

- 1 All departments at [EMPLOYER NAME] will cooperate in every way possible to provide regular duties on a limited basis, modified duty and/or special assignments for the disabled member. Whenever possible, attempts will be made to allow the member to remain in his/her classification with modified duties.
- 2 Some of the following special assignments and/or modified duties in addition to regular duties might include:

📁 Clerical work

📁 Visitor escort

📁 Label and file samples

📁 Errands in company vehicle

📁 Light janitorial duties

📁 Engage in physical reconditioning program

📁 Inventory recorder

📁 Log and maintain quality records

📁 Painting tools

📁 Filing

📁 Operate photocopy machine

- 3 The [EMPLOYER NAME] Occupational Health Nurse will supervise all members undergoing rehabilitation and/or modified duty. When these members are assigned to their regular departments, they will report to the supervisor in that department under the direction of the Occupational Health Nurse. Members undergoing rehabilitation who are not working in their regular departments will be given assignments by the Occupational Nurse.
- 4 On evening, night shifts and weekends, modification of job duties may be made at any time by the supervisor of a member who has reported an injury, until the member sees the Occupational Health Nurse or sees a practitioner on the Workers Compensation panel of providers.

SUPERVISION

Unless on a specific errand, members undergoing rehabilitation will have the same obligation to remain at their designated workstation as any other member.

DOCTOR'S APPOINTMENTS

- 1 The [EMPLOYER NAME] notification policy regarding doctor's appointments will also apply to members undergoing rehabilitation. If the member requires follow-up treatment or a doctor's appointment which cannot be scheduled during his/her non-working time, the Company shall compensate the member for any straight-time lost from work due to said treatment or appointment; provided that the member must have given the Company prompt prior notice that such treatment or appointment could not be scheduled during non-working time, in which case the Company shall have the right to attempt to change the member's treatment or appointment to non-working time and, if able to do so, the member shall not be entitled to compensation if the employee chooses nevertheless to keep the treatment or appointment on working time.
- 2 The provisions of the agreement between [insert any local unions here] and [EMPLOYER NAME] apply to all modified duty and/or rehabilitation assignments.

SAMPLE 5: Return-to-Work Program

I Policy Statement

[EMPLOYER NAME] recognizes the need to provide Light Duty, Temporary Transitional work to employees who are unable to perform their regular duties due to occupational injury or illness.

II Scope

This program applies to all employees who sustain an occupational illness or injury. Employees will receive assignments on availability.

III Definitions

Occupational illness/injury: For the purposes of this program, an occupational injury or illness means an injury or disease arising out of the employment with [EMPLOYER NAME] and compensable under the workers' compensation laws of the State of Washington.

IV Goal

- 📋 To provide work for employees with job-related injuries or illnesses that restricts regular job performance.
- 📋 To assist employees, in the transition from injury or illness to recovery while continuing to be a productive part of the work force.
- 📋 To prevent the deterioration of employees' work skills, health, and attitude that may result from extended work absence.
- 📋 To demonstrate the organization's commitment to employee recovery.
- 📋 To minimize the loss of productivity.

V Roles

[EMPLOYER NAME] recognizes the need to provide Light Duty, Temporary Transitional work to employees who are unable to perform their regular duties due to occupational injury or illness.

A Employer/Top Management Roles and Responsibilities

- ➔ Update written policy with clearly defined procedures.
- ➔ Hold all managers/supervisors/employees accountable for their participation in the program.
- ➔ Designate a Claims Coordinator & Manager.

B Claims Coordinator Responsibilities

- Understand and promote the Return-to-Work Program.
- Cover Light Duty, transitional work and instructions on using Injured Worker Packet and its location during New Employee Orientation.
- Update Injured Worker Packet as needed (assistance available through Labor and Industries. (Reference **Appendix E**)
- Send light duty and job of injury descriptions to providers.
- Review the accommodation with the manager/supervisor prior to the injured/ill worker starting work.
- Ensure a Job Offer Letter is completed by the injured worker when released to transitional work.
- Notify the Claims Manager of the employee's acceptance or rejection of the Temporary Transitional work.
- Document the Temporary Transitional work duties to show compliance with physician's recommendations.
- The Claims Coordinator will assist the worker's supervisor (prior and current) in maintaining weekly contact with injured worker while on Temporary Transitional work assignments.
- The Claims Coordinator will assist the supervisors in monitoring the Temporary Transitional work assignment for appropriateness and communicate any concerns to the manager/supervisor.
- If the injured worker is not improving over a 60-day period of transitional duty the Claims Coordinator may contact the Claims Manager and/or request assistance from a Vocational Services Specialist (VSS) at the Department of Labor and Industries.
- Send medical practitioner's approved light duty, Temporary Transitional Duty to the Washington Stay at Work



APPENDIX B

Light Duty Examples & Options

ON THE NEXT PAGE is a list of some light duty options in the construction industry. Multiple options on the list could be combined into a temporary or modified duty for the injured worker.

- ☐ Answer phones, take and deliver messages
- ☐ Clean equipment
- ☐ Clean tools
- ☐ Complete safety inspection(s)
- ☐ Complete safety training(s)
- ☐ Computer data entry work
- ☐ Create or rewrite evacuation maps
- ☐ Dispatch service calls
- ☐ Drive a forklift
- ☐ Drive a vehicle, run errands
- ☐ Enter data into computers
- ☐ Facility audits, checking for unsafe conditions
- ☐ File paperwork
- ☐ Fire & Safety Watcher
- ☐ Flagger
- ☐ Front desk assistant/greeter/receptionist
- ☐ Fuel, grease equipment
- ☐ Get fuel
- ☐ Inspect fire extinguishers, eye washes, first aid kits
- ☐ Inspect flooring for cleaning, maintenance, repair
- ☐ Inspect equipment (extension cords, tools, etc.)
- ☐ Inventory parts, supplies, tools
- ☐ Jobsite safety monitor, ensure employees are wearing proper PPE
- ☐ Light housekeeping and dusting
- ☐ Light stocking of supplies for bathroom/kitchen areas
- ☐ Light surface cleaning (counters, phones, computers, door handles, etc.)
- ☐ Mail opening, sorting, delivery
- ☐ Make copies, bank deposits
- ☐ Mechanic (modified duty)
- ☐ Night watchperson
- ☐ Office assistant
- ☐ Office & Field Helper
- ☐ Open gates
- ☐ Order supplies
- ☐ Organize tools
- ☐ Outgoing mail stuffing, applying postage, mailing
- ☐ Paint aisle markings
- ☐ Parts assistant
- ☐ Perform assembly
- ☐ Perform quality control inspections
- ☐ Pick up trash on jobsite
- ☐ Replenish first aid kits
- ☐ Security guard
- ☐ Sedentary desk work
- ☐ Shipping (wrapping, labeling)
- ☐ Shred documents
- ☐ Sweeping
- ☐ Take inventory of chemicals/update inventory list/SDS
- ☐ Take inventory (not physically moving stock)
- ☐ Test emergency equipment (smoke detectors, carbon monoxide meters, etc.)
- ☐ Train new employees
- ☐ Train colleagues (specific job tasks, safety topics)
- ☐ Truck dispatcher, parts runner
- ☐ Update accident prevention and safety plans/program
- ☐ Update emergency response plans
- ☐ Update other plans and policies
- ☐ Update MSDS manuals
- ☐ Verify all phone numbers on plans, policies, and procedures
- ☐ Wash company vehicles
- ☐ Work normal job with specific physical limitations



APPENDIX C


Modified Duty Adaptive Equipment for Industrial Injuries

Modified Duty Adaptive Equipment for Industrial Injuries

Injury Type 🏠⬆																			
List of Equipment 🍴🍽	Abdomen	Ankle(s)	Arm(s)	Back Including Spinal Cord	Cranial Region Skull	Chest, Ribs, Internal Organs	Face	Feet, Except Toe(s)	Fingers/Fingernail(s)	Hand(s), Except Finger(s)	Legs	Multiple Body Parts	Multiple LE Locations	Multiple Trunk Locations	Multiple UE Locations	Neck/ Not Including DDD/DJD	Pelvis Region	Shoulder/ Clavical/Scapula	Wrist(s)
*Adjustable work platform			•	•							•	•	•	•	•	•	•	•	
*Air tool balancers/hanging kit			•	•								•	•	•	•	•	•	•	•
*Appliance mover	•	•	•	•		•		•		•	•	•	•	•	•	•	•	•	•
*Automatic letter folder			•		•				•	•		•			•	•		•	•
*Car lift	•	•	•	•	•	•		•		•	•	•	•	•	•	•	•	•	•
*Cart	•	•	•	•		•		•	•		•	•	•	•	•	•	•	•	•
*Chair-ergonomic			•	•		•				•		•		•	•	•	•	•	•
*Computer/laptop			•		•					•					•	•		•	•
*Electronic blood pressure cuff			•						•	•					•	•		•	•
*Electric can opener									•	•		•			•	•		•	•
*Electric motorized chair-lift		•	•	•		•		•			•	•	•	•			•		
*Electric stapler			•						•	•		•		•	•	•		•	•
*Electric tilting pallet jack	•			•		•			•	•		•		•	•	•	•	•	•
*Finger brace heated			•						•										
*Food processor			•						•	•					•	•		•	•
*Foot operated pipe cutter			•	•	•	•			•	•		•			•	•	•	•	•
*Foot operated gluing machine			•	•	•	•			•	•		•			•	•	•	•	•
*Foot operated load lift			•	•	•	•			•	•		•			•	•	•	•	•
*Foot operated mop bucket			•	•	•	•			•	•		•			•	•	•	•	•
*Foot operated mouse			•		•				•	•		•			•	•		•	•
*Forklift	•	•		•		•					•	•	•	•	•	•	•	•	
*Golf Cart	•	•		•		•		•			•	•	•	•			•		
*Hoist/engine hoist	•	•	•	•		•		•			•	•	•	•	•	•	•	•	•
*Hotel cart motorized	•	•	•	•	•	•		•			•	•	•	•	•	•	•	•	•
*Language learning software					•		•												
*Lightweight power tools	•		•	•		•			•	•		•		•	•	•		•	•
*Lightweight tarps/wrappers	•		•	•		•			•	•		•		•	•	•	•	•	•
*Lightweight vacuum	•	•	•	•		•		•	•	•	•	•	•	•	•	•	•	•	•
*Mid-rise lift	•			•		•					•	•	•	•	•	•	•	•	
*Mobility scooter	•	•		•	•	•		•			•	•	•	•			•		
*Platform lift	•	•		•	•	•		•			•	•	•	•	•		•		

Continued on next page...

Modified Duty Adaptive Equipment for Industrial Injuries (*continued*)

Injury Type 	Abdomen	Ankle(s)	Arm(s)	Back Including Spinal Cord	Cranial Region Skull	Chest, Ribs, Internal Organs	Face	Feet, Except Toe(s)	Fingers/Fingernail(s)	Hand(s), Except Finger(s)	Legs	Multiple Body Parts	Multiple LE Locations	Multiple Trunk Locations	Multiple UE Locations	Neck/ Not Including DDD/DDD	Pelvis Region	Shoulder / Clavical/Scapula	Wrist(s)
*Portable lift	•	•		•	•	•		•			•	•	•	•	•		•		
*Professional drywall/panel hoist	•	•	•	•		•		•	•	•	•	•	•	•	•	•	•	•	•
*Refrigerator				•															
*Scanner				•	•				•	•		•			•				
*Seat-specialty for drivers	•			•		•					•	•	•	•			•		
*Self-tarping system	•			•	•	•				•		•	•	•	•		•	•	
*Shredder				•					•	•		•			•				•
*Signature/date stamp				•	•					•		•			•				•
*Sit/stand desk	•			•		•						•	•	•		•	•		
*Special stool	•			•	•	•						•		•		•	•		
*Stair- climbing hand truck	•	•	•	•		•		•	•	•	•	•	•	•	•	•	•	•	•
*Stair-lift		•		•	•	•		•			•	•	•	•			•		
*Street sweeper		•		•							•	•	•	•		•	•	•	
*Student desk mover/chair dolly	•			•		•		•	•	•	•	•	•	•	•	•	•	•	
*Sump pump		•	•	•		•					•	•		•	•	•	•	•	
*Tablet			•		•				•	•		•		•	•	•		•	•
*Telephone headset			•	•	•				•	•					•	•		•	•
*Tilt table				•		•				•		•	•	•	•	•	•	•	
*Tools		•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•
*Transcription service		•	•	•	•		•		•	•		•		•	•	•	•	•	
*Voice activated software			•	•	•		•		•	•		•		•	•	•		•	•
*Wheelchair		•		•	•			•		•	•	•	•	•			•		
*Wheeled 5-gallon bucket	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•

*The individual physical limitations for each injured worker must be taken into consideration. The adaptive equipment listed above are options and are not guaranteed solutions. Please defer to a qualified physician or healthcare provider to make qualifying decisions regarding equipment options. This equipment needs can vary and change depending on the injured workers degree of injury, job duties, temporary or permanent restrictions, disability ratings, and company approval or capability of purchase.



APPENDIX D

Vocational Retraining Options

IF YOU HAVE AN INJURED EMPLOYEE that is permanently restricted from their job of injury, then they may qualify for vocational retraining. If your injured worker qualifies for vocational retraining, the injured worker and the vocational rehabilitation counselor (VRC) will draft a plan to train the injured worker for new work. When the draft plan is ready, the VRC will send it to Labor and Industries for approval. Labor and Industries will notify the injured worker when they have approved the plan.

When the injured worker receives the approval notice from them, they should read it carefully. It includes a form they will need to complete and return to Labor and Industries. They will use the form to choose between 2 training options:

- 🏠 Option 1 is to **follow the approved retraining plan**
- 🏠 Option 2 is to **develop their own training plan**

If Labor and Industries doesn't receive your option election form before the Option 1 retraining plan starts, you must proceed with the Option 1 plan. You can choose Option 2 after starting Option 1 as long as you do so before the Option 2 deadline.

Choosing your training option is an important decision. Besides talking with the VRC, they may want to talk with family members or other professionals before making their final decision.

VOCATIONAL OPTIONS



TABLE 4: Vocational Options

	Vocational Option 1 Follow the L&I approved plan	Vocational Option 2 Develop your own plan
Total amount available for vocational training	\$19,033.67*	\$19,033.67*
Time limit for training	2 years	5 years
Training plan	You are required to follow the L&I-approved plan developed by the VRC.	You can use your training money for tuition or training costs for L&I-approved programs. The retraining goal or program you choose can be different from the retraining plan we approved.
Time-loss compensation	You will continue to receive time-loss compensation as long as you participate and meet all the requirements of our approved plan.	Time-loss payments will end, and your claim will close. You will receive a vocational award equal to 9 months of time-loss compensation, paid out every 2 weeks.
Medical benefits	You will continue to receive medical benefits related to your injury or disease as long as you participate and meet all the requirements of your approved plan.	Your claim will close, and medical benefits will end.

* The maximum retraining cost is adjusted July 1 each year and the new amount is available for plans approved on or after July 1.



OPTION 2 DEADLINE

You can choose Option 2 at any point within the following period:

-  Beginning with the date of plan approval or L&I's determination a plan is valid, and
-  Ending the 15th day after completion of the first academic quarter or three months' training.

IF YOU CHOOSE OPTION 2 AFTER STARTING OPTION 1

If you choose Option 2 after starting formal retraining under Option 1, your benefits will be reduced as follows:

-  Your training fund will be reduced by the amount of tuition and expenses expended during the Option 1 retraining plan.
-  Your 9-month vocational award will be reduced by any time-loss received since the beginning of the Option 1 retraining plan.

Visit RCW 51.32.095 Vocational rehabilitation services to learn more about benefits, priorities, allowable costs and performance criteria.

APPRENTICESHIP PROGRAMS AS A VOCATIONAL RE-TRAINING OPTION

Approximately 50% of the students enrolled in the Occupational Safety and Health (OSH) program at Edmonds College are previously injured construction workers that are participating in a vocational retraining program, due to their injuries and inability to return to their vocation of injury. It is well known, in the world of injury recovery, that injured workers will recover more quickly the sooner they are able to return to work both physically and psychologically. Many studies show that the longer workers are out of work the lower their likelihood in returning to work even with a vocational retraining option. We believed these same injured workers enrolled in the OSH program for approved vocational retraining would benefit from an apprenticeship program. They would have the opportunity to learn their new vocation, while also returning to work more quickly and likely speeding their recovery physically and psychologically.

The employer would also benefit, as they would keep a valued employee with organizational knowledge that could be leveraged into a new position, such as the Occupational Safety and Health Specialist (CSSAP). With the CSSAP specifically, you have the added benefit of being able to mentor a valued employee into a role that can speak from experience on the importance of workplace safety. Someone who could truly “walk the walk and talk the talk”.

By considering apprenticeship early on, you may find that it would serve as a viable “Stay at Work” solution for you to consider for your valuable injured worker. Reaping considerable benefits for your organization in keeping the injured worker employed, speeding their recovery, reducing worker’s compensation costs, placing value on your employee, and improving overall morale at work.

As such, we reviewed the apprenticeship programs within WA State that were directly and/or indirectly related to the Construction industry and were able to identify six potential apprenticeship programs, at the time of print, that may be of interest to an injured worker. The apprenticeship programs outlined in the table on the following page have been vetted by a physical therapist as viable programs with inherent light duty physical demands for consideration as a vocational retraining option, of course individual physical demands may limit their applicability in some cases. The application process for each apprenticeship program is outlined in their respective standards. It is recommended that you visit each program to learn more about their specific requirements.

For the purposes of this RTW Toolkit for the Construction Industry, we are utilizing the Certified Safety Specialist Apprenticeship Program (CSSAP), as the example. The process to join the CSSAP is simple:

Visit www.intuitivesafetysolutions.com/cssapprenticeship for more detailed information and links to the application process. In general, the first step in the application process is to register with Edmonds College and declare your area of study as the Occupational Safety and Health program. Afterwards, you will complete the application, send in the application, await notification of acceptance for an interview and lastly a determination of acceptance or declined status. In some cases, this process may be fast tracked, if an employer and injured worker agree that the CSSAP is their chosen vocational retraining option. For additional contact information, please reference **TABLE 5** below.

TABLE 5: Apprenticeships* with Inherent Light Duty Physical Demands and Potential Permanent Vocational Placement

Apprenticeship Program	Website	Contact	Information (how to apply, specifics, length of program, Option 1 or 2, etc.)
	Program Standards		
Certified Safety Specialist Apprenticeship Program	www.intuitivesafety.com/cssapprenticeship https://apps-public.inl.wa.gov/TradesLicensing/Apprenticeship/files/standards/2151.pdf	Brent A. Knight CSP (o) 206-755-1059 apprenticeship@iss-safe.com	Online application and interview process Online classroom training 4500 hours or 2 years Option 1 or Option 2
I.T. Apprenti	https://apprenticareers.org/locations/washington/ https://apps-public.inl.wa.gov/TradesLicensing/Apprenticeship/files/standards/1982.pdf	Apprenti Washington (o) 206-707-0194 apprenti@washingtontechnology.org	Competency Assessment 12 weeks certification program 2000 hours OJT for 1 year Option 1
WA Construction Teamsters Apprenticeship Program	http://teamsterstraining.org/truck-driving-apprenticeships/ https://apps-public.inl.wa.gov/TradesLicensing/Apprenticeship/files/standards/0231.pdf	Teamsters CDL (o) 509-545-8297 (f) 509-546-0196 info@teamsterstraining.org	2400 hours in class training 3000 hours OJT training Option 1 or Option 2
Construction Industry Training Council – construction Equipment Operator	https://citcwa.org/apprenticeship/ https://apps-public.inl.wa.gov/TradesLicensing/Apprenticeship/files/standards/1810.pdf	Construction Training Counsel of Washington (o) 877-428-0442 (f) 425-462-7391	6000 hours OJT training Math/Reading Aptitude Test Option 2
Construction Industry Training Counsel (HEO) Painting Apprenticeship	https://citcwa.org/apprenticeship/ https://apps-public.inl.wa.gov/TradesLicensing/Apprenticeship/files/standards/0628.pdf	Construction Training Counsel of Washington (o) 877-428-0442 (f) 425-462-7391	480 hours annually RSI (related supplemental instruction) 6000 OTJ training Option 2
Construction Industry Training Counsel (HEO) HVAC Apprenticeship	https://citcwa.org/apprenticeship/ https://apps-public.inl.wa.gov/TradesLicensing/Apprenticeship/files/standards/0635.pdf	Construction Training Counsel of Washington (o) 877-428-0442 (f) 425-462-7391	200 hours annually RSI (related supplemental instruction) 8000 OTJ training Option 2






*The individual physical limitations for each injured worker must be taken into consideration and even the apprenticeships listed above **may not meet the physical limitations of some injured workers' needs. Those listed above are options and are not guaranteed solutions.** Please defer to a qualified physician or healthcare provider to make qualifying decisions.

A vertical strip on the left side of the page features a background image of industrial machinery, including large circular lights and metal structures, all tinted in a warm orange color.

APPENDIX E

Injured Worker Packet

In this section, you will find samples and blank forms, including:

-  **Pg 35** Sample Cover Letter/Instructions for Injured Worker
-  **Pg 36** Return to Work Authorization
-  **Pg 37** Sample Apprenticeship Job Description
-  **Pg 38** Light Duty Options
-  **Pg 39** Modified Duty Adaptive Equipment for Industrial Injuries

SAMPLE: Cover Letter & Instructions for Injured Worker

[Company name & address]

[Contact name & number]

Dear [Employee],

We are sorry to learn of your injury and your recovery is important to us. [Company Name] is committed to ensuring the safety and health of our employees, and it is important to learn how your injury occurred so preventative measures can be taken in the future.

[Company Name] has a Temporary Transitional duty program to aid in the recovery process following an on-the-job injury. Should your injury require that you work a transitional temporary job during recovery please help us by clearly communicating any injury-related problems you have performing your assigned duties.

Below is a list of what needs to be done immediately following every workplace injury.

Injuries not requiring immediate medical care:

The injured employee and supervisor must complete the company's Accident Report regardless of whether medical care is needed at the time. The reasons for completing the required paperwork are:

- 📋 By reporting injuries [Company Name] can correct unsafe conditions or actions
- 📋 The injury may require medical care at a later date
- 📋 Should the injury require medical care at a later date [Company Name] will have the required information necessary for processing an L&I claim and completing our OSHA log.

Injuries requiring medical care:

- 📋 The Accident Report must be completed.
- 📋 If medical care is needed the employee must take the Injured Worker Packet to the doctor's office and inform the doctor that [Company Name] has a return to work program and may provide temporary transitional work during recovery.
- 📋 The employee must return the Transitional Duty Form and the Activity Prescription Form the same or next day of their doctor's visit to their supervisor.

If released to modified duty:

- 📋 The Claims Coordinator will provide you with a Job Offer Letter prior to starting the next shift.
- 📋 The supervisor must not assign work that exceeds restrictions, and you must work within your limitation as outlined by the attending physician.
- 📋 At each follow-up appointment you will provide the doctor or other medical practitioner with a new Transitional Duty Form and Activity Prescription Form for updating. The updated forms must be provided to your supervisor upon returning to work.
- 📋 All modified duty jobs are temporary in nature and [Company Name] anticipates you will be able to return to the job-of-injury.

SAMPLE: Return-to-Work Authorization (Required to be approved by Doctor)

[Company name]

[Company address]

[City, State, ZIP]

[Contact name & phone number]

Employee: [Name]

Job Title: [Title]

Date of Injury: [Date]

Dear Attending Physician,

We are a proactive company and care about our workers. We recognize early Return-to-Work as being important to the worker's psychological, financial, and well-being.

Your assistance is appreciated!

We have also included the job of injury, and a job description for a modified/light duty/transitional position, as well as other light duty and potential modification options for consideration, if our employee is not released to their job of injury. Further adjustment to these positions may be possible, if needed.

Please complete the Activity Prescription Form and include any comments on our employee's ability to work. Please give a copy of the completed form to our employee or fax to [Add Number].

Please call if you have any questions.

Sincerely,

[Contact Name]

Attending Physician Signature

Date



Certified Safety Specialist Apprenticeship Program Job Description


Job Title	Safety Specialist – Apprentice
<p>Summary: Responsible for assisting in the development, implementation and/or administration of the occupational health and safety management program, policies and procedures.</p> <p>Responsibilities: Under the supervision of a journey level mentor, the apprentice safety specialist serves as a resource for line management to administer and support a proactive prevention program for accidents, injuries and illnesses. Additional responsibilities include but are not limited to:</p> <ul style="list-style-type: none"> 🔧 Provides technical assistance to office and field operations to ensure compliance with applicable Federal, State and/or company health and safety requirements. 🔧 Keeps abreast of any changes to laws and regulations that impact the organization. 🔧 Conducts compliance evaluations of equipment, structures, and work in progress to ensure that regulatory environmental, safety, and health standards of the company and all applicable codes are followed. 🔧 Prepares and reviews technical reports, correspondence, and procedures manuals. 🔧 Internal contacts may include site management, risk management personnel, business line leads, health and safety personnel and office managers. 🔧 External contacts include other contractors at work locations and regulatory agencies. <p>Individual should exhibit knowledge and apply the fundamental concepts, practices, and procedures of occupational health and safety. Under close supervision, assists in the application and enforcement of company and project standards and regulations. Relies on experience and judgement to plan and accomplish goals. A certain degree of creativity and latitude is required. Some work is routine, and others require detailed instruction.</p> <p>Additional Details:</p> <ul style="list-style-type: none"> 🔧 Requires a high school diploma or possess a GED or high school equivalency and provide proof of completion. 🔧 PHYSICAL REQUIREMENTS: This position requires regular (40-60%) Standing; Walking; Lifting 10-20lbs.; Carrying 10-20 lbs.; Climbing; Balancing; Bending; Steeping; Crouching; Handling; Feeling; Hearing (listening); and Observing (vision). 🔧 Will work indoor and outdoor environments; outdoor environments will include a variety of harsh weather conditions, including but not limited to extreme heat, extreme cold, rain, sleet, and snow. Also, subject to on-site hazards including but not limited to, moving industrial equipment, electrical current, confined spaces, LO/TO, working at heights, high noise and dust levels, etc. 🔧 Must possess a valid driver's license with a clean driving record. 🔧 Excellent written and verbal communication skills are required, as well as moderate to advanced computer and presentation skills (Microsoft Outlook, Word, Excel, PowerPoint, etc.) 🔧 Must speak, read, and write fluent English; bilingual is a plus. 🔧 Willing to travel, available to report to work upon "short notice" (within 24 hours) and work weekends, nights and holidays as required. 	

Light Duty Examples & Options

Below is a list of some light duty options in the construction industry. Multiple options on the list could be combined into a temporary or modified duty for the injured worker.



- ☐ Answer phones, take and deliver messages
- ☐ Clean equipment
- ☐ Clean tools
- ☐ Complete safety inspection(s)
- ☐ Complete safety training(s)
- ☐ Computer data entry work
- ☐ Create or rewrite evacuation maps
- ☐ Dispatch service calls
- ☐ Drive a forklift
- ☐ Drive a vehicle, run errands
- ☐ Enter data into computers
- ☐ Facility audits, checking for unsafe conditions
- ☐ File paperwork
- ☐ Fire & Safety Watcher
- ☐ Flagger
- ☐ Front desk assistant/greeter/receptionist
- ☐ Fuel, grease equipment
- ☐ Get fuel
- ☐ Inspect fire extinguishers, eye washes, first aid kits
- ☐ Inspect flooring for cleaning, maintenance, repair
- ☐ Inspect equipment (extension cords, tools, etc.)
- ☐ Inventory parts, supplies, tools
- ☐ Jobsite safety monitor, ensure employees are wearing proper PPE
- ☐ Light housekeeping and dusting
- ☐ Light stocking of supplies for bathroom/kitchen areas
- ☐ Light surface cleaning (counters, phones, computers, door handles, etc.)
- ☐ Mail opening, sorting, delivery
- ☐ Make copies, bank deposits
- ☐ Mechanic (modified duty)
- ☐ Night watchperson
- ☐ Office assistant
- ☐ Office & Field Helper
- ☐ Open gates
- ☐ Order supplies
- ☐ Organize tools
- ☐ Outgoing mail stuffing, applying postage, mailing
- ☐ Paint aisle markings
- ☐ Parts assistant
- ☐ Perform assembly
- ☐ Perform quality control inspections
- ☐ Pick up trash on jobsite
- ☐ Replenish first aid kits
- ☐ Security guard
- ☐ Sedentary desk work
- ☐ Shipping (wrapping, labeling)
- ☐ Shred documents
- ☐ Sweeping
- ☐ Take inventory of chemicals/update inventory list/SDS
- ☐ Take inventory (not physically moving stock)
- ☐ Test emergency equipment (smoke detectors, carbon monoxide meters, etc.)
- ☐ Train new employees
- ☐ Train colleagues (specific job tasks, safety topics)
- ☐ Truck dispatcher, parts runner
- ☐ Update accident prevention and safety plans/program
- ☐ Update emergency response plans
- ☐ Update other plans and policies
- ☐ Update MSDS manuals
- ☐ Verify all phone numbers on plans, policies, and procedures
- ☐ Wash company vehicles
- ☐ Work normal job with specific physical limitations

Modified Duty Adaptive Equipment for Industrial Injuries

Injury Type 	Abdomen	Ankle(s)	Arm(s)	Back Including Spinal Cord	Cranial Region Skull	Chest, Ribs, Internal Organs	Face	Feet, Except Toe(s)	Fingers/ Fingernail(s)	Hand(s), Except Finger(s)	Legs	Multiple Body Parts	Multiple LE Locations	Multiple Trunk Locations	Multiple UE Locations	Neck/ Not Including DDD/DJD	Pelvis Region	Shoulder/ Clavical/Scapula	Wrist(s)
*Adjustable work platform			•	•							•	•	•	•	•	•	•	•	
*Air tool balancers/hanging kit			•	•								•	•	•	•	•	•	•	•
*Appliance mover	•	•	•	•		•		•		•	•	•	•	•	•	•	•	•	•
*Automatic letter folder			•		•				•	•		•			•	•		•	•
*Car lift	•	•	•	•	•	•		•		•	•	•	•	•	•	•	•	•	•
*Cart	•	•	•	•		•		•	•	•	•	•	•	•	•	•	•	•	•
*Chair-ergonomic			•	•		•				•		•		•	•	•	•	•	•
*Computer/laptop			•		•					•					•	•		•	•
*Electronic blood pressure cuff			•						•	•					•	•		•	•
*Electric can opener									•	•		•			•	•		•	•
*Electric motorized chair-lift		•	•	•		•		•			•	•	•	•			•		
*Electric stapler			•						•	•		•		•	•	•		•	•
*Electric tilting pallet jack	•			•		•			•	•		•		•	•	•	•	•	•
*Finger brace heated			•						•										
*Food processor			•						•	•					•	•		•	•
*Foot operated pipe cutter			•	•	•	•			•	•		•			•	•	•	•	•
*Foot operated gluing machine			•	•	•	•			•	•		•			•	•	•	•	•
*Foot operated load lift			•	•	•	•			•	•		•			•	•	•	•	•
*Foot operated mop bucket			•	•	•	•			•	•		•			•	•	•	•	•
*Foot operated mouse			•		•				•	•		•			•	•		•	•
*Forklift	•	•		•		•					•	•	•	•	•	•	•	•	
*Golf Cart	•	•		•		•		•			•	•	•	•			•		
*Hoist/engine hoist	•	•	•	•		•		•			•	•	•	•	•	•	•	•	•
*Hotel cart motorized	•	•	•	•	•	•		•			•	•	•	•	•	•	•	•	•
*Language learning software					•		•												
*Lightweight power tools	•		•	•		•			•	•		•		•	•	•		•	•
*Lightweight tarps/wrappers	•		•	•		•			•	•		•		•	•	•	•	•	•
*Lightweight vacuum	•	•	•	•		•		•	•	•	•	•	•	•	•	•	•	•	•
*Mid-rise lift	•			•		•					•	•	•	•	•	•	•	•	
*Mobility scooter	•	•		•	•	•		•			•	•	•	•			•		
*Platform lift	•	•		•	•	•		•			•	•	•	•	•		•		

Continued on next page...

Modified Duty Adaptive Equipment for Industrial Injuries (*continued*)

Injury Type 	Abdomen	Ankle(s)	Arm(s)	Back Including Spinal Cord	Cranial Region Skull	Chest, Ribs, Internal Organs	Face	Feet, Except Toe(s)	Fingers/Fingernail(s)	Hand(s), Except Finger(s)	Legs	Multiple Body Parts	Multiple LE Locations	Multiple Trunk Locations	Multiple UE Locations	Neck/ Not Including DDD/DJD	Pelvis Region	Shoulder/ Clavical/Scapula	Wrist(s)
List of Equipment 																			
*Portable lift	•	•		•	•	•		•			•	•	•	•	•		•		
*Professional drywall/panel hoist	•	•	•	•		•		•	•	•	•	•	•	•	•	•	•	•	•
*Refrigerator				•															
*Scanner				•	•				•	•		•			•				
*Seat-specialty for drivers	•			•		•					•	•	•	•			•		
*Self-tarping system	•			•	•	•				•		•	•	•	•		•	•	
*Shredder				•					•	•		•			•				•
*Signature/date stamp				•	•					•		•			•				•
*Sit/stand desk	•			•		•						•	•	•		•	•		
*Special stool	•			•	•	•						•		•		•	•		
*Stair- climbing hand truck	•	•	•	•		•		•	•	•	•	•	•	•	•	•	•	•	•
*Stair-lift		•		•	•	•		•			•	•	•	•			•		
*Street sweeper		•		•							•	•	•	•		•	•	•	
*Student desk mover/chair dolly	•			•		•		•	•	•	•	•	•	•	•	•	•	•	
*Sump pump		•	•	•		•					•	•		•	•	•	•	•	
*Tablet			•		•				•	•		•		•	•	•		•	•
*Telephone headset			•	•	•				•	•					•	•		•	•
*Tilt table				•		•				•		•	•	•	•	•	•	•	
*Tools		•	•	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•
*Transcription service		•	•	•	•		•		•	•		•		•	•	•	•	•	
*Voice activated software			•	•	•		•		•	•		•		•	•	•		•	•
*Wheelchair		•		•	•			•		•	•	•	•	•			•		
*Wheeled 5-gallon bucket	•	•	•	•				•	•	•	•	•	•	•	•	•	•	•	•




*The individual physical limitations for each injured worker must be taken into consideration. The adaptive equipment listed above are options and are not guaranteed solutions. Please defer to a qualified physician or healthcare provider to make qualifying decisions regarding equipment options. This equipment needs can vary and change depending on the injured workers degree of injury, job duties, temporary or permanent restrictions, disability ratings, and company approval or capability of purchase.



APPENDIX F

Employer Packet

In this section, you will find samples and blank forms, including:

-  **Pg 42** Sample Activity Prescription Forms
-  **Pg 46** Sample Job Description Form
-  **Pg 47** Sample Modified/Permanent Job Offer Letters

Activity Prescription Form

Blank sample is located here: <https://lni.wa.gov/forms-publications/F242-385-000.pdf>

On the following pages you will find sample Activity Prescription Forms (APFs). The sample APFs provided outline restrictions for three types of common workplace injuries. You will receive APFs from the medical provider to inform and guide you and your company on identifying the physical limitations set by the medical provider. This should assist you in identifying feasible modified duties.

The APF must be filled out completely by the medical provider, if you find areas that are missing or incomplete return it to the medical provider immediately and request the corrections, so that you are better able to accommodate your injured worker. You should receive a new form after each subsequent medical provider visit, giving the current physical restrictions and any improvements to date.

State Fund Claim:

Department of Labor and Industries
PO Box 44291 Olympia WA 98504-4291
Fax to claim file: 360-902-4567

Self-Insured Claims: Contact the Self Insured Employer (SIE)/Third Party Administrator (TPA)
For a list of SIE/TPAs, go to www.Lni.wa.gov/SelfInsured

Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

General Info

Worker's Name:
Evry Wherehurst

Patient ID:
99999999

Visit Date:
09/09/2019

Claim Number:
AC99999

Healthcare Provider's Name (please print):
Dr. Ima Cured

Date of Injury:
09/09/2019

Diagnosis:
Left Knee Sprain

Required: Work status

Worker is **released** to the job of injury (JOI) without restrictions (related to the work injury) as of (date): ____ / ____ / ____
(If selected, skip to "Plans" section below)

Worker **may perform modified duty**, if available, from (date):
09 / 09 / 2019 to* 10 / 09 / 2019 (*estimated date)

If released to modified duty, may work more than normal schedule

Worker **may work limited hours**: ____ hours/day from (date):

____ / ____ / ____ to* ____ / ____ / ____ (*estimated date)

Worker **is working** modified duty or limited hours _____

Worker **not released to any work** from (date): ____ / ____ / ____ to* ____ / ____ / ____
(*estimated date)

Poor prognosis for return to work at the job of injury at any date

How long do the worker's current capacities apply (estimate)?

1-10 days 11-20 days 21-30 days 30+ days permanent

Capacities apply all day, every day of the week, at home as well as at work.

Worker can: (Related to work injury) A blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% (Not restricted)
Sit					X
Stand / Walk			X		
Perform work from ladder	X				
Climb ladder	X				
Climb stairs		X			
Twist	X				
Bend / Stoop	X				
Squat / Kneel	X				
Crawl	X				
Reach Left, Right, Both					X
Work above shoulders L, R, B					X
Keyboard L, R, B					X
Wrist (flexion/extension) L, R, B					X
Grasp (forceful) L, R, B					X
Fine manipulation L, R, B					X
Operate foot controls L, R, B					X
Vibratory tasks; high impact L, R, B	X				
Vibratory tasks; low impact L, R, B		X			
Lifting / Pushing	Never	Seldom	Occas.	Frequent	Constant
Example	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs
Lift L, R, B	lbs	lbs	lbs	lbs	lbs
Carry L, R, B	lbs	lbs	lbs	lbs	lbs
Push / Pull L, R, B	lbs	lbs	lbs	lbs	lbs

Required: Measurable Objective Finding(s)
(also referred to as **Objective Medical Findings**)
(e.g., positive x-ray, swelling, muscle atrophy, decreased range of motion)

+ McMurray's test for meniscus left knee.
X ray normal
PT for 2 weeks before MRI (if needed)

Other Restrictions / Instructions:

No kneeling, crawling, ladders. Occasional stairs. Patient advised to let pain be the guide.

Required: Estimate what the worker can do at work and at home unless released to JOI

Employer Notified of Capacities? ☐ Yes ☐ No

Modified duty available? ☐ Yes ☐ No

Date of contact: 09 / 09 / 2019

Name of contact: _____

Notes:

Note to Claim Manager:

+ McMurray's test for meniscal pathology. PT recommended for functional improvements prior to further diagnostics

☐ May need assistance returning to work

New diagnosis: _____

Opioids prescribed for: ☐ Acute pain or ☐ Chronic pain

Worker progress: ☐ As expected / better than expected
☐ Slower than expected (address in chart notes)

☐ Next scheduled visit in: 7 days 1 weeks or Date: 10 / 16 / 01
☐ Treatment concluded, Max. Medical Improvement (MMI)

Required: Plans

Current rehab: ☐ PT ☐ OT ☐ Home exercise
☐ Other (e.g., Activity Coaching) possible MRI ne

Surgery: ☐ Not Indicated ☐ Possible
☐ Planned Date: ____ / ____ / ____
☐ Completed Date: ____ / ____ / ____

Any permanent partial impairment? ☐ Yes ☐ No ☐ Possibly
If you are qualified, please rate impairment for your patient
☐ Will rate ☒ Will refer ☐ Request IME

☐ Care transferred to: _____
☐ Consultation needed with: _____
☐ Study pending: _____

Req: Sign

☐ Copy of APF given to worker ☐ Discussed three key messages on back of form with patient

Signature: _____ 09 / 09 / 019 () -

Phone

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State Fund Claim:

Department of Labor and Industries
PO Box 44291 Olympia WA 98504-4291
Fax to claim file: 360-902-4567

Self-Insured Claims: Contact the Self Insured Employer (SIE)/Third Party Administrator (TPA)
For a list of SIE/TPAs, go to www.Lni.wa.gov/SelfInsured

Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

General Info

Worker's Name:
Mia Injured

Patient ID:
999999

Visit Date:
11/22/2018

Claim Number:
AA99999

Healthcare Provider's Name (please print):
Dr. Will U Fixme

Date of Injury:
11/01/2018

Diagnosis:
Lumbar Sprain

Required: Work status

Worker is **released** to the job of injury (JOI) without restrictions (related to the work injury) as of (date): ____ / ____ / ____
(If selected, skip to "Plans" section below)

Worker **may perform modified duty**, if available, from (date):
11 / 22 / 2018 to* 12 / 2018 / ____ (*estimated date)

If released to modified duty, may work more than normal schedule

Worker **may work limited hours**: ____ hours/day from (date):
____ / ____ / ____ to* ____ / ____ / ____ (*estimated date)

Worker **is working** modified duty or limited hours _____

Required: Measurable Objective Finding(s)
(also referred to as **Objective Medical Findings**)
(e.g., positive x-ray, swelling, muscle atrophy, decreased range of motion)
Pain with forward bending, kneeling, crawling and lifting

Worker **not released to any work** from (date): ____ / ____ / ____ to* ____ / ____ / ____
(*estimated date)

Poor prognosis for return to work at the job of injury at any date

How long do the worker's current capacities apply (estimate)?

1-10 days 11-20 days 21-30 days 30+ days permanent

Capacities apply all day, every day of the week, at home as well as at work.

Other Restrictions / Instructions:

No lifting > 30 bounds, limited crawling, bending and kneeling

Required: Estimate what the worker can do at work and at home unless released to JOI

Worker can: (Related to work injury) A blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% (Not restricted)
Sit					x
Stand / Walk			x		
Perform work from ladder	x				
Climb ladder	x				
Climb stairs					
Twist	x				
Bend / Stoop	x				
Squat / Kneel		x			
Crawl	x				
Reach Left, Right, Both					x
Work above shoulders L, R, B			x		
Keyboard L, R, B					x
Wrist (flexion/extension) L, R, B					x
Grasp (forceful) L, R, B					x
Fine manipulation L, R, B					x
Operate foot controls L, R, B					x
Vibratory tasks; high impact L, R, B	x				
Vibratory tasks; low impact L, R, B		x			
Lifting / Pushing	Never	Seldom	Occas.	Frequent	Constant
Example	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs
Lift L, R, B	>30 lbs	30 lbs	20 lbs	10 lbs	5 lbs
Carry L, R, B	>30 lbs	30 lbs	20 lbs	10 lbs	5 lbs
Push / Pull L, R, B	>30 lbs	30 lbs	20 lbs	10 lbs	5 lbs

Employer Notified of Capacities? ☐ Yes ☐ No

Modified duty available? ☐ Yes ☐ No

Date of contact: 11 / 22 / 2018

Name of contact: _____

Notes:

Note to Claim Manager:

Employer has excepted the restrictions for modified duty. POC has been explained to IW. IW is comfortable with POC

☐ May need assistance returning to work

New diagnosis: _____

Opioids prescribed for: ☐ Acute pain or ☐ Chronic pain

Worker progress: ☐ As expected / better than expected
☐ Slower than expected (address in chart notes)

☐ Next scheduled visit in: 7 days 1 weeks or Date: 11 / 18 / 18
☐ Treatment concluded, Max. Medical Improvement (MMI)

Required: Plans

Current rehab: ☐ PT ☐ OT ☐ Home exercise
☐ Other (e.g., Activity Coaching) _____

Surgery: ☐ Not Indicated ☐ Possible
☐ Planned Date: ____ / ____ / ____
☐ Completed Date: ____ / ____ / ____

Any permanent partial impairment? ☐ Yes ☐ No ☐ Possibly
If you are qualified, please rate impairment for your patient

☐ Will rate ☒ Will refer ☐ Request IME

☐ Care transferred to: _____

☐ Consultation needed with: _____

☐ Study pending: _____

Req: Sign

☐ Copy of APF given to worker

☐ Discussed three key messages on back of form with patient

(206) 9999.999

Phone

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Index: **APF**

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	<div></div>			
	<div>×</div> <div>×</div>			

State Fund Claim:

Department of Labor and Industries
PO Box 44291 Olympia WA 98504-4291
Fax to claim file: 360-902-4567

Self-Insured Claims: Contact the Self Insured Employer (SIE)/Third Party Administrator (TPA)
For a list of SIE/TPAs, go to www.Lni.wa.gov/SelfInsured

Activity Prescription Form (APF)

Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

General Info

Worker's Name:
Ima Hurtin

Patient ID:
99999999

Visit Date:
10/12/2019

Claim Number:
AE99999

Healthcare Provider's Name (please print):
Dr. Neil Lee Healed

Date of Injury:
10/01/2019

Diagnosis:
Right Wrist Sprain

Required: Work status

Worker is **released** to the job of injury (JOI) without restrictions (related to the work injury) as of (date): ____ / ____ / ____
(If selected, skip to "Plans" section below)

Worker **may perform modified duty**, if available, from (date):
10 / 12 / 2019 to* 11 / 12 / 2019 (*estimated date)

If released to modified duty, may work more than normal schedule

Worker **may work limited hours**: ____ hours/day from (date):
____ / ____ / ____ to* ____ / ____ / ____ (*estimated date)

Worker **is working** modified duty or limited hours _____

Required: Measurable Objective Finding(s)
(also referred to as **Objective Medical Findings**)
(e.g., positive x-ray, swelling, muscle atrophy, decreased range of motion)
Pain with twisting, gripping and vibration task.
X ray negative for fracture.

Worker **not released to any work** from (date): ____ / ____ / ____ to* ____ / ____ / ____
(*estimated date)

Poor prognosis for return to work at the job of injury at any date

How long do the worker's current capacities apply (estimate)?

1-10 days 11-20 days 21-30 days 30+ days permanent

Capacities apply all day, every day of the week, at home as well as at work.

Worker can: (Related to work injury) A blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% (Not restricted)
Sit					X
Stand / Walk					X
Perform work from ladder					X
Climb ladder					X
Climb stairs					X
Twist		X			
Bend / Stoop					X
Squat / Kneel					X
Crawl					X
Reach Left, Right, Both					X
Work above shoulders L, R, B		X			
Keyboard L, R, B			X		
Wrist (flexion/extension) L, R, B		X			
Grasp (forceful) L, R, B	X				
Fine manipulation L, R, B			X		
Operate foot controls L, R, B					X
Vibratory tasks; high impact L, R, B	X				
Vibratory tasks; low impact L, R, B	X				
Lifting / Pushing	Never	Seldom	Occas.	Frequent	Constant
Example	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs
Lift L, R, B	30 lbs	20 lbs	10 lbs	5 lbs	5 lbs
Carry L, R, B	30 lbs	20 lbs	10 lbs	5 lbs	5 lbs
Push / Pull L, R, B	30 lbs	20 lbs	10 lbs	5 lbs	5 lbs

Other Restrictions / Instructions:

No vibration, twisting of wrist/hand, hammering or grasping of objects over 5 pounds. PT for 2 weeks recommended

Employer Notified of Capacities? ☐ Yes ☐ No

Modified duty available? ☐ Yes ☐ No

Date of contact: 10 / 12 / 2019

Name of contact: _____

Notes:

Note to Claim Manager:

Patient to return to work on modified duty.
Employer has excepted current restrictions.
Worker okay with POC as well

☐ May need assistance returning to work

New diagnosis: _____

Opioids prescribed for: ☐ Acute pain or ☐ Chronic pain

Worker progress: ☐ As expected / better than expected
☐ Slower than expected (address in chart notes)

☐ Next scheduled visit in: 14 days 2 weeks or Date: 10 / 26 / 01
☐ Treatment concluded, Max. Medical Improvement (MMI)

Required: Plans

Current rehab: ☐ PT ☐ OT ☐ Home exercise
☐ Other (e.g., Activity Coaching) _____

Surgery: ☐ Not Indicated ☐ Possible
☐ Planned Date: ____ / ____ / ____
☐ Completed Date: ____ / ____ / ____

Any permanent partial impairment? ☐ Yes ☐ No ☐ Possibly
If you are qualified, please rate impairment for your patient
☐ Will rate ☒ Will refer ☐ Request IME

☐ Care transferred to: _____
☐ Consultation needed with: _____
☐ Study pending: _____

Required: Sign

☐ Copy of APF given to worker

☐ Discussed three key messages on back of form with patient

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Phone

RESET

Index: **APF**[illegible]

SAMPLE: Employer's Job Description Form

Department of Labor and Industries

Physician billing codes for Review of Job Analysis and Job Description:

1038M – Limit one per day

1028M – Each additional review



Employer's Job Description Form

- ☐ Job of Injury
☐ Permanent Modified
☐ Light Duty/Transitional

Worker Name:	Claim Number:
Company Name:	Job Title:
Phone Number:	Fax Number:
Hours per day:	Days per Week:

Essential Job Duties:

Machinery, Tools, Equipment, and Personal Protective Equipment:

Frequency Guidelines:

N: Never (not at all)

S: Seldom (1 – 10% of the time)

O: Occasional (11 – 33% of the time)

F: Frequent (34 – 66% of the time)

C: Constant (67 – 100% of the time)

Physical Demands:	Frequency:	Description of Task:
Sitting		
Standing		
Walking		
Heights/Ladders/Stairs		
Twisting at the Waist		
Bending/Stooping		
Squatting/Kneeling		
Crawling		
Reaching Out		
Talking/Hearing/Seeing	L R B	
Working Above Shoulders	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Handling/Grasping	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fine Finger Manipulation	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Foot Controls	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Driving	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Repetitive Motion	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Vibratory Tasks H <input type="checkbox"/> L <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Lifting () lbs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Carrying () lbs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pushing/Pulling () lbs.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Comments/Other:		

Employer Name (Please Print) _____ Title _____

Employer Signature _____ Date _____

For Healthcare Providers' Use Only

Approval _____ Hours per Day: _____ Days per Week: _____ Effective Date: _____

☐ Yes ☐ No ☐ Approved with Modifications

If no, please list the objective medical finding:

If approved with modifications, describe the modifications needed:

Healthcare Provider Printed Name _____ Healthcare Provider's Signature _____ Date _____

SAMPLE: Modified Duty Formal Job Offer to Injured Worker

[Date Letter is Mailed]

[Injured Worker Name]

c/o [Attorney] (if applicable)

[Street address]

[City, State, and Zip Code]

RE: L&I Claim # [Claim Number]

Dear [Injured Worker's Name],

I am pleased to offer you employment with [Name of Employer] in [City of Employment] which will accommodate your current physical capacities. The job is that of [Job Title]. This job is available on a reasonably continuous basis and additional modifications can be made based on objective medical findings and associated restrictions. The details of this offer are subject to all hiring and employment requirements and may include verification of employment eligibility and drug testing. A detailed description of the job which was approved by your attending medical provider on [Date] has been attached for your review. The specifics of your employment include, but are not limited to:

- 1 You will report for duty on [Day of Week], [Date], [Time A.M./P.M.] at the following address: [Name of Employer], [Street Address], [City, State, and Zip Code].
- 2 Your shift will begin at [Time A.M./P.M.] and last until [Time A.M./P.M.]. [List schedule specifics here]. You will be scheduled for [XX] hours per week. This is based on your pattern of employment established prior to the date of your injury.
- 3 You will report to [Supervisor's Name] who will act as your direct supervisor and has been advised of your physical capacities.
- 4 Your wage will be [\$X.XX] per hour and you will receive benefits in accordance with our company policy.
- 5 If you have additional medical appointments, you must schedule them outside of work hours unless approved by a supervisor, or scheduled by L&I.
- 6 As necessary, training will be provided to help satisfactorily complete assigned duties not previously performed.
- 7 Should you experience any difficulties in the performance of your duties; you are to report them to [Supervisor's Name] as soon as possible. You should not take it upon yourself to perform any task that is outside the physical limitations determined by your attending medical provider. Should you voluntarily work beyond your physical limitations as prescribed by your attending physician, actions will/may be taken in accordance with company policy.
- 8 This employment relationship is at-will which means both we as the employer and you as the employee are free to end this relationship at any time with or without cause.

SAMPLE: Modified Duty Formal Job Offer to Injured Worker (continued)

- 9** Upon receipt of this letter please contact me, [Person Drafting Letter], at [phone number] to accept or decline this job offer. If I am unavailable, please leave me a message for I am the only authorized individual that may accept your decision. This position is available immediately if you wish to return to work before the start date.
- 10** The Department of Labor and Industries has been notified of this job offer. Please check the appropriate box below and return this letter to me, [Person Drafting Letter], by hand, or post-marked before [Date Worker is to Start Work A.M./P.M.] If you do not show up for work on [Day of Week, Date and Time A.M./P.M.], your claim benefits may be affected.

CHECK ONE:

☐ **I ACCEPT** this job offer ☐ **I DECLINE** this job offer (may affect L&I time loss benefits)

Print Name

Signature

Sincerely,

[Person Drafting Letter, Title]

Encl.: Job Description Approved by Attending Medical Provider

Cc: L&I Claims Manager, Retrospective Claims Manager, Attending Medical Provider

SAMPLE: Modified Duty Formal Job Offer to Injured Worker

[Date]

[Employee's Name]

[Address]

[City, State, Zip Code]

Re: Claim #[XXX]

Dear [Employee's Name]:

Your doctor has released you for modified duty work, which he/she feels you are able to do until you can return to your regular job. Therefore, we would like to offer you the temporary, modified duty job of [_____]. Attached is a copy of the job description approved by your attending doctor.

Please report to your immediate supervisor for your modified duty job on [date] at [time AM/PM]. Your pay will be \$[_____] per [hour/month]. Loss of Earning Power (LEP) benefits may apply if your restricted duty wage is less than your regular wage.

As you improve, the physical demands of the job may change, as approved by your doctor. Usually, a modified duty assignment lasts anywhere from a few days to several weeks, depending on your medical condition.

Your signature below indicates that you have reviewed this offer. Please return this signed job offer agreement to me by [insert date - 10 to 14 days from date of letter]. A self-addressed, stamped envelope is enclosed for your convenience.

Should you have any questions about this job offer, please contact me at [phone number].

Sincerely,

[Your Name]

CHECK ONE:

☐ I **ACCEPT** this job offer ☐ I **DECLINE** this job offer (may affect L&I time loss benefits)

Employee Signature

Date

Enclosures: Approved Job Description; Extra Copy of this letter for employee's record

CC: Claims Manager

SAMPLE: Permanent Formal Job Offer to Injured Worker

PERSONAL OR CERTIFIED MAIL DELIVERY

[Date]

[Injured Worker Name]

[Address]

[City, State Zip Code]

Re: Return to Work Job Offer

L&I claim #: [Claim #]

Dear [Injured Worker],

I am pleased to offer you permanent employment that will accommodate your current physical capacities. Your duties are described in the attached Job Description and are consistent with all physical limitations established by your doctor. Your doctor approved these duties on [Date].

A copy has been sent to your claim manager. This offer will continue to be available into the foreseeable future.

You should report to work on [Date] at address of work site. Your supervisor will be [supervisor name]. He/She has been advised of the physical limitations established by your doctor and these job duties are based on the restrictions imposed by your doctor. Work hours are from [____(AM/PM)] to [____(AM/PM)], [days of the week] for [____] hours per week. Your wages will be [____] per hour. You are expected to comply with all company work rules and attendance policies as with all our employees.

If you experience any difficulties in the performance of your duties, you are to report them to your supervisor immediately. Our goal is to provide all employees with a safe and injury free environment. This requires that you work within all physical limitations approved by your doctor. If any employee requests that you perform a task beyond your physical capacities, you should remind that employee of your physical restrictions. If you are still requested to perform a task beyond your limitations, you are instructed not to perform that task and report immediately to your supervisor and advise him/her of the situation. Consistent with our company safety policy, you may be subject to disciplinary action for working beyond your physical limitations established by your doctor.

I wish to welcome you back. Should you decide not to accept this offer of employment, please call me at [phone number]. If you do not call me or report to work, that will be considered as your decision to reject this offer of employment and your time loss benefits may be affected. Please remember to bring this letter with you or return by mail with your signature.

Sincerely,

[Person writing letter]

Enclosed: Job Description approved by attending physician

CC: Attending Physician; Labor and Industries Claims Manager

Injured Worker's Signature

Date

APPENDIX G

Labor & Industries RTW Contacts

You can see all L&I office locations at:

<https://lni.wa.gov/agency/contact/#office-locations>

Region	Contact Information
L&I Headquarters	Olympia 360-902-5800
REGION 1 Northwest Washington	Bellingham 360-647-7300 Everett 425-290-1300 Mt. Vernon 360-416-3000
REGION 2 King County	Bellevue 425-990-1400 Seattle 206-515-2800 Tukwila 206-835-1000
REGION 3 Pierce County/Peninsula	Sequim 360-417-2700 Silverdale 360-308-2800 Tacoma 253-596-3800
REGION 4 Southwest Washington	Aberdeen 360-533-8200 Kelso 360-575-6900 Tumwater 360-902-5799 Vancouver 360-896-2300
REGION 5 Central Washington	East Wenatchee 509-886-6500 Kennewick 509-735-0100 Moses Lake 509-764-6900 Yakima 509-454-3700
REGION 6 Eastern Washington	Pullman 509-334-5296 Spokane 509-324-2600






APPENDIX H

Suggestions For Effective Communication With The Medical Community

YOUR ABILITY TO COMMUNICATE

effectively with your medical community is crucial to the success of the Return-to-Work Program. For your program to be successful, the following goals must be achieved:





-  **Immediate Return of Injured Employees to Transitional or Regular Employment:** Nationally, millions of dollars each year are wasted by employers paying time lost to employees who could go back to transitional or even regular duty within 24 hours of injury. This money could be saved if, at the time of injury, the medical provider was given a detailed description of the injured employee's job, or alternate tasks the employee could perform while recovering.
-  **Rapid Progression from Transitional to Regular or Other Permanent Employment:** Time-lost and related expenses can be dramatically reduced when frequent, ongoing provider contact moves injured employees as quickly as possible through transitional employment to regular or permanently modified employment.
-  **Efficient Determination of Reasonable Accommodation Alternatives:** If an employee will not be able to return to regular employment due to permanent or long-lasting limitations, significant dollars can be saved by quickly evaluating and (when appropriate) implementing permanent job accommodations, including internal transfers and/or vocational retraining through apprenticeship when feasible.

THE KEY TO WORKING WITH THE MEDICAL COMMUNITY

To achieve good communication with providers and to ensure the rapid return to work of your employees, you need to provide providers with educational information about your Transitional Employment work assignments and remain in frequent contact with the providers.

GETTING YOUR MEDICAL COMMUNITY TO COOPERATE WITH YOUR RETURN-TO-WORK PROGRAM

The success of your Return-to-Work Program can only be ensured when your medical community:

-  Understands your commitment to facilitating rapid return of injured employees to transitional and/or permanent employment;
-  Understands that your commitment is to your employees, not just to dollar savings;
-  Understands exactly how each step of your plan works; and
-  Anticipates your active participation in the recovery and return to work of each of your injured employees.



APPENDIX I

Steps For Obtaining Cooperation From The **Employee's** Medical Provider


STEP 1: Create and prioritize a list of all key providers in your medical community:


- 🏠 List all providers who have treated your employees over the past 3 to 5 years.
- 🏠 Prioritize this list according to the total number of employees treated by each provider during this time.
- 🏠 Utilize your Workers' Compensation Provider Panel.

STEP 2: Develop and Implement an Education Strategy for Each Key Health Care Provider:

At this point you should, if possible, devise a specific strategy to develop a relationship with and educate each health care provider. You may use the same strategy for all practitioners, or you may develop different strategies for each key health care provider. Consider the following:

- 🏠 **Face-To-Face Meetings:** Schedule individual face-to-face meetings with practitioners to (a) develop relationships, (b) dispel any previous negative impressions, and (c) discuss and/or drop off materials summarizing your company's Return-to-Work Program.
- 🏠 **Professional Meetings:** Address Professional Association meetings that key practitioners may attend. Use the same basic strategy for individual meetings. Explain the mechanics of your Return-to-Work Program. Remember, it is most important to clearly communicate the philosophy of the program.

 **Personal Correspondence:** If you cannot arrange to meet practitioners, try a personal letter (not a form letter). The letter should communicate your interest in meeting with the practitioner personally. As an attachment, be sure to provide a brief description of your company's Return-to-Work Program, or at least a statement of philosophy. Ensure that the practitioner knows that your company's Return-to-Work Program is not "business as usual."

 **Follow-Up Calls and Thank-You Letters:** Part of your education strategy could include a brief phone call preceding important letters sent to a practitioner. This phone call builds rapport, and may provide the necessary context for an important letter requiring the provider's response. Practitioners also generally appreciate a brief call or a thank-you note at the conclusion of a difficult case.

STEP 3: Develop Sample Documents Explaining Your Company's Return-to-Work Program:

There are numerous occasions when a concise and professional description of the Return-to-Work Program will be of value. Rather than developing an intimidating all-inclusive document, it would be preferable to create a series of freestanding one-page documents, each briefly describing a key concept.

STEP 4: Develop Sample Letters for Communicating with Doctors:

Unfortunately, many letters written to medical practitioners ask the wrong questions.



APPENDIX J

Troubleshooting Guide

THERE WILL BE TIMES WHEN you have difficulty dealing with specific members of your local medical community. What follows are some common problems and some approaches to dealing with those providers.

- 1 **The provider refuses to talk with your Company** about an injured employee's ability to perform regular or transitional employment. What do you do now?

It is difficult to understand why some providers will refuse to discuss releases to regular or transitional employment. It may be that the provider is harboring some anger about a past conflict, or perhaps simply misunderstands your intention. There is a basic process to go through when dealing with providers who seem uncooperative. The general process is as follows:

- Call the provider directly and talk with him or her about your concerns and about what your goals are for injured/ill employees.
- If you cannot reach the provider directly, contact the provider's nurse, case manager, or assistant to arrange either a telephone conference or a meeting with the doctor to discuss a case.
- If you are still unsuccessful, contact the Clinic Administrator or someone else who is affiliated with your Posted Panel of Providers and arrange a telephone conference or direct meeting with provider.
- While awaiting a response, you may also want to send information to the provider about your company's Return-to-Work Program. Enlist the assistance of your dedicated Claims' Specialist.

2 The provider refuses to release your employee to any kind of work until he or she has fully recovered from the injury What do you do now?

There may be any number of reasons for a provider to react this way, including a fear of employee re-injury or perhaps a long-term paternal relationship with the employee. Whatever the reason, the proper response is to follow the steps described above under No. 1, and to call or meet with the provider directly. The goal is to be sure that the provider knows you mean the worker no harm and view gradual return to work as therapeutic.

3 The provider appears to ask the injured employee what he or she can do physically, rather than making an independent decision about physical capacities What do you do now?

Frequently, providers are at a loss to determine what an employee can do physically. Sometimes they have no idea what the employee's job involves, or the providers may simply feel they have no way to objectively measure a worker's physical capabilities. One potential solution:

- Contact the provider personally and arrange an in-person meeting if possible.
- When contact is achieved with the provider, make every attempt to understand the provider's perspective. Your Claims Specialist may be able to suggest where an Independent Medical Examination can be obtained or where an employee may be sent for a Functional Capacities Evaluation. In many cases, this will address the provider's concerns, while providing you with the needed information to proceed.

4 The provider believes your Company is not working in the injured employee's best interest What do you do now?

There are many situations that can result in a provider being skeptical about the intentions of an employer. For example, a provider may be suspicious of an employer's actions if his or her previous experience was negative. Frequently, a provider has had no direct contact with an employer for many years. The proper response is to follow the basic contact process described in No. 1, and then sit down with the provider and discuss at some length the intentions of your company relative to the injured employee. It is especially important that you meet face-to-face so that the provider has a real person to visualize when he or she is thinking about you as an employer.

5 The health care provider seems to be providing unreasonable or unnecessary treatment for a work injury or illness What do you do now?

The reasonableness or necessity of all treatment provided by a health care provider under the Washington Workers' Compensation Act may be subject to prospective, concurrent, or retrospective utilization review at the request of an employee, employer, or workers' compensation insurer. A utilization review request may be filed on a form that can be obtained from the Washington Department of Labor and Industry.



APPENDIX K

Frequently Asked Questions

1 What are the financial benefits to an employee for early return to work after an injury?

For many injured workers, workers' compensation benefits alone are insufficient to replace lost wages. Returning to work in sustained employment, therefore, is probably the best way for injured workers to avoid significant financial losses. In addition, scientific evidence shows that returning to medically suitable modified-duty work aids healing and recovery. Many obstacles, however, hinder successful and sustained returning to work, including communication problems and financial disincentives of important stakeholders in the workers' compensation system.

2 What strategies are suggested for ensuring the high quality of modified-duty jobs?

To ensure that jobs for injured workers are rewarding and fulfilling, the following recommendations are suggested:

- Increase information and resources for employers and employees about these positions and how to design them.
- Include the injured worker in the negotiations.
- Develop written job descriptions that include worker input.
- Allow enough time for discussion, interaction, and negotiation.
- Develop methods for following up on individual plans and avenues of recourse if a plan is not followed.
- Create a position for a "worker advocate" (possibly a nurse or nurse practitioner), who would have early involvement in the case.

3 What efforts are recommended for employers to assist injured workers to return to sustained employment?

Efforts to help injured workers return to sustained employment include the following steps:

- Injured **worker's** signs and symptoms:
The injured worker describes his or her experience with the injury, including subjective symptoms such as pain, and sometimes shows objective signs of injury.
- **Treating provider's diagnosis, treatment plan, and work restrictions:**
The treating provider interviews and examines the injured worker, makes a diagnosis, determines necessary treatment, and specifies work restrictions.
- **Employer's** efforts to correct hazards and accommodate injured workers:
The employer encourages reporting of injuries, corrects safety problems, and provides accommodations to allow the injured worker to work safely while recovering and to work with accommodations permanently if necessary.
- Claims administrator paying for necessary health care services:
The claims administrator promptly authorizes and pays for necessary health and medical evaluation services.

4 There are many parties involved in what is often a complex workers' compensation system. How can we better sort out the responsibilities of these various parties, eliminating some of the confusion and/or distrust that seem to exist?

There are many perceptions, viewpoints, beliefs and disagreements that often contribute to some level of confusion and/or misinformation in the workers' compensation system. A proven way to help dispel misunderstandings and to clarify roles and responsibilities is to develop and disseminate informational materials that define procedures, roles and expectations of the various persons involved. Parties most frequently involved in the workers' compensation system include:

- | | |
|-------------------------------|---|
| 👤 Claims Administrators | 👤 Panel/Non-Panel Health Care providers |
| 👤 Third-Party Administrators | 👤 Qualified Medical Evaluators |
| 👤 Rehabilitation Counselors | 👤 Case Managers |
| 👤 Treating Physicians | 👤 Injured Workers |
| 👤 Self-Insured Employers | |
| 👤 Self-Administered Employers | |

Developing and distributing communications which describe the roles of these and other parties, and, where appropriate the contact information, can greatly help employees and injured workers understand what an individual or group's duties and responsibilities are.

For a Return-to-Work program to be successful, it is important that, prior to being injured, an employee know the process that will be initiated, the roles of those within the process, and his or her responsibilities within the process. This structured and planned process allows the injured worker to concentrate on his/her rehabilitation.



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