

YOUR GUIDE TO



IN PENNSYLVANIA

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

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Return to Wellness Policy Statement

Employees are our most important assets! We are committed to providing our employees with a safe and healthy work environment. As part of this commitment, we have established an ecovery Return to Wellness program for employees who have sustained a work related injury/illness, in the event that the injury/illness prevents them from performing their normal job duties.

We will make every reasonable effort to provide suitable employment for an injured/ill employee. This may include a modification of the employee's original position or providing an alternative position, depending on the employee's medical restrictions, provided that it does not create an undue hardship to the company. If the employee's original department is unable to place an employee in a suitable position, the company will work to identify an appropriate position in another department. All attempts to place an employee in another area must be done in cooperation with managers, workers, union representatives (if applicable), and the employee.

We believe that an ecovery Return to Wellness program is beneficial to everyone and we will work with you to assist in this important element of an injured workers' recovery.

Program Guidelines

Definitions

Restricted duty: Duties assigned to an injured or industrially ill employee that enables the employee to retain his/her current status with some limited restrictions, with the company being able to make reasonable accommodation of full duties.

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

Responsibilities

Injured Employee:

- Obtain a Work Status Report form at every doctor appointment and provide a copy to Human Resources.
- Keep Human Resources and/or your immediate supervisor/manager informed of any change in your job-related restrictions.
- Follow all restrictions and recommendations prescribed by your treating physician.
- Question any medical directives and restrictions that you do not understand.
- Do NOT perform any activities that are outside of your prescribed restrictions, both at work and at home.
- Attend all appointments. Appointments should be scheduled outside of work hours or over your lunch break. An example of this is scheduling your physical therapy appointments on your way home from work.
- NOTE: Failure to adhere to any work-related restrictions may result in disciplinary action.

Supervisors/Managers

- Ensure that all employees with job-related restrictions are adhering to their restrictions as prescribed by their physician.
- Assign employees with job-related restrictions to jobs within their restrictions. If no jobs are available, contact your Human Resources representative to arrange for other work assignments.
- Maintain a list of departmental duties that meet modified duty requirements. Provide this list to Human Resources.

Human Resources

- Arrange for temporary work assignment of modified duty employees where no work is available within the employee's regular department.
- Maintain updated restrictions on all injured workers.
- Maintain contact with the claim representative and case manager (if assigned).

Notice

All work injuries are to be reported as soon as possible. Injured workers should report the injury to their direct supervisor or manager. The supervisor or manager should then report the injury directly to human resources, who will then notify the insurance agent or carrier.

A Work Status Report form is provided to the injured worker prior to seeking medical treatment. It is the injured worker's responsibility to get this form completed at every doctor's appointment. This form must be completed and signed by a medical doctor.

Upon completion of initial medical treatment, the injured worker provides the completed Work Status Report form directly to Human Resources.

A thorough accident investigation and work injury accident investigation form will be completed by the appropriate person.

Identification of Modified Duty Job Assignments

Restrictions:

In the event that the injured workers' restrictions preclude them from performing his/her pre-injury job, every reasonable effort will be made to identify or create a productive assignment which will accommodate temporary restrictions as identified by the treating physician. These accommodations may include performing some elements of the pre-injury job, assisting other employees with elements of their jobs, as well as other tasks as assigned. All work is to be within the prescribed restrictions.

It is the responsibility of the supervisor not to assign any work outside of the work restrictions. It is the responsibility of the injured worker not to attempt to perform any task that may exceed their restrictions. Any problems with the restrictions should be reported immediately to Human Resources to be reviewed with the treating doctor.

Any employee 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 employee shall contact the Human Resources Department to verify if there has been a change in their status as to coming back to work.

Accommodations:

Accommodations may involve arrangements for less than a normal work day. Once job accommodations have been completed, you will be notified in writing of your modified duty job assignment. This notification will also provide the hourly rate and number of hours you can expect to work. If the accommodated position is one that you are unfamiliar with, a modified duty job description will be provide and/or the main job tasks will be included in the written notification.

Upon receipt of the modified duty job accommodation letter, you are to acknowledge receipt and notify the contact person indicated on the letter. A copy of this letter will be kept in your personnel file.

The job may change or be revised depending upon work availability as well as changes in the injured workers' restrictions. The company maintains the right to assign employees on modified duty to any job, within the company, that will not exceed their restrictions and the injured worker is capable of performing.

Duration

Modified duty job accommodations are meant to be temporary in nature. Their purpose is to assist with the injured worker's rehabilitation as well as maintain productivity. In the event that the injured worker is given permanent modified duty restrictions that preclude the injured worker from performing his/her job, Human Resources will review the restrictions with management to determine if long-term restrictions can or cannot be accommodated.

The Human Resources representative will notify all parties when the injured worker is released for full or unrestricted duty.

Wages and Related Considerations

The rate that the injured worker will be paid will be determined by Human Resources depending upon various factors including but not limited to the type of work the worker is performing, the level of skill required to perform the job, and what wages similar employees completing similar work are earning.

The employee may not apply for any posted job openings while in a restricted capacity. Since the injured worker will perform the work that is available, normal shift scheduling practices may not be possible. If a set schedule is not possible, it is the injured workers' responsibility to contact their supervisor or manager to obtain their scheduled hours for each week, if not previously provided.

Post Injury Response Plan

This form is to be utilized as a quick reference as to who performs which duties after a work related injury occurs. This is a Sample. See Appendix B for a blank form.

Task	Responsible Party (Name and Title)	Date Completed
Injury is reported to Supervisor/Manager/HR	Injured Worker	As soon as possible Date:
Provide Injured Worker with Work Status Report form, Insurance Carrier Name, Policy Number and Phone Number	Supervisor/Manager/HR	As soon as notified of an injury Date:
Appropriate Medical Attention is Provided. Physician Panel and Notice of Duties acknowledgement form is obtained.	Supervisor/Manager/HR	As soon as notified of an injury Date:
Complete Accident Investigation Form	Supervisor/Manager/HR/Safety Director	As soon as possible Date:
File First Report of Injury with appropriate party (state, insurance carrier etc.)	Human Resources	Within 24 hours of injury Date:
Contact employee within 24 hours to go over WC claims process	Human Resources	Within 24 hours of injury Date:
Obtain Work Status Report form to determine restrictions	Human Resources	Day following initial treatment Date:
Discuss possible job accommodations	Supervisor/Manager, with HR; HR then with Claim Representative	Same day Work Status Report is received Date:
Make formal job offer including start date– verbally and in writing. Mail letter via certified mail return receipt requested. (See sample Job Offer Letter)	Human Resources	After speaking with claim representative.
Injured worker either returns to work or fails to return to work.	Supervisor/Manager contacts HR regarding outcome.	Date of proposed return to work.
Contact claim representative to discuss next step.	Human Resources	Date of proposed return to work.

Communication Guidelines

The Return to Wellness program will be provided to all employees upon implementation, as part of new-hire orientation, and anytime any significant updates or changes are made to the program. An employee acknowledgment form will be signed by each employee to confirm receipt of the program.

A copy of the program is available by request made to your Human Resources representative.

Any significant changes to the program must be discussed with the union (if applicable) prior to posting the new policy. An employee acknowledgement form will be signed by all employees after they receive a copy of the revised program.

The policy will be posted in a visible area of the workplace such as Human Resources Board or the Safety Board. Any questions or suggestions surrounding the program should be directed to the Human Resources Department, preferably in writing.

Tools for Educating the Workforce

As part of our ongoing efforts to provide a safe and productive work environment for our employees, it is our goal to educate our employees on the importance of workplace safety and return to wellness. Our training efforts will focus on the following objectives:

- Providing employee orientation to introduce the Return-to-Wellness program and explaining how the company will respond if a worker is injured;
- Providing ongoing education;
- Displaying posters of the mission statement or policy;
- Putting information about the Return-to-Wellness program in the employee newsletter;
- Providing sensitivity training to help co-workers generally understand the needs of injured co-workers;
- Providing support and education to the injured worker's family;
- And finally, the Return-to-Wellness team should educate injured workers on their new tasks or modified jobs, and explain the importance of staying within the provider's guidelines.

PowerPoint Training presentations are available for download at www.EasternAlliance.com

Monitor and Improve Your Program

An essential factor in the success of the ecovery Return to Wellness program is maintenance. Please refer to the following page for a sample return to wellness checklist. See Appendix C for a blank copy of this form.

The Human Resources department will conduct an annual audit of the program to ensure its applicability and adequacy. The program should be revised when operations and positions are disengaged or added to the company. The Human Resources department is responsible for the maintenance and updates to the program.



Program Maintenance Checklist

YEAR: 2012

	Yes	No	If No, person responsible	Due date:	Date Completed:
Job Analyses Current for All Positions (have positions been added/deleted?)	✓				
Modified job descriptions available?		✓	Sam Safety	11/15,	11/18/11
Modified duty tasks are available?	✓				
Pertinent forms are available?	✓				
Personnel files are up to date?	✓				
Successes and failures are tracked?	✓				
Physician Panel is current (if applicable)?	✓				
Panel Acknowledgement Forms and on file?		✓	Rita Resources	01/01/2012	

APPENDICES

APPENDIX A

POST INJURY RESPONSE PLAN

The following page is the Post Injury Response Plan that is to be utilized for each lost time injury claim to clarify the roles and responsibilities of each party involved, and to ensure that all is being done to return injured workers to wellness.

Task	Person Assigned (Name and Title)	Date Completed
Injury is reported to Supervisor/ Manager/HR	Injured Worker	As soon as possible Date:
Provide Injured Worker with Work Status Report form, Insurance Carrier Name , Policy Number and Phone #	Supervisor/Manager	As soon as notified of an injury Date:
Appropriate Medical Attention is Provided. Physician Panel and Notice of Duties acknowledgement form is obtained.	Supervisor/Manager	As soon as notified of an injury Date:
Complete Accident Investigation Form	Supervisor/Manager/HR/ Safety Director	As soon as possible Date:
File First Report of Injury with appropriate party (state, insurance carrier etc.)	Human Resources	Within 24 hours of injury Date:
Contact employee within 24 hours to go over WC claims process	Human Resources	Within 24 hours of injury Date:
Obtain Work Status Report form to determine restrictions	Human Resources	Day following initial treatment Date:
Discuss possible job accommodations	Supervisor/Manager, with HR; HR then with Claim Representative	Same day Work Status Report is received Date:
Make formal job offer including start date– verbally and in writing. Mail letter via certified mail return receipt requested.	Human Resources	After speaking with claim representative.
Injured worker returns to work or fails to return to work.	Supervisor/Manager contacts HR regarding outcome.	Date of proposed return to work.
Contact claim representative to discuss next step.	Human Resources	Date of proposed return to work.

APPENDIX B

eCOVERY PROGRAM MAINTENANCE CHECKLIST

The following checklist is to be utilized annually, to maintain an up to date program that suits the company's needs.



Program Maintenance Checklist

YEAR: 2012

	Yes	No	If No, person responsible	Due date:	Date Completed:
Job Analyses Current for All Positions (have positions been added/deleted?)	✓				
Modified job descriptions available?		✓	Sam Safety	11/15/11	11/18/11
Modified duty tasks are available?	✓				
Pertinent forms are available?	✓				
Personnel files are up to date?	✓				
Successes and failures are tracked?	✓				
Physician Panel is current (if applicable)?	✓				
Panel Acknowledgement Forms signed and on file?		✓	Rita Resources	01/01/2012	

APPENDIX C

PANEL ACKNOWLEDGEMENT FORMS

The following forms are used to notify employees of their rights and duties relating to workers' compensation and the use of a physician panel or list of designated health care providers.

It is provided in the following circumstances:

- ✓ To all new employees at time of hire
- ✓ To all employees after any major changes in the panel occur
- ✓ To employees who are injured (regardless if they lose time from work or not)

The employee will receive a copy of the form and a signed copy should be maintained in the employee's personnel file.

Notice of Rights and Duties Cover Letter

This letter should accompany a copy of the Notice of Rights and Duties form, as it gives a brief explanation of the form.

Dear Employee:

In accordance with Act 1996-57, an employee injured at work must treat with one of the designated health care providers for 90 days. The List of Designated Health Care Providers is posted within the work site. You should become familiar with the location of this list. If you regularly travel as part of your duties, you are encouraged to review names of designated providers in areas in which you travel. Contact your human resources representative to obtain a list.

Attached are two copies of a "Rights and Duties" acknowledgment form that indicates the 90-day requirement. The form also refers Section 306 (f.1)(1)(i) of the Pennsylvania Workers' Compensation Act dealing with second opinions when invasive surgery is recommended. Please read the form and ask for clarification if you do not understand it. Please keep a copy for your records.

Remember, all work-related injuries must be promptly reported to your supervisor, or other person in charge. Your supervisor will assist you in obtaining medical care if you should become injured. If you have questions, please contact Human Resources or call the Bureau of Workers' Compensation at 1-800-482-2383.

Enclosures

RIGHTS AND DUTIES FORM

NOTIFICATION TO EMPLOYEES OF THEIR RIGHTS AND DUTIES UNDER SECTION 306 (f.1)(1)(i) OF THE PA. WORKERS' COMPENSATION ACT

The *Pennsylvania Workers' Compensation Act* requires that employees be given written notification of their rights and duties under *Sec. 306 (f.1)(1)(i)* of the Act if a list of designated health care providers is established by the employer. Below are your rights and duties under *Sec. 306 (f.1)(1)(i)* and an acknowledgment signature line. This acknowledgment, signed by you, is to be returned to your employer. A copy should be retained for your records.

A brief summary: You have the right to seek emergency medical treatment from any provider; for post-emergency and other injuries, you must obtain treatment for work-related injuries and illnesses from a designated health care provider for 90 days. The penalty for not using a designated health care provider is that your employer is not liable for the medical bills incurred.

As an employee working at a location where a list of designated health care providers has been established and posted, you have:

- ✓ The duty to obtain treatment for work-related injuries and illnesses from one or more of the designated health care providers for 90 days from the date of the first visit to a designated provider.
- ✓ The right to seek emergency medical treatment from any provider, but subsequent non-emergency treatment shall be by a designated provider for the remainder of the 90-day period.
- ✓ The right to have all reasonable medical supplies and treatment related to the injury paid for by your employer as long as treatment is obtained from a designated provider during the 90-day period.
- ✓ The right, during this 90-day period, to switch from one designated health care provider to another designated provider.
- ✓ The right to seek treatment from a provider if you are referred to that provider by a designated provider.
- ✓ The right to an additional opinion from a provider of your choice when invasive surgery is prescribed by the designated provider
- ✓ The right to seek treatment or medical consultation from a non-designated provider during the 90-day period, but the services shall be at your expense for the applicable 90 days.
- ✓ The right to seek treatment from any health care provider after the 90-day period has ended.
- ✓ The duty to **notify your employer of treatment by a non-designated provider (after the 90-day period) within five (5) days of the first visit to that provider.** The employer may not be required to pay for treatment rendered by a non-designated provider prior to receiving this notification.

I acknowledge that I have been informed of my rights and duties under *Sec. 306 (f.1)(1)(i)* and that I understand them to the extent that they are explained above. If you have any questions, ask your human resource office representative or call the Bureau of Workers' Compensation at 1-800-482-2383.

At time of Hire

At time of Injury

Employee Signature _____ Date _____

Witness Signature _____ Date _____

SAMPLE LIST OF DESIGNATED PHYSICIANS/PHYSICIAN PANEL

Bernville - Berks - 19606

(08/13/2009)

NOTICE TO EMPLOYEES IN CASE OF WORK-RELATED INJURIES

Eastern Alliance Insurance Group

PO Box 83777

Lancaster, PA 17608-3777

(717)396-7095

(888)654-7100

1. If you suffer a work-related injury, your employer or its insurance company must pay for reasonable surgical and medical services and supplies, orthopedic appliances and prosthesis, including training in their use.
2. In order to insure that your medical treatment will be paid for by your employer or the insurance company, you must select from one of the following health care providers.
3. You must continue to visit one of the physicians listed below, if you need treatment, for ninety (90) days from the date of your first visit.
4. If one of the persons below refers you to another licensed specialist, your employer or their insurer will pay the bill for these services.
5. After this ninety- (90) day period, if you still need treatment and your employer has provided a bill as set forth below, you may choose to go to another health care provider for treatment. You should notify your employer of this action within five days of your visit to said provider.
6. If a physician on the list prescribes invasive surgery, you may obtain a second opinion from any physician of your choice. If the second opinion is different than the listed physician's opinion, you may determine which course of treatment to follow; however, the second opinion must contain a specific and detailed treatment plan. If you choose the second opinion, the procedures in that opinion must be performed by one of the physicians on the list for the first ninety- (90) days. Therefore, in this situation, the employee may be required to treat with an employer-designated provider for up to 180 days.
7. If you are faced with a medical emergency, you may secure assistance from a hospital, physician, or health care provider of your choice for your work-related injury. However, when the emergency is resolved, you must seek treatment from a provider listed below.

PLEASE CALL EASTERN ALLIANCE'S SCHEDULING SERVICES TOLL FREE AT 1-866-695-3265 FOR ASSISTANCE IN SCHEDULING WITH MRI'S, PHYSICAL / OCCUPATIONAL THERAPY OR CHIROPRACTIC REHABILITATION.

Name	Address	Scheduling	Area Of Specialty
Occupational Health Services	1000 Tuckerton Court Reading, PA 19605	610-888-4000	Occupational Medicine
Worknet Occupational Medicine (Novacare)	3212 B Kutztown Road Reading, PA 19605	610-821-2364	Occupational Medicine
Dr. Michael H. O. Dawson	739 E. Norwegian Street Pottsville, PA 17901	570-822-7061	Orthopedics
Dr. John F Perry	601 Spruce Street Rear Entrance West Reading, PA 19611	610-386-1660	Orthopedics
Carim Eye & Refine Center	2630 Westview Drive Wyomissing, PA 19610	610-375-1981	Ophthalmology
Flynn & Hanley Surgical Center	301 S 7th Ave Suite 3070 West Reading, PA 19611	610-375-4381	General Surgery
Novacare Rehabilitation	1150 Berkshire Blvd. Suite 160 Wyomissing, PA 19610	610-375-0520	Physical Therapy
Wyomissing Chiropractic - Dr. Jeffrey L Hill	904 Penn Avenue Wyomissing, PA 19610	610-374-7704	Chiropractic
MRI Network	Call Toll Free for Closest Location	1-866-695-3265	MRIs
Medical Services Company (MSC)	Call Toll Free for Closest Location	1-800-848-1889	DME / Supplies
KeyScripts	Call Toll Free for Closest Location	1-800-448-2848	Pharmacy

APPENDIX D

JOB ANALYSIS/DESCRIPTION FORMS

The following Job Analysis forms are to be kept on file for each position. These are referred to as "pre-injury" job descriptions, and will be submitted to the physician for approval, to expedite the injured worker's return to work.

There is also a Modified Duty Job Analysis Form which is to be completed for modified positions. It is important that there is a constant number of available, modified, positions in the event of a work injury. Having a modified duty job description on file reduces an injured worker's time out of work. When used in conjunction with the modified duty job task lists, supervisors and managers should be able to easily develop modified duty jobs.



Job Analysis Form

Injured Worker: _____ Claim Number: _____
Employer: _____ Source: _____
Address: _____ Title: _____
City, State, ZIP _____ Phone #: _____

Job Title: _____

Job Summary: _____

Essential Functions:

Equipment, Machines, Tools and Vehicles Used:

Environmental Conditions:

Number of hours per day indoors: _____ Number of hours per day outdoors: _____

Exposures	Minimum	Moderate	Severe
Fumes/dust/gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Injured Worker: _____ Claim Number: _____

Job Title: _____

In an 8 hour workday, the employee is required to:

Action	0-3 Hours	3-5 Hours	5-8 Hours	Never	Comments/Conditions
Lift 0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift 21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry 0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Push	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

This job falls into the following category:

- Sedentary:** Lifting 10 lbs. maximum and occasionally lift/carry items, mostly 5-6 hours sitting.
- Light:** Lifting 20 lbs. maximum, frequently lift/carry up to 10 lbs., mostly 0-3 hours sitting.
- Medium:** Lifting 50 lbs. maximum, frequently lift/carry up to 25 lbs.
- Heavy:** Lifting 100 lbs. maximum and frequently lift/carry up to 50 lbs.
- Very Heavy:** Lifting over 100 lbs. and frequently lift/carry more than 50 lbs.

Completed by: _____ Date: _____

Approved by Physician: YES NO (please check one)

(If no, indicate on form which activities and/or physical demands are prohibited).

Physician: _____ Date: _____



Modified Duty Job Analysis Form

Injured Worker: _____ Claim Number: _____
Employer: _____ Source: _____
Address: _____ Title: _____
City, State, ZIP _____ Phone #: _____

Modified Duty Job Title: _____

Job Summary: _____

Essential Functions:

Equipment, Machines, Tools and Vehicles Used:

Environmental Conditions:

Number of hours per day indoors: _____ Number of hours per day outdoors: _____

Injured Worker: _____ Claim Number: _____

Modified Duty Job Title: _____

In an 8 hour workday, the employee is required to:

Action	0-3 Hours	3-5 Hours	5-8 Hours	Never	Comments/Conditions
Lift 0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift 21-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lift over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry 0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carry over 100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Push	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

This modified job falls into the following category:

- Sedentary:** Lifting 10 lbs. maximum and occasionally lift/carry items, mostly 5-6 hours sitting.
- Light:** Lifting 20 lbs. maximum, frequently lift/carry up to 10 lbs., mostly 0-3 hours sitting.
- Medium:** Lifting 50 lbs. maximum, frequently lift/carry up to 25 lbs.
- Heavy:** Lifting 100 lbs. maximum and frequently lift/carry up to 50 lbs.
- Very Heavy:** Lifting over 100 lbs. and frequently lift/carry more than 50 lbs.

Completed by: _____ Date: _____

Approved by Physician: YES NO (please check one)

(If no, indicate on form which activities and/or physical demands are prohibited).

Physician: _____ Date: _____

APPENDIX E

WORK STATUS REPORTS

These forms are to be provided to the injured worker prior to seeking treatment. Use your discretion in an emergency situation as medical attention may take precedent over the completion of this form. These forms are utilized to communicate the injured worker's work restrictions. Work status should be addressed at each physician visit if the injured worker is disabled from working. A copy should be kept on file, and the injured worker should retain a copy for their records.



Work Status Report

Fax Completed form to:

Employee Name:		Claim #:		DOB:					
Date of Injury:		Date of Exam/Effective Date:							
Work Related Diagnosis:									
Physician Name:			Physician Telephone:						
Employee is released to return to work (please circle one)									
Full Duty	<i>Please approve attached pre-injury job description.</i>								
Sedentary	<i>Lifting no more than 10 pounds at a time and occasionally lifting or carrying of small objects. Walking and standing are occasional.</i>								
Light	<i>Lifting no more than 20 pounds at a time with frequent lifting or carrying of objects weighing up to 10 pounds. Frequent walking or standing, or sitting with frequent pushing or pulling of arm or leg controls.</i>								
Medium	<i>Lifting no more than 50 pounds at a time with frequent lifting or carrying of objects weighing up to 25 pounds.</i>								
Heavy	<i>Lifting no more than 100 pounds at a time with frequent lifting or carrying of objects weighing up to 50 pounds.</i>								
Very Heavy	<i>Lifting objects weighing more than 100 pounds at a time with frequent lifting or carrying of objects weighing 50 pounds or more.</i>								
In an 8 hour workday, the employee can: (please check appropriate boxes)									
N= Never; O = Occasionally; F = Frequently; C= Continuously									
	N		O		F		C		
	0 hrs		0- 3 hrs		3-5 hrs		5-8+ hrs		
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive (automatic/standard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Twist/Turn Trunk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climb (ladders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type/Keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	N	O	F	C		N	O	F	C
Lift/Carry	0 hrs	0- 3 hrs	3-5 hrs	5-8+ hrs	Push/Pull	0 hrs	0- 3 hrs	3-5 hrs	5-8+ hrs
0-10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51-75 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	51-75 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	76-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physician Signature:						Date:			

APPENDIX F

SAMPLE MODIFIED DUTY TASK LISTS

These forms are utilized to assist in developing modified duty jobs for injured workers. Supervisors and managers should work together to develop modified duty jobs for each position within the company. These task lists are only suggestions as modified duty jobs are not restricted to the tasks on these lists.

Additional lists are available for download at www.EasternAlliance.com for various industries and occupations.



Construction

Identify ways to modify existing job duties that meet medical restrictions. Indicate physical requirements for job tasks (bending, stooping, sitting, standing, weight / force required to complete task). Focus on what the employee can do rather than the tasks that cannot be done. Modified duty job tasks for consideration include:

- Sweep floors on job sites or main office.
- Collect trash on job sites, in parking lots and areas outside building using stick (with nail).
- Ensure all rebar is properly capped.
- Ensure crane operator has completed inspection of machine (level; secure ground?)
- Monitor "secure zone" of crane (swing radius).
- Ensure all containers are properly labeled as per HazCom requirements.
- Inspect fall protection harnesses and lanyards.
- Verify perimeter cables for fall protection are in proper position and are in place.
- Ensure all holes or openings in roof or elevated position are covered, properly guarded, and marked.
- Inspect ladders. (safety feet; secured; 3 feet above elevated surface?).
- Perform as "fire watch" for welding activities.
- Pull weeds in flowerbeds outside office building.
- Touch up walls, railings, racking (at shop or office) with paint. (Transfer paint from can to smaller container to reduce weight).
- Oil locks and hinges of doors.
- Fill soap container, paper towel dispenser and toilet paper dispensers in restrooms.
- Inspect fire extinguishers (check for appropriate signage, ensure inspection is up-to-date; unblocked by 3 feet and hanging).
- Inspect emergency eye wash stations (check water flow, ensure solution is not expired, ensure station is unblocked).
- Check for grounding plugs on electrical cords (report missing grounding plugs)
- Check condition of electrical cords (spliced insulation / exposed wires)
- Conduct data entry functions within the office.

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These activities are suggestions to help identify modified duty work assignments for injured employees. All tasks must be assigned within the employee's medical restrictions of weight limits, lifting, standing, pushing, pulling, etc.



**Return to Wellness
Modified Duty Job Tasks
Sample Suggestions**

- Empty wastebaskets in offices.
- File paperwork for supervisors.
- Answer telephones.
- Photocopy documents.
- Place labels on mailings / documents.
- Collate, fold and stuff envelopes.
- Assemble marketing materials.
- Assist with paperwork, as assigned by supervisor.
- Conduct surveys.
- Compile data.
- Proof read documents.
- Inventory parts and supplies.
- Organize and rearrange items on closet shelving.
- Clean ashtrays.
- Clean water fountains.
- Water office plants.
- Clean employee break room (wipe table and chairs).
- Dust furniture, handrails, and equipment.
- Inventory first aid kits.
- Conduct guard duty at front gate / entrance of company (write down license plate numbers and take visitor information).
- Develop / update company's hazard communication program: (NOTE: Most cited OSHA violation).
 - ⇒ Update / create chemical, hazardous material inventory list. Identify and record all chemicals within all departments.
 - ⇒ Update and catalog all Material Safety Data Sheets (MSDS).
 - ⇒ Ensure all containers are properly labeled with contents and hazard identification labels.



**Return to Wellness
Modified Duty Job Tasks
Sample Suggestions**

- Assist in fulfilling OSHA compliance / safety program develop. (i.e. Hazcom; Respiratory Protection; Exposure Control; Lock Out / Tag Out; forklift; fire; emergency preparedness; workplace violence; personal protective equipment; machine guarding). Utilize the computer / Internet to assist in the development of programs. (<http://www.osha.gov>)
- Read safety manual; develop and create quizzes to enhance employee safety training and orientation programs.
- Enhance knowledge regarding fall protection (i.e. proper scaffolding). Acquire “competent” scaffolding knowledge / skills as per OSHA standard.
- Conduct / lead “toolbox” safety talk discussions.
- Monitor utilization of personal protective equipment. (i.e. safety glasses; hard hat; hearing protection; steel tip boots)
- Conduct safety inspections using designated checklists.
- Watch safety and /or trade videos to enhance knowledge of safety and issues regarding company / trade operations.
- Read trade magazines to enhance knowledge and skills of trade.
- Test battery operated tools for proper functioning.
- Pick up supplies for jobs at building supply store.
- Prepare for final inspection/walk through.
- Label tools/toolboxes/ladder with company name.
- Patch walls w/ spackle and repaint.
- Assist coworkers with taking measurements.
- Check/change batteries in smoke detectors in shop.
- Have company vehicles serviced (oil changes, scheduled maintenance).
- Make up first aid kits for each company vehicle.
- Snap chalk lines.
- Layout hardwood floor boards, tile, faux stone for fireplaces/exterior walls.
- Spray down concrete forms after tear down.
- Wedge and pin concrete forms.
- Visit www.eains.com/ecovery and review materials for injured workers.
- Assist with creating a mandatory postings board for OSHA, WC and other safety materials.

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These activities are suggestions to help identify modified duty work assignments for injured employees. All tasks must be assigned within the employee's medical restrictions of weight limits, lifting, standing, pushing, pulling, etc.

APPENDIX G

NOTICE TO MEDICAL PROVIDER: WE OFFER MODIFIED DUTY!

This form letter is to be sent to all medical providers on the physician panel to communicate the existence of our ecovery program. It may also be sent at the time of treatment to remind the employer that our company offers modified duty.

Date:

We offer modified duty!

Dear Provider:

This letter is to notify you that our company has started an ecovery: return to wellness, modified duty work program in conjunction with our workers' compensation carrier, Eastern Alliance Insurance Group.

Our company is committed to providing modified duty work to our employees who sustain work related injuries/illnesses. We believe that returning to work when medically appropriate can benefit the injured worker physically, psychologically as well as financially. We will monitor the injured worker's return to work, and ensure that the injured worker is not performing work outside of his/her restrictions.

We kindly ask that you address any return to work restrictions at each office visit and provide the injured worker and our company a copy of these restrictions. Our fax number is _____.

We have lists of modified duty tasks, and will provide pre-injury and/or modified duty job descriptions to assist you in your evaluation of the injured worker's ability to return to work.

Should you have any questions, or require any additional information, please feel free to contact the undersigned.

Sincerely,

Phone #: