

Return to Work – Work Related Injury

Policy Statement

It is the University's policy to retain our valued employees, achieve a safe and timely return of injured or ill employees to the workforce and reduce costs related to disability associated with work-related injuries and illnesses. Procedures have been established to affect this policy.

Employees to Whom Policy Applies

The policies and procedures provided herein apply to all paid employees of Brigham Young University – Idaho, full and part time. This policy shall apply to employees who are injured in the performance of their employment, and who are expected to return to their pre-injury position.

Definitions

- **Return-to-Work Coordinator (Coordinator)** The designated person who will act as a primary contact to the Workers' Compensation Program and will facilitate the return-to-work program. This is the University Safety Officer.
- **Maximum Medical Improvement (MMI)** Point at which the employee has recovered and no further progress is anticipated.
- **Transitional Duty** A temporary situation when an employee returns from a work-related injury or illness to medically restricted or modified duties. Duties assigned can be those identified in the employee's current job description with restrictions or another assignment.
- **Transitional Employment Plan (TEP)** Documentation of the duties the employee will perform during the transitional duty period. Written by the medical professional over the case.
- **Workers' Compensation Program (WCP)** Program administered by the university for employees in accordance with the Idaho State Industrial Commission.

Procedures

Employees must immediately notify their supervisor of any work-related injury, no matter how minor. If the employee is to be examined by a medical professional the employee's supervisor will present the employee with a copy of the Return-to-Work policy.

Within 48 hours of the injured employee's initial visit to a medical professional, the Coordinator may communicate with the attending medical profession, or designee, to discuss return-to-work options, including the University's ability to provide transitional duty.

If the injured employee is not released to his/her pre-injury position at the initial appointment, the Coordinator may submit either the Attending Physician's Form or the Physicians Statement to the medical professional. This should be done at or before the

follow up appointment. The medical professional is expected to take the enumerated demands into consideration when making a return-to-work recommendation.

If the medical professional releases the employee to return-to-work and determines that he/she can perform the essential functions of the pre-injury position, the physician will provide a release-to-work form that the employee will give to his/her supervisor, with a copy to the Coordinator, so a return-to-work date is set. The Worker's Compensation Coordinator will file a supplemental report indicating this return-to-work date to the Workers' Compensation insurance carrier.

If the employee is released to work with restrictions, the Coordinator in cooperation with the supervisor, will review the restrictions set forth by the medical professional and determine whether the department is able to provide transitional duty for the employee. Transitional duty must meet the department's staffing needs and accommodate the employee's medical restrictions.

The Coordinator may schedule a return-to-work meeting with the injured employee and the supervisor to accommodate the return-to-work requirements when necessary. Together they will develop transitional duties that recognize both the employee's abilities and medical restrictions.

If transitional duty is not possible for an employee within the department or the employee is not released to work, the Coordinator will maintain communication with the injured employee, the insurance carrier, and the attending medical professional in order to obtain the employee's prognosis and assess the employee's work status.

During transitional duty, the Coordinator may meet with the injured employee to discuss concerns and to evaluate progress as outlined on the transitional plan. The Coordinator, in cooperation with the supervisor, may amend the transitional duties should the employee demonstrate improvement or regression. Any changes must be submitted to the attending medical professional for approval and forwarded to the insurance carrier.

Transitional duty may not normally exceed 90 days. At the conclusion of the 90 days, the supervisor, in consultation with the Coordinator and University Human Resources, may terminate the transitional duty assignment with the expectation that the employee will return to his pre-injury position. If the employee has permanent restrictions that result in the ability to perform the essential functions of their pre-injury position, the provisions of the Americans with Disabilities Act (ADA) and/or other applicable laws will be applied to determine the suitability for employment.

[Policy Revised March 1, 2017]

ATTENDING PHYSICIAN'S REPORT

Employer: BYU-Idaho **Claim Number:** _____

Patients Name: _____ **BYU-I#:** _____

Dear Doctor:

Please provide the following information related to this injury/illness. This will assist us in returning our employee to work. Our company has an extensive and comprehensive Return-to-Work program for the injured/ill employee.

- _____ 1. Employee may return to normal work duties at once.
- _____ 2. Employee may return with the following restrictions:
Hour / Day: ___ No Restrictions ___ 8 hours ___ 6 hours ___ 4 hours ___ Other _____
Days / Weeks: ___ No Restrictions ___ 5 days ___ 4 days ___ 3 days ___ Other _____
Lifting: ___ No Restrictions ___ 40 lbs. ___ 30 lbs. ___ 20 lbs. ___ Other _____
Movement: ___ No Restrictions ___ Limited Lifting ___ Limited Bending
 ___ Limited Overhead Reaching ___ Other _____

Other (please specify): _____

Length of Restrictions: Resume regular duties after _____ days, OR employee will be re-evaluated on (date) _____.

- _____ 3. The employee is totally incapacitated at this time. Employee will be re-evaluated on (date) _____.
- _____ 4. Notice to Physician and Employee: This report must be returned to Employee's Supervisor, and a copy to the Safety Office, within 24 hours of this visit.

I saw the patient on (date) _____, and have the following diagnosis:

_____ 5. DX: _____

_____ 6. Comments: _____

Physicians signature Date

RETURN TO WORK CAPABILITIES EVALUATION

PHYSICIAN STATEMENT

Modified/Light duty may be available to this injured worker through workers compensation.

To help _____ return to employment please complete the following:

Social Security Number _____ Claim Number _____

1. Can injured worker work an 8 hour day? Yes ____ No ____ If no, how many hours? ____

2. In an 8 hour workday injured worker may

Hours per day	1-3	3-5	5-8	Never
a sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d drive company vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Injured worker may:

a lift/carry					
sedentary-up to 10 lb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
light-10-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
medium-20-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
heavy-50-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
very heavy-100+ lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c push	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d pull	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ L __ R
l grasp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ L __ R
m perform repetitive movements w/hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ L __ R
n perform repetitive movements w/feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	__ L __ R

4. Specify environmental requirements or need for assistive devices or braces: _____

Injured worker is released to return to work : Full duty with no restrictions on _____
Modified duty with above restrictions on _____ Date of expected full duty release _____

Comments: _____

Signature: _____
 Date: _____