

## Coos County School District 9

### Return-To-Work Policy

**Note:** This document is not designed as a substitute for reasonable accommodation under any applicable federal or state laws, such as Americans with Disabilities Act, The Rehabilitation Act of 1973 or other applicable laws.

To preserve the ability to meet company needs under changing conditions, this company reserves the right to revoke, change or supplement guidelines at any time with written notice. The policies and procedures in this return-to-work program are not intended to be contractual commitments and they shall not be construed as such by our employees. This policy is not intended as a guarantee of continuity of benefits or rights. No permanent employment for any term is intended or can be implied by this policy.

#### **Objectives:**

Coos County School District 9 has developed a return to work policy. Its purpose is to return workers to employment at the earliest date following any injury or illness. We desire to speed recovery from injury or illness and reduce insurance costs. This policy applies to all workers and will be followed whenever appropriate.

Coos County School District 9 defines “transitional” work as temporary modified work assignments within the worker’s physical abilities, knowledge and skills. Where feasible, transitional positions will be made available to injured employees in order to minimize or eliminate time loss.

For any business reason, at any time, we may elect to change the working shift of any employee based on the business needs of this organization.

The physical requirements of transitional/temporary work will be provided to the attending physician.

Transitional/Temporary positions are then developed with consideration of the worker’s physical abilities, the business needs of Coos County School District 9 and the availability of transitional work.

#### **In case of an on-the-job accident**

If you have a work-related injury and are missing time from work, contact our Business or Personnel department or SAIF Corporation for details regarding time-loss.

#### **Transitional temporary work assignment**

Coos County School District 9 will determine appropriate work hours, shifts, duration and locations of all work assignments. Coos County School District 9 reserves the right to determine the availability, appropriateness and continuation of all transitional assignments and job offers.

#### **Communication**

It is the responsibility of the worker and/or supervisor to immediately notify the Business manager or Personnel of any changes concerning a transitional/temporary work assignment. The information will then be communicated to the insurance carrier and attending physician as applicable.

## ***Employee responsibilities***

### **1. Accident reporting:**

- A. An ***accident*** is any unplanned event that disrupts normal work activities and may or may not result in injury or property damage. All work-related accidents, injuries and near misses must be reported immediately to your building administrator.
- B. If an accident occurs, but does not require ***professional medical treatment***, the supervisor should immediately be informed, so that an Accident/Incident Analysis form can be completed with the supervisor. If first-aid treatment is needed, it should be sought on-site.
- C. If an accident occurs which requires ***professional medical treatment or time away from work***, and the worker wants to file a claim, he/she must fill out a workers' compensation ***801*** form and send it to the district business office as soon as possible.

### **2. Worker's physical condition:**

- A. If professional medical treatment is sought, the worker should inform the treating physician that Coos County School District 9 has a return-to-work program with light duty/modified assignments available.
- B. If the treating physician does not provide an ***Injured Worker Status Report*** to the worker, the worker should obtain a ***Release to Return-to-Work (RTRTW)*** form and completed ***Job Description*** form (if available) from the business office. This should be provided to the treating physician and should be returned to the business office following the initial medical treatment.

### **3. Worker return to work:**

- A. If the treating physician releases the worker to return to work, as evidenced by completion of a ***RTRTW Form*** and ***Job Description Form***, the form(s) must be returned to the business office, within 24 hours for assignment of light duty/modified work. The worker must report for work at the designated time. ***The worker cannot return to work without a release from the treating physician.***
- B. If you return to a transitional/temporary job, you must make sure that you do not go beyond either the duties of the job or your physician's restrictions. If your restrictions change at any time, you must notify your supervisor at once and give your supervisor a copy of the new medical release.

### **4. Worker unable to return to work:**

- A. If the worker is unable to report for any kind of work, the worker must call in at least weekly to report medical status.
- B. While off work, it is the responsibility of the worker to supply the business office or his/her supervisor with a current telephone number (listed or unlisted) and an address where the worker can be reached.
- C. The worker will notify the business office within 24 hours of all changes in medical condition.

## ***Employer responsibilities***

### **1. Accident reporting:**

- A. The supervisor will conduct an accident analysis on all accidents, whether or not an injury occurs.
- B. When an accident occurs which results in injury requiring ***professional medical treatment***, the business office will forward a completed workers' compensation 801 form to the insurance carrier within five (5) calendar days of knowledge of the claim being submitted for the injury or illness.
- C. Other information will be forwarded as soon as developed including:
  - 1. Name of worker's attending physician.
  - 2. Completed ***Release to Return-to-Work Form*** from attending physician and medical documentation, if appropriate.
  - 3. Completed transitional/modified or regular ***Job Description***.
  - 4. ***Job Offer*** letter and responses.
- D. The supervisor will notify the insurance carrier of any changes in the worker's medical or work status as soon as possible.

### **2. Medical treatment and temporary/transitional duty physical condition:**

- A. A ***Release to Return-to-Work Form*** and a completed ***Job Description*** form (if available) will be provided to the worker to take to the attending physician for completion and/or approval.
- B. At the time of first medical treatment the ***Release to Return-to-Work Form*** must be completed and returned to the business office. If one is not, business will request one from the attending physician.
- C. The completed ***Release to Return-to-Work Form*** will be reviewed by the business office staff. A temporary/transitional ***Job Description*** form will be prepared from information obtained from the attending physician for review and approval.

### 3. Job Offer Letter:

- A. Upon receipt of a signed temporary/transitional **Job Description** form from the attending physician, a written **Job Offer Letter** will be prepared by the employer. It may be mailed by both regular and certified mail to the worker's last known address or presented to the worker.
- B. The letter will note the doctors' approval and will explain: the job duties, report date, wage, hours, report time, duration of transitional work assignment, phone number and location of the transitional assignment.
- C. The worker will be asked to sign the bottom of the **Job Offer Letter** indicating acceptance or refusal of the offered work assignment.
- D. Copies of the **Job Description, Work Releases, and Job offer Letters** will be forwarded to the insurance carrier.

### 4. Supervisor:

- A. The supervisor will monitor the worker's performance to ensure the worker does not exceed the worker's physician release.
- B. The supervisor will monitor the worker's recovery progress through regular contact to assess when and how often duties may be changed. The supervisor will assess the company's ability to adjust work assignments upon receipt of changes in physical capacities.

### Worker acknowledgment:

- The return-to-work policy and procedures have been explained to me.
- I have read and fully understand all procedures and responsibilities.
- I agree to observe and follow these procedures.
- I have received a copy of this policy and procedure.
- I understand failure to follow these procedures may affect my re-employment, reinstatement and vocational assistance rights.

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Worker Signature

Date