EARLY RETURN TO WORK PROGRAM (RTW)
RETURN TO WORK (RTW): Management Statement

To all employees:

Dawson County Commissioners believe that the best approach to controlling incidents and cost is to keep injuries and illnesses from occurring. We are committed to utilizing our resources to provide a safe work environment for everyone.

Dawson County has developed a plan and process designed to help injured employees receive prompt medical attention and recovery assistance. The plan is called the Return to Work (RTW) injury management plan. It includes a team effort involving the injured worker, the treating health provider, insurance provider and internal county management.

When incidents do occur, it is in everyone’s best interest that injuries are properly managed. A form should be sent, for completion by the treating provider, with the injured employee to help diagnose the injury and provide a treatment plan. In those cases where the provider does not complete the form, we may send a letter that will be used to inform the provider of our intent to provide temporary transitional duty work for a recovering employee. Dawson County Department Heads/Supervisors, with the support of Human Resources, will make an effort to provide a temporary modified transitional work position until the employee is able to resume normal duties. All modified work assignments are temporary and intended to facilitate a return to regular work duties as soon as it is medically feasible. These positions may be offered at any location or department/shift at any Dawson County workplace location.

Failure to report for work at any of the designated times or places may affect your time loss compensation. This policy is not intended as a guarantee of continuity of benefits or rights.

Our employees are our greatest assets and we are committed to returning injured workers to full gainful employment as soon as medically feasible. Studies show that RTW programs help speed the recovery process through maintaining job skills and reducing the impact of work-related injuries on the injured worker’s family and income. The Dawson County Commissioners believe that this program aids in retaining productive people, minimizes costs, and believe the workers will be better able to return sooner and avoid long term disabilities affecting their careers.

Everyone should be alert for potential accidents and strive to eliminate them. If you are aware of an unsafe act or condition, you should immediately report it to your supervisor so it may be addressed. This action may prevent an injury from occurring. If an injury does occur, the injury must be reported immediately to Department Head/Supervisor. For the Dawson County Return to Work program to be successful, everyone must understand their responsibilities and will need to fully support the Program.

The Dawson County Commissioners support the primary objective of this program; to assure effective medical care for any injured employee and to assist with their prompt return to productive work as soon as medically feasible.

Thank you for your cooperation and assistance.

Dawson County Commissioners
Return to Work has long been known to reduce workers compensation costs, however it has recently been found to also reduce pain and suffering by the employee, speed up healing times and increase the level of healing a person experiences. Because of these benefits, the Dawson County Commissioners have chosen to implement this program for the county employees.

If you are injured on the job, our first priority is to ensure you receive proper medical treatment. If you are able to fill out an Accident/Incident Report Form prior to leaving the worksite to seek medical treatment, this is preferred. However, if you are severely injured (i.e. you are bleeding uncontrollably, you are dizzy or have a head injury, or if you are in excruciating pain) it is preferred that you seek medical treatment prior to filling out this form. If this is the case, it is imperative that you complete this form with your Supervisor/Department Head or HR Administrator immediately after receiving medical treatment. This form then initiates the First Report of Injury Form (FROI), this form is your application for benefits, from our Workers Compensation Insurance Carrier, and it is required for benefits to be paid.

In addition to this form, a Medical Status Form is required to be returned by the injured employee immediately following all medical appointments. This form will help us determine the type of work Dawson County has available within the restrictions set forth by your physician. Failure to return this form may result in time loss compensation. Upon the return of this form, your Department Head/Supervisor, Human Resources and you will discuss the job tasks available within those restrictions. If you can return to work, you will be expected to return to work immediately.

If additional tasks are deemed to be within the restrictions set forth in the most recent Medical Status Form, these duties may be added to your temporary job. Once your physician releases you back to full duty, you are expected to return to your time of injury job.

Open, two way communication is vital to the success of this program. As such, the Department Head/Supervisor and Human Resources will attempt to contact you periodically to keep updated on your condition and status. It is also recommended that, if able, you call in to the office while you are away from work. This will help keep those lines of communication open and will enable a speedier return to work.

Training on this program should occur upon hire and at least annually thereafter. Employees are required to attend this training and are required to sign that they have been trained. This will help ensure that all employees have received important information regarding our return to work program and understand how this program will be used should an incident occur.

Dawson County Commissioners reserve the right to change or modify this program at any time.

**Human Resources Responsibilities:**
- Develop and monitor a Return to Work Program.
- Develop job descriptions with essential functions of the jobs within the organization.
- Train managers/supervisors on the program and how it is to be managed.
Train employees on the program and how it is to be followed.
Provide managers/supervisors and employees the resources needed to make the program successful.

Supervisor Responsibilities:
- If possible establish temporary jobs within their work areas. These should be written and shared with other managers and supervisors and Human Resources Department.
- Ensure injured employees receive the appropriate medical treatment.
- Assist the injured employee in completing the Accident/Incident form and submitting the form to Human Resources time for completion of the First Report of Injury Form (FROI).
- Provide Human Resources the Medical Status Form upon the employee’s return from the physician.
- Discuss the expectations with the injured employee.
- Ensure the injured employee does not work outside the restrictions approved by the physician.
- Require a Medical Status Form upon return from a physician after each visit and forward form to the Human Resources.
- Communicate with injured employee frequently. This can be done in person or via phone.

Employee Responsibilities:
- Report all injuries, even minor ones, to your Department Head/Supervisor immediately.
- Fill out required paperwork as quickly as possible. Whenever possible by the end of the shift on which injury occurred is expected.
- Return completed Medical Status Forms to Department Head/Supervisor or Human Resources immediately following all doctor appointments.
- Return to work at temporary transitional duty as soon as the physician says you are able to.
- Follow all restrictions. Never work outside those restrictions.
- Communicate any changes in your ability to work to your Department Head/Supervisor.
- Maintain open communication with your supervisor. This includes phone calls or visits if you are away from the worksite.

It is not the intent of this program to obtain confidential medical information. Information related to the incident, how it happened, who was involved, when it happened and how we can prevent similar incidents in the future will be discussed with our safety committee, management team and during the incident investigation. This investigation will not focus on the type of injury or the injured employees medical diagnosis or prognosis, rather the mechanics of how the injury occurred.

Benefits of an Early Return to Work Program

Return to work programs are a proven, cost-effective way to control for the effects of disability and absenteeism in the workplace and serve the best interests of the employer and employee. The goal of any good return to work program is the safe and timely return of employees to transitional or regular employment.

The development and implementation of return to work procedures that support optimal health and function for injured workers would encourage the continued contribution of these injured workers to society help control disability program costs and protect the competitive vitality of the County's economy. Return to work programs have been shown to reduce the frequency and duration of lost time; workers' compensation costs; medical and indemnity costs; litigation; wage replacement costs;
utilization of short-term and long-term disability benefits; utilization of the Family and Medical Leave Act and other leave policies; worker replacement costs; and productivity losses.

**Definition of Return to Work Duty Assignments**

**Lost Time:** Time spent away from work at the direction of the treating doctor as a result of a compensable injury sustained in the course and scope of employment. The term does not include time worked in a temporary assignment.

**Full Duty:** Performance of all duties and tasks of the position for which the employee is employed. Full duty entails performing all essential and non-essential functions of the employee’s regular job.

**Temporary Assignment:** Performance of a temporary job assignment that is intended to return an injured employee to work at less than his or her full duties when a compensable injury or serious medical condition prevents the employee from working full duty. Modified duty and light duty are two types of temporary assignments.

**Modified Duty:** Performance of all of the job’s essential functions, but only a portion of the nonessential functions and tasks of the regular job duties for which the employee is employed. Modified duty allows the employee to return to current employment in his or her regular job, and perform those duties and tasks that are within the capabilities of the employee, given the restrictions to duty imposed by the treating physician. Modified duty is a temporary arrangement until the injured employee can resume full duty.

**Light Duty:** Performance of the essential functions of a job or position other than the position for which the employee was hired. Light duty allows the employee to temporarily perform other duties and tasks that are within the limits imposed by the treating doctor. Light duty is a temporary arrangement until the injured employee can resume full activities of his/her regular position.

**Early Return to Work Program Process**

Unless it is an emergency situation, any employee seeking medical treatment as a result of a work-related injury or disease must obtain a packet of information from the Human Resource Administrator. The employee should present the packet of information to the treating practitioner. The packet will contain the following items:

- Physician Notification Letter
- Medical Status Form
- Employee’s Authorization to Release Medical Information
- Employee’s Job Description

After receiving treatment, the completed Medical Status Form should be returned to the Department Head/Supervisor and Human Resources Administrator. Once the form has been returned, the employee’s Department Head/Supervisor and the Human Resources Administrator will develop a return to work plan for the employee. The plan will be a time-limited assignment that is directed toward the injured employee’s full return to his or her pre-injury job. The plan will take into consideration any restrictions or modifications indicated by the physician on the Medical Status Form. The return to work plan can be a modified version of the injured employee’s original job, the same job with reduced hours, or a combination of tasks from other position, including modified work in other departments if the employee cannot be accommodated in his or her department.
Following the development and approval of the worker’s return to work plan, it will be reviewed every three weeks and adjusted according to the physician’s assessment as the employee’s injury and his or her ability to return to full duty improves.

Department Heads/Supervisors of employees covered by collective bargaining agreements should ensure there are not conflicts between this policy and applicable collective bargaining agreements before proceeding with the development of a return to work plan for the employee.

It should be understood by the employee and Department Head/Supervisor that the approved return to work plan is a temporary, time-limited assignment and not intended to be a permanent position. The goal of the program is to fully return the employee to his/her pre-injury job whenever possible.
February 8, 2018
(Doctor’s name and address)
Subject: (Employee’s name and date of injury)

Dear Dr. [Name):

Dawson County has implemented a return to work program designed to return any injured employee to medically appropriate work in a safe and timely manner, ensuring the worker’s health and recovery are always given top priority.

Enclosed is a detailed job description for the regular job of the employee named above, which may be modified, if possible, to meet medical restrictions that may be assigned. If our employee is unable to return to his or her regular job, we will attempt to find an appropriate alternate work assignment. We will ensure that any assignment meets all medical requirements as directed toward your specific treatment strategies. To that end, we request that you complete the enclosed Medical Status Form, with as much detail as possible.

If you need additional information about a possible work assignment or about our return to work program, please contact me at (406) 345-4118.

Thank you for your participation in our efforts to return our employees to a safe and productive workplace.

Sincerely,

Barb Roehl
HR Administrator

Enclosures: Employee authorization for release of medical information
Job description
Medical Status Form
Dawson County Employees Return to Work
Authorization Form for Release of Information

A. Identification
This document authorizes the use and/or disclosure of confidential protected health care information about:

Employee Name: __________________________
Address: ________________________________
Date of Birth: ____________________________
Daytime Phone Number: ___________________

B. Directions for Release
This authorization applies in accordance with my directions as checked below:

I authorize the release of information from:
___ My Physician/Provider (Name): ___________________________ to release and/or use protected health information pertaining to my current and expected medical restrictions and functional abilities and expected recover timelines related to my work-related injury or occupational disease.
The information may also include medical opinions and evaluations of potential temporary transitional duty assignments and/or return to work activities.

I authorize the disclosure of information to:

___ Dawson County HR Administrator
___ Temporary Transitional Committee
___ Other (Name or describe): __________________________

I authorize the disclosure and/or use for the following reasons:

1. To evaluate the appropriateness of temporary transitional duty assignments;
2. To evaluate ongoing temporary transitional duty assignments;
3. To evaluate the appropriateness of returning to full unrestricted duties.

C. Right to Revoke
I understand that I may revoke this Authorization at any time except to the extent that action has already been taken in reliance upon it. If I do not revoke it, this Authorization will expire on the date I am declared maximally medically improved (MMI) by my Health Care Provider for my work-related injury or occupational disease. To revoke the Authorization, I understand I must contact the following person in writing: HR Administrator Barb Roehl

D. Authorization and Signature
I authorize the release of my confidential health information as described in my directions in Section B. I understand that this authorization is voluntary, that some of the information to be disclosed may be protected by law, and the use/disclosure is to be made to conform to my directions.

I, ____________________________, have read the contents of this Authorization, and I confirm that the contents are consistent with my directions.

Employee Signature ___________________________ Date __________________________

Complete, Sign, and Return this form to your HR Administrator
Return To Work Plan

To be completed by Supervisor/Human Resources for all employees returning to work, including those with a request for work accommodations.

SECTION A: EMPLOYEE INFORMATION

Employee Name:  

SECTION B: REQUEST FOR ACCOMMODATION

Date of initial request for accommodation:  

SECTION C: EMPLOYEE MEDICAL INFORMATION

Date of Medical Note:  
Health Care Provider's Name:  
Medical Restriction(s):  

Expected Date of Return to Regular Work:  
Is the limitation:  □ Permanent  □ Temporary  
If Temporary, indicate expected duration of modified duties:  

COMMENTS:  

SECTION D: PLAN GOALS

Goal is to return employee to pre-disability status. Please check all applicable boxes:

□ To return to full-time regular duties as of:  
□ To return to full-time modified duties as of:  

□ To return to part-time modified duties as of:  
Medical Progress Review to occur on:  

SECTION E: ESSENTIAL JOB FUNCTIONS

Position classification:  
Essential job tasks include:  

SECTION F: DESCRIPTION OF WORK ACCOMMODATION DUTIES
Position classification:

Essential job task include:

☐ Job description for modified duties and/or Return to Work Plan

Hours of Work: ________________  

Reviewed by Health Care Provider: ________  

Progress review will occur on: ________  

SECTION G: ADDITIONAL COMMENTS

SECTION H SIGNATURES

Employee’s Name (please print) __________________________  

Signature __________________________  

Date __________________________

Supervisor’s Name (please print) __________________________  

Signature __________________________  

Date __________________________

Note: If the employee has made a request for further or different accommodation, new medical information should be requested and a new Return to Work Plan should be initiated.
DAWSON COUNTY RESOLUTION #2018-03
RETURN TO WORK PROGRAM

A RESOLUTION of the Dawson County Commissioners to adopt an updated Return to Work Program.

WHEREAS the Board of Dawson County Commissioners are responsible for the day to day operations of Dawson County, and;

WHEREAS the Board of Commissioners believe that the best approach to controlling incidents and cost is to keep injuries and illnesses from occurring; and

WHEREAS Dawson County has developed a plan and process designed to help injured employees receive prompt medical attention and recovery assistance. The Plan is called the Return to Work (RTW) injury management plan.

THEREFORE, BE IT RESOLVED AS FollowS: That effective immediately Dawson County does hereby adopt the attached Return to Work Program.

DATED this __20____ day of ______February______, 2018.

BOARD OF COUNTY COMMISSIONERS

GARY KARTEVOLD, CHAIRMAN

DENNIS ZANDER, MEMBER

DOUGLAS A BUFXBAUM, MEMBER

ATTEST:

Shirley A. Kreiman, Clerk

Resolution #2018-03