



Memorandum

To: City Council
From: Ben Cowan
Date: 7/7/2016
Re: Return to Work Policy

Please find attached a draft return to work policy for your consideration. The impetus for creating such as policy is as follows:

Benefits to the City of Gunnison

- 1) Reduces the likelihood of fraudulent claims.
- 2) Receives some production for wages paid (when a worker is out drawing lost time benefits, there is no production).
- 3) Saves the cost of training other employees or hiring temporary assistance to perform the injured or ill employee's duties.
- 4) Reduces workers' compensation insurance premiums since an active return to work policy would be in place.
 - a. Loss Cost Multiplier – This calculation takes all losses paid by the insurer to determine what pricing tier your company will be placed in - this is the incremental rate that is charged per \$100 in payroll. If a strong return to work program is in place and injured employees are able to return to productive work earlier, the City's total loss will be reduced and possibly qualify the City for a lower pricing tier.
 - b. Experience Modification factor – This is the City's report card for losses. If your company's loss experience is costlier on the average than other company's loss experience in your industry, the result is a debit e-mod. Currently, the City has an e-mod of 1.14 which results in an additional charge of \$17,080.
 - c. Scheduled credits – This section is an area the underwriter can apply credits or debits to the account based on their overall comfort of the risk. If losses are trending upward the underwriter may need to debit the account to cover anticipated losses. If a company is working hard to provide a safe environment and put measures in place to respond after an injury, the underwriter will have more confidence in applying credits to the account.
- 5) Demonstrates the City's compliance with and support of various legal provisions of the Family Medical Leave Act (FMLA) and the Americans with Disabilities Act (ADA).

Benefits to the Employee

- 1) Increases their self-esteem, minimizing feeling of guilt for having been injured.
- 2) Promotes better morale among all workers since they may not have to absorb other employees' duties on a temporary basis.

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- 3) Provides another benefit that can help attract and retain quality employees – a benefit that costs the City nothing.
- 4) Maintains social contact with fellow employees, which enhances recovery and encourages a faster recovery.
- 5) Reduces the negative financial impact many injured workers experience due to lost time.

When Gunnison Valley Family Physicians discontinued the acceptance of workers' compensation patients, one of the reasons they cited included a lack of communication with the employer (among other things). The communication afforded by the Medical Evaluation Form allows the medical profession to assist with getting the employee back to performing his or her essential duties more quickly as well as prevent delayed recovery due to further injury.

We realize that the proposed policy will not solve all employee/employer problems in returning injured workers to their jobs. For instance, alternative assignments are rarely available in the Public Works Department. However, we believe this policy as proposed will help to facilitate an early return to work for injured employees, deriving at least some of the benefits listed above. In practice, most of the tenets of the proposed policy are already followed by the City, and having a formalized policy in place is desirable.



Return to Work Policy

Adopted by City Council July 26, 2016

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SECTION 1 PURPOSE

This policy is in place to ensure the City of Gunnison provides meaningful work activity for employees who are temporarily unable to perform all, or portions, of their regular work assignments or duties. This policy applies to employees suffering from either work or non-work related injury or illness. The goal is to allow valued city employees to return to productive, regular work as quickly as possible if alternative assignments are available. By providing temporary transitional or modified work activity, injured and recovering employees remain an active and vital part of the City of Gunnison. Studies show that a well-constructed Return to Work Policy reduces lost time days, allows workers to recover more quickly and makes for a more positive work environment.

SECTION 2 SCOPE

All active employees who become temporarily unable to perform their regular job duties due to a compensable work related or non-work related injury or illness may be eligible for transitory work duties within the provisions of this program, provided that alternative assignments are available. Return to work tasks may be in the form of:

- A. Changed duties within the scope of the employee's current position.
- B. Other available jobs for which the employee qualifies outside the scope of his or her current position.
- C. An altered schedule of work hours.

SECTION 3 DEFINITIONS

Transitional duty is a therapeutic tool used to accelerate an injured employee's return to work by addressing the physical, emotional, attitudinal and environmental factors that otherwise inhibit a prompt return to work. These assignments are meant to be temporary and may not last longer than 90 days, though multiple back-to-back 90-day assignments are allowable if it is medically warranted.

Alternate duty is a part of the City of Gunnison's Return to Work Policy that is designed as a placement service for individuals who have reached maximum medical improvement and are still unable to perform the essential functions of their pre-injury job.

SECTION 4 APPLICABILITY

4.1 LENGTH OF DUTY

If work is available that meets the limitations or restrictions prescribed by the employee's attending medical provider, that employee may be assigned transitional or modified work for a period not to exceed 90 days. Transitional or light duty is a temporary program, and an employee's eligibility in these reduced assignments will be based strictly on medical documentation and recovery progress.

4.2 DAILY APPLICATION

An employee's limitations and restrictions are effective 24 hours a day. Any employee who fails to follow his or her restrictions may cause a delay in healing or may further aggravate the condition. Employees who disregard their established restrictions, whether they are at work or not, may be subject to disciplinary action up to and including termination.

4.3 QUALIFICATION

Transitional or modified duty will be available to employees on a fair and equitable basis with temporary assignments based on skill and abilities, if such assignments are available within the employee's department. Availability will be determined upon the sole discretion of the Department Head and/or the City Manager. Eligibility will be based upon completion of the Return to Work Evaluation Form by the employee's attending medical professional. An employee on modified duty will be considered part of the regular shift staffing, with recognition of the employee's limitations within the department.

SECTION 5 RESPONSIBILITIES

The following responsibilities apply to various levels within the City of Gunnison.

- A. The City's management staff will ensure the policy's enforcement among all levels at the City of Gunnison and will actively promote and support this policy and the Return to Work Program as a whole.
- B. Supervisors will support the employee's return to work by identifying appropriate modified assignments and ensuring the employee does not exceed the medical

professional's set restrictions. Supervisors will also stay in regular contact with absent employees and communicate the City's attendance expectations clearly. They are also responsible for reporting any problems with employees and this policy to Human Resources or the City Manager.

- C. Injured workers will notify their supervisors in a timely manner when their condition requires an absence. They will closely follow their medical professional's treatment plan and actively participate in the City of Gunnison's Return to Work Program, which includes following all the guidelines of this policy. Injured employees will also help supervisors identify potential options for transitional duties. While supervisors are responsible for maintaining constant communication with the injured employee, the worker also has the obligation to maintain contact with the City of Gunnison about their condition and status. The injured worker will complete all required paperwork in a timely manner.

SECTION 6 PROCEDURE

6.1 WORK SCHEDULE

The City of Gunnison will do everything in its power to tailor the restricted work schedule to the injured employee's normal, pre-condition work schedule. However, depending on the job limitations, it may be necessary for the employee to take on a specifically designed, temporary schedule to accommodate these restrictions.

6.2 PAYMENT OF WAGES

- A. If qualified authorities determine an employee's injury is work related, the City of Gunnison will pay benefits and wages in accordance with the state workers' compensation statute and with the Employee Handbook. If an employee on modified duty is unable to report to work, the employee may then be charged for up to eight hours of sick leave per shift.
- B. Employees performing modified duty on a restricted work week (during the first 90 days of workers' compensation leave) will receive payment for hours worked from the City, while hours not worked will be reimbursed according to workers' compensation guidelines.
- C. An employee performing transitional duty for a non-work related injury or illness on a normal work schedule shall receive an hourly rate for all time worked that may not necessarily equal the full-duty hourly rate.

- D. Employees performing transitional duty on a restricted workweek following a period of short-term disability (STD) may receive a combination of regular pay and partial disability benefits. The employee and Human Resources Department will work out this combination on a case-by-case basis.
- E. If employees take vacation or there is a holiday during restricted duty, they are entitled to their regular vacation selection or holiday pay as it would apply to normal, non-restricted duty.

6.3 COMMUNICATION EXPECTATIONS

If an employee is unable to work in any capacity and the City approves of the absences, the employee must stay in constant communication with Human Resources and the direct supervisor. Each must receive an update of the employee's medical status on at least a weekly basis. Failure to do so may result in a reduction in available benefits and discipline up to and including termination.

6.4 MEDICAL APPOINTMENTS

- A. Employees may use time off for medical appointments if they have it available and if they coordinate the absence in advance with their supervisor. Non-emergency medical appointments not scheduled in advance may be cause for denial of time off and/or use of leave time.
- B. The employee's medical provider must complete the City of Gunnison Return to Work Evaluation Form for each visit to evaluate the impairment. It is the employee's responsibility to inform the City of Gunnison of his or her medical status after each doctor visit. This applies to both work related and non-work related injuries and illnesses that interfere with assigned.

6.5 EMPLOYEE PROCEDURES

- A. In the event an injury or illness is work related, report it to your supervisor immediately, or no later than the end of the shift on which the injury occurs. Complete the Employee's First Report of Injury Form.
- B. In the event an injury or illness occurs outside of work, report it to your supervisor immediately, or no later than the start of the first shift following the date of injury.
- C. Let your supervisor know that you are seeking medical treatment and obtain a Return to Work Evaluation Form. The Return to Work Evaluation form must be completed for each practitioner visit regardless of your choice of physician and regardless whether the condition is work related or not.

- D. Participate in the Return to Work Program on temporary transitional work for up to 90 days while your medical provider and supervisor continuously review your condition.

SECTION 7 REFUSAL TO PARTICPATE

If you are unable to return to your regular job but are capable of performing transitional duty, you must return to transitional duty. Employees who choose not to participate in the City of Gunnison Return to Work Program or follow all regulations in this Return to Work Policy may become ineligible for state workers' compensation benefits. In some cases, refusal to participate may be a basis for termination. Unpaid Family Medical Leave may apply upon refusal and disability benefits will cease.

SECTION 8 FAMILY MEDICAL LEAVE

In the case of reduced work time, the Family Medical Leave and Partial Disability programs may apply to compensate for lost wages due to fewer hours. Contact the Human Resources Department for further details.

SECTION 9 EMPLOYEE ACKNOWLEDGEMENT

The City of Gunnison's primary goal is to accommodate injured and recovering workers by identifying or modifying jobs to meet their physical capacities and allowing them to return to work as quickly and smoothly as possible. The City is committed to individualizing return to work programs based around the individual's physical capabilities and will review all task assignments regularly to ensure duties are appropriate.

We are committed to early return to work and recognize that it speeds up the recovery process and reduces the likelihood of permanent disability. employees are expected to show the same commitment to the program by following the Return to Work Policy and all guidelines of the Return to Work Program. The Return to Work Program requires a team approach, so employees are expected to cooperate with the management team, supervisors and medical staff should they ever become injured and unable to perform your full job duties.

Prior to working on any City of Gunnison job site, each employee is expected to have read the entire Return to Work Policy, which includes the following sections:

- Purpose
- Scope

- Applicability
- Responsibilities
- Procedure
- Refusal to Participate
- Family Medical Leave

If you have any uncertainty or questions regarding the content of these policies, you are required to consult your supervisor. This should be done prior to signing and agreeing to the City of Gunnison Return to Work Policy.

I am aware of and have read the City of Gunnison's Return to Work Policy, and I understand the requirements and expectations of me as an employee. Should I become injured or ill and unable to carry out my regular duties, whether it happens inside or outside the workplace, I fully recognize the City of Gunnison's expectations of me during my recovery. I also know that the City of Gunnison reserves the right to pay less than my full-duty rate during transitional work if it is justified.

I understand that if I choose not to participate in the Return to Work Program or follow this policy's guidelines, I may become ineligible for state workers' compensation benefits. In some cases, my refusal may be grounds for termination.

Employee Signature: _____

Date: _____



City of Gunnison

Dear Medical Professional:

City of Gunnison would like to assist in the transition to full duty work for employees suffering from either work or non-work related injury or illness. We are able to accommodate many restrictions you believe fit to ensure a full recovery. This includes, but is not limited to, modified hours, duties and flexibility to continue medical treatment.

Please complete the attached form, or your comparable version of this form, outlining any restrictions assigned to this employee. Please understand that the ultimate objective is a return to full duty employment, and we ask that you keep this in mind when establishing a treatment plan.

If our employee is unable to return to work immediately, please call the City of Gunnison Finance Department. Should you have any questions or need to review additional information, please contact us at 970-641- 8070.

Sincerely,

City of Gunnison



Return to Work Medical Evaluation Form

Your cooperation in completing this form is vital to our efforts in determining the work potential of your patient. Our goal is to return the injured or ill City of Gunnison employee to his or her full working capacity as soon as possible. Thank you for your assistance.

Please print

Employee's Name: _____ SS#: _____

Date of injury/surgery/onset of illness: _____ Date of exam: _____

Diagnosis or description of injury/surgery/illness: _____

The patient's return to work status is:	The patient's restrictions or limitations are:	The patient can perform them:		
		Frequently	Occasionally	Not at all
<input type="checkbox"/> Return to regular work Date: _____	<input type="checkbox"/> Lifting above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Able to return to work with noted restrictions Date: _____	<input type="checkbox"/> Lifting from below knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Unable to return to work until next evaluation Date: _____	<input type="checkbox"/> Twisting of upper body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Referred to another health care provider Name: _____ Date: _____	<input type="checkbox"/> Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Squatting, kneeling or crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Repetitive wrist movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Repetitive feet movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Operating industrial equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Driving company vehicle or tractor/trailer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Exposure to dust or fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Exposure to skin irritants, solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Must wear hearing protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Must wear eye protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Alternate sitting and standing every ___ hours			
	<input type="checkbox"/> Limit standing to ___ hours a day			
	<input type="checkbox"/> Limit daily work to ___ hours a day			
	<input type="checkbox"/> Under medication that could affect ability to work Please explain: _____			
Lifting restrictions				
<input type="checkbox"/> None				
<input type="checkbox"/> 40-50 lbs.				
<input type="checkbox"/> 30-39 lbs.				
<input type="checkbox"/> 20-29 lbs.				
<input type="checkbox"/> 10-19 lbs.				
<input type="checkbox"/> less than 10 lbs.				

Follow-up plan of treatment None Return visit on _____ at _____ a.m./p.m.

Additional comments: _____

Health care provider's signature

Health care provider's name (please print)

Date signed

Phone number (include area code)

Street address

City, State and Zip code