

Early Return to Work Procedures

Principal/Supervisor Responsibilities in the Event of an Injury

1. As soon as principal/supervisor is made aware of an injury, he/she coordinates first aid efforts, if appropriate, then fills out a written incident report.
2. If medical treatment has been provided to the employee, employee completes page two of the 801 form. The 801 is also completed if the injured employee insists on filing a claim, even if medical treatment is not required. If possible, have the employee seek medical treatment first and then return to complete the 801.
3. Principal/supervisor accompanies employee to doctor if at all possible. If employee does not express a preference, employee will be taken to Myrtle Point Medical Center, unless he/she clearly needs emergency room services.
4. Principal/supervisor makes sure "Release to Return to Work Form" is submitted to the doctor at the first medical visit and requires employee to return the form the same day.
5. Principal/supervisor notifies the office of the industrial injury the day it occurs and turns in a copy of the incident report (and 801 if medical treatment was sought).
6. Principal/supervisor follows up with the physician the date of the first exam. If principal/supervisor obtains the information, he/she relays this to the superintendent or designee.
7. If employee is off work, principal/supervisor contacts him/her at least once a week to express care and concern and to learn the most recent developments in medical condition and work status. Principal/supervisor then relays information, as he/she receives it, to superintendent.
8. When employee is ready to return to work, principal/supervisor makes sure he/she has a written release from the doctor.
9. If employee is on light duty, principal/supervisor makes sure employee does not exceed pre-determined written restrictions.
10. Principal/supervisor relays any change in restrictions to superintendent or designee and discusses possible need for revising job.

Coordination by District #41 Central Office

1. When injury occurs, superintendent or designee determines if medical treatment was provided.
2. If no treatment was provided, superintendent or designee requests incident report from supervisor.
3. If medical treatment was obtained, superintendent or designee:
 1. requests incident report and form 801;
 2. finishes his/her portion of form 801; and
 3. sends form 801 to insurance company as soon as possible.
4. Superintendent or designee follows up on the "Release to Return to Work" form the date employee goes to the doctor.
5. If employee is released with restrictions which prohibit return to work at the regular job, superintendent or designee discusses the possibility of light duty with District management as soon as possible.
6. If light duty is appropriate and available, superintendent or designee will coordinate with SAIF Corporation's Return to Work Consultant and prepare a job analysis.
7. When employee's attending physician has signed the job analysis, superintendent or designee prepares a formal job offer to employee. If employee cannot accept offer in person, formal job offer will be sent by regular and certified mail.
8. Superintendent or designee monitors any light duty job by checking periodically with employee's principal/supervisor.
9. If employee cannot return to regular work and light duty is not available, superintendent or designee makes sure employee is reporting to principal/supervisor at least once a week.
10. Administrative Secretary coordinates progress on the claim until worker is released for regular work. Administrative Secretary relays information to appropriate SAIF personnel.
11. If restrictions change, superintendent and principal/supervisor discuss need to change light duty job. If change is made, superintendent contacts SAIF Return to Work Consultant to assist with preparation of a new job analysis, and repeat step 7.

Coordination by Administrative Secretary

1. When injury occurs, administrative secretary determines if medical treatment was provided.
2. If no treatment provided, administrative secretary requests incident report from supervisor.
3. If medical treatment was obtained, administrative secretary requests incident report and 801 and finishes 801. He/she sends 801 to insurance company as soon as possible.

4. Administrative secretary follows up on the "Release to Return to Work" form the date employee goes to the doctor.
5. If employee is released with restrictions which prohibit return to work at the regular job, administrative secretary discusses the possibility of light duty with superintendent as soon as possible.
6. If light duty is available, administrative secretary will coordinate with SAIF Corporation's Return to Work Consultant and prepare a job analysis.
7. When the physician has signed the job analysis, administrative secretary will prepare a formal job offer to employee. If employee cannot accept offer in person, administrative secretary will send formal job offer by regular and certified mail.
8. The administrative secretary monitors any light-duty job by checking periodically with employee's principal/supervisor.
9. If employee cannot return to regular work and light duty is not available, administrative secretary will make sure employee is reporting to office at least once a week.
10. Administrative secretary should coordinate progress on the claim until employee is released for regular work. Administrative secretary relays information to appropriate SAIF personnel.
11. If restrictions change, administrative secretary and superintendent discuss need to change the light-duty job. If change is made, administrative secretary will contact SAIF Return to Work Consultant to assist with preparation of a new job analysis, and repeat step 7.

Employee's Responsibilities

1. Report all injuries to your principal/supervisor immediately. If medical treatment is necessary and you have no preference for a physician, you should go to the nearest available facility.
2. Take the "Release to Work Information" form with you to the first and all subsequent medical visits. Tell the doctor the company may be able to place you in a temporary modified job if you cannot return to regular work. Return the form completed by the doctor to your principal/supervisor or to the office the same day, or within 24 hours.
3. You and your principal/supervisor must complete forms as soon after the accident as possible. If medical treatment was required, you will complete both an incident report and an 801 form.
4. If you are not released for regular work, but are released for light duty, discuss the possibilities with your principal/supervisor and/or the administrative secretary. If an appropriate light-duty job is developed, whether it is a modified version of your regular job or another light-duty job, you must report for work at the time designated by the district.

5. If you are taken off work completely, or if light duty is unavailable, you must report your medical condition and your progress to the administrative secretary, by phone, every Monday between 8-9 AM. Also, you must report in person to the administrative secretary each Friday between 4-5 PM. Any changes in the reporting requirements must have prior approval from the administrative secretary. Also furnish the office with your current mailing address and telephone number.

6. If you return to a light-duty 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 principal/supervisor at once and give your principal/supervisor a copy of the new medical release.

Employee Acknowledgment

- A. The Return to Work Policy/Procedure has been explained to me.
- B. I have read and fully understand all the procedures and responsibilities.
- C. I agree to observe and follow these procedures.
- D. I understand my failure to complete my responsibilities may result in disciplinary action up to and including termination.
- E. Failure to follow these procedures may also affect my right to possible future vocational assistance following disability.
- F. I have received a copy of this policy and procedure.

Employee Signature

Date

(Copy to Personnel file)

Return form to: Myrtle Point School District
 Attn: Personnel
 212 Spruce Street
 Myrtle Point, OR 97458

Release to Return to Work

| | |
|----------------|--------------|
| Name of worker | Claim number |
|----------------|--------------|

Please fill out this form and return it to us at the address indicated above.

1. Is the worker medically stationary? Yes No If yes, date: _____ (Provide closing information and complete Form 827)
 If no, estimated medically stationary date: _____ Are there permanent restrictions? Yes No Unknown

2. Worker is released to:
 Full duty without limitations Date _____ (Do not complete lines 3 through 11. Sign below.)
 Modified duty from (date) _____ through (date) _____ (Specify limitations below)
 Modified hours specify hours _____ from (date) _____ through (date) _____
 Not released to work Est. RTW date: _____ If modified release, provide date of anticipated regular release _____

Hours: No limitations

| | | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|------------------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Other (specify) |
|--|----------|----------|----------|----------|----------|----------|----------|----------|------------------------|

3. In a/an 8 10 12 other _____-hour workday,
 worker can stand/walk a total of _____

4. At one time, worker can stand/walk _____

5. In a/an 8 10 12 other _____-hour workday,
 worker can sit a total of _____

6. At one time, worker can sit _____

7. The worker is released to return to work in the following range for lifting, carrying, pushing/pulling:

| Pounds | <10 | 10 | 15 | 20 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 | >100 |
|--------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Occasionally | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Frequently | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

8. Worker can use hands for repetitive:

| | | | |
|------------------------|--|--|--|
| | Right | Left | Dominant Hand |
| a. Fine manipulation | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Right <input type="checkbox"/> Left |
| b. Pushing and pulling | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| c. Simple grasping | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. Keyboarding | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Worker is able to:

| | | | | | |
|---------------|---|--|---|--|--------------------------|
| | Continuous 67-100% of the day | Frequently 34-66% of the day | Occasionally 6-33% of the day | Intermittently 1-5% of the day | Not at all |
| a. Stoop/bend | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Crouch | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Crawl | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Kneel | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| f. Climb | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| h. Reach | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Push/pull | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

11. Other functional limitations or modifications necessary in worker's employment:

Additional comments may be written on back of form.

| | | |
|---------------------------------------|--------------|------|
| Signature of medical service provider | Printed name | Date |
|---------------------------------------|--------------|------|

Date _____
 Name of Employee _____
 Address _____
 City, State, Zip _____
 SAIF Claim _____
 Date of injury _____

Dear: _____

Your attending physician, Dr. _____ has released you for modified work. We have developed a temporary light duty job within the physical restrictions outlined by your doctor. Your doctor has reviewed and approved a description of the light duty job (see enclosed job description). The duration of this light duty position will be periodically re-evaluated.

| | |
|-------------------|--------------------------------|
| Job title: | |
| Wage: | \$ _____ per (hour/week/month) |
| Start time: | Start date: |
| Hours per day: | Hours per week: |
| Location: | Duration, if known: |

Upon receipt of this job offer immediately contact: _____

If you receive this letter after the start date of this job, the job will begin 24 hours after your receipt of this offer. Your workers' compensation benefits may be adversely affected if you choose not to accept this job. Under Oregon law, you have the right to refuse an offer of employment without termination of temporary total disability if any of the following conditions apply:

- The offer is at a site more than 50 miles from where the worker was injured, unless the work site is less than 50 miles from the worker's residence, or the intent of the employer and worker at the time of hire or as established by the employment pattern prior to the injury was that the job involved multiple or mobile work sites and the worker could be assigned to any such site. Examples of such sites include, but are not limited to, logging, trucking, construction workers, and temporary employees;
- The offer is not with the employer at injury;
- The offer is not at a work site of the employer at injury;
- The offer is not consistent with existing written shift change policy or common practice of the employer at injury or aggravation; or
- The offer is not consistent with an existing shift change provision of an applicable union contract.

If you refuse this offer of work for any of the reasons listed in this notice, you should write to the insurer or employer and tell them your reason(s) for refusing the job. If the insurer reduces or stops your temporary total disability and you disagree with that action, you have the right to request a hearing. To request a hearing you must send a letter objecting to the insurer's action(s) to the Worker's Compensation Board, 2601 25th Street SE, Suite 150, Salem, Oregon 97302-1282

Sincerely,

Name, Title
 Department
 Telephone

I have read and understand this job offer. I accept this job as offer. Yes No

 Employee Signature

| | | |
|------------------------|-----------|------------------------|
| Job Description | Temporary | Transitional Duty |
| Employer Address | _____ | Employee Address _____ |
| Phone/Fax No. | _____ | Phone No _____ |
| Contact Person | _____ | Claim No _____ |
| Job title of worker | _____ | Hours per Week _____ |
| Location of job | _____ | |
| Job duties | _____ | |
| | _____ | |

Endurance

| | Never | Occasionally | Freq | Cont. | Total hours in a work day | Hours/minutes at one time |
|--------------|-------|--------------|------|-------|---------------------------|---------------------------|
| Sit | | | | | | |
| Stand | | | | | | |
| Walk | | | | | | |

Physical

| Lift | Never 0% | Occas. 33% | Freq 45-66% | Cont. 67-100% |
|------------------|----------|------------|-------------|---------------|
| 1 to 10 pounds | | | | |
| 10 to 20 pounds | | | | |
| 21 to 50 pounds | | | | |
| 51 to 75 pounds | | | | |
| 76 to 100 pounds | | | | |

| Carry | Never 0% | Occas. 33% | Freq 45-66% | Cont. 67-100% |
|------------------|----------|------------|-------------|---------------|
| 1 to 10 pounds | | | | |
| 10 to 20 pounds | | | | |
| 21 to 50 pounds | | | | |
| 51 to 75 pounds | | | | |
| 76 to 100 pounds | | | | |

| Push | Never 0% | Occas. 33% | Freq 45-66% | Cont. 67-100% |
|------------------|----------|------------|-------------|---------------|
| 1 to 10 pounds | | | | |
| 10 to 20 pounds | | | | |
| 21 to 50 pounds | | | | |
| 51 to 75 pounds | | | | |
| 76 to 100 pounds | | | | |
| Pull | Never 0% | Occas. 33% | Freq 45-66% | Cont. 67-100% |
| 1 to 10 pounds | | | | |
| 10 to 20 pounds | | | | |

| | | | | |
|------------------|--|--|--|--|
| 21 to 50 pounds | | | | |
| 51 to 75 pounds | | | | |
| 76 to 100 pounds | | | | |

| Bend | Never 0% | Intermittent 15% | Occas 33% | Freq. 45-66% |
|-----------------------|-----------------|-------------------------|------------------|---------------------|
| Twist | | | | |
| Crouch | | | | |
| Kneel | | | | |
| Crawl | | | | |
| Walk-Level Surface | | | | |
| Walk - Uneven Surface | | | | |
| Climb Stairs | | | | |
| Climb Ladder | | | | |
| Reach Above Shoulder | | | | |
| Repetitive Use Arms | | | | |
| Repetitive Use Wrist | | | | |
| Repetitive Use Hands | | | | |
| (A) Grasping | | | | |
| (B) Squeezing | | | | |
| Operate Foot Control | | | | |

Environment

| | | | |
|---------|--|--|--|
| Inside | | | |
| Outside | | | |
| Heat | | | |
| Cold | | | |
| Dusty | | | |
| Noisy | | | |
| Other | | | |

Employer Signature

Date

For Physician to Complete (Please address both questions):

1. The commute to this job is within the physical capabilities of the worker? Yes No

By commute we mean: can worker tolerate either 1. Driving a car, or 2) being a passenger in a car, or 3) utilizing public transportation (to and from home to work location)?

2. Job appropriate? Yes No Date of release _____

Job Analysis

Regular Work
Modified Work

Employee Claim # DOI

Job Title DOT Code Work Hours

Location

Employer firm/number Address Phone #

Information received from/title Phone #

Prepared by/title Phone # Today's date

Job summary (Brief description of job and education/training – add break periods):

Physical Demands

Continuous – 67-100% of the day. Frequent – 34-66%. Occasional – 6-33%. Intermittent – 1-5%

1. Sitting
2. Standing
3. Walking
4. Positions
5. Lifting and carrying
6. Pushing/pulling
7. Reaching/handling
8. Bending/squatting
9. Twisting
10. Climbing
11. Crawling

Environmental factors

Products and Materials

Machines/Tools/Equipment used as part of the job

PHYSICIAN'S RELEASE

Comments:

| | | | |
|---|---|---------------------------------------|------------------------------------|
| For Physician to complete (Please address both questions): | | | |
| 1. | The commute to this job is within the physical capabilities of the worker. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | By commute we mean: Can worker tolerate <u>either</u> 1) driving a car, OR 2) being a passenger in a car, OR 3)utilizing public transportation (to and from home to work location)? | | |
| 2. | Job Appropriate? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | | Date of Release: _____ |
| | | _____ Physician's Signature | _____ Date |