CORNERSTONE PEO RETURN-TO-WORK PROGRAM

Scope and Application

This policy applies to all Cornerstone PEO Client Company worksite locations or projects.

It is our goal to return employees, who have sustained a compensable injury, back to work as soon as possible.

Our Return-to-Work Program is developed to provide employees, who cannot return to their regular job, with modified/transitional duty during their medical recovery period. Modified/transitional duty is temporary work that is within the employee's physical abilities, knowledge, and skills. Employees with accepted disabling workers' compensation claims are eligible for this program. The Return-to-Work program will involve coordination by the injured employee, Workers' Compensation Claims person, the treating physician, and your insurer. It is the Client Company's responsibility to provide duties as described above.

Implementation

It is the responsibility of management to administer the organization's Return-to-Work program. It is the responsibility of any employee or contractor involved to adhere fully to this policy.

Return-to-Work Procedures:

A. The employee's supervisor is to be contacted immediately if there is any incident, regardless of the magnitude.
B. When a supervisor is notified of a work related injury, he/she should review the "Report of Injury Employee Responsibilities Checklist" with the employee.
    1. A first report of injury is completed and sent to the insurer.
C. If immediate medical treatment is indicated, medical care from the appropriate medical facility by the most effective means will be provided.
    1. When possible, the employee should take a "Return-to-Work Evaluation" to the physician for completion. If not, the physician should provide the employee with return-to-work orders.
        a) If the employee cannot take the evaluation, the name of the physician should be obtained and a copy forwarded to the physician and Claims@CornerstonePEO.com immediately.
    2. If a job description for proposed modified/transitional duty and regular job description are available, this should also be sent.
    3. The employee should provide his or her supervisor with a completed "Return-to-Work Evaluation" after every visit to the treating physician.
D. If the job description was not previously provided to the treating physician, the "Return-to-Work Evaluation" should be reviewed by the employer contact.
    1. A modified/transitional duty position must be provided that is within the employee's physical capacities.
    2. For work made available, which meets the limitations/ restrictions set forth by the attending physician, the employee may be assigned modified/transitional work which will not exceed ninety (90) days.
E. If an employee chooses not to participate in the modified/transitional duty program due to a work-related injury or illness, he/she will become ineligible for worker's compensation time-loss benefits.

F. When the employee reports to modified/transitional duty, the employer contact should carefully review the job approved by the physician.
    1. The restrictions should be reviewed.
        a) The employer contact should emphasize that the employee should perform only the job duties within the treating physician's restrictions.
        b) This needs to be monitored to assure compliance and improvement of the person.
    2. It is the employee's responsibility to keep the company apprised weekly of their status after each physician visit.

G. Modified/transitional duty is a temporary program and an employee's eligibility in a temporary assignment will be based on medical documentation and continued recovery of the employee and the ongoing needs of the employer.
    1. Although transitional work is not guaranteed, transitional duty will be available on a fair and equitable basis with the temporary assignment being based on skill, abilities and restrictions as well as the needs of the department.

H. The employer contact will monitor the employee's recovery progress and participation.
    1. The employer contact will also be responsible for tracking the hours worked.
        a) Every effort will be made to coordinate a restricted work schedule with the employee's normal work schedule.
        b) Dependent upon the employee's limitations/restrictions, it may be necessary to design a temporary schedule to accommodate the restrictions that may not match the employee's normal schedule.
    2. In the case of reduced work hours, Family Medical Leave may be applied to the hours not worked.

I. Any change in the original modified/transitional duty job must be reviewed by the employer contact and approved by the physician.

J. Employees must provide a return to work directive from their physician stating they are capable of returning to full duty.
    1. Permanent job restrictions will be evaluated on a case-by-case basis and relate to the performance of the essential functions of the job.

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Appendix A: Return-to-Work Evaluation Form

Patient_____Date of Injury_____

Employer_____Claim Number _____

1. In an 8 hour day, patient can stand / walk:
   _____None _____1-4 hrs. _____4-6 hrs. ____6-8 hrs.

2. In an 8 hour work-day, patient can sit:
   _____1-3 hrs. _____3-5 hrs. _____5-8 hrs.

3. Patient can lift:
   _____Up to 10 lbs. _____10-20 lbs. _____20-50 lbs.

4. Lifting as indicated in item 3 can be performed during the work day:
   _____Occasionally _____Frequently _____Continuously

5. Patient can use hands for repetitive:
   a. Simple grasping ___Yes ___No
   b. Pushing and pulling ___ Yes ___No
   c. Fine manipulation ___Yes ___No

6. Patient can use feet for repetitive movement as in operating foot controls:
   _____Yes _____No

7. Patient is able to:

		Frequently	Occasionally	Not at All
a.	Bend	_____	_____	_____
b.	Squat	_____	_____	_____
c.	Climb	_____	_____	_____

8. Confirm number of hours patient can perform duties:
   _____2 hrs. _____4 hrs. _____6 hrs. _____8 hrs.

9. Other restrictions as indicated by the doctor:

10. Anticipated date for release to regular work:

    Physician's Signature:_____ Date: _____

    Print Physician's Name:_____

RETURN TO WORK INCIDENT FLOW CHART