

YOUR COMPANY
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RETURN TO WORK PROGRAM

Policy:

{COMPANY NAME} is committed to returning injured employees to modified or alternative work as soon after an injury as possible. Temporarily modifying the employee's job or providing the employee with an alternative position will do this. The employee's medical condition along with any limitations or restrictions given by the attending physician will be considered as a priority when identifying the modified/alternative position.

Purpose:

This program is intended to provide our employees with an opportunity to continue as valuable members of our team while recovering from a work related injury. We want to minimize any adverse effects of an ongoing disability on our employees. This program is intended to promote speedy recoveries, while keeping the employees' work patterns and income consistent. At the same time, we benefit from having our employees provide a service and contribute to the overall productivity of our business.

Scope:

This program applies to ALL employees of **{COMPANY NAME.}**

Responsibilities:

{COMPANY NAME}

All injuries and the duration of the disability will be handled by **(Contact Person)**. **(Contact Person)** will act as a liaison between **{COMPANY NAME}**, the injured worker, the attending physician and Pacific Compensation Insurance Company.

(Contact Person) will make sure the appropriate paperwork and forms have been properly handled and submitted to the appropriate parties.

(Contact Person) will monitor the modified/alternative work and gather any additional information that may be needed to properly handle the return to work efforts.

All Supervisors/ Managers

In the event of an injury, the supervisor/manager will make sure that our employee receives first aid or proper medical evaluation at our selected network medical clinic. If possible, the supervisor/manager will accompany the employee to the medical clinic. The attending physician shall be notified on the first visit that **{COMPANY NAME}** has a return to work program and that modified/alternative work will be provided. The supervisor/manager will work closely with **(Contact Person)** to coordinate the return to work efforts and will be responsible for introducing the employee back into the work place in the modified/alternative position. Supervisor/manager will make sure that the injured employee receives necessary assistance from co-workers and that the employee does **NOT** work

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outside of his/her restrictions. Monitoring for transition into full duty work will be the supervisors/managers responsibility.

Employees

If an injury occurs on the job, the employee is required to report it to their supervisor/manager immediately. If the injury requires more attention than first aid, the employee must proceed to our selected network provider, **(Provider Name)**, for occupational injury. If available, an employer representative will accompany the employee to the medical clinic. Together with the physician, the employee's physical restrictions and limitations shall be discussed.

All employees are expected to return to the worksite if medically feasible the very SAME day to report the physician's findings and to discuss modified or alternative work. This will enable all parties to be kept abreast of the employee's condition. Employees that have an injury shall report to the worksite if medically feasible after each visit to discuss his/her recovery. If not medically feasible they are to call in.

Once an employee has returned to work, it is his/her responsibility to work within the physical limitations that the physician has given. The employee shall perform only those duties that are assigned to him/her. An employee shall immediately notify his/her supervisor of any difficulty in performing the duties. The employee must also notify his/her supervisor in advance of any medical appointments. The employee is to consider their work schedule when making their Doctor appointments. The employee shall keep his/her supervisor/manager informed of the recovery process and the ability to perform modified/alternative work.

Everyone

If anyone involved in this process has a question, they should take the time to get an answer. Unasked questions can lead to confusion. **{COMPANY NAME}** is committed to promoting in the best possible way a full recovery for any of our industrially injured employees. **{COMPANY NAME}**, along with Pacific Compensation Insurance Company, is available to answer any question that may arise.

Signature _____

Title _____

Date _____