

# Return To Work Toolkit

*An Employer's Guide to Return to Work*





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*This return-to-work toolkit is a collection of best practices, forms and resources that explain the steps for improving the way a workplace injury and return-to-work opportunities are managed in your business. This guide can — and should — be implemented in any workplace.*

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# Return-to-work toolkit

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*Calamity strikes. One of your employees is injured on the job and faces a lengthy recovery. You are concerned about your employee and your business — not to mention the cost of your workers' compensation insurance. By getting your employee back to work as soon as medically possible, you can help your employee, your business and your bottom line.*

*This booklet explains the importance of “return to work” in assuring the best possible recovery for your employee with the least impact on your business.*

## HOW TO USE THIS TOOLKIT

This return-to-work toolkit is a collection of best practices, forms and resources that explain the steps for improving the way a workplace injury and return-to-work opportunities are managed in your business. This guide can — and should — be implemented in any workplace.

Helping injured employees return to work as soon as medically possible is a priority for the Department of Labor & Industries.

Return to work can speed an employee's recovery and prevent long-term workplace disability while reducing the financial impact of a workers' compensation claim.

### Case study of early return to work

***“The longer an employee remains off work the harder it is for them to return to their original job and income.”***

## IMPORTANCE OF RETURN TO WORK

Numerous occupational health studies have identified a connection between the duration of a workers' compensation claim and long-term loss of earning power. The longer an employee remains off work, the harder it is for them to return to their original job and income. A solid return-to-work program at your company helps an injured employee get back to work quickly and safely.

While preventing workplace injuries is the best way to keep employees safe and costs down, an effective workplace return-to-work program is your best way to manage costs and improve recovery after an injury has occurred.

Employers can help their workers avoid permanent work disability by providing opportunities for their workers to be productive while recovering at work.

## How you benefit

Providing a quick return to work for employees injured on the job reduces the financial impact on your workers' compensation premiums and helps their long-term recovery. In addition to reducing claim costs and insurance premiums, an effective return-to-work strategy:

- Retains an experienced employee.
- Keeps productivity levels up.
- Reduces the cost of hiring and training new employees.
- Preserves better employee relations.
- Creates an opportunity to complete work usually left undone.
- May reduce the risk of re-injury.
- Provides opportunity for potential wage, training and equipment reimbursements through the L&I Stay at Work Program.

## How your employee benefits

Return to work is key to helping your employee recover quickly. By having an effective return-to-work strategy for your employee and bringing them back to work as soon as medically appropriate after a workplace injury, the employee will benefit by:

- Preserving long-term earning power.
- Keeping them engaged in the recovery process by being active.
- Maintaining positive work relationships.
- Shifting focus from “dis-ability” to ability.
- Reducing the risk of re-injury.
- Providing job and financial security.
- Acknowledging that you value them and their contribution to the company.

**The most important benefit to you and your employee is the communication and connection that return to work provides.**

## Benefits of return to work

### Employer:

- Reduced labor cost
- Increased productivity
- Improved employer image and brand
- Retain a valuable employee
- Reduced hiring and training costs
- Increased morale

### Worker:

- Maintain regular wage
- Keep workplace relationships
- Increase long-term earning capacity
- Improved quality of life
- Preserve self-esteem
- Avoid permanent disability
- Retain skills



## CREATING A RETURN-TO-WORK CULTURE

A successful return-to-work program begins with you, the business owner and top management. You must believe in the benefits of a return-to-work culture, and establish a streamlined process where everyone knows their roles and responsibilities. Set an aspiration goal for 100% of your employees to know you have light duty available for them if they are injured on the job.

As you set the direction and vision for your company, your employees hold the prevailing narrative about the return-to-work culture. Remember, an injury is not when you develop the culture. Engage your employees early and often in the development and discussion of return-to-work. Build their awareness of your expectations through conversation, policy, and appropriate documentation for your industry. Include your employees in the development of light duty opportunities to create a collaborative environment where everyone is engaged in your return-to-work culture.





## WHAT TO DO BEFORE AN INJURY

- **Establish a strong safety program.** All workplace injuries are preventable. Use the resources in this toolkit to get yours started.
- **Establish written return-to-work policies** (see Sample Return-to-work Policy Statement).
  - This information should be part of your new employee orientation, so all employees know what to do when an accident occurs.
  - Make sure everyone knows and understands their roles and responsibilities.
- **Designate a return-to-work lead.**
  - Report all injuries to your return-to-work lead.
  - The return-to-work lead should have the authority to facilitate return to work.
- **Document physical descriptions for all of your company's jobs.**
  - Use the fillable Employer's Job Description Form to document a physical description for each job category.
  - Check the box "Job of Injury" on the form to designate these descriptions as the job the worker was doing before an injury occurred.
- **Identify light-duty jobs before an injury occurs.** Use the fillable Employer's Job Description Form to document physical descriptions for each job category.
  - Check the box "light-duty/transitional" on the form to designate the description as the job the worker can do after the injury occurs.
  - Create a light-duty job description that anyone in the company could perform after an injury. Possible examples include answering phones or receptionist duty.
- **Include employees in the identification and design of the light-duty work option.**
- **Create Grab and Go Packets for injured employees.**
  - Create Grab and Go Packets to be given to the employee after a workplace injury. They will take it with them to their attending provider. (Templates in the appendix)
  - The packet should include:
    - » A cover letter to the attending provider that expresses your company's commitment to return to work.
    - » Employee Incident Report Form
    - » Employee handout: First five steps to your return to work.
    - » The job description for the job of injury.
    - » The job description for the transitional/light-duty job.
    - » Job offer letter

### What is light duty?

Light duty is work you may offer your employee for them to perform while they recover, within their medical restrictions.

Light duty does not have to be directly related to the work they were performing at the time of injury. It could mean:

- Working shorter hours.
- Completing some original duties part-time and gradually increasing to full-time work.
- Performing different duties with lighter physical demands and growing into their original duties.
- Providing tools, equipment or appliances to help the employee complete their job.
- Creating a new job with for the employee within their restrictions while they recover.

## WHAT TO DO AFTER AN INJURY

As soon as a workplace injury occurs, you should follow your established return-to-work process.

- **Have your employee seek medical attention immediately.** For death or in-patient hospitalization, call 1-800-423-7233 within eight hours.
- **Submit the employer portion of the Report of Accident** through our online FileFast system.
  - You can monitor the entire claim file on the Claim and Account Center.
- **Contact your employee and stay in contact.**
  - Let them know that you care and you want them to return to work as soon as possible. Knowing they are missed by their teammates will help speed their recovery.
- **Give your employee a Grab and Go packet to take to their attending provider appointment.**
- **Ask your employee for the list of restricted activities they can't perform during recovery. Their attending provider would have given this to the employee at their appointment.**
  - Providers can bill L&I for consultation about return to work, so you may contact the provider to:
    - » Review the job of injury as well as any other light-duty position available to your employee.
    - » Clarify any of the medical restrictions.
  - If you need help communicating with the attending provider, contact the assigned L&I claim manager.
- **Prepare a light-duty job offer for your employee.** Make sure that it matches the written restrictions. Best practice – Engage employee when identifying light-duty work. Let them know you are confident that they can heal and recover while working.
- **Formally offer the light-duty job to the employee.**
  - Even though the employee took the Grab and Go Packet to the attending provider and the attending provider signed off on the job description, the best practice is to offer the job to the worker in writing.
  - Contact the claim manager to discuss all job offer requirements.
  - Document the date you send the letter, and include the following elements:
    - » Job title
    - » Supervisor and contact information
    - » Work Schedule
    - » Salary and health care benefits
    - » Location
    - » Start date and time
- **Conduct an incident investigation.**
  - Determine root causes and identify solutions to prevent similar incidents, and then document the investigation using the Incident Investigation Report.

### Ideas for creating a light-duty job description

Include employees and unions in the process and ask for their suggestions.

Consider adapting existing jobs or reorganizing current job tasks.

Visit the Job Accommodation Network for ideas on how to modify your current job positions into light-duty job descriptions.

## JOB MODIFICATIONS AND PRE-JOB ACCOMMODATIONS

### What is a job modification?

A job modification is an adjustment or alteration to the way a job is performed. The modification may be temporary or permanent. Some workers may be eligible for an L&I benefit assisting with a job modification.

### What is a pre-job accommodation?

This is an accommodation that may allow a worker to participate in a retraining plan to be employable.

### When does L&I offer financial assistance with job modifications?

For eligible workers, L&I will provide financial assistance with job modifications. L&I may pay for a consultation and special equipment or tools so that the worker can return to their job of injury, or a new job. To be eligible for the L&I benefit a worker must:

- Have an open and allowed claim (self-insurance employers are eligible for reimbursements after the fact).
- Be off work or have been taken off work in the past.
- Be placed on restrictions by the attending provider that prevent them from doing their regular job due to the effects of the industrial injury or occupational condition.

### What is the process for requesting the L&I benefit?

Contact the claim manager to request a consultation on the job modification. You must identify any existing work restrictions at the time of the request.

A number of involved parties may request a job modification consultation: attending provider, consulting provider, vocational services provider, claim manager, third party administrator, and worker.

Either the employer or the worker may own the equipment or tools L&I purchases as part of a job modification. Both parties must sign an agreement specifying ownership. Typically, the employer will own the non-portable items and items bolted to the work site.

### How can I get more information about L&I's job modification benefit?

Visit L&I's Job Modification website: [www.Lni.wa.gov/JobModification](http://www.Lni.wa.gov/JobModification)

- Call the assigned claim manager.
- Call the L&I office nearest you.

#### Example of a job modification:

A worker developed carpal tunnel syndrome due to gripping small pliers during mechanical work.

Restrictions included reducing the amount of force use to grasp tools.

Modification: Worker was equipped with pliers designed with larger and longer handles to reduce grip force.

#### Example of a pre-job accommodation:

A worker was participating in a retraining plan as a computer operator at a local college.

Restriction: Due to a shoulder injury, they could not carry required books to class.

Accommodation: Rolling book bag. Using job modification funding to purchase the bag, the worker no longer had to carry their books and was able to complete their training.

## HOW L&I CAN HELP YOU—EMPLOYER INCENTIVES

In order to help you establish a return-to-work culture at your business, we offer many services that can benefit your injured employee and your company's financial health. There are no fees for these services.

### Washington Stay at Work

Stay at Work is a financial incentive that helps employers keep injured workers on the job by bringing them quickly and safely back to light-duty or transitional work. L&I reimburses eligible employers for a portion of this cost.

### Incentives

Eligible employers may receive:

- 50% of the worker's base wages for the light-duty or transitional work:
  - For up to 66 days in which work was actually performed per claim (fewer than eight hours still counts for one day).
  - Within a 24-month period.
  - Up to \$10,000 per claim.
- Expense reimbursements for tools and training necessary to do the light-duty or transitional work:
  - Training fees or materials, up to \$1,000 per claim. (Examples: tuition, books or supplies)
  - Tools up to \$2,500 per claim. (Examples: special wrench or keyboard tray)
  - Clothing up to \$400 per claim. (Example: steel-toed boots)

### Control your workers' compensation rates

Time-loss duration is the biggest driver of your worker's compensation rates.

By bringing a worker back to work as soon as medically possible, you can shorten or eliminate the period that time-loss benefits are paid.

This could reduce the claim cost used to calculate your rates.

### Application process

Please visit **[www.Lni.wa.gov/StayatWork](http://www.Lni.wa.gov/StayatWork)** to learn more about eligibility and to apply.

### Wage reimbursements

For wage reimbursements, L&I will need:

- A completed Wage Reimbursement form (**[www.Lni.wa.gov/StayatWork](http://www.Lni.wa.gov/StayatWork)**).
- Payroll information:
  - Payroll records and daily timesheets
- A description of physical restrictions from the attending provider.
  - If the information is in the claim file, you don't need to send it in.
  - You can view the claim file at [www.Lni.wa.gov/secure](http://www.Lni.wa.gov/secure).
- Light-duty or transitional job description that is complete and provider-approved.
  - It must include the tasks and physical requirements of the job.
  - You must provide a copy of the job description to the worker when sending to attending provider for review.

## Expense reimbursements

For expense reimbursements, L&I will need:

- A completed Expense reimbursement form ([www.Lni.wa.gov/StayatWork](http://www.Lni.wa.gov/StayatWork)).
- Itemized receipts for the goods and services you purchased.
  - Must include purchase date.
  - Must be purchased on or after the date you made the light duty job offer.
- A description of physical restrictions from the attending provider.
- A light-duty or transitional job description that is complete and provider-approved.

## PREFERRED WORKER PROGRAM

When a worker is unable to return to their job of injury due to permanent medical restrictions, L&I may certify them as a preferred worker. Employers who hire a preferred worker for a medically approved permanent position, or retain an eligible employee in a permanent light-duty position, may qualify for financial incentives.

### Employer incentives

Eligible employers may receive:

- Financial protection against subsequent claims while the employee is a preferred worker.
- Premium relief on a portion of your premiums.
- 50% of the worker's base wages for the approved preferred worker job for 66 days worked, up to \$10,000.
- Expense reimbursements for tools and training necessary to do the preferred worker job:
  - Tools up to \$2,500 per claim.
  - Clothing up to \$400 per claim.
- Payment for continuous 12 months employment, up to \$10,000 per claim.

To learn more about the Preferred Worker Program and eligibility go to [www.Lni.wa.gov/PreferredWorker](http://www.Lni.wa.gov/PreferredWorker).

## CLAIM-FREE DISCOUNT

If you prevent workplace injuries, you can qualify for a Claim-Free Discount ([www.Lni.wa.gov/insurance/rates-risk-classes/rates-for-workers-compensation/claim-free-discount](http://www.Lni.wa.gov/insurance/rates-risk-classes/rates-for-workers-compensation/claim-free-discount)). Employers qualify for a Claim-Free Discount after three years without a “compensable” claim (a claim involving time-loss or permanent disability award).

The discount saves employers between 10-40% from the base insurance rate for their risk class, depending on the company size.

A single compensable claim will eliminate the Claim-Free Discount. Losing the discount may be more costly than preventing injuries, compensation duration, or implementing your return-to-work plan.

**For more information, contact your account manager at 360-902-4817.**

## L&I STAFF RESOURCES

### Claim Manager

L&I claim managers are instrumental in preventing work disability by facilitating a quick and successful return-to-work. They monitor the claim for appropriate medical and vocational needs, and review and consider authorizations for medical treatment and equipment.

The claim manager will communicate with the business to review all return-to-work options. If needed, a vocational referral is created to assist all parties. The acting vocational rehabilitation counselor will engage the worker regarding return to work and submit progress and closing reports. The claim manager will monitor the vocational progress and close vocational services when appropriate.

Working with the private vocational rehabilitation counselor to aid in vocational recovery and prevent work disability is essential to successful claim management.

### Vocational Recovery Services

Vocational recovery services are generally the first referral made for vocational services on a claim. This service represents an evidence-informed, worker-centric work disability prevention model for returning workers to work.

During vocational recovery services, the vocational rehabilitation counselor (VRC) will engage with the worker, employer, and medical providers to prevent unnecessary delays, prevent a confusing process, prevent unnecessary duration, and prevent unrealistic return to work expectations.

Based on the worker's goals, the VRC will explore options of returning to work with the worker, and will work with the worker, medical provider, employer, and local WorkSource locations.

Contact the assigned claim manager for vocational recovery assistance when returning an employee back to work.

### Early Return-to-Work Team

The Early Return-to-Work (ERTW) team provides return-to-work planning assistance to employers. ERTW vocational services specialists (VSS) work with the employer to remove barriers to maintain employment by offering education, support, and tools. Services provided:

- Identify specific job tasks for light-duty work.
- Assist in designing return-to-work programs for current and future use.
- Create job analyses and/or light duty job descriptions.
- Provide ergonomic and job modification consultations.
- Educate employers on light duty and Stay-at-Work programs.

To contact the ERTW team, call your local L&I office or send an email directly to the team at [ERTW@Lni.wa.gov](mailto:ERTW@Lni.wa.gov).

## DIVISION OF OCCUPATIONAL HEALTH AND SAFETY (DOSH)

### Risk management

A risk management consultant can meet with you to help you review your workers' compensation premiums and explain how your premiums are calculated. They can assess your current business operations to identify injury trends and costs unique to your account, and identify useful safety and return-to-work strategies to help you mitigate or minimize potential rate increases to protect your future rates.

### DOSH consultation

The best injury is one that doesn't happen. L&I's Division of Occupational Safety and Health (DOSH) provides free on-site consultations to help employers create safe and healthy workplaces. They also provide free training, safety and health programs and other resources to help prevent, find and fix hazards.

To contact or schedule a consultation with a risk manager or DOSH consultant email **DOSHConsultation@Lni.wa.gov** or call your local L&I office or 1-800-423-7233.

## CONTACT INFORMATION

L&I is here to help you create your return-to-work culture. Don't hesitate to reach out if you have questions or need assistance.

Claim-Free Discount	<b><a href="http://www.Lni.wa.gov/ClaimsFreeDiscount">www.Lni.wa.gov/ClaimsFreeDiscount</a></b>	Account manager: 360-902-4817
DOSH consultation	<b><a href="http://www.Lni.wa.gov/safety-health">www.Lni.wa.gov/safety-health</a></b>	Call your local office or email <b>DOSHConsultation@Lni.wa.gov</b>
DOSH risk management	<b><a href="http://www.Lni.wa.gov/safety-health">www.Lni.wa.gov/safety-health</a></b>	Call your local office or email <b>DOSHConsultation@Lni.wa.gov</b>
Early Return to Work		Email <b>ERTW@Lni.wa.gov</b>
FileFast	<b><a href="http://www.Lni.wa.gov/FileFast">www.Lni.wa.gov/FileFast</a></b>	360-902-5470 or 1-877-561-3453
Job Accommodation Network	<b><a href="http://www.askjan.org">www.askjan.org</a></b>	
Job Modification	<b><a href="http://www.Lni.wa.gov/JobModification">www.Lni.wa.gov/JobModification</a></b>	
My L&I – follow your claim	<b><a href="http://www.secure.Lni.wa.gov/home">www.secure.Lni.wa.gov/home</a></b>	Web Customer Support (for technical issues): 360-902-5999
Stay at work or Preferred Work Program	<b><a href="http://www.Lni.wa.gov/EmployerIncentives">www.Lni.wa.gov/EmployerIncentives</a></b>	Toll free 1-866-406-2482
L&I Office Locations	<b><a href="http://www.Lni.wa.gov/Offices">www.Lni.wa.gov/Offices</a></b>	



## GUIDANCE ON TEMPLATES

All the templates are samples and you are encouraged to implement the policies and return to work culture that work best for you and your employees.

**Return to Work Policy Statement** – Use this to start the conversation with your employees about your return-to-work policy. This will help them know that if they are injured, you have work for them so they can quickly and safely return to work.

**Roles and Responsibilities** – This form will help you and your team clearly know who is responsible for what in the event of an emergency.

**Employee Incident Form** – Strengthen your safety culture by having this filled out after any near miss or injury to develop awareness of opportunities to enhance employee safety moving forward. Remember, the best intervention to an injury is prevention.

**First five steps of Return to Work** – Recommend this being the kick off to your Grab and Go packet. This will help act as a reminder to your employee during a time when they may not be thinking about your return-to-work opportunities.

**Return to work checklist for Supervisors** – Recommend sending this to supervisors for follow up when an employee is injured as a reminder of the supervisor role and responsibility.

**Supervisor Incident Investigation Report** – This is the supervisor's opportunity to review the employee's incident form and provide additional information or safety recommendations. This information can complement your safety team's work in prevention strategies.

**Employer Job Description** – It is recommended you have two or three light-duty job descriptions included in your Grab and Go packets that your employee can take with them to the provider when injured to discuss light-duty options available for the employee to start right away.

**Sample Letter to the Attending Provider** – Use when you, as the employer, are working to obtain a medical release for a light duty or permanent position from the attending provider. Always send a copy of the job description to your employee when asking the provider about their ability to work.

**Sample Light-Duty and Permanent-Duty Job Offer letters** - While these are samples, if you choose to create your own letters, it is highly encouraged to connect with the claim manager to discuss what they need to determine a job offer as valid. Best practice is to engage the claim manager in this discussion to ensure you receive the needed information and support for a successful return to work.

**Claim Contacts** – Use this as a handy reference sheet for whom you've worked with during the life of a claim. It can also come in handy when you need to contact someone with a quick question.

**Notice to Employees** – Put this up in a visible location as a reminder to all staff that you support a culture of Return to Work.

## GRAB AND GO PACKETS FOR INJURED EMPLOYEES

### Your packets should include:

- A cover letter to the attending provider that expresses your company's commitment to return to work.
- Employee Incident Report Form
- Employee handout: First five steps to your return to work.
- The job description for the job of injury.
- The job description for the transitional/light-duty job.
- Job offer letter

## RETURN TO WORK POLICY STATEMENT

### Provide a return-to-work policy statement to all employees.

[Company name] is committed to providing a safe and healthy workplace for its employees and the prevention of workplace injury and illness is a primary objective.

In the event an employee is injured on the job, [Company name] has implemented a return-to-work process. This process will provide injured or ill employees with the opportunity to return to safe, productive work as soon as medically possible.

The ultimate goal is to return the employee to their original job. If the employee is unable to perform the tasks of the original job, the employer will follow the return-to-work process to attempt to provide light-duty work that meets with the approval of the attending health care provider.

The support and participation of management and all employees is essential to the success of the return-to-work process and [Company Name].

## ROLES AND RESPONSIBILITIES

The following roles and responsibilities are written from the perspective of the employer, to use in company policy or guidelines.

### Employee responsibilities:

- Understand our procedure for reporting injuries.
- Know, follow, and support our return-to-work program.
- Assist in the creation of possible light-duty work by providing your input to your supervisor.
- If you are injured on the job:
  - Take the letter and job descriptions provided by your supervisor to your attending provider to help explain our company's return-to-work process.
  - Tell the attending provider that light duty is available.
  - Call your supervisor or Human Resources contact once a week.
  - Update them on your work status and let them know how you are doing.

- Follow medical restrictions at home and at work.
- Inform your supervisor or Human Resources contact immediately if your attending provider releases you to work, or your restrictions change.

### **Owner/manager/supervisor responsibilities:**

- Support our return-to-work program.
- Train employees on proper reporting of incidents and injuries, as well as your return-to-work procedures; make sure they know their responsibilities.
- Create light-duty assignments that are meaningful and productive.
  - Include your employees and union in the development.
- Follow Human Resources protocols and hiring practices.
  - An effective return-to-work program begins during the initial interview.
- If an employee is injured on the job:
  - Provide employee with letter and light-duty job description to take to the first medical appointment.
  - Ensure all necessary forms are completed and returned.
  - Contact the employee once a week to check on how they are doing:
  - Ask about any changes in work status.
    - » Express concern and empathy for your employee's health and recovery.
    - » Provide information to our return-to-work coordinator.
    - » Post "Notice to Employee" to build awareness of return-to-work policies.

### **Return-to-work coordinator responsibilities:**

- Support our return-to-work program.
- Individualize planning and adapt coordination to the injured worker's needs.
- Maintain ongoing communication with all parties involved.
- Manage expectations and ensure all parties understand their responsibilities.
- Hold all parties accountable for adhering to the company's return-to-work program.

## EMPLOYEE INCIDENT REPORT FORM

Your employees may use this form to report all work related-injuries, illnesses or “near miss” events (which could have caused an injury or illness) – no matter how minor. This helps you to identify and correct hazards before they cause serious injuries. The employee must complete this form as soon as possible and give it to their supervisor for further action.

I am reporting a work related: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Near miss	
Your name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/near miss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/near miss (continue on the back if necessary):	
How could we have prevented this injury/near miss?	
What parts of your body were injured? If a near miss, how could you have been hurt?	
Did you see an attending provider about this injury/illness? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, whom did you see?	Attending provider 's phone number:
Date:	Time:
Has this part of your body been injured before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Employer:
Your signature (optional):	Date:

## FIRST FIVE STEPS TO YOUR RETURN TO WORK

*Give this to an employee who suffers a workplace injury or illness.*

We are sorry you have been hurt at work. We want to make sure you know what to do.

<ol style="list-style-type: none"> <li>1. Report your injury/illness to your supervisor or HR right away.               <ul style="list-style-type: none"> <li>✓ Discuss: Can you remain at work?</li> <li>✓ Complete <a href="#">Employee Incident Report form</a>.</li> <li>✓ Get the attending provider letter, job description of current job and job description of light-duty job.</li> </ul> </li> </ol>	<input type="checkbox"/>
<ol style="list-style-type: none"> <li>2. If you seek medical care               <ul style="list-style-type: none"> <li>✓ File a claim with L&amp;I.</li> <li>✓ <a href="http://www.Lni.wa.gov/FileFast">www.Lni.wa.gov/FileFast</a>.</li> </ul> </li> </ol>	<input type="checkbox"/>
<ol style="list-style-type: none"> <li>3. Communicate with your medical provider.               <ul style="list-style-type: none"> <li>✓ Give your attending provider your claim number if you have already filed online or by phone.                   <ol style="list-style-type: none"> <li>i. If not, your attending provider can file for you.</li> </ol> </li> <li>✓ Is it safe for you to return to your regular duties?</li> <li>✓ Is it safe for you to return to work to transitional duties? Let them know your employer supports this.</li> <li>✓ Are any activities you should avoid or limit?</li> <li>✓ If there are restrictions tell the attending provider that your employer supports your return to work, and give them the attending provider letter and job descriptions.</li> </ul> </li> </ol>	<input type="checkbox"/>
<ol style="list-style-type: none"> <li>4. Call or see your local/designated Human Resources (HR) contact.               <ul style="list-style-type: none"> <li>✓ Provide a copy of the <i>Activity Prescription Form</i> to your supervisor or Human Resources contact.</li> <li>✓ Talk to your supervisor or Human Resources contact about:                   <ol style="list-style-type: none"> <li>i. Why it is important for you to return to work?</li> <li>ii. What did your attending provider say about returning to work?</li> <li>iii. What is transitional duty?</li> </ol> </li> <li>✓ Report any changes in work status.</li> </ul> </li> </ol>	<input type="checkbox"/>
<ol style="list-style-type: none"> <li>5. Follow all of your attending provider's restrictions at home and at work.</li> </ol>	<input type="checkbox"/>

## INJURED ON THE JOB? RETURN-TO-WORK CHECKLIST FOR SUPERVISORS

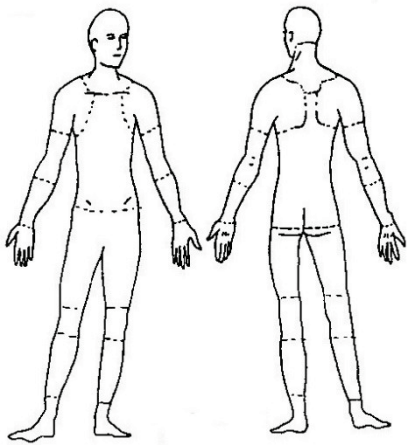
*Give this checklist to all of your supervisors to use if one of their employees is injured.*

Steps to follow the first day of an injury:

1. Talk to the employee. ✓ Let them know you are here to help. Ask them how they are doing.	<input type="checkbox"/>
2. Provide the worker with a letter for the attending provider that states our company's intention to assist our employees in returning to work.	<input type="checkbox"/>
3. Provide the worker with the job description of the job of injury and any pre-identified light-duty job descriptions to give to their attending provider.	<input type="checkbox"/>
4. At the time of the first medical treatment, get the claim number from the employee — it will be on the <i>Report of Accident</i> form.	<input type="checkbox"/>
5. Immediately complete the <i>Employers Report of accident form</i> electronically at <a href="http://www.Lni.wa.gov/FileFast">www.Lni.wa.gov/FileFast</a> .	<input type="checkbox"/>
6. Establish an individual claim file to keep copies for <b>all</b> paperwork relating to the claim.	<input type="checkbox"/>
7. Check in with the employee once a week. ✓ Let them know you miss them and you are eager to have them back when it is medically appropriate. ✓ Ask them how they are doing. ✓ Did the medical provider say it is safe for them to return to work at regular duties? ✓ Did the medical provider say it is safe for them to return to a light-duty job? i. Confirm that they know what activities to avoid or limit.	<input type="checkbox"/>
8. Investigate the industrial accident within 24 hours of the incident to identify potential hazards and revise safety procedures, if necessary.	<input type="checkbox"/>
9. Report a death or in-patient hospitalizations within eight hours, report a non-hospitalized amputation or loss of eye within 24 hours. • To report call 1-800-423-7233 or visit an L&I office and ask to speak with a DOSH employee.	<input type="checkbox"/>

## Incident Investigation Report

Instruction: Complete this form as soon as possible after an incident that results in serious injury or illness (optional: use to investigate a minor injury or near miss that could have resulted in a serious injury or illness).

This is a report of a: <input type="checkbox"/> Death <input type="checkbox"/> Lost Time <input type="checkbox"/> Dr. Visit Only <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss			
Date of incident:		This report is made by: <input type="checkbox"/> Employee <input type="checkbox"/> Supervisor <input type="checkbox"/> Team <input type="checkbox"/> Final Report	
<b>Step 1: Injured employee (complete this part for each injured employee)</b>			
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Department:		Job title at time of incident:	
Part of body affected (shade all that apply):		Nature of injury (most serious one): <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury  <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	This employee works: <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary
			Months with this employer:
			Months doing this job:
<b>Step 2: Describe the incident</b>			
Exact location of the incident:			Exact time:
What part of employee's workday? <input type="checkbox"/> Entering or leaving work <input type="checkbox"/> Doing normal work activities <input type="checkbox"/> During meal period <input type="checkbox"/> During break <input type="checkbox"/> Working overtime <input type="checkbox"/> Other			
Names of witnesses (if any):			
Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was the employee using (if any)?			
Describe, step-by-step, the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			



### Step 3: Why did the incident happen?

Unsafe workplace conditions (check all that apply): <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment is defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	Unsafe acts by people (check all that apply): <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting by hand <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
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Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as "the job can be done more quickly," or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? ☐ Yes ☐ No  
If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? ☐ Yes ☐ No

Have there been similar incidents or near misses prior to this one? ☐ Yes ☐ No

### Step 4: How can future incidents be prevented?

**What changes do you suggest to prevent this incident/near miss from happening again?**

- ☐ Stop this activity      ☐ Guard the hazard      ☐ Train the employee(s)      ☐ Train the supervisor(s)  
☐ Redesign task steps      ☐ Redesign work station      ☐ Write a new policy/rule      ☐ Enforce existing policy  
☐ Routinely inspect for the hazard      ☐ Personal Protective Equipment      ☐ Other: \_\_\_\_\_

What should be (or has been) done to carry out the suggestion(s) checked above?

### Step 5: Who completed and reviewed this form? (Please Print)

Written by: Department:	Title: Date:
Names of investigation team members:	
Reviewed by:	Title: Date:

**Employer's Job Description Form**

Physician billing codes for Review of Job

Analysis and Job Description:

**1038M** – Limit one per day**1028M** – Each additional review☐

Job of Injury

☐

Permanent Modified

☐

Light Duty/Transitional

Worker Name:

Claim Number:

Company Name:

Job Title:

Phone Number:

Fax Number:

Hours per day:

Days per Week:

**Essential Job Duties:****Machinery, Tools, Equipment, and Personal Protective Equipment:****Frequency Guidelines:****N:** Never (not at all)**S:** Seldom (1 – 10% of the time)**O:** Occasional (11 – 33% of the time)**F:** Frequent (34 – 66% of the time)**C:** Constant (67 – 100% of the time)**Physical Demands:****Frequency: Description of Task:**

Sitting

Standing

Walking

Heights/Ladders/Stairs

Twisting at the Waist

Bending/Stooping

Squatting/Kneeling

Crawling

Reaching Out

Talking/Hearing/Seeing

**L****R****B**

Working Above Shoulders

☐☐☐

Handling/Grasping

☐☐☐

Fine Finger Manipulation

☐☐☐

Foot Controls

☐☐☐

Driving

☐☐☐

Repetitive Motion

☐☐☐Vibratory Tasks ☐ H ☐ L☐☐☐

Lifting ( ) lbs.

☐☐☐

Carrying ( ) lbs.

☐☐☐

Pushing/Pulling ( ) lbs.

☐☐☐

Comments/Other:

Employer Name (Please Print)

Title

Employer Signature

Date

For Healthcare Providers' Use Only			
Approval	Hours per Day:	Days per Week:	Effective Date:
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Approved with Modifications			
If no, please list the objective medical finding:			
If approved with modifications, describe the modifications needed:			
Healthcare Provider Printed Name	Healthcare Provider's Signature	Date	

## SAMPLE LETTER TO ATTENDING PROVIDER

*Send this letter on company letterhead to the attending provider or send with employee to their first medical appointment. Attach a copy of their current job description and the light-duty job description.*

RE: (Worker name)

Claim number ( )

Dear Dr. Provider (Name),

(Company name) is committed to assisting our injured employees in returning to work as soon as medically possible. Attached is a job description for the position of (job title).

This position is for (restricted/light-duty, transitional work, job of injury, modified job of injury, new job or other option.).

Please review and respond to the job description, outlining any needed modifications. If our employee is not able to work, please indicate what physical restrictions prevent return to work at this time. This position is currently available and we are waiting for your approval.

We would appreciate your faxing the job description to us at (company fax number) at your earliest opportunity. If you have questions or concerns, please call me at (Company phone number). Thank you for your assistance with our employee's return to work.

Sincerely,

(Company claim representative's name)

(Company name)

cc: (L&I claim manager's name - if known)

Department of Labor & Industries

(Employee's name)

Enclosure: Job Description

## SAMPLE FORMAL JOB OFFER LETTER OPTION 1 – PERMANENT JOB OFFER

*Please contact the claim manager to discuss all job offer requirements*

RE: Claim number ( )

Dear (name),

We are pleased to offer you work which is expected to continue into the foreseeable future. Your attending provider released you to perform the work activities outlined in the attached job analysis/description.

Please report for work to (supervisor), on (date and time), at (location address). Your supervisor can be contacted at (telephone number).

Your work schedule will be (scheduled hours/scheduled days). You will be paid (\$00.00) per hour.

( {Your health care benefits will resume at the level provided at the time of injury.} or

{We are unable to offer the same health care benefits due to a change in our benefit program.} ).

If your job involves fewer hours or reduced wages, you may be eligible for Loss of Earning Power (LEP) benefits. Contact your L&I claim manager for more information.

If you want to return to work earlier or need more time, please call to discuss. We are happy to work with you.

You are a valued employee, and it is our goal that this job will support your return to work. If you have difficulty performing the tasks assigned, you must notify your supervisor immediately.

Your signature below acknowledges that you have reviewed this job offer. Declining may affect compensation benefits.

☐ Yes, I accept this offer.

☐ No, I don't accept this offer (please comment on backside).

Worker's signature

Date

## SAMPLE FORMAL JOB OFFER LETTER OPTION 2 – LIGHT DUTY JOB OFFER

**Please contact the claim manager to discuss all job offer requirements**

RE: Claim number ( )

Dear (name),

We are pleased to offer you temporary work while you recover. Your attending provider released you to perform the work activities outlined in the attached job analysis/description.

Please report for work to (supervisor), on (date and time), at (location Address). Your supervisor can be contacted at (telephone number).

Your work schedule will be (Scheduled hours/scheduled days). You will be paid (\$00.00) per hour.

{Your health care benefits will resume at the level provided at the time of injury.} Or

{We are unable to offer the same health care benefits due to a change in our benefit program}

If your job involves fewer hours or reduced wages, you may be eligible for Loss of Earning Power (LEP) benefits. Contact your L&I claim manager for more information.

If you want to return to work earlier or need more time, please call to discuss. We are happy to work with you.

It is our goal that this temporary assignment will aid you in your recovery while you transition back into full work activities. You are a valued employee, and it is our goal that this job will support your return to work. If you have difficulty performing the tasks assigned, you must notify your supervisor immediately.

Your signature below acknowledges that you have reviewed this job offer. Declining may affect compensation benefits.

☐ Yes, I accept this offer.

☐ No, I don't accept this offer (please comment on backside).

Worker's signature

Date

## CLAIM CONTACTS

**Incorporate this template in your return-to-work toolkit for both employees and supervisors.**

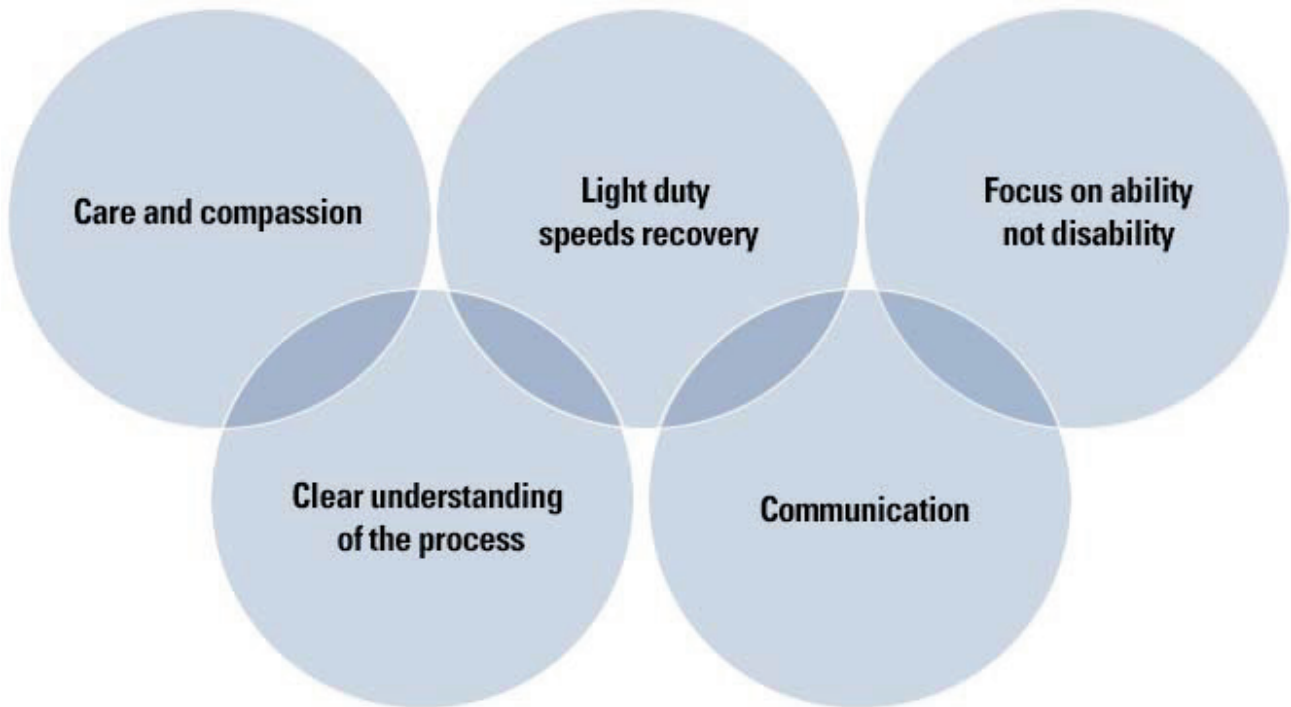
Contact type	Name of contact	Phone number	Email
Work Supervisor			
Human Resources			
Attending provider			
Vocational provider (if any)			
L&I claim manager			<i>Send a secure message through My L&amp;I</i>
Other			



## NOTICE TO EMPLOYEES

### Return-to-Work Incentive Programs

We are committed to return-to-work best practices. We will do everything possible to help our employees return to work as quickly and safely as possible by providing meaningful and productive temporary and/or permanent jobs that meet your medical restrictions after a workplace injury. This will help speed your recovery time and return to your full wages quickly.



We participate in the Department of Labor & Industries financial incentive programs.

### Stay at Work Program

The Department of Labor & Industries' Stay at Work Program helps keep workers on the job by offering financial incentives that help our company offset the cost of an injury.

### Preferred Worker Program

If the injury or illness results in permanent medical restrictions, we may work with you and representatives from L&I to seek preferred worker certification. This certification allows us to help you transition into a long-term job that will meet your permanent medical restriction.

**For more information, call 866-406-2482.**



