**RETURN TO WORK PROGRAM**

**(*COMPANY NAME*)**

**Policy Statement**:

(*Company Name*) is committed to providing a safe workplace for our employees, free from recognized hazards. However, if any injury occurs, it is our policy to provide opportunities for the injured employee to return to work as soon as medically possible. If the injured employee is not able to perform all or part of his/her regular duties, we will make every effort to provide work in accordance with any medical restrictions.

**Duties and Responsibilities**:

* Management- is responsible for the maintenance and application of the Return To Work program (RTW). Duties include:
  + Provide resources and support for the administration of the RTW program.
  + Designate a person to coordinate Workers’ Compensation/RTW activities.
  + Delegate responsibilities for administration of the RTW program, including:
    - Prompt reporting of injury/illness to the Insurance Agent and Central Insurance.
    - Maintaining up-to-date records and forms.
    - Provide written job descriptions including the physical requirements for each job function.
    - Pre-determine potential light duty/sedentary work assignments.
    - Communicating with the injured employee.
    - Communicating with the treating physician.
    - Communicating with Central Insurance Claims Representative.
* Supervisors:
  + Prompt completion of incident/injury forms.
  + Assist in developing written job descriptions including the physical requirements for each job function.
  + Assist in pre-determining light duty/sedentary work assignments.
  + Assist in job modification, if necessary to accommodate the injured/ill employees return to work.
  + Monitor employee on the job to ensure work restrictions are not exceeded.
* Safety Director:
  + Assist Supervisors, HR, Workers’ Compensation/RTW coordinator as needed in the administration of the RTW program.
  + Assist in developing written job descriptions including the physical requirements for each job function.
  + Assist in pre-determining light duty/sedentary work assignments.
* Workers’ Compensation/RTW Coordinator:
  + Complete incident/injury report forms.
  + Prompt reporting of injuries and illnesses to the Insurance Agent and Central Insurance.
  + Provide current job description to treating physician.
  + Obtaining a list of job restrictions for the injured employee (if any).
  + Maintain Communication with the treating physician.
  + Maintain communication with the injured employee.
  + Maintain communication with Central Insurance Claims Representative.
* Employee-
  + Follow (*Company Name*) Safety Program/safety rules.
  + Report all incidents/injuries/illnesses immediately.
  + Communicate with (*Company Name*) Worker’s Compensation/RTW coordinator.
  + Follow the treating physician’s guidelines, do not exceed work restrictions.

When an injury/illness occurs:

* (*Company Name*) will ensure prompt medical care is provided to injured/ill employee(s).
* Once medical treatment is received and the treating physician has completed an evaluation of the injured/ill employee, including possible work restrictions, (*Company Name*) will work to return the employee back to work as soon as possible.

**Sample Return To Work Policy Statement**

**Sample 1**-

(*Company Letterhead*)

To all Employees,

(Company Name) is committed to providing a safe workplace for our employees. Preventing workplace injury is one of our primary goals.

If an injury should occur, our policy is to provide opportunities for every employee to remain at work return to work as soon as medically possible. If you are not able to do all or part of your regular work while you are recovering, we will attempt to provide other work assignments in accordance with your doctor’s instructions.

Employees are urged to talk with their supervisor to determine what opportunities there are to continue working or what might be done that would allow return to work following an injury.

(*Signature of President/CEO/Manger*)

(*Title), (Date*)

**Sample 2**-

(Company Letterhead)

To All Employees of (Company Name),

(Company Name) will make every reasonable effort to provide suitable return-to-work opportunities for every employee who is unable to perform his or her regular job due to a work related injury. Work assignments provided for an employee while they are recovering will be made in accordance with information provided by the employee’s doctor.

Assignments may include modifying the employee’s regular job or assignments to other duties depending on the injured employee’s capabilities. Only work that is considered productive and meaningful will be assigned.

(*Signature of President/CEO/Manger*)

(*Title), (Date*)