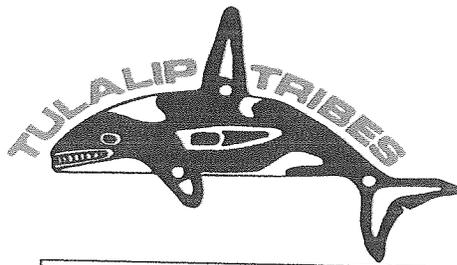
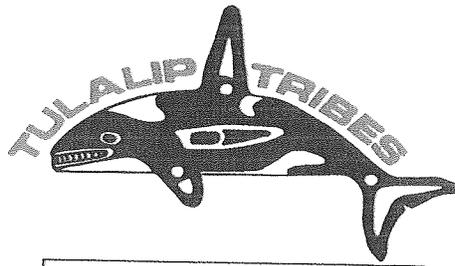


GUIDE TO LIGHT DUTY RETURN TO WORK



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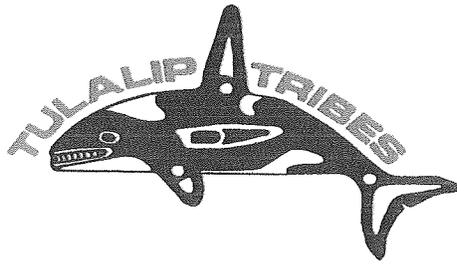
Introduction

The Tulalip Tribes Health & Safety Department strives to develop a high standard of Health and Safety for all Employees. Unfortunately, circumstances happen that result in accidents. If you have had an accident that resulted in an injury or an illness, The Tulalip Tribes Health & Safety Department's number one concern is your complete recovery.

The primary goal of a return-to-work program is to assist employees who sustain an injury or illness to safely return to work at the earliest medically practical time in a temporary (modified or alternate duty) assignment. By allowing an employee to perform modified duties, the employee is allowed to remain a productive member of the workforce while he or she recuperates.

Our objective is to eliminate lost-time incidents through close communication with the employee and the utilization of Temporary Alternate Work Assignments. The Temporary Alternate Work Assignments is to specifically not aggravate the employee's injury.

Individuals who experience a work-related injury are usually best served if they can continue working in some type of work assignment rather than being off work due to an injury. The continuation of work status will provide regular wages and also give the employee the emotional satisfaction of knowing that he or she is still a productive member of our team. Additionally, personnel studies show that alternate work assignments serve as good therapy for most injuries and therefore facilitate a more speedy recovery.

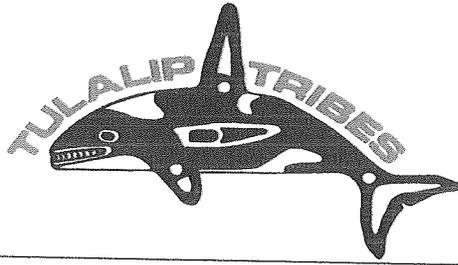


In order to minimize serious disability due to on-the-job injuries and to reduce the effects to our injured employees, modified temporarily work may be offered. Modified jobs will be identified after obtaining and examining the injured employee's physical limitations or restrictions. "Modified" might be the employee's regular job; modified by removing heavier tasks; a different regular job currently existing; or a job that is specifically designed around the employee's restrictions.

A modified job, if offered, will end with the date the employee receives a regular release, and may be ended at any time if there is no longer a need for the modified work. Each case will be assessed individually based on need. Modified work may not be implemented in every time loss claim.

Our objective is to eliminate lost-time incidents through close communication with the employee and the utilization of Temporary Alternate Work Assignments. The Temporary Alternate Work Assignments is to specifically not aggravate the employee's injury.

Return-to-work programs show that the employer cares about the injured worker. They pay for themselves by helping the injured employee mend rapidly and maintain confidence in his or her ability to work. They keep work skills sharp and prevent further injury once the employee gets back on the job.

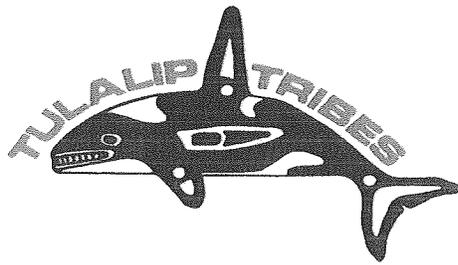


Benefits of Bringing an Employee Back To Work

Return-to-work programs are proven to control both direct and indirect costs:

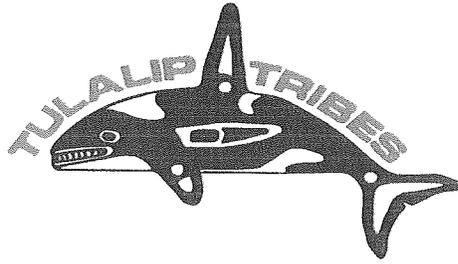
Top 10 Reasons to Have a Return-To-Work Program

- 1. Injured Employees Return to Work up to 50 Percent Sooner.** Up to 90 percent of injured employees go back to work within three days of the injury in companies that have well-managed return-to-work programs.
- 2. Reduce Claims Costs up to 70 Percent.** Not only are time loss days reduced, studies show medical and legal costs are also reduced.
- 3. Recover Faster.** Good return-to-work programs treat work as therapy to help the employee recover up to 3 times faster than if they stayed at home. Prolonged absence from work leads to physical deconditioning, ultimately leading to a tougher return to work.
- 4. Avoid Hiring and Training a Replacement Worker.** Temporary labor can be expensive, especially when the new worker must be trained.



5. **Maintain Productivity:** By having a return-to-work program, you pay an employee to stay home. In addition, transitional duty can provide employee cross-training.
6. **Maintain Control:** By having a return-to-work program the employer maintains control, direction and positive resolution of claims.
7. **Reduce Fraud:** Fraud can be tempting to any employee who views it as a way to get paid vacation. Return-to-work programs demonstrate that getting injured doesn't necessarily mean being out of work.
8. **Increase Employee Morale:** Return-to-work programs are a testament that employee's are a valuable company asset.
9. **It's Effective:** More than 90 Percent of employers using return-to-work programs say they are effective.

Benefits to the Employee When Returning to Work



- Employees remain active and mobile when returned to the productive workforce, and recovery time is shortened.
- Full of partial wages are earned bringing the injured worker's income closer to pre-injury wages than workers' compensation temporary income benefits alone.
- Self esteem, morale and personal security are maintained or restored through gainful employment and a productive life style.
- Increases focus on safety and injury prevention.
- Stress, boredom, and depression from the injury/illness and being out of work are reduced or eliminated.
- Physical conditioning through a work life discipline is maintained, and the chances of returning the employee to work permanently are improved.

Temporary Job Assignments



There are 3 types of job assignments that an employee can be placed in while recuperating from an injury or occupational disease.

Light Duty Work Assignment

Temporary work involving minimal physical stress. Light duty work can be provided through modified or alternate work.

Modified Work Assignment

Temporarily changing the employee's regular job duties to remove or alter the elements that exceed their physical limitations.

Alternate Work Assignment

Re-assigning an employee to another position, possibly in a different department, within their limitations.

A Successful Return-To-Work Program



- **The key to success is involving everyone and making light duty a team effort. Follow up is also an important key to making the program a success.**
- **Stay in contact with the employee frequently and make certain that the restrictions under which an employee is operating are communicated to the Supervisor & the Health & Safety Department.**
- **The importance of making sure the employee does not violate the restrictions should be emphasized to the supervisor. This can make the injury get worse.**
- **Part of the program is insistence that employees on restrictive duty visit the doctor every few weeks to monitor their progress. The employee should always provide an updated work status report from his or her physician so that everyone is aware if the restrictions change or remain the same.**



Easy Steps to Develop Your Return-To-Work Program

1. Appoint a Return-To-Work Coordinator:

Appoint a Return-to-Work Coordinator with appropriate authority to drive the program and coordinate the collection of physical demand job descriptions. The process will run more smoothly with one person in charge of establishing transitional duty, communicating expectations and ensuring a win-win situation for everyone.

2. Develop a Job Description or Job Analysis:

A job description or analysis is a document describing the employee's regular job or a proposed light duty job. The employee's regular job can be modified to accommodate work restrictions or the employee can be placed into a different light duty position if the regular job can not be modified. To create light duty positions specifically for injured employee's, have each Supervisor/Manager write down miscellaneous job tasks that they could use help with or tasks that they don't have enough time for in the day to complete. Combine all of these tasks together to form one or two designated light duty positions.

3. Review Injury Reporting Procedures:

Review injury-reporting procedures with all employee's as well as at new employee orientation. Explain that an effort will be made to return them to light, modified or alternate jobs, should their injury involve lost time from work.

4. Train Supervisors and Managers:

Explain the purpose, objectives, and procedures of a Return-to-Work Program. Their support is crucial to the program's effectiveness in reducing costs associated with lost time payment.

5. Meet with Clinic or Attending Physician:

Meet with the clinic or physician who treat your employee's and review your return-to-work program with them. Establishing an open line of communication to coordinate a consistent use of the program and flow of information is essential.

Return-to-Work Coordinator Responsibilities



1. Provide training and support to supervisors regarding responsibilities and procedures within the program.
2. Work with supervisors to complete job descriptions/analysis for work performed in their department (see sample description/analysis). Keep these descriptions/analysis in file.
3. Coordinate with supervisors to ensure the injured employee is provided with Tribal First Claim Packet of forms that include:

- * Accident Report
- * Physicians Initial Report
- * Return To Work Authorization Form
- * Health & Safety Accident Reports

4. Upon notification that an injury has occurred, contact the injured employee right away. Let the injured employee know you will do what you can to get him/her back to work as soon as possible. Discuss the doctor's recommendations and job restrictions with the injured employee.
5. Coordinate with the supervisor to identify appropriate light or modified duty for the injured employee.

OR

6. If the injured employee is not able to return to light or modified duty, provide them with a second "Return to Work Authorization" form to be returned to you *in person* immediately after their doctor's appointment. Fax a copy of this form to the Health & Safety Department or send inter-office.

Return-to-Work Coordinator Responsibilities

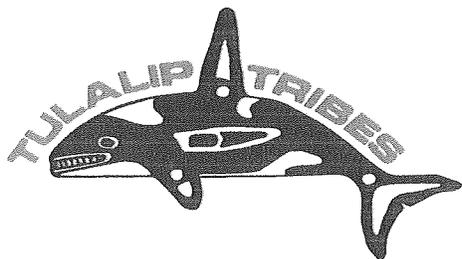
(Continued)



7. When light duty work is identified, provide the injured employee with a list of these duties and specify when they are to return to work. If needed, a job offer letter can be sent to the injured employee (see sample job offer letter).
8. Have the injured employee sign acknowledgment that he/she has read and understands the responsibilities when participating in the Return-to-Work Program (see sample).
9. Contact the HEALTH & SAFETY DEPARTMENT immediately with the release to return to work date so that temporary disability payments can be terminated. Send a copy of the modified or light duty assignment and the doctor's restrictions to the HEALTH & SAFETY DEPARTMENT.
10. Closely monitor progress of the injured employee's on the Return-to-Work Program by regularly contacting the employee. Ensure that the injured employee stays within the work restrictions outlined to prevent re-injury. The injured employee should be required to report to you after his/her follow up appointment with their doctor and provide you with updated restrictions along with the HEALTH & SAFETY DEPARTMENT. Continue to follow up with the injured employee's until a full release to regular work is obtained. Send a copy of all work releases (light duty or full duty) to the HEALTH & SAFETY DEPARTMENT.

Your HEALTH & SAFETY DEPARTMENT is always here to answer any questions and/or assist you with communicating with the injured employee's, physicians and/or supervisors.

Job Analysis



A job analysis is a document describing the employee's regular job or a proposed light or modified duty position. The job analysis should be written in a manner that is easily understood by the employee and the doctor. The job analysis will help you and the treating doctor determine the most appropriate light or modified duty position for the injured employee.

To begin, use existing current job descriptions to:

1. Identify all job functions.

- * Summarize a description of the job duties and tasks required for the job.

2. To determine the physical demands of the job being valued, interview appropriate people such as:

- * The individual who directly supervises employee's performing the job or job tasks.
- * A worker or workers who have performed the various job functions.

3. Observe the position being evaluated:

- * Pay attention to the work flow and double check the physical demands previously identified during the interview process.
- * Weigh items necessary to lift and/or carry.
- * Determine the weight/force to push or pull items.
- * Measure the distance required to walk.

Physical Demands Job Analysis

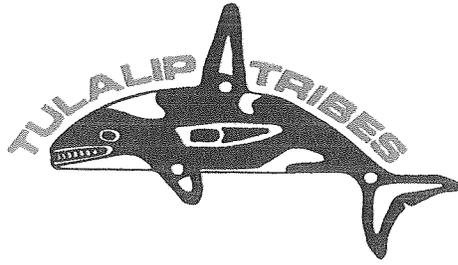
Job Title:

Worker:

Department:

Date:

Description of essential job duties, responsibilities, and functions:



Physical job requirements:

Special equipment, tools, machinery:

Strength (check one) () Sedentary () Light () Medium () Heavy () Very Heavy

~ Physical Demands Rating: ~

N/A = Not Applicable

S = Seldom (1-10% of the time)

O = Occasional (10-30% of the time)

F = Frequent (30 -70% of the time)

C = Constant (Over 70% of the time)

WNL = Within Normal Limits (talking, hearing seeing, etc.)

PHYSICAL DEMAND	FREQUENCY (*Denotes Estimate)	COMMENTS
Sitting		
Standing		
Walking		
Driving		
Lifting: ___ lbs.		
Carrying: ___ lbs.		
Pushing/pulling: ___ lbs. of force		
Climbing stairs/ladders		
Working at heights/balancing		
Bending at waste		
Twisting at waist		
Crouching/Kneeling		
Crawling		
Reaching		
Repetitive arm/hand motion		
Handling/grasping		
Fine finger manipulation		
Talking		
Hearing		
Seeing		
Vibration		
Above/below normal temperature		
Other (chemicals, noise, fumes, Dust, etc.):		

Possible Job Modifications



This job analysis represents the requirements of a specific job based on personal observations, discussions with employer representatives, and/or workers. On occasion, practicality and feasibility prevent the direct observation and/or gathering of objectives quantifiable data. For this reason, a "best estimate" may have been used when reporting physical demand frequencies.

Analysis was done on the job site? () Yes () No

Completed by: _____

Title: _____

Date: _____

FOR PHYSICIAN'S USE ONLY

() The injured worker can perform the physical activities described in the job analysis and can return to work on _____.

() The injured worker can perform the physical activities described in the job analysis on a part-time basis for _____ hours per day. The worker can be expected to progress to regular duties in _____ days/weeks.

() The injured worker can perform the described job, but only with the modifications. Restrictions in the attached report and/or listed below.

() The injured worker cannot perform the physical activities described in the job analysis based on the following physical limitations listed below.

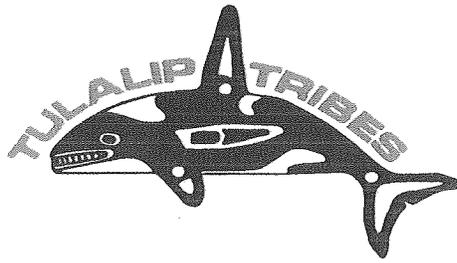
Comments:

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Clinic's Name: _____ Phone Number: () _____ - _____

SAMPLE: Letter to Attending Physician



Dear Attending Physician:

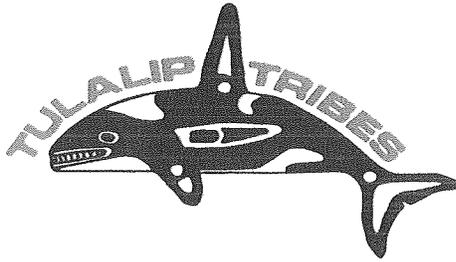
We are an employer who is committed to assisting our employee's in returning to work as soon as possible after they have had an injury. We welcome employee's back to work as part of their work hardening program as well as to modified or alternate duties of their original jobs. Please remember that we do our best to assist the employee in returning to work. If the employee is not able to perform any of the tasks of the usual job, we will review availability of other duties within the company that he or she may be able to do based on their medical ability to work.

Attached you will find a job analysis for your review. After you have examined our employee please indicate whether he/she is able to return to work in the capacity described within the job analysis. If needed, we may be able to modify the position to accommodate the employee's physical restrictions. If applicable, please make recommendations of the modifications needed to enable our employee to return to work.

Sincerely,

(Name, Title)

SAMPLE: Job Offer Letter



Date: _____

Claim Number: _____

Dear Employee:

Your physician has released you for temporary light/modified duty work. I am pleased to offer you employment as (job title). The job duties you will be performing are described in the attached job analysis approved by your physician.

Your work hours are ____ to ____ and you are scheduled to work ____ to ____, a total of \$ ____ per hour. If this is less than your regular salary, you may qualify for loss-of-earning-power benefits through Workers Compensation.

You will report to _____. He/She has been made aware of your current physical restrictions outlined by your physician. It is our goal that all employees work in a safe and injury free environment. Should you experience any difficulties in performing these duties, you are to report them to your supervisor immediately.

Please complete the appropriate box on the following page and return a copy of this letter to me indicating your response to this offer. We will need to hear from you no later than (date). If we do not hear from you by then, we will assume that you have decided not to accept this job offer. If you do not accept this job offer, it may affect your time-loss compensation benefits. If you have any questions regarding your Workers Compensation benefits, please feel free to contact your Health & Safety Department or the Tribal First, toll-free at 1-877-777-8039 and you may speak with a claims examiner.

If you have any questions or concerns, please do not hesitate to contact me.

Sincerely,
(Name, Title)

CC: Tribal First & The Tulalip Tribes Health & Safety Department

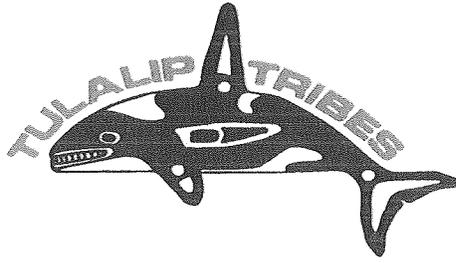
Yes, I will be accepting the job offered and reporting to work at the stated date and time.

No, I will not be accepting the job offered. I am aware that by not accepting this physician approved position I will be jeopardizing my time loss compensation benefits under my workers compensation claim.

Employee Signature

Date

Injured Employee Responsibilities



Welcome to our Return-To-Work Program. This program is a benefit designed to help you return to productive work as soon as possible following a work-related injury or illness. We have outlined your responsibilities for you and hope that they will answer any questions you may have. Any exception or deviation from the responsibilities must have prior approval by the treating physician, employer/representative or carrier.

Failure to comply with the following could result in loss or interruption of workers compensation benefits:

Employee's are responsible for reporting on-the-job injuries and illnesses immediately to their direct supervisor and the Health & Safety department and an Incident Report must be completed. Failure to do so could affect the employee's workers compensation benefits.

- Keep all scheduled medical appointments with your physician.
- Notify supervisor in advance of any medical appointments. Appointments should be arranged around your work schedule whenever possible.
- Work within your physical limitations set by your physician and do not violate the restrictions outlined. Every employee should understand that they also have a responsibility to follow their physician's orders at home/away from work.
- Report to work as scheduled unless prior approval is obtained as well as complete any and all work assignments within required time.
- The employee will meet with the Return-To-Work Coordinator on a regular basis when off work or while working light/modified duty and will immediately report any complications or concerns while participating in the Return-To-Work Program.
- The employee will provide updated work status reports from their physician to the Return-To-Work Coordinator to ensure that all physical restrictions are being accommodated accordingly.

I have read the above responsibilities and have been given an opportunity to ask questions about my responsibilities. I agree to follow all of these responsibilities and understand that failure to do so may adversely affect my workers compensation benefits.

Employee Signature

Date

Return-to-Work Program



Injury/Illness Management Checklist

Employee Name: _____ Date of Injury/illness _____
 Employee's Contact Phone #'s: _____

WHEN AN EMPLOYEE HAS REPORTED AN INJURY/ILLNESS THAT REQUIRES MEDICAL ATTENTION, THE FOLLOWING ACTIONS SHOULD BE TAKEN:

ACTION TO BE TAKEN	DATE COMPLETED
1. Received completed incident report	
2. Tribal First Claim Packet given to employee	
3. Submit completed Tribal First Accident Report & supporting documentation	
4. Contact employee within 24-48 hours to discuss the Return-To-Work Program	
5. Obtain employee's work restrictions and meet with supervisor to identify modified job availability.	
6. if needed, send job analysis to the attending physician for review and approval	
7. Send a light/modified job offer letter to the employee upon receipt of signed job analysis	
8. Meet with employee and supervisor to discuss the light/modified return to work	
9. Review "Injured Employee Responsibilities" with employee and answer questions	
10. Contact the Health & Safety Dept. or Tribal First with Return-to-Work information	
11. Employee released to full duty or date of employment termination (Specify which)	
12. Medical treatment concluded and workers Compensation claim has been closed.	