

THE WORKERS' COMPENSATION SECTION OF
DOAS RISK MANAGEMENT SERVICES PRESENTS:

GEORGIA FOCUS

AN EMPLOYEE SAFETY, CARE AND RECOVERY PROGRAM



FASTER. FRIENDLIER. EASIER.

Introduction:

Georgia Focus is a three tiered program aimed at placing focus on employees. Tier 1 addresses Safety and Injury Prevention, Tier 2 deals with taking care of employees after they are injured and Tier 3 discusses ways for returning an employee to Regular or Transitional Duty.

The purpose of this program is to take a proactive, preventative approach to managing the safety and health of employees.

Accidents rarely just happen; they are the result of some condition, whether it is a "hazardous condition" or a "hazardous act". This program deals with identifying and taking corrective actions to prevent a hazardous condition or act from becoming an injury.

Not all accidents can be avoided and when those do occur, they must be properly investigated and underlying causes addressed. The main focus should be on seeing that the employee receives immediate and appropriate medical care and future accidents do not result from this same condition or act.

Once an employee has received medical care for an injury, it is important to return them to an active lifestyle as quickly as possible. In order to do so, the employee needs to return to their normal environment in the least amount of time as possible, when the physician has released the employee with or without restrictions.

FOCUS on Safety, FOCUS on Care for Injured Employees and FOCUS on Return to Work.

TOGETHER we can make a difference.

Tier One – Focus on Safety

In most cases, less time, effort and money are required to prevent accidents from happening, than are required to react to their consequences.

Companies who achieve the greatest success with Health and Safety Programs are those who work around the following principles:

- ◆ Controlling accidents and illnesses require a strong commitment from all levels of management
- ◆ Managers, Supervisors and team leaders must play a central role in safety
- ◆ Employees must realize the importance of working safely

Improving safety performance requires continuous effort and attention. Managers at all levels must realize that managing the safety and health of employees is a vital part of their job and they have to hold themselves, as well as, their employees accountable for keeping this a priority.

Front line supervisors are a critical element to the safety process. The supervisor is the most direct contact with employees and is in the best position to influence behavior, attitudes and work habits.

It is sometimes difficult for supervisors to imagine how serious a problem health and safety have become. During the past fiscal year alone, over 8000 injuries were reported for employees covered by the Georgia Department of Administrative Services, Risk Management Division. That means that approximately one out of every 20 employees received some type of injury last year. Look around you in your agency, which ones will be the ones injured? Which ones will receive injuries so severe that they can not return to work for quite some time? Which employee could perhaps lose their life?

To understand the real importance of safety, look around at the employees within your direct work area, or those you supervise. What would a serious injury or illness do to one of these people? What affect would this have on their families? The cost to employees and their loved ones in pain, suffering and lost wages can be overwhelming. It is the obligation of supervisors to make sure their employees never have to experience the pain and sense of disability injured workers quite often face. It is the obligation of coworkers to make sure other employees, as well as themselves, are performing in a safe manner and working in an area free of as many hazards as possible.

Accidents are most often always caused by a hazardous act or hazardous conditon. When an employee performs a hazardous act, it is generally because the employee is unaware that their behavior is hazardous, unable to perform differently as they were never properly trained or the employee is simply not motivated to follow proper safe procedures. They think rules are unnecesary and they choose not to exercise good judgment when it comes to safety on the job.

Hazardous conditions exist in the workplace simply because the condition is unidentified or uncorrected. Safety inspections should identify hazards and these should be properly reported so the the unsafe condition can be corrected to prevent injury.

To maintain a safe work environment, all employees on every level must be committed to safety and understand that safety is everyone's responsibility.

Training

To manage safety and health effectively, the strategy must be to eliminate hazardous acts and conditions by focusing on the employees ability and willingness to work safely and in a workplace that does not expose them to unnecessary harm.

The tools that will enable supervisors to carry out that strategy are all aimed at prevention. These tools offer a way to identify, eliminate and control the underlying causes of injury. Together these tools will form an effective plan for managing safety and health.

No plan can be successful without training. Employees must have knowledge of the hazards they face and be prepared and able to protect themselves and others from those hazards.

From the moment of hire, an employee must be educated about safe work practices and be informed of any safety policies that are in place. They should be trained in safety practices for their particular job duties. The training should be thorough, and should be reinforced periodically to avoid the employee becoming complacent with their daily duties. A record should be kept for all training an employee receives along with training dates. These should be reviewed periodically for refresher training and/or updated safety practices. An employee should always be trained for any job duties assigned to him/her. New employees are trained in the basics of the job, but are they really trained on the safety aspect of their job? It is the supervisor's responsibility to make sure all employees receive adequate training and are aware of all safety precautions and procedures for doing that job.

Employee Training Record

Employee _____

Hire Date_____

Address_____

Position_____

Working Hours_____

Phone _____

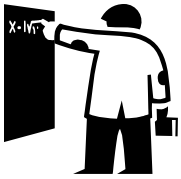
Supervisor_____

Date

Training

Date

Licenses and Certifications



Inspections

Many agencies have safety committees in place, who establish or oversee safety inspections. Even in this case, it is still important for supervisors and employees to establish their own inspection programs. This will eliminate the potential of a particular hazard being overlooked since you know more about your work area than anyone else. By conducting your own inspections, you minimize the amount of time an employee may be exposed to a particular hazard or injury and perhaps may prevent an injury for ever occurring.

If you do identify a hazard, make sure this is addressed immediately. Report this hazard to the appropriate person for resolution. If a work order is required to fix a problem, make sure the order is done immediately to eliminate the continued hazard. Follow up on work orders to make sure problems are fixed timely and appropriately.

Job Hazard Analysis

A Job Hazard Analysis (JHA) is an extremely useful tool to:

- ◆ Identify hazards of specific job duties
- ◆ Use as a training tool
- ◆ Identify areas for inspection
- ◆ Establish operating procedures
- ◆ Observe an employee's performance
- ◆ Investigate an accident

The JHA provides a way to identify potential hazardous acts or conditions before a job is started. It focuses on indentifying any and all potential hazards associated with a particular job. Each individual step of a job is reviewed and assessed for anything that can lead to injury or illness. After these hazards are identified, the JHA also helps you to make recommended changes to eliminate or control each identified hazard. At some point, all jobs should have a JHA performed on them.

Before beginning a JHA, a team should be selected for this purpose. The team should consist of employees performing the job duties, the supervisor and a safety person, when possible. By involving as many people as possible who are knowledgable about the job, you have a less chance of missing critical hazards and the JHA will be accurate and complete.

The JHA is broken down into three stages:

- ◆ Basic steps necessary to perform the job
- ◆ Every existing or potential hazard associated with each job step
- ◆ Recommendations for ways to eliminate or control the identified hazards

JOB HAZARD ANALYSIS

Job Title: _____ **Department/Division:** _____

Date Performed:_____ **By:** _____ **Verified By:** _____

Special or Primary Hazards:_____

Personal or Protective Equipment Required or Recommended: _____

[illegible]

ASSESS JOB FOR BASIC STEPS

When beginning a JHA, it is important that all member of the JHA Team begin with a discussion of how the job is performed and review any known related hazards. Once the team is familiar with the operation, they can began the process of identifying the basic job steps. The best and most effective way to begin this process is to watch as the job is being performed in its entirety at least once. Then ask the employee to once again perform the job steps slowly and note the individual steps in the first section of the JHA form. The steps should be action phrases that are short and to the point. Job steps should be numbered in the order in which they are performed.

As happens in most cases, avoid describing the job in too much or too little detail. A general rule to follow when listing steps is to list these steps as they would be described to someone being trained to perform the job. Describe the job steps in the way they are “supposed” to be done. This provides the most opportunity to explore safer solutions to performer a job.

Lets take a look at a simple job like making coffee. The specific actions required to peform this job are:

1. Fill water reservoir
2. Fill basket with coffee
3. Brew Coffee

Each of these three steps have specific actions in order to achieve:

1. Fill water reservoir
 - A. Turn Power switch to off
 - B. Rinse pot (if necessary)
 - C. Fill pot with water to XX cup line
 - D. Pour water into reservoir
 - E. Place pot under drip spout

2. Fill basket with coffee

- A. Remove filter basket from slot
- B. Empty old grounds and filter (if necessary)
- C. Insert new filter into basket
- D. Measure and place appropriate amount of grounds in filter
- E. Place filter basket back in slot

3. Brew Coffee

- A. Turn power switch on
- B. Wait until coffee stops dripping

Now that we have identified the basic job steps involved in making a pot of coffee, let's look at the hazards associated with these steps.

1. Fill Water Reservoir

- A. Shortage in power switch – could lead to electrocution
- B. Rinse pot – chance of dropping pot and breaking, getting cut or contents could be hot and cause scalding
- C. Fill pot with water – be sure water is cold, hot water could burn you (or damage coffee maker)

2. Fill basket with coffee

- A. Remove filter basket from slot
- B. Empty old grounds and filter – in doing both A and B, there is a chance the contents of the filter basket are hot from the last coffee that was made. Caution should be taken to avoid scalding.

3. Brew Coffee

- A. Turn power switch on – shortage in switch could lead to electrocution
- B. Wait until coffee stops dripping – chance of burns from hot coffee if pot removed too soon.

Something as simple as making coffee carries several hazards that we take for granted. But as you can see there could be a chance of

severe burns or shock from making coffee. Some of the things you can do to avoid this would be:

- ◆ Make sure the wiring on the coffee maker is not frayed, if so, it should not be used.
- ◆ Wear gloves if the pot is extremely hot from previous coffee
- ◆ Take precautions when picking up pot for cleaning and placing water into the pot.

This was a very simple example of some hazards associated with an every day task. Think about the duties you perform in a day and the many hazards that could be associated with all jobs from desk work to working on the highway. All jobs carry a certain risk and should be analyzed to avoid those hazards whenever possible.

Since job steps involve a series of actions and movements, it could be difficult to identify all associated hazards. In order to identify as many as possible, keep the following factors in mind:

- ◆ Actions required for each step, including physical activities
- ◆ Any materials used for the job
- ◆ Any equipment used for the job
- ◆ Conditions under which the job is performed, including any weather conditions

Many job steps require physical actions that when not done properly can lead to injuries. Such an action would be when a job step requires lifting. If heavy objects have to be moved as a part of this job, it could lead to serious back injury. The same is true with repetitive lifting, the employee could sustain back strain due to fatigue and/or physical stress. Working in awkward positions, unstable body positions or the use of excessive force could all also result in injury.

Materials being used on a job must also be taken into consideration when identifying job hazards. An employee who works with chemicals, paints, explosives, etc. are all at a risk for injury.

The type of equipment used to perform a job step most definitely carries hazards. An employee who operates machinery has the potential to be injured by being caught in, under or between pieces of equipment, loss of a limb from using saws, shock from working with electrical equipment in a wet area. The list goes on for the potential hazards associated with the use of equipment.

Conditions under which a job is performed carry many different hazards. The weather conditions, noise levels and lighting are only a few of those hazards. Each job step should be closely reviewed for other conditional hazards that may exist.

When reviewing a job for hazards, one of the best ways to identify additional hazards, that are not obvious, is to question what could happen if the employee chose to take a short cut or do the step in an easier way without being mindful of the safety procedures.

An example of that would be - what if an employee elected to climb into a rolling office chair to change a light bulb as opposed to taking the time to go retrieve a ladder?

Once all job steps and associated hazards have been identified, the last thing to do is to develop corrective actions to eliminate or control those hazards. When providing steps for corrective actions, always be specific as to the expectations or the safety procedure. Telling an employee to use proper equipment when changing a light bulb is too general. It's always better to elaborate on the expectation and the safety procedure by stating the employee should retrieve a ladder to change the bulb.

Identifying job steps, hazards and corrective actions will take some time in order to properly identify these for all of your job duties, but the time taken up front will greatly outweigh the injuries sustained by employees who are not provided with the proper tools and techniques to perform their job duties.

Remember: In most cases, less time, effort and money are required to prevent an accident than are required to react to their consequences.

OBSERVE EMPLOYEE PERFORMANCE

A JHA can be used by supervisors to observe the safety performance of an employee. No matter how experienced an employee is in a job, their performance should be observed on a regular basis. Familiarity of a job quite often leads to short cuts and bad habits.

How often a supervisor observes an employee's performance should depend on the type of work being performed and the confidence they have in an employee's ability to work safely and make good safety judgments.

When observing an employee's performance and an employee is observed performing a hazardous act, the behavior must be corrected immediately before someone is injured. Talk with the employee to identify the cause of the failure to perform proper safety procedures. You may find that something has been left out of the training program or the safety procedures for the job. If the discussion reveals that an employee is simply choosing to ignore safety procedures, the supervisor should deal with this through disciplinary actions. These actions should be used when all other efforts to coach an employee and change behavior toward safety have been exhausted.

An employee should be coached in the expectations for safety on the job and understand clearly that he/she will be held strictly accountable for meeting these safety expectations.

ACCIDENT INVESTIGATION

When accident does occur on the job, a JHA can be a great resource in identifying why the accident occurred. By comparing each step in the JHA with the the procedures that led up to the accident, a supervisor can determine if a job was being performed correctly or if perhaps a critical hazard was overlooked in the initial JHA.

A thorough accident investigation should reveal the following facts:

- ◆ What was the employee doing
- ◆ Where and When
- ◆ What actually occurred
- ◆ What contributed to the accident
- ◆ Why the condition existed
- ◆ Prior knowledge of the existing condition
- ◆ What unsafe act was committed
- ◆ Had injured person been properly instructed
- ◆ Can recurrence be prevented
- ◆ Recommendation for correction

The following investigation forms should be completed by the injured employee (when possible), the supervisor and any witnesses to the accident. Once completed, these should be submitted immediately to your Workers' Compensation claims adjuster.

Safety and accident prevention should be a huge part of everyone's job and everyone should take a proactive approach in the effort to prevent injury.

When someone is out of work due to injury or illness, the effect on the department could be huge not to mention the indirect cost associated with an employee's absence. When you factor in the cost to recruit someone new and train them to take on duties in the absence of an employee as well as the loss of productivity when short on staff, the costs are astronomical.

Tier 3 of Georgia Focus deals with Returning an employee to work after the have suffered an injury. Indirect costs associated with an injury will be discussed in more detail in that area.

Tier Two – Focus on Care

All of the safety procedures we can think of will not prevent all accidents. Accidents will happen and when they do you need to be prepared and know what to do next to see that employees receive prompt medical care and benefits to which they are entitled.

In order for an employee to be taken care of promptly, it is imperative that the supervisor (or designee) report the claim to the telephonic reporting vendor at 877-656-7475 as soon as they are aware there was an injury.

If the employee has suffered an emergency, the employee should be taken to the closest emergency facility, otherwise, the employee should contact the Managed Care Organization at 800-900-1582 or 678-781-2848 for assistance in obtaining medical care.

The following pages provide information on reporting injuries and what a supervisor should do after an injury.

Accident Investigation FORMS

Accident investigation forms/statements **should be filled out** by the **injured employee, supervisor and any witness** to the accident. Train your supervisors to conduct the preliminary investigation as soon as possible.

IMPORTANT – Care must be taken to assure the investigation is fact finding, not fault finding. Obtaining signed statements as soon as possible following an accident insures that you, the employer, have an accurate account of how the injury occurred. These completed statements are important in helping to correct hazards and prevent the accident from recurring. They also help to spot possible third-party liability as well as possible fraudulent claims, which can help defend against the claim.

After I have these forms completed – what do I do with them?

Please fax the completed forms to your DOAS Claims Adjuster at (404) 657-1188 or 1189 and keep a copy for your files. These completed forms can provide valuable information in a claims investigation of an injury and for developing the defense in the event of a workers' comp hearing.

What if my injured employee is physically unable to fill out the Employee's Report of Injury?

Use common sense and good judgment. If the injury is severe – remember, your employee's health and care are first and foremost. If possible, have the form filled out at a later date, more appropriate time when the employee is physically able to document the accident.

What if my employee refuses to fill out or sign an Employee's Report of Injury?

Of course, you cannot make an employee fill out the document. You can, however, stress the importance of getting "their" account of accident to help prevent the injury from happening again. Also, still obtain the supervisor's report as well as any witness statements.

What if my Employee has retained an attorney – Can I still ask the injured employee to fill out an Employee's Report of Injury?

Yes – you, the employer as part of your company's accident management plan, can still ask the employee to fill out the report form.



Department of Administrative Services
Risk Management Services
200 Piedmont Avenue, S.E., Suite 1208, West Tower
Atlanta, Georgia 30334-9010

Supervisor's Accident Investigation

(To be completed by the employee's supervisor or other responsible administrative official)

| | | | | |
|--|-------------------------|---|---|---|
| Location where accident occurred | | Employer's Premises: Yes <input type="checkbox"/> No <input type="checkbox"/> Job site: Yes <input type="checkbox"/> No <input type="checkbox"/> | | Date of accident or illness |
| Who was injured? | | <input type="checkbox"/> Employee <input type="checkbox"/> Non-Employee | | Time of accident a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> |
| Length of time with firm | Job title or occupation | Name of dept. normally assigned to | How long has employee worked at job where injury or illness occurred? | |
| What property/equipment was damaged? | | | Property/equipment owned by: | |
| What was employee doing when injury/illness occurred? What machine or tool was being used? What type of operation? | | | | |
| | | | | |
| How did injury/illness occur? List all objects and substances involved. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Part of body affected/injured? | | Any prior physical conditions? If so, what? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Nature and extent of injury/illness and property damaged (be specific) | | | | |
| | | | | |

PLEASE INDICATE ALL OF THE FOLLOWING WHICH CONTRIBUTED TO THE INJURY OR ILLNESS

- | | | |
|---|--|--|
| <input type="checkbox"/> Failure to lockout | <input type="checkbox"/> Improper maintenance | <input type="checkbox"/> Poor housekeeping |
| <input type="checkbox"/> Failure to secure | <input type="checkbox"/> Improper protective equipment | <input type="checkbox"/> Poor ventilation |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Inoperative safety device | <input type="checkbox"/> Unsafe arrangement or process |
| <input type="checkbox"/> Improper dress | <input type="checkbox"/> Lack of training or skill | <input type="checkbox"/> Unsafe equipment |
| <input type="checkbox"/> Improper guarding | <input type="checkbox"/> Operating without authority | <input type="checkbox"/> Unsafe position |
| <input type="checkbox"/> Improper instruction | <input type="checkbox"/> Physical or mental impairment | <input type="checkbox"/> Other _____ |

Supervisor's corrective action to ensure this type of accident does not recur: _____

Was employee trained in the appropriate use of Personal Protective Equipment/Proper safety procedures? ... Yes ☐ No ☐

Was employee cautioned for failure to use Personal Protective Equipment/Proper safety procedures? Yes ☐ No ☐

Did employee promptly report the injury/illness? Yes ☐ No ☐

Is there modified duty available? Yes ☐ No ☐

Supervisor's name

Supervisor's signature

Phone#

Date

Accident Witness Statement

(To be completed by accident witness)

Injured employee's name: _____
Last First Middle

Name of witness: _____ Ph# _____
Last First Middle

Job title of witness: _____ How long employed here? _____

Home address of witness: _____

City: _____ State: _____ Zip Code: _____

Location of accident: _____
Address/Name of building Area (bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected): _____

Recommendation on how to prevent this accident from recurring: _____

Name of Witness Supervisor: _____ Ph# _____
Last First

Signature of Witness: _____ Date: _____



Trust • Excellence • Service

State of Georgia

Department of Administrative Services

Risk Management Services

200 Piedmont Avenue, S.E., Suite 1208, West Tower

Atlanta, Georgia 30334-9010



Employee's Report of Injury

(To be completed by the employee only.)

Employee's name: _____ Male__ Female__
Last First Middle

Date of birth: ____/____/____ Home telephone # (____) _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Present classification: _____ How long employed here: _____

Social Security No.: ____ - ____ - ____ Weekly salary: _____

Location of accident: _____
Address Area (loading dock, bathroom, etc.)

Date of accident: _____ Time of accident: _____

Describe fully how accident occurred: (including events that occurred immediately before the accident):

Describe bodily injury sustained (be specific about body part(s) affected): _____

Recommendation on how to prevent this accident from recurring: _____

Name of supervisor: _____ Phone# _____
Last First

Name(s) of witness(es): _____ Phone# _____
(Attach witness(es) report(s))

When did you report the accident to your supervisor? _____

To whom did you report the injury? _____

Do you require medical attention? Yes: _____ No: _____ Maybe: _____

Name of your treating physician: _____ Phone# _____

Signature of employee: _____ Date: _____

Department of Administrative Services
Risk Management Services
200 Piedmont Avenue, S.E., Suite 1208, West Tower
Atlanta, Georgia 30334-9010

Reporting of Injuries/Illnesses

| INITIATING THE RETURN-TO-WORK PROCESS | NOTES |
|---|-------|
| <p>The timely reporting of injuries/illnesses is the key to a good disability management program.</p> <p>Especially within the workers' compensation system, delays in reporting can create difficulties for both the employer and the employee.</p> <p>The time to file the <i>First Report of Injury</i> (WC-1) is when the employer first becomes aware of the injury.</p> <p>The State Board of Workers' Compensation allows employers 21 days from the <u>knowledge</u> of an injury to file the <i>First Report of Injury</i> and determine whether the claim is compensable or not. If an agency delays the report beyond the 21 days, DOAS must accept the claim even if fraud is suspected.</p> <p>This chapter outlines:</p> <ul style="list-style-type: none">Consequences of Delayed ReportingSteps in the Reporting Process | |
| WC - DELAYED REPORTING | NOTES |

REPORTING OF INJURIES

CONSEQUENCES OF DELAYED REPORTING

1) Delays Delivery of Benefits

Even for employees with short-term injuries, the workers' compensation payment system is not very fast. In the best of cases there can be delays, creating financial strains on injured employees. Delayed reporting can delay the payment of benefits to the point of creating a serious financial hardship for the injured worker and his/her family.

2) Affects The Quality of Medical Care

Risk Management has developed a system of medical management that ensures that injured employees receive the best medical care available. However, the system cannot function until it is aware of the injury. Delayed reporting can cause delays in authorizing needed medical care, treatment and referrals.

3) Increases Cost

Delayed reporting of injuries prevents the process from working, increasing the cost of each claim. The State Board of Workers' Compensation will also assess a fine for every *First Report of Injury* (WC-1) that is not filed in a timely manner.

4) Increases Disability

Being there for the injured employee from the start is a key to reducing the potential for an injury to develop into a full-blown disability. The longer the delay in working with the injured employee, the higher the potential that the employee will never return to his/her job. This is a loss both for the employee and the state agency.

REPORTING OF INJURIES

| WC - INJURY REPORTING STEPS | NOTES |
|---|-------|
| <p>STEPS IN THE REPORTING PROCESS</p> <ol style="list-style-type: none"> 1. Supervisor or designee* calls the telephonic reporting center (TRC) at 877-656-RISK (7475) immediately. The intake operator completes: <ul style="list-style-type: none"> • <i>First Report of Injury (WC-1)</i> 2. Employee calls the Managed Care Organization (MCO) to arrange medical treatment OR seeks emergency care if needed. 3. TRC transmits the First Report of Injury electronically to: <ul style="list-style-type: none"> • DOAS Workers' Compensation Specialist • Designated Agency Human Resources Department • Managed Care Organization (MCO) 4. WC Specialist contacts: <ul style="list-style-type: none"> • Agency Representative • Injured Employee 5. The MCO contacts: <ul style="list-style-type: none"> • Agency Representative • Injured Employee • Treating Physician <p><i>* Some agencies have supervisors report injuries to their HR department and HR calls in the report. In other circumstances, the supervisor may accompany an injured employee to the hospital or doctor's office, and will be unable to immediately call. The supervisor should have a trained designee who can be instructed to make this call. Regardless, the goal is to report all injuries that require medical treatment within 24 hours of knowledge of the accident!</i></p> | |

REPORTING OF INJURIES

TELEPHONIC

Reporting Instructions

Call Toll Free 1-877-656-RISK (7475)
24 Hours A Day / 7 Days A Week

Claims should only be reported by a supervisor.
Employees cannot call in their own claims.

As soon as possible after the accident call with the following information:

- + Name and Address of Injured Employee
- + Name, Address and Telephone Number of Employing Agency
- + Social Security Number of Injured Employee
- + Age and Sex of Injured Employee
- + Date & Time of Accident
- + Description of Accident (How, Where, Why)
- + Type of Injury (cut, scrape, burn, etc.)
- + Exact Part of Body Injured
- + Hourly / Weekly / Monthly Wage
- + Name and Address of Physician / Hospital
- + Has Injured Employee Returned to Work?

Supervisors should call to report injuries within 24 hours of an accident.
Reporting should be delayed only long enough for the supervisor to take the employee to the doctor.

Once a claim has been reported through the Telephonic Reporting System any correction to the above information should be made by calling your dedicated DOAS Workers' Compensation Specialist. A copy of the completed first report of injury will be faxed to both the number designated by your agency and your DOAS Workers' Compensation Specialist within 24 hours of the report.

Only injuries requiring medical care or lost time from work should be reported to the Telephonic Reporting Center. Injuries requiring only first aid or requiring no medical care should be recorded within the agency as an incident only

Department of Administrative Services
P. O. Box 38198
Atlanta, Georgia 30334
404-656-6245

REPORTING OF INJURIES

(AGENCY NAME) INCIDENT NOTICE ONLY

Instructions: For occupational injuries **requiring medical attention or lost work days**, call the **Telephonic Reporting Center at 1-877-656-RISK (7475)** as soon as possible within 24 hours of knowledge of injury. Complete this form for the agency's record for all other injuries.

Date incident reported by employee _____

Name of injured employee _____ Office phone # _____

Job Title: _____

Social Security # _____

Date of incident _____ Time of incident _____

Description of incident (how, where, why?) _____

Type of injury (cut, scrape, burn, etc.) _____

Place of occurrence (provide address if possible) _____

Witness/es (Name/s and telephone #) _____

Was First Aid administered at time of incident? Yes _____ No _____ What type? _____

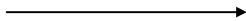
Supervisor's name _____ Telephone # _____

Person completing report _____ Telephone # _____

Date Report completed _____

**This form does not replace the WC-1, Employer's First Report of Injury. FOR INTERNAL USE -
PERSONNEL RECORDS ONLY**

OCCUPATIONAL RETURN-TO-WORK

EMPLOYEE NOTIFIES SUPERVISOR  IF NO MEDICAL TREATMENT

REPORTING OF INJURIES

OF ACCIDENT



EMPLOYEE CONTACTS MANAGED
ORGANIZATION FOR ASSISTANCE
IN OBTAINING MEDICAL TREATMENT
VIA
(800-900-1582)



PHYSICIAN PROVIDES MEDICAL ASSESSMENT/TREATMENT AND DETERMINES IF THE EMPLOYEE
CAN RTW IMMEDIATELY BY REVIEWING FUNCTIONAL JOB DUTIES AND TALKING WITH THE
EMPLOYEE'S SUPERVISOR



TIME OFF OR WORK RESTRICTIONS



HUMAN RESOURCES IS NOTIFIED AND A TRANSITIONAL EMPLOYMENT TEAM MEETING IS
CALLED WITH THE EMPLOYEE AND SUPERVISOR



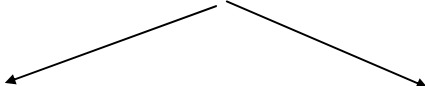
TRANSITIONAL EMPLOYMENT TEAM REVIEWS MEDICAL RESTRICTIONS AND DESIGNS
TRANSITIONAL EMPLOYMENT PLAN



EMPLOYEE RETURNS TO WORK AND PARTICIPATES IN ADDITIONAL MEETINGS AS NEEDED
UNTIL RETURN TO REGULAR EMPLOYMENT



IF DOCTOR DOCUMENTS "PERMANENT RESTRICTIONS" TEAM MEETS



EVALUATE FOR REASONABLE
FUNCTIONS
ACCOMMODATION AND RTW

OR

EMPLOYEE CAN DO ESSENTIAL
FUNCTIONS WITH RESTRICTIONS - RTW



IF CAN'T IDENTIFY A REASONABLE
ACCOMMODATION THAT WILL ALLOW FULL
PRODUCTIVITY REVIEW VACANT POSITIONS
AGENCY WIDE



**IF NO JOBS WITH AGENCY, CONTACT YOUR DEDICATED CLAIMS SPECIALIST
TO MAKE A REFERRAL TO VOCATIONAL REHABILITATION**

BEYOND FIRST AID AND NO
LOST WORK DAYS
COMPLETE INCIDENT NOTICE ONLY

SUPERVISOR REPORTS INJURY TO
RISK MANAGEMENT WITHIN
24 HOURS OF KNOWLEDGE

CLAIM REPORTING
SERVICE (877-656-7475)

AND

RTW AT REGULAR JOB

LOCATE NEW JOB - RTW

REPORTING OF INJURIES

| WC - COMMON QUESTIONS TO CONSIDER | NOTES |
|---|-------|
| <p>QUESTION #1:</p> <p>How will the accident investigation process be impacted if an injury is reported late?</p> <p>Because nothing has been written down during the time since the injury, the accuracy of the report will be dependent on the memories of both the supervisor and the injured employee. As time tends to erode and/or change memories, it is unlikely that the accident investigator will have clear facts with which to work.</p> <p>QUESTION #2:</p> <p>After a long delay in reporting, how likely is it that fraud investigation will be successful?</p> <p>First of all, DOAS Risk Management only has 21 days from the employer's date of knowledge of the accident to deny a claim. Additionally, as time passes details become scarce and it is much more difficult to deny a fraudulent claim. The fraud investigation would be unsuccessful for the same reasons mentioned above.</p> <p>QUESTION #3:</p> <p>How could a supervisor handle a late reported injury?</p> <p>As soon as an employee tells the supervisor that he/she has injured himself/herself, the supervisor should arrange for medical care and obtain sufficient details to file the <i>First Report of Injury</i> (WC-1). If possible, the supervisor (or a designee) should accompany the employee to the first medical appointment.</p> <p>If the employer is suspicious about a claim, this suspicion should be communicated to Risk Management to determine whether any fraud was involved. <i>Investigation of fraud is not the employer's job.</i></p> <p>QUESTION #4:</p> <p>Why wouldn't the employer file a report upon first being notified of the symptoms?</p> <p>There could be any number of reasons for not reporting an injury when first aware. However, it may be that the employer was hoping the symptoms would simply go away on their own.</p> | |
| WC – COMMON QUESTIONS TO CONSIDER | NOTES |

REPORTING OF INJURIES

QUESTION #5:

What would the supervisor hope to gain?

It seems likely that the supervisor hopes to

1. Avoid the “hassle” of filing a report
2. Avoid “looking bad” on safety reports
3. Avoid having to replace the worker should his/her doctor decide to take him/her out of work

QUESTION #6:

What are the likely consequences of late reporting?

Because an injury is not reported as soon as the employer is aware, the injury may now be much more severe. As a result of the delay in reporting the injury:

1. **Time loss expenditures** will go up (if treated early, the client might have missed less time from work)
2. **Medical costs** will go up (it may be more likely that surgery will be required)
3. The employee may not fully recover, resulting in greater **permanent disability**. Furthermore, if the employee is angry about what has happened even greater permanent disability may result.

QUESTION #7:

How could the employer handle this injury better?

It's simple, just report the injury upon first becoming aware of it and get treatment started.

QUESTION #8:

What if the supervisor/designee does not have all the information?

“I don't know” is an acceptable answer. Give the Telephonic Reporting System as much information as possible and then call your dedicated Claims Specialist to fill in the blanks later.

REPORTING OF INJURIES

| THE NON-OCCUPATIONAL PROCESS | NOTES |
|--|-------|
| <p>Many employers have asked what is the “key” for reporting injuries and illnesses that are not work-related (non-occupational)? The answer is as simple as having the supervisor, employee or HR/Personnel representative alert the Transitional Employment Team any time there is an extended sick leave.</p> <p>Human Resources then works with the employee and physician to gather medical documentation regarding the non-occupational injury/illness. Human Resources will also advise the employee of his/her rights and responsibilities under the Family Medical Leave Act or FMLA.</p> <p>As with occupational injuries/illnesses under workers’ compensation, a Georgia Activity Analysis is provided to the physician to determine fitness for work activities.</p> <p>The only change in the Return-To-Work process is when there are permanent restrictions and no accommodations can be identified which would allow return to work. Unlike workers’ compensation, there is no built in funding source for vocational rehabilitation. The employee may be able to utilize vocational rehabilitation services provided by his/her short-term or long-term disability insurance. If the employee did not elect these benefits, encourage him/her to seek community resources such as the Department of Labor and the Division of Rehabilitation Services.</p> | |

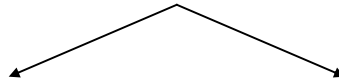
REPORTING OF INJURIES

NON-OCCUPATIONAL RETURN TO WORK

EMPLOYEE NOTIFIES HUMAN RESOURCES OR HUMAN RESOURCES FLAGS EXTENDED SICK LEAVE AND CONTACTS EMPLOYEE



MEDICAL DOCUMENTATION IS REQUESTED FROM PHYSICIAN AND GAA IS SENT TO ALLOW ASSESSMENT FOR RTW



IF RESTRICTIONS, TRANSITIONAL EMPLOYMENT MEETING CALLED WITH THE EMPLOYEE AND SUPERVISOR

RTW AT REGULAR JOB



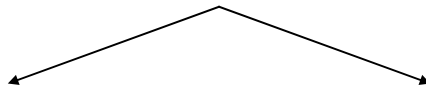
TRANSITIONAL EMPLOYMENT TEAM REVIEWS MEDICAL RESTRICTIONS AND DESIGNS TRANSITIONAL EMPLOYMENT PLAN



EMPLOYEE RETURNS TO WORK AND PARTICIPATES IN ADDITIONAL MEETINGS AS NEEDED UNTIL RETURN TO REGULAR EMPLOYMENT



IF DOCTOR DOCUMENTS "PERMANENT RESTRICTIONS" TEAM MEETS



EVALUATE FOR REASONABLE ACCOMMODATION AND PROVIDE
RTW

OR

IF EMPLOYEE CAN DO ESSENTIAL FUNCTIONS WITH RESTRICTIONS
RTW



IF CAN'T IDENTIFY A REASONABLE ACCOMMODATION THAT WILL ALLOW FULL PRODUCTIVITY REVIEW VACANT POSITIONS AGENCY WIDE



LOCATE NEW JOB - RTW



IF NO JOBS AVAILABLE, RECOMMEND TO EMPLOYEE THE AVAILABILITY OF VOCATIONAL REHABILITATION; FOR EXAMPLE, THROUGH LTD POLICY AND/OR COMMUNITY BASED PROGRAMS.

DISPUTE RESOLUTION

AmeriSys Managed Care will respond to any dissatisfaction regarding a network provider or managed care service under your employer's plan. If you have a complaint, please contact AmeriSys Managed Care at 678-781-2848 or 800-900-1582. The Dispute Resolution Coordinator will discuss your complaint with the appropriate party.

The Dispute Resolution Coordinator will respond to you within 24 hours, or the next working day.

A written complaint regarding claims practices or provision of services concerning the Managed Care Plan or its network providers may be sent in writing to:

AmeriSys Dispute Resolution Coordinator
c/o Integrated Care Management
5 Dunwoody Park
Suite 118
Atlanta, Georgia 30338

If the dispute cannot be resolved within 30 days of a written notice, by the Managed Care Dispute Resolution Procedure, any party may request intervention by the State Board of Workers' Compensation.

DOAS Risk Management may become involved at anytime during the dispute process upon the request of the injured party.

Please Note: If your dispute involves the payment of benefits or aspects of your claims not directly related to the provision of medical care, contact Risk Management for assistance by calling 404-656-6245 or 877-656-RISK (7475) and select Option # 3.



AmeriSys Your Managed Care Company
Matrix Pharmacy Network
First Health Provider Network
DOAS Claims Administrator

Employee Handbook for State of Georgia Department of Administrative Services



Workers' Compensation Managed Care Organization

Administered by:

AmeriSys ★

Dear Employee:

Welcome! You are now part of the State of Georgia, Department of Administrative Services (DOAS) Workers' Compensation Program. DOAS has a Managed Care Organization plan with AmeriSys which will provide care for job-related injuries. Medical services will be provided through the First Health Network of physicians, customized for DOAS. DOAS Risk Management and AmeriSys wants you to receive quality medical care, and help you return to work as soon as you are medically able.

If you are injured on the job, you must report the injury to your supervisor immediately. Your supervisor should report your injury to DOAS by calling 877-656-RISK (7475). Then call AmeriSys at 678-781-2848 or 800-900-1582 to talk to a case manager who will assist you in selecting a physician, scheduling an appointment, and obtaining follow-up care.

This guide will serve to answer any questions you may have regarding the services available to you in the event you have a work related injury or illness.

Most importantly, you will be provided with information regarding how to find an authorized treating physician, who will direct your medical care. Please read the guide carefully and if you should have any additional questions, please ask your supervisor or other designated employer representative.

EMERGENCY CARE

If, as a result of a work related injury or illness, you require immediate medical attention, you should proceed to the nearest emergency medical care facility or call 911 for assistance.

Following your emergency admission, service or procedure, you or your designated representative must notify AmeriSys Managed Care of your injury by calling 678-781-2848 or 800-900-1582.

If you require additional care contact AmeriSys Managed Care at 678-781-2848 or 800-900-1582 and speak to a Case Manager who will assist you in selecting an authorized treating physician. Your authorized treating physician will then evaluate your treatment plan and make further recommendations.

AMERISYS' RESPONSIBILITIES

AmeriSys will make sure that all medical services are provided by licensed, qualified providers. If you have any complaints about your care, AmeriSys will provide you with the information needed to file for dispute resolution. AmeriSys will help you with questions about your medical care.

DOAS RISK MANAGEMENT RESPONSIBILITIES

DOAS Risk Management is responsible for paying all *authorized* medical treatment and/or other benefits that may become due. If you need to speak with someone in Risk Management you can call them at 404-656-6245 or 877-656-RISK (7475) and select Option # 3.

INJURED WORKER RESPONSIBILITIES

If you experience a workers' compensation injury, you should notify your supervisor immediately (no later than 24 hours).

The next step is to call AmeriSys Managed Care at 678-781-2848 or 800-900-1582 to speak with a case manager who can assist you in obtaining medical care, finding a physician or getting you the appropriate follow-up care. You will be asked to choose an authorized treating physician who will supervise your medical treatment to ensure you are receiving high quality, appropriate care.

You may change your authorized treating physician, within the DOAS Physician Network, one time during your treatment simply by calling AmeriSys Managed Care. Any further change of physician will require the concurrence of Risk Management and the Nurse Case Manager.

REFERRALS TO SPECIALISTS

Your authorized treating physician is responsible for determining the medical necessity for referrals to specialists if needed. Your authorized treating physician is required to contact AmeriSys Managed Care for referral approval within the network. Authorization for non-participating physicians will be considered only in special circumstances when required for specialized care not available within network.

TREATMENT BY NON-PARTICIPATING PROVIDERS

You are required to receive all medical care through a participating network provider. The only exception will be under special circumstances as approved by the Nurse Case Manager and Risk Management jointly and in compliance with State Board of Workers' Compensation Rule 208.

If you experienced a workers' compensation injury or illness prior to the effective date of this managed care plan, you may continue treatment already in effect. An AmeriSys Nurse Case Manager will be assigned for continued coordination of care when needed, in accordance with State Board of Workers' Compensation Rule 208.

CASE MANAGEMENT

The AmeriSys Case Manager will be in contact with you from the time of your injury ensuring that you are receiving the best medical care to enable you to return to work as quickly as possible. The nature and severity of your injury will determine the extent of the case management services provided. Your medical case manager is a licensed, registered health care professional whose responsibilities include helping you make informed decisions regarding your care. Your case manager will also work with your employer in developing a return to work plan that is approved by your authorized treating physician.

AmeriSys ★

EMERGENCY CARE

Call **911** or go to the nearest emergency care facility

Notify your supervisor who should report the injury by
calling 877-656-RISK (7475)

After the emergency subsides, the employee must
call the Amerisys Case Manager at
678-781-2848 or 800-900-1582.★

WC Billing Address is DOAS, Risk Mgmt Services, 200 Piedmont
Avenue SE, Suite 1220 West Tower, Atlanta, GA 30334-9010.

Keep this card with you while you are at work.

WORKERS' COMPENSATION MANAGED CARE PLAN

AmeriSys ★ Case Manager at 678-781-2848 / 800-900-1582 can assist
you with selecting a physician, scheduling an initial appointment and
obtaining follow-up care.

PHARMACY BENEFITS

ScriptAdvisor (PCN) 1-866-846-9279

State of Georgia employees can identify themselves at the
pharmacy by stating that the Processor is:

PREMIER PHARMACY PLAN – GROUP #001819TC

PREMIER PHARMACY PLAN – BIN #023377

TIER 3 – FOCUS ON ABILITY

Return-To-Work

FOCUS ON ABILITY, NOT DISABILITY



Including:
Americans with Disabilities Act Guide

An Employee Benefit Program

This manual will familiarize you with the State of Georgia's Return to Work Program, ***Focus on Ability***. The philosophy of this program is to control the effects of disability and absenteeism in the work place and assist injured or ill employees to return to their normal activities as soon as possible.

No matter how healthy you are today, the possibility of an injury or illness interrupting your work and life activities is unsettling. State employees are valued and recognized as a critical resource needed to meet the State's mission to provide fast, easy and friendly service to our customers and "the citizens of Georgia." Therefore, the State of Georgia is proud to provide the Return-To-Work benefit program to those who need assistance during a recovery process.

The goal of the Return-To-Work (RTW) benefit program is the safe return of employees to transitional or regular employment. Medical research has shown that people recover at a quicker pace if they remain active and return to their normal routine as soon as possible, avoiding isolation and the mind-set of disability.

The RTW program offers an employee access to transitional duties that are approved by his or her physician. This could be as simple as a flexible schedule to permit attendance at medical/therapy appointments or an assignment to a special project that provides duties suited to reduced capacities.

As a participant in the RTW program, employees become an active part of the decision-making process related to the design of transitional employment. Employee and Agency needs are best served when medically appropriate job tasks are provided to serve as a bridge to regular employment.

| | NOTES |
|---|-------|
| <p>The RTW program also helps employees maintain their earnings. This is particularly important when an employee does not have enough sick or annual leave accrued to cover lost work time. In those circumstances, it also helps employees maintain health insurance and other benefits that may be jeopardized by an extended absence. In addition, it can help maintain job security and retirement plans.</p> <p>This approach to working with injured/ill employees:</p> <ul style="list-style-type: none">• Starts before the injury/illness with preparation and training• Helps provide the injured/ill employee with transitional work assignments• Promotes the recovery process• Simultaneously saves the state and taxpayers of Georgia needless disability related costs <p>Workers' Compensation costs for the state of Georgia in Fiscal Year 2006 were nearly \$54 million. Although non-occupational disability-related costs are not measured, it is anticipated that they far exceed the state's Workers' Compensation costs!</p> <p>The dollar costs of injured/ill employees staying home when they could be back at work are two-fold.</p> <ul style="list-style-type: none">• Direct Costs – For the state of Georgia this includes the costs of Workers' Compensation, sick leave, special injury leave, family leave, and disability retirement.• Indirect Costs – These include:<ol style="list-style-type: none">1. Lower production during the employees' time at home2. Replacement and overtime costs3. Training costs for new employees4. The cost of losing a valuable employee5. Additional supervisor time6. Customer dissatisfaction7. Co-worker frustration | |

| CHANGE OF ATTITUDE | NOTES |
|--|-------|
| <p>For the program to be most effective, typical attitudes towards return to work need to be <i>re-thought</i>.</p> <ul style="list-style-type: none"> a) Unproductive — Valuable. We must stop seeing employees who have physical/mental limitations as being of no value and start to see them as being valuable to the organization. By designing assignments that are valuable to both the employee and the organization, coming back to work is a bonus rather than a burden. b) Out of Control — Taking Control. One of the beliefs that can short-circuit the program is the belief that Workers' Compensation and disability in the work place is so vast a problem that there is really nothing that anyone can do to improve it. c) Must be 100 percent — Return-To-Work. The belief that an injured/ill employee must be 100 percent recovered before he/she can return to work not only delays the Return-To-Work process but also delays the recovery process. d) Stay at Home — Therapy. The belief that injured/ill employees get well best by staying at home must be replaced with the knowledge that often activity and exercise at work can be therapeutic and an important part of the recovery process. e) Expensive — Inexpensive. The belief that bringing injured/ill employees back is expensive must be replaced with the knowledge that not bringing them back to work is expensive. f) Claimant — Vital Employee. There is a problem with the injured (Workers' Compensation) employee being identified more with his/her claim status rather than with his/her history of being a valuable employee. An employee who files a Workers' Compensation claim is no different than an employee who uses dental benefits or education benefits. Seeing injured employees as "claimants" depersonalizes them and increases the chances that the organization will not treat them as well as they would have if the employees were still seen as vital and valuable. | |

The Georgia Activity Analysis

WHAT IS THE GEORGIA ACTIVITY ANALYSIS?

The key to a good Return-To-Work Program is clear, concise and frequent communication between all parties. The single most important document to facilitate this communication is what we refer to as the Georgia Activity Analysis.

The **Georgia Activity Analysis (GAA)** is a brief, concise description of the tasks and associated demands of a job. This could be an employee's regular job or a Transitional Employment assignment intended to be temporary. Most importantly, it is very brief and easy to understand for all parties.

The Georgia Activity Analysis is not the same as a Job Description or Job Analysis. A Job Description tends to be much longer, contains more detailed information, and is designed for other purposes. A Job Analysis is often completed only after someone has entered into vocational rehabilitation. It is anticipated that the typical Job Analysis will continue to be used in the Reasonable Accommodation Process and, if necessary, when someone is being trained under the vocational rehabilitation process.

The Georgia Activity Analysis, however, is distinct in that it is a simplified, single-page document designed solely to facilitate the return-to-work process.

GEORGIA ACTIVITY ANALYSIS

KEY POINTS TO REMEMBER

- ☒ The Georgia Activity Analysis is a simple, one-page description of the functions and physical, mental and/or environmental demands of a regular or modified job.
- ☒ The Georgia Activity Analysis facilitates rapid return to work and helps eliminate lost time and lost productivity.
- ☒ The Georgia Activity Analysis is above all else a communication device.
- ☒ The Georgia Activity Analysis should arrive at the treating physician's office when the injured/ill employee first sees the doctor for an occupational injury and as soon as possible when dealing with non-occupational injuries.

| | |
|--|-----------------------|
| POSITION TITLE: | EMPLOYEE NAME: |
| DATE COMPLETED/UPDATED: | LOCATION: |
| I. PURPOSE OF POSITION (Describe in terms of the reason the position exists.) | |

GEORGIA ACTIVITY ANALYSIS

| | |
|---|----------------------------|
| | |
| II. JOB FUNCTIONS* A. Describe each task in order of frequency performed. What is required to do the job? B. Indicate primary physical, mental and environmental demands required to perform each function. | |
| A. Job Functions | B. Physical Demands |
| | |
| | |
| | |
| | |
| | |
| III. REQUIRED PRODUCTIVITY (Describe production rate including quantity & quality of work required) | |
| | |
| IV. WORK SCHEDULE REQUIREMENTS (Describe specific shifts (including rotating) and/or hours, travel or overtime) | |
| | |
| PHYSICIAN COMMENTS (Complete the appropriate box below and provide comments as necessary) | |
| ➤I release _____ to this job as above described. | |
| ➤I release _____ to this job under the following conditions: | |
| | |
| The medical rationale is: | |
| | |
| | |
| ➤I cannot release _____ to any part of this job at this time. The medical rationale is: | |
| | |
| | |
| An appointment to review _____ condition further is scheduled for _____. | |
| Physician's Signature: | Date: |

• How to Complete the Georgia Activity Analysis

Position Title: “What do you call the job?” “Housekeeper”, “Equipment Operator”, etc.

Employee's Name: Include the name of the injured employee.

GEORGIA ACTIVITY ANALYSIS

Date Completed/Updated: Give the date this form was completed. If this form was simply updated, put that date next to the date it was originally completed.

Location: Name of the agency/department and the location of this position.

I. Purpose of Position: The goal is to describe this job in terms of why it exists. Be sure to describe the reason for the job.

II. Job Functions:

- A) Describe each task of this position, starting with those tasks that are most frequently performed. For instance, "delivering lunches to patients on the ward."
- B) Describe briefly the primary physical, mental and environmental demands of each task. Example: Six hours of standing/walking. Lifting ten pounds twenty times a day.

Physical Demands may include:

- Lifting or carrying required (what, how much does it weigh and how often lifted/carried)
- Sitting, standing and/or walking required (1/3, 1/2, 2/3 or all day)
- Pushing, pulling, gripping, bending, twisting, stooping, kneeling, squatting, climbing and any other physical demands. Be sure to say how often the employee has to bend, etc. and whether there is any overhead reaching, for example.

Mental Demands may include:

- Intellectual or memory requirements. For example, it is necessary to keep track of a lot of things at one time.
- Ability to concentrate and make fine discriminations. For instance, would it be dangerous to work there if you could not think straight? Do you have to have a steady hand?
- Aptitudes such as form perception, good understanding of mechanics, need to read blueprints, or understand how to figure the amount of materials needed to do a job.

Environmental Conditions include a description of the general environment in which this job is completed. Specific conditions may include: temperature range, vibration, radiation, fumes, ventilation, chemical and related hazards.

III. Required Productivity: Describe the output required of an employee in his/her position, including quality and quantity of work. In a production position, this might include a specified number of assemblies completed, with a specific percentage of acceptable errors, or it may mean that all patients have to get their meals by 1:00, or all reports need to be typed within three working days.

IV. Work Schedule Requirements: Describe the typical work shift requirements, such as the hours per day, shift work, travel or overtime.

Maintaining Contact With Injured/Ill Employees

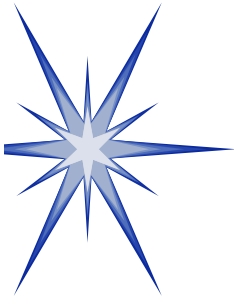
MAINTAINING CONTACT

NOTES

Maintaining contact with injured/ill employees is a vital part of the Return-To-Work process. Clearly, maintaining good communication from the point of injury to recovery is the most important step. There are few things an employer can do to anger an injured employee more than to simply ignore or discount the sacrifice that he/she feels he/she has made for the employer.

Maintaining contact between the employer and the employee helps maintain the relationship between the employer and the employee. Breakdowns in communication are a significant cause of otherwise simple medical impairments turning into very complicated and disabling conditions.

All contact and communication must convey respect for the employee. We must acknowledge both their loss and continuing value.



WHY IS IT IMPORTANT?

- Reduces Litigation
- Workers Come Back to Work Sooner
- Workers Are Less Likely to Be Disabled
- Reduces Costs
- It's The Right Thing To Do

Guidelines For Maintaining Contact With Injured People

| MAINTAINING CONTACT | NOTES |
|--|-------|
| <p>FOUR STEPS TO MAINTAINING CONTACT</p> <p>The four steps to employee contact include:</p> <p>STEP #1: Communication of concern and support. This is communicated at time of injury/illness by co-workers, supervisors and HR/Personnel.</p> <p>STEP #2: Affirm you are there to help. Informing the employee that you will let him/her know everything that is going to happen during the recovery process. This is communicated by the supervisor, manager or HR/Personnel at the beginning of the process.</p> <p>STEP #3: Provide detailed information about the transitional employment process. This information is provided throughout recovery. Benefit information will usually be provided by Human Resources or Risk Management if it's a Workers' Compensation (W/C) injury.</p> <p>STEP #4: Maintain contact of a supportive nature. This can be done by co-workers, supervisors, Risk Management (W/C) and others during the entire recovery and return-to-work process.</p> <p>Consider the following concepts:</p> <p>CONCERN AND SUPPORT Early contact between the employer and the employee shows the employee that he/she has not been forgotten. However, expressions of concern and support can be counterproductive if they are perceived as dishonest ("He didn't like me before the injury/illness... why is he being so nice now?")</p> <p>When a poor employee/supervisor relationship exists, it may be better to have follow-up contact assigned to another team member or co-worker who has a better relationship with the injured employee.</p> | |

Guidelines For Maintaining Contact With Injured People

| STEP | DETAILS | |
|--|-------------|---|
| Step 1: Expression of concern and support | When | ASAP after injury or illness |
| | Who | Manager/Supervisor (or designee) Co-workers |
| | How | Card with handwritten note Phone call |
| Date completed: | What to say | Acknowledge and express concern about the injury or illness “We’ll miss you” “We look forward to your return” “We’ll be calling you about the return process and your claim” “Please contact us about any problems or concerns” |

| | | |
|---|-------------|--|
| Step 2: Letting the employee know everything that is going to happen in the recovery process | When | ASAP after injury or illness even if employee remains on-the-job or in Transitional Employment |
| | Who | Manager/Supervisor (or designee) Workers' Compensation Coordinator DOAS Claims Specialist |
| | How | Telephone or in-person, at workplace or home |
| Date completed: | What to say | Acknowledge injury or illness “You are valued” “Call us with any questions at any time” “We will be in contact with more information” |

Guidelines For Maintaining Contact With Injured People

| | | |
|--|-------------|---|
| Step 3: Providing detailed information about medical, claims, and Transitional Employment process | When | ASAP after it is clear that the employee has significant injury or illness that could impact ability to work |
| | Who | Manager/Supervisor (or designee) Workers' Compensation Coordinator DOAS Claims Specialist |
| | Where | Hospital Employee's home Workplace |
| Date completed: | What to say | Discuss <ul style="list-style-type: none"> • Issues (time-loss, medical bills, etc.) • Forms • Benefits • Key contacts • Possible Transitional Employment or Reasonable Accommodations |

| | | |
|---|-------------------|--|
| Step 4: Maintain contact | When | When significant time-loss appears likely |
| | Who | Co-workers Manager/Supervisor (or designee) Workers' Compensation Coordinator DOAS Claims Specialist |
| | Where | Hospital Rehabilitation facility Employee's home Workplace |
| Date completed: | What to do or say | Make weekly short phone calls or contacts to learn as much as possible about injured or ill employee's needs |
| | | Arrange for off-work employee to visit his/her department, perhaps in conjunction with scheduled appointment with medical person or Transitional Employment Team |
| | | Keep employee informed about news or changes that happen at the office or agency |

TRANSITIONAL EMPLOYMENT

Transitional Employment

WHAT IS TRANSITIONAL EMPLOYMENT?

Transitional Employment is the process through which injured/ill employees are brought back to work as quickly as possible in temporary assignments. These assignments are designed to help them remain productive and to actually speed their medical recovery. Transitional Employment is a dynamic process involving input from the employee, his/her supervisor and other involved parties. It is designed to create the best possible return-to-work opportunity for the employee/employer.

ISN'T TRANSITIONAL EMPLOYMENT JUST THE SAME AS LIGHT DUTY?

No! Transitional Employment is very different from light duty. The key differences are described on the following page.

TRANSITIONAL EMPLOYMENT

| Transitional Employment Differs from Light Duty | | |
|--|---|--|
| | LIGHT DUTY | TRANSITIONAL EMPLOYMENT |
| Time/length of assignment | Indefinite | Specific, with a start and end (review) date set at time of assignment |
| Duties | Based on employee limitations | Tailored to meet employee's physical abilities; intended to maximize recovery, resulting in increased productivity |
| Nature of duties | Constant, unchanging | Flexible; may change daily or weekly depending on employee's medical progress and organizational need |
| Who designs work | Supervisor | Transitional Employment Team, with input from the injured employee, his/her supervisor, Human Resources, and Risk Management if it's Workers' Compensation |
| Capacity of program | Limited by number of predetermined jobs created | Unlimited opportunities based on employee capabilities and agency needs |
| Goals of program | Nonspecific to employee | Transitional Employment Plan developed for each employee with clearly spelled out responsibilities and expectations |
| Results | Often ineffective | Increases productivity and potential for employee recovery |

PRINCIPLES OF TRANSITIONAL EMPLOYMENT

Establish Maximum Time Limit:

Failure to establish a time limit for Transitional Employment can potentially create a right to “permanent” Transitional Employment. It is recommended that the Transitional Employment Plan be evaluated when an employee becomes medically stationary. However, the Transitional Employment Team should thoroughly evaluate any Transitional Employment Plan which extends beyond 90 days for continuing suitability.

Do No Harm:

Transitional Employment is intended to ensure rapid return to temporary work, but only when such work is medically appropriate.

Maintain Medical Confidentiality:

All information shared within the Transitional Employment Team is discussed on a “need to know” basis only. **The team generally needs to know only the employee's capabilities and must maintain medical confidentiality at all times.**

Provide Meaningful Work:

TRANSITIONAL EMPLOYMENT

All Transitional Employment tasks must be productive. Tasks must never be demeaning or appear worthless in any way.

Maintain Continuity/Keep it simple:

- Keep the employee doing as much of his/her regular job as possible.
- Keep the employee working in his/her work unit if possible.

Be Creative When Simple does not Work:

- Assign the employee to his/her old job for an hour a day with other duties the rest of the time.
- Have the employee work Monday, Wednesday, and Friday with days to rest in between.
- Assign the injured or ill employee to assist the employee who is replacing him/her.
- Assign the employee projects that will increase his/her knowledge or skills.
- Integrate the work plan with a medical treatment or therapy schedule.
- Try something despite the fact, or just because, it has not been done before.

Involve the Employee and Manager/Supervisor:

Involving both parties in the process ensures suitable tasks, enhances creative decision-making, and promotes trust.

Document Efforts:

Written Transitional Employment Plans and tracking mechanisms document the good faith efforts of all involved parties.

Be Consistent:

Treat all employees fairly.

TRANSITIONAL EMPLOYMENT

WHO IS RESPONSIBLE FOR TRANSITIONAL EMPLOYMENT?

In many settings where Transitional Employment (or “light duty”) is provided, there is one person who always seems to get saddled with the full responsibility for creating transitional duty, coordinating that duty, maintaining documentation and dealing with all problems. This person may be in Human Resources or a Workers' Compensation Coordinator, a Supervisor, or perhaps an Occupational Health Nurse. While some individuals may do this very well, there are problems with this model, because:

- The “responsible” person frequently feels overwhelmed by the responsibility to provide Transitional Employment to the many injured/ill employees who need help at any one time.
- If the “responsible” person perceives injured/ill employees as “the enemy” or at least as a bother, the program is likely to fail.
- One person simply doesn’t have access to all of the resources and “good ideas” that a group might.

RTW represents a radical change. Instead of one person being responsible for all the aspects of Transitional Employment, numerous individuals are pulled into the process as a team to ensure success.

|

TRANSITIONAL EMPLOYMENT

WHO IS RESPONSIBLE FOR TRANSITIONAL EMPLOYMENT?

The team will consist of the following members:

- Injured/Ill Employee*
- His/Her Manager /Supervisor*
- HR Representative

“As Needed” members:

- DOAS WC Specialist (occupational only)
- Medical Providers
- Rehabilitation Supplier (occupational only)
- Legal resource if Reasonable Accommodation or Termination issues arise
- Outside resources (physical therapists, occupational therapists, etc.)

* These members would attend only the segments of meetings which directly involve them.

NOTE: Each agency site is unique, and task assignments will vary. The philosophy and process, however, must remain identical to ensure success.

As an evolving dynamic team, meeting on a regularly scheduled basis, this group pulls knowledge from numerous sources, with the potential for significant synergy. Not only does the creative process benefit, but there is also the important sharing of medically appropriate information to ensure that everyone is “on the same page.” Furthermore, now there are numerous people who feel responsible for the Transitional Employment process.

Transitional Employment Plan

TRANSITIONAL EMPLOYMENT

| | |
|---------------|-----------------------|
| Employee Name | Organizational Entity |
| Job Title | Supervisor |
| | Reviewing Manager |

| | |
|----------------------------------|------------------|
| Physical Capacities/Restrictions | |
| | |
| | |
| Date Restrictions Began | Next Review Date |

| Plan Specifications | |
|---|----------|
| Start Date | End Date |
| Describe job and/or specific tasks: | |
| | |
| | |
| | |
| | |
| | |
| Describe hours/day and days/week, including progression schedule: | |
| | |
| | |
| Special considerations: | |
| | |
| | |

| | |
|--|------|
| This Transitional Employment Plan has been reviewed and discussed with me to clarify any questions I may have. I have been provided with a copy of this plan and I understand my supervisor will retain a copy. Should I experience any difficulties while performing transitional work, I will immediately contact my supervisor. | |
| Employee Signature | Date |

| | |
|---|------|
| I have reviewed and discussed this Transitional Employment Plan with the employee. In addition, I have provided a copy of the plan to the employee. | |
| Supervisor or Reviewing Manager Signature | Date |
| Other Transition Team Members in Attendance: | |
| Physician's Signature: | |

THE SIX STEPS TO “THINKING OUT OF THE BOX”

TRANSITIONAL EMPLOYMENT

STEP #1

Focus on the Individual

Each person is unique. What skills, interests, hobbies, experiences or abilities does the injured employee have that might be used productively by the organization?

Example:

The Department of Transportation had a heavy equipment operator who was injured and had several months to recover before returning to his heavy physical labor position. By focusing on the skills of the individual not the presumed skills of his job title, they learned that he was good with computers. They were able to assign him temporary duties in the office while he recovered.

Therefore, do not ask what an injured worker cannot do; ***ask an injured worker what he/she can do.*** The injured employee's unique background or interests may give the team a hint of the best direction to proceed. If employees are involved in the brainstorming process, they can be a rich resource of creative ideas.

STEP #2

Think Beyond the Work Unit

If it is impractical for the injured employee to return to his/her work unit, consider a temporary assignment somewhere else in the organization. Consider supervisors who wish to have projects done or who have staffing needs that are in keeping with the injured employee's needs and abilities. Trade "free" labor in return for training and supervision of the injured employee. Make a bonus program out of the RTW process by creating a "temporary help agency" out of the injured employee pool.

Example:

At a large prison, a correctional officer was given restrictions for several months while recovering from knee surgery. After evaluating his "capabilities" the team determined that he was a skilled handyman as a second job and they loaned him to their maintenance department until he could return to the inmate population.

TRANSITIONAL EMPLOYMENT

THE SIX STEPS TO “THINKING OUT OF THE BOX”

STEP #3

Think Value Added

In every organization there are “value added” components to products or services. “Value added” represents unexpected bonuses that customers derive from using the products or services that the organization provides.

Example:

At one CSB several group home workers with back injuries were unable to come back to work for several months. The CSB wanted to add a quality control component to their program, so they developed a questionnaire for the group home workers to use to follow-up with everyone who had been discharged. They demonstrated concern and support to the patients and families, asked if they needed further treatment, asked if they were taking their medications and how they felt they were treated during the course of the treatment. The positive atmosphere of concern and support was perceived throughout the community as an added value to the treatment patients received.

State agencies have customers: the public, other state agencies, and businesses. Employees are often needed to perform quality control surveys and service follow-up. The organization should consider what kind of assignment the injured employee could do that would add value to the organization’s service to customers.

STEP #4

Think Skill Enhancement

Whether it is through workshops, classroom training, or on-the-job training, maintaining and enhancing employee skills is a goal and a constant struggle for every employer. At the time an employee is injured and unable to perform traditional transitional employment assignments, the organization should consider the possibility of using this time to develop new skills that this employee will eventually need - enhance and update old skills, or retrain and develop the injured employee for the next step on the employee’s ladder of skill development. The organization should remember that the more transferable skills an injured employee has, the more options the employer will have with which to employ and accommodate the individual when need arises.

TRANSITIONAL EMPLOYMENT

THE SIX STEPS TO “THINKING OUT OF THE BOX”

STEP #5

Think Mentoring

Consider the following questions. Could an injured employee be assigned to train other employees with less experience and skills? Could the employee be used to mentor and assist other employees? Could the injured employee be used to orient new employees?

Example:

At one of the universities, a Building Maintenance Mechanic was unable to return to his regular job for several months after a back injury. The maintenance department temporarily assigned him to a roving mentor position with any co-worker who needed his extensive knowledge of heat and air conditioning, plumbing, electrical wiring, etc. He also helped make out work orders, order parts or equipment or just help the other maintenance staff problem solve. During the time that he was on “restricted duty” the work unit’s productivity (measured by number of requests processed) increased! His knowledge proved more valuable than his ability to lift.

STEP #6

Think Special Projects

Volunteer coordinating, charity fund raising, and special projects are functions that some injured workers may be able to assist with until they are able to participate in more traditional transitional employment assignments.

Example:

At one of the psychiatric hospitals, the staff had long felt the units looked drab. They felt brightening the bedspreads and curtains would give the wards a more cheerful atmosphere. They assigned an injured housekeeper the task of choosing colors, arranging with laundry services to dye the drab white linens and then coordinating with housekeeping to change the curtains and bedspreads. The change brightened the unit as well as the spirits of the staff and residents for the cost of some fabric dye.

IN SUMMARY

“Thinking out of the box” is the practice of concentrating on the goal and being flexible about the methods to achieve it. Too often we lose sight of the goal while we are wrapped up in the process. When thinking out of the box, the comment “but we have never done that before” is not a criticism, it is a benchmark.

The key is not to look at the injured employee as an added burden, a piece of the puzzle that does not fit. Rather, the key is to look at the injured employee as a hand the organization would not otherwise have had, an extra person to help put the puzzle together.

RTW PROCESS

Implementation

INTRODUCTION

“Been There, Done That”

It is possible that some employees within the State of Georgia will look at the RTW Process and conclude that this is nothing new. The feeling may be “been there, done that” years ago (in the form of some kind of light duty program).

There are some similarities between this process and other attempts made around the country to implement traditional “light duty programs.” However the RTW Process is the first program designed to integrate accountability, incentives and attitude change at a statewide level. While the goals of the program are statewide, the process can only be successful if it is appropriately implemented at each agency site.

The Devil is in the Details

No matter how well organized, well written and positively conceived a program is, it will most assuredly fail if it is not properly implemented. As with every other challenge involving significant change, success depends upon a number of people cooperating to reach a common goal. The devil is truly in the details when it comes to implementation.

RTW PROCESS

Who is the Boss?

The RTW Process has support from the very top. However, when it comes to implementation on the local level, there is no one “boss.” There must be numerous people who feel responsible for the success of this process and who envision its potential.

This chapter outlines a step-by-step process, enabling every agency site to implement a successful program based on the philosophy, goals and key components of the State of Georgia’s RTW process.

It provides details and recommendations that can be customized to fit the environment of each agency site. Included are:

- Steps of Implementation
- Suggested Agenda for Training
- Suggested Lesson Plan for Employee Training

RTW PROCESS

5 Basic Implementation Steps Detailed in this Chapter:

Step 1

Form an Implementation Team

Step 2

Implementation Team meets (or series of meetings) to:

- Discuss the RTW Process
- Revise/Review Policies and Procedures
- Develop Training for Managers/Supervisors
- Develop Training for all other Employees
- Establish Transitional Employment Team
- Make assignments

Step 3

Train Managers/Supervisors/all other Employees

Step 4

Begin Transitional Employment Team meetings

Step 5

Implementation Team meets to analyze program effectiveness

RTW PROCESS

Step

1

Form an Implementation Team

| STEP ONE | ACTIVITY |
|----------|--|
| | Agency Head or designee chooses team and team leader |
| | Team leader schedules meeting |

Selection of the Implementation Team: The first step in the process is to choose the players who will have either oversight or hands-on responsibility for the program. Their input and buy-in is part of the customizing of the process for your agency and site location.

Implementation Team members may include the following:

- Agency Head
- Workers' Compensation Coordinator
- Agency Training Coordinator
- Safety/Ergonomics Representative
- Designated DOAS Claims Representative
- Human Resources/Personnel Representative
- Return-To-Work Coordinator

Note: Because each agency has unique resources and organizational structure, the above listing is only a guideline. However, it is crucial that the team have both the authority and responsibility for decision making and implementation.

RTW PROCESS

Step

2

Implementation Team meets to:

-
- **Discuss RTW Process** Team Leader can give a brief, focused presentation on the RTW Process by reviewing the key components and philosophy. Any members who have not attended a training session should review the manual and watch the videos.
 - **Change Analysis** At this point, the Team Leader initiates a discussion of which existing practices regarding disability intervention will change with the implementation of the RTW Process. These specific changes should be written up to ensure that the Implementation Team fully understands the impact of the RTW Process.
 - **Revise/Review Policies & Procedures (P&P)** Obtain a copy of the RTW P & P from your agency's central office and review it with all of the team members. If your agency is autonomous, such as the CSB's, your P & P should be revised to incorporate the RTW Process.
 - **Develop training plan for:**
 - **Supervisors**
 - **Employees**Team should designate trainer(s) and review the Training Agenda (7-7) and Employee Lesson Plan (7-9 – 7-13) and customize as needed.
-- Set training schedule
 - **Establish Transitional Employment Team** Identify the core members of the Transitional Employment Team for each site location. *Remember:* The injured/ill employee and his/her supervisor are always a member of that injured/ill employee's team. Identify possible ad hoc members of the team at each site. Members and size of the team will vary based on the needs of the agency.
 - **Make Team Assignments** The Team Leader should make assignments and schedule additional meetings as needed.

RTW PROCESS

Step

3

Train Managers/Supervisors and all other Employees

| STEP THREE | ACTIVITY |
|------------|---|
| | <p>Implementation Team designates trainer for Managers/Supervisors.</p> <p>It is recommended that you have a co-trainer designated to assist and provide back-up. Smaller agencies could consider sharing a Trainer with other agencies in the local area.</p> <p>Trainer reviews suggested agenda for Training and develops customized training module.</p> <p>Trainer sets training schedule.</p> |

| | |
|--|---|
| | <p>Managers/Supervisors review Employee Lesson Plan.</p> <p>Managers/Supervisors train all other employees.</p> <p>RTW Training is added to new employee orientation.</p> |
|--|---|

RTW PROCESS

Return-To-Work Program Training Agenda

Arrive at least 45 minutes ahead of time for set-up.

| | | | |
|---------------|-------------------------|----------------------------|----------------|
| Bring: | Sign-in sheets | Evaluation forms | Transparencies |
| | Videos (3) | RTW Manuals | |
| | W/C Questions Brochures | Employee Benefit Brochures | |

Have Available: Fraud Notice, Bill of Rights, and Posted Panel of Physicians.

Introductions:

Thank hosting facility
Introduce self and others who may be referenced during session

Reminders:

- Point out restrooms, phones, smoking areas, and snack areas
- Attendees will get a 15 minute break
- Place beepers on vibrate mode
- Review materials that they should have and point out W/C information
- Reference that agenda will follow chapters in manual, take notes, etc...

| SUBJECT | TIME |
|---|-----------|
| Program Overview/Attitudinal Changes | 30 min |
| Employee Video | 20 min |
| Reporting of Injuries/GAA | 20 min |
| Break | 15 min |
| Maintaining Contact | 10 min |
| Transitional Employment (Thinking Out of the Box) | 20 min |
| Supervisor Video | 20 min |
| Reasonable Accommodation | 10 min |
| RTW Feedback Video | 10 min |
| Wrap-up and Questions | as needed |

Approximate time (without questions) 2 hours 35 minutes

RTW PROCESS

DEPARTMENT OF ADMINISTRATIVE SERVICES RETURN-TO-WORK PROGRAM

RESOURCE ALLOCATION POLICY

MANUAL/VIDEO ORDER FORM

DOAS was pleased to provide the RTW Training sessions with resources to agency personnel free of charge. All agencies are welcome to photocopy manuals and copy videos as needed for *state use only*. If you need additional resources, please check out the RTW Web Site at www.state.ga.us/departments/doas/rtw or complete the order form below and fax it to 404-657-1188 or mail to DOAS - Risk Management, P.O. Box 38198, Capitol Hill Station, Atlanta, GA 30334-9014.

Mail or deliver to: _____

Contact Person _____ Agency

Name _____

_____ Address

Phone

Fax

***Note - Please allow 2-3 weeks for processing and delivery of large orders**

| |
|-----------------------------|
| Date received - _____ |
| Date sent/delivered - _____ |

RTW PROCESS

Training for Employees Lesson Plan

Welcome! We are here to introduce a Return To Work program designed to provide a valuable benefit for all State of Georgia employees in the event of an injury or illness on (or off) the job.

During the next hour I will be:

- ☐ explaining the philosophy and key components of this program
- ☐ explaining our agency's implementation of the program
- ☐ providing you with materials describing the program
- ☐ answering questions

Many of you have already heard or read about the program:

- ☐ due to the statewide training sessions

Today you will be given agency specific information, have the opportunity to ask questions, and come away with an understanding of the policy and procedure.

Philosophy/Purpose of the program:

The State of Georgia recognizes the inherent value of our employees. We acknowledge that each employee was initially hired as the result of an intensive recruitment and evaluation process and has since gained considerable experience and training. Therefore, we are committed to retaining our employees, even when injuries or illnesses intervene and threaten their ability to work. We have adopted a comprehensive Return-To-Work (RTW) Program to enable, whenever feasible, injured and/or ill employees to return to work as quickly and safely as possible. The RTW Program facilitates this through effective communication between employees, supervisors and the medical community.

The goal of the RTW Program is the safe return of our injured or ill employees to transitional or regular employment. We believe that our employees' needs and the needs of the State of Georgia are best served when our employees are able to maintain some form of medically appropriate employment from the time they are injured until they are able to return to regular employment. The RTW program has been customized to include supporting employees who are out not only due to occupational injuries and illnesses but non-occupational injuries and illnesses as well.

RTW PROCESS

One key question you may have is:

Why are we doing this? You should know that Workers' Compensation costs for the State of Georgia have exceeded \$60 million. Although non-occupational disability-related costs are not measured, it is anticipated that they far exceed the State's Workers' Compensation costs!

The dollar costs of injured/ill employees staying home when they could be back to work are two fold. These include Direct Costs and Indirect Costs:

1. Direct Costs - One type of expenditure is direct cost. For the State of Georgia this includes the costs of Workers' Compensation, sick leave, special injury leave, family leave, and disability retirement. Disability Management programs initiated in other organizations have resulted in 30 to 50 percent savings.
2. Indirect Costs - The second type of cost is indirect. This includes:
 - ☐ Lower productivity during the employees' time at home
 - ☐ Replacement and overtime costs
 - ☐ Training costs for new employees
 - ☐ The cost of losing a valuable employee

When the indirect costs of Workers' Compensation are included, the cost of Workers' Compensation in the State of Georgia is somewhere between \$100 and \$150 million per year.

There are also enormous human costs associated with Workers' Compensation. Workers' Compensation mythology suggests that injured workers somehow "make out financially" and that settlements are comparable to large awards in personal injury cases as seen on television. **The truth is very different.**

Nowhere in this country, and this includes Georgia, is there a "pot of gold at the end of the rainbow" with regard to Workers' Compensation. In reality, settlements tend to give temporary compensation only; and a Workers' Compensation injury can result in enormous personal costs to the employee:

- ☐ Loss of employment/earning potential
- ☐ Loss of relationships with co-workers and supervisors
- ☐ Adverse effects on personal/family relationships

RTW PROCESS

Important factors:

- ☐ The Commissioner and Leadership Team are solidly behind this program and have (or will) received training.
- ☐ The specifics of the program were carefully, thoughtfully and thoroughly developed by an Implementation Team.
- ☐ This program is entirely consistent with the State of Georgia's values and beliefs of respecting employees by emphasizing a team-based approach to supporting injured workers.
- ☐ The RTW program works in coordination with the employees Workers' Compensation benefits, Sick & Annual Leave, the Family Medical Leave Act, the Americans with Disabilities Act, and disability insurance when applicable.

Positive points of the program:

In an atmosphere of respect and consistency, injured/ill employees will receive the best possible treatment plan by maximizing their opportunities to return to productive employment. At the same time, our agency will reduce disability-related costs and maintain productivity.

This process has the potential to be a good model, not only for the other agencies in the State of Georgia, but for other states as well. By taking a leadership role in this vital process, the State of Georgia maintains its role as a national leader in the common sense management of public resources.

As a participant in the RTW process, the employee becomes an active participant in the decision-making process and in the design of the Transitional Employment Plan.

- ☐ The program applies to all employees of the state (classified and unclassified).
- ☐ The program has been publicized agency-wide and all managers and supervisors have received or are receiving training and all other employees are being trained.
- ☐ The program addresses how to support the safe return of injured or ill employees to transitional or regular employment.
- ☐ After this implementation period, new managers and supervisors will continue to be trained and all new staff will receive this information during New Employee Orientation.

Note: You may want to write these words on a board or flip chart if available. Explain that these are key terms that the employee should understand by the end of the session.

Telephonic Reporting

First Report of Injury (WC-1)

RTW PROCESS

Georgia Activity Analysis

Incident Notice Only

Transitional Employment

Transitional Employment Plan

Transitional Employment Team

Reasonable Accommodation

Ask: Before we look at the specifics of the program, are there any questions?

SHOW EMPLOYEE VIDEO

Ask if there are any questions or concerns regarding the video. (Pass out RTW: An Employee Benefit Program brochure)

Use your RTW Manual as a guide. Briefly discuss the key components outlined in Chapters 1 through 6. (You only need to briefly reiterate the employee's role)

Key Components of the program:

So, let's review all of the parts of this program. I am going to reference a hand out (7-13) and will ask you to follow along with me.

Note: Hand out Key Components. Review each component.

Note: Ask if there are any questions or comments.

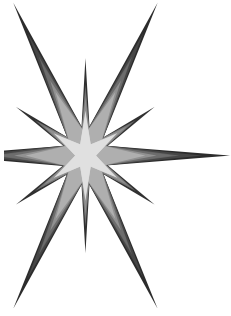
I am going to hand out the RTW Policy. This explains the specifics of the program in more detail. **(Hand out Policy. Give the staff time to look it over.)** Let's review the Policy.

Select parts of the Policy and read, review and explain what it means. Again, ask if there are any questions. Explain they can talk to you one-on-one OR they can contact:

- ☐ HR/Personnel Representative
- ☐ The agency-dedicated Workers' Compensation Specialist at DOAS Risk Management Services:
Main number (404) 656-6245
- ☐ The agency's Return-To-Work Coordinator
- ☐ Announce RTW Web Site address:
www.state.ga.us/Departments/DOAS/rtw

Optional:

Have all employees sign a statement that they have received this briefing. Thank everyone for their time and attention to this very important issue.



KEY COMPONENTS OF RTW

- Affect Attitudinal Change.**
- Be on Time with Reporting Injuries.**
- Continuous Contact with the Injured Worker.**
- Develop Transitional Employment Plans.**
- Evaluate for Reasonable Accommodation.**

RTW PROCESS

Step

4

Begin Transitional Employment Meetings

| STEP Four | ACTIVITY |
|-----------|---|
| | INITIAL MEETING (without injured/ill employee) |
| | Team discusses RTW Process. All members should have attended some sort of training session. |
| | <ol style="list-style-type: none">1. Meeting schedules2. Decision-making process3. Medical Confidentiality4. Role of each member of Transitional Employment Team5. Contact with injured/ill employees6. Communicating with medical community7. How to identify Transitional Employment and ADA: Reasonable Accommodation candidates |

RTW PROCESS

STEP FOUR - SUGGESTIONS

Transitional Employment Meetings:

1. A meeting schedule should allow for the regular review of all employees in Transitional Employment. It should allow for unscheduled meetings under unusual circumstances.
2. The decision-making process should accommodate the viewpoints of the various team members. Decisions should be made by a majority vote or by consensus. Clarify at what point medical approval for a Transitional Employment plan is required
3. All members of the team must be aware of the importance of confidentiality. Share with them the following statement about confidentiality:

WARNING !

Information related to the employee's diagnosis, prognosis, pre-existing conditions, treatment plan, and provider's name and specialty is considered confidential information under the ADA. Do not ask the employee about any of this information. If the employee volunteers this information to you, you should treat the information as confidential.

4. Protocols should be developed for bringing ad hoc members into the group and ensuring medical confidentiality.
5. Responsibility for ongoing contact with the injured/ill employee should be determined and monitored. (Reference chapter 4)

RTW PROCESS

6. Assign responsibility for ensuring the compliance of medical providers with the RTW Process and the use of the Georgia Activity Analysis and Transitional Employment Plans.
7. Assign responsibility for *identifying employees* as candidates for Transitional Employment.
8. When a candidate is identified, ensure completion of the Transitional Employment Plan.
9. Assign responsibility within the team for identifying employees who require Reasonable Accommodations. Formalize the process for referral to Reasonable Accommodation resources.
10. Formalize who will handle difficult Reasonable Accommodation situations.

RTW PROCESS

Step

5

**Implementation Team meets to analyze
program effectiveness**

| STEP FIVE | ACTIVITY |
|--|----------|
| 6 month review of the RTW program effectiveness | |
| Implementation Team meets to: | |
| <ul style="list-style-type: none">• Ensure that all necessary information has been gathered to allow appropriate evaluation of program effectiveness. Possible sources of input:• Managers/Supervisors• Employee's medical providers• Injured or ill employees• Outside resources (physical therapists, occupational therapists, field operations)• Request lost time report from dedicated Claims Specialist• Summarize and analyze key trends and outcomes from data collection• Recommend changes to increase the effectiveness of the RTW program• Communicate results to Managers/Supervisors and all interested/affected personnel.• Schedule annual review | |

KEY POINT TO REMEMBER

Program Effectiveness

Team Leader should inform the Implementation Team how the Agency's funding for Workers' Compensation premiums may be impacted by success of the RTW Process.

In addition, the effectiveness of the RTW Process needs to be discussed as well as individual performance evaluations under the Georgia Gain process.

Troubleshooting

EXAMPLES

NOTES

SCENARIO NO #1

After meeting with some initial success, the transitional employment team hits a snag. For example, a transitional employment plan is developed within 24 hours of an employee's injury and is presented immediately to the injured employee. However, the employee feels that he/she has the right to take time off when injured and does not want to return to work until he/she has completely recovered from the injury. What do you do now?

- All you know for sure is that the employee does not want to accept the transitional duties that you have recommended. While the employee has given an explanation, it is important to dig further. Therefore, be sure to sit down and talk with the employee about his or her fears and concerns about returning to work. If the primary concern is simply that the return-to-work process is different from what has happened in the past with other employees, spend some time discussing the philosophy of the program and the concept of work as therapy. If the employee has not yet seen the employee video, arrange to have him or her see this as well.
- The truth may be that the employees are actually afraid to return to work, concerned that they may reinjure themselves and never be able to return to work. If this is the case, it is important to spend time discussing the goals of transitional employment, explaining that transitional employment is designed to bring employees back to work only as quickly as medically appropriate.

IMPLEMENTATION PROCESS

Implementation Troubleshooting

| EXAMPLES | NOTES |
|---|-------|
| <ul style="list-style-type: none">• In most cases, once employees understand the goal of transitional employment, and understand exactly what they are being asked to do, they will become more cooperative. However, in those situations where their refusal is adamant, the transitional employment team should speak with Human Resources and/or Risk Management (W/C only) and document efforts to bring the employee back to transitional employment. In some situations, Risk Management may cut off Workers Compensation benefits. There may be other repercussions for non-occupational injuries/illnesses where all leave time has been exhausted. | |

IMPLEMENTATION PROCESS

Implementation Troubleshooting

EXAMPLES

NOTES

SCENARIO NO #2

An entity has an injured/ill employee for whom they cannot come up with a good transitional employment assignment. What do you do now?

- The first few times an entity participates in transitional employment, they may find themselves overwhelmed. Furthermore, they may fall back on “old ways.” The first thing to do is to sit down with the entire Transitional Employment Team and walk through the case. Look at the options that were considered and determine if other alternatives might be possible. At this point, you may want to go through a structured review of the “Thinking Out of the Box” process, using this case as an example. In most cases, this will generate good new alternatives.
- If the Team still feels stumped, feel free to contact other entities within this or other Agencies to see what alternatives they have come up with for similar situations. This may prove very helpful.
- Be sure to remember that the employees themselves may have some good ideas. Ask for input from the employee.
- Ultimately, there may be some situations where there are no transitional employment duties that fit the employee’s strengths and limitations. If this is truly the case, this employee’s medical progress needs to be monitored closely so alternatives are identified as soon as a positive change has occurred.
- **Call the RTW Coordinators. Risk Management has hired Consultants who are available to provide technical assistance as needed.**

IMPLEMENTATION PROCESS

Implementation Troubleshooting

EXAMPLES

NOTES

SCENARIO NO #3

An injured/ill employee comes back to work on transitional employment, but after two weeks his/her physical condition worsens. He/She is angry about the increased pain, and the supervisor is worried that he/she has done something wrong. What do you do now?

- The reinjury of a previously injured/ill employee in transitional employment is a great fear of many supervisors. For this reason, it is important to respond quickly by sitting down with the supervisor and the employee to determine what seems to have caused the increase in symptoms. If it occurred during transitional employment, exactly what duty was being performed? Once the duties themselves have been identified, brainstorm what could be changed to modify this duty. Come up with an alternative transitional employment plan and discuss it with the employee and the doctor.
- It may be valuable to also determine what the worker is doing outside of transitional employment and whether there are other tasks being performed at home which are impacting the employee's physical condition.

SCENARIO NO #4

An injured/ill employee has worked successfully through transitional employment for 11 weeks. The employee is now projected to be medically stationary in another seven to ten days with permanent restrictions. The employee apparently will not be able to return to regular employment. The supervisor feels that transitional employment has somehow been a failure, and the employee is very concerned about losing his/her job. What do you do now?

- The first thing to remember is that transitional employment in this case has actually been a success. In other words, the worker has remained functional and has hopefully benefited from active involvement. Both the supervisor and the employee should appreciate this.

Most importantly, everyone needs to understand that the point in which an employee will permanently be unable to return to regular employment is ***the beginning*** of the reasonable accommodation process. At this point, the Transitional Employment Team will consider whether there is any way to accommodate this employee's permanent limitations in the regular job or perhaps in a suitable vacant position.

IMPLEMENTATION PROCESS

Implementation Troubleshooting

EXAMPLES

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SCENARIO NO #5

After three months of meeting regularly and utilizing the Transitional Employment Tracking form, an entity has decided to stop using the Tracking form, indicating that it is “not necessary.” What do you do now?

- The first step, of course, is to meet with the entity and to hear specifically why they have decided that use of the Tracking form is no longer necessary. Most commonly, the Transitional Employment Team will stop using the form because they feel they do not have enough employees with injuries to warrant using the form.
- At this point, it is valuable to remember that this form is our best defense against accidentally having an employee “slip through the cracks” (whereby an employee who is absent is forgotten). The Team should be told that the most manageable cost of Workers’ Compensation is lost time. They should also be reminded of the Boeing study, which suggests that the injured employees who need help the most are the ones who tend to have the least job satisfaction. However, these are the very employees who tend to “slip through the cracks.”

Another approach is to look at the Transitional Employment Tracking form itself and find out if there is anything about the form that does not work well in this particular setting. Because there are many ways to create an effective Tracking form, it may be that a new Tracking form could be developed.

SCENARIO NO #6

The Transitional Employment Team experiences two or three transitional employment “failures” and sometimes decides that this process “just doesn’t work.” What do you do now?

- It is easy for Teams to become discouraged after one or more problem cases and presume that the system simply does not work. At this point, it is helpful to seek assistance. The Transitional Team should meet and go through each case and figure out exactly what happened.
- An attempt should be made to specify why each case “failed” and, more importantly, what could have been done to come up with a better result. When these cases are evaluated individually and new alternatives are discussed, the Team may be energized once again.
- Remember, program successes are achieved one case at a time.

EXAMPLES

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IMPLEMENTATION PROCESS

Implementation Troubleshooting

SCENARIO NO #7 (W/C)

Several months into the program, supervisors no longer make an effort to transport injured employees to the doctor (W/C). Furthermore, they rarely talk with the doctor or provide Georgia Activity Analysis information. What do you do now?

- Maintaining contact with the employee after the injury and communicating job-related information to the treating physician are crucial elements of the RTW Program. In such a situation, it is valuable to talk to the supervisors as a group and find out why they are no longer making an attempt to transport the employee to meet with the physician. If supervisors simply do not understand the value, then some additional training in the rationale for this part of the program should be provided.
- If, on the other hand, there are barriers that prevent the supervisors from transporting employees and meeting with physicians, it may be valuable to sit down and talk about other ways these things may be accomplished. There may be other persons who might well take over this responsibility.
- Supervisors may also continue to have concerns about talking to a physician after an injury. There may have been a long-standing belief that supervisors can have no contact with doctors. There are certainly strong reasons for medical confidentiality; therefore, the supervisor should simply describe possible transitional employment alternatives rather than discuss medical diagnosis and treatment.

IMPLEMENTATION PROCESS

Implementation Troubleshooting

EXAMPLES

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SCENARIO NO #8

The agency appears to be implementing the Return-To-Work Program effectively as a whole. However, one department is not doing well at all, with one supervisor being seen as very negative about the program. What do you do now?

- Meet personally with the identified supervisor and discuss that supervisor's concerns. In some cases, a supervisor may simply not fully understand the rationale for the program or may not be very creative.
- Whatever the case, the team should spend time with this supervisor, learn what his or her concerns are, and provide the supervisor with the training necessary to understand the goals of the program. If there are other barriers, every effort should be made to address those barriers.

Working With The Medical Community

EFFECTIVE COMMUNICATION IS CRUCIAL

Your ability to communicate effectively with your medical community is crucial to the success of the Return-To-Work Program. For your program to be successful, the following goals must be achieved:

- **Immediate Return of Injured Employees to Transitional or Regular Employment:** Nationally, millions of dollars a year are wasted by employers paying time-loss to employees who could actually go back to transitional or even regular duty within 24 hours of injury. This money could be saved if, at the time of injury, the physician was provided with a detailed description of the injured employee's job, or alternate tasks the employee could perform while recovering.
- **Rapid Progression from Transitional to Regular or Other Permanent Employment:** Time-loss and related expenses can be dramatically reduced when frequent, ongoing physician contact moves injured employees as quickly as possible through Transitional Employment to regular or permanently modified employment.
- **Efficient Determination of Reasonable Accommodation Alternatives:** If an employee will not be able to return to regular employment due to permanent or long-lasting limitations, significant dollars can be saved by quickly evaluating and (when appropriate) implementing permanent job accommodations, including internal transfers when feasible.

WORKING WITH THE MEDICAL COMMUNITY

THE KEY TO WORKING WITH THE MEDICAL COMMUNITY

To achieve good communication with physicians and to ensure the rapid return to work of your employees, you need to provide physicians with good information about your Transitional Employment work assignments.

The Georgia Activity Analysis (refer to Chapter 3 for more detail) is a concise description of the tasks and associated demands of a job. This could be an employee's regular job, or a Transitional Employment assignment intended to be temporary. Most importantly, it is very brief and easy to understand for all parties. This can be an effective communication tool for your Transitional Employment team and your physicians.

HOW CAN YOU GET YOUR MEDICAL COMMUNITY TO COOPERATE WITH YOUR RETURN-TO-WORK PROGRAM?

The success of your Return-To-Work Program can only be ensured when your medical community:

- **Understands** your commitment to facilitating rapid return of injured employees to transitional and/or permanent employment,
- **Understands** that your commitment is to your employees not just to dollar savings,
- **Understands** exactly how each step of your Transitional Employment plan works, and
- **Anticipates** your active participation in the recovery and return to work of each of your injured employees.

The key elements to physician cooperation are:

1. **Education** of the medical community, and
2. **Frequent contact** with its members.

WORKING WITH THE MEDICAL COMMUNITY

STEPS FOR OBTAINING COOPERATION FROM THE EMPLOYEE'S TREATING PHYSICIAN

STEP 1

Create and prioritize a list of all key providers in your medical community:

- List all providers who have treated your employees over the past 3 to 5 years.*
- Prioritize this list according to the total number of employees treated by each provider during this time.*
- Utilize your Workers' Compensation Physician Panel.

* Ask your Agency's DOAS Workers' Compensation Specialist to help you obtain this information.

STEP 2

Develop and Implement an Education Strategy for Each Key Practitioner:

At this point you should, if possible, devise a specific strategy to develop a relationship with and educate each physician. You may use the same strategy for all practitioners or you may develop different strategies for each key physician. Consider the following:

- **Face-To-Face Meetings:** Schedule individual face-to-face meetings with practitioners to (a) develop relationships, (b) dispel any previous negative impressions, and (c) discuss and/or drop off materials summarizing the State of Georgia Return-To-Work Program.
- **Professional Meetings:** Address Professional Association meetings that key practitioners may attend. Use the same basic strategy for individual meetings. Explain the *mechanics* of the State of Georgia Return-To-Work Program; however, it is most important to clearly communicate the *philosophy* of the program.
- **Personal Correspondence:** If you cannot arrange to meet practitioners, try a personal letter (not a form letter). The letter should communicate your interest in meeting with the practitioner personally. As an attachment, be sure to provide a brief description of the State of Georgia Return-To-Work Program, or at least a statement of philosophy.

Ensure that the practitioner knows that the State of Georgia Return-To-Work Program is not "business as usual."

- **Follow-Up Calls and Thank-You Letters:** Part of your education

WORKING WITH THE MEDICAL COMMUNITY

strategy could include a brief phone call preceding important letters sent to a practitioner. This phone call builds rapport, and may provide the necessary context for an important letter requiring the physician's response.

A brief call or a thank-you note at the conclusion of a difficult case is also generally appreciated by practitioners.

STEP 3

Develop Sample Documents Explaining The State of Georgia Return-To-Work Program:

There are numerous occasions when a concise and professional description of the Return-To-Work Program will be of value. Rather than developing an intimidating all-inclusive document, it would be preferable to create a series of free-standing one-page documents, each briefly describing a key concept. Examples provided at the conclusion of this chapter include:

- Philosophy of the State of Georgia Return-To-Work Program (9-8)
- Key Decision Points in the Transitional Employment Plan (9-10)

STEP 4

Develop Sample Letters for Communicating with Doctors:

Unfortunately, many letters written to medical practitioners ask the wrong questions. Addendum #3, page 9-12 is a sample letter designed to facilitate return to work.

WORKING WITH THE MEDICAL COMMUNITY

TROUBLESHOOTING GUIDE

There will be times when you have difficulty dealing with specific members of your local medical community. What follows below are some common problems and some approaches to dealing with those providers.

1. The physician refuses to talk with your Agency about an injured employee's ability to perform regular or transitional employment. What do you do now?

It is difficult to understand why some physicians will refuse to discuss releases to regular or transitional employment. It may be that the physician is harboring some anger about a past conflict, or perhaps simply misunderstands your intention.

There is a basic process to go through when dealing with physicians who seem uncooperative. The general process is as follows:

- Call the physician directly and talk with him or her about your concerns and about what your goals are for injured/ill employees.
- If you can't reach the physician directly, contact the physician's nurse, case manager or assistant to arrange either a telephone conference or a meeting with the doctor to discuss a case.
- If you are still unsuccessful, contact the Clinic Administrator or someone else who is connected with your *Posted Panel of Physicians* and arrange a telephone conference or direct meeting with physician.
- While awaiting a response, you may also want to send information to the physician about Georgia's Return-To-Work Program, including variations of the samples from this manual.
- Enlist the assistance of your dedicated Claims' Specialist.

2. The physician refuses to release your employee to any kind of work until he or she has fully recovered from the injury. What do you do now?

There may be any number of reasons for a physician to react this way, including a fear of employee reinjury or perhaps a long-term paternal relationship with the employee. Whatever the reason, the proper response is to follow the steps described above under No. 1, and to call or meet with the physician directly.

The goal is to be sure that the physician knows you mean the worker no harm and view gradual return to work as therapeutic. You may even choose to show the physician the "Return-To-Work for Employees" video.

WORKING WITH THE MEDICAL COMMUNITY

3. **The physician appears to ask the injured employee what he or she can do physically, rather than making an independent decision about physical capacities. What do you do now?**

Frequently, physicians are at a loss to determine what an employee actually can do physically. Sometimes they have no idea what the employee's job involves, or the physicians may simply feel they have no way to objectively measure a worker's physical capabilities. One potential solution:

- Contact the physician personally and arrange an in-person meeting if possible.
- When contact is achieved with the physician, make every attempt to understand the physician's perspective. Your Claims' Specialist may be able to suggest where an Independent Medical Examination can be obtained or where an employee may be sent for a Functional Capacities Evaluation. In many cases this will address the physician's concerns, while providing you with the needed information to proceed.

4. **The physician appears to believe your Agency is not working in the injured employee's best interest. What do you do now?**

There are many situations that can result in a physician being skeptical about the intentions of an employer. For example, a physician may be suspicious of an employer's actions if his or her previous experience was negative. Frequently, a physician has had no direct contact with an employer for many years.

The proper response is to follow the basic contact process described in No. 1, and then sit down with the physician and discuss at some length the intentions of your Agency relative to the injured employee. It is very important that you meet face-to-face so that the physician has a real person to visualize when he or she is thinking about you as an employer.

5. **The physician appears to be providing inappropriate or excessive treatment. What do you do now?**

The issue of the appropriateness of treatment is very difficult for an employer to address. In this situation it is best to obtain assistance from DOAS. Your Claims' Specialist can contact a physician directly to ask about care and to learn about the direction of treatment. If the physician is not responsive to a telephone call from the Claims' Specialist, it is possible that he or she would respond more readily to direct contact by a Rehabilitation Specialist or by another physician who is supportive of the Return-To-Work program.

6. **The treating physician is a general practitioner, but the worker's injury appears to require the skills of a specialist. What do you do now?**

These situations may occur rather commonly in rural areas of the state. In such a situation, it is important to ask your Claims' Specialist to obtain a referral either for an Independent Medical Examination or to a specialist. Again, we have the opportunity to bring in a Rehabilitation Specialist or Nurse Consultant if necessary. In many situations, general practitioners are pleased to receive assistance from a specialist on a difficult or unusual case.

WORKING WITH THE MEDICAL COMMUNITY

7. The employee receives treatment but never seems to get any better. What do you do now?

There are times when treatment seems to stall out. It is important for DOAS to get involved early in these situations and to do what is necessary to determine if (a) the worker's condition has achieved Maximum Medical Improvement status, or (b) if there is alternate treatment which might be more effective. In this case, contact your dedicated Claims' Specialist and see what he/she recommends.

8. The physician appears to be treating a condition that is not related to the employee's industrial injury. What do you do now?

DOAS should be contacted immediately. Once they are aware of this treatment, they will generally send a letter to investigate and will deny payment for any condition not related directly to a work-related injury.

Addendum #1

SAMPLE DOCUMENT

PHILOSOPHY OF STATE OF GEORGIA RETURN-TO-WORK PROGRAM

Employees are our most important asset !

The State of Georgia Return-To-Work Program is based on the assumption that there is nothing more important than our employees. When an employee loses time from his or her job, or is unable to return to work, everyone loses.

- The employee loses contact with his/her friends, relationships with co-workers, income, benefits and, most importantly, the self-esteem which is often so closely tied to employment.
- Our Agency loses a valuable employee.

Because everyone loses when an employee must be temporarily or permanently off the job, it stands to reason that everyone wins when employees are returned to work as quickly as medically possible and become productive, in even a small way, as soon as possible after injury.

OUR PROGRAM

To meet our goal of enabling employees to return to productive employment as rapidly as possible, our Agency takes the following steps:

- We try to meet with the treating physician at the employee's first medical appointment to discuss the physical demands of the employee's regular job, or the demands of alternative temporary tasks. Every effort is made to enable the employee to return to work either immediately or in the very near future.
- We staff the employee's case internally on a regular basis, contacting you regularly to see if an enhanced release can be obtained or whether alternate tasks or additional hours of duty can be approved safely.
- We meet with you immediately if permanent limitations of any kind are projected to see if these will, in any way, affect the employee's ability to return to his or her regular job or to determine whether we need to consider permanent modifications or other alternatives.

YOUR ROLE

To achieve the goals of the Return-To-Work Program, we need you as our partner. We will communicate with you regularly. We will provide you with the best possible information about the physical demands of transitional duties available. We will let you know how the employee is doing on the job.

We need timely information and communication from you. We need to know as quickly as possible the physical limitations you will be establishing for a safe return to work. We will utilize those restrictions in our Transitional Employment Plan. We need your comments about the Georgia Activity Analysis we provide you. If there are permanent restrictions, we need your help to evaluate the employee's ability to return to his/her regular job or to evaluate modifications or alternate employment.

Should you have a question about the State of Georgia Return-To-Work Program, or concerning one of our employees, please call _____(Name)
at _____(Telephone Number).

We look forward to working with you.

Sincerely,

Addendum #2

SAMPLE DOCUMENT

KEY DECISION POINTS IN TRANSITIONAL EMPLOYMENT

The goal of the Return-To-Work Program is the safe, rapid return of our injured employees to transitional or regular employment. We believe that our employees' needs and the needs of (agency name) are best served when our employees are able to maintain some form of medically appropriate employment from the time they are injured until they are able to return to regular employment.

To achieve our goals, we must work together to ensure frequent communication and regular sharing of information.

There are key junctures or decision points in what we call the "Transitional Employment" process when we need special input from you. These decision points are described below:

1. **Day of Injury:** We aim to meet or contact you within 24 hours of the time one of our employees has a significant injury. In many cases, we hope to accompany our injured employees to the first medical appointment following injury. Our goal at that point will be to provide you with an analysis of your patient's regular job so you can make an informed decision about whether the employee can return to the position safely. Other alternatives may be discussed at the time, including temporary modifications to the employee's regular job if feasible, including reduced hours or changes in duties. If suitable alternate work is available--even if it is only for a couple of hours per day--we will attempt to provide it.

Your ability to evaluate these opportunities at the time of the initial medical treatment is essential for successful management of each employee's injury and smooth return to productive employment.

2. **Points of Medical Improvement:** During Transitional Employment we will evaluate every injured employee's case on a regular basis considering all information provided regarding the employee's physical abilities. We will evaluate this information in terms of opportunities for return to regular or modified work.
3. **When Permanent or Long-Term Limitations are Projected:** At some point, an employee will reach a time where you are able to project whether he/she is likely to have permanent or long-term limitations. At that point, even if an employee is not yet medically stable, we will consider the feasibility of permanent or long-term Reasonable Accommodations.

4. **Point at Which Maximum Medical Improvement is Reached:** This is the point at which the employee has recovered as fully as possible. At this point, we will consider any permanent or long-term limitations and their impact on the employee's ability to return to his/her regular job.

If necessary, we will consider accommodations, including modification to the regular job or placement in suitable alternative vacant employment. Should the employee be unable to be accommodated, this would also be the point where we would consider such possibilities as vocational rehabilitation.

Your contact person for _____ is _____
Agency or site location Name, Title, Phone

Please call with any questions or concerns.

Addendum #3

SAMPLE DOCUMENT

LETTER TO MEDICAL PROVIDER ABOUT RETURN TO WORK

Dear Dr. _____:

(Agency name) is committed to returning injured or ill employees to work within their capabilities. We believe that an employee who returns to work as soon as medically appropriate, and within his or her work restrictions, regains economic security, physical strength and flexibility and improves psychological well-being.

I am writing to ask for your opinion concerning Mr./Ms. _____'s ability to return to work at this time. Enclosed is an analysis of Mr./Ms. _____'s regular job (and/or proposed Transitional Employment Plan). Based on your review of the enclosed Georgia Activity Analysis (and/or proposed transitional employment plan) and your examination of Mr./Ms. _____, please choose one or more of the following:

- ☐ I release the employee to the job as described in the Georgia Activity Analysis (or proposed Transitional Employment Plan) effective _____.
- ☐ I release the employee to the activities as described under the following conditions (include medical rationale):
- ☐ I cannot release the employee to any part of the duties described at this time. The medical rationale is as follows:
- ☐ An appointment to review the employee's condition further is scheduled for _____.

Physician's Name

Date

Please feel free to provide any additional comments you have concerning Mr./Ms. _____'s ability to work. Thank you for your assistance with this matter.

Sincerely,

Encl.: Georgia Activity Analysis (and/or other attachments)