



**Human Resource Services POLICY RESOURCES**

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Applies to:	<b>Marshall University</b>
Title:	<b>Return to Work/Light Duty Program – Workers’ Compensation</b>
Number:	<b>MU-HR-16</b>
Effective Date:	<b>DRAFT – NOT IN EFFECT</b>
Last Revision Date:	

Statement of Policy

Marshall University (the University) is committed to providing a safe and healthy workplace for its employees. Preventing workplace injuries and illnesses is a primary organizational objective. The University has implemented a return to work/light duty program. If an employee sustains a workplace injury or illness, the University will make every effort to return the injured employee to modified or alternative work as soon after the injury of illness as possible. This will be done by temporarily modifying the employee’s job or by providing the employee with an alternative position. The employee’s medical condition along with any limitations or restrictions given by the attending physician will be considered carefully when identifying a modified/alternative position.

Purpose

This program is intended to provide the University’s employees with an opportunity to continue as valuable members of the team while recovering from a work-related injury. It is desirable to minimize any adverse effects of a workplace injury or illness and return the injured employee to their original job as soon as possible. This program is intended to benefit an injured employee by promoting a speedy recovery while keeping their work patterns and income consistent. The University shares in the benefits by having employees apply valuable work skills thus contributing to the overall productivity of the institution.

Scope

This program applies to all employees of the University.

Responsibilities

Marshall University: Marshall University Human Resource Services and the Marshall University Office of Health and Safety act as primary liaison between the University, the injured employee, the attending physician, and Brickstreet Mutual Insurance Company (Brickstreet) which provides workers’ compensation insurance coverage for the University. Human Resource Services is designated as the responsible office to ensure that all paperwork and forms have been properly handled and submitted to the appropriate parties. Human Resource Services and the Department of Health and Safety jointly monitor the modified or alternative work and gather any additional information that may be needed to properly handle the return to work efforts.

Managers and Supervisors: In the event of an injury, the manager or supervisor will make every effort to ensure that the injured employee receives the proper medical treatment. If possible, the manager or supervisor will accompany the employee to the treating physician, medical clinic, or emergency room. The attending physician shall be notified on the first visit that the employing institution has a return-to-work program and that modified alternative work will be provided if possible. The manager or supervisor will work closely with Human Resource Services to coordinate the return to work efforts and will be responsible for introducing the employee back to the work place in the modified or alternative position. The manager or supervisor will make sure that the injured employee receives necessary assistance from

co-workers and that the employee is placed in a position that accommodates the defined restrictions. Monitoring for transition back to normal unrestricted duties will be the primary responsibility of the manager or supervisor.

Employees: If a workplace injury or illness occurs, the employee is required to report the injury to his/her manager or supervisor immediately. If available, the manager or supervisor will accompany the employee to the medical clinic. Together with the physician, the employee's physical restrictions and limitations shall be discussed. If able, employees are expected to return to the worksite the same day as the day of the workplace injury or onset of the workplace illness to report the physician's findings and to discuss modified or alternative work. This will enable all parties to be kept abreast of the employee's condition.

Once an employee has returned to work, it is the employee's responsibility to work within the physical limitations that the physician has specified. The employee shall perform only those duties that are assigned to them that are consistent with the limitations or restrictions that are placed on them. An employee shall immediately notify their manager or supervisor of any difficulty in performing assigned duties. The employee must also notify his/her manager or supervisor in advance of any medical appointments. *Time off will be allowed for medical appointments associated with a workplace injury or illness.* The employee shall keep his/her manager or supervisor informed of the recovery process and of his/her ability to perform modified or alternative work.

The University's Role: When the University has an on-the-job injury or illness, it will ensure that the injury is handled properly. Proper and necessary medical attention will be provided. If the injured employee requires medical attention, the supervisor, when possible, will accompany the injured employee to the treating physician or medical facility.

The medical provider will be informed that the University has a return to work/light duty program and wishes to understand whether or not the injured employee can be returned to work and when.

Any employee who sustains a workplace injury or workplace illness which does not result in a medical restriction that prevents attendance at work and performance of normal duties should return to their worksite immediately after initial treatment to avoid unnecessary lost time.

If an injured employee is unable to return to work immediately, the University will make every effort to keep in contact with them. University representatives will let the employee know of its concern for their condition and assure him/her that they are a valuable asset to the University, and the University will let the injured employee know that we will make every reasonable effort to accommodate their temporary physical limitations when a modified or alternative position is available. The University will notify Brickstreet of our efforts to return injured employees as it may impact an injured employee's rights to temporary disability payment or partial loss of wage disability payments.

Questions/Concerns: Anyone involved in the return to work/light duty process may ask questions or express concerns at any time. Discussion should first take place with the manager or supervisor. If questions or issues cannot be resolved at that level, the involved individuals may consult as needed with Human Resource Services or the Department of Health and Safety. The University is fully committed to promoting in the best way possible a full recovery for any injured employees. The following are guidelines to accomplish placement in a return to work/light duty capacity:

Modified/Alternative Positions: All temporary, modified, or alternative positions are considered "transitional positions" and are designed to help the injured employee return to their usual and customary duties as soon as possible.

The injured employee will be expected to keep regular medical appointments with their treating physician to help monitor the progress of their recovery.

The manager or supervisor will discuss the recovery progress with the employee and the medical provider, as needed, to determine how they are progressing, when and if any duties can be added to the

modified or alternative position, and when or if the employee can return to their usual and customary position.

If the employee is not able to return to their usual and customary duties within 30 days, a complete re-evaluation of the situation may be made in cooperation with Brickstreet, the treating physician and the employee.

Procedures for the Return-to-Work/Light Duty Program: The following procedures should be followed when an employee is injured on the job:

1. An employee who is injured must immediately report the injury or incident to a supervisor or an appropriate person in management.
2. The supervisor is responsible for following the requirements set forth by Brickstreet Insurance for reporting workplace injuries and illnesses and for completing a Workplace Injury/Workplace Illness Report Form for every incidence of workplace injury or illness, whether or not medical attention is needed.
3. If medical attention is needed, the injured employee's supervisor, if available, should go with the employee to the doctor or other medical provider. Whenever possible, the employee or supervisor should provide the treating physician with a physician's information packet. The packet includes the injured employee's job description, essential job elements, and an introductory letter explaining the return to work process. The supervisor also can ask to speak to the doctor after the visit.
4. If the employee is restricted from work, a contact person should communicate regularly with the employee and treating doctor. The contact person should talk to the employee on the day of the injury and once a week until the employee returns to work. The contact person should check with the treating doctor whenever the employee has a follow-up visit.
5. When the treating doctor releases the employee to alternative productive work, the supervisor should attempt to develop an alternative assignment. Every assignment must meet the doctor's restrictions, but also every effort will be made to develop alternative, productive work for the employee.
6. The supervisor must keep a copy of the doctor's work release
7. The supervisor must follow up with the employee on a regular basis after the employee returns to work.

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## **APPENDICES**

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## APPENDIX A

### STATEMENT OF POLICY FOR REPORTING WORKPLACE INJURIES OR ILLNESSES

To Marshall University Employees: Brickstreet Mutual Insurance Company insures you for any on-the-job injury or illness. Brickstreet Insurance provides the following benefits:

Medical Care: All approved medical and hospital bills in relation to the compensable injury.

Disability Income: If hospitalized or unable to work for more than three days as a result of your on-the-job injury or illness, you will receive temporary total disability payments equal to 66 2/3% of your average weekly wages, up to the maximum allowable by law. If your injury or illness results in a permanent impairment, permanent partial disability benefits may be rewarded.

Vocational Rehabilitation: If your on-the-job injury or illness prevents you from returning to your pre-injury job, you may be eligible for vocational rehabilitation.

Death Benefits: If your on-the-job injury or illness results in death, a benefit may be paid to your dependents.

Effective immediately, the following policy will be in effect:

1. Report all injuries within 24 hours to your immediate manager or supervisor. This includes minor injuries that may only require first aid. Failure to report all injuries or illness may result in a delay in benefit payments.
2. Any injury requiring emergency treatment should be treated at the nearest emergency treatment facility immediately following the injury. CALL 696-4357 (696-HELP) when emergency assistance is needed.
3. For medical treatment other than an emergency, you may seek treatment from a University-recommended physician or physician of your choice. If you go to a medical provider of your choice you must notify your supervisor. Arrangements will have to be made regarding the University's return-to-work/light duty program.
4. Should the treating physician restrict you from regular duty because of an on-the-job injury or illness, you must immediately provide your manager or supervisor with the NOTICE TO PHYSICIAN form outlining your restrictions. Whenever possible, we will attempt to accommodate your restrictions by providing appropriate modified or alternative work for you while you are unable to perform your normal duties.
5. Workers' compensation fraud is a felony in West Virginia. Any person who files or contributes to the filing of a false workers' compensation claim is committing a crime punishable by a prison sentence and/or fine.

In order for this system to work most efficiently, we must have your cooperation. Please see your immediate manager or supervisor should you have any questions.

I have read the above information and agree to comply with the stated University policy.

Employee Name (Printed)	
Employee Signature	
Date	

Please return completed/signed form to Human Resource Services, Marshall University, 207 Old Main, One John Marshall Drive, Huntington, West Virginia 25755, Phone 304.696.6455, FAX 304.696.6844, E-mail [human-resources@marshall.edu](mailto:human-resources@marshall.edu).

**APPENDIX B** - Sample letter to physician re return to work/light duty program.

(Date)

(Physician's Name)

(Physician's Address)

(Physician's City, State, ZIP)

Dear \_\_\_\_\_:

*As a treating physician, your assistance is critical in the success of the return-to-work/light duty program at Marshall University. Our goal is to return our employees to productive employment as soon as appropriate following an injury/illness. Some key points we would like you to know are as follows:*

*Our employee will provide you with a brief form at the time of your initial treatment. Every effort is made to enable the worker to return to work either immediately or in the very near future.*

*We staff the employee's case internally on a weekly basis and will contact you should a question arise relative to transitional duty.*

*Any reasonable medical or physical restriction you deem appropriate will be honored.*

*We will contact you immediately if permanent limitations of any kind are projected to see if this will in any way affect the employee's ability to ultimately return to his/her regular job or to determine whether he/she needs modification.*

*Ultimately, we want to work in partnership with you. Should you have any questions about our return-to-work/light duty program, or one of your patients who is employed at Marshall University, please call. Additionally, we invite you at any time to come to our facility to see first-hand the kind of work that is performed.*

*We look forward to working with you.*

*Sincerely,*

(Institutional Representative)

(Title)

Marshall University

**APPENDIX C** – Sample letter to physician to request assistance with a return to work/light duty case.

*(Date of Letter)*

*(Doctor's Name)*  
*(Doctor's Address)*

*Dear (Doctor's name):*

*(Employee's name) is employed by Marshall University as a (job title). He/She was injured on (date of injury), and you treated him/her on (date of treatment).*

*The University has implemented a return to work/light duty program. This process is designed to return an injured employee to the workplace as soon as medically possible. If (employee name) is unable to return to his/her original job duties, we will make every attempt to return this employee to modified duties or an alternative position that satisfies restriction that you prescribe. (Employee's name) is aware of our desire to return him/her to the workplace. If necessary, we are willing to rearrange work schedules to accommodate necessary medical appointments.*

*The University has identified job duties that may be suitable for a "return to work/light duty" situation. Enclosed is a job description with attached required physical demands that may be appropriate for (employee name) based on our knowledge of his/her injury. Please assist us by reviewing the recommendations after each appointment.*

*Please call me at (phone number) if you have any questions about our return to work/light duty program or the proposed job position. Thank you in advance for your participation in our efforts to return (employee's name) to a safe and productive work experience.*

*Sincerely,*

*(Institutional Representative)*  
*(Title)*  
*Marshall University*

**APPENDIX D – Typical format for attending physician’s report**

**ATTENDING PHYSICIAN’S REPORT**

For employee of Marshall University, 207 Old Main, One John Marshall Drive, Huntington, West Virginia 25755, Phone 304.696.3983, FAX 304.696.6844, E-mail human-resources@marshall.edu

Employer		Claim No.	
Patient's Name		SSN	

Please provide the following information related to this injury/illness. This will assist us in returning our employee to work. Marshall University has a comprehensive Return-to-Work Program for the injured/ill employee.

	Employee may return to normal work duties at one.									
	Employee may return with the following restrictions.									
Hours Per Day		No restrictions		8 hours		6 hours		4 hours		
Other (describe)										
Days/Weeks		No restrictions		5 days		4 days		3 days		
Other (describe)										
Lifting		No restrictions		40 lbs.		30 lbs.		20 lbs.		10 lbs.
Other (describe)										
Movement		No restrictions		Limited stooping				Limited bending		
	Limited overhead reaching			Other (describe)						
Length of Restrictions			Resume regular duties after					days		
<b>OR</b>	Employee will be re-evaluated on (date)									
	Employee is totally incapacitated at this time and will be re-evaluated on (date)									
I saw the patient on (date)		and have made the following diagnosis:								
Any other comments helpful to understanding this medical issue:										

Physician Name (Printed)	
Physician Signature	
Date	

Note: Please submit this report to Marshall University within 24 hours of this office visit. Thank you.



**APPENDIX E – Typical format for Job Function Evaluation**

**JOB FUNCTION EVALUATION**

Please return completed/signed form to Marshall University, 207 Old Main, One John Marshall Drive, Huntington, West Virginia 25755, Phone 304.696.6455, FAX 304.696.6844, E-mail [human-resources@marshall.edu](mailto:human-resources@marshall.edu)

Employee Name																		
Job Title																		
Date																		
College/Department																		
Employee's job function (provide a basic description of job duties)																		
Check one	<input type="checkbox"/>	Current Job						<input type="checkbox"/>	Alternative Job									
Work location	<input type="checkbox"/>	Indoors			<input type="checkbox"/>	Outdoors			Heated		<input type="checkbox"/>	Yes		<input type="checkbox"/>	No			
Personal Protective Equipment Required				<input type="checkbox"/>	Yes		<input type="checkbox"/>	No		Below Ground			<input type="checkbox"/>	Yes		<input type="checkbox"/>	No	
Temperature Extremes		<input type="checkbox"/>	Yes		<input type="checkbox"/>	No		Elevated Areas				<input type="checkbox"/>	Yes		<input type="checkbox"/>	No		
If Yes to any of above items, describe below:																		
Work Postures. Work is performed in which posture(s)? Indicate frequency.																		
<input type="checkbox"/>	Standing		<input type="checkbox"/>	Continuous			<input type="checkbox"/>	Frequent			<input type="checkbox"/>	Infrequent						
<input type="checkbox"/>	Sitting		<input type="checkbox"/>	Continuous			<input type="checkbox"/>	Frequent			<input type="checkbox"/>	Infrequent						
<input type="checkbox"/>	Walking		<input type="checkbox"/>	Continuous			<input type="checkbox"/>	Frequent			<input type="checkbox"/>	Infrequent						
<input type="checkbox"/>	Kneeling		<input type="checkbox"/>	Continuous (6-8 hrs/day)			<input type="checkbox"/>	Frequent (2-6 hrs/day)			<input type="checkbox"/>	Infrequent (0-2 hrs/day)						
Physical Demands																		
<input type="checkbox"/>	Lifting	Describe Materials					Weight of Materials											
How frequently lifted?							Position of lift											
<input type="checkbox"/>	Carrying	Describe Materials																
Weight							Distance Carried											
<input type="checkbox"/>	Tool Usage	Describe/List Tools																
Work Hours							No./Length, Breaks/Rest Periods											