

REFERENCE GUIDE

A Loss Control Service from Donegal Insurance Group



Effective Return-to-Work Programs

Introduction

A Return-To-Work (RTW) Program is a plan established by a business to return injured team members to the workplace as soon as they are medically able. The goal is to get the injured team member back to the workplace during their recuperation and maintain a connection with the organization. An effective RTW helps:

- Retain valued team members
- Streamline recovery
- Encourage team members to return safely and quickly
- Enhance productivity
- Manage work injury claims

As with any program, success of an RTW Program depends on support from senior management. A written RTW Program, combined with a management policy statement supporting the RTW Program, demonstrates the company's support of and commitment to the program. Effective RTW Programs should involve your company's management team, your designated medical providers (if applicable) and the Donegal service team (Loss Control and Claims). Under the RTW Program, each group should work together to keep your injured team member on the job if appropriate or return them to work as quickly as possible.

The following is a sample outline of various roles and responsibilities for developing and administering an RTW Program:

Roles and Responsibilities

The Employer (Pre-Injury)

1. Prepare/distribute written RTW Program and policy statement.
2. Identify RTW Coordinator.
3. Select medical panel where permitted.
4. The medical providers should be invited to meet with management and become familiar with your facility.
5. Prepare physical job demand descriptions/library.
6. Identify alternative and modified work tasks.
7. Implement RTW procedures.
8. Communicate the RTW program to supervisors, employees, and medical providers. This should include the cost of lost-time claims to the company and the benefits of the RTW program.

The Employee (Pre-Injury)

1. Know the procedures for reporting an injury.
2. Know where to go to obtain initial and on-going medical treatment.
3. Become familiar with the RTW program.

The Employer (Post Injury)

1. Provide First Aid.
2. Refer to preferred medical panel (where permitted).

3. Communicate to the medical provider that the company has a RTW program and will accommodate, within reason, work restrictions if applicable.
4. Provide the treating physician with a written job description of the employee's job. A physician cannot properly assess the injury in relation to the employee's job and the employee's ability to return to work without reviewing a written job description.
5. Provide a RTW Capabilities form to the physician for him/her to complete (sample attached).
6. Report injuries (to Donegal) within 24 hours.
7. Actively communicate with:
 - a. Treating physician
 - b. Employee
 - c. Donegal
8. Obtain information about work restrictions from treating physician and attempt to accommodate the work restriction as possible. Provide details to the treating physician regarding alternative or modified work tasks as necessary.
9. Monitor disability status until the employee's full-duty return to work.

The Employee (Post Injury)

1. Report all injuries promptly, no matter how slight.
2. Seek medical attention from the designated medical providers, if and where applicable.
3. Comply with work restrictions.
4. Communicate medical and/or disability status to employer and Donegal Claims.

In order to implement and operate an effective RTW Program, roles and responsibilities must be clearly defined by senior management and, through training, communicated to supervisors and employees alike. Prepare for injuries and train your staff as you would any other company policy.

A RTW Program, combined with senior management support, adequate supervisor and employee training, and written controls, can be an effective way to return valued team members to their jobs while mitigating the overall costs of work injuries.

The loss control services provided by Donegal Mutual Insurance Company and its affiliates ("Donegal") are intended to assist policyholders in managing and reducing potential risks and hazards that could lead to loss or damage. These services are advisory in nature and are offered as a courtesy to help our clients create safer working environments. Disclaimers and Limitations of Services:

No Warranty: *The recommendations, suggestions, or guidance provided by our loss control representatives are based on general industry standards and practices. Donegal does not warrant or guarantee that compliance with these recommendations will prevent any specific loss, damage, or injury.*

Not a Substitute for Legal or Professional Advice: *Our loss control services are not a substitute for legal advice, engineering assessments, or other professional services. Policyholders should consult with qualified professionals for specific advice tailored to their operations.*

Policyholder Responsibility: *It is the responsibility of the policyholder to implement any loss control recommendations and to ensure compliance with all applicable laws, regulations, and standards. Failure to do so may result in uncovered losses or other consequences as outlined in the policy terms.*

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If you have any questions or would like additional information, please contact Donegal Loss Control at 1-800-877-0600 ext. 7218 or scan the QR code.



SAMPLE Return to Work Capabilities Form: Medical Provider's Statement

Patient Name: _____ Claim Number: _____

NOTE: In terms of an 8-hour workday. Occasionally = 1% - 33%. Frequently = 34% - 66%. Continuously = 67% - 100%.

I. IN AN 8-HOUR WORKDAY, INJURED WORKER CAN: *(Circle full capacity for each activity)*

<u>Total At One Time</u>											<u>Unrestricted</u>
A. Sit	0	1	2	3	4	5	6	7	8	hrs.	<input type="checkbox"/>
B. Stand	0	1	2	3	4	5	6	7	8	hrs.	<input type="checkbox"/>
C. Walk	0	1	2	3	4	5	6	7	8	hrs.	<input type="checkbox"/>
D. Drive	0	1	2	3	4	5	6	7	8	hrs.	<input type="checkbox"/>
<u>Total During Entire 8-Hour Day</u>											<u>Unrestricted</u>
A. Sit	0	1	2	3	4	5	6	7	8	hrs.	<input type="checkbox"/>
B. Stand	0	1	2	3	4	5	6	7	8	hrs.	<input type="checkbox"/>
C. Walk	0	1	2	3	4	5	6	7	8	hrs.	<input type="checkbox"/>

II. INJURED WORKER CAN LIFT:

	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>	<u>Not At This Time</u>
A. Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 21-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. INJURED WORKER CAN CARRY:

	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>	<u>Not At This Time</u>
A. Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. 11-20 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 21-25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 26-50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 51-100 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. INJURED WORKER CAN USE HANDS:

	<u>Simple Grasping</u>	<u>Fine Work</u>	<u>Pushing Pulling</u>	<u>Low Speed Assembly</u>	<u>High Speed Assembly</u>
A. Left	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Right	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Comments _____					

V. INJURED WORKER CAN USE FEET for repetitive Movement as in pushing and pulling of leg controls:

	<u>Right</u>		<u>Left</u>		<u>Both</u>	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

VI. INJURED WORKER IS ABLE TO:

	<u>Occasionally</u>	<u>Frequently</u>	<u>Continuously</u>	<u>Not At This Time</u>
A. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. RESTRICTION OF ACTIVITIES INVOLVING:

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
A. Unprotected heights	<input type="checkbox"/>	<input type="checkbox"/>	C. Exposure to marked changes in temperature and humidity	<input type="checkbox"/>	<input type="checkbox"/>
B. Being around moving machinery	<input type="checkbox"/>	<input type="checkbox"/>	D. Exposure to dust, fumes, gases	<input type="checkbox"/>	<input type="checkbox"/>

VIII. Can injured worker now work: _____ REMARKS _____
 Part-time (hours, day): _____
 Full-time (yes): _____
 _____ Date _____
 (Signature of provider)