

City of New Haven Return to Work Policy

<i>Purpose:</i>	To insure that the City fairly and consistently addresses the needs of both management and its employees in instances that require the employee to be absent from the work place for a significant period of time due to a work-related injury or illness.
<i>Issuing Authority:</i>	Chief Administrator's Office
<i>Enforcement Authority:</i>	Daily administration is the responsibility of the Coordinators, Department Heads, Worker's Compensation, CIRMA and the City's Human Resources Department.

I. OVERVIEW

The City of New Haven's Return to Work (RTW) program is designed to rehabilitate and return to the workplace employees who are injured on the job as soon as it is medically reasonable to do so, in order to minimize losses and produce better outcomes for both the employee and employer. The employee is expected to cooperate in the recovery process, keep the Department Head fully informed of any medical restrictions resulting from a work related injury in a timely manner, and return to work as soon as medically appropriate. This RTW policy shall provide a formal mechanism for returning injured or ill employees to the active work force, and assist the City in managing workers' compensation claims costs.

The City of New Haven complies with all requirements of the State of Connecticut Workers Compensation Act. The provisions of this Act have been incorporated into this RTW policy.

The RTW program shall be administered by a team of City personnel and CIRMA (Connecticut Interlocal Risk Management Agency), the City's workers' compensation administrator. City personnel responsible for implementation of this program include the Director of Labor Relations, Human Resources Manager, Workers' Compensation Coordinator, Director of Disability Services, and individual Department Heads. CIRMA will play a vital role in the program with its staff of claims adjusters, nurse case managers and risk control representatives.

The City's RTW program consists of two components. The first involves the City's Transitional Work Program, which is designed to place employees in temporary roles during their recovery from a work related injury or illness; the second deals with those situations where an injured or ill employee cannot return to his/her regular job within a reasonable timeframe based on the totality of the specific circumstances.

II. Communication within the Workers' Compensation Program

Communication between the employee, the City, the employee's treating physician, and CIRMA is essential for the administration of this RTW program.

A. Reporting claims

The employee is responsible for immediately reporting all work related injuries or illnesses to his/her supervisor and to CIRMA via the injury reporting hotline (1-800-652-4762). Even in instances where the employee is not necessarily seeking to obtain medical treatment, it is crucial that the injury be promptly reported, as an untimely report can have adverse consequences to the employee.

In instances where the employee is seeking to obtain medical treatment, the employee must have his/her treating physician complete the **“Worker’s Compensation—Employee Medical and Status Form,”** (see Attachment 1) which form shall be provided to the Department Head.

An employee’s failure to make appropriate prompt notification of a work related injury, or any other violation of this RTW policy, Departmental protocol, or General Orders concerning administration of such claims (such as failure to notify the Department of scheduled doctor’s visits or therapy, or failure to return completed medical status forms) will result in progressive discipline.

Medical treatment must be obtained from an authorized provider in the City Workman’s Compensation Preferred Provider Network. The injured employee should contact his/her Department Head or CIRMA for information regarding the City’s Workman’s Compensation Preferred Provider Network.

B. RTW team actions

Upon receipt of a worker’s compensation claim, the RTW Team shall be responsible for the following actions:

- CIRMA shall review medical documentation from the treating physician and make a medical determination regarding the employee’s capabilities and restrictions
- The supervisor or Department Head shall make arrangements for suitable work, if available, consistent with the medical diagnosis and restrictions identified on the “Employee Medical and Work Status Form”
- CIRMA shall monitor the employee’s condition based upon documentation by the treating physician and any independent medical examiners to allow increases in activity leading to a return to full duty

C. Communication with the treating physician

1. The employee's medical care provider plays a significant role in determining the employee's medical condition, capacity to perform work and the applicable restrictions to be imposed.
2. The employee shall submit to his/her Department Head the attached "Employee Medical & Work Status Form," filled out by his/her treating physician, for purposes of identifying work restrictions.
3. The City shall use this form to determine appropriate job modifications that would allow the employee to return to work.
4. With more severe injuries, videos or visits to the job site by the treating doctor and CIRMA representatives (adjusters, nurse case managers and risk control personnel) may be used to improve the treating doctor's understanding of the applicable job description.

The employee shall provide updated medical information on a regular basis regarding his/her medical condition to the Department in order to allow appropriate changes in assigned tasks or duties until the employee is able to return to full regular duty, or until conditions warranting a review under Part II of this RTW Plan are met. In cases where the employee's condition fails to significantly improve based upon a totality of the circumstances (including but not limited to consideration of type of injury and treatment received), and the employee cannot perform essential job functions (with or without reasonable accommodation under the ADA), separation of employment shall be initiated consistent with the RTW II criteria set forth in this policy.

D. Communication between CIRMA and the Department Head

Information regarding the injured employee's physical restrictions as indicated on the "Employee Medical and Work Status Form" shall be shared between CIRMA and the Department Head. A CIRMA claims representative or nurse case manager will communicate with the treating doctor to determine the earliest possible date the injured employee can return to suitable work and will provide that information to the City RTW team. CIRMA will monitor treatment to ensure that it is medically appropriate for the employee's health and ultimate restoration to full employment in a timely manner, where possible.

**III. CITY OF NEW HAVEN RTW PROGRAM - PART I
(TRANSITIONAL WORK)**

Part I of the RTW program is designed to return the employees who are injured on the job back into the work place in a productive role as soon as medically appropriate, benefiting both the employee and the City. The work assignments provided under this Part I are temporary and transitional in nature.

Once an employee who has incurred a work-related injury or illness provides information detailing his/her work restrictions using the "Employee Medical and Work Status Form" filled

out by his/her treating physician, a suitable temporary assignment, if available, can be made by the Department Head. Such assignment will depend upon operational needs of the department, and may be subject to the approval of the Director of Labor Relations. If a suitable temporary assignment is available, the employee shall be requested to return to work. If a question exists as to the extent of activity the employee can perform, the Department Head shall inform the designated CIRMA contact managing the workers' compensation claim, who shall seek further clarification from the treating physician.

Assignments to transitional work, to the extent possible, shall be related to the type of work normally performed by the employee and in the employee's department. However, where appropriate and available, work assignments to a vacant position in other departments may be utilized for this program. Such assignments to other departments will be coordinated by the Director of Labor Relations, the Workers' Compensation Coordinator and the relevant Department Heads. If no suitable match is available, no transitional work will be granted.

If suitable work is not available, the employee must make a reasonable effort to find suitable employment, including registration with the Connecticut Job Service and initiation of a job search effort. Such efforts include applying for suitable jobs with at least several employers each week and sending a record of the job search to the insurer.

If the employee refuses to accept transitional work for any reason, the Department Head will notify both the City's Workers' Compensation Coordinator and the Claim Adjuster. The Claim Adjuster will then request an emergency hearing with the Workers' Compensation Commissioner to terminate compensation.

The transitional work assignment shall terminate upon the occurrence of any of the following:

- The treating physician returns the employee to full duty with no restrictions.
- The treating physician temporarily or permanently prohibits the employee from continuing transitional work for reasons based upon a deterioration of the employee's medical condition.
- The Department lacks sufficient suitable work that would accommodate the employee's capabilities.
- The treating physician indicates that the employee has reached maximum improvement or otherwise will not be able to return to full duty in his/her prior position within twelve (12) months of the injury.
- Based on the totality of the specific circumstances, after a reasonable timeframe the employee's restrictions have not improved sufficiently to allow the employee to perform essential job functions on a full time basis, and it remains uncertain when such restrictions would cease.

The City's transitional work program is designed to comply with its obligations under Connecticut General Statutes Section 31-313. It is not to be construed as reasonable accommodation under the Americans with Disabilities Act ("ADA"). In those cases where an individual cannot perform the essential functions of his/her regular job on a permanent basis, the employee may request accommodation under the ADA from the Department of Disability Services. The assessment of an employee's disability and the tailoring of a reasonable accommodation, if any, shall be done on a case by case basis.

IV. CITY OF NEW HAVEN RTW PROGRAM: PART II (POST TRANSITIONAL CASES)

Part II of the RTW program has been designed to manage those situations where, after a reasonable timeframe based on the totality of the specific circumstances, an injured or ill employee cannot perform the essential functions of his/her regular job. Depending on the circumstances, the City may request that the employee obtain an Independent Medical Examination, or perform a Functional Capacity Examination.

In general, if an employee cannot return to the full duties of his/her job or provide a reasonable timeframe for such return within twelve (12) months from the date of injury, the Director of Labor Relations shall conduct a pretermination hearing.

The following criteria may be used to initiate Return to Work (RTW) Part II procedures:

- Employee suffers a catastrophic work-related injury that will prevent that person from performing the essential functions of his/her job
- Employee has reached maximum medical improvement (MMI) with restrictions that prevent employee from performing essential functions of his/her job; or there is a medical opinion that the employee's permanent medical restrictions will prevent performance of the essential functions of his/her job, even though MMI has not been achieved
- Based on the totality of the specific circumstances, the injured employee cannot perform the essential functions of his/her job on a full time basis within a known or reasonable timeframe.

CIRMA will notify the Director of Labor Relations of any workers' compensation claim that meets one or more of the above-mentioned criteria. The Director of Labor Relations will inform the affected employee in writing of this determination and advise the employee of his/her options and rights. A copy of such letter will also be sent to the employee's Department Head and union, to the Director of Human Resources, and to the Director of Disability Services. The employee will be given up to three weeks to resolve the uncertainty of his/her work status/restrictions by taking any or all of the following steps: (1) Producing medical documentation from the treating physician which provides clear guidance as to when the employee can perform all his/her essential job functions on a full time basis; (2) Providing the Director of Disability Services with a completed ADA Accommodation Request Form; (3) Applying for a service-connected or non-service-connected disability retirement or an age annuity retirement.

Based upon this information, the Director of Labor Relations will make a recommendation in writing to the Department Head, and shall either accommodate the employee in his/her current position or an alternate position under the ADA, if appropriate, or initiate the separation of the employee's service with the City, which may be accomplished by, but not limited to, service retirement, disability retirement or unvested separation.

Issuing Authority: 

Effective Date: July 24, 2012

Previously Revised: Date N/A

A copy of this policy is available for review at the Department of Human Resources, and on the City's computer network at N:\POLICIES also on the City's website at <http://www.cityofnewhaven.com/HumanResources/Policies.asp>



City of New Haven

Workers' Compensation - Employee Medical and Status Form

To Be Completed by the Attending Physician/Office

Copy to: Employee, City Department Head, CIRMA

Employee Name: _____ (last) (first) (middle) Date of Birth: ____ / ____ / ____

Department/Division: _____

Address/Location: _____

Employee's job title (as stated by employee): _____

Initial or Follow-Up Visit (circle one) Payer/Managed Care Plan Name: _____ Claim#: _____

Date of Injury/Illness: ____ / ____ / ____ Date of this visit: ____ / ____ / ____

☐ Employee will be seen in this office for follow-up on: ____ / ____ / ____

WORK STATUS - Having evaluated/treated this employee today, in my opinion:

☐ Individual may continue regular work duty without restrictions: ☐ Immediately
☐ As of this date ____ / ____ / ____

☐ Individual has the following functional capabilities:

	0 hours	Up to 2 hours	Up to 4 hours	Up to 8 hours	No Restrictions
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bend/Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Right Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Left Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Individual is unable to lift greater than 1 lb 3lbs 5lbs 10lbs 15lbs 20-30lbs 40-60lbs 60-80lbs 80-100lbs.

Below check injured foot and/or hand:

Individual may use ☐ RIGHT ☐ LEFT foot for repetitive movement as in operating foot controls.

Individual may use ☐ RIGHT ☐ LEFT hand for repetitive ☐ single grasping ☐ fine manipulation ☐ pushing and pulling.

☐ Employee has been prescribed: _____

Side Effects/Precautions _____

DIAGNOSIS: _____ **TREATMENT PLAN:** _____

Provider Name (print): _____ Provider Address: _____

Provider Signature _____ Date: ____ / ____ / ____

I have received a copy of this document—

Employee Signature: _____ Date: ____ / ____ / ____