Return-to-Work Program, LMC Model Program

*League of Minnesota Cities models are thoughtfully developed by our staff for a city’s consideration. Models should be customized as appropriate for an individual city’s circumstances in consultation with the city’s attorney. For more information and resources regarding return-to-work and claims management, visit the* [*League of Minnesota Cities website*](https://www.lmc.org/insurance-trust/claims/)*.*

**Return-to-Work Program**

**City of Click or tap here to enter text.**

**Return-to-Work Program Statement**

We are committed to creating a safe and healthy workplace environment for all employees. In line with this commitment, we make every effort to provide suitable temporary employment to any employee who cannot carry out their regular job duties due to a workplace injury or illness. This may involve adjusting their original position or offering a modified duty alternative that aligns with their medical restrictions. However, we ensure these accommodations do not impose any undue hardship on the organization.

Our return-to-work program applies to all employees with a work-related injury or illness. We believe in offering meaningful and productive work opportunities as part of the program, focusing on tasks that contribute to both the employee's personal growth and the overall success of our organization. Additionally, we highly value employee feedback as it plays a crucial role in continually enhancing and refining the program.

**Return-to-Work Program Guidelines**

***Reporting and Notification:***

* Any employee who sustains a work-related injury or illness must immediately report it to their supervisor or the designated human resources representative.
* Supervisors or human resources must promptly inform the [League of Minnesota Cities Insurance Trust](https://www.lmc.org/insurance-trust/claims/reporting-methods/) and initiate the claims process.

***Medical Evaluation and Treatment:***

* Injured employees should seek prompt medical attention from a healthcare provider. If immediate medical attention is not sought, it is crucial to schedule a follow-up appointment within 48 hours of the initial injury for necessary evaluation and treatment.
* The employer will follow up with employee after an injury occurs to check in and encourage medical treatment, if not already done so.
* Employees must cooperate fully with medical professionals and follow their treatment plans to facilitate a speedy recovery.

***Temporary Work Restrictions:***

* If an employee receives temporary work restrictions from their treating physician, the employer will make reasonable efforts to accommodate these restrictions.
* The employer may explore suitable temporary alternative work assignments within the employee's restrictions, subject to the availability of such positions.

***Interactive Process:***

* The employer will engage in an interactive process with the injured employee, their healthcare provider, and the League of Minnesota Cities Insurance Trust to determine appropriate accommodations and facilitate a safe return-to-work.
* Accommodations may include temporary or permanent job modifications, ergonomic adjustments, or other reasonable measures to facilitate the employee's recovery and return to productive work.

***Documentation and Compliance:***

* All necessary workers' compensation forms, medical records, and other relevant documentation must be completed accurately and submitted in a timely manner.
* The employer will comply with all applicable laws and regulations regarding workers' compensation, including reporting requirements, privacy, and non-discrimination provisions.

***Non-Retaliation:***

* The employer prohibits any form of retaliation against employees who exercise their rights or participate in the workers' compensation process.
* Retaliation complaints will be promptly investigated, and appropriate disciplinary action will be taken against individuals found to have engaged in retaliatory behavior.

***Communication and Review:***

* The employer will maintain open lines of communication with injured employees, the claim examiner, and any 3rd parties involved, providing updates on the return-to-work process.
* This program will be periodically reviewed and updated as necessary to ensure its effectiveness and compliance with evolving laws and best practices.

**Return-to-Work Program Purpose**

***Purpose:***

To provide temporary, modified duty for employees who cannot return to their position due to a work-related injury or illness. Every effort will be made to assist the employee in returning to their pre-injury position. We will cooperate with the employee, the physician, the therapist, and any rehabilitation personnel involved in the case.

***Scope:***

We will provide temporary light duty whenever possible. If a member does not demonstrate progress in their recovery through the modified duty program, the program will be reevaluated. The Return-to-Work Program Coordinator will coordinate the return-to-work modified duties with the injured worker, the supervisor, and other team members.

***Objectives:***

1. To allow the employee to remain in the work force and resume productive employment as soon as possible in their normal classification.
2. To enable the employee to gradually overcome their limitations through a transitional period of modified duty tasks.
3. All departments will cooperate to provide modified duties for the injured employee. The modified duties can be found in ***Appendix A: Light Duty Work Tasks*.**

**Return-to-Work Program Responsibilities**

**Program Coordinator:**

The primary contact for the Return-to-Work Program, and is responsible for:

* Working with company departments to identify light duty tasks for recovering employees. Applicable tasks are listed in ***Appendix A: Light Duty Work Tasks*.**
* Training supervisors and employees on the program.
* Reviewing the Return-to-Work Program periodically and making changes as needed.
* Filling out the [Job Demands Form](https://www.lmc.org/wp-content/uploads/documents/Job-Demands.docx) and sending it, along with a letter, to the medical professional or treating physician. A model letter can be found in ***Appendix B: Sample Letter to Treating Physician***.

**Medical Professional:**

* Assess the injured employee and fill out the [Report of Workability](https://www.lmc.org/wp-content/uploads/documents/Work-Ability-Return-to-Work.docx).

**Supervisors:**

* Once the letter to the treating physician is completed, prepare and send the transitional job offer to the employee, located in ***Appendix C: Sample Transitional Job Offer***.

**Recovering Employees:**

* Review return-to-work expectations letter from the program coordinator, ***Appendix D: Sample Employee Return-to-Work Expectations Letter.***
* Offer feedback on the Return-to-Work Program and light duty tasks.

**Contacts**

**Claims Coordinator:** Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

The supervisor and/or Claims Coordinator will help arrange for medical treatment following an injury. Prompt, quality medical treatment can be assured through our primary care clinic.

**Clinic**: Click or tap here to enter text.

**Phone:** Click or tap here to enter text.

Appendix A: Light Duty Work Tasks

**Light Duty Work Tasks — General**

* Copying, mailing, delivering mail and messages, filing and shredding documents
* Sweeping and vacuuming
* Training new hires
* Answering phones
* Data entry
* Update SDS manuals
* Ordering supplies
* Reading/updating manuals and watching training films
* Updating job descriptions
* Learning new skills

**Light Duty Work Tasks — Law Enforcement**

* Inventory Evidence Room
* Property Destruction and Sale
* Maintenance and operations at indoor/outdoor firearm range
* Scheduling yearly training
* Setting up special projects, such as, a peer support program, police explorer program, department wellness program, police reserve program, annual awards and recognition, grant applications, etc.
* Conduct department staffing studies
* Conduct a research project
* Update emergency operations plan
* Complete policy revisions and updates
* Equipment acquisitions, replacements/upgrades, and/or purchases, including equipment inventories and audits
* Attend trainings including any required yearly training, leadership training, etc.
* Report taking via walk-ins at the office or front police desk, or by phone
* Update map books
* Inspection equipment such as gear, vehicles, supplies and inventory
* Enter, update, copy, file, or fax reports for the records division
* Assist with dispatching calls to patrol or enforcement division
* Participate in tracking crime trends

**Light Duty Work Tasks — Fire**

* Develop or set-up public education classes
* Organize a community risk reduction program
* Assisting or scheduling facility inspections for fire prevention
* Assisting with investigations following a fire or updating files on investigations
* Developing an inventory system for PPE, apparatus, training, or general station equipment
* Inventory uniforms and equipment
* Organize Bunker Room
* Community education at schools, pre-schools, nursing homes, etc.
* Assisting community members with emergency action plans
* Developing Policies
* Organizing training
* Developing training topics

**Light Duty Work Tasks — Maintenance**

* Conducting site, building, vehicle or other safety
* inspections/surveys
* Checking and repairing safety equipment (smoke detectors,
* first-aid kits, fire extinguishers)
* Completing equipment inspection logs
* Updating safety or other manuals
* Washing and cleaning equipment
* Organizing parts and taking inventory
* Inspect fire extinguishers & eye washes
* Attending classes or seminars
* Conducting site, building, vehicle or other safety inspections

**Light Duty Work Tasks — Parks**

* Locking and unlocking daily facilities, parks, rec areas, bathrooms
* Picking up grounds around buildings
* Completing paperwork
* Monitoring vehicle maintenance and records
* Picking up garbage in the yard or parks
* Inspecting power equipment
* Inventorying tools, equipment, and parts

Appendix B: Sample Letter to Treating Physician

Click or tap to enter a date.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Dear Click or tap here to enter text.,

Click or tap here to enter text. is employed by the city of Click or tap here to enter text. as a Click or tap here to enter text. They were injured on Click or tap here to enter text.

The city of Click or tap here to enter text. is supportive of their recovery, and our Return-to-Work Program is designed to safely return injured employees to work as soon as possible. If the employee listed above is unable to return to their original position and capacity, we will make every effort to provide modified or alternative work for them. Enclosed you will find a copy of their job description, and our work-related report of workability. Please complete the report so we have a better understanding of our employee’s work restrictions. We will ensure any modified or alternative positions meet your prescribed medical restrictions.

Please send the report of workability to our office at Click or tap here to enter text..

If you have any questions, please contact me at Click or tap here to enter text..

We appreciate your participation in our efforts to return our employees to a safe, productive workplace.

Sincerely,

Click or tap here to enter text.

Appendix C: Sample Transitional Job Offer

Click or tap to enter a date.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Dear Click or tap here to enter text.,

We are pleased to hear of your ongoing recovering from your work-related injury and are delighted to offer you temporary transitional work as part of our Return-to-Work Program while you recover from your injury. Our goal is this temporary assignment will aid in your transition to full work activities. Your doctor, Click or tap here to enter text.**,** has released you to perform certain work activities, which we have available for you.

**Start Date:** Click or tap to enter a date.

**Planned Work Schedule:** Click or tap here to enter text.

**Supervisor’s Name:** Click or tap here to enter text.

**Job Title:** Click or tap here to enter text.

Please report any difficulty in performing the tasks you are assigned to your supervisor immediately. Your wage and benefits for this temporary transitional position will be paid according to the city’s policy and workers’ compensation laws.

We ask you to respond promptly to this job offer by signing the written acknowledgment at the bottom of this letter. Return the original copy of this letter to me by Click or tap to enter a date. and retain a copy for your records. **Note**: if we do not receive this acknowledgment form from you by this date, your rights to further workers’ compensation benefits may be affected.

We look forward to your return-to-work at Click or tap here to enter text. on Click or tap to enter a date., and ask that you check in with Click or tap here to enter text.. Please contact me if you have any questions or want to discuss this further.

Sincerely,

Click or tap here to enter text.

I acknowledge receipt of this letter and offer of temporary transitional work by way of my signature below.

Employee Signature: Date:

Appendix D: Sample Employee Return-to-Work Expectations Letter

Click or tap to enter a date.

Click or tap here to enter text.

Click or tap here to enter text.

Click or tap here to enter text.

Dear Click or tap here to enter text.,

I hope this letter finds you well. We are committed to facilitating the return of our employees to work following on-the-job injuries as soon as they are medically able. We understand the importance of providing temporary modified work that aligns with your medical restrictions. Our goal is to support your recovery and help you resume your regular job duties.

To ensure a smooth recuperation process, we kindly request your cooperation with the following guidelines:

* Stay in regular contact with our return-to-work coordinator, Click or tap here to enter text., who will be your primary point of contact throughout the transition.
* Inform Click or tap here to enter text. of all scheduled doctor visits related to your work injury.
* Provide Click or tap here to enter text. with a copy of your physician's report of workability immediately after each doctor's visit.
* Cooperate with the League of Minnesota Cities Insurance Trust, your workers' compensation provider, including the claims representative and any third parties that may be involved.
* Adhere to the restrictions outlined by your treating physician and communicate to them that your employer offers transitional work options.

We genuinely care about your safety and well-being, and by following these steps, we can ensure you receive the appropriate workers' compensation benefits in a timely manner and that your recovery progresses as expected.

If you have any questions or concerns, please feel free to call me or visit my office.

Sincerely,

Click or tap here to enter text.