

Return-to-Work Program

Workers' Compensation

2023



Table of Contents

Return-to-Work Program 1

Table Of Contents 2

Statement Of Procedure 3

Purpose And Scope 3

Definitions 3

Roles And Responsibilities 6

A. Division of Risk Management 6

B. Employee 6

C. Supervisor 6

D. Central Human Resources Representative (CHR Representative) 6

E. Authorized WC Treating Healthcare Provider 7

F. Medical Case Management Provider 7

Procedures 7

A. Documenting and Promulgating Program Policies and Procedures 7

B. Awareness and Accountability 8

C. CHR Loss Wage Review 9

D. Alternate Duty or Modified Duty Tasks 9

E. Communications, Monitoring, and Coordination 9

F. Employee Notification Letter 10

G. Maximal Medical Improvement with Permanent Restrictions 11

H. Recordkeeping 11

General Provisions 12

Workers Compensation Return-To-Work Notification Letter 13

STATEMENT OF PROCEDURE

It is the policy of USF management to provide a Return-to-Work program for employees who sustain a workplace injury. This Return-to-Work program will provide modified duty and alternate duty assignments, when available that accommodate the functional restrictions and limitations as determined by the authorized treating healthcare provider and will bring the injured worker back to work as quickly as medically possible.

PURPOSE AND SCOPE

The purpose of this policy is to promote successful employee re-integration into the work environment as quickly as medically possible.

This policy applies to all employees of the university.

DEFINITIONS

Accident: An unexpected or unusual event or result that happens suddenly. It does not include mental or nervous injury due to stress, fright, or excitement unless you are sworn law enforcement or a first responder.

Adjuster: Division of Risk Management (DRM) employee with overall responsibility for the handling of workers' compensation claims files including coordinating lost-time benefits when an injured employee is unable to work and an employer resource for questions and issue resolution.

Alternate Duty: Temporary duties established away from employee's regular work area/responsibilities and within the "functional limitations and restrictions" stated on the Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form, DWC-25. Alternate duty is evaluated with each subsequent physician visit when functional restrictions are updated.

Annual Evaluation Report: Annual internal university assessment of its return-to-work program based upon DRM measures.

Approving Authority: An agency official, such as a Division Director, Bureau Chief, Select Exempt Service (SES) Manager, Senior Management Service (SMS) Manager, or comparable university level manager.

Authorized Treating Healthcare Provider: A physician authorized by a nurse case manager or adjuster to provide medically necessary treatment to an employee who sustains a job-related injury.

Central Human Resources Representative (CHR Representative): A university representative responsible for coordinating the reporting and handling of workers' compensation claims for injured workers within his/her university. Based on the information from the DWC-25, the CHR representative in conjunction with the supervisor will make the determination if the employee is able to return to their regular job, a modified job, an alternate job, or if the university is not able to accommodate the injured worker's functional limitations and restrictions. The CHR representative will notify the employee's supervisor, the nurse case manager and DRM adjuster if the university is unable to accommodate the

injured worker.

Days: Calendar days.

Disability Leave: The first seven calendar days of an employee's disability. Employees are allowed to charge 40 hours of Disability Leave during this period. OPS/Temporary employees are not compensated for this period unless they are medically disabled for more than 21 days, at which time the DRM will pay the employee retroactively. Temporary employees from outsourced vendors will need to contact their employer in the event they are injured in a workers' compensation accident.

Division of Risk Management: The Division of Risk Management (DRM) within the Department of Financial Services.

Employee: A university employee who is covered under the DRM's workers' compensation program.

Essential Functions: The basic job duties that an employee must be able to perform with or without reasonable accommodation.

Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form (DWC-25): Department of Financial Services form used by the authorized treating healthcare provider to document the physician's independent or consultative opinion related to an injured employee's disability, which assist in determining compensability, request authorization of treatment or services, reports injured worker's medical treatment and status, including functional limitations and restrictions, to the employer, addresses maximum medical improvement or permanent impairment, and informs of the date and time of the injured worker's next scheduled medical appointment.

First Report of Injury or Illness (DWC-1): The Division of Workers' Compensation Form used to report a worker related injury or death.

Functional Limitations and Restrictions: Identification of the employee's ability or lack of ability to perform stated activities and the degree to which these activities may be performed. Functional limitations and restrictions as documented on the DWC-25 are identified by the authorized healthcare provider based upon objective relevant medical findings. According to university direction, consideration shall be given to upgrading or removing the functional limitations or restrictions with each employee exam, based upon the presence or absence of objective relevant medical findings.

Injured Worker or Employee: Any university employee who sustains a job-related injury or illness; and who has the responsibility of meeting all scheduled medical appointments and returning to work following each appointment, except when the authorized treating physician provides a medical diagnosis that prevents the employee from returning to work and is documented on the DWC-25.

Injury: Personal injury or death by accident arising out of and in the course of employment and any diseases or infections naturally or unavoidably resulting from such injury.

Maximum Medical Improvement (MMI): The medical condition at which further recovery from, or lasting improvement to, an injury or disease can no longer reasonably be anticipated, based upon reasonable medical probability.

Medical Case Management Provider: A vendor contracted by the DRM to provide medical case management services for the workers' compensation program.

Medical Documentation: DWC-25 forms, treatment notes, work status slips or discharge notes provided by the authorized treating healthcare provider.

Medical Emergency: Conditions which are severe enough that the lack of immediate medical attention would result in: patient's life or health being in serious jeopardy; vital bodily functions being seriously impaired; and/or serious and permanent dysfunction of a bodily organ or part.

Modified Duty: Temporary duties established within the employee's regular position and within the functional limitations and restrictions as reflected on the DWC-25. Modified Duty is evaluated with each subsequent visit to an authorized treating physician when functional restrictions and limitations are updated.

Nurse Case Manager: A nurse employed by the Medical Case Management Provider that is responsible for coordinating medical treatment, obtaining the completed DWC-25 after each medical appointment, verifying the form is properly completed, and forwarding the form to a DRM adjuster and the designated CHR representative.

Permanent Impairment Rating: Any anatomic or functional abnormality or loss which results from the injury, determined as a percentage of the body as a whole, that exists after the date of maximum medical improvement. The permanent impairment rating (PIR) is determined by the authorized treating healthcare provider and based on Florida Statute 440.

Personnel Liaisons (CHR Representative): Unit or facility contact person for Central Human Resource issues.

Return to Work Employee Notification Letter: An acknowledgement between the employee, applicable supervisor and university CHR Representative that: provides for the specific standard alternate/modified duty tasks within the limitations and restrictions established on the DWC-25 Form; provides initial time frame for starting the Return-to-Work Program. The program will end based on the injured worker's functional limitation and restrictions and MMI; delineates the roles of all persons involved with the program; makes clear to the employee that he or she must actively participate in the program, perform all duties assigned, keep all clinician appointments as scheduled and that failure to comply may result in termination of the program and appropriate university action.

Temporary Partial Disability: A partial disability that is temporary in duration and allows the employee to work in a limited capacity during the recovery period; if the university is able to accommodate the functional limitations and restrictions. If the injured worker is not able to be accommodated they will be paid temporary partial disability benefits from DRM.

Temporary Total Disability: A disability that prevents an employee from working in any capacity during a temporary period of time as outlined on the DWC-25 form. If the injured worker is taken completely out of work they will be paid temporary total disability benefits from DRM.

Treating Physician (Also Authorized Treating Healthcare Provider): Medical provider

responsible for completion of the DWC-25 Form at each appointment, with a degree of reasonable medical certainty and based on objective relevant medical findings and discussing same with injured employee.

Triage Nurse: A nurse employed by the Medical Case Management Provider who performs the initial employee assessment following a reported injury, determines the most appropriate medical care, and arranges the initial medical treatment. This is not the nurse case manager and does not manage cases on an on-going basis.

Workers' Compensation Benefits: Insurance benefits that replace part of an employee's wages if the employee is unable to work due to a compensable work-related injury or illness. Benefits include all medical expenses from injuries, illness or accidents considered work-related and compensable.

Work Restrictions: The authorized physician's description of the work an employee can and cannot do based on the DWC-25 functional limitations and restrictions. Work restrictions help protect employees from further or new injury.

ROLES AND RESPONSIBILITIES

A. Division of Risk Management

1. Assigns the adjusters
2. Determines compensability
3. Pays medical bills and indemnity benefits
4. Handles all legal correspondence
5. Main contact for all workers' compensation claim questions

B. Employee

1. Reports injury to supervisor
2. Attends appointments with the authorized treating physician
3. Provides employer with medical documentation
4. Agrees to alternate/modified duties offered by employer
5. The employee must read and sign the Return-to-Work Employee Notification Letter. If the employee has questions regarding any of the provisions in the Letter, he or she must clarify immediately with the supervisor

C. Supervisor

1. Reports injury to third party medical case management provider
2. Determines if modified or alternate duty is available
3. Ensures restrictions are met
4. Communicates with the CHR representative

D. Central Human Resources Representative (CHR Representative)

1. Communicates with DRM adjuster, responds to all claim related questions, employee work status, any issues with the third-party medical case management provider

2. Communicates with employee, supervisor and other WC team members, example - safety coordinator, risk manager etc.
3. Completes wage statement for each injured worker as needed.
4. Ensures all legal correspondence is immediately given to DRM adjuster
5. USF is responsible for notifying employees of their right to workers' compensation and the requirement to report their injury or illness within 30 days of occurrence to supervisor

E. Authorized WC Treating Healthcare Provider

1. Determines work restrictions and if industrial injury is work related
2. Completes the DWC-25 form
3. Directs medical care of injured worker
4. Places injured worker on MMI when appropriate
5. Responsible for transfer of care if specialist is needed

F. Medical Case Management Provider

1. Assigns nurse case manager
2. Coordinates proper medical treatment, diagnostic testing, physical therapy etc.
3. Reviews the DWC-25 form
4. Provides the DWC-25 form to employer and DRM adjuster

PROCEDURES

A. Documenting and Promulgating Program Policies and Procedures

1. An employee must submit their DWC-25 (Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form) to their department OR the CHR Representative within 24 hours following the medical treatment for assessment of modified or alternate duty. The employee cannot return to work without being released by the authorized attending physician.
2. The injured workers' supervisor and CHR representative will review the functional limitations and restrictions to determine if any alternate or modified duty assignments are available that meet business needs. The injured worker will receive the Workers' Compensation Return to Work Notification Letter and discuss the alternate or modified assigned duty tasks and functional limitations and restrictions according to the most current DWC-25 form. The discussion will take place with the supervisor prior to the injured worker starting their workday. The injured worker and supervisor both need to sign and date this letter. The injured worker will agree not to work beyond their functional limitations and will contact supervisor with any questions. If the injured worker decides she/he does not want to accept the modified or alternate duty position the injured worker's indemnity wages will be stopped if applicable. If the injured worker request to remain in a paid status by using their USF leave until they are released to full duty, she/he must have his or her supervisor's approval in accordance with USF Attendance and Leave Policies and Procedures.

3. If the injured worker does not accept the modified **OR** alternate duty assignment, **AND** the supervisor does not approve the injured worker to use leave **OR** if the injured worker does not have any leave available; she/he will be placed on unpaid leave of absence until the injured worker accepts the alternate or modified duty assignment **OR** the injured worker is released to full duty. If the injured worker is placed on unpaid leave of absence the supervisor and CHR representative will contact USF Employee Relations to discuss the applicable USF Employment Policies and Procedures.
4. Modified and alternate duty assignments are developed based on the employee's functional limitations and restrictions, the business needs of the university and availability of alternate or modified duty work. The CHR representative and supervisor will determine appropriate work hours, shifts, duration and locations of all work assignments. The University reserves the right to determine availability, appropriateness and continuation of all alternate or modified duty assignments. CHR and the supervisor will update modified or alternate duty tasks according to the most recent DWC-25 form.
5. It is the responsibility of the injured worker to provide both the supervisor and the CHR representative with a current telephone number and address so the employee may be contacted. The employee must notify their supervisor within 24 hours of any and all changes in medical condition(s). The CHR representative will communicate to the Supervisor, DRM, and the third-party medical case management provider as necessary.
6. If the injured worker is missing time from work or requires any changes to the alternate or modified duty work assignment, the supervisor will communicate to the CHR representative. The CHR representative will communicate with DRM, and the third-party medical case management provider.
7. The injured worker and supervisor will need to sign and date the bottom of the Workers' Compensation Return to Work Notification Letter indicating acceptance or refusal of the alternate or modified duty assignment and return the Workers' Compensation Return to Work Notification Letter to CHR.
8. Any employee participating in an alternate or modified duty assignment must not exceed the authorized stated restrictions. If any restrictions or limitations change, the employee must notify his/her supervisor immediately by providing the supervisor and the CHR representative a copy of the most recent DWC-25 Form.
9. Supervisors will monitor work performance to ensure the employee does not exceed the requirements set by the authorized workers' compensation medical treating provider.

B. Awareness and Accountability

1. All supervisory staff will receive training on the USF Return-to-Work program policies and procedures upon hire and retraining each time the policies and procedures are amended.
2. Return to Work program policies and procedures will be incorporated into required

personnel training, such as RightStart and basic supervisory training, which will be completed within 30 days of hire.

3. The USF Return-to-Work program policy is available through RightStart and is available through the USF Attendance & Leave website.
4. An internal evaluation will be completed annually to determine the efficiency of the USF Return-to-Work program.

C. CHR WC Loss Wage Review

1. A CHR representative will review the DRM Data Reports weekly to ensure all listed injured workers are correctly identified as university employees, and to ensure injured workers receiving indemnity payments are actually off from work.
2. Individual lost time claims will be carefully reviewed on a consistent and regular basis to determine if an injured worker can be returned to work.
3. A CHR representative will notify the DRM adjuster immediately when a change in work status occurs with any workers' compensation claimants.

D. Alternate Duty or Modified Duty Tasks

The CHR representative and supervisor will work together to determine if modified or alternate duty tasks are available within the functional limitations and restrictions determined by the DWC-25 for the injured workers. The modified or alternate duty tasks will be updated and or changed according to the subsequent authorized healthcare providers completion of the most recent DWC-25 form.

E. Communications, Monitoring, and Coordination

1. CHR, supervisor, or designated employee will determine if the employee may return to an alternate/modified position within the functional limitations and restrictions set forth by the authorized medical healthcare provider as outlined in the DWC-25 form.
2. Monthly tracking logs will be established for all employees in the Return-to-Work program and will be maintained confidentially in CHR.
3. Monthly tracking logs will be reviewed, and concerns will be discussed with the supervisor where employee is assigned to work.
4. Follow-up verbal or written updates will be provided to the CHR representative or university official as part of the monthly log reporting process.
5. The injured worker will be requested to receive a follow-up examination as needed if, through monitoring if the injured worker appears to be unable to perform assigned duties

or the injured worker's condition notably worsens. The supervisor will contact CHR to request a follow-up examination. The CHR representative will contact the DRM adjuster and the third-party medical case management provider and will request a follow-up examination for the injured worker.

6. The CHR representative will notify a DRM adjuster the date injured worker is returning to work. This notification will be done the same day the employee signs the Return-to-Work Employee Notification Letter of before the injured worker returns to work if possible.
7. The CHR representative will maintain close communication with the DRM adjuster and the nurse case manager to determine the earliest opportunity to bring the injured worker back to work.
8. The CHR representative contact lists will be maintained for the medical case management provider and the DRM. If difficulty is encountered contacting or receiving follow through from the nurse case manager, and delays result in scheduling appointments and/or clearance for surgery, the CHR representative will contact a DRM adjuster. The DRM will either work out program issues with the nurse case manager or contact a manager with the medical case management provider to resolve the problem. The CHR representative will provide details of the concern or complaint to a DRM adjuster.
9. The CHR representative will coordinate with the DRM adjuster and the medical case management provider to ensure that the DWC-25 is completed accurately, and that the authorized treating healthcare provider provides the functional limitations and restrictions with sufficient detail. A CHR representative and university personnel (supervisor) will not contact the authorized treating healthcare provider directly regarding problems or questions with the DWC-25. If the nurse case manager is not adequately resolving problems with the authorized treating healthcare provider, the CHR representative will contact the DRM adjuster for assistance.

F. Employee Notification Letter

1. Attached is a sample Employee Return-to-Work Program Notification Letter that will **may be** utilized by the supervisor with the injured worker upon return to work.
2. Prior to having the employee sign an Employee Return-to-Work Program Notification Letter, the CHR representative and supervisor will determine from the DWC-25 functional restrictions and limitations whether modified or alternate duties are available. The DWC-25 information is provided to determine if the injured worker can perform work that is beneficial to the university and contributes to the university's operational needs.
3. The Employee Return-to-Work Program Notification Letter will specify that the alternate duty or modified duty job will be determined by the CHR representative and the supervisor to comply with the functional limitations and restrictions on the current DWC-25.
4. Due to the functional limitations and restrictions of the injured worker a change in scheduled hours may be considered to best accommodate the injured worker.

5. An Alternate Duty Cover Letter will be attached to the Employee Return- to-Work Program Notification Letter that specifies the date and time of alternate duty assignment, the location and supervisor (if different from immediate supervisor) the work schedule, and the functional limitations and restrictions of the current DWC-25. The alternate duty assignment will be adjusted with each subsequent DWC-25 form and end when the injured worker can resume the work duties of their permanent position, or the injured worker reaches maximum medical improvement.

G. Maximal Medical Improvement with Permanent Restrictions

The supervisor and a CHR representative will meet with the employee to discuss any permanent restrictions and their current job position. This meeting will cover employee options for continued employment in their current position or a discussion of the availability to apply for open job opportunities with the university, within their permanent restrictions.

If the Supervisor and department head cannot reasonably accommodate the Employee's Permanent restrictions, the Supervisor/department head should contact Workers Compensation and Employee Relations in Human Resources for assistance.

The department will need to inform Central Human Resources if they can or cannot temporarily accommodate.

If Workers Compensation in Human Resources, in consultation with the Employee Relations, determines that the Employee's restrictions cannot be accommodated, the Employee will be advised that he/she:

OPTION 1:

1. Begin to search for another position within the University, through reassignment or applying to other positions and
 - Employee will need to provide Central Human Resources and your department with an up-to-date resume.
2. Request an ADA Accommodation for new position

OR OPTION 2:

3. Discuss separation options from employment due to inability to perform the essential functions of your position.

If the disability is not covered under the ADA, and the Employee claims he/she cannot fully perform the job duties, the Supervisor contacts Employee Relations in Human Resources, regarding moving the Employee from the position.

H. Recordkeeping

1. A file will be created and maintained for each injured worker in the Return-to-Work program. A file for each individual workers' compensation claim is maintained in CHR.

2. All confidential information is securely maintained, and access is granted to only appropriate employees with CHR.
3. A listing will be maintained of employees on workers' compensation to include employees on temporary total disability status, temporary partial disability status, and on employees who have not reached MMI.
4. A listing will be maintained of employees currently on alternate or modified duty or completely out of work and should indicate their next follow-up medical examination date. The university participates in the statutorily required Return-to-Work program as mandated with all agencies and universities employing more than 3,000 full time employees.

General Provisions

1. An employee will report an accident immediately to his or her supervisor. If the immediate supervisor is not available, the employee will report the accident to the next level supervisor or to the CHR representative.
2. The immediate supervisor, other supervisor, or, in case of an accident that occurs away from the regular work location, a site-based supervisor or lead employee will report the accident either to the CHR representative or directly to the medical case management provider if the site-based supervisor is an employee of USF.
3. In cases where accidents are severe or traumatic and require ambulatory care, any available and responsible party will call immediately to emergency authorities at 911 first, then immediately thereafter identify available supervisory personnel to call either the medical case management provider directly or immediately notify the CHR representative.

WORKERS COMPENSATION RETURN-TO-WORK NOTIFICATION LETTER

| Employee Name | Employee/ GEMS ID | Date |
|--|-------------------|-------------|
| | | |
| Employee Contact Number: _____ (Please provide the best contact number) | | |
| Preferred Method for Correspondence: <input type="checkbox"/> Email _____ (Choose one & provide address) <input type="checkbox"/> Mail: _____ | | |
| As a result of a work related injury on _____, I have received medical certification from _____ (date) _____, for the stated medical problem(s) which has resulted in _____ (Healthcare provider name) the following recommended restrictions (As reflected in DWC-25 Form Section IV): | | |
| The alternate/modified restrictions are valid until I can perform my regular work assignments or until I have reached MMI and have been assigned a PIR. I understand my temporary alternate/modified work assignments and alternative work performance standards are binding until I am relieved from my restrictions or I have reached MMI. | | |
| 1. Work assignments under employee's work restrictions: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 2. Follow up period: | | |
| Note Section V Maximum Medical Improvement / Permanent Impairment Rating. Period of time will depend on the Attending Physician's medical notes, diagnosis and, if applicable, date next scheduled appointment date (Section VI Follow-Up) if MMI has not been obtained. | | |
| | | |
| | | |
| Employee Signature | | Date |
| | | |
| Supervisor and/or CHR Representative Name (Please print and sign) | | Date |
| | | |
| Failure to comply with this Return to Work Notification Letter may result in disciplinary action up to and including termination. | | |