Modified Duty Action Plan for Management Personnel

Action Plan – What to Do, When

A. Supervisor Learns of Job-Related Injury/Illness

1. Have employee medically examined, if appropriate and complete Workers Compensation forms, which should be completed within 24 hours unless there are extenuating circumstances.
2. Conduct on-site accident investigation within 24 hours.
3. Take action to remove hazard, improve work practices and eliminate reoccurrence.
4. Send Workers Compensation forms and investigation to appropriate coordinator for (NAME OF YOUR ORGANIZATION) (Workers Compensation coordinator).
5. What next?
   a. If the employee does not leave the work site and returns to work right away, then no action is needed except for the completion of the Workers Compensation forms.
   b. If the employee completes his/her shift but does not report for next shift, turn to item B.
   c. If the employee requires off-site treatment, turn to item C.

B. Employee Does Not Report For Next Scheduled Shift

1. If/when the employee calls to report their absence from work; the supervisor or designee needs to ascertain whether it is due to the job-related injury or illness.
2. If the employee fails to call, the supervisor or designee contacts the employee at home that same day to find out if loss of time is due to on-the-job illness or injury. Direct the employee to seek treatment with the physician of their choice if the injury is thought to be work-related.
3. Document your findings and complete the Workers Compensation forms to initiate a claim.
4. What next?
   a. If the employee has sought off-site treatment for job-related injury, turn to item C.
   b. If the employee has sought treatment, but is not able to return to work because of job-related injury within three calendar days; have the treating physician’s evaluation by third day, turn to item C.

C. Employee Requires Off-Site Treatment

1. Before the employee leaves the work site (except in cases where immediate transport to emergency care is required):
   a. Forms WKC-12, Medical Service Form (Workers Compensation forms) are completed within 24 to 48 hours. It must be received by Workers Compensation coordinator within 1 working day.
   b. Review Injured Employee Responsibilities (IER) with employee. See "Who Is Responsible?"
   c. Instruct employee to return the Medical Service Form within 24 hours of first the treatment.

2. If the employee needs emergency transport and is not able to complete the forms.
   a. Supervisor or designee follows Emergency Response/First Aid Policy.
   b. Supervisor or designee completes Form WKC-12, Medical Service Form and sends it to the Workers Compensation coordinator right away.
   c. Call the employee and review IER and within 24 hours.
3. What next?
   a. If the employee is released for work, no restrictions, turn to item D.
   b. If the employee is released for work with restrictions, turn to item E.
   c. If the employee is not released for work or the physician refuses to provide information on medical restrictions, turn to item H.

D. Employee Released For Work, No Restrictions
   1. Employee returns to regular work.
   2. Supervisor checks back with employee throughout the shift.

E. Employee Released for Work With Restrictions
   1. Review Medical Service Form as soon as it is received. Use the medical restrictions listed; attempt to modify the injured employee's current job according to restrictions.
      a. If the current job cannot be changed, look for tasks within the work unit, then section, department or facility.
      b. The Workers Compensation coordinator should call or write to the treating physician if there are questions about employee's limits or abilities to perform assigned tasks.
      c. If there are questions, by the injured employee, supervisor or treating physician, about tasks available for the injured employee, the Workers Compensation coordinator should send the written job/task description (physical demands list) to the treating physician for approval.
   2. A modified duty job/tasks exists when it is within the employee's limits as prescribed by the treating physician:
      a. The employee shall be directed to begin modified duty immediately upon release from the treating physician.
      b. When the employee reports to work, review and complete Modified Duty Work Agreement (MDWA), which outlines medical restrictions provided by the treating physician.
      c. Send copies of all documentation to the Workers Compensation coordinator.
   3. What next?
      a. Modified duty does not exist, turn to item H.
      b. Employee returns to modified work, turn to item F.
      c. Employee refuses or fails to report for work, turn to item G.

F. Employee Returns to Modified Work
   1. Modified Duty Work Agreement (MDWA) is reviewed with the employee when he/she reports for work. Employee signs the MDWA and is given a copy. Retain the copy for the file.
   2. Obtain new Work Status Report after each visit to the treating physician.
   3. As limits are removed by the treating physician, adjust job tasks; update MDWA. Modified duty should be reviewed every week.
   4. The employee stays on modified work until released for regular work or until a pre-set time frame has lapsed (usually no more than 90 days), as established by the treating physician.
   5. Communication and coordination between the Workers Compensation coordinator, supervisor and the human resources manager will be necessary to complete this process.
   6. What next? Pre-set time frame lapses and the employee is not released for regular work and the restrictions are permanent, turn to item I.
G.  Employee Refuses or Fails to Report for Work
   1.  Call appropriate designee right away and provide all documentation.
   2.  If the employee has been offered modified duty (within the medical restrictions provided by the treating physician) and he/she declines to accept such duty, Workers Compensation benefits will be reduced and/or stopped since the employee has been offered medically suitable employment and the employee is able to work.
   3.  If employee continues to refuse or fails to report for modified work assignment, then the supervisor may begin discipline for failing to follow company work rules.

   Mandatory Documentation: Always document the meeting that you held with the injured employee. At a minimum, document that you informed/reviewed with him/her the "Injured Worker Responsibility" as well as the offer of modified duty (jobs/tasks), which meets the medical restrictions as identified by the treating physician.

H.  Employee Not Released for Work, or Modified Work Not Available, or Physician Refuses to Provide Information on Medical Restrictions
   1.  The employee must maintain regular contact with the appropriate designee (may be supervisor, human resource director, etc.). This should be done at least weekly. Contact may be by phone or in person.
   2.  Supervisor (if not the designee) should contact designee right away. He/she can help to get information from the treating physician(s).
   3.  The employee should provide status reports from the treating physician. This should be at least weekly, or until limits declared permanent.
   4.  What next?
      a.  If the employee fails to maintain contact or fails to provide reports, the supervisor must contact the employee at least weekly (also, re-emphasize the employee’s responsibilities). If the restrictions/limits change and/or modified work becomes available, turn to item E.
      b.  If the employee is released for regular work, turn to item D.
      c.  If the employee is declared to have permanent restrictions, turn to item I.

I.  Employee Has Permanent Restrictions
   1.  Upon release by his or her treating physician, the employee must notify the employer within one (1) day that he or she is available to return to work with permanent restriction(s).
   2.  If suitable employment is available, the employee is offered work in the permanent position. The offer should be made in writing and sent by certified mail.
   3.  If suitable employment is not available, the employee is placed on injured worker re-employment list. Supervisor and employee should maintain contact.
      a.  The employee must notify the employer of change in mailing address within ten days.
      b.  Supervisor should review work-site modification options with the {NAME OF ORGANIZATION} and appropriate department.
[INSERT NAME OF ORGANIZATION]
[Date]

**Modified Duty Work Agreement**
*For use when employee is released for work with restrictions.*

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<th>Signature of Employee</th>
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**Please include the following information:**

1. What was employee's regular job and essential job functions/tasks before this injury or illness?

2. Describe the modified work the employee will do for the duration of this agreement.

3. List the medical restrictions submitted by the employee's treating physician.

____________________________________________________________________________________

**Update (if applicable)**
As the treating physician removes limits, adjust the job tasks and make note of them here. Employee: please initial changes.

____________________________________________________________________________________

Date the employee returned to regular job without restrictions. ____________________________________

Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected and its operations are compliant with any law, rule or regulation.

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