

PERSONNEL NOTEBOOK

For Your Most Important Resource—The Human Resource

Prepared By:

HUMAN RESOURCE ASSOCIATES

Personnel Consultant

LIGHT DUTY AND RETURN TO WORK The Myths And The Realities

It's a problem most companies will face eventually. Should an employee who has been injured on or off the job be returned to work on light duty or part time?

Although the best answer is usually yes, in practice most companies say no.

Which is the best practice?

- Combine the two, transitional work and work conditioning.
- Continue such programs and gradually increase the level of work until employee is ready to resume duties. (usually 30 to 45 days)

Actually, there has been some current research on this subject and several myths are being debunked.

Let's look at some of those myths.

1. The All Or Nothing Myth

Employees must be able to perform 100% of their job tasks before returning to work.

The Reality:

Not so. Injured or ill employees regain their ability to work incrementally and are able to pick up their duties by starting one step at a time.

What You Can Do:

Look for ways to bring employees back to work by identifying:

- Temporary, on-site work that might include reduced hours or limited responsibilities.
- Off site work that might condition, help prepare, or harden the employee for the re-entry to his/her original job.

2. The Disability-Transfer Myth

Employees who return to work in a transitional (light duty) capacity will re-injure themselves and go out on a Workers Compensation (WC) claim.

The Reality:

There is some anecdotal evidence that employees have claimed 're-injury' and turned an off-job injury into a work related WC claim. However, the statistical research shows that where there is a formal 'return-to-work' program, companies show no evidence that this occurs.

What You Can Do:

- Create, and communicate to employees, a formal 'return-to-work' program as part of your safety and disability process. If you have an 'income-protection' plan, your carrier can almost certainly help you design such a program.

- Assure that the work design does not create a situation that leads to re-injury.
- Profile the worker's injury / condition with the work to create a gradual re-entry.

3. The "Its Not My Job" Myth

The company's belief that they are not a part of the problem or the solution.

The Reality:

Although many companies leave the whole issue of return-to-work up to the income protection provider, the job gets done best when there is a partnership between the insurance provider, the physician, the employee and the company.

What You Can Do:

Bring employee back to work as safely as possible by:

- Communicating a clear and consistent message of your return-to-work intentions and expectations to all employees.
- Preparing up-to-date job descriptions. Such job descriptions must include the "Essential Functions" as required for the Americans With Disabilities Act (ADA).
- Identify your most expected or historical injuries now and create the 'best fit' duties to accommodate them. Develop transitional jobs duties as needed, then document them for future use.
- Work with income protection provider or an advisory group that can assist. (See information at the end of this Personnel Notebook)

Also be aware that Worker's

Compensation will usually pay part of the wages for an injured worker who is returned to a light duty position earning less money.

4. The Traditional Light Duty Myth

Light duty is the only, or at least the best, way to return employees to their full productivity.

The Reality:

All too often an employee stays on 'light duty' for far too long. Often he/she never feels capable of resuming their full duties. And it's often the 'light duty' that causes the problem.

Light duty can be stagnant and non-productive both for the company and the employee. The employee will not become reconditioned or build up the necessary tolerances needed to assume full job duties. It can encourage an employee to remain in the 'special victim' mode and be non-productive, expecting someone else to be responsible for the outcome.

A planned transition, with clear and progressive goals can be best for the company and essential to the employee.

What You Can Do:

Offer modified duty positions with:

- Transitional work steps.
- Limited duration for the transition.
- Plan the steps for increased workload to last 3 to 6 weeks and to result in full job capacity.

5. The Total Disengagement Myth

People who are injured or ill need total rest and removal from everyday life in order to recover.

The Reality:

As stated in item No. 1, people heal from illness and injury incrementally. Getting back to normal daily activities, including work, is part of that process. Recovery progresses more quickly and successfully when there is a combination of early mobilization and expanding steps back to a normal life. Doctors and therapists are trying to send the message to employers that getting back to work in a steadily progressive process is the way to full recovery. The company, the Supervisor

and the Physician are the front line Generals in this effort.

What You Can Do:

Ensure that returning employees are not totally disengaged from work by:

- Consulting with your Managers, Supervisors the employee to identify ways to return to work in a progressive step-by-step process.
- Letting the employee know that you won't expect them to be 100% recovered when they return, and that you'll work with them and their Physicians in this progressive step-by-step process. Identify the expectations/goals up front.

6. The Skeptic's Myth

Most employees want to stay out of work as long as possible.

The Reality:

You'd know I was lying if I told you that this was totally false. Of course there are employees with very low work motivation who may use an injury or illness to avoid returning to work. But in almost the cases I have examined, the company mismanaged the process and let matters disintegrate to the point that the employee found advantages in staying home.

Most employees can and do want to return to work. Most actually gain much-needed self-confidence when they see themselves redeveloping their abilities and skills.

What we are now finding is that by managing the entire process there is very little occurrence of The Skeptic's Myth.

What You Can Do:

- Use communication and guidance coupled with a sincere concern for the employee's welfare to keep them motivated and on-track.
- Create a program wherein Supervisors and Managers can

define their roles and functions in this process.

- Set the expectations in the entire workforce that employees will return to work as soon as safely possible.
- Communicate this policy in your Employee Handbook, intranet and again if an employee is injured.
- Keeping in touch with employees while they are off sick.

7. The Physician Is The Expert Myth.

Physicians are the deciders on the worker's ability to work and when they can return to work.

The Reality:

The Physician only knows the employee medical condition. But seldom is the employee totally disabled. The Physician cannot properly tell how the limits of this patient affect his/her job. You, the employer hold essential information about the work, the workplace policies and job demands. Physicians tend to err on the side of caution. Without your input, the Physician may unnecessarily limit the patient's work options.

What You Can Do:

- Provide the Physician and the income protection provider with an accurate, up-to-date position description, including workplace conditions and the 'Essential Functions'.
- Provide them with information about transitional work and specific duties.
- Seek guidance from the Physician about combining work schedules with therapy and medical appointments.

8. The 'We Cant Afford It' Myth

Return-to-work accommodations cost too much.

The Reality:

Workplace accommodations are usually not expensive and may be as simple as rearranging some equipment. The Job Accommodations Network reports that 70% of accommodations cost less than \$500 and 20% costs nothing at all. Often, these changes will reduce Workers Compensations and other insurance rates. In addition, The ADA requires employers to provide such accommodations if they are “reasonable”.

What You Can Do:

- Meet with your employees to discuss accommodation options and ideas. Look for ways to be more efficient in effort and costs.
- Set up a budget to cover the coming years expected costs to provide transitional work and to make ‘reasonable accommodations’.

9. The FMLA Myth:

The Family and Medical Leave Act (FMLA) prohibits employers from requiring participation in a light-duty program.

The Reality:

Employers with 50 or more employees are required to provide FMLA rights to employees. However, it is a myth that you cannot require an employee to accept light duty work as we have described it here. The FMLA says that you cannot require light-duty *if the Physician certifies that they are not able to perform the work.* By working with the physician in a transitional work program, the employee can be certified to do the work as designed. If the employee refuses to accept the light-duty as approved by the Physician, FMLA can be refused.

What You Can Do:

- Permit the employee to continue on FMLA until such time as the

physician approves the transitional work duties and then to return to work or until all available FMLA time is exhausted.

- Require the FMLA fitness-for-duty certificate.
- Implement a policy of contacting off duty employees on a regular basis while they are out and inform them of their rights, obligations and opportunities.
- Offer transitional work opportunities and send the notices to the employee and the physician.

There are many benefits to such programs. These would certainly include the welfare of the employee, lower turnover rates, the productivity of the work and the respect and higher morale of all other employees.

And lets don’t overlook the reduction of lost-time accidents and the lower Worker’s Compensation and insurance rates.

For those who would like some guidance on how to design a transitional job or to create such a program you can contact The Job Accommodation Network at www.jan.wvu.edu. This is a government-funded / volunteer service that can also show you how to earn tax-credits for such programs.

Bill Cook
Human Resource Associates
Ph: (703) 590-3841
Fax: (703) 590-6437
e-mail: hrahtl@consulthra.com

Human Resource Associates
6050 Greenway Court
Manassas, Virginia 20112-3049