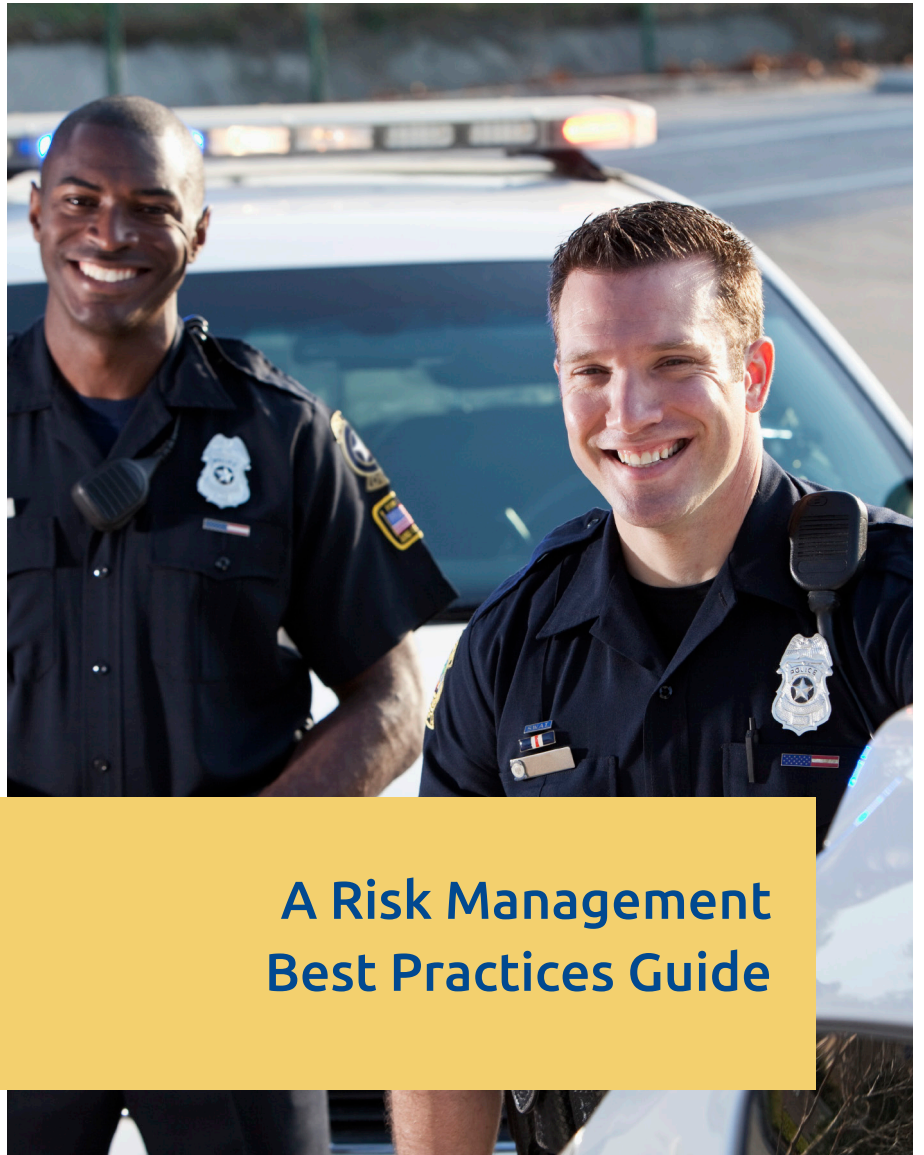


Return-to-Work Program for Law Enforcement



**A Risk Management
Best Practices Guide**



Return-to-Work Program for Law Enforcement: A Risk Management Best Practices Guide

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1st Printing

This publication is intended for general purposes only and is not intended to provide legal advice. If you have questions about particular legal issues or about the application of the law to specific factual situations, CIRMA strongly recommends that you consult your attorney.

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Return-to-Work Program for Law Enforcement

A Risk Management
Best Practices Guide

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Introduction

Between the 2004-05 and 2011-12 policy years, CIRMA-member police departments reported 869 lost-work claims, totaling 43,500 work days — the equivalent of 119 calendar years of lost time. This represents an enormous loss of productivity, reduced levels of public safety services, lowered morale for the affected departments, as well as extra expense to their communities.

While the best way to prevent these losses is to prevent the injuries in the first place, when an injury does occur, an effective Return-to-Work Program is the best way to reduce costs and improve chances of recovery. Studies have shown that injured officers recover faster when they return-to-work, and that the longer an officer is out of work, the less likely they are to ever return to their job.

Additionally, the length of time an injured officer is absent from the workplace directly increases the department's Total Cost of Risk, which include both the insurable and non-insurable costs associated with a loss. Total Cost of Risk increases substantially the longer an officer is out of work.

Return-to-Work Programs are a key part of Workers' Compensation disability management and can provide significant reductions in claims costs. This CIRMA Risk Management Best Practices Guide describes:

- The importance and benefits of Return-to-Work Programs for both municipalities and their police officers.
- The steps to develop, implement, evaluate, and sustain a successful Return-to-Work Program.

CIRMA's Return-to-Work model program uses a team of CIRMA's in-house personnel and outside consultants. CIRMA provides a Preferred Provider Network (PPN) of medical care providers, case management services, utilization review, and will assist your organization in implementing the Return-to-Work Program.

By using the information provided in this guide, Law Enforcement leadership can establish a Return-to-Work Program that benefits the entire department and the community.

The Risk Management Process

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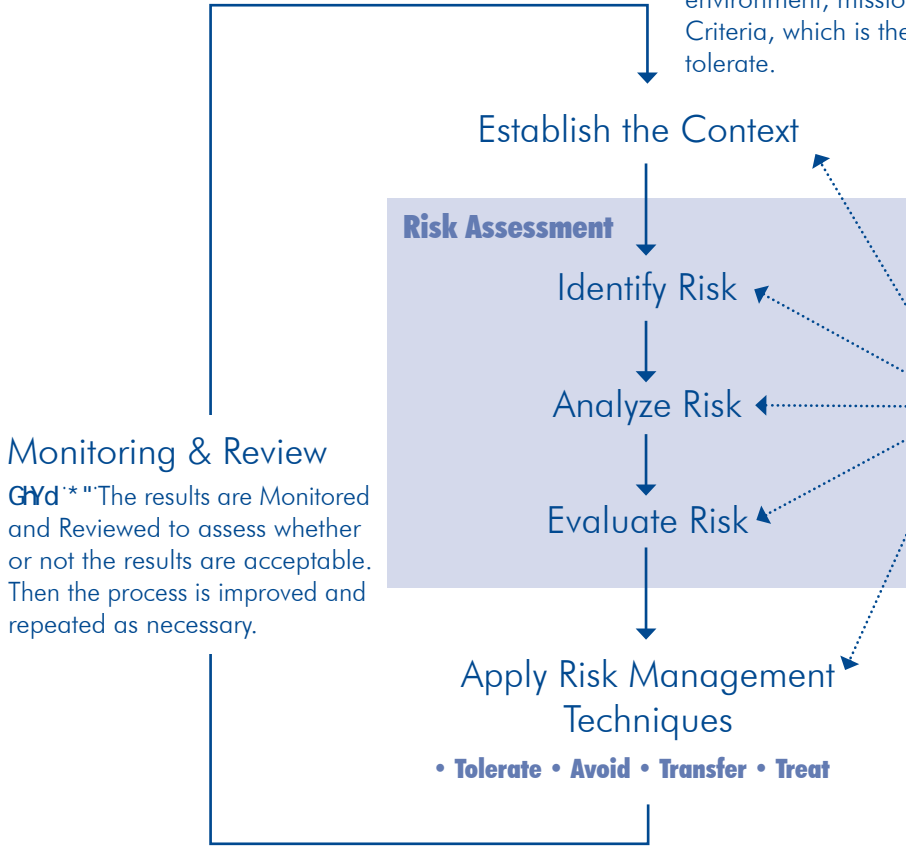
Goal 1 By Establishing the Context, you'll identify your stakeholders, environment, mission, objectives, and values to determine your Risk Criteria, which is the level of risk that your organization is willing to tolerate.

Goal 2 (" The process asks you to perform a Risk Assessment by Identifying Risks, or areas of uncertainty. Then the model prompts you to Analyze Risk to understand its nature, sources, and possible consequences. Then it asks you to Evaluate Risk against your Risk Criteria.

Communication & Consultation

Communication and Consultation is a two-way process of sharing information that is a vital part of risk management. Good communication practices help ensure that the process is systematic and timely, tailored to your organization, transparent and inclusive, and that informed choices are made.

Goal 3 "Apply the selected Risk Management Technique(s).



Monitoring & Review
Goal 4 "The results are Monitored and Reviewed to assess whether or not the results are acceptable. Then the process is improved and repeated as necessary.

I. Value of a Return-to-Work Program

Personnel are the foundation of every law enforcement agency. Healthy personnel who are properly trained and protected on the job are better able to perform their duties and serve the community. Police executives should ensure that agency policies and practices fully support their officers' safety and well-being and include a Return-to-Work Program. There are many benefits for implementing Return-to-Work Programs into police departments; these include:

- Alleviating many of the concerns, fears, and frustrations experienced by an officer following a workplace injury.
- Enabling an injured officer to maintain a positive connection to the workplace.
- Reducing Workers' Compensation indemnity costs by decreasing the length of the disability.
- Enabling all stakeholders to work together in an integrated and enhanced fashion.
- Improving communication and clarifying the roles and responsibilities of each individual involved in helping the injured worker return and stay at work.
- Reducing Workers' Compensation medical costs.
- Enhancing officer productivity while injured officers recover from their injuries.
- Accelerating re-integration of the injured officer into full performance.
- Enhancing ability to achieve quality and productivity goals.
- Improving department morale. Officers, while receiving continuous medical rehabilitation, feel positive about their contributions, even if their capacity is limited.



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Workplace injuries and the costs associated with lost-work time, including Workers' Compensation, amount to a serious problem for law enforcement agencies of all sizes. For example:

- Lost-work-day claims account for 92% of the direct cost of claims for police departments.
- The average cost of a lost-work-day claim is \$45,076.
- Police department's indirect cost associated with lost-work day claims averages \$90,152. When combined, the average total cost per claim is \$135,228.
- Everybody benefits: normal work duties are responsible for 73% of the severity of all claims—these are activities not associated with Arrest and Control incidents or training.

Some departments take an "all or nothing" approach—if the officer is not able to return to full duty capacity, they aren't allowed to return at all. Even if a physician's restriction is minimal, this approach means that the officer may be out of work for extended periods of time.

Departments taking this approach often times find:

- They are understaffed because officers, no matter how small the injury, are always out.
- Overtime hours are increased.
- Other officers become overworked.
- Morale is low.
- Projects back up; shifts always need coverage.
- Injured officers may be out days, weeks, months, or years longer than needed.
- An increased Total Cost of Risk strains their budgets.

There are other things to consider:

1. If officers are aware that their department has an “all or nothing” approach, they are more likely to abuse the system. Minimal complaints of discomfort or soreness mean they can stay out of work for extended periods of time.
2. “All or nothing” can also create friction from misunderstandings and wrong perceptions. Consider, for example, an officer with a slight shoulder sprain whose only restriction is that he shouldn’t reach above shoulder height. If co-workers see the officer at home, off from work, raking leaves, landscaping, loading groceries in their car, or coaching their child’s athletic team, the perception may be that the injured officer is faking. This, of course, is not the case if the injured officer is prohibited from returning to work and is abiding by his medical restrictions.
3. A formal Return-to-Work Program is also required under Connecticut Workers’ Compensation Statute § 31-313, “Transfer to suitable work during period of treatment or rehabilitation or because of physical incapacity where such work is available.”
4. A formal Return-to-Work Program is also one of the prerequisites (Connecticut Statute §31-279) for any police department to participate in CIRMA’s Medical Care Plan, CIRMAcare®.

CIRMAcare Medical Care Plan

CIRMA’s State-approved CIRMAcare Medical Care Plan (MCP) integrates best-in-class injury care and disability management with sophisticated claims administration focused on facilitating injury recovery and return-to-work for municipal employees. CIRMAcare provides injured officers a gold standard of care for work-related injuries. It consists of a customized, pre-selected, and credentialed Preferred Provider Network of quality medical providers who provide high quality, efficient care to injured officers. Negotiated fee schedules and rates help further manage the medical costs of officer injury claims. The CIRMAcare MCP is designed to provide quality, tailored care and cost-containment through:

- Access to CIRMA’s Preferred Provider Network with over 30,000 medical providers, 24 hospitals, and 3,700 treatment facilities.
- Experienced Telephonic and Field Nurse Case Management.
- Catastrophic Nurse Case Management.
- Comprehensive pharmacy network, medical imaging, and durable medical equipment programs.
- Exclusive network of physical therapy providers.
- State-of-the-art medical bill review system.
- Ability to customize the network to meet the individual member’s operational needs.
- Utilization review.

Prerequisites for Participation in CIRMAcare

The prerequisites to participate in the CIRMAcare MCP under Statute §31-279 include:

- Formal Return-to-Work Program for employers with more than 50 employees.
- Established and active Safety and Health Committee for employees with more than 25 employees.
- Urgent Care Facility and Acute Care Hospital Selection (Initial Care Provider).

Your CIRMA Risk Management Consultant and Claims staff can assist you in meeting these prerequisites and also with the CIRMAcare application process. All CIRMA Workers’ Compensation pool members and Self-Insured members are eligible to apply to participate. For more information, please contact your Risk Management Consultant.



Visit CIRMAClaim.org to file a claim. Members can now report claims online--enjoy easy access, faster claim reporting, robust data capture, and an overall seamless digital experience.

II. It Starts at the Top!

Before a Return-to-Work Program can be fully successful, the first step is making full **commitment** to it. The success of every risk management program, including Return-to-Work programs, is greatly improved by the commitment of the Chief, the Supervisors, and union leadership.

- Management should invest resources and time in promoting the Return-to-Work Program to staff.
- Labor should support Return-to-Work programming and demonstrate support by including the program in collective bargaining agreements.
- Commitment to Return-to-Work issues and outcomes should be the accepted norm across all municipal departments.

Supervisors are vital to the success of Return-to-Work Programs due to their day-to-day proximity to the injured officer and their ability to manage the Return-to-Work environment. The leaders that are trained in the Return-to-Work process, taught to be positive, empathetic in early contacts with injured officers, and active in the Return-to-Work process, will have positive outcomes.



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There are a number of individuals involved in the process of providing medical care to an injured officer and returning that officer to work. These partners include, but are not limited to:

- Employer:
 - Chief of Police
 - Supervisors (Lieutenants, Sergeants, etc.)
 - Unions
 - Administrative Assistants
 - HR/Personnel Directors
 - The Injured Officer
- Medical providers
- CIRMA:
 - Claims Adjuster
 - Risk Management Consultant
 - Nurse Case Managers
 - Special Investigations Unit
- Workers' Compensation Commission

Timely and clear communication between all of these individuals will help enable the development, implementation and the long-term success of your Return-to-Work Program.

III. Program Basics and Steps to Developing a Program



Visit CIRMAClaim.org to file a claim. Members can now report claims online--enjoy easy access, faster claim reporting, robust data capture, and an overall seamless digital experience.

Leadership's commitment, essential to the program's success, means in practice that they will do their best to provide medically appropriate work for an injured officer while he or she recovers. Even if an officer has medical restrictions, the officer can usually continue to do some kind of meaningful work of value to the department. Leaders may not be able to provide work that fits the doctor's instructions every day; however, the police department should be consistent and diligent in its efforts to find as much suitable work for officers as possible. Officers should expect that they will be brought back to work as soon as possible after an injury, either at limited hours, limited days, or at full-time or part-time modified duty.

Program Basics

A Return-to-Work Program should lay out the steps needed to return an officer to his or her pre-injury job. It should also include the responsibilities of the officer, the supervisor or manager, and anyone else assisting the injured officer in the department. It should outline the actions each should take to achieve the program's goal. Below are some of the recommended steps and actions that should be part of program and communicated to all officers.

Prompt Reporting of Injury

Immediate reporting of an injury is essential. Prompt reporting triggers initial medical assessments along with diagnosis and treatment plans. It also triggers the involvement of the appropriate Return-to-Work partners. The steps below should be communicated in writing to officers and posted in common areas:

Steps to Take

- Injured officers are required to immediately notify their supervisor of the injury.
- The supervisor should instruct the injured officer to seek medical attention at the police department's designated Initial Care Provider (ICP) for a medical evaluation. (Basic first aid attention may not require a medical evaluation or office visit; 911 should be called for a serious or life threatening situation).
- If an officer is sent to an ICP for a medical evaluation, they should be given the appropriate forms and information to take with them. This includes Physician Return-to-Work Release forms to be completed by the attending physician. These forms should be returned promptly to the supervisor or Return-to-Work coordinator (See page 6 for more information, and Appendix C for a sample form.)
- The supervisor, or their designee, should report claims online via the **CIRMAClaim.org portal within 24 hours.** (For online claims reporting access, please contact CIRMA's Claims Department at 203-946-3700). Claims may be still be reported via the Hotline at (1-800-OK CIRMA).

Important Note: Injured officers should **not** be responsible for contacting CIRMA to report their own claim. This should be done by a supervisor or their designee. A CIRMA Claims Representative will contact the officer once the claim has been received.

Identify an Initial Care Provider (ICP)

To increase the efficiency and effectiveness of their Return-to-Work Program, the department should select an ICP. This is a facility that every officer should be required to go to for their initial medical assessment and diagnosis immediately after a work-related injury. The ICP should be familiar with the department's policies regarding Return-to-Work, the forms used, and information the police department expects back. As

mentioned earlier, specifying and using an ICP is also a requirement for participation in CIRMAcare. Having a good working relationship and open communication with an ICP will further expedite an injured officer's return-to-work. (Visit www.CIRMAcare.org to access the Provider Search to select your ICP.)

Return-to-Work Program

The provision for transitional work is another key to a successful Return-to-Work Program and should be part of any individualized Return-to-Work plan. Transitional work activity can be:

- A modified version of the injured officer's original job.
- The same job with reduced hours.
- A combination of tasks from other positions. And, it may be
- Part-time or full-time.

Sample Transitional Work Assignments can be found in Appendix A.

Transitional Duty

Whatever its makeup, transitional duty should be a time-limited assignment that is directed toward the injured officer's full return to their pre-injury job. Police departments should determine the maximum length of time they will be able to provide, offer, or consider providing transitional duty so that there is as much consistency as possible from one injured officer to the next. Most transitional assignments should last no more than 90 days. Assignments should have a start and end date and coincide with medical evaluations. Circumstances may require that these time lines and accommodations be modified, but as a best practice they should never be open-ended.

Additionally, consideration should be given and coordinated with other policies such as attendance, Americans with Disabilities Act (ADA), leave, Family and Medical Leave Act (FMLA), or other requirements when establishing time lines and accommodations. For example, some police departments have a requirement for injured officer's to utilize sick time if they are unable to return to full duty. It is recommended that employment legal counsel be consulted when establishing these time lines. As a best practice these standard time lines should be established as part of the Return-to-Work Program's policies and procedures, and not determined after an injury occurs.

Medical Clearance

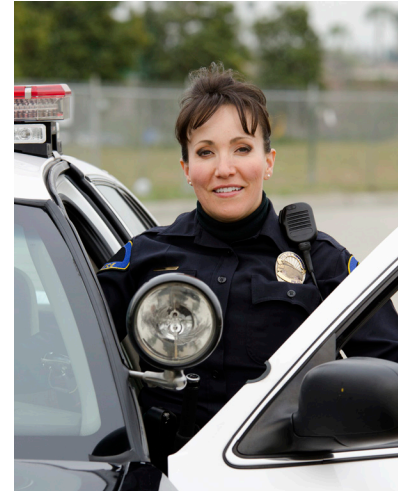
In order for a treating physician to decide whether or not to release an injured officer back to work and at what capacity, the physician must first know the injured officer's Essential Physical Job Functions. One of the major reasons that injured officers are kept out of work longer than may be medically necessary, is that the employer doesn't communicate to physicians what the Essential Physical Job Functions are for the injured officer. Or, they leave it up to the injured officer to describe their job functions.

Essential Physical Job Functions are job tasks, activities, or requirements of a job position that places some form of physical demand or strain on the officer's body. Unfortunately, Essential Physical Job Functions are often not included in a job description, or are only vaguely described. For example, the term "heavy lifting" is used rather than a specific weight load. A physician is likely to keep an injured officer out of work longer if "heavy lifting" is in the job description rather than "Occasional lifting (0 – 25% of work duties) of loads up to 40 lbs."

The dangers in lack of communication of Essential Physical Job Functions is twofold.

1. An officer could Return-to-Work duties too early and either exacerbate the injury or re-injure themselves.
2. They could be able to perform work duties, but are kept out longer than necessary.

A CIRMA Best Practice is for municipalities to review all job descriptions and define the Essential Physical Job Functions of each. The best starting point is to review those positions which have the highest injury rates, or risk of injury first. **It is very important**



Return-to-Work Program
 The provision for transitional work is another key to a successful Return-to-Work Program and should be part of any individualized Return-to-Work plan. Transitional work activity can be:



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to note that during this process an officer’s job description should not be changed. The purpose of this refinement is to only further detail and describe the current Essential Physical Job Functions that an officer or job position currently performs.

CIRMA recommends that the police department work with their unions on defining and detailing these job functions and have them participate in the entire process. Additionally, before final amendments are implemented, the police department should consult with their Employment Legal Counsel to help ensure a job description has been updated appropriately.

The end result of this exercise should be a list of Essential Physical Job Functions for each position that can be incorporated into the Physician’s Return-to-Work forms. The injured officer will then return the completed physicians forms to their supervisor, which indicate indicates their work restrictions, if any. Thus, the department has the information needed to create an effective Transitional Duty Plan. Please refer to Appendix B for a sample of Essential Physical Job Functions for Police Officers.

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Communication with all medical providers is an important element in the effectiveness of a Return-to-Work Program. As mentioned above, the medical care provider plays the dominant role in determining the officer’s medical condition, capacity to perform work, and the restrictions to be observed. Physician Return-to-Work forms are important tools in the communication process.

What they communicate to the physician:

- That the police department has a Return-to-Work Program for its injured officers that addresses work accommodations and transitional duty.
- The police department’s commitment to returning an injured officer back to work as soon as medically appropriate.
- The injured officer’s job description with details regarding Essential Physical Job Functions.
- The coordinator at the police department who is assisting the injured officer.

The physician can then provide the police department (and CIRMA) with information on:

- The time of day the officer was seen by the physician (in time/out time).
- What, if any, specific work restrictions exist.
- Duration of restrictions.
- Estimated time on when an officer will be released to begin working, if they are not currently released.
- Next scheduled medical visit/evaluation appointment.

These forms, in addition to continued communication between the Return-to-Work partners, will help ensure:

- Appropriate care is being provided to an injured officer.
- That all parties are aware of recovery status.
- The progress of the claim throughout the claim life-cycle.

As a CIRMA best practice, whenever an injured officer is going to be seen by a physician, they should be given these forms ahead of time to take with them. This way they can be provided to the physician to be filled out at each appointment. Whether it is the officer’s first visit for diagnosis and evaluation, ongoing physical therapy appointments, or checkups, these forms provide the police department and CIRMA valuable, timely information. (For a sample Physician/Medical Provider Release form, refer to Appendix C.)

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V. Program Implementation and Evaluation

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Creating and distributing a written Policy Statement reinforces to the department their leadership's commitment. Posting this statement where it can be seen, providing copies to officers on a regular basis, and/or when they are injured, helps to establish the expectation of that they will be brought back to work after an injury. (A sample Policy Statement and a sample Procedure Statement can be found in Appendix D and E.)

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The coordinator is the person to whom the injured officer can submit status reports, provide other important claim information, or ask questions. Although a Supervisor, Manager, or Director of each department should act as the program coordinator, an Administrative Assistant or Human Resources and Personnel Director may assist by maintaining the files and by providing to the injured officer the department's written Return-to-Work Program, all applicable forms, and reporting procedures.

It is important that the coordinator understands the goals of Return-to-Work Program, the expectations of all Return-to-Work partners, and is able to communicate and reinforce them to the department.

Coordinators should have full support of leadership. Leadership's support, along with holding those individuals who do not follow procedures accountable, is paramount to the program's long-term success. If the coordinator is not a Supervisor, Manager or Director, those leaders should be in continuous contact with the coordinator during the injured officer's recovery. Their proximity to the injured officer and their ability to manage the Return-to-Work environment is vital to the success of the program.

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As highlighted throughout this guide, communication among all Return-to-Work partners is important to returning an injured officer back to work successfully. Just as a physician needs information in order to make informed decisions on an injured officer's medical care, so too does CIRMA. To effectively and efficiently manage the claim, CIRMA needs timely information about the officer's progress. Therefore, communication and information exchange between a police department and CIRMA's Claims Department is paramount.

Once a claim is promptly reported to CIRMA, the Claims Adjuster can start working to meet the primary goals of:

- Providing immediate high-quality medical care to injured officers.
- Creating an efficient and informed environment for handling work-related injuries.
- Returning injured officers to work, even in modified capacity for a limited time.
- Reducing the cost of loss for the police department.
- Reducing the indirect costs of loss to the police department's officer.

In all cases CIRMA should be kept fully aware of developments and the officer's progress toward full recovery. Continued and ongoing communication helps ensure that no piece of information falls through the cracks, so that the injured officer can return to work as soon as they are able.

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The type and content of training will vary across all levels of the police department.

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Supervisors, Managers, Directors, Coordinators, unions

Training should be provided for all these individuals at one time just before the Return-to-Work Program is begun. Chief Elected Officials and Executive Leadership should also be present and have an active role. Since these individuals should have already played a part in the development of the program, they should be familiar with its scope and purpose. Executive leadership should take this opportunity to reconfirm their commitment to the Return-to-Work Program and to their officers along with reinforcing why it is important. Attendees should be provided with the written policy statement, final written program, forms and documents to be used.

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Front Line Officers

Once the above training has taken place, departments can then schedule training for their frontline officers. Information about the program should be included in the Employee Handbook. Training should cover:

- Written Policy Statement.
- Departments Return-to-Work Program.
- Reporting Procedures.
- Forms.
- Expectations.

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New Officers

As new officers are hired, the above officer training should be provided to them as part of their new hire orientation.

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After a Return-to-Work Program is implemented, ongoing activities and results should be evaluated continuously by all Return-to-Work partners, and in particular by the police department itself. Activities and results that should be measured and evaluated include:

- Commitment of leadership: the Supervisors, Managers, and Department Heads.
- Officer adherence to the program's policies and procedures.
- Initial Care Provider.
- Reduction in Lost Work Days.
- Reduction in Cost of Risk.
- Increased department and officer morale.

This evaluation is critical in identifying the strengths and weaknesses in the police department's program and key to sustaining its success. If a weakness is identified, then corrective actions should be implemented and monitored.

Ongoing communication throughout all levels of the department will help with the evaluation process and aid in sustaining a strong, successful Return-to-Work Program.

Appendices

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Appendix A:

Sample Transitional Work Assignments

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1. Dispatch.
2. Maintain "mug" shot files.
3. Perform fingerprinting, maintain fingerprint files (if qualified).
4. Write reports and research issues as directed by management.
5. Conduct in-house training programs.
6. Present public safety lectures in schools (i.e. DARE, bicycle safety, traffic safety).
7. Perform general filing and other clerical and administrative tasks.
8. Document management tasks.
9. Conduct inventories.
10. Conduct traffic survey (speed).
11. Conduct road inspections to be sure intersections and traffic control devices are free of obstructed views.
12. Take minor complaints received at headquarters.
13. Perform telephonic follow-up investigations.
14. Perform data entry (if qualified).
15. Conduct bad check complaint investigations and other select complaint investigations that require telephone follow-up and inside investigation only.
16. Investigate and take statements at police headquarters for police division investigations.
17. Attend required training programs.
18. Substitute for or relieve school crossing guard.
19. Visual inspections of fire extinguishers.
20. Emergency lighting tests.
21. Emergency generator tests.
22. Inventory all chemicals in department.
23. Update Material Safety Data Sheet books.
24. Restock first aid kits.

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Appendix B:

Sample Essential Physical Job Functions

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- Uses muscle force to lift, push, pull or carry objects up to ____ lbs.
- Uses short bursts of muscle force to jump, sprint, or throw.
- Requires that one move one's body from place to place.
- Must make quick single movements of the arms and legs.
- Must be able to maintain arm/hand steadiness.
- Must be able to hear and understand conversation in a quiet environment.
- Must be able to hear and understand conversation in a noisy environment.
- Must be able to tell where a sound is coming from.
- Must be able to discriminate between sounds.

Gca YHja Yg

- Must support, hold up or move own weight repeatedly or continuously.
- Must support one's self using stomach and lower back muscles.
- Must exert oneself physically over a period of time of up to ____ hours/minutes.
- Requires extensive physical exertion.
- Must bend, stretch, twist or reach out with the body, arms, and/or legs.
- Must bend, stretch, twist, or reach out quickly and repeatedly, up to ____ times per ____.
- Must coordinate the movement of arms, legs and torso together.
- Must be able to keep or regain body balance in unstable positions.
- Must make skillful, coordinated movements with the hands and fingers.
- Must be able to see in close and distance environmental surroundings.
- Must be able to discriminate between colors.
- Must be able to discriminate between sounds.
- Ability to accurately visually identify or describe persons, vehicles, colors, locations or other objects at a reasonable distance from a moving vehicle.
- Ability to maintain a high degree of physical fitness as occasional physical exertion is intensive and demanding.
- Ability to communicate effectively both orally and in writing.
- Ability to understand and follow oral and written communications.
- Above-average physical endurance in running, climbing and lifting activities of up to _____ minutes.
- Must be physically able to operate a motor vehicle.
- Posses good balance, hearing and vision.

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The physical demands described herein are representative of those that must be met by a police officer to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

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- Works in or around water/slippery surfaces.
- Works around moving objects.
- Possibility of exposure to infection exists.

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Appendix C: Sample Physician/Medical Provider Release Form

NOTE: This is a SAMPLE form that should be modified to meet the municipality's and/or departments needs and evaluation criteria.

Physician Return to Work Medical Evaluation and Release Form

(_____)
Name of Employer

To Employee: You must present this release, to be completed by physician at your time of visit, to your supervisor within (____) days of your visit.

To the Physician or Medical Provider:

We have implemented a Return-to-Work Program in an effort to assist our employees in returning to suitable employment while they recuperate from an injury or illness. If the employee is unable to immediately return to regular work, we will make every effort to assign them to transitional duty, within the employee's physical capabilities. Included with this form is the employee's job description along with Essential Physical Job Functions. Please provide the release date for regular duty and/or indicate physical restrictions below.

Thank you.

Employee Name: _____ Occupation: _____ Date of Injury: _____

Office Visit - Date: _____ Time In: _____ Time Out: _____

1) The employee's return to work status is:

- Return to regular work. Date: _____
- Able to return to work with noted restrictions. Date: _____
(See item 4)
- Unable to return to work until next evaluation. Date: _____
- Referred to another health care provider: Date: _____

2) Employee may work full-time hours: YES NO

If NO: Maximum hours per workday: _____ Maximum hours per week: _____

3) Lifting Restrictions: (Please check appropriate box below)

- 40-50 lbs. 30-39 lbs. 20-29 lbs. 10-19 lbs.
- less than 10 lbs. No Restrictions

4) Restrictions include:

Employee can perform them:

	Frequently	Occasionally	Not at all
<input type="checkbox"/> Lifting above shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lifting from below knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Twisting of upper body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Squatting, kneeling, or crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Repetitive feet movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Operating industrial equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Driving vehicle, truck, dump truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Alternate sitting and standing every ____ hours			
<input type="checkbox"/> Limited standing to ____ hours			
<input type="checkbox"/> Under medication that could affect ability to work <i>(Please provide details below)</i>			

5) Other restrictions or limitations: *(Please provide detailed explanation below)*

Next Evaluation / Office Visit: Date _____

Physician / Medical Provider Signature: _____ Date: _____

Appendix D:

Sample Policy Statement

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The term “loss exposure,” as applied to the workplace, is defined as the potential for accidents which result in illness or injury. Every officer of _____ *Name of Employer* _____ has a responsibility to minimize loss exposure as a factor in the work place by participating in risk management programs and by strictly observing safety and standard operating policies and procedures.

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Officers of _____ *Name of Employer* _____ who are, or could be, on leave of absence from their duties as a result of a work-related illness or injury may be eligible for the Return-to-Work Program upon written certification of a medical care provider. The medical care provider must certify that the officer may return-to-work with restrictions on physical requirements of the job in question, and that those restrictions are not expected to last for more than _____ days.

A restriction identifies a physical condition that prevents an officer from performing the full scope of his/her job duties as outlined in their job description. There are two types of restrictions: temporary and permanent. *Temporary* restrictions are defined as those limitations placed on an injured officer by a physician that are of a relatively short duration (i.e. the officer is expected to fully recover and to return to normal working conditions).

Permanent restrictions are defined as those limitations placed on an officer by a physician that are expected to be long term (more than 180 days) or from which recovery is not expected. Those officers who fall in this category are not eligible for participation in the Return-to-Work Program. They may elect to seek alternative employment, or file for a “reasonable accommodation” under the Americans with Disabilities Act.

When an officer is approved for participation in the Return-to-Work Program, primary consideration will be given to job placement within the officer’s department and normal job duties. A secondary consideration will be alternative placement into another department or another assignment within the same bargaining unit. A critical consideration is to place the injured officer in a position to perform productive work that is both useful to _____ *Name of Employer* _____ and achievable within the limits of the restrictions placed on the officer.

Alternative placement will not be used to avoid the filling of vacancies within the department in question.

An officer participating in the Return-to-Work Program is subject to all rules, regulations, contractual memoranda of understanding, standards, policies and procedures of _____ *Name of Employer* _____. Each situation will stand on its own merits. An Officer Return-to-Work Form, completed by a physician, noting an officer’s restrictions, will be evaluated by Human Resources (HR) personnel in order to determine whether or not an officer is able to return to his/her assigned position. HR will then forward their recommendation with appropriate documentation to the injured officer’s department head for final determination.

If an officer is approved for the Return-to-Work Program, he/she shall be provided tasks which fall within the physical restrictions identified by the treating physician. In no case will an officer authorized to participate in the Return-to-Work Program be placed in an area that will pose a health or safety risk to _____ *Name of Employer* _____, other staff or themselves. An officer shall not be returned to work to any job that is punitive in nature.

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Appendix E:

Sample Return-to-Work Procedure

The Name of Employer has instituted a Return-to-Work Program applicable to full-time officers. Officers injured at work will be sent to the Initial Care Provider for initial treatment and evaluation. If, after treatment, the officer is unable to Return-to-Work, the officer may be referred for further treatment. The officer is required to have all applicable physician forms completed by the treating medical provider which will include a statement of any restrictions on duties, an expected Return-to-Work date and other important information. The officer is required to provide this information to Name of Coordinator within () business days.

If the expected absence from work is longer than three (3) days, the officer will be given transitional work duties that coincide with any medical restrictions identified by the treating medical care provider. The medical care provider may be requested to complete further evaluations or provide additional information upon request. The Return-to-Work package that an injured officer receives includes:

1. Physician Forms.
2. Current Job Description of Officer including Essential Physical Job Functions.
3. List of Transitional Work Assignments that are available.

The purpose of these forms and information is to furnish the medical care provider with information regarding the present duties of the officer and available transitional work duties. The response of the medical care provider will be evaluated. If the care provider indicates that the officer is not able to return to his/her regular duties but is physically able to perform transitional work assignments, then the officer will be required to report to work. Transitional work assignments will, to the extent practical, be within the same department and be related to the type of work normally performed by the officer.

Upon receipt of notification from the medical care provider of the officer's ability to return to transitional work, appropriate Human Resources (HR) and/or Supervisory personnel will review the documentation and job availability within the organization. HR and/or Supervisory personnel will then contact the officer to inform him/her of their transitional work as part of the Name of Employer Return-to-Work Program. Work schedules and assignments will be discussed with all parties.

Progress towards toward full Return-to-Work status will be continually monitored by HR, Supervisory personnel and CIRMA's Claims Departments.

Officers will be assigned to the Return-to-Work Program and transitional work assignments until a physician provides a written release for the officer to Return-to-Work at his/her pre-injury position and capacity. A maximum of 90 days in the Program is suggested, but duration may be increased to 180 days if physical restrictions dictate and a satisfactory job performance has been demonstrated. Under no circumstances should an officer's stay in the Return-to-Work Program for excess of 180 days, since Return-to-Work Programs are a temporary accommodation and not a long-term solution to officer disability.

If the officer refuses to bring the required physician forms to the medical care provider, or refuses to authorize the employer to mail it to the medical care provider, or refuses to report for transitional work assignments, then the officer's workers' compensation records will be forwarded to the Workers' Compensation insurance provider for purpose of requesting an immediate hearing to review the situation.

Officers do not waive any rights to Workers' Compensation benefits by participating in the Return-to-Work Program. Officers participating in the Return-to-Work Program will continue to be covered by the Workers' Compensation Act for all reasonable and necessary medical expenses and disability benefits related to the injury or illness.

Return-to-Work programs enhance productivity and morale of Police Departments

CIRMA's Return-to-Work Program helps Police Departments create, monitor, and evaluate Return-to-Work programs. These programs have been shown to be the most effective tool for reducing Workers' Compensation-related costs and increasing morale and positive mental outlook, while increasing the possibility of injured employees returning to productive employment. This program will help you—

- Understand and communicate the value of the program.
- Create a transitional duty/Return-to-Work program.
- Monitor and evaluate the program.
- Prevent additional injuries.

CIRMA's Risk Management programs help local public entities to better manage risk, lower losses, and provide more efficient public services.

“ The American Medical Society recommends that injured employees Return-to-Work as soon as they are medically able. ”



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