

Business Plan for Safety - STEP 3

Medical Treatment and Return to Work Practices

Proper medical care for employees and early return to work procedures, can greatly reduce claim cost and reduce unnecessary legal involvement and expenses. The following steps can be helpful in ensuring quality medical care and quick return to work for employees.

- Establish a close working relationship with the Managed Care Organization selected by your company.
- Communicate with the physicians, clinics and hospitals anytime an employee is injured.
- Educate medical providers about the nature of your business.
- Educate your employees about your medical procedures and procedures for obtaining medical treatment.
- Have employees report all injuries immediately.
- If employees are off work, set up a program of regular and frequent communication with the injured employee.
- Provide any assistance the employee needs during his/her recovery.
- Keep the employee advised of company functions and activities.
- Establish a modified duty program that will allow injured workers, where possible, to return to work in a productive capacity during the recuperation period.
- Work with the employee's physician and provide the physician a list of job duties for his/her approval.
- If appropriate, work with an Ohio Bureau of Workers' Compensation Rehabilitation specialist.
- Be as flexible as possible and always welcome the employee back to work.

ACCIDENT INVESTIGATION REPORT

Employee Name	Date of Injury	Time of Injury	Location of Accident
Employee Dept.	Employee Position	Length of Service	Body Part Injured
Nature of Injury	First Aid	Medical Treatment Required	Lost Time

Was there a Written Safety Procedure in place? Yes _____ No _____

Was the Procedure specific and did it cover the actions the employee was involved in when injured?
Yes _____ No _____

Was there training in these Safety Procedures? Yes _____ No _____

Was the training specific and did it cover the actions the employee was involved in that caused the accident? Yes _____ No _____

Were the proper tools and equipment supplied to do the job? Yes _____ No _____

Did supervisors conduct regular performance observations? Yes _____ No _____

Was employee counseling and enforcement conducted where necessary? Yes _____ No _____

Was the employee following established Safety Procedures? Yes _____ No _____

If not, why not? _____

What actions are being taken to eliminate the causes of the accident (fill out in detail) _____

When will the recommendations be completed? _____

Who will be involved in this process? _____

Completed by _____ Date _____

EMPLOYEE INJURY REPORT

NAME: _____

DATE REPORTED: _____

DEPARTMENT: _____

TIME REPORTED: _____

DATE OF OCCURRENCE: _____ DAY OF WEEK: _____ TIME: _____

LOCATION OF OCCURRENCE: _____

SUPERVISOR NAME: _____

JOB EMPLOYEE PERFORMING AT TIME OF OCCURRENCE: _____

DESCRIPTION OF WHAT OCCURRED (GIVE COMPLETE DETAILS INCLUDING WHERE, WHEN, HOW, AND WHY):

IN YOUR OPINION, WHY DID THE ACCIDENT OR INJURY TAKE PLACE?

IDENTIFY PARTS OF YOUR BODY INJURED: _____

WHAT PIECE OF EQUIPMENT INJURED YOU, IF APPLICABLE? _____

LIST ALL WITNESSES TO OCCURRENCE, OR PERSONS NEARBY AT THE TIME:

AT ANY TIME IN THE LAST FIVE YEARS, WERE YOU UNDER DOCTOR'S CARE FOR SAME OR

SIMILAR INJURIES? _____ IF SO, WHEN? _____

DATE _____

EMPLOYEE SIGNATURE _____

TRANSITIONAL DUTY PROGRAM

Every effort will be made by our company to provide a safe and healthful work environment for all our employees. However, from time to time there may be the possibility of one of our employees being injured. If that happens, the employee will be transported to the nearest emergency medical facility for proper treatment. The employee will be returned to work if possible.

In the event an employee is injured but can not return to work immediately to regular duty, a Transitional Duty Program has been established. This program is designed to get valuable employees back to productive work as soon as possible, following an injury. Work requirements will be kept within any physical work limitations placed on the employee by his/her treating physician.

The company will work closely with our injured employee and their treating physician. The treating physician will be notified of our Transitional Duty Program and our desire to work with the physician to return our injured employee to productive employment in an expeditious manner. We will request a list from the physician of work restrictions. These will then be reviewed, and work activities within these restrictions will be identified and the physician will be advised so the employee can be returned to work. Once the employee returns to work, every effort will be made to ensure the work activities are kept within the employees medical limitations.

The Transitional Duty Program will be reviewed on an employee by employee basis. It may not be possible in every case to match up the physical restrictions with available work activities. In those cases the employee will be advised. Close follow up with the physician will be maintained and, as soon as the employee is physically capable, he/she will be returned to active employment. Once the physical limitations have been removed, the employee will be returned to full duty.

The length of time transitional duty is made available will be at the company's discretion. Every effort will be made to accommodate the needs of our injured employees, but transitional duty is not a substitute for normal work duties. If it is felt that the Transitional Duty Program is not achieving the desired goal for a particular employee, the program for the employee may be terminated at the company's request. The company will continue to work closely with the injured employee and his/her treating physician to ensure the employee returns to normal productive employment if possible.

