



Administrative Regulations

Office of the Mayor

Title: RETURN-TO-DUTY PROGRAM (RTD)

A.R. Number: 4.18 Effective Date: 02/21/2017 Page: 1 of 6

Supersedes: N/A A.R.: N/A DATED: N/A

I. PURPOSE

The City of Richmond strives to ensure a safe and healthy workplace for employees, reduce the incidence of accidents and illnesses, and assist employees in returning to work from injuries. The goal of this Return-to-Duty (RTD) Program is to utilize the City's resources in the most effective manner to return employees who have a **medically documented job-related illness/injury** as defined by the Virginia Worker's Compensation Act to the workforce as soon as medically feasible.

This RTD program is intended to operate in conjunction and in coordination with the Americans with Disabilities Act (ADA), the ADA Amendments Act (ADAAA), the Family & Medical Leave Act (FMLA), the Occupational Safety & Health Act (OSHA), and the Virginia Workers' Compensation Act. This policy will not affect the already existing General Order 4-7 (Restricted Duty Assignment) or PPG#145 (Transitional Duty).

II. POLICY

This policy applies to those employees recovering from a medically documented injury sustained on the job. If such an illness/injury precludes the employee from performing their regularly assigned duties, the City's Medical Review Officer, in collaboration with Risk Management and the Appointing Authority, will make an effort to return the employee to work in a transitional assignment. Transitional work assignments shall be consistent with the employee's physical and mental capabilities during the recuperation period as determined by the employee's treating worker's compensation panel physician in conjunction with the City's Medical Review Officer.

III. PROCEDURE

In accordance with the Virginia Workers' Compensation Act, the City is obligated to provide medical treatment to an employee who suffers a work-related injury/illness. In a life-threatening injury/illness situation, the employee should be transported to the nearest hospital/treatment facility and, once the injury/illness has stabilized, referred to the City's Panel of Physicians. If the injury/illness is not considered to be life-threatening, the employee should be referred directly to the City's Panel of Physicians. A physician in the panel group becomes the employee's treating physician under the Virginia Workers' Compensation Act.

A. The employee's treating worker's compensation Panel Physician shall:

1. Conduct an examination of the work-related injury/illness,
2. Report medical results.
3. Make a determination regarding the employee's ability to immediately return to regular duty.

If the treating physician does not immediately release the employee to regular duty, the employee may not return to duty that day.



Administrative Regulations

Office of the Mayor

Title: RETURN-TO-DUTY PROGRAM (RTD)

A.R. Number: 4.18 Effective Date: 02/21/2017 Page: 2 of 6

Supersedes: N/A A.R.: N/A DATED: N/A

B. The supervisor must complete the following forms within the timeframes designated below:

- **Panel of Physicians Form** - This form should be given to the employee upon notification of the injury so the employee can select the treating Primary Care Physician if medical care is needed and if they have indicated their willingness to be treated by the designated Panel Physicians. The form requires the employee to sign and date it and the supervisor to indicate his/her name. If, due to the emergency nature of the injury/illness the form cannot be completed right away, it should be completed as soon as practicable.

If the individual indicates that “medical treatment is not desired at this time”, that does not mean that she/he cannot receive medical treatment at a later date if the injury has been reported properly; however, it is prudent that the employee be examined by a Panel Physician if there is discomfort/chance of injury. A copy of this form should be provided within 24 hours of the injury to the HR Liaison in the department. The HR Liaison should submit this form, as well as the below-referenced two (2) other forms to the City Safety Officer or the Departmental/City Safety Officer.

- **Employer’s Accident Report Form** - This is a Commonwealth of Virginia-required form which should be completed submitted promptly (no later than 24 hours after the injury) to the Department HR Liaison who will submit the form to the City’s Occupational Safety & Health Officer or the Departmental Safety Officer. Note: There is information related to hire date, date in position, and salary so, after initial completion by the supervisor, it should be submitted by the supervisor to the HR Liaison for form completion and submission to the Departmental or City Safety Officer.
- **Supervisor’s Report of Employee Injury/Illness Form** - This form must be completed by the supervisor and submitted within 24 hours of the injury/illness to the Department HR Liaison who will submit it to the City or Departmental Safety Officer.

IV. TRANSITIONAL TEMPORARY WORK ASSIGNMENT

Transitional employment is a process by which employees recovering from a medically documented illness/injury sustained on the job are brought back to work as quickly as possible in temporary assignments. In the transitional employment process, a Transitional Employment Plan (TEP) is created using input from the employee and a Transitional Employment Team (TET), a group comprised of the employee’s immediate supervisor, the Department HR Liaison, the City’s Occupational Safety Officer or the Department’s Safety Officer, and the City’s Medical Review Officer.

A. Transitional Temporary Work Assignment Plan

The supervisor and/or the Third Party Administrator/Risk Management are accountable for notifying the Department HR Liaison should it become likely the employee will need transitional employment. Once an employee has missed a pay cycle from work, the Department HR Liaison will convene the Transitional Employment Team to begin work on a Transitional Employment Plan (form attached) for the employee. Transitional employment may continue for a period of time determined necessary and appropriate by the Transitional Employment Team.



Administrative Regulations

Office of the Mayor

Title: RETURN-TO-DUTY PROGRAM (RTD)

A.R. Number: 4.18 **Effective Date:** 02/21/2017 **Page:** 3 of 6

Supersedes: N/A **A.R.:** N/A **DATED:** N/A

- 1. The Transitional Temporary Work Assignment Employment Plan must include the following:**
 - a. Specific responsibilities, duties, and tasks to be performed in the transitional assignment;
 - b. Start and end dates of transitional assignment;
 - c. A timeline with dates for reviewing the Transitional Employment Plan and the employee's performance in the transitional assignment, and
 - d. Signatures of both the supervisor and employee.

- 2. Responsibilities, duties, and tasks included in the Transitional Temporary Work Assignment Plan:**
 - a. Must be consistent with the employee's physical and mental capabilities during the recuperation period and of value to the Department.
 - b. Should be similar to the employee's regular work and within the same functional unit. If this is not feasible, the Transitional Temporary Work Assignment Plan may include alternative responsibilities, duties, and tasks that: Focus on the employee's unique skills and abilities;
 - i. Expand the employee's knowledge of aspects of his/her regular job;
 - ii. Allow the employee to share skills through teaming with other employees;
 - iii. Add value to services normally provided by the Department; and
 - iv. Are in accordance with the employee's medical restrictions.

- 3. Monitoring Transitional Temporary Work Assignment Plans**
 - a. The Transitional Employment Team shall:
 - i. Meet periodically as the employee's medical condition changes to review the Transitional Temporary Work Assignment Plan;
 - ii. Revise the Transitional Temporary Work Assignment Plan as necessary to include duties that expedite the employee's transition to his/her regular position, and/or reflect improvement in the employee's capacities, as documented by the treating physician;
 - iii. Contact the Department HR Liaison/Third Party Administrator to discuss next steps if:
 - 1) The treating physician indicates the employee has achieved *maximum medical improvement* (MMI) before the end of the Transitional Employment Plan, or
 - 2) The employee is unable to resume the duties of his/her position at the end of the Transitional Temporary Work Assignment Plan.
 - b. Supervisors must maintain a Transitional Temporary Work Assignment Plan Tracking Form (attached) documenting the employee's performance under the Transitional Temporary Work Assignment Plan.



Office of the Mayor

Title: RETURN-TO-DUTY PROGRAM (RTD)

A.R. Number: 4.18 Effective Date: 02/21/2017 Page: 4 of 6

Supersedes: N/A A.R.: N/A DATED: N/A

V. RESPONSIBILITIES

A. Supervisor:

1. Ensure that employees work in a safe environment. If a work-related accident or injury occurs, ensure the safety and well-being of the employee by making sure he/she gets prompt and proper medical care. Contact 911, if necessary. If the employee is not transported from the scene to the emergency room, ensure that employee is transported to the selected Primary Care Physician indicated on the Panel of Physicians form.
2. The supervisor, in conjunction with the Safety Officer, will conduct or ensure an accident analysis is conducted, regardless of whether an injury occurs.
3. Make sure the **Panel of Physicians Form** is completed within 24 hours of the injury/illness and promptly provide to HR Liaison along with the below-mentioned 2 forms.
4. Complete and sign the **Employer's Accident Report** with available information within 24 hours of the injury/illness and send to HR Liaison for final completion and submission.
5. Complete and sign the **Supervisor's Report of Employee Injury** within 24 hours of the injury/illness and submit to HR Liaison.
6. Serve as a member of the Transitional Temporary Work Assignment Team and work with the team to develop Transitional Employment Plan.
7. Notify the department HR Liaison of the return to work date, receive a copy of the return-to-work authorization from the individual's treating physician, and provide a copy to the department Human Resource Liaison.
8. Participate in Transitional Temporary Work Assignment Team meetings.
9. Monitor employee performance while in the transitional assignment.

B. Human Resources Liaison:

1. Send the following forms to the department or City Safety Officer within 24 hours of the incident:
 - Panel of Physicians Form
 - Employer's Accident Report – will need to complete any information regarding salary, date of hire, etc.
 - Supervisor's Report of Employee Injury
2. Participate in Transitional Temporary Work Assignment Team meetings.
3. Work with department management and Safety Officer to determine suitable Transitional Temporary Work Assignment.
4. Work with department Timekeepers to ensure that *Injury Leave* is correctly recorded.
5. Work with supervisor to ensure that the employee provides necessary medical documentation and information, including work restrictions, therapy needed, return to work dates, etc. after visits to worker's compensation panel physician. That information should also be provided to the Department or City Safety Officer (whichever one is applicable for the department/agency) if he/she has not already received it.
6. Work with Transitional Temporary Work Assignment Employment Team to help facilitate return to work.

C. City Safety Officer or Department Safety Officer:

1. Work with Supervisor, HR Liaison, and City's employee medical services provider physician to determine Transitional Temporary Work Assignment Plan.
2. Attend Transitional Temporary Work Assignment Team meetings.
3. Keep third-party worker's compensation administrator apprised of specifics of any proposed Transitional Temporary Work Assignment Plans.
4. Work with Transitional Temporary Work Assignment Team to help facilitate return to work.
5. Review the Functional Capacity Evaluation (FCE) performed by the worker's compensation physician to ensure that transitional duties are within restrictions cited in the evaluation.



Office of the Mayor

Title: RETURN-TO-DUTY PROGRAM (RTD)

A.R. Number: 4.18 Effective Date: 02/21/2017 Page: 5 of 6

Supersedes: N/A A.R.: N/A DATED: N/A

D. City's Employee Medical Services Provider Physician:

1. Review and approve draft Transitional Temporary Work Assignment Plan to ensure that it is compatible with the employee's physical and mental capabilities during the recuperation period as determined by the employee's treating worker's compensation panel physician.

E. Chief of Risk Management:

1. Serve as member of Transitional Temporary Work Assignment Team.
2. With City Safety Officer, ensure that third-party worker's compensation administrator is aware of transitional assignment duties and transitional assignment start and end dates.
3. Work with Transitional Employment Team to help facilitate return to work.

VII. DEFINITIONS

Term	Definition
Americans with Disabilities Act/ ADA Amendments Act (ADA/ADAAA)	Federal laws that requires employers to make reasonable workplace accommodations for qualified persons.
City's Medical Services Provider Physician	City's Occupational Health Physician.
Family Medical Leave Act (FMLA)	Federal law that requires employers to grant job protected leave to eligible employees.
HR Liaison	Agency representative who collaborates with supervisors and employees on Human Resources issues.
Maximum Medical Improvement (MMI)	The point at which no further progress is anticipated.
Third Party Administrator (TPA)	The external vendor hired by the City of Richmond to manage its workers' compensation claims. Also referred to as the Return-to-Work Coordinator
Transitional Temporary Work Assignment/Duties	A set of interim tasks offered to an employee returning to work from a work-related injury/illness. Tasks are consistent with the employee's physical and mental capabilities during the recuperation period, as determined by the employee's treating physician and/or the City's Employee Medical Services provider physician.



Office of the Mayor

Title: RETURN-TO-DUTY PROGRAM (RTD)

A.R. Number: 4.18 **Effective Date:** 02/21/2017 **Page:** 6 of 6

Supersedes: N/A **A.R.:** N/A **DATED:** N/A

Transitional Temporary Work Assignment Plan (TTWAP)	A process by which employees recovering from a medically documented illness/injury sustained on the job are brought back to work as quickly as possible in transitional assignments.
Workers' Compensation (WC or Workers' Comp)	A program conforming to Virginia law that provides benefits to an employee (or an employee's family) if the employee suffers a job-related injury or disease related to work.
Work-Related Injury/Illness	An injury or illness that occurs on the job to an eligible employee for which benefits and are payable under the Workers' Compensation Act of Virginia.

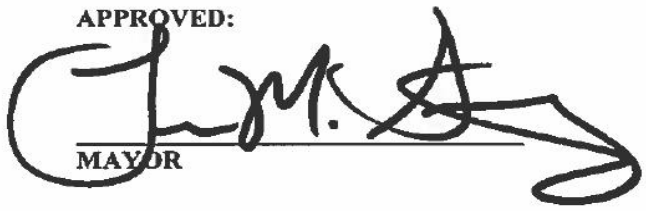
VII. FORMS

- Panel of Physicians Form (Finance Forms – Risk Management – Worker’s Compensation)
- Employer’s Accident Report (Finance Forms – Risk Management – Worker’s Compensation)
- Supervisor’s Report of Employee Injury (Finance Forms – Risk Management – Worker’s Compensation)
- Transitional Temporary Work Assignment Plan Form (attached)
- Transitional Temporary Work Assignment Tracking Form (attached)

VIII. REGULATION UPDATE

The Department of Human Resources and Finance Risk Management, in conjunction with the City’s Medical Services provider physician, shall be responsible for modifications to this Policy.

RECOMMEND APPROVAL: 
CHIEF ADMINISTRATIVE OFFICER

APPROVED: 
MAYOR

RETURN TO DUTY

Transitional Temporary Work Assignment Plan

SECTION 1 - EMPLOYEE INFORMATION

Employee's Name: _____ Department: _____

Phone #: _____

Official Job Title: _____

SECTION 2 - DEPARTMENTAL INFORMATION

Supervisor's Name: _____ Phone #: _____

HR Liaison's Name: _____ Phone #: _____

SECTION 3 - RESTRICTONS / LIMITATION

Place a check near all activities the employee is not authored to perform:

- Walking for more than ___ hours per shift
- Standing for more than ___ hours per shift
- Bending
- Stooping
- Lifting more than ___ lbs
- Climbing
- Exposure to _____ for _____ length of time
- Other

RETURN TO DUTY

Transitional Temporary Work Assignment Plan

SECTION 4 - PLAN SPECIFICATIONS

Class Title: _____ Class Code: _____

- Job Description:

#	Responsibilities / Duties / Tasks	Performance Standard (Productivity / Quality / Quantity)
1		
2		
3		
4		
5		
6		
7		
8		

- Work Schedule

RETURN TO DUTY
Transitional Temporary Work Assignment Plan

Transitional Temporary Work Assignment Plan Schedule:

Plan Start Date:

Checkpoint/Review Dates:

Plan End Date:

Prepared by: _____ Date: _____

Approved by: _____ Date: _____

~~~~~

This Transitional Temporary Work Assignment Plan has been reviewed with me. I understand that I am to contact my immediate supervisor should I have questions or experience difficulties while performing this assignment.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have reviewed this Transitional Temporary Work Assignment Plan with \_\_\_\_\_. I understand that I am to contact my immediate supervisor should I have questions or experience difficulties while \_\_\_\_\_ is performing this assignment.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

