

Return -To- Work Program

PURPOSE:

The San Francisco Unified School District (“District” or “SFUSD”) recognizes that its most valuable assets are its employees and desires to provide them with a safe work environment. As part of its overall risk management program to reduce the administrative and financial impacts of injuries and illnesses on the District and its employees, SFUSD is committed to implementing a comprehensive program to keep injured and/or ill employees in gainful, productive and rewarding employment.

Participation in the program is mandatory for both the District and its employees. Specifically, the program is designed to:

- Enable an employee, based upon competent medical opinion, to work within his/her medical restrictions until able to return to his/her usual and customary occupation (regular duty);
- Improve employee morale and increase productivity;
- Retain our most valuable resources which are the skills, knowledge, and experience of our employees;
- Enable employees to retain their salary and benefits;
- Allow employees to retain their sick leave.

DEFINITIONS:

Productive Duty is defined as any work assignment for which the employee has the requisite knowledge and/or skills to perform competently while the employee’s medical work restrictions are accommodated.

Return-to-Work Program (RTW) is a program designed to return an injured worker to productive duty as soon as they are physically and/or emotionally able following an injury/illness. The RTW Program is a coordinated effort between the employee, the employee’s Supervisor, the Risk Management Office, and the District’s Workers’ Compensation claims administrator, where applicable.

A Transitional Work Assignment is an element of the RTW program. This element is a tool used for assisting an employee in returning to his/her regular duties.

A Transitional Assignment Agreement/ Modified duty is an agreement between the employer and employee that allows an employee to return to work in an assignment performing functions other than those usually assigned and is intended to allow an employee the opportunity to

recover from their injury/illness while continuing to work. This agreement is temporary and shall be revisited every 12 weeks.

Following medical treatment for an injury/illness, an employee released to return to work with restrictions that are determined to preclude them from returning to their regularly assigned position (Full Duty) will be returned to transitional work assignments, where possible.

Transitional Work Assignment allows the employee's medical condition and work tolerance to improve while keeping him/her in the work environment during the recovery period. Transitional Work Assignments are not to exceed 90 days and may be terminated if the assignment is no longer available, if the employee's medical condition worsens, or if the employee is released to return to work without restrictions. This action takes place at the discretion of the Risk Management Office. In some circumstances, a Transitional Work Assignment may extend beyond the 12 weeks at the direction of the Risk Management office.

Policy:

It is the policy of the District that every effort will be made to provide the employee with modified or alternative work that is within the employee's medical restrictions. Although variability in the program may exist, each case is evaluated individually; the outcome shall be consistent with this policy

Each employee is responsible for reporting all work-related injuries or illnesses immediately to his or her supervisor and advising his or her medical providers that the District provides Return to Work opportunities that encompass the employee's abilities and work restrictions.

The SFUSD Risk Management Office will coordinate a Return to Work Program (RTW) with the department and employee once the employee has been medically released to return to work.

Each department is responsible for working with the Risk Management office on work-related injuries to identify transitional work assignments when work restrictions are indicated.

An employee who sustains a work-related injury will not be debited sick or vacation pay for the day of the injury, provided s/he reports for medical treatment on the day of injury. Follow-up appointments with Employee's attending physician for Work-related injuries shall be charged to sick or vacation time (Regulation # R4310).

The Return to Work Program is administered by the Risk Management Department. All inquiries regarding this policy should be directed to the Risk Management Office.

PROCEDURE/S:

Accident Reporting

- Employee report accidents immediately to the site administrator/Department Supervisor.
- If medical treatment beyond first aid is required, promptly ask the employee to report the injury or illness to the nurse help line at [415-241-6392](tel:415-241-6392). The nurse will help direct the employee to right medical treatment.
- For Return to Work questions or concerns, email rtw@sfusd.edu

Absence Reporting

The employee is responsible for notifying his or her immediate supervisor of any unplanned absence such as illness or industrial injury. At the time the absence is reported, the supervisor shall advise the employee of the Return to Work Program and the availability of transitional work assignments.

Returning to Work after Injury/Illness Approval

If an employee has been absent due to a work related injury /illness, the employee must provide a Work Status Report (Doctor's Note) from their care provider that they are cleared to return to work prior to returning to work. The employee must submit a Work Status Report (Doctor's Note) to SFUSD Risk Management Office at rtw@sfusd.edu and direct supervisor or manager.

The employee's direct supervisor or manager will work directly with the Risk Management Office to clear the employee's return to duty and/or seek an alternate work assignment.

Work Restrictions

The Work Status Report (Doctor's Note) must specifically indicate clearance to return to regular duties duty (Full Duty); or, specify any type of work restrictions (e.g. no heavy lifting including the poundage; prolonged sitting - including the hours, bending, twisting, standing, psychological limitations; limited hours... etc.). If the release indicates a work restriction(s), the expected length of time for the restrictions(s) must be stated. If the condition(s) and/or restriction(s) are unclear, the Risk Management office will request clarification by contacting the employee and claims administrator.

A written or verbal request will be made to the employee to promptly return to the physician or contact physician and obtain the clarification in writing. The employee may use accrued sick leave and vacation accrual or take an authorized Leave Without Pay to obtain the clarification of the Work Status Report.

Transitional Work Assignment

Following medical treatment for an injury/illness, an employee released to return to work with restrictions that are determined to preclude them from returning to their regular duties (Full Duty) will be returned to transitional assignments, where possible.

- After work status report is received, the site administrator will determine the appropriate transitional duties. The site administrator will complete the Transitional Assignment agreement (Appendix A), obtain the signature of the employee and send a copy to Risk Management office (rtw@sfusd.edu) within 24 hours. The Transitional Work Assignment should not last longer than 12 weeks but may be extended up to 24 weeks if the employee's medical condition shows signs of improvement and upon approval of the Manager in Risk Management office.
- The site administrator shall consult with the RTW Coordinator if modification of the regular assignment cannot be made. The RTW Coordinator and the site administrator will identify the most effective and productive alternate assignment within the work location. The site administrator will complete the Transitional Assignment Agreement and email a copy to Risk Management Office at rtw@sfusd.edu within 24 hours.
- The RTW Coordinator will monitor all transitional assignments. If the assignment is approaching 90 working days, the RTW Coordinator, in conjunction with the site administrator, will determine if an extension of the assignment is warranted. Determination will be based on the medical prognosis, the effectiveness of the assignment and the availability of other transitional assignments throughout the District. The transitional assignment may be terminated at any time before the 12 weeks' time. Should the employee's medical condition worsen during the transitional period, or the transitional assignment is no longer available, or the employee is released to return to work without restrictions.
- Transitional Work Assignment or "Light Duty" should be made within the employee's assigned department/ location when possible. The Manager and/or Supervisor of the employee are responsible to find transitional assignments within the employee's department. In cases where transitional work assignments are not available within the employee's department, Risk Management Office will explore alternatives within the organization. Additional transportation factors or temporary shift changes in connection with the transitional assignment are not grounds for employee to refuse the assignment.
- If an extension of the assignment is not granted by Risk Management and the site administrator or the physician indicates that the work restrictions have permanent, the case will be transitioned to the Human Resources department.

- If it is determined that no transitional assignments are available at the work location, Risk Management will locate appropriate transitional duties at another location that can accommodate the work restrictions. If transitional assignments involve substitute time, aide time or assistive devices, Risk Management must be notified of such expenditure.

Payroll Coding:

When an injured worker is placed on a Transitional Assignment that is not their regular position (Regular Duty), the Risk Management Office will place the employee on Leave of Absence in PeopleSoft with a Specific Reason Code (RTW Transitional Work) signifying that the employee is working transitional duty. Leave coding allows the site to order a substitute, if needed. For these employees, pay code **XX** should be used to enter the employee's payroll time for regular work days. All other days are coded as usual (e.g. Holiday, Sick). For additional questions regarding payroll coding, please contact Payroll.

Additionally, when the employee is placed on leave for PeopleSoft reason Transitional Work, their normal position number is replaced with a sick leave position number that is not tied to the site. Therefore, the site will not be paying the earnings/benefits of the injured worker while the employee is working on the Transitional Work Assignment.

Therefore, it is advised that the assigned department Manager/Director make every attempt to identify transitional assignments within that department before identifying potential assignments in other departments.

Employee's Failure to Report

Transitional Work Assignments shall be treated the same as regular work assignments. Employees who have accepted a Transitional Work Agreement are expected to report for the work assignment as agreed upon. An employee who fails to report (no show/no call) shall be subject to disciplinary procedures in accordance with Union Agreements, Board Policies and Human Resource policies. The Supervisor shall immediately notify Risk Management and Human Resources of the employee's failure to report.

Employee Responsibilities:

1. Obtain a work slip from the authorized primary treating doctor at every appointment and submit it to your supervisor (and all other supervisors if employee have more than one job with the District) and Risk Management Office at rtw@sfusd.edu before returning to work.
2. Consult with your supervisor(s) and Risk Management Office if you have temporary work restrictions or limited work capacities to determine if the department has transitional work available.

3. Report to work on the date your supervisor(s) determines transitional work can begin. Refusing to work may result in Worker's Compensation disability benefits, and SFUSD benefits related to the work injury, being suspended and/or denied.
4. Work within your limited capacities and/or follow the work restrictions provided by the treating doctor. If the supervisor asks you to perform tasks which are against the work restrictions, you should let the supervisor know, and you should decline those tasks. You should also notify the Return to Work Coordinator via email (rtw@sfusd.edu).
5. Submit a written release to full duty work to your supervisor(s) when returning from a Worker's Compensation leave of absence or before resuming regular work activities.
6. It is your responsibility to keep the Return to Work (RTW) unit and your supervisor informed of your medical status by providing current Work Status Report (Doctor's Note) promptly. You must fax your valid Work Status Report (Doctor's Note) to (415) 358-4228 or email rtw@sfusd.edu within one day of your doctor's visit.

Responsibility of the Supervisor/Manager:

The most important factor in a successful Return to Work Program is the careful oversight given to the employee's progress and the program management provided by the employee's supervisor or site administrator. You will contribute to the success of both your employee and the Return to Work Program by:

- Promoting and providing a safe productive working environment for our employees.
- Making every effort to prevent lost time injuries and work-related illnesses and unnecessary absences from work.
- Optimizing all opportunities for return to work at the earliest appropriate time.
- Actively participate and encourage employees to return to work in a transitional work assignment. Your refusal to accept an employee's transitional work assignment may increase unnecessarily the District's workers' compensation costs.
- Complying with all policies, procedures, and guidelines outlined in this program when returning an employee to work.
- Requiring all employees injured at work to accurately and promptly report the incident.
- Timely reporting ensures that the employee will receive the best and most appropriate medical care.
- Investigating all incidents promptly by submitting Supervisor Report of Injury within 24hour of injury (Appendix B). Let your employees know that fraudulent claims will be prosecuted to the full extent of the law.
- Working cooperatively with the Risk Management Office to develop return to work strategies for all employees who are injured or ill.

Supervisor Return to Work Guidelines:

1. Ensure the employee can safely return to work after a work-related injury/illness. Supervisor must have an employee's notice of release to work, such as a work slip or notice (e.g., email or phone call) from the Return to Work Coordinator before an employee is allowed to return to work. The Work Status Report (Doctor's Note) should indicate release to regular work activities or release to work with temporary restrictions or limited capacities.

2. If Employee is released to full duty return employee back to work.

3. If Employee has recovery limitations/work restrictions:

- Review recovery limitations/work restrictions against job description to see if Employee can perform regular duties work within the limitations. If deemed capable to perform regular duties within the limitations, the supervisor can return Employee to work and notify Risk Management Office via email (rtw@sfusd.edu) immediately.

-or-

- If recovery limitations/work restrictions require modifications of Employee's regular duties, make necessary modifications to return the employee to work immediately. Proceed to next step if regular duties position cannot be modified.

4. Review limitations and modifications of regular duties position (Regular Duty) with the injured worker, complete and sign the Transitional Assignment Agreement. Email the forms to RTW Unit at rtw@sfusd.edu within 24 hours.

5. Inform employee promptly of the date he/she is to report for transitional work assignment. Any delay may result in lost compensation for the employee.

6. If unable to provide employee with Transitional Work Assignment inform the Return to Work Coordinator why the department is unable to provide transitional work and the date the employee last worked.

7. The Supervisor/Manager shall provide copies of Work Status Report (Doctor's Note) verifications to the Return to Work Coordinator within 24 hours. Therefore, it is the responsibility of the supervisor to ensure that medical verification is being provided by the injured worker promptly.

Leave for Follow-up Medical Treatment of Work-Related Injuries

An employee who sustains a work-related injury will not be debited sick or vacation pay for the day of the injury, provided s/he reports for medical treatment on the day of injury. Follow-up



appointments with Employee's attending physician for Work-related injuries shall be charged to sick or vacation time (Regulation #R4310).

Guidelines for Medical Appointments and Therapy Sessions

- Employees shall request the time off in advance for all non-emergency medical appointments (i.e., physical therapy, doctor appointments, etc.).
- An employee's Work Status Report (Doctor's Note) must contain the name of the employee, date of visit, time in/out, next appointment (if applicable), if the injury/illness is work-related, date of injury, if the employee can return to work with or without restrictions, a list of work restrictions (if any), duration of work restrictions, name of medical group, address, phone number, physician's or health care provider's (i.e., therapist, nurse practitioner, or approved provider) printed name and original signature and date.
- Appointments are to be scheduled at the beginning or end of the employee's work shift, whenever possible.

AUTHORITY:

This policy applies to all SFUSD employees.

REFERENCE:

State Labor Code Section 139.5
State of California Fair Employment and Housing Act (FEHA), Cal. Gov. Code 12900, et. Seq
Certificated Contracts
Paraprofessional Contracts Administrative Contracts
Administrative Regulation – R4310

Contact:

Return to Work Coordinator, Risk Management Office

Email: rtw@sfusd.edu
Phone: (415) 241- 6787

Manager, Risk Management Office – Ms. Azadeh (Azi) Imandel Phone: (415) 241- 6224

ATTACHMENTS:

Appendix A - Transitional Assignment Agreement
Appendix B - Supervisor Report of Injury
Appendix C – Return to Work Flow Chart



SAN FRANCISCO
PUBLIC SCHOOLS

Risk Management Office
555 Franklin St., 2nd floor • San Francisco, CA 94102
Tel (415) 241-6307 • Fax (415) 241-6330
www.sfusd.edu

Transitional Assignment Agreement

Date: _____

Dear _____:

In an effort to assist you in returning to work, we have identified a Temporary Modified work assignment that is compatible with your limitations. Your placement on this temporary assignment is intended to prevent further injury or aggravation to your present condition. You must agree that you will work within your treating physician's work restrictions. Also, if given any duties outside these restrictions, you will immediately notify your supervisor.

We are pleased to inform you that your Worker's Compensation Physician, _____ has released you to temporary modified work and that transitional work / temporary modified work is available as of _____. Please review the information and terms and conditions below.

The total length of your Temporary Modified Work Assignment may last at least 12 weeks or more, beginning on the date listed below. At or before the end date of your Temporary Modified Work Assignment, RTW coordinator and your supervisor will work together to determine if there is need for further accommodations.

TEMPORARY MODIFIED WORK AGREEMENT _____ to _____.
Start Date End Date

SECTION A: ALL FIELDS IN THIS SECTION MUST BE COMPLETED

Current Job Description/Title: _____ Employee ID: _____
Work Location/Department and Supervisor: _____ Tel#: _____
Restrictions/Capacities: Is additional space needed? ___ No . Yes (second page attached)

Date of latest work status:	Effective Dates:	Next doctor's appointment:

SECTION B: THIS SECTION IS FOR THE SUPERVISOR TO COMPLETE

Describe the temporary adjustments to work duties/tasks (use the second page if additional space is needed)

SECTION C: **STOP!** Complete the fields below **ONLY** if temporary changes are made to any of the following:

Work Location/Department:
Work Schedule per Day: Start Time: _____ End Time: _____
Days of the Week or # Days per Week:
Transitional Work Supervisor: _____ Tel#: _____

Submit signed & dated form by email rtw@sfusd.edu or fax to (415) 358-4228



Transitional Assignment Agreement

By signing this form, all parties acknowledge that they have agreed to participate in the Transitional Work Agreement in accordance with the following terms below.

Employee Name: _____
Employee ID: _____

Date of Letter: _____

FOR EMPLOYEE: * I understand that the Transitional Work Program is developed specifically to help me transition back to my regular duties following my industrial accident. * Transitional work/temporary modified work assignments are subject to change or termination based on operational needs and does NOT create a permanent position. * Transitional work automatically ends when my doctor releases me to full duty or puts me off work, and extension of transitional work is at the discretion of the department. * I will follow the restrictions prescribed by my doctor. * I will update my supervisor (s) of any changes in my restrictions or capacities and submit my work slips after every visit to my treating doctor. * I will notify my supervisor (s) immediately if I am asked to perform tasks which exceed my work capacities, and I will not perform those tasks. * I will notify my supervisor and Return to Work Coordinator by email (rtw@sfusd.edu) if any of the transitional tasks make my medical condition worse or if I am unable to report for work. * It is my responsibility to keep the Return to Work (RTW) unit and my supervisor informed of my medical status by providing current medical certification in a timely manner. * I am aware that I need to fax my valid medical certification to (415) 358-4228 or email rtw@sfusd.edu within one day of my doctor's visit * I understand all SFUSD policies and procedures still apply.

FOR SUPERVISOR: I will notify the Return to Work Coordinator by email and phone (rtw@sfusd.edu, 415-241-6787) if transitional work/temporary modified work is no longer available or department is no longer able to meet employee's restrictions. Please give a copy to the employee, keep the original for the department, and email the signed documentation immediately to rtw@sfusd.edu.

Employee Signature / Date

Supervisor Signature / Date

Continuation for Section A (Restrictions/Capacities):

[Empty box for Section A continuation]

Continuation for Section B (Description of Temporary Adjustments)

[Empty box for Section B continuation]

Submit signed & dated form by email rtw@sfusd.edu or fax to (415) 358-4228



SUPERVISOR INJURY/ACCIDENT INVESTIGATION REPORT

This report must be completed within 24 hours of an accident involving an injury to students, employees or visitors. Do not use this form for contractors. E-mail completed reports to rtw@sfusd.edu Also keep a copy of this investigation at your location in a confidential file.

Name of School, Office or location reporting this Injury: _____ Location Code: _____
Name of reporting Supervisor/Administrator: _____ E-mail address: _____ Phone: _____ Date: _____

1. WHO WAS INJURED? A separate Injury/Accident Investigation Report must be completed for each injured person.

(check one) [] Student Injury/Illness, Grade _____ [] Employee Injury/Illness [] Visitor Injury/Illness
Name of Injured Person: _____ Home Address: _____
City: _____ Zip: _____ Home Telephone: _____ Sex: [] Male [] Female
Date of Birth: _____ Employee No.: _____ Claim No.: _____
Employee's Work Location Code: _____ Employee Job Title or Occupation: _____

2. WHEN AND WHERE DID THIS HAPPEN?

Date of Injury: _____ Time Injury Occurred: _____
Date reported: _____ Time reported: _____
Name of Parent/Guardian/Spouse Notified: _____
Who made the notification and when? _____
Did injury occur on District property? [] Yes [] No
(If the accident occurred off-site indicate location, address, city and zip code): _____
Describe the exact location where the injury occurred (building number, room): _____

3. HOW DID THIS HAPPEN? What was the injured person doing at the time of the injury? Describe the events immediately preceding the injury. Identify any SFUSD employees involved in the accident and any tools, machinery, equipment, or vehicles involved. (Attach photos).

4. WHAT INJURIES RESULTED? Type of injuries and body part(s) injured. Example: "Sprained arm."

5. DID ANYONE SEE THE INJURY HAPPEN? Name(s) and phone numbers of witness(es) if any. Attach statement of each witness.

6. DID ANYONE ELSE CAUSE THIS INJURY? Other person(s) that caused or contributed to the injury, if any

Name: _____ Home Address: _____
City: _____ Zip: _____ Home Telephone: _____
Date of Birth: _____ Grade: _____ Was an arrest made: [] Yes [] No
Physical Description: _____

7. WAS MEDICAL TREATMENT NEEDED?

Was first aid administered? [] Yes [] No If so, who did it? _____
Did injured party go to a hospital/clinic? [] Yes [] No Describe medical treatment received: _____
Did a supervisor accompany injured person? Yes [] No If yes, who was it? _____
Doctor's recommendation: [] Unknown [] Temporary Disability [] Return to Full Duty [] Restricted Duty
Doctor's Name: _____ Name of Medical Facility: _____ Telephone No _____



SUPERVISOR INJURY/ACCIDENT INVESTIGATION REPORT

8. HOW COULD THIS ACCIDENT BE PREVENTED?

Key findings: Factor(s) contributing to the injury. For example, "Stood on a chair instead of using a ladder."

Was employee trained to perform this task safely? If yes, describe training provided.

Did employee violate a safety rule? Describe rule.

Conclusions: Reasons the key findings existed. For example, "There is no safety rule prohibiting standing on chairs," or "The supervisor did not train employees on this safety procedure."

Actions you took to prevent a recurrence of this injury/accident:

What do you recommend to prevent similar injuries? Has this been implemented?

Related or attached reports applicable to this injury

Please note Cal/OSHA defines a "serious injury" as a death, amputation, permanent disfigurement, hospitalization for more than 24 hours for other than observation, or an incident resulting in multiple injuries requiring hospitalization. We are required to notify Cal/OSHA within 8 hours. Complete this form and notify Risk management Office immediately.

9. CERTIFICATIONS

By checking the certification box below, the Supervisor and Site Administrator agree to protect this document against unlawful distribution, and certify that the Supervisor of the injured person investigated this accident or injury, and the Site Administrator has reviewed, approved, and implemented the corrective actions necessary to prevent a recurrence of this accident.

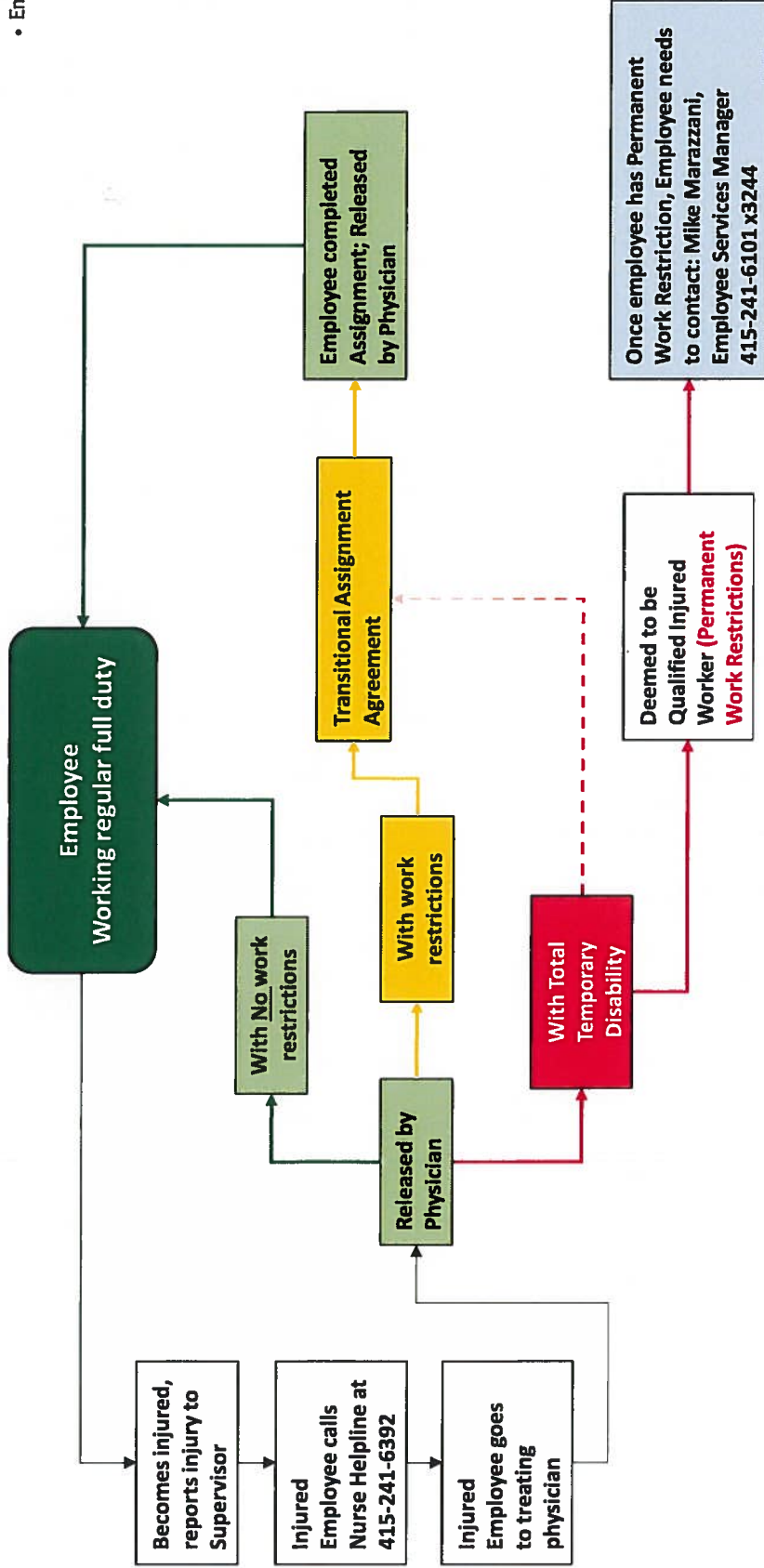
Supervisor's Certification

Administrator's Certification

Name of Supervisor Employee No. Date Name of Site Administrator Employee No. Date



SFUSD RETURN TO WORK FLOW CHART



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