

Return To Work Programs – Do They Work?

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(By Jody Warner, CSP, CFPS Cambridge Risk Control)

YES THEY DO!

What is a Return to Work Program? A Return to Work (RTW) program is an important component in a Workers' Compensation Management Program, second only to an Incident Prevention Program. Once an injury occurs, the goal of a RTW program should be to return the injured employee to work as quickly as possible. To accomplish that, the employee's job may have to be reevaluated considering the following two alternatives:

- **Modified Work:** The employee returns to his original job, but some restrictions are placed on the job by the treating physician. Restrictions may include reducing work time, and/or restricting certain activities such as bending or lifting. It's also referred to as Light Duty.
- **Temporary Alternate Work:** The employee returns to work, but because the original job cannot be modified to conform with the physician's restrictions, he or she performs another job that accommodates the injured employee's abilities.

What are the Benefits of a RTW Program? A RTW program is very beneficial to both management and for the injured employees. Such a program:

- Allows an injured employee to continue to be productive and to contribute to the company.
- Maintains communications between injured employees and management.
- Reinforces the company's interest and concern for an injured employee.
- Improves communications between company, the employee and the treating physician.
- Discourages malingering.
- Reduces the disability associated with an injury and its related costs.

“...top management (must) make a firm commitment...”

2005 Dates:

January:

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February:

Child Passenger Safety Week

March:

Poison Prevention Week
Workplace Eye Safety Month
Save Your Vision Month

April:

Sports Eye Safety Month
Intl Building Safety Week
Work Zone Aware. Week
Playground Safety Week

May:

Clean Air Month
Melanoma Awareness Month
Electrical Safety Month
National EMS Week
Poison Prevention Week

June:

National Safety Month

July:

EYE INJURY PREV. MONTH

August:

Prepare Your Winter Safety Training!

September:

Farm Safety/Health Week

October:

Nat. Fire Prevention Week
Drive Safely Work Week
Radon Action Week

November:

Take advantage of the weather and do your classroom training!

December:

"3D Month" - National Drunk & Drugged Driving Prevention Month

Another benefit of developing a RTW program is that it helps a company comply with the Americans with Disabilities Act. By following the steps listed below, specifically those in Job Descriptions, the essential components of each job will be identified and classified. This will help management identify jobs which potential employees with disabilities may be able to perform.

Steps to a Successful RTW Program

Top Management Support and Commitment:

In order for a RTW program to be successful, it is imperative that management make a firm commitment to "drive home" the need of the program and its benefits to all employees. Once the program has been developed, management should develop a strategy for communicating its enthusiasm for the program throughout the company.

Job Descriptions:

A written description should be developed for all present jobs as well as potential alternate jobs. The description should include a listing of the job's essential functions, the location where it is performed, length of shift, etc. Job functions such as lifting, carrying, bending, walking, standing, and other repetitive motions should be classified according to severity and recurrence.

Policies and Procedures:

Top management should develop policies and procedures by which RTW programs will operate. A variety of issues must be addressed, including: Who administers the program, and how is that administrator selected? When can the program be used, and by whom? What sort of forms (job demands, doctor's release to work, standard letters) should be developed? How long should Temporary Alternate Work last? How long should Modified Work last? A sample RTW program and physicians evaluation form can be obtained by going to - http://www.cambridgeriskcontrol.com/safety/sample_mgt.htm.

Communication and Training:

Once the program is developed, top management must develop a strategy for communicating with employees about the importance of the program and their role in it. This communication may take the form of training for management and supervisors, and group discussions or seminars with employees. Top management may also want to meet with treating physicians or other medical personnel to get their input and involvement.

Follow-Up and Evaluation:

Top management should establish a timetable for periodic follow-up and evaluation of the program. This will ensure the program's continued use, identify any incorrect procedures, and reveal concerns that may not have been addressed in the original program.

Canadian Modified Work Study

We now know from the above article that modified work programs are designed to facilitate the return to work for employees with a work-related injury. Although extensive published literature exists that describes and evaluates "ideal" programs, to date there is a lack of data actually describing practice. To address this issue, the Canadian Institute for Work Health administered a survey to a sample of 1833 workers with soft tissue injuries in Ontario, Canada, and asked them detailed questions about modified work and employer contact.

The results reveal that most workers (66%) were contacted by someone from their workplace to check on how they were doing. However, only a minority (36%) were offered arrangements by their employer to help them return to work after developing a work-related soft-tissue injury. Most arrangements that were offered to injured workers consisted of such temporary modifications as reduced hours (24%), flexible work hours (25%), or a lighter job (57%) rather than more permanent changes to the way that work is conducted, such as changes to the work layout or equipment (8%). Merely being contacted by the workplace to check on how the worker was doing was not associated with reduced compensation benefit duration. The study showed that **workplace offers of arrangements to help the worker return to work were in fact associated with reduced compensation benefit duration.**

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No More Hand Weed Pulling In California

January, 2005 - Volume 2, Number 1, Page 2

(adapted from an MSNBC.com article by AP)

California recently became the first state to ban weeding by hand on most farms, saying the work is too backbreaking for laborers. Under a rule approved by the California Occupational Safety and Health Division, farm workers, in most cases, will not have to stoop to pull weeds, but will instead be given long-handled tools that will allow them to work without bending over. The rule has recently taken effect. The regulation aims to prevent the "real and substantial risk of back injury" caused by stooping to weed or thin plants by hand, Cal-OSHA said. The workplace-safety agency had no estimate of how many California field hands hurt their backs.

Agriculture is one of California's top industries, supporting over 1 million jobs and contributing nearly \$28 billion to the state's economy. There is little data on the prevalence of hand-weeding on California farms. But crops such as lettuce, carrots, celery and strawberries are considered so delicate that they are weeded by hand. "The same kind of crops we have here are grown in other nations, other states. The crops aren't unique to California," said Mike Webb of the Western Growers Association, which represents farms. Yet, he said, "we're going to be the only place on the face of the Earth that has a regulation or law that outlaws hand-weeding."

Growers and farm workers have been battling over the practice of hand-weeding for years. In 1975, California banned a short-handle hoe that required workers to stoop low for hours at a time as they pulled weeds. At United Farm Worker Union leader Cesar Chavez's funeral, his grandchildren placed the 12-inch tool on an altar as a symbol of the labor activist's effort to improve the lives of farm workers. While the ban ended the use of the tool, it did not prohibit workers from weeding by hand. In 1993, Cal-OSHA found that prolonged hand-weeding caused the same debilitating back injuries associated with use of the short hoe. The new rule says farms cannot require workers to weed by hand for extended periods of time unless they can show that long-handled tools are not effective. If the workers must hand-weed, they must be given longer breaks, and there are restrictions on how much time they must spend toiling at the task.



Len Welsh, acting chief of Cal-OSHA, said the regulation will be a challenge to enforce. With most OSHA rules, "there's a particular tool that's not allowed or a substance you can't expose workers to," Welsh said. "Here, you're talking about a work practice, something completely behavioral." The Western Growers Association opposed previous attempts to enact legislation covering hand-weeding because they were outright bans, Webb said. He said the Cal-OSHA rule is more reasonable, he said. "We've talked to a number of our growers," he said. "They've agreed it's something they can live with."

Organic farmers who rely on hand-weeding are exempt from the rule. "Because they don't use pesticides, organic growers have more of a weed problem than non-organic growers," Webb said. "Without an exemption, it would have jeopardized the organic industry." Mike Meuter, an attorney with the California Rural Legal Assistance, which represents farm workers and pushed for the new rule, said it will not be too burdensome on growers. "California's farm workers deserve these protections," he said. "It's been too long."

This just in – YOUR MOTHER WAS RIGHT AGAIN!

On average, people get one to three respiratory illnesses per year. As you probably know, colds aren't directly related to cold weather. Indirectly, they are, because people tend to spend more time indoors and in closer contact to other people and their germs. Respiratory viruses, including those that cause the flu, are very contagious and will survive for hours on the skin, furniture, telephones, doorknobs and almost anything else a sick person touches. Since it's not practical to cut out all contact with people, the American Academy of Family Physicians says that **good hand washing** will do more to prevent the spread of illness than anything else. Washing your hands is especially important after a big family gathering, after shaking hands with a number of people at a work meeting, or greeting people in public.

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Safety Resource Center

It's Good To Know:

Analog Mobile Phones Linked To Benign Tumor

A recent study by the Karolinska Institute in Stockholm, Sweden stated that 10 or more years of (analog) mobile phone use increases the risk of acoustic neuroma, a benign tumor of the auditory nerve.

The report also read, "...we found that the risk of acoustic neuroma was almost four times higher on the same side as the (analog) phone was held and virtually normal on the other side."

The study offered no analysis of the current technology - digital (GSM) phones.

Happy New Year:

New Years Safety Resolution

Now that the new year is within site, set goals for your company's 2005 safety and injury prevention performance. Plan on reducing your injuries by a minimum of 20 - 30%.

20%

If the company met its goals for 2004, set the goals higher yet again. Keep striving for the ultimate in injury prevention -

ZERO injuries!

Home Safety Tip:

Safe Cooking

When you're cooking, turn the handles of the pots and pans away from the edge of the stove. This will help prevent children from grabbing the handles and pulling hot food, water or other materials onto them.

It can also help discourage the curiosity of the family dog!

