

SUPERVISORS & INJURED EMPLOYEES

RISK MANAGEMENT



**“Good news! Our doctors say you’re
ready to go back to work.”**

WORK-RELATED OR NON WORK-RELATED



ALL CLAIMS WILL BE INVESTIGATED BY THE WORKERS COMPENSATION FUND



WCF WILL MAKE THE FINAL DECISION ON CLAIM APPROVALS OR DENIALS

HOW CAN I TELL THE DIFFERENCE BETWEEN THE TWO?

POTENTIAL WORK-RELATED INJURY SCENARIOS

CONTACT RISK MANAGEMENT- FMLA WILL NOT APPLY
(EXCLUDES ALL PRE-EXISTING CONDITIONS)

- AN INJURY WHICH OCCURS WITHIN THE SCOPE OR REALM OF THE EMPLOYEE'S RESPONSIBILITIES.
 - WHAT ABOUT HORSEPLAY?
- A SUPERVISOR INSTRUCTS AN EMPLOYEE TO DO SOMETHING OUTSIDE OF THE SCOPE OR REALM OF THEIR RESPONSIBILITIES.
- AN INJURY OCCURS AT A CITY SPONSORED EVENTS IN WHICH AN EMPLOYEE WILL BE COMPENSATED FOR THEIR TIME...
 - INTERNAL CITY/DEPARTMENT ACTIVITIES OR EVENTS.
 - PR EVENTS/EMPLOYEES ARE ASKED TO ASSIST OR PARTICIPATE.
- AN OCCUPATIONAL EXPOSURE, NO SPECIFIC DATE, TIME OR LOCATION...
 - PROLONGED EXPOSURES TO CERTAIN CONDITIONS.
 - REPETITIVE MOTIONS, SOUNDS, CHEMICALS*
- AN INJURED VOLUNTEER AT CITY SPONSORED EVENTS...
 - MUST BE AN OFFICIAL VOLUNTEER-APPROVED BY THE CITY.

POTENTIAL NON WORK-RELATED INJURY SCENARIOS

CONTACT HUMAN RESOURCES- FMLA MAY APPLY
(EXCLUDES POSSIBLE OCCUPATIONAL EXPOSURES)

- AN ILLNESS OR DISEASE
- PRE-EXISTING CONDITIONS...
 - PERSONAL (PAST, PRESENT & FUTURE) TREATMENTS, PROCEDURES, SURGERIES OR MEDICAL CONDITIONS
 - AGE, GENETICS OR HEREDITY*
 - HOBBIES & SECOND JOBS OR OLD EMPLOYERS
- AN INJURY OR ILLNESS WHICH OCCURRED OUTSIDE OF WORK*
- AN EVENT IN WHICH AN EMPLOYEE'S WAGES WILL NOT BE PAID...
 - AN EMPLOYEE PERSONALLY DECIDES TO PARTICIPATE IN AN EVENT INDEPENDENT OF THE CITY.
 - Ex. 5K OREM CITY RUN EVENT
- AN INCIDENT IN WHICH AN EMPLOYEE IS INJURED IN A NON-SPONSORED ACTIVITY OR EVENT WITH CO-WORKERS...
 - Ex. GROUP OF COWORKERS GO BOATING OVER THE WEEKEND.

THINGS SUPERVISORS SHOULD KNOW...

- EMPLOYEES ARE NOT REQUIRED TO RECEIVE MEDICAL TREATMENT IF THEY FEEL THEY DO NOT NEED IT OR WANT IT.
 - SUPERVISORS CAN AND SHOULD SEND AN EMPLOYEE TO BE MEDICALLY EVALUATED IF THE EMPLOYEE'S ABILITY TO PERFORM THEIR JOB* (OVER A REASONABLE PERIOD OF TIME) HAS NOT IMPROVED OR THE SUPERVISOR FEELS THE EMPLOYEE IS A RISK TO THEMSELF, CO-WORKERS, THE ORGANIZATION OR THE PUBLIC*.
 - THIS APPLIES TO BOTH WORK-RELATED AND NON WORK-RELATED SCENARIOS, PLEASE CONTACT RISK OR HUMAN RESOURCES TO DISCUSS.
- NON WORK-RELATED INJURIES WILL REQUIRE A "RETURN TO WORK" FORM FROM HUMAN RESOURCES, WORK-RELATED INJURIES DO NOT REQUIRE THIS. WORKMED EVALUATIONS TAKE THE PLACE OF THIS FORM.
 - RETURN TO WORK FORMS MUST BE COMPLETED BY THE TREATING PHYSICIAN'S OFFICE AND RETURNED TO AND APPROVED BY THE HUMAN RESOURCE DIVISION MANAGER BEFORE THE EMPLOYEE IS ALLOWED TO RETURN TO WORK.
 - IF THERE ARE ONGOING CONCERNS REGARDING THE EMPLOYEE'S ABILITY TO PERFORM THEIR DUTIES AFTER THEY HAVE RETURNED TO WORK, DISCUSS THE SITUATION WITH HUMAN RESOURCES AND THEN, IF NECESSARY, REQUEST THAT A NEW RETURN TO WORK FORM BE COMPLETED AND UPDATED BY THE TREATING PHYSICIAN*.
 - NEVER PLAY DOCTOR! IF AN EMPLOYEE HAS MEDICAL CONCERNS OR CONDITIONS, PLEASE ALLOW A TREATING PHYSICIAN TO MAKE THE DECISION ON WORK RELATED RESTRICTIONS. YOUR RESPONSIBILITY IS TO SIMPLY COMPLY WITH THOSE RESTRICTIONS.
 - PLEASE INVOLVE HUMAN RESOURCES AND/OR RISK MANAGEMENT IN ALL EMPLOYEE INJURY (ABILITY TO PERFORM JOB) OR PROLONGED ILLNESS SCENARIOS.
- IF THE TREATING PHYSICIAN GIVES THE EMPLOYEE WORK RESTRICTIONS THIS MEANS THE EMPLOYEE CAN WORK AND THEREFORE DISQUALIFIES THEM FROM RECEIVING WORKERS COMPENSATION WAGES.
 - THE EMPLOYEE CAN REJECT A LIGHT DUTY ASSIGNMENT AND REMAIN AT HOME, HOWEVER, THEY WILL NOT BE PAID UNLESS THEY USE THEIR PTO OR SICK TIME.
 - IF THE DEPARTMENT CANNOT FIND A LIGHT DUTY ASSIGNMENT PLEASE CONTACT RISK MANAGEMENT TO DISCUSS.
 - DO NOT TELL THE EMPLOYEE TO SIMPLY "STAY HOME FOR A FEW DAYS", INSTEAD, PROVIDE A LIGHT DUTY ASSIGNMENT AND GIVE THEM THE OPTION.

CONTINUED...

- WORKERS COMPENSATION WAGES APPLY IF THE TREATING PHYSICIAN TOLD THEM THAT THEY CANNOT WORK FOR A MINIMUM OF (4) CONSECUTIVE CALENDAR DAYS. (THAT INCLUDES WEEKENDS AND HOLIDAYS)
 - THE STATE REQUIRES THE EMPLOYEE TO USE THEIR OWN PTO OR SICK TIME FOR THE FIRST (3) OF THOSE (4) DAYS.
 - THE DAY OF THE INJURY WILL BE CONSIDERED A COMPLETED SHIFT ON THEIR TIME CARD. WCF CONSIDERS DAY (1) AS THE DAY AFTER THE INCIDENT.
 - ON DAY (4), WCF WILL PAY THEM 2/3 OF THEIR WAGES. THE EMPLOYEE'S BENEFITS MAY COVER THE OTHER 1/3 IF HOURS ARE AVAILABLE.
 - PART TIME EMPLOYEES ARE NOT BENEFITED. THEY WOULD ONLY GET 2/3 COMPENSATION FROM WCF ONLY.
 - IF THE EMPLOYEE IS NOT ALLOWED TO WORK FOR MORE THAN (14) CONSECUTIVE DAYS, WCF WILL FINANCIALLY REIMBURSE THE EMPLOYEE THE FIRST (3) DAYS*.
 - TIME CARDS SHOULD BE SUBMITTED BLANK TO HUMAN RESOURCES. HOURS ON A TIMECARD SHOULD ONLY REFLECT ACTUAL HOURS WORKED BY THE EMPLOYEE.
 - WCF WILL MAIL CHECKS DIRECTLY TO THE EMPLOYEE, 1/3 (IF APPLICABLE) WILL BE DIRECT DEPOSITED VIA OREM PAYROLL.
- EMPLOYEES PLACED ON LIGHT DUTY RESTRICTIONS ARE REQUIRED TO ATTEND ALL WORKMED FOLLOW-UP EVALUATIONS UNTIL THEY ARE RELEASED TO REGULAR DUTY.
 - ANY WORK-RELATED FOLLOW-UP OR PHYSICAL THERAPY SESSIONS ARE CONSIDERED TIME WORKED. PTO OR SICK TIME SHOULD NOT BE USED. ALL PT SESSIONS MUST BE SCHEDULED DURING NORMAL WORKING HOURS. NO OVERTIME! SUPERVISORS SHALL ACCOMMODATE THE PT SCHEDULE.

WORK-RELATED



PATIENT-EMPLOYER VISIT SUMMARY

PH: (801) 724-4000 Intermountain WorkMed - Orem
830 North 980 West
FX: (801) 724-4001 Orem, UT 84057

EMPLOYEE INFO	EMPLOYER INFO	INSURANCE
DOB: PH: CELL:	Orem City 56 North State Orem, UT 84058 PH: (801) 229-7013 FX: (000) 000-0000 CONTACTS: kjadamson@orem.org Jason Adamson	Workers Compensation Fund 100 West Towne Ridge Parkway Sandy, UT 84070 POLICY: 4011725 PH: (385) 351-8010 FX: (385) 351-8167

INJURY INFORMATION	
INJURY DATE: INJURY TIME: FIRST VISIT:	INJURY CLAIM # EMPLOYEE INJURY DESCRIPTION

TODAY'S VISIT	
DATE: TIME ARRIVED: TIME IN: TIME OUT:	APPOINTMENT TYPE: INITIAL INJURY EXAM PROVIDER NAME: Ryan Latimer, PA
CAUSATION: Work-related DIAGNOSES: I.	WORK STATUS: Limited Duty DATE OF STATUS: RESTRICTIONS:
AFTERCARE INSTRUCTIONS:	

NEXT THREE APPOINTMENTS:
Follow-Up Visit

MEDICATIONS PRESCRIBED:

SCRIPTADVISOR PHARMACY PROCESSING INFO: ScriptAdvisor BIN: 610642 PCN: MPS
For pharmacies or locations call 1-866-221-6588 or visit www.mitchell.com/SA
CARD HOLDER ID: (patient's SS# + Date of Injury) GROUP: (801) 229-7013

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NON WORK-RELATED



CITY OF OREM RETURN TO WORK AUTHORIZATION

Employee Name: _____ Date: _____

To the Physician: The following items describe the essential functions and work to assigned to the City of Orem employee that you are treating. Please indicate if the employee may perform the assignments listed below. Selecting "Yes" means that if employee may perform that function, to its fullest extent, without restriction or limit. Selecting "No" indicates that the employee cannot presently perform the function. If specific restrictions, or items not addressed in the list, can be noted after the essential functions list. If the employee has a permanent restriction, please indicate the permanent restriction in the space provided below the essential functions list

ESSENTIAL FUNCTIONS FOR: OFFICE ADMINISTRATOR

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to type and proofread reports, letters, and memos; Type rough draft or verbal instruction; take and transcribe dictation in shorthand or dictation equipment and compose correspondence. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to prepare purchase orders, monitor budget and oversee time entry and payroll information, including accounts payable. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to manage and supervise clerical personnel and volunteers. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to answer telephone, take messages, direct visitors, request information and respond to complaints. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to use a computer and office equipment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to be exposed to stressful circumstances, including the meet deadlines, other stressful work conditions and contact with the public other employees in negative situations. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to perform duties that may include light physical effort such as bending, stooping, and walking or prolonged sitting at a desk. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to work the days and hours assigned to perform responsibilities. |
| <input type="checkbox"/> | <input type="checkbox"/> | Manages numerous tasks and assignments at a time with few interruptions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Ability to drive a city vehicle, including the ability to wear a seat belt. |

SPECIFIC RESTRICTIONS:

PERMANENT RESTRICTIONS:

Employee can return to work on _____ with the restriction indicated above.

Return for follow up medical evaluation on: _____.

Employee can return to work without restriction on: _____.

Physician's Signature _____

Date _____

Physician's Name, Printed _____

Physician's Phone Number _____

THE WORK-RELATED INJURY "SUPERVISOR" PROCESS MADE SIMPLE...

1. CONTACT RISK MANAGEMENT.
2. PROVIDE A LIGHT DUTY ASSIGNMENT AS PER WORKMED INSTRUCTIONS.
3. PROVIDE REGULAR FOLLOW UP WITH THE INJURED EMPLOYEE.
4. ADJUST THE LIGHT DUTY ASSIGNMENT AS PER WORKMED INSTRUCTIONS.
5. WHEN IN DOUBT...REFER TO STEP #1 AND REPEAT PROCESS.

QUESTIONS?

RISK MANAGEMENT CONTACT— JASON ADAMSON 801-360-6250

SAFETY SPECIALIST CONTACT— MATTHEW WILLARD 801-229-7529

