

<b>Subject:</b>	<b>Light-Duty Assignments for Individuals Temporarily Disabled Due to Work-Related Injuries</b>	<b>Number: 2-26</b>
		<b>Date Issued: December 1, 1998</b> <b>Date Revised:</b>
<b>Responsible Department:</b>	<b>DAS—Human Resources</b>	<b>Approved:</b>

## Purpose

To establish a uniform policy and procedure for the administration of a Citywide light duty/return-to-work program for employees who are temporarily disabled from performing the duties of their regularly assigned positions due to a work-related injury or illness. This program is intended to provide temporary reassignment of an injured employee only until such time as:

- (a) the employee is medically released to perform the full range of duties of his/her regular position;
- (b) the light-duty assignment is discontinued at the request of the attending physician;
- (c) the employee is medically determined to be permanently disabled and consideration is given to job modification, transfer, termination, or retirement; or
- (d) the light-duty assignment is discontinued at the option of the providing department/division.

NOTE: This policy is not applicable to employees who are temporarily disabled as a result of non work-related accidents. It is the practice of the City to require these individuals to use sick leave or other approved leave unless Chief Administrative Officer approval is obtained to return the employee to a meaningful job assignment.

## Policy

When feasible it is the objective of the City to locate and assign light duty to employees who are temporarily disabled from performing their regular jobs as a result of a work-related injury. All such light-duty work assignments shall be made consistent with the limitations and restrictions described by a physician. The following policy shall apply:

1. Physicians shall be encouraged, within acceptable medical standards, to release temporarily disabled employees to light-duty work status and describe the employee's limitations in sufficient detail to enable the City to determine suitable work or a task assignment using the Medical Status Report Form (see attached).
2. The employee's regular work division shall attempt to locate or design a work assignment within the limitations described by the physician.
3. If the employee's usual work division is unable to assign suitable light work, other divisions within the same department may be contacted in order to determine if a suitable light work assignment exists.
4. If no suitable light-duty assignment is available within the employee's department, the Human Resources Services Division shall be notified. The Human Resources Services

Division will attempt, when feasible, to coordinate and effect a temporary reassignment of the employee on an interdepartmental basis. The department to which the employee is regularly assigned shall continue to provide the employee's regular salary from the budgeted salary account when a light-duty assignment is made.

5. An employee on light duty shall be returned to full-duty status upon receipt of a medical report that removes the employee's restrictions.

## Procedures

<u>Responsibility</u>	<u>Action</u>
1. Department/Division	1. Provide injured employee with Medical Status Report Form for treating doctor to complete. Emphasize to employee that the form is to be completed and returned after the appointment is completed.
2. Employee	2. Return completed form to supervisor.
3. Department/Division	3. Assign employee a light-duty job that meets medical criteria.
	4. Notify Human Resources if no light-duty position exists within division/department.
4. Human Resources	5. Assign employee to available position in a different department consistent with medical limitations.
	6. Notify employee of area of reassignment, hours of work, and any other pertinent details, such as location, parking, special assignment, etc.
	7. Notify employee's supervisor of temporary reassignment action.
	8. Follow-up with employee's physician regarding medical status.
5. Department Providing Light Duty	9. Notify the employee's regular department of actual hours worked.
6. Human Resources	10. Notify employee's regular department and, if applicable, the department providing light duty, when the employee is medically released to full, unrestricted duty.

**IMPORTANT! PLEASE READ CAREFULLY**

**MEMORANDUM**

DATE:

TO: INJURED EMPLOYEE

FROM: DEPARTMENT/DIVISION

SUBJECT: MEDICAL STATUS REPORT FORM

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The attached Medical Status Report Form must be completed by the doctor who provided treatment for your injury.

**Immediately return the completed Medical Status Report Form to your supervisor or department representative at the conclusion of your appointment. Failure to return the attached form to your supervisor in a timely manner may be cause for disciplinary action.**

If you have any questions, you should contact your supervisor or the Workers' Compensation Section of the Department of Administrative Services at 498-1417.

Attachment

### MEDICAL STATUS REPORT FORM

Dear Doctor:

Please complete this form upon the conclusion of your examination and instruct the employee to immediately return it to his/her supervisor.

PATIENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_ PROGNOSIS:  Good  Fair  Poor

If employee's disability is temporary, please make a check mark in each of the appropriate categories which apply to the patient's current medical capacity. You may add additional remarks in the space provided below.

	0	1	2	FULL RELEASE 3
EXERTION	No significant energy expenditure	Slow rate of body motions (i.e., small work loads at slow rates of speed with frequent rest periods.)	Moderate rate of body motions such as walking or climbing a ladder	Relatively fast rates of body motion such as running
WALKING	No Walking	Walking up to 10 min./hr. or 15% of workday, may stand or sit interchangeably for comfort	Walking up to 30 min./hr. or 50% of workday	No restriction
STANDING	No standing	Standing up to 10 min./hr. or 15% of workday (e.g., admin. clerk)	Standing up to 30 min./hr. or 50% of workday	No restriction
SQUATTING	No squatting	Squatting momentarily up to 5 times/hr.	Squatting 1 min. or less, up to 10 times/hr.	Squatting for more than 1 min. per squat, and more than 10 times/hr.
BENDING	No bending	Bending up to 5 times per hour	Bending up to 20 times per hour	Bending more than 20 times per hour
SITTING	No Sitting	Sitting up to 10 min./hr. or 15% of workday	Sitting up to 30 min./hr. or 50% of workday	No restriction
TURNING/ TWISTING	May not perform movement	May occasionally perform movement to tolerance	May frequently perform movement	No restriction
CLIMBING	May not perform movement	May occasionally perform movement to tolerance	May frequently perform movement	No restriction
PUSH/ PULLING	May not perform movement	May occasionally perform movement to tolerance	May frequently perform movement	No restriction
LIFTING	Up to 10 pounds	11-25 pounds	26-40 pounds	Over 40 pounds
COMMENTS				
Date able to return to FULL or MODIFIED (circle one) duty:				
If employee's condition <u>permanently</u> precludes return to work in former job, please outline restrictions				
Date of Next Appointment:			Today's Date:	
Physician Signature:				