

PART	PERSONNEL INFORMATION
SECTION	MODIFIED DUTY PROGRAM
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MODIFIED DUTY PROGRAM - POLICY

A. OBJECTIVE

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The objective of the Modified Duty Program is to provide temporary job opportunities to temporarily injured or ill employees, who are injured while in the course or scope of employment or off-duty with the District and whose normal assignment cannot be performed within medical limitations and restrictions as determined by an accepted health care provider. The intended outcomes are to assure employees of the Districts concern for their welfare; rehabilitate the injured/ill employee to accomplish essential tasks; enable other employees to fulfill other job requirements; maintain the employees full wage earning status; reduce expenditure of accrued sick leave; and, reduce workers compensation and associated costs. This will be accomplished by short term re-assignment to a modified duty.

B. DEFINITIONS SECTION

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Accepted Health Care Provider: An accepted health care provider includes occupational physicians, physical therapists, physician assistants, nurse practitioners, chiropractors, district physician and/or personal physician accepted by the District as the treating physician.

Normal Assignment: The assigned classification and duties at the time of the injury.

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Part-Time Work: Work performed by an employee which is less than the standard workday, workweek or work month, and consistent with section 201 - Part-time, in the Stanislaus Consolidated Fire Protection District Handbook.

C. DETERMINATION OF MODIFIED DUTY

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A temporary modified duty assignment shall be made when the following conditions are met:

1. There is work, part time or full time, to be performed, as determined by the injured employees B/C or Operations Chief.
2. Available work can be performed by the program participant, in a manner that is cost effective as determined by the Operations Chief.

Written by: Dan Reeves

Approved by: Russell D. Richards III

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8/28/96

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- The work can be performed within the medical limitations and restrictions identified by the accepted health care provider.

D. SCOPE AND CONDITIONS OF THE PROGRAM

Modified, limited or restricted work is intended to be temporary job placement during recovery from a temporary disability due to a sickness/illness/injury incurred while in the course or scope of employment or off-duty with the District. Modified, limited or restricted work may be available to those employees who are medically disabled from performing normal job duties if the disabling injury or illness has been determined to be employment related in the District workplace.

The Modified Duty Program involves work assignments that will be identified, are temporary in nature, and will be arranged by the Operations Chief or other staff. Modified duty will be discontinued upon the employee being released by the accepted health care provider to return to regular full duty or upon completion of a maximum of 90 calendar days from the time the employee returns to work in the modified duty assignment, whichever occurs first. The Operations Chief shall review all cases where the employee has not been released to full duty and determine if an extension of the modified duty assignment is warranted. If it is determined that the employee is able to be released to full duty within the subsequent 90 calendar days, the Operations Chief reserves the right to extend modified duty as appropriate.

The Modified Duty Program will apply to sickness/illness/injury which arises out of the course or scope of employment or off-duty, and are compensable under Workers Compensation Laws.

E. ACCEPTANCE OF ELIGIBILITY FOR MODIFIED DUTY

- An employee must provide to the Operations Chief a written medical diagnosis and prognosis from the accepted health care provider.
- Approval for an employee to return to work in any modified duty assignment must be granted by the Operations Chief with consultation as necessary with the Fire Chief or Deputy Fire Chief.



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Such approvals shall be based on the ability of the employee to perform the functions of the assignment within the restriction imposed by the accepted health care provider and without aggravating the existing sickness/illness/injury. No modified duty assignment shall be made available that will disrupt the accepted health care provider's medical management of the sickness/illness/injury or cause an exacerbation of the sickness/illness/injury, based on the accepted medical provider's evaluation.

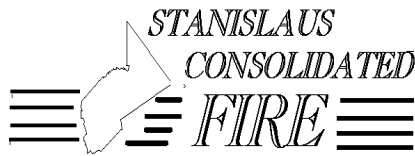
3. A modified duty assignment should fulfill, to the extent possible, the tasks and duties of the employee's regular duty assignment and enable other employees to perform other duties.
4. Based on the accepted medical care providers written opinion, employees may be required to return to work, as identified through this program, to any work which accommodates their restrictions. Failure to accept modified duties and return to work will result in the loss of temporary workers compensation benefits. The employee may then request from the Operations Chief the use of sick leave, vacation or an unpaid leave of absence.

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F. MODIFIED DUTY

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1. Upon recovery of an employee from sickness/illness/injury, to the extent that he/she is medically eligible for a modified duty assignment, a written Modified Duty Evaluation form must be obtained from the accepted health care provider.
2. In the event information received from any health care provider is insufficient for a decision to be made on a modified duty assignment or is in conflict with other reliable sources, an employee, at the direction of the Operations Chief, may be required at District expense to be examined by an accepted health care provider. The provider, selected by the District, must submit his/her medical opinion to the Operations Chief before an employee is placed in a modified duty assignment. Any conflict in medical evaluations will be handled as required by law, where applicable.
3. An employee will be returned to full duty to his/her regular position upon receipt of a written release from the accepted health care provider.



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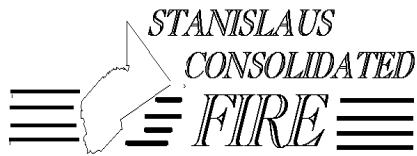
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4. An employee will be paid the same salary during a modified duty assignment as paid in his/her regular classification at the time sickness/illness/injury commenced. This will be accomplished by combining workers compensation benefits with the applicable rate of pay of the employee's assigned classification for the modified work. It is not the intent of the District to assign an employee the full range of duties of a higher classification.
5. The number of hours an employee will work must be approved or recommended by his/her accepted health care provider.
6. Sick leave, vacation leave and other benefits will normally accrue while on modified duty assignment, consistent with existing policy.
7. The division to which the employee is assigned will be responsible for providing supervision and maintaining time sheets during the modified duty assignment.
8. The initial and any subsequent modified duty assignments shall be for a maximum of ninety (90) calendar days from the time an employee returns to work in a modified duty assignment. At the end of the ninety (90) calendar day period, or sooner if conditions warrant, the modified duty assignment shall be reviewed by the Operations Chief in consultation with the Fire Chief or the Deputy Fire Chief to determine appropriate action. The need or justification for extending modified duty beyond ninety (90) days is subject to the Operations Chiefs discretion.

G. ACTION STEPS AT THE END OF MODIFIED DUTY ASSIGNMENT (90 DAYS)

There are four (4) options available at the time of the review:

1. Return the employee to full duty status if released by the accepted health care provider.
2. Continue the modified duty assignment for a subsequent period of up to ninety (90) calendar days. Each additional modified duty assignment shall be documented with the return to work evaluation form.



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3. In the case of a workers compensation injury or illness, the Operations Chief will make a determination as to whether or not the employee shall be offered permanent reassignment to a different position classification, for which he/she meets the minimum qualifications.
4. In the event none of the above three (3) options is selected, the employee shall be considered by the Fire Chief for (a) occupational rehabilitation per the Labor Code in the case of an on-the-job injury; (b) disability retirement, if eligible; (c) appropriate termination or leave of absence due to the inability to perform the work required by the classification for the position to which the employee is regularly assigned; or, (d) extension of the modified duty assignment.

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STANISLAUS CONSOLIDATED FIRE PROTECTION DISTRICT
MODIFIED DUTY EVALUATION

Employee Name _____

Medical Diagnosis _____

Treatment Plan _____

RECOMMENDATIONS:

____ May return to regular duties without restrictions or limitations.

____ May not return to work; estimated date of return _____.

____ May return to limited work from _____ through _____ with the following limitations:

Not to be assigned a job requiring:

- ____ Repeated bending
- ____ Continuous standing / walking
- ____ Repeated climbing
- ____ Arms above shoulder level
- ____ Heavy use of L / R arm / hand
- ____ Reaching / stretching motion
- ____ Pushing / Pulling motion
- ____ Repetitive use of L / R wrist / elbow
- ____ Squeezing of hand tools
- ____ Use of vibratory tools
- ____ Finger dexterity
- ____ Dirty or wet work
- ____ Work with detergents or caustics
- ____ Work with solvents or chemicals
- ____ Depth perception
- ____ Unprotected work above ground level
- ____ Work near moving machinery
- ____ Driving company vehicle
- ____ Critical or dangerous work
- ____ Food handling
- ____ Other

Not to lift over:

- ____ 5 pounds
- ____ 25 pounds
- ____ 30 pounds
- ____ ___pounds

Temporary medical protection:

- ____ Should wear bandage dressing
- ____ Should wear neck collar
- ____ Should wear elastic brace on wrist / elbow / back / knee
- ____ Should wear splint on finger / wrist / ankle
- ____ Should wear flat, soft-soled footwear
- ____ Should wear patch on L / R eye
- ____ Other _____

INJURED EMPLOYEE FOLLOW-UP

For

MANAGERS AND SUPERVISORS

If concern and care is shown toward injured employees, they will return to work sooner. Employees who feel positive about their work and feel convinced they are valued by the District, are much more likely to become successful in rehabilitation efforts and return to work sooner. The objective of the Modified Duty Program is to return injured workers safely to their jobs.

The program consists of the following suggested activities to be carried out by the supervisors:

1. ____ A phone call should be made to the injured employee on the first day of lost time, assuring a job awaits him/her and outlining steps that should be taken to initiate the compensation claim.
2. ____ A get-well card, preferably signed by co-workers, should be sent during the first week of lost time.
3. ____ If the employee is hospitalized, at least one in-person visit should be made to the injured worker to reassure that the district is concerned and cares.
4. ____ At least one phone call should be made every two weeks of the employees continued lost time to reassure and reinforce a return to the job.
5. ____ A phone call or in-person visit should be made with the spouse and/or family if the injury is long-term.

Use the above checklist as a guide to ensure that suggestions have been addressed.