

SAMPLE WORDING FOR EMPLOYERS TO REVISE/CHANGE TO SUIT

Company Logo

RETURN-TO-WORK PROCEDURES AFTER A WORKPLACE INJURY

Our commitment to you:

At _____ (Employer name), our employees are our most important asset. In the event of a workplace accident, our goal is to minimize preventable absences within our organization where safe, alternative work is available. On a case-by-case basis, we work with individual injured workers to accommodate modified duty work releases during their healing period. We are committed to supporting our employees throughout the workers' compensation process and to bringing them back to work in the most safe and efficient manner possible.

Signature of Company President

The following process has been explained to me.

_____ (signature) _____ (printed name) _____ (date)

NOTE: All _____ (Employer name) employees are covered by workers' compensation insurance through _____ (Insurance carrier)

1. **Report it** – Report your injury or illness to your manager **immediately** after the accident's occurrence or your knowledge of the injury, regardless of whether you believe medical attention is needed. _____ **Employee Initials**
 - ✓ Most important is that you receive prompt medical attention – your manager can guide you
 - ✓ Your manager will help you fill out the Notice of Accident and submit all needed paperwork to _____.
 - ✓ Each incident is investigated in order to improve future safety practices for you and others so you will be asked questions regarding how the injury occurred
 - ✓ **For emergencies:** If you or someone else requires emergency medical treatment, contact 911 right away. At the soonest possible opportunity, _____ can help fill out the necessary paperwork
 - ✓ NOTE: Reporting an accident to a co-worker is not considered proper notice

Note to employers – Depending on how you decide to make initial HCP selection, delete the appropriate #2 section. Below is sample wording if the worker makes the initial HCP selection

2. **Health Care Provider (HCP) selection** – Initially, you have the right to choose your place of medical treatment _____ **Employee Initials**
 - ✓ NOTE: It is your responsibility to ask, **before** you seek medical attention, that the HCP you choose will take workers' compensation insurance
 - ✓ After the initial 60-day treatment period, CO. or its insurer has the right to select a different HCP, if we so choose
 - ✓ _____ may give you a packet to take to your HCP appointments so that they understand our return-to-work program and may consider a transitional employment release

Or alternately, if you opt to make the initial HCP selection

2. **Health Care Provider (HCP) selection** – _____ (Employer name) has opted to make the first choice of HCP as allowed by NM Workers' comp statute _____ **Employee Initials**

- ✓ We ask that you seek treatment with _____.
- ✓ After the initial 60-day treatment period you have the right to select a different provider, if you so choose.
- ✓ _____ may give you a packet to take to your HCP appointments so that they understand our return-to-work program and may consider a transitional employment release

Note to employers – Delete this section if you do not do drug testing. If you do, tailor wording below

3. **Post-accident drug test** – CO. follows a written drug and alcohol-free workplace policy

- ✓ After _____, you are required to submit to a drug test _____ **Employee Initials**
- ✓ _____ will guide you in our drug testing procedures
- ✓ If intoxication is found to have contributed to the injury, you may also be subject to a reduction in workers' compensation indemnity benefits

4. **Working with ins. co.** – By the end of your shift, your manager will notify _____ of your injury/illness. _____ will then file a workers' compensation claim on your behalf with _____ INS. CO which determines if your claim is "compensable" (payable) under our insurance.

_____ **Employee Initials**

From there:

- ✓ You will be contacted by your assigned _____ claim adjuster and be given a claim number – write that down for future reference and follow any instructions your adjuster gives you
- ✓ Medical information regarding your workplace injury is needed to determine compensability of your claim so you will be asked to fill out a "New Mexico Workers' Compensation Administration Worker's Authorization For Use And Disclosure Of Health Records" form
- ✓ Your claim adjuster will be your contact for all questions regarding necessary medical care, payment of medical bills and any indemnity (lost-time) payments if you must be off-work
- ✓ Any workers' compensation payments will come from _____, not from _____ Employer name directly

5. **Transitional employment** – Should your HCP release you to light duty (transitional employment), report that to _____ immediately. We will offer you transitional employment as long as work is available within your medical restrictions.

_____ **Employee Initials**

NOTE: Building you back up to full employment in this way has been shown to speed recovery

- ✓ A transitional work assignment may involve performing job tasks outside of your current essential functions and perhaps even a different work-site
- ✓ _____ and your management team will monitor you during this process with regular check-ins to see how you are doing and that you are taking care to stay within your work restrictions
- ✓ If you experience difficulty or pain while performing any task, stop immediately and notify your

management team. If necessary, we will find alternative tasks within your restrictions

- ✓ The terms of transitional employment will be reevaluated at various intervals and may be changed according to your changing work restrictions or conditions and work availability
- ✓ While on transitional employment, you will be paid at the same pay rate you were making before your injury - this is more than you would be making if you were to receive workers' compensation indemnity lost-time benefits

6. If you have to miss work as a result of your injury – Under our RTW program, we are trying to minimize the financial burden of a prolonged absence. However, if you miss more than seven calendar days (do not have to be consecutive) due to your injury, you may be entitled to indemnity lost-time benefits while you are out. _____ **Employee Initials**

- ✓ NOTE: While on workers' compensation indemnity lost-time benefits, you will NOT be receiving your full wage as if you were working - Workers' compensation pays at $66 \frac{2}{3}\%$ of your average weekly wage, based on a 26-week wage history
- ✓ You may be entitled to use leave to supplement time off. FMLA might also be an option. If you are out for an extended period, _____ and your claim adjuster will advise you of options
- ✓ Health insurance and other employer benefits may be affected by an extended absence. Should this occur, _____ will inform you of your options
- ✓ We value our employer / employee relationships and will stay in contact with you during a long absence to see how we can help you through your recovery process

For more information, refer to _____, ask your manager or contact _____

CONTACTS: Main office ph# _____; Ins co ph# _____;

NM Workers' comp help hotline: 1-866-967-5667