



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

APPLICABILITY
DEPARTMENT WIDE

REVISION DATE
12/24/12

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NUMBER
DOC 830.200

POLICY

TITLE
WORKERS' COMPENSATION/RETURN TO WORK PROGRAM

REVIEW/REVISION HISTORY:

- Effective: 1/1/89
- Revised: 3/14/01
- Revised: 11/28/07
- Revised: 3/11/09
- Revised: 11/30/09
- Revised: 1/24/11
- Revised: 12/24/12

SUMMARY OF REVISION/REVIEW:

Several changes, including new forms use. Read carefully!

APPROVED:

Siganture on file

BERNARD WARNER, Secretary
Department of Corrections

11/21/12

Date Signed

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REFERENCES:

DOC 100.100 is hereby incorporated into this policy; [RCW 51](#); [RCW 72.60](#); [ACA 4-4041](#); [ACA 7D-28](#); [DOC 830.180 Assault Benefits for Employees](#); [DOC 700.000 Work Programs for Offenders](#); [DOC 840.100 Disability Accommodation and Separation](#)

POLICY:

- I. [4-4041] [7D-28] The Department provides workers' compensation benefits through the Washington State Department of Labor and Industries (L&I) per RCW 51. These benefits may include payment for medical services and compensation for lost work time in the form of "time loss compensation" and other benefits as provided by L&I according to the individual claim specifics.
- II. Employees who sustain a workplace injury or suffer an occupational disease will be provided assistance that includes claim filing information, coordination of return to work opportunities, and monitoring of claims activities.
- III. This policy applies to all employees. Offender workers' compensation benefits are covered in DOC 700.000 Work Programs for Offenders.

DIRECTIVE:

- I. Responsibilities
 - A. When an incident occurs resulting in personal injury to an employee, s/he will:
 1. Immediately report the workplace incident to his/her supervisor and complete DOC 03-133 Accident/Injury Report within 24 hours.
 2. If necessary, seek medical care from a private health care provider of his/her choice, and apply for L&I benefits with the assistance of his/her health care provider.
 3. Report work status to his/her supervisor immediately and provide any medical documentation from the health care provider regarding ability to perform work duties.
 4. Apply for assault benefits per DOC 830.180 Assault Benefits for Employees, when applicable.
 5. Comply with the health care provider's treatment program, as coordinated and approved through L&I.
 6. Cooperate with return to work efforts.

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7. Submit leave slips for any L&I related medical appointments during regular and/or modified duty work hours.
- B. The employee's supervisor will:
1. Assist the employee with completing DOC 03-133 Accident/Injury Report and forward it to the Safety Officer within 24 hours after completing the supervisor's section and accident investigation.
 2. Report to the Human Resources Office when an employee is missing work due to an industrial injury or occupational disease immediately, but no later than the next business day after s/he is notified.
 3. Provide the Human Resources Office with any return to work information received from the employee no later than the next business day.
 4. Participate in all modified duty program efforts (e.g., reporting job status, attendance, and performance) with the Human Resources Office.
 - a. Hours worked and/or time off will be documented on DOC 03-494 Modified Duty Assignment Attendance Report. The report will be forwarded to the Human Resources Office bimonthly, with copies to Payroll and Roster when applicable.
- C. The Human Resources Office or designee will:
1. Identify appropriate benefits and advise the employee of the right to apply for L&I benefits using DOC 03-229 Industrial Insurance Leave Benefits Notification Key Points, and assist the employee or his/her family apply if the employee cannot apply personally.
 2. Upon request, assist the employee in coordinating the assault benefits application.
 3. Obtain a copy of the completed DOC 03-133 Accident/Injury Report for the claim file and the L&I file to assist with the initial claims review process.
 4. Provide DOC 03-495 Twelve Month Wage History and any available claim information (e.g., job analysis, incident description, witness statements) to L&I to assist in claim acceptance, management, or rejection and/or to support any protests submitted by Human Resources.
 5. Provide the appropriate Safety Officer with DOC 03-130 Industrial Injury/ Illness Activity Report within 3 working days of receiving notification of the

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L&I claim so that the entry can be made on the Occupational Safety and Health Act (OSHA) Injury/Illness Log, if required.

6. Coordinate all personnel action, including assisting with facilitating modified duty assignments, locating new permanent positions, and/or processing disability separations per DOC 840.100 Disability Accommodation and Separation.
7. Provide the Safety Officer a status report by the 15th of every month on current claims for time loss and modified duty days using DOC 03-131 Monthly Report of Time Loss and Modified Duty Days.
8. Advise the appropriate Appointing Authorities/designees of the status of claims within their area.
9. Present information on the following before the Board of Industrial Insurance Appeals, which is the L&I mediation and judicial authority for resolving disputed claim decisions, as needed:
 - a. Claim status,
 - b. Policy and procedures,
 - c. Department protest or support of a claim, and
 - d. Other claim related matters.

II. Modified Duty

- A. Modified duty is a temporary work assignment for an employee receiving benefits under workers' compensation who is unable to perform his/her regular job duties because of medical restrictions due to an L&I accepted medical condition.
 1. Modified duty adjusts or eliminates essential functions of work activity to meet the employee's work restrictions in one of the following ways:
 - a. A modification of the employee's job to eliminate or reduce time spent performing a specific task when injured.
 - b. An alternate work assignment that does not require a vacant position, is not promotional in nature, and does not require any specific job classification.
 - c. A reduced work schedule to assist with injury or illness recovery while permitting the employee to maintain benefits. Employees will be paid for actual hours worked. L&I may supplement the reduced wage with Loss of Earning Power payments as coordinated and approved by the L&I Claims Manager.

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- B. The modified duty position must observe the medical restrictions specified by the attending physician for the claim. Authorized work assignments may not cause a delay in medical treatment.
1. The Human Resources Office will obtain and review medical information using L&I's [F242-385-000 Insurer Activity Prescription Form](#) or DOC 03-132 Injured Employee Duty Status Report for the overall management of the claim and identification of temporary or permanent restrictions pertaining to the L&I claim.
 2. The Human Resources Office will send a job description to the health care provider for approval prior to returning the employee to modified duty.
 3. Modified duty will be offered if it is available and reasonably anticipated that the employee will be able to return to work in his/her regular job assignment following modified duty.
 4. Except for injured workers approved for assault benefits, modified duty should last no longer than 12 weeks in any one position and may be further limited by Department funding.
 5. Modified duty need not be in the same location, on the same shift, or within the same job class the employee normally performs.
 - a. The Appointing Authority will review exceptions on a case-by-case basis.
 - b. The Department will terminate the assignment if the medical information does not continue to support the assignment.
 6. Immediate medical review of the modified work assignment is required if the question of appropriateness of continued modified duty arises.
 7. Employees will receive their regular pay and benefits for the hours worked on modified duty, including shift differential and geographic pay when applicable. Overtime will not be allowed while on modified duty.
- C. An assignment letter must be given to the employee with a copy to the claim file, supervisor, and the L&I Claims Manager. The letter must be signed by the Appointing Authority/designee, supervisor of the modified duty, and employee and will:
1. Include a description of duties to be performed,
 2. Identify the supervisor and the pay and benefits to be received,

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3. List the work hours, with a beginning and an ending date of the assignment,
4. Include a requirement to notify Human Resources if there are any difficulties in completing the assignment, and
5. Contain a reminder that the employee will work only within the physical restrictions identified in the medical approval for the assignment.

DEFINITIONS:

Words/terms appearing in this policy may be defined in the glossary section of the Policy Manual.

ATTACHMENTS:

None

DOC FORMS:

- [DOC 03-130 Industrial Injury/Illness Activity Report](#)
- [DOC 03-131 Monthly Report of Time Loss and Modified Duty Days](#)
- [DOC 03-132 Injured Employee Duty Status Report](#)
- [DOC 03-133 Accident/Injury Report](#)
- [DOC 03-229 Industrial Insurance Leave Benefits Notification Key Points](#)
- [DOC 03-494 Modified Duty Assignment Attendance Report](#)
- [DOC 03-495 Twelve Month Wage History](#)