



## **Administrative Procedure 7347 Transitional Duty Program**

The District has established a transitional duty program to provide an opportunity for injured employees who have modifications and/or limitations on their return to work. The transitional duty program is also applicable for non work related injuries. Not all injuries will be acceptable in this program but the process outlined will allow for consideration.

See Transitional Duty Program which follows.

Board approval date: 1/24/06

**West Hills Community College District**  
**Introductory**  
**Transitional Duty Program**

The purpose of a Transitional Duty Program is the safe return of employees to transitional or regular employment. Medical research has shown that people recover more quickly if they remain active and return to their normal routine as soon as possible, avoiding isolation and the mind-set of disability.

Participation in this program will be continually reviewed for program effectiveness and shall not exceed 90 calendar days. Under no circumstances does this program intend to establish new assignments or displace other employees.

The Transitional Duty Program helps employees maintain their earnings and will be implemented immediately upon notice of limited work abilities. This is particularly important when an employee does not have enough sick or annual leave accrued to cover lost work time. In those circumstances, it also helps employees maintain health insurance and other benefits that may be jeopardized by an extended absence. In addition, it can help maintain job security and retirement plans.

In order to ensure effective implementation, a team of people shall be responsible for all aspects of transitional employment. The Transitional Duty Team shall consist of the following members:

- Injured/Ill Employee
- Injured Employee's Manager/Supervisor
- Human Resources Representative

The Physical Abilities Assessment form should be used to communicate with the treating physician at the time of the first visit. It will be used to determine the capabilities of the injured/ill employee and the job functions that he or she can perform.

1. Reduced hours in the employee's regular classification
2. Alteration of job duties within the employee's regular classification
3. Assignment to job duties and/or hours outside the employee's regular classification consistent with the wage rate required by a labor contract

Transitional Duty Team Responsibilities

Using the Activity Analysis and the Transitional Employment forms, the team will determine appropriate transitional work for the injured or ill employee, using the following criteria:

- Do Not Harm – Transitional employment is intended to ensure rapid return to temporary work, but only when such work is medically appropriate.
- Maintain Medical Confidentiality – All information shared within the Transitional Duty Team is discussed on a “need-to-know” basis only. The Team generally needs to know only about the employee's capabilities and must maintain medical confidentiality at all times.

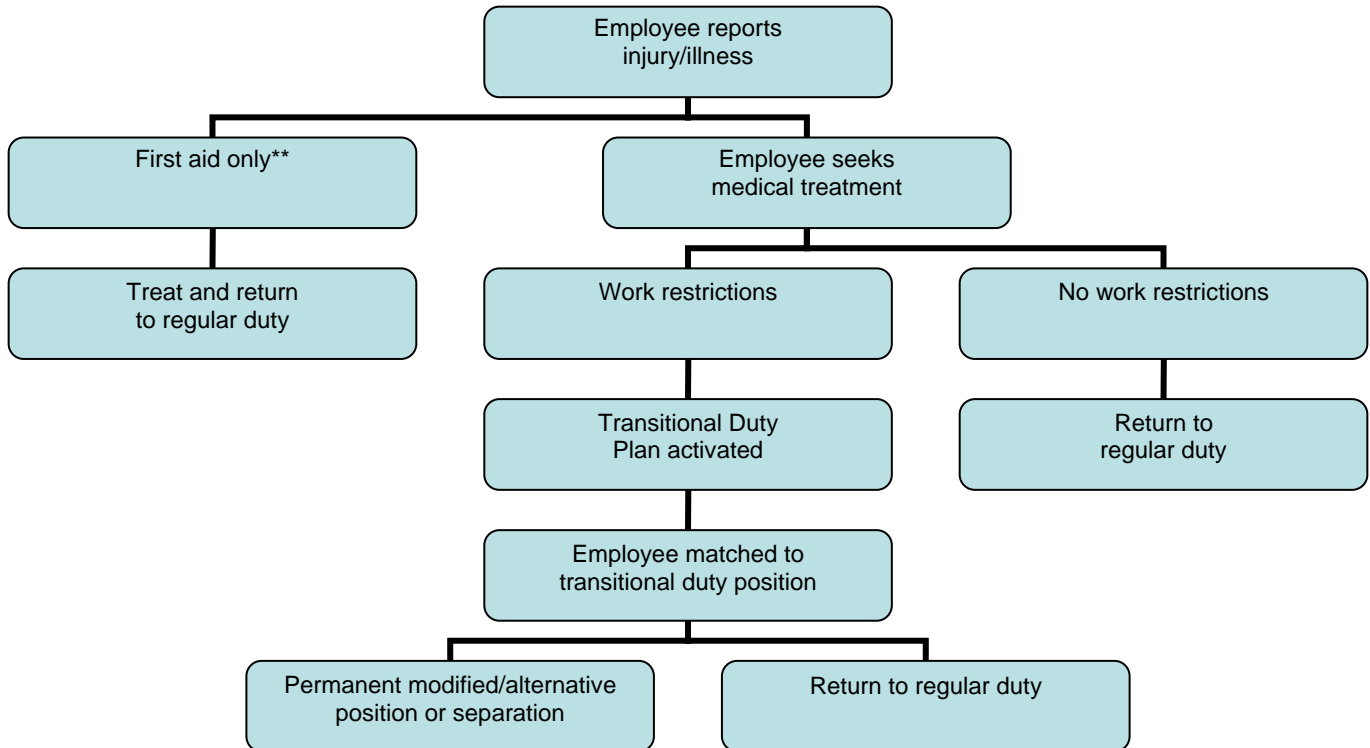
- Establish Maximum Time Limit – Failure to establish a time limit for transitional employment can potentially create a right to permanent transitional employment. It is recommended that the transitional employment plan be evaluated when an employee becomes medically stationary.
- Provide Meaningful Work – All transitional employment tasks must be productive. Tasks must never be demeaning or appear worthless in any way.
- Maintain Continuity/Keep It Simple – Keep the employee doing as much of his/her regular job as possible, and keep the employee in his/her unit if possible.
- Be Creative When Simple Does Not Work
  - Assign the employee to his/her old job for an hour a day with other duties the rest of the time.
  - Limit the number of hours an employee will work each day.
  - Assign the employee projects that will increase his/her knowledge or skills.
  - Integrate the work plan with a medical treatment or therapy schedule.
  - Try something despite the fact, or just because, it has not been done before.
- Document Efforts – Written transitional employment plans and tracking mechanisms document the good faith efforts of all involved parties.
- Be Consistent – Treat all employees fairly.

Transitional employment differs from light-duty:

	<b>LIGHT DUTY</b>	<b>TRANSITIONAL EMPLOYMENT</b>
Time/Length of Assignment	Indefinite	Specific, with a start and end (review) date set at time of assignment
Duties	Based on employee limitations	Tailored to meet employee's physical abilities, intended to maximize recovery, resulting in increased productivity
Nature of Duties	Constant, unchanging	Flexible; may change daily or weekly depending on employee's medical progress and organizational need
Who Designs Work	Supervisor	Transitional Duty Team, with input from the injured employee, his/her supervisor, Human Resources and Risk Management
Capacity of Program	Limited by number of pre-determined jobs created	Unlimited opportunities based on employee capabilities and agency needs
Goals of Program	Non specific to employee	Transitional employment plan developed for each employee with clearly spelled out responsibilities and expectations
Results	Often ineffective	Increases productivity and potential for employee recovery

## Transitional Duty Process Flow

Below is a graphic representation of the way an injured employee may navigate the transitional duty process.



\*\*First aid is any one-time treatment and any follow-up visit for the purpose of observation of any minor scratches, cuts, burns, splinters, and so forth, which do not ordinarily require medical care.

## **Implementation of the Transitional Duty Program**

Step One – Designate the person responsible within each department for initiating the transitional duty process.

Step Two – Make employees aware of availability of the Transitional Duty Program.

Step Three – Provide the Physical Abilities Assessment form to the treating physician.

Step Four – Match physical abilities with a transitional duty position.

Step Five – Complete the Transitional Duty Plan and advise third party administrator (TPA).

Step Six – Monitor time limits for the transitional duty position or for release to full duty.

Please advise your TPA immediately of any change in restrictions, wage loss, termination of transitional duty, or full duty release.



Dear Employee:

Your health is very important to us, and we wish you a quick and full recovery.

West Hills Community College District has implemented a program to return injured employees to transitional duty. The purpose of the program is to allow you to remain active and assist you in maintaining your earnings. You will be given the opportunity to play an active part in the decision-making process related to the design of a potential transitional duty position, and your medical confidentiality will be maintained throughout the process.

Transitional duty assignments are temporary change(s) in your job or employment condition imposed by a medical doctor as a result of an industrial injury or illness that prevents you from performing all the tasks of your usual and customary occupation; they are not meant to be demeaning.

Transitional duty may include, among other modifications:

- Reduced or re-distributed hours in your regular classification
- Modification of job duties within your regular classification
- Assignment to job duties and/or hours outside your regular classification consistent with the wage rate required by a labor contract

Participation in this program will not exceed 90 calendar days.

If a transitional duty position is available and you decline to participate in the Transitional Duty Program, your workers' compensation benefits could be affected.

Attached please find a form that is to be provided to your treating physician to assess your ability to work in a transitional duty capacity. You are to return this form to your supervisor immediately following the medical appointment along with any documentation from your treating physician regarding any work restrictions. Should your treating physician modify the restrictions at any time during your participation in the program, you are required to immediately provide documentation from your doctor to your supervisor.

Should the work restrictions related to your injury preclude you from returning to work for a time period, we will be making contact on a regular basis to address any questions you may have regarding your benefits and medical care.

**West Hills Community College District  
Acknowledgement Form**

I, \_\_\_\_\_, acknowledge receipt of the DWC Form 1 (Employee Claim Form) and, in addition, information regarding West Hills Community College District's Transitional Duty Program.

I also agree to provide the attached Physical Abilities Assessment form to my treating physician and return said document to my supervisor immediately following the initial medical appointment.

Signed,

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

Dear Treating Physician:

West Hills Community College District has implemented a program to return injured employees to transitional duty. The purpose of the program is to allow them to remain active and to assist them in maintaining their earnings.

Please note that the emphasis is on the employee's ability to work and not on work restrictions.

Participation in this program will not exceed 90 calendar days, and participation in the program is mandatory.

We ask that you complete the attached Physical Abilities Assessment form and return it to the employee so that a physically appropriate transitional duty position can be identified.

Please maintain a copy for your medical file.

## Physical Abilities Assessment Form for Transitional Duty

### TOTAL HOURS PER DAY

	Min/Hr @ 1 time	0-1	2-3	4-5	6-8
SIT					
STAND					
WALK {EVEN}					
WALK (UN-EVEN)					
DRIVE					

	1-10 lbs	11-19 lbs	20-49 lbs	50-75 lbs	76-100 lbs
LIFT					
CARRY					
PUSH/PULL					

### ADDITIONAL RESTRICTIONS – NOTE ANY PERTINENT INFORMATION

	YES	NO	COMMENTS
CLIMB			
USE LEGS/FEET			
USE HANDS			
REACH			
KNEEL/SQUAT/BEND/TWIST			

Please note any additional restrictions or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## TRANSITIONAL DUTY PLAN

WEST HILLS COMMUNITY COLLEGE DISTRICT has developed a Transitional Duty Program to benefit all employees and the employer. You are a valuable resource, and we are pleased that your treating physician has approved you for transitional duty. You will be assigned to a transitional duty position that is within the medical abilities and limitations outlined by your treating physician. Effective immediately, please report to the following:

**Transitional Duty Position:** \_\_\_\_\_

**Hours:** \_\_\_\_\_

**Effective Dates:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_

**Supervisor Phone:** \_\_\_\_\_

**Transitional Duty Coordinator:** \_\_\_\_\_

**Transitional Duty Phone:** \_\_\_\_\_

If you are sick or unable to report to work, please contact the supervisor listed above immediately. This is a temporary assignment that is subject to change and generally will not exceed 90 calendar days. If at any time you feel you are unable to perform the temporary assignment or if you should feel the physical requirements of the position exceed limitations placed by your physician, please immediately notify the above named supervisor and Transitional Duty Coordinator.

We look forward to your participation in our Transitional Duty Program.

I have read and understand the above:

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

- c: Transitional Duty Coordinator
- Personnel File
- Third Party Administrator Claim File

### Transitional Duty Plan

Employee Name:	Organizational Entity:
Job Title:	Supervisor:
	Reviewing Manager:

Physical Capacities/Restrictions: _____	
Date Restrictions Began:	Next Review Date:

Plan Specifications	
Date Restrictions Began:	End Date:
Describe job and/or specific tasks:	
Describe hours/days and days/weeks, including progression schedule:	
Special considerations:	

This Transitional Duty Plan has been reviewed and discussed with me to clarify any questions I may have. I have been provided with a copy of this plan and I understand my supervisor will retain a copy. Should I experience any difficulties while performing transitional work, I will immediately contact my supervisor.	
Employee Signature:	Date:

I have reviewed and discussed this Transitional Duty Plan with the employee. In addition, I have provided a copy of the plan to the employee.	
Supervisor or Reviewing Manager Signature:	Date:
Other Transition Team Members in Attendance:	Date:
Physician's Signature:	Date:

## DESCRIPTION OF TRANSITIONAL JOB DUTIES

EMPLOYEE NAME: (LAST)	(FIRST)	(M.I.)
DEPARTMENT:		JOB ADDRESS:
SUPERVISOR:	HRS. WORKED PER DAY	HRS. WORKED PER WEEK
DESCRIPTION OF JOB RESPONSIBILITIES: (DESCRIBE ALL JOB DUTIES)		

Check the frequency of activity required of the employee to perform the job.

ACTIVITY (Hours per day)	Never 0 hours	Occasionally Up to 3 hours	Frequently 3-6 hours	Constantly 6-8+ hours
Sitting				
Walking				
Standing				
Bending (neck)				
Bending (waist)				
Squatting				
Climbing				
Kneeling				
Crawling				
Twisting (neck)				
Twisting (waist)				
Hand Use: Dominant hand    Right    Left				
Is repetitive use of hand required?				
Simple grasping (right hand)				
Simple grasping (left hand)				
Power grasping (right hand)				
Power grasping (left hand)				
Fine manipulation (right hand)				
Fine manipulation (left hand)				
Pushing & pulling (right hand)				
Pushing & pulling (left hand)				
Reaching (above shoulder level)				
Reaching (below shoulder level)				

<b>CARRYING</b>									
	Occasionally Up to 3 hours	Frequently 3-6 hours	Constantly 6-8+ hours	Height	Never 0 hours	Occasionally Up to 3 hours	Frequently 3-6 hours	Constantly 6-8+ hours	Distance
0-10 lbs.									
11-25 lbs.									
26-50 lbs.									
51-75 lbs.									
76-100 lbs.									
100+ lbs.									

Describe the heaviest item required to carry and the distance to be carried: \_\_\_\_\_

\_\_\_\_\_

Please indicate if your job requires:			
	Yes	No	(IF YES, PLEASE BRIEFLY DESCRIBE)
a. Driving cars, trucks, forklifts and other equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Working around equipment and machinery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Walking on uneven ground?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Exposure to excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Exposure to extremes in temperature, humidity, or wetness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Exposure to dusty, gas, fumes, or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Working at heights?	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Operation of foot controls or repetitive foot movement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Use of special visual or auditory protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Working with bio-hazards such as: bloodborne pathogens, sewage, hospital waste, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____