

SAFE RETURN TO WORK

POLICY

E & B Oilfield Services Inc. has adopted this Modified and Safe Return to Work program for employees who suffer a work related injury or illness.

PURPOSE

E & B Oilfield Services Inc. has implemented this policy to maintain ill or injured employees on the job and to return individuals with a disability to work as soon as possible in order to best serve the employees that have a disability and to minimize liability and workers' compensation losses.

This program will provide workers with modified duties or other practicable accommodation to help the worker return to meaningful work as quickly as medically possible and within the treatment provider's work restrictions.

SCOPE

This program is intended to accommodate employees, to the extent practicable, with modified work responsibilities until they are able to return to regular duties. It also is designed to reintegrate employees into the workforce, in modified duty capacities, who are unable to return to their regular duties.

RESPONSIBILITIES

- E & B Oilfield Services Inc. will maintain a list of available jobs for employees working under specific restrictions on modified duty.
- E & B Oilfield Services Inc. will prioritize assigning modified duties that allows the worker to maintain a connection with their pre- injury job.
- E & B Oilfield Services Inc. will ensure the modified duties are consistent with the health care provider's medical restrictions. It is the workers responsibility to ensure the modified work continues to adhere to the medical restrictions.
- Danny Abegglen is responsible for making available a temporary, "alternative" duty assignment for injured employees who are temporarily partially disabled and have been released back to work with restrictions by their treating physician.

TRAINING

Training on this policy will be given to new employees as part of orientation, and will be available to all employees upon request.

E & B Oilfield Services Inc. will provide this policy, the applicable forms, and a contact log of local health care providers before work begins, and use them with the employee and physician to record the return to work process.

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MODIFIED WORK PROGRAM

When a worker is cleared to return to work, they will be assigned to work from the list of available jobs that follows the physician's work restrictions that will be provided to supervisors to ensure the modified work meets the physician's orders.

Modified work assignments at E & B Oilfield Services Inc. will adhere to the following principles:

- Productive: The work provided must contribute to E & B Oilfield Services Inc.'s success
- Safe: Any modified work assignment must not aggravate or threaten to reinjure the employee or present additional hazard to any coworker
- Reintegrative: Modified work must help the employee in a transition back to pre-injury employment as far as possible and will respond to changes in the functional abilities of the worker as determined by the physician

If Danny Abegglen cannot provide an alternative duty assignment due to a lack of work, a danger to the health, safety, and welfare of the employee or fellow employees, or due to a legal restrictions preventing such an alternative duty assignment, it will be the responsibility of the employing department to provide alternative duty assignments.

E & B Oilfield Services Inc. will make all appropriate accommodations to support an employee returning to modified duty work. These accommodations may include:

- Shortened hours
- More frequent breaks
- Assistance from co-workers for specific tasks and sharing work responsibilities
- Workplace modifications and devices to assist in work
- Temporary assignment changes and special project work

Employees who are offered temporary alternative duty assignments are expected to report for duty and to fulfill their alternative duty assignment during the period of time they are temporarily disabled as they would their regular position.

Temporary alternative duty means all periods of time when the employee's physician has determined that the injured employee may return to some form of restricted duty.

Temporary alternative duty assignment(s) continue until released by the treating physician; until the injured employee reaches maximum medical improvement; until a permanent restriction is assigned. Temporary alternative duty takes into account and accommodates those restrictions, which have been placed upon the injured employee by their treating physician.

As restrictions or limitations change during the recovery process, the supervisor will continue to modify the work environment to accommodate the employee. During this alternative duty assignment, the employee will continue to receive their normal rate of pay for the hours worked.

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Once an employee has reached maximum medical improvement, they are responsible to report this to their supervisor. Upon reaching maximum medical improvement, the employee's medical condition must be assessed as to their permanent medical restrictions and their ability to perform the duties of the position to which they were hired. If the injured employee cannot return to their regular position, the Human Resources Department must find available alternative employment within the company.

INJURY RESPONSE PROCEDURE

The following procedures will be used whenever there is a workplace incident resulting in an employee injury or illness:

1. Make sure that the injured worker has had the appropriate first aid/ medical treatment.
2. If injury requires further attention, the onsite supervisor will provide transportation to the local medical center either by driving them or calling an ambulance. If transported by ambulance on site supervisor is to follow employee to clinic. The supervisor will stay and advocate on behalf of employee with assistance from the safety coordinator until the employee is released or the responsible company representative directs otherwise.
3. The on-site supervisor will report incident to safety coordinator as soon as possible.
4. The safety coordinator must report the incident to the Corporate Safety Manager immediately.
5. The supervisor will ensure that the E & B Oilfield Services Inc. Modified Work Information Package is taken to the medical center.
6. The safety coordinator will ensure that the attending physician understands the requirements of the company's' modified return to work program
7. The supervisor will complete the information package and have the attending physician fill out a modified work plan. The modified work plan will be dependent on the severity of the injuries and the recommendation of the attending doctor.
8. The safety coordinator will complete the Incident/Accident Form, the Employers Workers' Compensation report, and notify the Workers Compensation Board (WCB).
9. All reports will be delivered to the Corporate Safety Manager as soon as possible.

MODIFIED WORK PROCEDURES

PROVIDE INFORMATION PACKAGE

When an injury occurs that requires medical treatment, the on-site supervisor will accompany injured employee taking with them an Information Package. The on-site supervisor and injured employee will work with physician to complete package. The completed package will be sent immediately to the safety coordinator. The safety coordinator will now become the case coordinator working closely with Supervisor until case is closed.

CREATE A FILE

The safety coordinator will create a Workers' Compensation Board (WCB) file that will include all documents related to the claim, and identify the WCB case manager. This file will be kept separate from personnel files. The safety coordinator will review the documents from the information package and will develop a return-to-work plan.

The safety coordinator will maintain contact with the WCB Case Manager, at least every two weeks to obtain and document the condition of the injured employee; what the treatment or rehabilitation plan is, the likely date of a return-to-work and, identify any work restrictions. The amount and type of benefits provided to the injured employee will also be discussed.

EMPLOYEE COMMUNICATION

E & B Oilfield Services Inc. is committed to ensuring that all injury claims are effectively managed in order to promote an early and safe return-to-work. Communications will be maintained regularly with the injured employee, their families, health care providers, and Worker's Compensation Board. Physical Demands Analysis and job descriptions are required for modified work positions within the company.

If the employee is unable to return-to-work, the safety coordinator will contact the employee, at least once a week, to obtain and record information about the general condition of the employee, the nature of the treatment, what doctor they are seeing, and the date of all appointments.

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The following procedures will be used to facilitate and track communication between E & B Oilfield Services Inc., the local health care provider, and employees.

- If the worker remains unable to return to work, even on a temporary basis, he or she must call in at least weekly to report medical status, and update contact information as appropriate.
- If there is any change to medical condition, the worker must inform the worker's compensation coordinator accordingly.
- As recovery continues, the worker and/or supervisor will notify appropriate management to changes regarding the transitional work assignment. Changes must only be made with a common understanding between the employer, the worker, the physician, and the insurance carrier. Under no circumstances may a worker perform work that is outside of the functional abilities established by the treating physician.
- If the employee faces restrictions that result in his or her permanent inability to perform the essential functions of his or her job, the Americans with Disabilities Act (ADA) and applicable laws will be applied to determine suitability for employment.

DETERMINE FITNESS TO RETURN-TO-WORK

Prior to any return-to-work, whether to regular job duties or to modified work, the safety coordinator will obtain medical clearance from the treating physician.

MAKE OFFER OF MODIFIED WORK

E & B Oilfield Services Inc. will present a written offer of modified work to the employee. This offer will state the following information (See Modified Work Offer Form):

- Specific job duties to be performed
- Pay rate - This will be the same rate of pay as their accident employment
- Hours of employment
- Length of placement - This will be stated and made clear to the employee
- The offer will be signed by the employee and the supervisor, and will be forwarded to the WCB immediately

COMPLETE PERFORMANCE LIMITS AGREEMENT (FORMS SECTION)

Employees must agree to perform duties within documented limits and follow physician orders.

REFUSAL OF OFFER

Any refusal by an employee to participate in the modified work program will be dealt with immediately. The safety coordinator will interview the employee, record the reasons for not participating, and inform the WC Case Manager immediately.

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MONITOR RETURN-TO-WORK

When an employee returns to work, whether on regular or on modified duties, the supervisor and the Case Coordinator will monitor the progress of the employee, and address any concerns immediately. This ensures that any problems or concerns that may arise can be addressed immediately. The safety coordinator is to follow-up daily during the first week of the return-to-work. This follow-up period can be increased depending on the extent of the injury and projected recovery date. Keep notes on any contact made with the employee during this time. Employees on modified work must follow all physician restrictions and or guidelines.

RETURN TO REGULAR DUTIES

- When medical clearance for return to regular duties is received, E & B Oilfield Services Inc. will inform the WCB. The safety coordinator will continue to monitor the employee's return to regular duties.

RECORDKEEPING

- E & B Oilfield Services Inc. will maintain all written records: incident details; incident investigation records; injured employee communications on modified work; and where applicable, Workers Compensation and medical records.
- E & B Oilfield Services Inc. will keep all forms and medical records of injured employees confidential in a locked file and only provide records when necessary.

FORMS

In order to ensure proper documentation of the Modified and Safe Return to Work program, the forms included in the company's' information package are defined and included here. These forms may be duplicated for future use.

The forms included in the package are:

- First Aid Record form
- Contact Log
- Physicians Information Package
- Physicians Modified Work form
- Return to Work Plan
- Modified Work Offer
- Performance Limits Agreement
- Modified Duty Agreement
- Return to Work Progress Report
- Return to Work Closure/Evaluation Report

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First Aid Record Form

Employee Name _____

Date and Time of Illness/Injury/Incident _____

Date and Time Illness/Injury/Incident was reported _____

Location where incident occurred

Description of Injury/Illness

First Aid Treatment Rendered:

Name and Qualifications of First Aid Provider: _____

Work related cause of incident (if any) _____

Employee Signature

Date

Supervisor Signature

Date

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PHYSICIAN INFORMATION PACKAGE

Our goal is to have injured workers return to employment, without sacrificing an employee's safety or well-being.

The following is a classification of modified duties available at our company.

Also attached is a copy of the "Employee Physical Demands Analysis for their Regular Job Duties.

Name: _____ is employed as a (position)

We ask that you review these classifications and, with these in mind, please complete the attached form so that we can enroll our employee in our modified work program that is in keeping with this individual's current capability at this point in their recovery. We also have shop and office facilities where they can do sedentary and light duties. Will an administration fee be associated with completing the form, E & B Oilfield Services Inc. will pay the fee upon receiving your bill.

Sedentary

- No lifting
- Primarily sitting with occasional walking/standing
- Clerical Work - Photocopying, filing, etc.
- Training –classroom, lecture, etc.

Light

- Lifting maximum 20 pounds
- Frequent lifting and/or carrying of up to 10 pounds
- May require walking and standing to a significant degree
- May involve sitting with pushing and pulling of arm and/or leg controls
- Painting

Medium

- Lifting 50 lbs.
- Frequent lifting and/or carrying of up to 20 lbs.
- May involve sitting with pushing and pulling of arm and/or leg controls
- Small machine repair and maintenance
- Driving vehicles or forklifts

Heavy

- Heavy Lifting 100 lbs. maximum
- Frequent lifting and/or carrying of up to 50 lbs.

Very Heavy

- Occasional lifting over 100 lbs.
- Frequent lifting and/or carrying in excess of 50 lbs.

Thank you for you co-operation and assistance in helping to rehabilitate our employees.

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Physician Modified Work Form

Personal Information	
Employee Name _____ Phone _____	
Address: _____	
City: _____ State: _____ Zip Code: _____	
DOB: _____ Date of Injury: _____	
Injury Description: _____	

Modified Work Classification	
May Employee return to pre-injury Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
May Employee Perform Modified Duty <input type="checkbox"/> Yes <input type="checkbox"/> No	
Sedentary Duty	Light Duty
<ul style="list-style-type: none"> Occasional lifting and/or carrying up to 10 lbs. Primarily sitting with occasional walking/standing. 	<ul style="list-style-type: none"> Occasional lifting and/or carrying up to 20 lbs. Frequent lifting and/or carrying up to 10 lbs. May involve sitting with pushing and/or pulling of arm or leg controls May require walking/standing to a significant degree
Moderate Duty	Heavy Duty
<ul style="list-style-type: none"> Occasional lifting and/or carrying up to 50 lbs. Frequent lifting and/or carrying up to 20 lbs. May involve sitting with pushing and/or pulling of arm or leg controls May require walking/standing to a significant degree 	<ul style="list-style-type: none"> Occasional lifting and/or carrying up to 100 lbs. Frequent lifting and/or carrying up to 50 lbs. May involve sitting with pushing and/or pulling of arm or leg controls May require walking/standing to a significant degree
Indicate any restriction and/or limitations:	
Physician Evaluation	
Employee treatment plan & follow-up	
Next appointment	
Name of Physician	

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Return to Work Plan

Return to Work Plan										
Worker Name:					Claim #:					
Pre-Injury Job:					Injury Date:					
Pre-Injury Worksite:										
Pre-Injury Job										
Attach the following:										
<input type="checkbox"/> Job description					<input type="checkbox"/> Job tasks and demands					
RTW Goal										
RTW Plan Start Date:					Plan End Date:					
Return to Work Plan Goal: <input type="checkbox"/> Pre-Injury Job <input type="checkbox"/> Pre-Injury Job with <input type="checkbox"/> Alternate Work Accommodation (details attached)										
Attach summary of physician's report of functional abilities or appropriate form										
Accommodations										
Required? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Temporary (expected duration: _____)				<input type="checkbox"/> Permanent			
Treatment										
Health Professional: _____					Ph: _____					
Type of Treatment:										
Appointment Date(s) & Times:										
Work Schedule										
Work Period		Days scheduled each week and numbers of hours per day							Comments	
		From	To	Sun	Mon	Tues	Wed	Thurs		Fri
Pay Plan (hourly rate, full regular wages, etc.):										
Statement of Agreement										
I agree to this plan:										
Worker Name: _____					Date: _____					
Worker Signature: _____										
Supervisor Name: _____										
Supervisor Signature: _____					Date: _____					

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Modified Work Offer

Date: _____

Dear _____

In keeping with our policy to provide suitable employment to any employee unable to perform their regular duties, we are offering the following modified work placement.

The modified position is _____

The duties that you will be required to perform will accommodate your medical restrictions, and are as follows:

MODIFIED DUTIES AT THE OFFICE OR SHOP:

- Training
- Photocopying
- Office and Shop Cleaning
- Painting
- Other: _____

Hours of work at the office will be from Monday through Friday ____ A.M. to ____ P.M.

Your rate of pay will be _____

The length of this modified work placement will be from _____ to _____

_____. We will continually review your progress and adjust the length of this placement as required, based on relevant medical information.

During this modified work placement you will be supervised by _____

If you have any concerns or difficulties, please notify us immediately. Your supervisor will also ensure that you are only performing the duties outlined above.

We also request that you meet with _____, your case coordinator, "once every week" to review your progress.

Employee Signature

Date

Case Coordinator Signature

Date

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Performance Limits Agreement

I understand that the following limits have been set for me. I agree not to exceed these limits.

PERFORMANCE LIMITS

Sitting: _____

Standing: _____

Walking: _____

Lifting: _____

Bending: _____

Stooping: _____

Kneeling: _____

Crawling: _____

Other: _____

Will any change be required to these established limits, a new form will be completed.

Employee Signature

Date

Supervisor Signature

Date

Safety Coordinator Signature

Date

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MODIFIED DUTY AGREEMENT

I have been advised by my doctor that my physical activities at work are to be restricted on a temporary basis on my return to work. I understand that these physical limitations are as follows:

By cosigning this agreement with me, my Manager/Supervisor acknowledges the above temporary restrictions and is able to temporarily modify my usual job or provide temporary alternative work for me as long as I continue with medical treatment. My pay will remain the same and modified duty will temporarily continue until my restrictions are lifted. When my doctor assesses maximum medical improvement, any permanent restrictions imposed by my doctor will be used to evaluate my ability to meet the essential functions of my regular job.

I understand that it is my personal responsibility to follow my doctor's restrictions at all times. Therefore, if I am asked to perform a task at work that is outside the restrictions outlined above, I must notify my Manager/Supervisor immediately.

This agreement is in effect until _____, at which time I will return to Dr. _____ for recheck. After my appointment, I will return to the Health & Safety office with an updated list of restrictions or a full medical release.

Employee Signature, Date

Treating Physician Signature, Date

Manager/Supervisor Signature, Date

Safety Coordinator Signature Date

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Return to Work Progress Report	
Date:	Claim #:
Worker:	Manager/Supervisor:
RTW Goal	
Return to Work Plan Goal: <input type="checkbox"/> Pre-Injury Job <input type="checkbox"/> Pre-Injury Job with Accommodation <input type="checkbox"/> Alternate Work (details attached)	
Week 1	
Review Period (From/To):	
Precautions:	
Duties:	
Dates & Hours Worked:	
Week 1 Review	
RTW Coordinator Observations:	
Worker Comments/Concerns:	
Supervisor Comments/Concerns:	
Action(s) to Address Concerns:	
Date Review Completed:	Review Completed By:

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Week 2	
Review Period (From/To):	
Precautions:	
Duties:	
Dates & Hours Worked:	
Week 2 Review	
RTW Coordinator Observations:	
Worker Comments/Concerns:	
Supervisor Comments/Concerns:	
Action(s) to Address Concerns:	
Date Review Completed:	Review Completed By:
Are accommodations/solutions resulting in anticipated RTW goals?	
Yes	No (Why not?)
Is RTW Plan still current?	
Yes	No (Why not?)
Next Steps:	Next Follow-up:
<input type="checkbox"/> Continue w/ RTW plan <input type="checkbox"/> Revise RTW Plan <input type="checkbox"/> Close RTW Plan	

Completed by: _____

Date: _____

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Return to Work Closure/Evaluation Report	
Date:	Claim#:
Worker:	Supervisor:
RTW Plan Outcomes	
Duration of time between injury/illness report to final return to work:	
Original RTW Goal	Actual RTW Goal Achieved
<input type="checkbox"/> Pre-Injury Job <input type="checkbox"/> Pre-Injury Job with Accommodation <input type="checkbox"/> Alternate Work	<input type="checkbox"/> Pre-Injury Job <input type="checkbox"/> Pre-Injury Job with Accommodation <input type="checkbox"/> Alternate Work
Comments:	
What worked well in return to work process?	
What opportunities are there for improvement? (For example, what would you change about the process if you could?)	
Completed By:	
Name: _____	Date: _____

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