

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 to best serve the employees that have a disability and to minimize liability and employees' compensation losses.

This program will provide employees with modified duties or other practicable accommodation to help the employee 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 can 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 employee 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 employee's responsibility to ensure the modified work continues to adhere to the medical restrictions.
- Kirk Duncan 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.

MODIFIED WORK PROGRAM

When an employee 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 will contribute to E & B Oilfield Services Inc.'s success.
- **Safe:** Any modified work assignment will not aggravate or threaten to reinjure the employee or present additional hazard to any colleague.
- **Re-integrative:** Modified work will 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 employee as determined by the physician.

E & B Oilfield Services Inc. will inform supervisors of the physical restrictions placed on employees returning to work under their direction. If Kirk Duncan 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 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 colleagues 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 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 considers 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.

Once an employee has reached maximum medical improvement, they are responsible to report this to their supervisor. The employee's medical condition will then be assessed (physical demands assessment) 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 will 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:

- Make sure that the injured employee has had the appropriate first aid/ medical treatment.
- 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.
- The on-site supervisor will report incident to safety coordinator as soon as possible.
- The safety coordinator will report the incident to the corporate safety manager immediately.
- The supervisor will ensure that the E & B Oilfield Services Inc. modified work information package is taken to the medical center.
- The safety coordinator will ensure that the attending physician understands the requirements of the company's' modified return to work program.
- 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.
- The safety coordinator will complete the incident/accident form, the employers workers' compensation report and notify the Workers Compensation Board (WCB).
- 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 the 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 WCB file that will include all documents related to the claim and identify the WCB case manager. This file will be kept separate from employee's 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 (2) 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 to promote an early and safe return to work . Communications/notifications will be maintained regularly with the injured employee, their families, health care providers and WCB – including information conveyed to the employee of the company's return to work and modified duties policies. 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.

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 employee remains unable to return to work, even on a temporary basis, he or she will call in at least weekly to report medical status, and update contact information as appropriate.
- If there is any change to medical condition, the employee will inform the worker's compensation (WC) coordinator accordingly.
- As recovery continues, the employee and/or supervisor will notify appropriate management to changes regarding the transitional work assignment. Changes will only be made with a common understanding between the employer, the employee, the physician and the insurance carrier. Under no circumstances may an employee 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

Before 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 will 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.

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 will 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, employees 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

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

First Aid Record Form

Employee Name				
Incident Occurred		Incident Reported		Location of Incident
Date	Time	Date	Time	
Description of Injury/Illness				
First Aid Treatment Rendered				
Name of First Aid Provider				
Qualifications of First Aid Provider				
Work related cause of incident (if any)				
Employee Signature				Date
Supervisor Signature				Date

Physician Information Package

Our goal is to have injured employees 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. In the event that an administration fee be associated with completing the form, E & B Oilfield Services Inc. will pay the fee upon receiving your bill.

Sedentary	
<input type="checkbox"/>	No lifting
<input type="checkbox"/>	Primarily sitting with occasional walking/standing
<input type="checkbox"/>	Clerical work - Photocopying, filing, etc.
<input type="checkbox"/>	Training –classroom, lecture, etc.
Light	
<input type="checkbox"/>	Lifting maximum 20 pounds
<input type="checkbox"/>	Frequent lifting and/or carrying of up to ten (10) pounds
<input type="checkbox"/>	May require walking and standing to a significant degree
<input type="checkbox"/>	May involve sitting with pushing and pulling of arm and/or leg controls
<input type="checkbox"/>	Painting
Medium	
<input type="checkbox"/>	Lifting 50 lbs.
<input type="checkbox"/>	Frequent lifting and/or carrying of up to 20 lbs.
<input type="checkbox"/>	May involve sitting with pushing and pulling of arm and/or leg controls
<input type="checkbox"/>	Small machine repair and maintenance
<input type="checkbox"/>	Driving vehicles or forklifts
Heavy	
<input type="checkbox"/>	Heavy Lifting 100 lbs. maximum
<input type="checkbox"/>	Frequent lifting and/or carrying of up to 50 lbs.
Very Heavy	
<input type="checkbox"/>	Occasional lifting over 100 lbs.
<input type="checkbox"/>	Frequent lifting and/or carrying in excess of 50 lbs.

Physician Modified Work Form

Personal Information			
Employee Name:			Date of Birth:
Address			
City	State	ZIP	Date of Injury
Injury Description			
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	Occasional lifting and/or carrying up to ten (10) lbs. Primarily sitting with occasional walking/standing		
Light Duty	Occasional lifting and/or carrying up to 20 lbs. Frequent lifting and/or carrying up to ten (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	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		
Heavy Duty	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 and follow-up			
Next Appointment			
Physician Name			

Return to Work Plan

Employee's 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			
Return to Work Goal			
Goal:	<input type="checkbox"/> Pre-Injury Job	<input type="checkbox"/> Pre-Injury Job with Accommodation	<input type="checkbox"/> Alternate Work (details attached)
Start Date	End Date	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		Phone:	
Type of Treatment			
Appointment	Date:		
	Time:		

Time		Work Schedule						
Start	End	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.

Wage:	Comments:
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Statement of Agreement	
Worker Name:	
Worker Signature:	Date:
Supervisor Name:	
Supervisor Signature:	Date:

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: _____

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:	

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

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Safety Coordinator Signature: _____

Date: _____

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 will 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 and 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: _____

Return to Work Progress Report: Week 1

Claim #:

Employee:						Review Start Date:	
Manager/Supervisor:						Review End Date:	
Return to Work Goal							
Goal:	<input type="checkbox"/> Pre-Injury Job	<input type="checkbox"/> Pre-Injury Job with Accommodation	<input type="checkbox"/> Alternate Work (details attached)				
Week 1							
	Days/Hours Worked						
	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Start:							
End:							
Duties:							
Precautions:							
Week 1 Review							
RTW Coordinator Observations:							
Employee Comments/Concerns:							
Supervisor Comments/Concerns:							
Action(s) to Address Concerns:							
Review Completed by:						Date Completed:	

Return to Work Progress Report: Week 2

Review Start Date:

Review End Date:

Week 2							
	Days/Hours Worked						
	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Start:							
End:							
Duties:							
Precautions:							
Week 2 Review							
RTW Coordinator Observations:							
Employee Comments/Concerns:							
Supervisor Comments/Concerns:							
Action(s) to Address Concerns:							
Review Completed by:						Date Completed:	

Are accommodations/solutions resulting in anticipated RTW goals? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain below)				
Is RTW Plan still current? <input type="checkbox"/> Yes <input type="checkbox"/> No (explain below)				
Next Steps:	<input type="checkbox"/> Continue w/ RTW plan	<input type="checkbox"/> Revise RTW Plan	<input type="checkbox"/> Close RTW Plan	Next Follow Up:
Completed By:			Date:	

Return to Work Closure/Evaluation Report

Employee's Name:		Claim #	
Supervisor's Name:		Date	
Return to Work Plan Outcomes			
Duration of time between injury/illness report to final return to work:		Date Started:	Date Ended:
RTW Goal		RTW Result	
<input type="checkbox"/> Pre-Injury Job		<input type="checkbox"/> Pre-Injury Job	
<input type="checkbox"/> Pre-Injury Job with Accommodation		<input type="checkbox"/> Pre-Injury Job with Accommodation	
<input type="checkbox"/> Alternate Work		<input type="checkbox"/> Alternate Work	
Comments			
What worked well in return to work process?			
What changes would you make to improve the process?			
Completed by:			Date:

