

# KANSAS DEPARTMENT OF CORRECTIONS

 <b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	<b>SECTION NUMBER</b>  <b>02-108D</b>	<b>PAGE NUMBER</b>  <b>1 of 5</b>
	<b>SUBJECT:</b> <b>HUMAN RESOURCES: Return to Work</b>	
<b>Approved By:</b>  <b>Secretary of Corrections</b>	<b>Original Date Issued:</b> <span style="float: right;"><b>03-12-15</b></span>	
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<b>APPLICABILITY:</b>	<input type="checkbox"/> <b>ADULT Operations Only</b>	<input type="checkbox"/> <b>JUVENILE Operations Only</b>	<input checked="" type="checkbox"/> <b>DEPARTMENT-WIDE</b>
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## POLICY STATEMENT

All employees of the Department of Corrections shall strive to maintain a work environment that contributes to the prevention of accidental job related injuries and/or illnesses. However, when an accidental injury and/or illness does occur, the Department is committed to the successful recovery of the eligible injured and/or ill employee through early intervention and by taking all reasonable steps to assist him or her toward the goal of returning to work as quickly as possible.

## DEFINITIONS

**Accidental Job Related Injury/Illness:** For purposes of this policy, accidental job related injury/illness shall mean an injury or illness directly attributed to a specific documented incident or condition to which the employee is exposed while in pay status and performing work for the Department, and for which benefits are approved by the State Self Insurance Fund. Accidental job related injury/illness does not include any condition deliberately inflicted by another employee and/or to which the employee's own gross negligence, or being under the influence of alcohol or the illegal use of drugs or controlled substances contributed or caused.

**Alcohol:** The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols, including methyl or isopropyl alcohol.

**Alcohol Use:** The consumption of any beverage, preparation, or mixture, including any medication, containing alcohol.

**Appointing Authority:** As defined in IMPP 02-109D, any person or group of persons empowered by the constitution, by statute, or by lawfully delegated authority to make appointments to positions in the State service pursuant to K.A.R. 1-2-9. For the specific purposes of this policy, the term refers only to the actual appointing authority and not to a designee.

**Controlled Substances:** Marijuana/cannabinoids (THC), cocaine metabolites, opiates, phencyclidine (PCP), amphetamines/methamphetamine.

**Eligible Employee:** For the purposes of this policy, any person employed full-time or part-time by the Kansas Department of Corrections who currently has permanent status, or who had prior permanent status and is on probation due to promotion. The term shall not include any person employed by an entity under contract to provide services to the Kansas Department of Corrections.

**Health Care Provider:** Persons who are registered or licensed with a health care regulating agency, to include but not limited to, physicians, nurses, psychiatrists, psychologists, physical or occupational therapists, and social workers.

Transitional Employment: Work that is necessary for the efficient operation of the office/facility, that can be performed for up to nine (9) months by an employee who is unable to perform his or her usual duties due to accidental job related injury/illness, and is at the same or a lower pay grade than the employee's pre-injury/illness position. Transitional employment status may be approved beyond the nine (9) month period by the appointing authority and the KDOC Human Resources Director.

## **PROCEDURES**

### **I. Responsibilities**

#### A. Appointing Authorities

1. Support and promote the Return to Work program in his or her area of authority.

#### B. Human Resource Managers and Representatives, and Department Heads

1. Educate employees concerning the Return to Work program;
2. Participate with the employee in the development of a Return to Work Plan;
3. Monitor Return to Work Plans and modify as necessary;
4. Review essential functions with the employee to identify suitable work assignments;
5. Throughout recovery periods, maintain communication with employees participating in the Return to Work program;
6. Complete necessary forms and reports; and,
7. Monitor the success of the Return to Work program and make recommendations to the Appointing Authority and the Human Resources Director.

#### C. Eligible Injured or Ill Employee

1. Obtain and provide the Department relevant information from a health care provider or State Self Insurance in the form required by the Department;
2. Participate in development of a Return to Work Plan;
3. Follow the instructions and recommendations of his or her health care provider;
4. Participate in the prescribed rehabilitation process;
5. Assist the Department to identify suitable work consistent with his or her functional abilities; and,
6. Keep the Department informed concerning any changes to his or her condition that may impact his or her ability to return to work.

### **II. Participation and Eligibility**

- A. Each eligible employee who is unable to perform the normally assigned duties of his or her position due to an accidental job injury or illness as defined by this policy, shall be required to participate in a Return to Work conference as soon as possible following the incident or situation causing the condition. The initial conference shall include the employee, the human resource manager or representative, and the appointing authority or designee, and may be a teleconference, if necessary to assure participation by all parties.

1. At least five (5) working days prior to the conference, the human resource manager shall provide the employee with a copy of his or her position description and a list of the essential functions of the job.
  2. If a statement from State Self Insurance is not available, the employee shall be responsible for providing the position description and list of essential functions to his or her health care provider in order to obtain a statement containing the information specified in the next paragraph.
  3. The employee shall be responsible for providing to the human resource manager or representative and the appointing authority, information from his or her health care provider and/or State Self Insurance. To the extent possible such information shall specify the employee's functional abilities, any limitations the employee may have relative to the applicable work environment, any essential functions that he or she is currently unable to perform, an estimate of the duration of the limitations, and the prognosis for potential improvement.
  4. The employee, the human resource manager or representative, and appointing authority shall review the information provided by the health care provider or State Self Insurance and, together, shall formulate a Plan of Action (Attachment A) for returning the employee to work as soon as possible. The plan shall include:
    - a. An estimation of the length of time needed in order to return the employee to his or her pre-injury/illness duties;
    - b. Any reasonable accommodations that would be required; and,
    - c. A description of potential Transitional Employment assignments; or
    - d. A description of potential permanent job assignments that fit the employee's functional abilities, if recovery sufficient to resume his or her pre-injury/illness is not expected.
  5. Within five (5) working days from the date of the conference, the human resource manager or representative shall submit the Plan of Action and the information received from the health care provider or State Self Insurance to appointing authority for review and approval.
  6. The human resource manager or designee shall review the Plan of Action and update or modify it as needed. Once an employee is placed in a transitional assignment, the manager of the area in which the employee is working shall be included in the subsequent reviews.
    - a. Plan of Action and subsequent updated plans shall be maintained in the employee's medical file.
  7. Human Resources shall complete and submit a monthly report on the first day of each month to the Human Resources Director or designee detailing participating in transitional employee. See Attachment B.
- B. For payroll purposes, if Transitional Employment is approved, the employee shall remain in his or her pre-injury/illness position while performing the duties of the Transitional Employment position.
1. For all organizational purposes, the employee shall be considered as an incumbent in the Transitional Employment position and may not be called upon to perform any duties of his or her pre-injury/illness position.

2. With the exception of testifying in a court of law on a work related matter, a corrections officer or juvenile corrections officer who accepts Transitional Employment in a non-security position shall not wear his or her uniform while working, and shall not be called upon to perform corrections officer duties.
  - a. While working a Transitional Employment assignment in a non-security position, a corrections officer or juvenile corrections officer shall be placed on an overtime/comp time schedule that is based on a 40-hour workweek.
- C. An employee's participation in the Return to Work program shall end when one of the following conditions has been met:
  1. The employee's health care provider certifies that:
    - a. The employee is able to return to his or her pre-injury/illness duties and perform all of the essential functions with or without reasonable accommodation(s);
    - b. No further improvement in the employee's condition is expected and a permanent alternative job placement is recommended; or,
    - c. No further improvement in the employee's condition is expected and the employee may not perform work of any kind.
  2. A permanent alternative assignment has been made;
  3. The Department is unable to place the employee in a suitable and available transitional assignment within six months of the employee's entry into the program; or
  4. The Department is unable to place the employee in a suitable and available permanent work assignment within six months of the employee's assignment to transitional employment.
- D. If the employee's health care provider certifies that the employee may not return to work of any kind, the appointing authority and the human resource manager shall determine what action to take in compliance with IMPP 02-114 and IMPP 02-125.
- E. If the employee refuses to participate in the Return to Work program, including all reasonable transitional assignments, the human resource manager shall notify State Self Insurance, and the appointing authority and the human resource manager shall determine what additional action to take in compliance with IMPP 02-114 and IMPP 02-125.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

#### REPORTS REQUIRED

None.

**REFERENCES**

K.S.A. 75-3707, 75-3746, and 75-3747  
K.A.R. 1-2-9, 1-2-84b, 1-5-21, and 1-9-5  
IMPP 02-109D, 02-114, 02-122, 02-125, 09-106

**ATTACHMENTS**

<b>Attachment</b>	<b>Title of Attachment</b>	<b>Page Total</b>
A	Plan of Action form	2 pages
B	Return to Work: Temporary-Limited-Duty Assignment Log	1 page

Date of Conference: \_\_\_\_\_  
 \_\_\_\_\_ Initial conference or,  
 \_\_\_\_\_ Follow-up conference?

**KANSAS DEPARTMENT OF CORRECTIONS  
 RETURN TO WORK PROGRAM  
 Plan of Action**

<b>Employee Name</b>	<b>Facility/Office</b>
<b>Position Title</b>	<b>Appointing Authority: Human Resource Manager:</b>

**Documentation:**  
 \_\_\_\_\_ **State Self Insurance**      \_\_\_\_\_ **Health Care Provider**      \_\_\_\_\_ **Essential Functions Form**

**Documented Physical Capacities/Restrictions:**

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<b>Date Restrictions Began:</b>	<b>Estimated Date when Employee Can Return to Pre-injury/illness duties with or without reasonable accommodation:</b>	<b>Next Review Date:</b>
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**TRANSITIONAL ASSIGNMENT OPTION #1**

<b>Start Date:</b>	<b>Anticipated End Date:</b>
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**Describe duties and/or specific tasks:**

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**Accommodations:**

\_\_\_\_\_

\_\_\_\_\_

**Work Schedule, including a progression schedule, if applicable:**

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**TRANSITIONAL ASSIGNMENT – OPTION #2**

<b>Start Date:</b>	<b>Anticipated End Date:</b>
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**Describe duties and/or specific tasks:**

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**Accommodations:**

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**Work Schedule, including a progression schedule, if applicable:**

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