

Resolution 2023-210

Resolution Approving Light Duty Work and Partial Injury Leave For Lt. Ratliff

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person in a Regular Meeting at 12:00 p.m. on Thursday, September 21, 2023. The trustee marked below made a motion for the adoption of the following Resolution:

Fleshman

Leezer

Horn

BE IT RESOLVED by the Board of Trustees of Franklin Township, Franklin County, Ohio, that the board approves David Ratliff to return to light duty work beginning on 9/21/2023. The board approves 24 hours of light duty work and 16 hours of injury leave per week, totaling 48 hours of light duty work and 32 hours of injury leave per pay period.

BE IT FURTHER RESOLVED that this Resolution shall be in full force and effect immediately upon its adoption.

The following trustee marked below seconded the motion:

Fleshman

Leezer


Horn

Roll was called for the adoption of the Resolution, and the vote was as follows:

Fleshman: YES/ NO

Leezer: YES/ NO

Horn: YES/ NO


Trustee John Fleshman


Trustee James Leezer


Trustee Ralph Horn

Attested to on this 21st day of September 2023


Fiscal Officer, Linzie Justus

Adopted: September 21st, 2023

Franklin Township

Temporary Light Duty Policy

It is the purpose of this policy to establish the authority for temporary light-duty assignments and procedures for granting temporary light duty to eligible Employees within this Township.

I. POLICY

Temporary light-duty assignments, when available, are for officers and other eligible personnel in this Township who, because of injury, illness or disability, are temporarily unable to perform their regular assignments but who are capable of performing alternative duty assignments. Use of temporary light duty can provide employees with an opportunity to remain productive while convalescing, as well as provide a work option for employees who may otherwise risk the health and safety of themselves or others by remaining on duty when physically or mentally unfit for their regular assignment. Therefore, it is the policy of this Township that eligible personnel be given a reasonable opportunity to work in temporary light-duty assignments where available and consistent with this policy.

II. PROCEDURES- A. General Provisions

1. Temporary light-duty positions are limited in number and variety. Therefore,
 - a. Employees injured or otherwise disabled in the line of duty shall be given preference in initial assignment to light duty; and
 - b. assignments may be changed at any time, upon the approval of the treating physician, if deemed in the best interest of the employee or the Township.
2. This policy in no way affects the privileges of employees under provisions of the Family and Medical Leave Act, Fair Labor Standards Act, Americans with Disabilities Act, or other federal or state law.
3. Assignment to temporary light duty shall not affect an employee's pay classification, pay increases, promotions, retirement benefits or other employee benefits such as bonus pay for special assignments,
4. No specific position within this Township shall be established for use as a temporary light-duty assignment, nor shall any existing position be designated or utilized exclusively for personnel on temporary light duty.
5. Light-duty assignments are strictly temporary and normally should not exceed three months in duration. After three months, personnel on temporary light duty who are not capable of returning to their original duty assignment shall
 - a. present a request for extension of temporary light duty, with supporting documentation, Medco 14 Form, obtained from the employee's physician or certified healthcare provider to the Department Head, Township Administrator, or Designee; or
 - b. pursue other options as provided by employment provisions of this township or federal or state law.
6. Employees on temporary light duty are prohibited from engaging in outside employment in which they may reasonably be expected to perform functions for which they have been determined physically or mentally unable to perform on behalf of this township and that form the basis for their temporary light-duty assignment.
7. Depending upon the nature and extent of the disability, an employee on temporary light duty may be prohibited or restricted from wearing the departmental uniform, carrying the service weapon or otherwise limited in employing police powers as determined by the Chief of Police.
8. Light-duty assignments shall not be made for disciplinary purposes.
9. Employees may not refuse temporary light duty assignments that are supported by and consistent with the recommendations of an

attending physician or certified health-care provider, although employees may protest such assignments through established grievance procedures as directed by their union policy, department head, or the Township Administrator.

B. Temporary Light-Duty Assignments

1. Temporary light-duty assignments may be drawn from a range of technical and administrative areas that include but are not limited to the following:
 - a. administrative functions (e.g. report review, special projects),
 - b. clerical functions (e.g. filing,)
 - c. desk assignments (e.g. booking officer, bookkeeping),
 - d. report taking (e.g. telephone reporting unit), or
 - e. communications (e.g. complaint taker).
2. The Township Administrator shall maintain an inventory of available job assignments that may be used for temporary light duty.
3. Decisions on temporary light-duty assignments shall be made based upon the availability of an appropriate assignment given the applicant's knowledge, skills and abilities; availability of light-duty assignments; and the physical limitations imposed on the employee.
4. Employees may be assigned outside of their department based on department needs and with concurrence from the employee's direct supervisor or Township Administrator.
5. Every effort shall be made to assign employees to positions consistent with their rank and pay classification. However, where deemed appropriate, personnel may be assigned to positions, or other Departments designated for personnel of lower rank or pay classification.
 - a. Employees shall retain the privileges of their rank but shall answer to the supervisory officer of the department to which they are assigned with regard to work responsibilities and performance; and
 - b. retain the pay classification and related benefits of the position held prior to their assignment to temporary light duty.

C. Requests for and Assignment to Temporary Light Duty

1. Requests for temporary light-duty assignments can be submitted to the employee's immediate supervisor. Requests must be accompanied by a statement of medical certification to support a requested reassignment, which must be signed either by the treating physician or other licensed

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health-care provider. The certificate must include an assessment of the nature and probable duration of the disability, prognosis for recovery, nature of work restrictions and an acknowledgment by the health-care provider of familiarity with the light-duty assignment and the fact that the employee can physically assume the duties involved. Utilize the Medco-14 Form from your physician or certified health provider.

2. The request for temporary light duty and the physician's statement shall be forwarded to this Township's Administrator, who shall make a recommendation regarding the assignment to the appropriate department head.
3. As a condition of continued assignment to temporary light duty, employees shall be required to submit to monthly physical assessments of their condition as specified by the Township.

Dear David Ratliff

We have modified your job duties to ensure compliance with your doctor's orders. Your health and safety are of utmost importance to us. Therefore, we ask that you exercise caution when you return to work and that under no circumstances do you perform a job duty that requires you to perform a restricted motion as per your physician's letter.

In the letter provided to us on 9-6-2023 from your treating physician, your treating physician, has listed the following work restrictions:

[Please see attached physician's report]

It is important that you do not attempt to perform any of these activities upon your return to work. If a job duty needs to be performed that involves one of these restricted activities, you are required to delegate the job duty to another employee. Until you are further along in your recovery and these restrictions are lifted, under no circumstances are you to disregard these restrictions while performing work for Franklin Township.

Again, we are glad that you are back!

Sincerely,

Return To Work Offer

Duties within Employee's Abilities and Medical Restrictions

Employee Name: David Ratliff

Date: 9-11-2023

Employer: Franklin Township

Dear David Ratliff

Franklin Township is able to temporarily accommodate your physical restrictions by modifying your regular job of Police Lt. Your health care provider has approved you to return to modified duties, as outlined in the attached medical report, dated 9-6-2023 The work hours are from 8:00 [a.m./p.m.] to 4:00 [a.m./p.m.], 9-20-23 through 11-6-23 You will be paid your regular wage of \$3955.53 biweekly We have temporary modifications of duty, which follows the medical restrictions given by your doctor.

**Refer to the temporary light duty policy Section (III-B) to see list of possible Job Duties/Task*

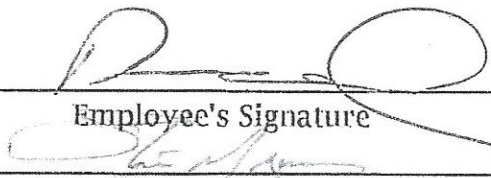
These work duties are offered to you as of 9-20-23 and will be re-evaluated on 11-6-23 if you have not been released to full duty.

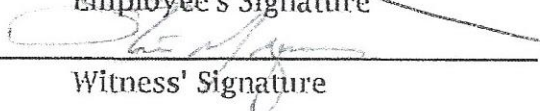
Please Initial

- I have read the "Temporary Light Duty Policy" provided to you with this letter.
 I will comply with restrictions as prescribed by my treating physician.
 I understand this agreement and I accept this work

No, I understand this agreement and I do not accept the return to work with temporary modifications of duties.

**Please note that refusal of this return to work offer may impact your Board Approved Injury Leave entitlement and/or workers' compensation benefits.*



Employee's Signature


Witness' Signature

9-21-23

Date
9-21-23

Date

Received: 9/6/2023 11:55:00 AM

ImageFax ID: 8045662
Sedgwick Ohio 05

Bureau of Workers' Compensation

Physician's Report of Work Ability (MEDCO-14)

Instructions:

- Use this form to provide detailed information about the injured worker's ability to work. Add comments to Section 4 or attach additional information as necessary. BWC uses the information to support a request for temporary, total compensation.
- The treating physician must submit this form each time they see the injured worker unless they:
 - o Have been awarded permanent and total disability.
 - o Have returned to work without restrictions within seven days of the injury.
 - o Are being treated after the treating physician has released them to their former position of employment (i.e., full duty job) held on the date of injury without restrictions.
- While you may use an equivalent physician-generated document (e.g., office notes, treatment plan) to the MEDCO-14, it must contain, at a minimum, the required data elements. If you've previously submitted equivalent data, indicate the date of the report on the form (e.g., 5/15/2021, office note).

Note: Physician assistants and nurse practitioners may complete this form; however, they may only certify temporary disability for the first six weeks after the date of injury. Subsequent periods of temporary disability require a co-signature by the treating physician.

- Fax form to the managed care organization if the employer is state-funded or to the employer if self-insured.
- Important: Failure to provide complete information may delay compensation payments to the injured worker.

Injured worker name RATLIFF, DAVID, A.		Claim number [REDACTED]	Date of injury 05/15/2023
Date of last appointment/examination 08/02/2023	Date of this appointment/examination 09/06/2000	Date of next appointment/examination 11/01/2023	
Submission type (Select one of the options below.)			
<input type="checkbox"/> Initial MEDCO-14. Proceed to Section 2. <input type="checkbox"/> Subsequent MEDCO-14, no changes. Proceed to Section 6. <input checked="" type="checkbox"/> Subsequent MEDCO-14, with changes. Check the appropriate box "Reporting changes from the last evaluation" or "No changes" in each section.			
Job description and work status		<input checked="" type="checkbox"/> Reporting changes from last evaluation <input type="checkbox"/> No changes	
• Have you reviewed the injured worker's job description? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No o If yes, who provided the job description? <input checked="" type="checkbox"/> Injured worker <input type="checkbox"/> Employer <input type="checkbox"/> MCO/BWC • Does the injured worker have any physical or health restrictions related to the allowed conditions in the claim on the date of this exam? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No o If yes, are the restrictions: <input type="checkbox"/> Permanent? <input checked="" type="checkbox"/> Temporary? o If no, check the box to indicate the injured worker is released to return to full duty as of the date of this exam. <input type="checkbox"/> Proceed to Section 6. • If there are restrictions, can the injured worker return to their full duty job held on the date of injury as of the date of this exam? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No o If yes, Proceed to Section 6. o If no, provide date restrictions began 9 / 20 / 23 and estimated full duty return-to-work date 11 / 6 / 23. Proceed to Section 3.			
Disability information		<input checked="" type="checkbox"/> Reporting changes from last evaluation <input type="checkbox"/> No changes	
Complete the chart below for all work-related allowed conditions being treated:			
Narrative description of the work-related allowed condition	Site/Location if applicable	ICD code	Is the condition preventing full duty release to the job injured worker held on the date of injury?
[REDACTED]	LEFT	S16.012A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
List all other conditions that impact treatment of the conditions listed above (e.g., co-morbidities or not yet allowed conditions).			

Received: 9/6/2023 11:55:00 AM

Image Fax ID: 8045662

Injured worker name

Sedgwick WCO 10003

RATLIFF, DAVID, A.

Claim number:

Date of injury

05/15/2023

Abilities, clinical findings, and recovery progression

Reporting changes from last evaluation No changes

- Is the Injured worker taking prescribed medication for the allowed conditions that may be a safety hazard? Yes No
- Dominant hand: Right Left
- Circle the injured worker's physical abilities for the activities in the chart below and provide comments as necessary:

Frequency scale					Strength level (lbs.):					Body side indicator		
N = Never					S = Sedentary 0-10					L = Left		
S = Seldom 0-1 hour					L = Light 0-20					R = Right		
O = Occasional 1-3 hours					M = Medium 0-50					B = Both		
F = Frequent 3-6 hours					H = Heavy 0-100					*Indicate limitations ONLY		
C = Constant 6-8 hours					VH = Very heavy >100							

Activity	Frequency				Activity	Strength					Frequency				Activity			Side		
Sit	N	S	O	F	C	Floor lift (0-17")	S	L	M	H	VH	S	O	F	C	Front/Lateral reach		R	B	
Stand/Walk	N	S	O	F	C	Knee lift (18-29")	S	L	M	H	VH	S	O	F	C	Overhead reach		R	B	
Climb stairs	N	S	O	F	C	Waist lift (30-38")	S	L	M	H	VH	S	O	F	C	Wrist flex/extension	L	R	B	
Squat/Kneel		S	O	F	C	Chest lift (37-60")	S	L	M	H	VH	S	O	F	C	Grasp	L	R	B	
Crawl		S	O	F	C	Overhead lift (>60")	S	L	M	H	VH	S	O	F	C	Finger manipulation	L	R	B	
Twist		S	O	F	C	Push/Pull	S	L	M	H	VH	S	O	F	C	Keyboarding	L	R	B	
Bend/Stoop		S	O	F	C	Carry	S	L	M	H	VH	S	O	F	C	Operate foot controls	L	R	B	

- Injured worker can work 8 hours per day and 24 hours per week.
- Are there any functional restrictions based only on the allowed psychological conditions? Yes No
 - o If yes, describe any functional restrictions in comments below and reference the MEDCO-16 as needed.
- Provide your clinical and objective findings supporting your medical opinion. List barriers to return to work, reason(s) for delayed recovery, and proposed treatment plan (e.g., modalities, therapies, surgery), including estimated duration of each treatment or indicate if all or part of this information is in office notes (include date(s) of notes).

Comments:

May return to light duty only on 9/20/23. No lifting, pushing, pulling. May work three 8 hr shifts for a total of 24 hrs in a week. Approx full release 11/6/23.

Health and Behavioral Assessment: (HBA evaluates cognitive, emotional, social, and behavioral barriers that might impact physical health problems and treatments which are associated with the allowed physical injury in the claim.)

- Is the injured worker's recovery not progressing, or progressing slower than expected? Yes No
- Do cognitive, emotional, social, or behavioral barriers exist that may be interfering with expected healing? Yes No
- Vocational rehabilitation is a voluntary program for an eligible injured worker who needs assistance to remain at work or return to work. Is the injured worker currently able to participate in a Vocational rehabilitation program? Yes No

Maximum medical improvement (MMI) status

Reporting changes from last evaluation No changes

MMI is a treatment plateau (static or well-stabilized) at which no fundamental functional or physiological change can be expected within reasonable medical probability; in spite of continuing medical or rehabilitative procedures. Has the work-related injury(s) or occupational disease reached MMI based on the definition above? Yes No

• If yes, give MMI date: ___/___/___ . Note: An injured worker may need supportive treatment to maintain his or her level of function after reaching MMI. So, periodic medical treatment may still be requested and, if approved, provided.

Treating physician's signature - mandatory (See exceptions at the top of the form.)

I certify the information on this form is correct to the best of my knowledge. I am aware that any person who knowingly makes a false statement; misrepresentation, concealment of fact; or any other act of fraud to obtain payment as provided by BWC; or who knowingly accepts payment to which that person is not entitled, is subject to felony criminal prosecution and may be punished, under appropriate criminal provisions, by a fine or imprisonment or both.

Treating physician's name (Print legibly.)

SHEMORY, SCOTT T., M.D.

Treating physician's signature

Scott Shemory, MD

Address, city, state, nine-digit ZIP code:

5500 NORTH MEADOWS DRIVE

GROVE CITY, OH 43123-3526

BWC provider (PEACH) number

1770873598

Date

09/06/2023

Telephone number

(614)-488-1816

Fax number

(614)-488-0390

Steven Mazer

From: Byron Smith
Sent: Saturday, September 16, 2023 8:44 PM
To: Steven Mazer
Cc: Dave Ratliff
Subject: RE: Ratliff return

Steve,
Ok, so Ratliff will return on 9/21 (Thursday) and work Monday, Tuesday and Thursday.

Byron

From: Steven Mazer <smazer@franklin-township.com>
Sent: Thursday, September 14, 2023 3:32 PM
To: Byron Smith <bsmith@franklin-township.com>
Subject: RE: Ratliff return

Yes sir. Just cannot do anything physical based on his doctor's recommendation.

Let's set his schedule up so that he can work around the day you are in the office.

Thanks, Steve

From: Byron Smith <bsmith@franklin-township.com>
Sent: Thursday, September 14, 2023 3:00 PM
To: Steven Mazer <smazer@franklin-township.com>
Subject: Re: Ratliff return

Ok so would that include being on call, handling schedule issues. Basically what we have Todd doing?

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From: Steven Mazer <smazer@franklin-township.com>
Sent: Thursday, September 14, 2023 12:56:20 PM
To: Byron Smith <bsmith@franklin-township.com>
Subject: Re: Ratliff return

Byron,

According to Dave's doctors report he is fine to take phone calls and handle paperwork for the time being.

Thanks
Steve

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From: Byron Smith <bsmith@franklin-township.com>
Sent: Thursday, September 14, 2023 12:07:28 PM

To: Steven Mazer <smazer@franklin-township.com>
Subject: RE: Ratliff return

Steve,

When Dave returns next week to restricted duty is he permitted to resume all of his non-patrol functions such as scheduling, phone calls, etc. or should we keep Sgt Moore as a point of contact?

Chief Byron Smith
Franklin Township Division of Police
2193 Frank Rd
Columbus OH 43223
614.279.9411