

RETURN TO WORK PLAN/INJURY MANAGEMENT PLAN

Type of Plan Return to Work (RTW) Plan Injury Management (IM) Plan

CONTACT DETAILS:

Worker's Name		
Claim Number		
Worker's Contact Numbers	M	H

Worker's Supervisor/Return to Work Co-ordinator		
Contact Number	M	W
E-mail		

Name of Primary Treating Medical Practitioner		
Contact Number	M	W
E-mail		

Name of Injury Management Co-ordinator		
Contact Number	M	W
E-mail		

WORKER'S EMPLOYMENT DETAILS:

Worker's Work Location	
Worker's Pre-injury Position	
Worker's Pre-injury Hours/Days	

MEDICAL ASSESSMENT:

Date of Injury/...../.....
Date of Assessment/...../.....
Diagnosis	

CAPACITY TO WORK:

Is the worker: <input type="checkbox"/> Requiring treatment but fit for pre-injury duties <input type="checkbox"/> Fit for suitable duties <input type="checkbox"/> Incapacitated for any work	Certificate dates: From/...../..... To/...../..... From/...../..... To/...../..... From/...../..... To/...../.....
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RETURN TO WORK:

Is the worker currently participating in a RTW Plan or IM Plan? No Yes
 If yes, specify type of plan RTW Plan IM Plan

Duties

If the worker is fit, are they returning to:
 Full duties **Partial duties** If partial, are duties graduated? If yes, detail below:

	Week		to Week		Week		to Week	
Hours/Day								
Days/Week								

Rest breaks

Are rest breaks required?
 No **Yes** If yes minutes every hour(s)

Areas of reduced capacity

Restrictions (including specific medical):
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MEDICAL MANAGEMENT:

Current Treatment /Medication/Investigations	
Current Rehabilitation Services (name of provider and services provided)	
Medical Review	Date:/...../.....

IMPEDIMENTS/BARRIERS TO RETURN TO WORK:

Consideration should be given to but not limited to the following:

- Do restrictions prevent the wearing of personal protective equipment?
- If prescribed medication, will it impair or impact on capacity to work?
- Is there a need for a workplace rehabilitation provider to be appointed? (workplace assessment, retraining etc.)
- Are workplace modifications or special equipment needed?

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SUITABLE DUTIES:

Suitable duties identified and available (including duties to be avoided):

RETURN TO WORK/INJURY MANAGEMENT GOALS:

Short Term:

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Long Term:

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Note: In planning and implementing an injured worker's return to work, all parties involved in the injury management process are to make every effort to apply the following RTW hierarchy (including retraining where appropriate):

<p>A.</p> <p>(i) Same organisation – same or modified job</p> <p>(ii) Same organisation – new job</p> <p>(iii) New organisation – similar job</p> <p>(iv) New organisation – new job</p>	<p>in conjunction with:</p> <p>B.</p> <p>(i) Pre-injury hours</p> <p>(ii) Graduated return to pre-injury hours</p> <p>(iii) Reduced hours relative to pre-injury hours</p>
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STRATEGIES FOR ACHIEVING GOALS (treatment, rehabilitation, suitable duties, referral to provider etc.):

Goal	Action	Responsibilities	Timeframes

Return to Work/Injury Management Plan review

Date:/...../.....

AGREEMENT TO COMPLY WITH PLAN:

This plan (and any amendments), takes effect from the day on which the worker and the worker's employer consent to and agree to co-operate and comply with this plan (or any amendments).

The following parties have reviewed, understood and agreed to this plan. The worker has agreed to actively participate in this plan and if any problems or difficulties arise, they will immediately be communicated to the worker's supervisor/Return to Work Co-ordinator.

Worker: Signature: Date: .../.../.....

Return to Work Co-ordinator and/or worker's supervisor: Signature: Date: .../.../.....

Primary Treating Medical Practitioner (if required): Signature: Date: .../.../.....

Injury Management Co-ordinator (if required): Signature: Date: .../.../.....

Workplace Rehabilitation Provider (if appointed): Signature: Date: .../.../.....

KEY ROLES AND RESPONSIBILITIES OF PARTIES:**Employer**

If an injured worker is unable to perform their usual duties, then the worker's employer must ensure the worker is provided with suitable alternative duties to perform as set out in section 143M of the Act.

Suitable alternative duties selected must:

- have been discussed with the worker
- comply with restrictions imposed or advice provided by the medical practitioner
- comply with the worker's approved plan.

The employer is to monitor the worker's progress and inform the Injury Management Co-ordinator of any issues or concerns that they have been unable to resolve immediately.

Worker

A worker who is given reduced hours in accordance with their approved plan must take all reasonable steps to ensure that attending a medical practitioner is not scheduled during work hours.

A worker who is unable to carry out an action required under this plan, is to, as soon as practicable to:

- (a) advise their employer/Return to Work Co-ordinator of their inability to carry out the action
- (b) seek medical advice and, if appropriate, undergo treatment that may enable the worker to perform that action
- (c) advise their employer and the worker's Injury Management Co-ordinator of their inability and of any medical advice or treatment they have sought or taken.

If a worker chooses a primary treating medical practitioner to replace another primary treating medical practitioner they must:

- (a) notify the worker's employer of the name of the new primary treating medical practitioner
- (b) authorise the previous primary treating medical practitioner to release to the new medical practitioner any records, that relate to their injury.

Injury Management Co-ordinator

The Injury Management Co-ordinator is to ensure that this plan (and any amendments) is prepared and reviewed, as far as is reasonably practicable, in consultation with the following parties:

- (a) the worker
- (b) the worker's employer/Return to Work Co-ordinator
- (c) the worker's primary treating medical practitioner
- (d) the employer's insurer
- (e) the worker's workplace rehabilitation provider (if one has been appointed)
- (f) the worker's Injury Management Co-ordinator.

The Injury Management Co-ordinator should provide all parties with a copy of this plan and maintain a complete copy at a convenient location for the reference of all parties, including the injured worker.

DISPUTE RESOLUTION:

Where a dispute arises in relation to a return to work or rehabilitation issue, all parties are to be committed to resolving the dispute cooperatively and as soon as possible. In the first instance the worker is to approach their supervisor/ RTW Co-ordinator to try and resolve the issue. If it cannot be resolved then the Injury Management Co-ordinator is to be notified.