



Preparing return to work plans

The purpose of this information sheet is to help those involved in the preparation of Return to Work Plans by providing a brief description of the type of information that is typically found in these plans.

When is a return to work plan required?

A return to work plan is required where a worker is likely to be incapacitated for work for between five and 28 days.

Return to work plans must be prepared within five days after the worker becoming incapacitated for more than five working days (i.e. 10 days after the worker becomes incapacitated). Applying the principle of early intervention, it is considered best practice for plans to be developed as soon as possible.

Return to work plans are to be prepared regardless of whether the employer has accepted or disputed liability for a worker's claim.

What information should be included in a return to work plan?

A return to work plan is a written plan with agreed goals and actions aimed at helping an injured worker to remain at or return to work. It details treatment, rehabilitation, actions and assistance required to help support the worker return to their pre-injury employment. The return to work plan should recognise and reflect the significant health benefits of work and empower the injured worker to return to work.

Plans must be individualised, outcome-based and set out the steps to be followed in achieving the goal of returning to work.

Information found in a return to work plan may include:	
Return to Work Goals	These goals set out milestones for the injured worker to achieve until they reach the goal of returning to pre-injury employment. They should be set with the injured worker's participation and should follow the SMART principles, that is, specific, measurable, achievable, relevant and include time frames.
Worker's diagnosis, capacity and restrictions	Indicate the worker's diagnosis, capacity for work and any restrictions as specified by the primary treating medical practitioner on the workers compensation medical certificate. Where this information is unclear or vague, contact the doctor to discuss and clarify. If it proves difficult to speak with the doctor directly, provide the injured worker with a letter which they can take with them to their next appointment.
Treatment and/or rehabilitation arrangements	Any current and/or planned treatment or rehabilitation that will help in reaching goals. For example it is a good idea to include the number and frequency of sessions as well as details of referrals to other health professionals where required.
Suitable duties, workplace modifications and hours of work	Indicate any suitable duties that have been identified in consultation with the worker, including any workplace modifications that may be necessary and how these are to be arranged. The plan should recognise the existing skills, experience and capabilities of the injured worker to enable suitable duties to be identified. Where the worker is unable to return to their pre-injury hours indicate their hours of work.
Supervisory arrangements	Upon a workers return to work, it is likely that supervisory arrangements will be needed to make sure that the worker works within any restrictions and/or rest breaks specified by their primary treating medical practitioner. It is also important that someone is responsible for monitoring the worker's progress. Details of these arrangements should be set out within the plan.
Contact details	It is a good idea to list the contact details of key parties involved in the injury management process within the plan. This provides a one stop shop for ensuring that everyone is kept up to date throughout the process.
Review date	It is important that plans are continually monitored, reviewed and updated. Ongoing monitoring and review helps support workers and makes certain that any arrangements are consistent with their capacity. It also facilitates the identification and implementation of adjustments as required. To help determine a review date, be sure to take into account any review date that may have been specified by the doctor on the medical certificate.
Consent	It is necessary for the worker and employer to indicate their agreement and understanding of their role and responsibilities as part of the plan. This consent may be either verbal or written. Seeking agreement from other parties such as the primary treating medical practitioner is also encouraged and considered best practice.
Supplementary information	This may include for example information about: <ul style="list-style-type: none"> ■ roles and responsibilities of parties involved in the injury management process such as the worker, supervisors, managers, Injury Management Co-ordinator or co-workers. ■ the process for handling disputes ■ the process for disclosing information.



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