



## **Please note**

This information is for guidance only and is not to be taken as an expression of the law. It should be read in conjunction with the *Workers Rehabilitation and Compensation Act 1988*, the *Workers Rehabilitation and Compensation Regulations 2011* and any other relevant legislation. Go to [www.worksafe.tas.gov.au](http://www.worksafe.tas.gov.au)

This guide was produced by staff from WorkSafe Tasmania.

We welcome your feedback on this guide. Send to: [workcover@justice.tas.gov.au](mailto:workcover@justice.tas.gov.au)

# Guideline for preparing return to work plans and injury management plans

## **Purpose**

The purpose of this guideline is to assist those responsible for and involved in the preparation of return to work plans and injury management plans.

## **Context**

Return to work and injury management plans provide a mechanism for ensuring that preparations are made for treatment and return to work that appropriately address the severity of the injury.

Reforms to the *Workers Rehabilitation and Compensation Act 1988* removed the requirement for return to work and injury management plans to be developed and implemented within time frames set out in the Act. Plans must now be prepared in accordance with time frames set out by Employers/Insurers in injury management programs approved by the WorkCover Tasmania Board.

An injury management program is a program approved by the Board which documents the policies and procedures that an employer/insurer will follow to ensure the appropriate management of claims.

## **Requirements**

Section 143B of the Act requires an insurer or employer to appoint an injury management co-ordinator as soon as practicable after becoming aware that a worker has suffered an injury for which they are likely to be totally or partially incapacitated for work for more than 5 working days.

Section 143E of the Act requires the Injury management co-ordinator to ensure that return to work and injury management plans are prepared within timeframes detailed in the insurer/employers approved injury management program.

Return to work co-ordinators are responsible for assisting with return to work planning and implementing the worker's approved plan.

It is also expected that medical practitioners will take part in the development of plans.

## **Return to work plans**

A return to work plan is a simple plan that ensures treatment and management of an injury can begin as soon as possible to optimise return to work outcomes.

## **Injury management plans**

An injury management plan is a comprehensive plan for serious and/or more complex injuries. Injury management plans are to encompass all aspects of the worker's life, and establish short and long term goals for returning to work.

## Guidelines for meeting the requirements

The following template is to be used as a guide only for preparing return to work plans and injury Management plans. Plans are to be tailored to the worker to ensure that their specific needs are met.

## 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:	Certificate dates:
Requiring treatment but fit for pre-injury duties	From ..... / ..... / ..... To ..... / ..... / .....
Fit for suitable duties	From ..... / ..... / ..... To ..... / ..... / .....
Incapacitated for any work	From ..... / ..... / ..... To ..... / ..... / .....

**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:

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

**Rest breaks:**

Are rest breaks required?

**No**  **Yes** If yes  minutes  every hour(s)

**Areas of reduced capacity**

Restrictions (including specific medical):

**Medical management:**

<b>Current Treatment/Medication/Investigations</b>	
<b>Current Rehabilitation Services</b> (name of provider and services provided)	
<b>Medical Review</b>	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 the worker is taking a 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?

**Suitable duties:**

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

**Return to work/injury management goals:**

**Short term:**

**Long Term:**

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):

	in conjunction with:
A. (i) Same organisation – same or modified job (ii) Same organisation – new job (iii) New organisation – similar job (iv) New organisation – new job	B. (i) Pre-injury hours (ii) Graduated return to pre-injury hours (iii) Reduced hours relative to pre-injury hours

<b>Strategies for achieving goals</b> (treatment, rehabilitation, suitable duties, referral to provide):			
<b>Goal</b>	<b>Action</b>	<b>Responsibilities</b>	<b>Timeframes</b>

Return to work/injury management plan review

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

**Agreement to comply with plan:**

This plan (and any amendments) takes effect from the day 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, 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:

- be 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.

If an employer considers it is unreasonable or impracticable to provide suitable alternative duties, the employer must provide the worker with reasons why in writing as soon as possible.

### **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 plans (and any amendments) are 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 around a return to work or rehabilitation issue, all parties are to be committed to resolving the dispute co-operatively and as soon as possible. In the first instance the worker is to approach their supervisor/return to work co-ordinator to try and resolve the issue. If it cannot be resolved then the injury management co-ordinator is to be notified. Any party may refer a dispute about injury management to the Workers Rehabilitation and Compensation Tribunal if it not resolved to their satisfaction.

Revisions	Revision no:	1.1	Revision date:	December 2017
-----------	--------------	-----	----------------	---------------