

RETURN TO WORK PLAN

*** Mandatory Fields**

Refer to Page 2 for Return to Work guidance

EMPLOYER DETAILS

Business name & address

RTW Plan prepared by

Position

Contact number

RTW Plan number

Date plan prepared

 / /

WORKERS DETAILS

Have you discussed RTW with your injured worker? Yes No

* Given name

* Surname

Place of residence (not PO Box)

Telephone

Date of Birth

 / /

Date of injury

 / /

Claim number

Occupation/pre-injury duties: (Attach job description if available)

Interpreter required?

Yes No

Language

TREATING MEDICAL PRACTITIONER

Name

Address

Telephone

Fax

Nature of injury (symptoms and diagnosis)

OTHER TREATING PRACTITIONERS (physiotherapist etc.)

Name

Address

Telephone

Fax

Current treatment (include type and frequency)

RETURN TO WORK (attach additional information if required)

Have you contacted the treater to discuss RTW? Yes No

Record medical restrictions affecting the capacity to work as per *WorkSafe Certificate of Capacity* and/or conversation with the treating medical practitioner.

Has the injured worker any capacity? Yes No

If yes, an Offer of Suitable Employment should be attached to this RTW Plan

Is an Offer of Suitable Employment attached?

Yes No If no, indicate date this will be reviewed: / /

Will you be able to offer suitable employment?

Yes No (Attach written reasons) Unknown

*** Will assistance with RTW or other occupational rehabilitation services be required for this worker?**

Yes No If yes, worker must be given a choice of provider & you should discuss occupational rehabilitation with your WorkSafe Agent.

*** Estimated date of RTW**

 / / Unknown

*** Steps that have or will be taken to facilitate the RTW:**

RTW goals:

Short term:

Long term:

*** Employer's signature**

Date

 / /

Worker's signature

Date

 / /

*** Date plan to be reviewed**

Indicate date plan has been forwarded to:

WorkSafe Agent

Treating Medical Practitioner

THE RETURN TO WORK PLAN

A Return to Work (RTW) Plan is a written action plan that explains how you will help your injured worker return to work as soon as possible, or how you will help them stay at work while they recover.

Before you complete the RTW Plan you should:

Nominate:

- the RTW Coordinator for your workplace, if you haven't already done so (under Section 156 *Accident Compensation Act 1985*)

Gather information:

- Worker's contact details
- Worker's pre-injury job description
- *WorkSafe Certificate of Capacity*

Consult with:

- your injured worker
 - your injured worker's treating medical practitioner (if possible)
 - the occupational rehabilitation provider, where one is involved;
- and endeavour to arrive at a consensus with these persons in relation to the RTW Plan

COMPLETING THE RTW PLAN

EMPLOYER DETAILS

Business name and address:

Detail where all correspondence should be directed.

RTW Plan prepared by:

Employers are responsible for preparing the RTW Plan, but may authorise another employee to do so - including the nominated RTW Coordinator. The RTW Coordinator is responsible for supporting your injured worker, monitoring the plan and liaising with other workplace parties to manage the RTW process.

Position:

State the primary role or position title of your nominated RTW Coordinator.

RTW Plan review/revision:

RTW Plans must be reviewed regularly and revised

- as soon as an employer becomes aware of any relevant change to their worker's compensable injury
- whenever requested to do so by their worker, the worker's treating practitioner, the occupational rehabilitation provider (if any), the RTW Coordinator or the WorkSafe Agent

Number each new plan and send a copy to your WorkSafe Agent. The employer must, at intervals not exceeding three months, advise the WorkSafe Agent of the progress of the worker's RTW in accordance with the plan.

WORKER DETAILS

Claim number:

Enter the claim number assigned to your worker's claim by your WorkSafe Agent. This will be on all claim correspondence received from your WorkSafe Agent.

TREATING MEDICAL PRACTITIONER

Did you attempt to contact them?

It is recommended that you provide the treating medical practitioner with as much information as possible regarding suitable duties you could offer the worker to help them to remain at or return to work. Consider phoning the doctor, faxing through a list of duties available or sending a letter indicating your willingness to accommodate the workers medical restrictions, if any, when they have a capacity to work.

Nature of injury:

The medical diagnosis made by the treating medical practitioner is stated on the *WorkSafe Certificate of Capacity* which should be provided to you by your injured worker.

Other treating practitioners:

If your injured worker is being treated by someone other than a medical practitioner, such as a physiotherapist or chiropractor, please include their contact details here. You should send a copy of the RTW Plan to them, or consider discussing RTW options with them.

RETURN TO WORK

Medical restrictions:

This information will be included on the *WorkSafe Certificate of Capacity*. This may include information such as reduced hours, sitting or standing tolerance, lifting capacity or what you need to take into account when offering suitable employment.

Offer of Suitable Employment:

This must be incorporated into the RTW Plan if your injured worker has a current work capacity (see attached form and guide: Offer of Suitable Employment). You are required to provide a clear explanation if you believe you will not be able to provide suitable employment.

Will assistance with RTW be required:

If you need assistance with RTW and identifying suitable employment, indicate this here and contact your WorkSafe Agent immediately. Your WorkSafe Agent must approve costs for occupational rehabilitation before the services are provided.

Steps to facilitate the RTW:

These may include modifying your worker's duties or hours, providing special equipment or discussing RTW options with the treating medical practitioner.

RTW Goals

Try to be specific and realistic about what you are aiming for in the short term and long term e.g. "Able to perform modified duties for 20 hours within 2 weeks" or "Full driving duties recommenced within 2 months". Communicating this to all parties in the RTW Plan helps to set an expectation of successful RTW.

IMPORTANT INFORMATION FOR EMPLOYERS

- **A RTW Plan must be prepared within 10 days from the date that your injured worker's claim for weekly payments was accepted, or the date you became aware your injured worker would have an incapacity for 20 days or more, whichever is the later**
- **If your worker has any capacity for work, the RTW Plan MUST include an Offer of Suitable Employment (see attached form and guide)**
- **The RTW Plan should be regularly reviewed and updated as your injured worker's condition changes - as a guide, the plan should be reviewed at least monthly in consultation with your injured worker**
- **You have a legal obligation to offer suitable employment to your injured worker once they have a capacity for work. You also have an obligation to return them to their pre injury duties or equivalent. Employers who do not meet these obligations risk penalties including prosecution and fines**
- Ideally, the plan should be signed by all parties to indicate their agreement. You should send a copy to your injured worker's treating medical practitioner to gain their support, but it is not mandatory to have their signature to proceed with planning for your injured worker's return to work
- Send a copy of the completed plan to your WorkSafe Agent as soon as possible and whenever it is updated
- Occupational Rehabilitation Providers can be engaged by your WorkSafe Agent to assist with RTW - you should discuss this with your WorkSafe Agent if you are unsure of what to do. Their involvement however, does not remove your obligations.
- Once the plan has been prepared and whether or not your worker has returned to work, the employer must maintain contact with the worker (unless it is not practicable to do so).

FURTHER INFORMATION

- Additional forms and general RTW publications can be downloaded from www.worksafe.vic.gov.au
- Training is available for RTW Coordinators and is recommended for employers who may require additional assistance in meeting their RTW responsibilities. Details are available from your WorkSafe Agent or the WorkSafe website.
- Contact your WorkSafe Agent for further advice and assistance if required.

OFFER OF SUITABLE EMPLOYMENT (OSE)

The OSE is a written job offer based on duties your injured worker can perform, taking into account their current work capacity and work restrictions.

Before you provide this offer you will need to:

Gather information:

- Worker's pre-injury job description & wages
- The current RTW Plan
- Current *WorkSafe Certificate of Capacity*
- Details of available, suitable duties within the worker's capacity

Consult with:

- your injured worker
 - your injured worker's treating medical practitioner (if possible)
 - the occupational rehabilitation provider, where one is involved;
- and endeavour to arrive at a consensus with these persons in relation to the RTW Plan

COMPLETING THE OSE FORM

DATES, ROLES AND LOCATIONS

Offer number:

It is important that you number each OSE to make clear the order in which multiple OSE's are made.

Plan dates:

The offer will usually mirror the period covered by the current *WorkSafe Certificate of Capacity*.

Response:

The OSE should be discussed with your injured worker and by signing the form they indicate their acceptance of the offer.

Return to work position:

If the OSE is for a position different to your worker's pre injury role, indicate their new job title.

*** RTW commencement date:**

Enter the date that your worker is expected to commence work under this offer.

*** Work location:**

What is the address of the workplace where your worker will be working? If several or varying locations, indicate all locations.

Manager or Supervisor:

Indicate who will be the line manager or supervisor that your injured worker reports to. You should ensure this person also receives a copy of the RTW Plan incorporating the OSE.

MEDICAL STATUS & RESTRICTIONS

Current certificate:

Include the start and end dates of your injured worker's current *WorkSafe Certificate of Capacity*.

Return to work restrictions:

Examples may include: lift no greater than 10kg, no reaching above shoulder height, no face to face contact with the public, rest breaks every 30 minutes etc.

DETAILS OF OFFER

*** Specific duties:**

Consider offering modified tasks or responsibilities, alternative hours/shifts and rotating tasks or a combination of any of these.

*** Review date:**

The offer must be revised with each change in current work capacity. A formal review is recommended at least monthly.

Other Considerations:

Include details of rest breaks. These must be adhered to by both employer and worker. Appointments for treatment should (where possible) be made outside of the agreed working hours.

WHAT TO DO WITH THE OFFER

The Return to Work Plan and Offer of Suitable Employment must be signed by the employer or by an employee with sufficient authority to commit the employer to the RTW Plan and make an offer of suitable employment. Request your worker to respond to the OSE within a reasonable, specified period.

*** Give** a copy of the OSE to your injured worker and their treating medical practitioner and seek their support for the plan. By signing the document all parties are indicating their commitment and support of the RTW process.

*** Send** the OSE to your WorkSafe Agent - it is essential to keep them informed of the current RTW Plan and Offer of Suitable Employment.

If applicable, send the OSE to any other health practitioner involved in the treatment of your worker (eg. Physiotherapist, psychologist, etc.) and the workplace supervisor.

IMPORTANT INFORMATION FOR EMPLOYERS

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- **You have a legal obligation to offer suitable employment to your injured worker once they have a capacity for work. You also have an obligation to return them to their pre injury duties or equivalent. Employers who do not meet these obligations risk penalties including prosecution and fines**
- The RTW Plan, including the OSE, should be regularly reviewed and updated as your injured worker's current work capacity changes - as a guide, this should be at least monthly in consultation with your injured worker
- If you are unsure of your worker's current work capacity and restrictions or need further clarification, contact the treating health practitioner who issued the most recent *WorkSafe Certificate of Capacity*
- Occupational Rehabilitation Providers may be engaged by your WorkSafe Agent to assist with RTW and identifying suitable employment - you should discuss this with your WorkSafe Agent. This assistance however, does not remove your obligations to prepare a RTW Plan or make an OSE within the required timeframes.

FURTHER INFORMATION

- Additional forms and general RTW publications can be downloaded from www.worksafe.vic.gov.au
- Training is available for RTW Coordinators and is recommended for employers who may require additional assistance in meeting their RTW responsibilities. Details are available from your WorkSafe Agent or the WorkSafe website
- Contact your WorkSafe Agent for further advice and assistance if required.

Electronic copies of this form are downloadable from the WorkSafe website at www.worksafe.vic.gov.au.