

## **Recovery at Work - Appendix B: Recovery / Return to Work Plan (Template)**

### **Suitable Duties Plan**

**When this plan is developed, staff members, Return to Work Consultants and Nominated Supervisors should consider what barriers are impacting on an injured staff member from returning to work:**

- What are the medical restrictions? (ensure that medical practitioner specifies what restrictions, if any, have been placed on injured staff member)
- Do restrictions prevent the wearing of personal protective equipment?
- If prescribed medication, will it impair or impact on capacity to work?
- Does a workplace assessment need to be undertaken? (external workplace rehabilitation provider)
- Are workplace modifications or special equipment needed?
- Is this staff member able to access regular treatments to facilitate a return to pre-injury work duties?

**The following Return-To-Work (RTW) plan has been developed for:**

Name:	Claim Number (if applicable):
Position Title:	Work Location:
Plan Start Date:	Review Date of RTW Plan (based on expiry date of current medical certificate):

## **Obligations**

### **Manager**

- To provide suitable duties in accordance with the advised medical restrictions and as outlined in this RAWP. Suitable duties should be meaningful, available and suitable for the injury.
- To immediately report to the RRTWC any apparent difficulties that either the employer or the employee is having with the suitable duties plan.

### **Staff Member**

- To adhere to restrictions outlined in the suitable duties plan at all times.
- To immediately report any difficulties with the suitable duties plan to my Manager & RRTWC.
- To attend treatment sessions as advised by my treatment providers and as approved by the insurer. NOTE: Attendance at treatment is not to interfere with the scheduled hours of work. Treatment is to be taken outside of scheduled hours unless alternative arrangements have been made directly with the Employer.
- To attend your Nominated Treating Doctor on or before the expiry date of each certificate. If you have any issues regarding your injury before your due review date, please return to see the Doctor.
- To forward the next Certificate to the insurer and RRTWC within 2 days of receiving it -NOTE: Backdated certificates may not be accepted by the Insurer.
- To ask for assistance in any situation whereby you are unable to undertake a task outside your capacity to work.

<b>Medical Restrictions:</b> (Describe the restrictions on the most recent Medical Certificate, from what date or period(s) do these restrictions apply. If this information is not available, contact the practitioner (after obtaining the staff member's consent to obtain this information via the Medical Consent Form) and request that these limitations are specified and documented)	
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<b>Duties or tasks to be undertaken:</b> (describe the specifics of the task or duties required including any physical or other requirements)	<b>Specific tasks to be avoided:</b> (Describe the specific duties and tasks that are to be avoided or restricted, i.e. not lifting items with a weight of >=5kg).
Normal duties	•

**Reduced Work Schedule (only complete if hours have been reduced to facilitate a gradual return to work):**

Enter Hours allocated to facilitate the Return to Work						
Day	Monday	Tuesday	Wednesday	Thursday	Friday	Hours/per week:
HOURS						

**Agreement:**

In signing this suitable duties plan, the following parties acknowledge and agree they have read and understood the duties and obligations detailed in the plan and will return it within 3 working days.

Important: In the event that the medical certificate is not received by the end of this plan, then the worker and supervisor agree to abide by the conditions of this plan beyond the review date until either a new Suitable Duties Plan is issued or a medical certificate advising new hours / restrictions is received.

Person	Signature	Date
Injured Staff Member:		
Nominated Supervisor:		
RTW Consultant (if applicable): Rebecca Gilmore		