

## Explanatory notes

A return to work program is a program for assisting an injured worker to return to work in a timely, safe and durable way.

These explanatory notes describe when a return to work program is required to be established and how to complete a return to work program in the approved form.

This information should be read in conjunction with the return to work program approved form published on the WorkCover WA website.

### WORK HELPS RECOVERY

Work is usually good for health and important for recovery. Returning to work promptly and safely has positive health benefits for workers who have been injured at work. See WorkCover WA's website for more information on the health benefits of good work.

### LEGAL REQUIREMENTS

#### When is a return to work program required?

The employer of an injured worker must ensure that a return to work program is established for the worker as soon as practicable after the earliest of the following —

- a) the day on which the worker's treating medical practitioner issues a certificate of capacity to the effect that the worker is partially incapacitated for work
- b) the day on which the worker's treating medical practitioner advises the employer in writing that a return to work program should be established for the worker
- c) the day on which an arbitrator determines, or the parties agree, that the worker has suffered an injury in respect of which compensation is payable and is partially incapacitated for work.

#### Consultation and agreement

An employer required to establish a return to work program for a worker must give the worker an opportunity to participate in the establishment of the return to work program.

An employer must also take reasonable steps to ensure that a worker agrees with the content of a return to work program.

An employer of a worker on a return to work program must give a copy of the return to work program, and any amended return to work program, to the worker and the worker's treating medical practitioner.

It is good practice to also provide a copy of the return to work program to the insurer or self-insurer and any host employer (when involved).

## Amending a return to work program

An employer is required to amend the worker's return to work program if the worker's treating medical practitioner amends a certificate of capacity or modifies in writing the restrictions on the work that the worker is considered capable of doing.

The employer must, as soon as practicable after becoming aware of the amendment or modification, amend the worker's return to work program as required to take account of the amendment or modification.

If an employer amends a worker's return to work program in circumstances other than the circumstances referred to above, the employer must take reasonable steps to ensure that the worker agrees with the content of the modified return to work program.

## Implementation

The employer of a worker on a return to work program must ensure that the program is implemented in a timely manner.

## Worker duties

A worker must participate and cooperate in the establishment of the return to work program.

A worker must also comply with any reasonable obligations placed on the worker under the worker's return to work program, including any obligation to undertake workplace rehabilitation.

## COMPLETING A RETURN TO WORK PROGRAM IN THE APPROVED FORM

A return to work program that is required to be established and implemented by an employer must be in the approved form as published on WorkCover WA's website.

There cannot be any variations, strikethroughs, deletions, additional fields in an approved form. Company logos are permitted.

If a field in the form is not relevant or applicable, it can be left blank.

Supporting information may be attached to the return to work program but this must not be in place of completing the relevant fields of the form.

For assistance you can speak to your insurer or an approved workplace rehabilitation provider (if applicable).

### **Section 1: Participant details**

#### **Worker**

Pre-injury hours per week: Insert worker's usual work hours.

Type of shift / roster: Detail worker's usual roster (e.g. Night/Day, Shift/FIFO).

#### **Employer**

Include all details relating to the Employer at the time of the injury. The *Supervisor* is the worker's direct line manager.

The *Program coordinator* and *Supervisor* can be the same person if the person supervising the worker's day to day activities is also responsible for the coordination of the return to work program.

## Treating Medical Practitioner

The details of the worker's treating medical practitioner must be entered. The treating medical practitioner issues certificates of capacity, is generally involved in return to work planning, and is required to be given a copy of the worker's return to work program.

## Insurer

Self-Insurers may amend the heading to 'Self-insurer'.

## Workplace Rehabilitation Provider

These details are only required if a referral has been made to an approved workplace rehabilitation provider.

## Host Employer

These details are only required if the return to work program includes duties to be undertaken with a host employer regardless of the specified return to work goal.

These details can be left blank if a host employer is not engaged.

Host Employer refers to the company name of the host employer.

When a Host Employer is involved, remove or redact sensitive and personal information from the return to work program given to the Host Employer. Only provide details to the host employer in line with your company's privacy principles.

## **Section 2: Return to work program**

### Work Capacity

Enter the work capacity and work restrictions as described on the worker's certificate of capacity.

Date of next review refers to the date of next review with the worker's treating medical practitioner, which should be specified on the certificate of capacity.

### Return to Work Goal

Tick the box reflecting the current return to work goal and describe it (e.g. to return to unrestricted primary school teacher duties on a full-time basis at ABC Primary School).

If the return to work goal changes a new return to work program is required.

The "Other Workplace Rehabilitation Options" box should be ticked when:

- the goal is New Employer / Same Duties or
- a host employer is accommodating a return to work program for work hardening purposes.

Start date means the first day of the program as outlined in the working hours table.

Review date means the day parties have agreed to meet to review the program.

### Working Hours

Detail only the hours the injured worker is scheduled to work. The hours must not exceed the hours specified in the worker's current certificate of capacity.

If the worker is not scheduled to work on a particular day, leave that field blank.

## RTW program duties

List the duties the worker will perform.

These duties must be either:

- indicated on a certificate of capacity
- agreed to by the worker and employer, and consistent with the work restrictions indicated on certificate of capacity
- agreed to at a medical case conference or return to work case conference, and consistent with the work restrictions indicated on a certificate of capacity.

## Restrictions

List any work restrictions described on the current certificate of capacity.

If appropriate, enter recommended actions and preventative measures to be followed.

*Note: Staged progression*

*Staged return to work progressions are allowed. Future stages must be consistent with any restrictions or capacity specified in future certificates of capacity, issued by the treating medical practitioner. A return to work program must be amended if a treating medical practitioner amends a certificate of capacity or modifies restrictions and/or capacity in writing.*

## Actions to be completed to enable the injured worker to return to work

This section should outline specific actions that are required by participants in the return to work program.

For example:

- “Employer to provide a sit to stand desk to allow worker to modify posture”
- “Supervisor to meet with worker on a weekly basis throughout the course of this program”
- “Worker to complete sign-in prior to commencing each shift”.

This section should not outline matters unrelated to the return to work program. For example, it should not specify obligations relating to medical or allied health treatment or appointments.

## **Section 3: worker’s agreement**

### Signatures

The worker’s signature is required to indicate the worker agrees with the content of the return to work program.

The signature of the worker’s treating medical practitioner is optional as medical endorsement has been provided through the current certificate of capacity.

Electronic signatures are permitted.