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Return to Work Plan Package

This package includes the following templates/samples:

- Return to Work Plan Discussion Guide
- Return to Work Plans (3)
- Return to Work Progress Reports (2)
- Return to Work Contact Log
- Return to Work Closure/Evaluation Report

Please note that this is a sample to guide discussion and the development of a tailored return to work plan for an individual worker. It is not intended to address all situations.

DEVELOP INDIVIDUALIZED RETURN TO WORK PLANS

A return to work (RTW) plan lays out the steps that need to be taken to return a worker to his or her pre-injury job.

In the ideal situation, the RTW plan is developed jointly by the worker, the worker's supervisor, and if applicable the return to work co-ordinator (the person who co-ordinates the process), the worker's treating health professional (through the provision of functional abilities information) and the union representative, (if applicable). Supervisors from other areas, the company's medical department, or staff from the WSIB can assist in the process when the need arises. A RTW plan includes the following:

- The goals of the plan.
  These goals set out milestones for the worker to achieve until he or she reaches the final goal: a return to pre-injury employment.

- The actions required to achieve these goals.
  This includes the responsibilities of the worker, the supervisor or manager, and any co-workers who will be assisting the worker.

- Time frames for achieving these goals.
  These will provide a yardstick to measure the worker's progress. It is important that the plan has a beginning and an end, as graduated work is a means to achieve a return to pre-injury work, and is not an end in itself. Make sure to include a clear definition of what is considered progress (for example, the worker can work five hours a day by week three, or the worker can assume tasks by week five).

- Health care needs.
  If, for example, the worker is going to attend health or medical appointments during work hours, these visits must be co-ordinated with the requirements of the proposed return to work plan. Staff that will be impacted by these health care needs will also need to be advised (with the worker's permission).

The following pages contain examples of the kinds of formats you can develop for your RTW plans.

Letter to Health Professional

Just Junk Inc.

Subject: [Worker's name and date of injury] _____

Dear Attending Physician or Health Professional

Just Junk Inc. understands the importance of keeping injured and ill workers connected to the workplace by avoiding prolonged absences from one's normal roles, which is detrimental to a person's mental, physical and social well-being (*Canadian Medical Association).*

Just Junk Inc. provides a Return to Work (RTW) Program that is designed to meet the individual needs and functional abilities .The program is designed to return them safely to suitable work as soon as possible. This may involve modifying the individuals existing job, temporary alternative work or transitional return to work activities.

Using the information provided on the Page 2 of the WSIB Health Professional's Report (Form 8), we will develop a return to work plan based on your findings.

We can provide a copy of the return to work plan upon request. We look forward to working together with you. We will review and monitor your patient's progress throughout the duration of the return to work plan and make any necessary adjustments as required.

We will ensure that any assignment meets all requirements, and will consider re-arranging work schedules around appointments if necessary.

If you require additional information about a possible work assignment or about our RTW program, please call [company contact name and number].

Sincerely,

[Signature and title]

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Return to Work Plan – Discussion Guide

Disclosure of personal information, including medical, is at the discretion of the worker.

Possible topics to discuss / relevant to completing the case plan.

Health Recovery (identify current health status).

- Areas of injury/multiple
- Anticipated healing time
- Functional Abilities Temporary /duration
- Medical Appointments
- Type/ length of treatment
- Waiting times/delays
- Access/Scheduling to appointments
- Side effects from treatments and /or medications)
- Treatment costs/concerns
- Employee Assistance Program (EAP)
- Support Emotional
- Family Support
- Other (please specify)

Comments:

Functional Abilities (identify current ability)

- Medical precautions
- Tolerances
- Lifting limits
- Work Habits/methods
- Recovery while working
- Pre-existing functional limitations
- Risk level for re-injury
- Medical aids
- Travel ability
- Daily Living demands
- Other (please specify)

Comments:

Accommodation (identify impacts of injury/illness on home and work life)

Demands of Job
- Physical Demands Analysis (PDA)
- Essential Duties
- Business considerations
- Productivity /standards
- Work Environment
- Other (please specify)

Work Life balance
- Child/Elder Care
- Daily living activities
- Other School
- Other work
- Work Schedule (flex)
- Other (please specify)

Job/Work
- Job suitability/task
- Workstation suitability
- Productivity / standards
- Work schedule
- Work habits
- Training/ Development plan
- Other (please specify)

In developing outcomes consider:
- Can health recovery occur at work?
- Does the worker's functional ability enable them to meet the physical demands of the job?
- If not, what specific changes could be made to remove the barriers?
- Were any other barriers identified in your discussions?

Comments:

Return to Work Plan # 1

The Workplace Safety and Insurance Act obligates employers to attempt to provide suitable employment that is available and consistent with the worker's functional abilities and that, when possible, restores the worker's pre-injury earnings. The corresponding obligation on workers is to assist the employer to identify suitable employment that is available and consistent with their functional abilities.

The starting point and overall goal should be the worker's pre-injury job.

Return to Work Plan	
Worker Name:	Claim #:
Pre-injury job (attach pre-injury job description):	Injury Date:
Pre-injury workplace location:	
Return to Work Plan Details	
Interim Return to Work Goal: ❑ Pre-injury job ❑ Pre-injury Accommodated ❑ Comparable Work ❑ Alternate Work	Final Return to Work Goal: ❑ Pre-injury job ❑ Pre-injury Accommodated ❑ Comparable Work ❑ Alternate Work
Area(s) of Injury:	
Functional Abilities (what the worker can do):	
Source of Functional Abilities: ❑ Functional Abilities Form (FAF) ❑ Other (Specify):	Date:
Is there an active treatment plan that impacts RTW? ❑ No ❑ Yes – Provide details: ❑ Other – Provide details:	
List all duties worker can perform:	
List all accommodations to be implemented:	

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Work Schedule

Wk #	Work period	Days scheduled each week & # of hours per day Sun	Mon	Tues	Wed	Thur	Fri	Sat	Additional Comments on Work Schedule
1	Sep7-14	0 hours	4	5	6	7	8	0	
1									
2									
3									
4									
5									
6									
7									
8									

Example

Worker and Employer Follow-up Date:

Specify how worker will be paid:
Worker will be paid for hours worked only Or, ☐
Employer will pay full regular wages ☐

If there are any concerns during the Work Schedule please discuss immediately and contact the WSIB Case Manager if unable to resolve.

Worker Name: _____
Worker signature: _____

Supervisor Name: _____
Supervisor Signature: _____

Other Name: _____
Other Signature: _____

Date: _____

Return to Work Plan # 2

This plan covers the time period from _____ to _____	
Worker:	Claim #:
Pre-injury job:	Injury date:
Pre-injury Workplace Location:	

Health Recovery

a) Anticipated recovery time:	
b) Treatment (scheduled or proposed):	
c) Appointment date(s):	

Functional Abilities

1) Has a Functional Abilities Form been completed?

☐ Yes, date: _____ If no, date expected _____

2) Identify other source(s) of functional abilities and the date(s):

3) List precautions, if any.

Temporary	Duration	Permanent

Comments:

Accommodations

Return to Work Goal (select one):

- ☐ Pre-injury job
- ☐ Pre-injury job accommodated
- ☐ Comparable Work[1]
- ☐ Alternate Work[2]

	Yes	No	Not Known
1. Are the physical demands of the job within the worker's functional abilities?			
2. Are the essential duties[3] of the job within the worker's functional abilities?			
3. Does the worker have the knowledge and skills required to do the job, where applicable?			
4. Does the job description accurately reflect the job being done?			

List all duties/job tasks the worker can perform: (attach additional pages, if needed)

Outline required modifications/accommodations to work duties: For example, technical aids, furniture, graduated hours, productivity /quotas.

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[1] Comparable Work: in nature and earnings to pre-injury with accommodation, if required
[2] Alternate Work: different job with accommodation, if required
[3] "essential duties" = duties necessary to achieve the actual job outcome [The job outcome is the overall objective of the job in terms of production of the final product or provision of service]

Develop Outcomes

Actions: List the steps required to achieve the outcome(s)	Anticipated outcome	Assigned to	Follow up date

Outline frequency of contact and by whom, if necessary, in addition to the specified follow-up dates:

Work Schedule

Follow-up cycle: (For example: weekly, bi-weekly etc.)

Week with dates	Days of week	Hours per day	Duties
Sample Week 1: Feb 11th	Monday, Thursday	3 hours (9 am to 12 pm)	General filing, replace telephone clerk for morning break
1.			
2.			
3.			
4.			
5.			

Signatures or acknowledgement of receipt:

Worker: _____ Date: _____

Manager: _____ Date: _____

Return to Work Plan #3

Return to Work Plan	
Worker Name:	Claim #:
Pre-injury job:	Injury Date:
Pre-injury Workplace location:	
Return to Work Plan Details	
Plan Start Date:	Plan End Date:
Return to Work Goal (agreed to by all parties): ❑ Pre-injury job ❑ Pre-injury Accommodated ❑ Comparable Work ❑ Alternate Work	
Health Professional:	Date of Contact:
Functional Abilities (what the worker can do):	
Limitations:	

Action Plan		
Action to be taken:	Due date:	Review date:
Worker:		
Supervisor:		
Modification to the work duties required (attach details):	Yes	No

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Training required (attach details):	Yes	No
Modifications to workplace required (attach details):	Yes	No

Scheduled Hours/Days Worked			
Week	Days	Hours	Duties
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I have read the above notice:

Supervisor Name: _____
Supervisor Signature: _____
Date: _____

If you have any problems with the duties or your progress, please contact your manager or supervisor immediately, as well as your WSIB case manager.

We have agreed to this plan:

Worker Name: _____
Worker signature: _____
Date: _____

Plan Approved:

Manager Name: _____
Manager Signature: _____
Date: _____

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Return to Work Progress Report #1

Date:
Worker:
Manager:

Anticipated Outcome(s): (as written in the Return to Work (RTW) Plan)

Did the RTW plan actions result in the anticipated outcome(s)?

☐ Yes ☐ No if no why?

Is the RTW plan still current? ☐ Yes ☐ No if no why?

Next Steps: (e.g. continue, revise or close the existing RTW plan)

Next follow-up date:

Completed by:

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Return to Work Progress Report #2

Date:

Worker Name:

Manager Name:

Return to Work (RTW) Plan Outcome:

WEEK #1

Date: From/To

Limitations:

Objective(s):

Duties:

Hours:

Date Completed:

Completed by: (RTW Coordinator)

WEEK #1 REVIEW

Objectives/Observations:

Worker's Comments/Concerns:

Action(s) to Address Concerns:

Date Completed:

Completed by: (RTW Coordinator)

WEEK #2

Date: From/To

Limitations:

Objective(s):

Duties:

Hours:

Date Completed:

Completed by: (RTW Coordinator)

WEEK #2 REVIEW

Objectives/Observations:

Worker's Comments/Concerns:

Action(s) to Address Concerns:

Date Completed:

Completed by: (RTW Coordinator)

WEEK #3

Date: From/To

Limitations:

Objective(s):

Duties:

Hours:

Date Completed:

Completed by: (RTW Coordinator)

WEEK #3 REVIEW

Objectives/Observations:

Worker's Comments/Concerns:

Action(s) to Address Concerns:

Date Completed:

Completed by: (RTW Coordinator)

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Return to Work Contact Log

Claim #:	
Worker Name:	Phone #:
Supervisor Name::	Phone #:
Treating Health Professional(s):	Phone #:
WSIB Case Manager:	Phone #:
Return to Work date:	
Return to Work Plan (RTW) Start Date:	RTW Plan End Date:

It is the supervisor's responsibility to ensure this form is kept up-to-date and in the Claims Management file set up for the worker.

Record of Contact

Date of Contact	Person Contacted	Contents of Conversation
Example: Oct 12, 2006	Injured worker at home	Asked how they were. Asked if they needed anything from their desk (answered their briefcase and car keys). Told them I would contact them 3 days after their next assessment by their physician.

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Return to Work Closure / Evaluation Report

This report is to be completed by both the manager/supervisor and worker, independently, once the final outcome is achieved. Send completed forms to the RTW Coordinator.

Date:
Name:

What is the duration of Return to Work (RTW) Plan (from injury/illness report to final RTW)?

What was the final outcome? (check all that apply).

Anticipated outcome?	Actual outcome?
❑ Pre-injury job ❑ Pre-injury Accommodated ❑ Comparable Work ❑ Alternate Work ❑ Other	❑ Pre-injury job ❑ Pre-injury Accommodated ❑ Comparable Work ❑ Alternate Work ❑ Labour Market Re-entry ❑ Other
Comments:	

What worked well in the return to work process?

What are the opportunities for improvement? (For example: what would you change about the process if you could?)

Completed by:

Thank you for completing this form. Confidentiality of this information will be assured. If you have any questions, please contact your Return to Work Coordinator.