



About return to work and injury management plans

The purpose of this information sheet is to help those involved in developing return to work plans and injury management plans understand how these plans differ and how best to apply them. Research strongly suggests that good communication throughout the injury management process is critical to successful return to work. Confusion or misunderstanding through any part of the injury management process has the potential to create barriers to return to work and can result in unnecessary delays.

The preparation of return to work plans and injury management plans provides a highly effective communication tool that ensures there is a consistent and agreed understanding of what is going to happen and what to expect during the injury management process.

Return to work plans and injury management plans are intrinsically linked, these linkages have implications for the way in which plans should be applied.

Although legislative requirements represent the minimum standard, those involved in the management of workplace injuries should look beyond simply satisfying their legal obligations. Adopting a best practice approach to injury management will improve the likelihood of a durable and successful return to work for injured workers. The following information identifies best practice approaches to the management of workplace injuries, while remaining consistent with legislative obligations.

Types of plans

Where a worker suffers a significant injury (an injury likely to result in the worker becoming incapacitated for more than five days) the Injury Management Co-ordinator assigned to the worker must make sure there is a plan for injury management.

There are two types of plans for managing a significant workplace injury: a return to work plan or an injury management plan. The type of plan used will depend not only on the time the worker is, or likely to be, incapacitated for work but also the severity of the injury or condition.

Plans are to be prepared regardless of whether the employer has accepted or disputed liability for a worker's claim

What is a return to work plan?

A return to work plan is a simple plan for managing a worker's injury or condition. A return to work plan details the agreed actions, goals and assistance required to support the worker to remain at work or return to their pre-injury employment.

An approved return to work plan is one that both the worker and the worker's employer have agreed to. It is also important to ensure that the Primary Treating Medical Practitioner has seen and given consent to the plan. Plans need to be consistent with the medical condition and complement treatment.

When is a return to work plan required?

Legislation requires a return to work plan to be prepared where a worker is likely to be incapacitated for work for between five and 28 days. A return to work plan must be prepared within five days of the worker becoming incapacitated for more than five working days (i.e. 10 days after the worker becomes incapacitated). Applying the principle of early intervention, it is best practice for return to work plans to be prepared as soon as practical following the injury.

While it is not a legislative requirement, a return to work plan should also be prepared where return to work strategies are required as part of an injury management plan. Where return to work plans are prepared for this purpose, the abovementioned timeframes do not apply. This practice is explained in more detail in the following sections.

What is an injury management plan?

An injury management plan is a comprehensive plan for managing a worker's injury or condition. It provides details on treatment and rehabilitation as well as strategies to help the injured worker return to work.

An approved injury management plan is one that both the worker and the worker's employer have agreed to. It is also important to ensure that the Primary Treating Medical Practitioner has seen and given consent to the plan. Plans need to be consistent with the medical condition and complement and treatment.

When is an injury management plan required?

Legislation requires an injury management plan to be prepared where a worker is likely to be incapacitated for work for 28 days or more. An injury management plan must be prepared within five days of the worker becoming incapacitated for more than 28 days (i.e. 33 days after the worker becoming incapacitated). Applying the principle of early intervention, systems should be in place to insure that injury management plans are prepared as soon as possible.

Who prepares an injury management or return to work plan?

The Injury Management Co-ordinator is responsible for ensuring a return to work plan or injury management plan is prepared. Plans may be prepared by the Workplace Rehabilitation Provider, case manager or employer. The following parties may be involved in preparing a return to work or injury management plan:

- Worker
- Employer
- Primary Treating Medical Practitioner
- Return to Work Co-ordinator
- Injury Management Co-ordinator
- Insurer (if any)
- Workplace Rehabilitation Provider (if any)

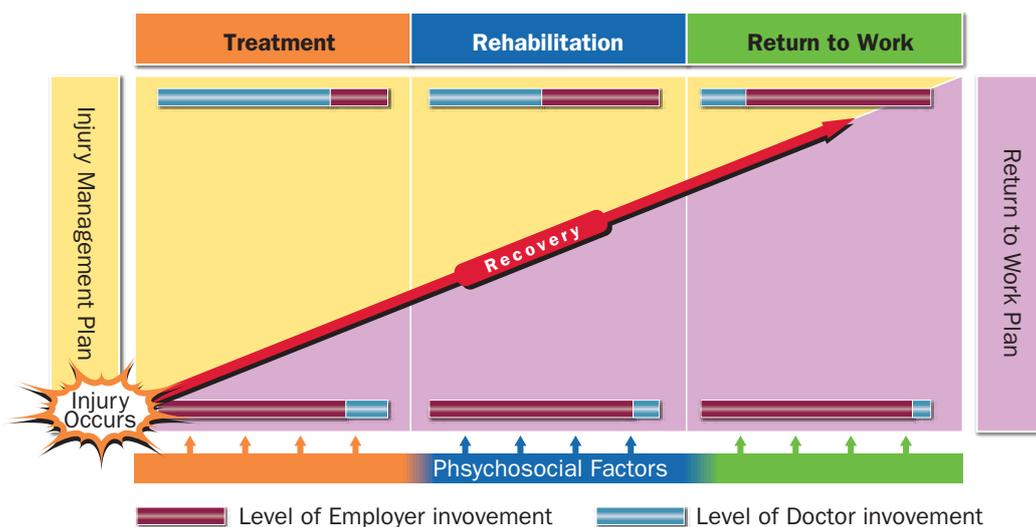
What are the differences between the plans?

The process of injury management is sequential and consists of three distinct phases: treatment, rehabilitation and return to work. Timing for the transition between each phase will depend on the severity of the injury and recovery process.

For instance, if the severity of the worker's injury is low, it is likely that treatment and rehabilitation will be minimal and the focus will shift quickly to return to work. As a result, the transition between phases is likely to be rapid.

On the other hand, a severe injury may require lengthy treatment and ongoing rehabilitation before return to work can even be considered. Consequently the transition between phases is likely to be much slower and more defined.

It is important to note that the timing of transition between the phases can also be influenced by psychosocial factors for example depression, job dissatisfaction or anxiety.



The key differences between a return to work plan and an injury management plan are influenced by:

- ▄ the severity of injury
- ▄ the level of employer involvement
- ▄ the level of doctor involvement

The following table sets out the key differences between plans.

	Return to Work Plan	Injury Management Plan
Goal	To help an injured worker stay at work or return them to their pre-injury duties and employer.	To return an injured worker to a functioning lifestyle which may or may not include returning them to work.
Severity of injury	Severity of injury is usually low, but could be moderate to high where a return to work plan is being prepared as part of an injury management plan.	Severity of injury is usually moderate to high.
Primary focus	The primary focus is on return to work. Usually treatment and rehabilitation is straightforward. Treatment and rehabilitation requirements are typically more complex where a return to work plan is developed as part of an injury management plan.	The primary focus is on medical treatment and recovery, followed by rehabilitation activities and then developing return to work strategies. It is possible that activities can cross over between phases.
Outcomes	Sets out what is to be achieved in order to help the injured worker stay at or return to work.	Sets out what is to be achieved in each of the three key strategies for returning the injured worker to a functioning lifestyle.
Doctor participation	Doctor involvement is typically minimal and usually decreases with time.	Initial doctor involvement is typically substantial due to a greater need for treatment and rehabilitation but will generally decrease with time.
Employer participation	Employer involvement is typically substantial and increases with time.	Initial employer involvement is usually minimal but increases with time.

When preparing plans, what should they consist of?

	Return to Work Plan	Injury Management Plan
Supporting documentation	Prepared from information supplied from the Initial Workers Compensation Medical Certificates.	Prepared from information supplied from Treatment Plans, Rehabilitation Plans/ Assessments and Medical Certificates/ Reports.
Content of plans	Primarily consists of return to work arrangements such as identifying and implementing suitable duties.	Comprises three individual components: Treatment strategy Rehabilitation strategy Return to work strategy
Plans prepared by	Typically the Injury Management Co-ordinator or Return to Work Coordinator in collaboration with the Primary Treating Medical Practitioner	Typically the Injury Management Co-ordinator or Workplace Rehabilitation Provider in collaboration with the Primary Treating Medical Practitioner.

Consent to plans	Consent is to be sought from the injured worker and employer. Consent from the Primary Treating Medical Practitioner is also encouraged.	The return to work strategy (typically a return to work plan) is to be consented to by the injured worker and employer. The treatment and rehabilitation strategies should be agreed to by the injured worker and Primary Treating Medical Practitioner.
Copies of plans	Copies of the plan are to be supplied to all relevant parties (i.e. the Primary Treating Medical Practitioner, injured worker, employer, supervisor and Injury Management Coordinator.	Copies of the treatment and rehabilitation strategies are provided to the injured worker, Primary Treating Medical Practitioner and Rehabilitation Provider. Although a copy of these strategies is not provided to the employer, they should be notified of relevant information. A copy of the return to work strategy is to be provided to all parties.

An employer has not notified their insurer of a workplace injury within the required timeframe. Does an injury management and/or return to work plan still need to be completed?

There may be times where notification of an injury is not provided within the required timeframes. For example, a small business employer who is unfamiliar with the workers compensation process may not notify their insurer of an injury until the claim form and medical certificate are completed.

In this situation, it is expected that plans will still be prepared (retrospectively from the date of injury), provided that the worker has not been certified fit and returned to work. Where the worker is no longer incapacitated, it is expected that a file note detailing the circumstances surrounding why a plan was not prepared will be made.

Do plans need to be signed?

Legislation requires injured workers and employers to consent to plans, either in writing or verbally (provided that verbal consent is noted in the injured worker’s return to work plan or injury management plan).

Despite there being no requirement for other parties to consent to plans, seeking agreement, particularly from the Primary Treating Medical Practitioner, is encouraged and considered best practice.

If an injury management plan is required, do I also need to prepare a return to work plan as well?

Yes. Whenever a return to work strategy is required as part of an injury management plan, it is expected that a return to work plan will be prepared to satisfy this requirement.

If you would like more detailed information on return to work and injury management plans, refer to the information sheets ‘Preparing Return to Work Plans’ or ‘Preparing Injury Management Plans’. These information sheets, and other resources for employers and insurers, are available on the WorkCover website at www.workcover.tas.gov.au



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