

## 8. Return to Work Programs

A RTW program is required when a worker is unable to return to their pre-injury position at pre-injury hours (ie. has a partial capacity). The preceding topics have detailed that the RTW program must comply with a code of practice (see Section 6 – Injury Management Code of Practice).

### How to ensure a successful return to work

- Step 1: Involve the worker in the development of the return to work program and obtain approval from the treating medical practitioner.
- Step 2: Ensure the worker understands the return to work program at the outset, including the hours to be worked, the duties to be completed, and the tasks to avoid.
- Step 3: Be positive and provide support to the worker. It is important to ensure the worker knows who to go to if they are having difficulties
- Step 4: Ensure work colleagues are aware of the worker's restrictions so they can also provide support. Do not request the worker to assist with duties that may risk aggravation of their injury.
- Step 5: Be aware of workplace dynamics. For example, arrange regular review meetings to discuss progress and possible alterations to the return to work program. Discuss the proposed alterations with the treating medical practitioner. Remember that any alterations to the program must be in writing and the employer must take reasonable steps to ensure the worker's agreement.
- Step 6: Continue to monitor the worker when they have achieved the full return to work to prevent any recurrences.

*Adapted from publications by WorkCover Western Australia*

#### Handy Hints

- Whilst you believe you are being assertive this can sometimes be viewed as aggressive
- Consistent approach will be of greater benefit than sporadic bursts of activity
- Active management is preferable to passive

#### How Vero can help

- *Injury management advisers are able to assist to develop RTW plans*
- *Vero can assist to determine when referral for vocational rehabilitation is appropriate*

If the worker experiences any increase in symptoms or has difficulty performing their duties, a review with the doctor is required. If the return to work is anticipated to be complex the involvement of a vocational rehabilitation provider is recommended.

In general when planning a return to work plan the hierarchy should aim to return the worker to:

Preference	Employer	Duties
1 <sup>st</sup>	Same worksite	Original duties
2 <sup>nd</sup>	New worksite	Original duties
3 <sup>rd</sup>	Same employer	Modified duties
4 <sup>th</sup>	Same Employer	New duties
5 <sup>th</sup>	New Employer	Original duties
6 <sup>th</sup>	New Employer	Modified duties
7 <sup>th</sup>	New Employer	New duties

Return to work should include meaningful and productive work duties.

At times there may be limited productive work available for the worker to perform, in this situation the employer should contact Vero Workers Compensation regarding supernumerary RTW.

If you are having difficulty speaking with the doctor, consider contacting them in writing. Your letter should inform the doctor of your commitment to supporting return to work and who the relevant workplace contact is.

In many cases it is advisable to provide the doctor with a list of proposed duties for their consideration when next reviewing the worker.

## Checklist

- Develop RTW program when required
- Ensure Code of Practice Compliance
- Set date to review program and develop new program if required
- Make sure the worker is involved in the RTW program development

### How Vero can help

*Vero can assist to develop an alternate duties register to aid identification and communication of alternate duties.*

## What are alternate duties?

Alternative duties is another term for light duties. Alternative duties generally have different physical requirements to a workers pre-injury duties. In some cases there may be a need to modify a workers hours as well as duties. Alternative duties should be individual to the worker and the type of injury sustained. In some cases alternative duties may be outside the range of the worker's normal duties.

If a worker has a back injury some common restrictions are:

- Avoid lifting heavy (greater than 5 kg) objects
- Avoid stooping
- Avoid static positions (no change of posture)
- Avoid awkward positions

If a worker has a shoulder injury some common restrictions are:

- Avoid heavy lifting
- Avoid working at or above shoulder height

**Be guided  
by the  
doctor at  
all times**

Where these activities are present in an injured worker's normal duties then some form of alternative duties may be required.

### Example:

John is a truck driver who has a **shoulder** injury. He is able to undertake his driving duties however could be expected to have difficulty manually unloading items. He may be able to undertake an alternate truck run, for example where loads are forked on/off.

Peter, who is also a truck driver, has a **back** injury. He could be expected to have difficulty with driving due to the requirements for sustained sitting and getting into and out of the truck. He may be able to assist with checking loads, which requires some walking, some sitting and some standing.



### Benefits of providing alternative duties

- Reduction in workers' compensation costs which may minimise the impact on your premium
- Retention of the skills, knowledge and expertise of the worker
- Reduction in overtime payments to replace lost time and disruption
- Prevention of the worker feeling isolated from the workplace
- Improved moral; and
- Improved business image

Source: WorkCover WA *Workers' Compensation and Injury Management in Western Australia*

## Tips for employers to identify alternate duties

- Can
  - the normal job be modified?
  - the work practices be changed?
  - productivity targets be adjusted?
  - the hours of work be reduced?
  - the worker share a job for a limited time?
  - rest breaks be built into the job?
  - assistance be provided with transport to and from work (if this is a barrier to returning to work)?
  - the injured person fill in for a person on leave (if the duties are suitable)?
  - the injured worker be temporarily redeployed to a new position?
  - the injured worker undertake training or provide training to other employees?
  - Act as a buddy for a co-worker as a form of practical training?
- Is there any project work that the injured worker could undertake?
- Are there any duties at an alternative location?
- Are there any tasks (within medical restrictions) that could be performed by the injured worker that would help other employees to perform their jobs more efficiently?
- Does the injured worker have any suggestions in relation to alternative/modified duties?

## Maximising the durability of RTW

A return to work, that fails or exacerbates a worker's injury may be detrimental to the claim. At times the success of a return to work is dependent on factors other than the injury itself.

The following considerations are important when establishing a RTW program:

1. Consider the workers age, education, skills and work experience
2. Provide work that is meaningful to the worker
3. Provide work that is not token in nature
4. Provide work that is of value to the business
5. Provide work which values the worker
6. Duties should be in accordance with the treating doctors certification
7. Involve the injured worker in the process

## Reviewing and amending the return to work plan:

The return to work plan needs to be regularly reviewed to ensure it is progressing appropriately. Any problems must be addressed immediately to prevent re-injury and avoid further time off work.

When reviewing the RTW program you should consider the following:

1. Consult with all parties
2. Reassess goal
3. Confirm appropriate increase in hours and or duties
4. Seek approval from all parties for change
5. Document communication



## Contacting the Doctor

Early liaison with the doctor is important in establishing the return to work goal and ensuring the doctor has sufficient information to support a return to work. When a claim first occurs consider sending a fax to the doctor. This should outline your commitment to assisting your employee return to work and inform the doctor as to who the relevant contact person is. Alternatively you can provide a letter to the worker to take to their initial appointment.

Before making any contacts with the doctor consider the easiest way to exchange information:

- Faxes are useful to avoid leaving multiple telephone messages
- Telephone conference
- Visit the doctor in person
- Visit with the worker (perhaps schedule to follow the workers review with the doctor)

Consider in advance what information you need to know. By keeping the discussion specific and succinct you will enhance any further communication opportunities with the doctor.

Establish what restricted duties are available and what hours can be accommodated in order to discuss this during the call. Alternatively advise the doctor that you will fax across proposed duties for their review. In this instance an alternate duties register can be of assistance.

## Checklist of information to provide to the doctor

- A detailed description of the worker's job, hours and the physical demands and hazard exposure
- Possible alternate duties for the worker to assist them return to the workplace
- Contact details for the organisation
- The role of the worker in the organisation
- The impact of the worker being off work on the organisation as a whole
- Your support for injury management in the organisation



## Use of a preferred medical practice

Vero recommends that employers develop a relationship with a preferred medical centre in their area. There are many benefits to this which include:

- Familiarity with employers policy and procedure
- Familiarity with alternate duties
- Often able to make more informed decisions
- Usually more accessible to employer and insurer

## How Vero can help

- *Vero can arrange for a professionally qualified person to facilitate a meeting between the worker and employer to help identify what the injured worker can and cannot do and gain agreement in relation to a return to work plan.*

*This information will be provided to the treating doctor for their consideration. The aim is to provide a starting point for the employer, employee and treating doctor to manage the return to work process.*

**Doctor Letter Sample**

Fax

Worker Name	DOB
Occupation	Employer
DOI	Injury
Claim Number	Insurer
RTW coordinator	Contact Number

Dear Dr

Mr/Ms \_\_\_\_\_has reported an accident at work and will be seeing you for medical management.

We have an injury management policy, which has been designed in consultation with our employees. Our commitment to our employees is a safe and effective return to work.

We would appreciate your support in helping us to establish a return to work program for Mr/Ms \_\_\_\_\_.

We have alternate duties available and I have attached a sample of these for your review. I will be in contact with you after your appointment to discuss his/her return to work. Alternatively you can contact me on \_\_\_\_\_.

Enclosed is a signed consent form allowing me to discuss Mr/Ms \_\_\_\_\_ injury and return to work prospects with you.

Thank you in anticipation of your cooperation with Mr/Ms \_\_\_\_\_ return to work program.

Yours sincerely

## Issues to be aware of

A significant amount of research has been conducted to identify when a claim is at risk of becoming a long duration claim. Vero actively reviews claims for such issues and aims to implement appropriate strategies to overcome these barriers.

Long duration claims are caused by complex interactions of many factors both tangible and intangible. To help your understanding, a list of some of these factors is provided. Whilst the factors listed may provide a useful indication of prognosis, no single factor should be considered on its own.

### Attitudes and Beliefs

- Belief that pain is harmful or disabling
- Belief that all pain must be abolished before attempting to return to work or normal activity
- Expectation of increased pain with activity or work, lack of ability to predict capability
- Catastrophising, thinking the worst, misinterpreting bodily symptoms
- Belief that pain is uncontrollable
- Passive attitude to rehabilitation

### Behaviours

- Use of extended rest, disproportionate “downtime”
- Reduced activity level with significant withdrawal from activities of daily living
- Irregular participation or poor compliance with physical exercise, tendency for activities to be in a “boom-bust” cycle.
- Avoidance of normal activity and progressive substitution of lifestyle away from productive activity
- Report of extremely high intensity of pain,
- Excessive reliance on use of aids or appliances
- Sleep quality reduced since onset of back pain
- Substance abuse
- Poor underlying physical fitness

### Compensation Issues

- Lack of financial incentive to return to work
- Disputes over liability
- History of claim(s) due to other injuries or pain problems
- History of extended time off work due to injury or other pain problem (eg more than 12 weeks)
- Experience of conflicting diagnoses or explanations for back pain, resulting in confusion
- Diagnostic language leading to catastrophising and fear (eg fear of ending up in wheelchair)
- Dependency on treatments and continuation of passive treatment
- Expectation of a “techno-fix”, eg, requests to treat as if body were a machine
- Advice to withdraw from job

### Emotion

- Fear of increased pain with activity or work
- Depression (especially long-term low mood), loss of sense of enjoyment
- More irritable than usual
- Anxiety about and heightened awareness of body sensations (includes sympathetic nervous system arousal)
- Feeling under stress and unable to maintain sense of control
- Presence of social anxiety or disinterested in social activity
- Feeling useless and not needed

### Family

- Over-protective partner/spouse
- Socially punitive responses from spouse (eg ignoring, expressing frustration)
- Extent to which family members support any attempt to return to work
- Lack of support to talk about problems
- Informal network providing advice (not always accurate)

### Work

- Work history, including patterns of frequent job changes, experiencing stress at work, job dissatisfaction, lack of vocational direction
- Unsupportive or unhappy current work environment
- Minimal availability of selected duties and graduated return to work pathways
- Poor relationship with employer
- Industrial issues
- Job security

## What are supernumerary duties?

On occasion an employer may have difficulty locating productive duties that a worker could undertake whilst on restrictions. In these circumstances Vero may be able to support **a short** period of “supernumerary” return to work. Vero will continue to reimburse the wages for the time the worker is at work as well as any time off work. It is expected that an employer will review the need for this status regularly (weekly) and commence paying a portion of the worker wages as soon as possible.

In this respect it is worth keeping in mind that claims costs continue to increase for workers who are supernumerary versus a person who returns to paid work. This will in turn impact on your insurance premium.

Supernumerary duties should only be considered as a last resort. They should have very specific goals and be part of a strategic plan to bring the claim to an appropriate resolution.

## Employer’s legal obligations in relation to injury management

The employer’s obligations can be summarised as follows:

- The employer must comply with the Code of Practice (Injury Management)
- Each employer must have an injury management system in place that complies with the Code of Practice.  
**\$2000 fine for non compliance**
- Establish a return to work program in accordance with Code of Practice if:
  1. The worker’s treating medical practitioner advises that a return to work program should be established;
  2. The worker’s treating medical practitioner signs a certificate that the worker has a total or partial capacity to return to work.  
**\$2000 fine for non-compliance.**
- Section 84AA obliges the employer to keep open the worker’s pre-injury job (or equivalent) for a period of 12 months from the day the worker first became incapacitated and was entitled to weekly compensation payments  
**\$5000 fine for non-compliance.**
- An employer must not dismiss a worker to whom Section 84AA applies unless 28 days notice has been given to the worker and WorkCover WA.  
**\$2000 fine for non-compliance.**

