

# Return-to-Work Plan Form

Worker Name:		
(DATES) FROM:	TO:	Review Date
Scheduled Workdays	Specific Duties to be Performed	
Hours of Work		
Treatment Appointments		
Additional Equipment to be Provided		
Any Additional Modifications Required		
Activities to be Avoided		

F  
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E  
T

Injured Worker Signature \_\_\_\_\_ Date \_\_\_\_\_ **E-5**

Management Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Return-to-Work Plan:** a planned process to manage the impact of one individual injured worker's disability, including the documentation of the specific alternate or modified work identified and provided to him/her, if necessary with a progression to pre-injury work when appropriate.

### **Return-to-Work Planning Meeting:**

The planning meeting will be scheduled at the beginning of an injured worker's next scheduled shift, unless the injured worker is medically unable to attend. The RTW plan will be developed by the [insert company position], with input from the injured worker, his/her supervisor and a union representative (if applicable and requested by worker).

### **Suitable RTW Work Options:**

RTW work options must:

- be productive (contribute to the objectives or operations of the company)
- be within the medical capabilities of the injured worker
- be within the skills and abilities of the injured worker
- not endanger the health or safety of the injured worker or his/her coworkers

### **Hierarchy of Search:**

It is recommended when identifying RTW work options a hierarchy be followed:

1. Pre-injury job modified
2. Another job in its entirety
3. Another job modified
4. A re-bundling of suitable duties

### **Alternate or Modified Work:**

Alternate work is considered duties or job tasks not normally performed by the injured worker.

Modification of work can include, but is not limited to, changes to the work environment, work hours, tools & equipment used and job design/work organization.

### **Sample RTW plan processes:**

Any modification of work – i.e. additional tools, equipment or changes to a work environment etc. required by a plan will be in place before the injured worker begins his/her assigned RTW duties.

The RTW plan will be communicated to any affected staff by the staff's immediate supervisor. Confidentiality of private medical information and restrictions will be maintained.

The RTW plan will be monitored by the immediate supervisor/s of the area/s in which the injured worker will be working.

Any problems or concerns identified in the plan are to be communicated immediately to the injured worker's immediate supervisor and the RTW planning participants for follow-up.

The RTW plan will be in place for a defined timeframe and amended, if needed, to reflect any changes in the worker's medical restrictions.

The RTW plan will be forwarded to the WCB upon completion.

