

## Return to Work Plan Package

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Working collaboratively to facilitate Work Reintegration

This package includes the following templates/samples:

- Return to Work Plan Discussion Guide
- Contact Log
- Return to Work Plan – 2 Templates
- Return to Work Progress Report
- Return to Work Closure/Evaluation Report

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

## Creating Individualized Return to Work Plans

A return to work (RTW) plan is a written document developed collaboratively by the injured or ill worker, the worker's supervisor or manager, the treating health professional (through the provision of functional abilities information) and, where appropriate, the RTW Co-ordinator and/or Union Representative. It outlines what needs to happen and when it will happen in order to help the injured or ill worker return to work.

A RTW plan includes the following:

- **The RTW goal**  
The primary goal of RTW planning is to return the worker to work that is both suitable and available. Suitable work is safe and productive, consistent with the worker's functional abilities, and to the extent possible, restores the worker's pre-injury earnings. Ideally, the worker will return to their pre-injury job, with accommodations if required. However, at times it may be necessary to explore temporary alternate suitable work while the injured/ill worker recovers.
- **The actions and activities required to achieve the RTW goal**  
The plan should identify the responsibilities of the worker, the supervisor or manager, treating health professionals, union representatives and any co-workers who will be assisting the worker. The plan should lay out in simple terms the specific activities and accommodations that are required to achieve the RTW goal and the individual(s) responsible for those actions.
- **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. An accommodation, such 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 of the plan, or the worker can assume specific tasks by week five of the plan.
- **Health care needs**  
In cases where the worker is attending health or medical appointments during work hours, these visits must be co-ordinated with the requirements of the proposed return to work plan. Co-workers who will be impacted by these appointments should also, with the worker's permission, be advised.

The following pages contain sample formats you can use to develop your RTW plans. If after a return to work discussion meeting you are unable to identify suitable work, contact the WSIB to request assistance. A WSIB representative can meet with the injured/ill worker and the employer to help identify suitable work.

## Using the sample templates in the Return to Work Package

The following table explains when and how to use the templates included in this guide.

<b>Template</b>	
<b>Return to Work Discussion Guide</b>	<ul style="list-style-type: none"> <li>• The Return to Work Discussion Guide helps to facilitate the return to work discussion between the employer and worker. It provides direction on the type of information that is required when planning for a worker's return to work. This includes information related to the worker's recovery, their functional abilities and accommodations required to remove barriers to return to work.</li> </ul>
<b>Contact Log</b>	<ul style="list-style-type: none"> <li>• Research shows that early and ongoing contact between the employer and the worker is important. It provides an opportunity to establish communication and to share information. Ideally, contact should begin as soon as possible following an injury or illness. However, it's important to keep in mind that the timing of the contact will vary depending on the individual worker's case.</li> <li>• The Contact Log is used to keep track of contacts with the worker, as well as with others who are involved in the case such as treating health professionals and case managers.</li> </ul>
<b>Return to Work Plan</b>	<ul style="list-style-type: none"> <li>• The Return to Work Plan is a written document that lays out the steps to be taken to help a worker return to suitable and available work. As it is an individualized plan developed collaboratively by the employer and the worker, it ensures that both parties understand what is going to happen during the worker's return to work, who is responsible for activities in the plan, and when the activities will be carried out.</li> <li>• The Return to Work Plan can be used for both work-related and non-work-related injuries and illnesses.</li> </ul>
<b>Return to Work Progress Report</b>	<ul style="list-style-type: none"> <li>• Meeting regularly to talk about how the return to work plan is progressing and how the worker is doing in the plan is an important part of achieving a successful return to work outcome. Regular meetings and communication provide both parties with an opportunity to talk about any difficulties the worker may be experiencing.</li> <li>• Use the Return to Work Progress Report to monitor and record the worker's progress in their plan.</li> </ul>
<b>Return to Work Closure / Evaluation Report</b>	<ul style="list-style-type: none"> <li>• Once the Return to Work Plan is completed, it's important to evaluate the results by having both the worker and the worker's supervisor or manager complete a Return to Work Closure/Evaluation Report.</li> <li>• In addition to documenting the return to work outcome of the plan, the report provides the employer with information on what worked well and the opportunities for improvement.</li> </ul>

## SAMPLE: Return to Work Plan – Discussion Guide

Disclosure of personal information, including medical information, is at the discretion of the worker.		
Possible topics to discuss relevant to completing the Return to Work Plan		
<b>Health Recovery</b> (identify current health status):		
<ul style="list-style-type: none"> <li>▪ Area(s) of injury</li> <li>▪ Anticipated healing time</li> <li>▪ Functional abilities(see below for details)</li> <li>▪ Medical appointments</li> <li>▪ Type/length of treatment</li> <li>▪ Waiting times/delays</li> <li>▪ Access/scheduling of appointments</li> </ul>	<ul style="list-style-type: none"> <li>▪ Side effects from treatments and/or medications</li> <li>▪ Treatment costs/concerns</li> <li>▪ Employee Assistance Program (EAP)</li> <li>▪ Emotional support</li> <li>▪ Family support</li> <li>▪ Other (please specify)</li> </ul>	
Comments:		
<b>Functional Abilities</b> (identify current abilities):		
<ul style="list-style-type: none"> <li>▪ Medical precautions</li> <li>▪ Tolerances</li> <li>▪ Lifting limits</li> <li>▪ Work habits/methods</li> <li>▪ Recovery while working</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pre-existing functional limitations</li> <li>▪ Risk level for re-injury</li> <li>▪ Medical aids</li> <li>▪ Travel ability</li> <li>▪ Daily living demands</li> <li>▪ Other (please specify)</li> </ul>	
Comments:		
<b>Accommodation</b> (identify impacts of injury/illness on home and work life):		
<b>Demands of job:</b> <ul style="list-style-type: none"> <li>▪ Physical demands analysis</li> <li>▪ Essential duties</li> <li>▪ Business considerations</li> <li>▪ Productivity/standards</li> <li>▪ Work environment</li> <li>▪ Other (please specify)</li> </ul>	<b>Work life balance:</b> <ul style="list-style-type: none"> <li>▪ Child/elder care</li> <li>▪ Daily living activities</li> <li>▪ Other school</li> <li>▪ Other work</li> <li>▪ Work schedule (flex)</li> <li>▪ Other (please specify)</li> </ul>	<b>Job/work:</b> <ul style="list-style-type: none"> <li>▪ Job/task suitability</li> <li>▪ Workstation suitability</li> <li>▪ Productivity/ standards</li> <li>▪ Work schedule</li> <li>▪ Work habits</li> <li>▪ Training/development plan</li> <li>▪ Other (please specify)</li> </ul>
In developing return to work outcomes consider:		
<ul style="list-style-type: none"> <li>▪ Can health recovery occur at work?</li> <li>▪ Does the worker’s functional ability enable them to meet the physical demands of the job?</li> <li>▪ If not, what specific changes could be made to remove the barriers to return to work?</li> <li>▪ Were any other barriers identified in your discussions?</li> </ul>		
Comments:		



## SAMPLE: Return to Work Plan 1

The *Workplace Safety and Insurance Act* requires that the workplace parties (workers and employers) co-operate with each other and the WSIB in the process of returning an injured or ill worker to work. The focus of the workplace parties' work reintegration activities is to return the worker to the pre-injury job, with accommodations if required.

Worker Name:	Claim #:	
Pre-injury Job (attach job description):	Injury Date:	
Pre-injury Workplace Location:		
<b>Return to Work Goal</b>		
Plan Start Date:	Plan End Date:	
Return to Work Plan Goal (select one):		
<input type="checkbox"/> Pre-injury job <input type="checkbox"/> Pre-injury job, accommodated <input type="checkbox"/> Alternate work. If alternate work, provide job title or description of work.		
<b>Health Recovery</b>		
Accepted area(s) of injury:		
Is there an active treatment plan that impacts return to work?		
<input type="checkbox"/> No <input type="checkbox"/> Yes, provide details		
Treating Health Professional(s):	Phone No.:	
<b>Functional Abilities</b>		
List functional abilities (what the worker can do):		
List precautions, if any.		
Source of Functional Abilities:	Date Received:	
<input type="checkbox"/> Page 3 of Form 8 <input type="checkbox"/> Functional Abilities Form (FAF) <input type="checkbox"/> Other (Specify):	If not received, when will functional abilities information be made available?	
<b>Pre-injury Job Duties</b>		
	Yes	No
Are the physical demands of the job within the worker's functional abilities?		
Are the essential duties of the job within the worker's functional abilities?		
List job duties the worker can perform:		

List job duties the worker is unable to perform:

**Accommodations/Solutions**

	Yes	No
Are accommodations/modifications to the job duties required?		
Are accommodations/modifications to the workplace/workstation required?		
Is training required?		
Provide details on the type of accommodation/solution required. Attach additional pages, if needed.	Date to be Implemented	Expected Duration

**Work Schedule**

Work Period (from/to)		Days scheduled each week and number of hours per day							Additional Comments on Work Schedule
		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Sept 7/11	Sept 13/11	0 hours	4	4	5	5	6	0	

How will the worker be paid for the duration of the Return to Work Plan?

Rate of pay (e.g., hourly):

Worker will be paid for hours worked only Or,

Employer will pay full regular wages

**Follow-up Schedule**

Outline follow-up dates to monitor plan progress:

**If there are any concerns during the course of the Return to Work Plan, please discuss immediately and contact the WSIB Case Manager if you are unable to resolve.**

**Consider providing a copy of the approved Return to Work Plan to the WSIB Case Manager if this is a work-related injury/illness.**

**I have agreed to this plan:**

Worker Name: \_\_\_\_\_

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Plan approved (if approval required):**

Manager Name: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SAMPLE: Return to Work Plan 2

The *Workplace Safety and Insurance Act* requires that the workplace parties (workers and employers) co-operate with each other and the WSIB in the process of returning an injured or ill worker to work. The focus of the workplace parties' work reintegration activities is to return the worker to the pre-injury job, with accommodations if required.

WSIB Claim #:	
Worker Name:	Phone #:
Pre-injury Job Title:	
Return to Work Plan (RTW) Start Date:	RTW Plan End Date:

### Pre-injury Job Information

- Job description attached  Yes  No
- Job tasks and demands attached  Yes  No

### Return to Work (RTW) Goal

- RTW goal (select one):
  - Pre-injury job
  - Pre-injury job with accommodations
  - Alternate work. If alternate work, provide job title or description of work.

### Functional Abilities

- Has functional abilities information been received?  Yes  No
- Attached to Return to Work Plan?  Yes  No  
If no, when will functional abilities information be received?  
Date: \_\_\_\_\_

### Accommodations

- Based on the information received, are accommodations required?  Yes  No
- Are accommodations temporary or permanent?
- If temporary, what is the expected duration of the accommodations?

**Attach additional pages with information on accommodations to be implemented, date(s) to be implemented and expected duration of accommodation(s).**

### Treatment Schedule

Treating Health Professional(s)	Name & Phone #:
Type of Treatment:	

Appointment Date(s) and Time(s):	
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**Work Schedule**

Determine follow-up cycle to monitor progress of return to work. For example, weekly, bi-weekly, etc. Provide date for next follow-up.

Work Period (from/to)		Days scheduled each week and number of hours per day							Additional Comments on Work Schedule
		Sun	Mon	Tues	Wed	Thurs	Fri	Sat	
Sept 7/11	Sept 13/11	0 hours	4	4	5	5	6	0	

Example

How will the worker be paid for the duration of the Return to Work Plan?

Rate of pay (e.g., hourly):  
 Worker will be paid for hours worked only Or,   
 Employer will pay full regular wages

**If there are any concerns during the course of the Return to Work Plan, please discuss immediately and contact the WSIB Case Manager if you are unable to resolve.**

**Consider providing a copy of the approved Return to Work Plan to the WSIB Case Manager if this is a work-related injury/illness.**

**I have agreed to this plan:**

Worker Name: \_\_\_\_\_

Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SAMPLE: Return to Work Progress Report

Date:
Claim #:
Worker:
Manager/Supervisor:

**Return to Work Goal:** *(as written in the Return to Work (RTW) Plan)*

- Pre-injury job
- Pre-injury job, accommodated
- Alternate work. If alternate work, provide job title.

Week 1
Review Period (From/To Date):
Precautions:
Duties:
Dates and Hours Worked:
Week 1 Review
RTW Coordinator Observations:
Worker Comments/Concerns:
Supervisor Comments/Concerns:
Action(s) to Address Concerns:
Date Review Completed:
Review Completed by: (e.g., Return to Work Coordinator)

Week 2
Review Period (From/To Date):
Precautions:
Duties:
Dates and Hours Worked:

**Week 2 Review**

RTW Coordinator Comments/Observations:

Worker Comments/Concerns:

Supervisor Comments/Concerns:

Action(s) to Address Concerns:

Date Review Completed:

Review Completed by: (e.g., Return to Work Coordinator)

**Are the accommodations/solutions identified in the Return to Work Plan resulting in the anticipated return to work goal(s)?**

Yes  No If no, why?

**Is the Return to Work Plan still current?**

Yes  No If no, why?

**Next Steps:**

- Continue with current Return to Work Plan
- Revise existing Return to Work Plan
- Close Return to Work Plan. Return to work goal achieved.

**Next follow-up date:**

**Completed by:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

## SAMPLE: Return to Work Closure/Evaluation Report

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

Date:	WSIB Claim#:
Worker's Name:	
Supervisor's Name:	

Return to Work Plan Outcomes	
What was the duration from the time of the injury/illness report to the final return to work?	
What was the planned RTW goal?	What was the actual RTW goal achieved?
<input type="checkbox"/> Pre-injury job <input type="checkbox"/> Pre-injury job, accommodated <input type="checkbox"/> Alternate work	<input type="checkbox"/> Pre-injury job <input type="checkbox"/> Pre-injury accommodated <input type="checkbox"/> Alternate work
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:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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.