**Work Rehabilitation plan**

**Guidelines for completing the form**

**Overview**:

The Work Rehabilitation plan is completed by the Line Manager, in consultation with the employee (either in person, or by phone contact). This form is completed after the Line Manager receives the completed Occupational Health report or letter, detailing recommendations for return to work. If available the Job Demands and Current Abilities form will be referred to for direction

**A: Goal of Work Rehabilitation plan:**

Please identify the goal of this plan. Use the SMART goal format.

S= Specific

M= Measurable

A= Achievable

R= Relevant

T= Time-framed

Example 1: In 6 weeks, Jimmy will return to full duties as a Catering assistant in the coffee dock, including heavy tasks such as lifting boxes of stock and working at a fast pace when the coffee dock is busy.

**B: Detail of Plan:**

Use this section to discuss how the recommendations from Occupational Health/Other Health Professional will be implemented.

For example:

|  |  |  |
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| **Recommendation** | **Implementation** | **Responsibility** |
| No heavy lifting (>10kg) in the first four weeks of work. Gradually increase manual handling tasks for the 2 following weeksAwait Occupational Health review before lifting furniture | In the first four weeks, Jimmy will not lift any items heavier than 10kg (such as boxes of drinks/sandwiches or equipment). He will not move furniture in the coffee shop.  | Manager to assign heavier tasks to co-workersJimmy to request help with any lifting task >10kg. Jimmy to carry out increase manual handling tasks in weeks 5 and 6 using good manual handling techniques  |
| Phased return plannedQuieter shift during phased return  | Will remain on early shift until next Occ Health review.3 shifts for the weeks 1 and 24 shifts for the weeks 3 and 4Return to fulltime – 5 shifts from week 5 | Line Manager to ensure Jimmy is rostered for these shifts. Jimmy to report any issues as hours increase |
| Take micro-breaks to perform back stretches every hour.  | Jimmy will take micro-breaks of 1 minute every hour, to perform back stretches. He can use the stock room to do this. He will do this when there are no customers waiting in the coffee dock.  | Jimmy’s is responsible for ensuring this happens but to report if cannot achieve this. Line Manager to inform Jimmy’s co-workers of this plan with his consent |

**C: Detail of work rehabilitation plan (hours per week)**

Use this section to detail the length of time of the RTW plan, and specify hours /days per week.

For example:

Week 1 and 2: Jimmy to work two 6 hour shifts per week, on non-consecutive days (total 12 hours). Week 1: 5th and 7th June, 10am-4pm Week 2: 12th and 14th June, 10am-4pm

Week 3 and 4: Jimmy to work four 6 hour shifts per week (total 24 hours). Week 3: 18-21st June, 10am-4pm. Week 4: 25-28th June, 10-4pm.

Week 5 and 6: Jimmy to work four 8 hour shifts per week (total 32 hours). Week 5: 2-5th July, 8am-4pm. Week 6: 9-12th July, 8am-4pm.

Week 7 and 8: Jimmy to work four 8 hour shifts and one 5 hour shift per week (total 37 hours, as per normal schedule). Week 7: 16th- 20th July. Week 8: 23rd-27th July.

**D: Other:**

Answer the three tick-box questions regarding the employee’s agreement with the plan, consent to discuss required details with co-workers, and whether pay has been discussed.

Outline any others issues discussed at the meeting

Identify a review date to meet with the employee to discuss how the Return to Work is going.

The plan should be signed and dated by the Line Manager and the Employee.

**E: Review of Plan**

Ideally, the plan should be reviewed at a minimum of every four weeks.

Use this section to outline the successes of the plan, goals attained or issues that occurred.

Also outline any changes in the employee’s ability that may have affected the plan.

Agree updates to the plan and set a new review date.

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| **Were recommendations implemented as planned (if not please specify reasons)** | The employee had a setback medically after the 2nd week and was unable to increase their days as planned – the increase in days was increased 1 week later than planned |
| **Outline any updates to the plan, including changes of person responsible** | We have agreed to carry out the phased return over a 5 week period instead of 4 weeks. Increasing now to 4 days for 2 more weeks. |
| **Other comments/issues raised** | We will carry out another review before the employee returns to fulltime duties |
| **Next review date** | 3 weeks later on DD/MM/YYYY  |