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RETURN TO WORK POLICY

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PREPARED FOR
WMS Engineering



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1 RETURN TO WORK POLICY

1.1 POLICY STATEMENT

WMS Engineering (WMS) is committed to assisting employees achieve a safe return to work after periods of illness or injury.

The aim of this policy is to provide a procedure that will allow the employer to bring employees back to work as soon as is safely possible and properly assess and plan for suitable employment.

This policy covers the return to work of employees who have been absent from work on personal/sick leave or worker's compensation leave in accordance with WMS policies. It should be read in conjunction with the WMS leave and occupational health and safety policies.

1.2 GENERAL POLICY

Where an employee has been absent from work due to illness or injury (whether work related or not) either the manager or the employee may initiate a return to work process.

1.3 PROCESS

Usually, a return to work process will involve the following steps:

Step 1: The employee must provide the employer with written medical clearance from their treating doctor. This medical clearance must tell the employer:

- Whether the employee is fit to resume work;
- When the employee is fit to resume work;
- Whether there are any restrictions on the duties that the employee is able to perform; and
- If so, the extent of those restrictions.

Step 2: If required, the employer may seek the employee's consent to liaise directly with the employee's treating doctor. The employee must not unreasonably withhold this consent.

Step 3: If required, the employer may also ask that the employee undertake an independent medical assessment to ascertain the following (but not limited to) matters:

- The tasks and duties that the employee is and is not capable of undertaking;
- The dates/length of time that the employee is able to resume restricted duties and then full duties (if at all);
- The nature of the employee's condition and the effect it will have on their ability to carry out their duties;
- The flexible working arrangements or options that may be required to facilitate the employee's return to work; and
- Any other matters relating to the employee's diagnosis, treatment, prognosis, tasks and duties and special needs.

Step 4: The employer will then assess the employee's ability to undertake their pre-injury occupation and consider any options or adjustments that may be required and the length of those options or adjustments. This assessment will be undertaken by completing the 'Return to Work Plan' (see Appendix A).

Step 5: In some circumstances, the employee may not be able to return to work until suitable arrangements have been made and a proper 'Return to Work Plan' has been agreed and preferably signed by the employee.

Step 6: Whether or not a 'Return to Work Plan' has been required, the employer will provide the employee with clear written details of their return to work arrangements including dates, tasks to be undertaken and re-assessment plans (if any).

Step 7: Where a 'Return to Work Plan' has been agreed to, both the employee and the employer must adhere to the plan. If the employee fails to or refuses to adhere to the plan, the employer may consider such failure or refusal to be misconduct to be dealt with under the WMS Disciplinary Policy.

Step 8: The employer must ensure that the employee's manager and all relevant persons are aware of what tasks the employee can and cannot perform.

Step 9: The employer will monitor the employee's progress under the plan and consult with the employee and update the plan where required.

1.4 GENERAL MATTERS

WMS is committed to respecting and protecting its employees' privacy at all times. Any and all information about the employee under this policy will not be disclosed to any other person without lawful purpose or without the employee's consent.

The employer will retain all documentation about the employee's return to work on the employee's human resources personnel file.

APPENDIX A - RETURN TO WORK PLAN

A.1 RETURN TO WORK PLAN

DETAILS

These return to work arrangements are for:

Name of Worker

PRE-INJURY WORK

Job Title	Days/Hours of Work
Location	
Name of Employer	
WMS Engineering	

RETURN TO WORK ARRANGEMENTS

Duties or Tasks to be Undertaken
<i>Describe the specific duties and tasks required. Include any physical and other requirements, e.g. lifting, sitting, rotation of tasks, etc.</i>
Workplace Supports, Aids or Modifications to be Provided
<i>Describe workplace supports, aids or modifications, e.g. rest breaks, buddy system, special tools, equipment, training, etc.</i>
Specific Duties or Tasks to be Avoided
<i>Describe the specific duties and tasks that are to be avoided or restricted, e.g. no loading pallets, tasks that are only to be undertaken with the assistance of another worker.</i>

Medical Restrictions

Describe the restrictions on the most recent Certificate of Capacity or from other sources, e.g. phone call with the worker's doctor or healthcare provider. From what date or period(s) do these restrictions apply?

Blank area for describing medical restrictions.

Hours of Work

It is recommended that reduced hours are gradually increased where appropriate.

Week 1	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Total p/w
Week 2	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Total p/w
Week 3	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Total p/w
Week 4	Mon	Tues	Wed	Thu	Fri	Sat	Sun	Total p/w

Work location (address, team, department)	Start date:
Supervisor (name, position, phone number)	Review date:
Prepared by (name, position, phone number)	Date prepared

SIGNATURE OF KEY PEOPLE INVOLVED

Worker – I will participate in these return to work arrangements.

Name	Phone	Signed	Date

Supervisor – I will implement these return to work arrangements in the work area.

Name	Phone	Signed	Date

Doctor – These return to work arrangements are consistent with the worker's capacity.

Name	Phone	Signed	Date



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NOTES/ADDITIONAL INFORMATION

If there is any additional information you wish to include in this form, please attach any supporting documentation e.g. medical reports, position description, photos etc.