



Managing the medical part of a Workers' Compensation claim during return to work

Why should you use this guide?

Employers can face complex challenges when workers become ill or injured. Managing return to work processes can be stressful, as you juggle what is best for the business and the worker. Navigating the medical and insurance systems can be a new experience with what seems like a new language and operating processes to learn. However, the more you can engage with the treating medical practitioner, insurer or claims manager and the worker in understanding medical capacity and the recovery process of the injured worker, the better the outcomes for everyone.

Who is this guide for?

This guide provides practical advice for anyone responsible for developing a return to work plan in collaboration with the injured or ill worker. This will depend on your business and where it is located.

You may be:

- a small business owner
- a supervisor or manager in a small or medium business
- the person in charge of HR or administration, or
- a return to work coordinator.

This guide should be read in conjunction with Safe Work Australia's '[Developing a return to work plan](#)' guide and template. If you have not developed a return to work plan before, you should start with that guide first and follow the suggestions to fill out the plan template that starts on **page 10**. This guide can then help you with further information and ideas on how to interpret medical certificates of capacity and liaise with medical practitioners in order to fill in the sections relating to medical assessment and treatment and suitable duties.



This guide will help you

Navigate the interactions with medical practitioners necessary throughout a claim and show you how to use the medical information you receive to inform a successful return to work plan.

On **page 2** is a further breakdown of where along the different stages of the return to work process the information in this guide may be useful.



You may also have formal responsibilities and obligations relating to return to work or workers' compensation

These responsibilities depend on your role and where you are located, so check with your insurer or your jurisdiction's workers' compensation authority. Your state or territory may have different rules for who has responsibilities for return to work planning and what training they require.





Find the link to your workers' compensation authority on the [Safe Work Australia website](#).

This guide focuses on understanding how to engage with the treating medical practitioner and others in regard to the medical capacity of the injured worker and how to use the medical information to complete a return to work plan.

When other formal obligations are mentioned in this guide, they are highlighted in orange and with this alert icon:

When should this guide be used, and how?

The return to work process can be challenging for both the worker and the business, as there can be many new people to interact with and new processes and paperwork to work through. The return to work process can be divided into four parts.

-  **When the worker is first injured or falls ill**
-  **While they are away from work**
-  **As they prepare to return to work**
-  **When they return to work**



People who can help you

There are professionals who can help you get started on the workers' compensation process. Who they are depends on your business. It could be your insurance provider, industry associations or Chambers of Commerce or a return to work coordinator in your business.

As your worker recovers and plans to return to work, a key person is their treating medical practitioner which is most likely to be their GP or another allied health profession (e.g., workplace rehabilitation provider, physio, psychologist). You and your worker should communicate with the health care professionals regularly, to help manage a gradual and safe return to work.

RETURN TO WORK PROCESS	INTERACTIONS WITH MEDICAL PRACTITIONERS OR MEDICAL INFORMATION	YOUR OBLIGATIONS 
1. When the worker is first injured or falls ill 	<p>Following an injury at work, the worker should see a doctor as soon as possible. They should receive a First Certificate of Capacity from the treating doctor.</p> <p>You should discuss return to work with the treating medical practitioner and worker as soon as practicable and provide and ask for information that will be needed to start the return to work plan e.g., what suitable duties may be available in your workplace for the injured worker.</p>	<p>You cannot be present for medical examinations, but you can accompany a worker and/or meet with the treating practitioner separately to discuss recovery and return to work. You should always ask permission of the worker and treating practitioner to do this and explain that this will enable better communication between parties and clarity on the return to work goals and process.</p>
2. While they are away from work 	<p>In some cases the injured worker may have no capacity for work whilst they receive medical treatment for more serious injuries or illnesses.</p> <p>During this time you may only receive progress medical certificates of capacity. You should contact your insurer or claims manager for advice and support for return to work. This may include engaging a workplace rehabilitation provider.</p> <p>A case conference may also be called between parties to explore return to work options.</p>	<p>In most jurisdictions there are formal obligations for developing return to work plans and providing suitable duties for injured workers. This may depend on whether an injured worker has some capacity for work. Workers certified with no capacity for work generally also have protections around maintaining their pre-injury employment which may vary across jurisdictions. Check the requirements in your state or territory.</p> <p>You should discuss your obligations with your insurer or claims manager if return to work is delayed.</p>
3. As they prepare to return to work 	<p>When the injured worker is nearing their return to work, the return to work plan should be confirmed with the treating medical practitioner, worker and other relevant parties in preparation for their return.</p> <p>This includes confirming the latest certificate of capacity and relevant restrictions or information informing the return to work plan and implementing workplace modifications as needed.</p> <p>Having the plan in place before the worker returns is vital. The worker's first days back can be challenging, but having the plan already implemented can help them feel listened to and welcome.</p>	<p>It is important that workers return to a safe environment where physical and psychosocial hazards are identified and controlled, as required by work health and safety laws. It also reassures the worker they have been listened to and their workplace is committed to their recovery.</p>
4. When they return to work 	<p>Throughout the return to work process the workers' capacity may change, suitable duties may change or other factors impacting the process might change.</p> <p>Ensuring regular communication with the treating medical practitioner and injured worker will help you plan for and navigate these changes appropriately.</p>	<p>You may have formal obligations to monitor the worker's progress and review and update the return to work plan as appropriate. Your insurer or claims manager should advise and support you in managing the claim where needed. This includes if the claim needs to be settled or medically finalised or if the worker cannot return to pre-injury work.</p>

When an injury occurs

Following an injury at work, first aid should be applied, as appropriate, to the injured worker and the worker should see a doctor of their choice as soon as possible.

Depending on your jurisdiction, you may be required to notify your insurer or claims agent of a potential workers' compensation claim at this stage. You should contact your jurisdictional regulator for more information as needed.

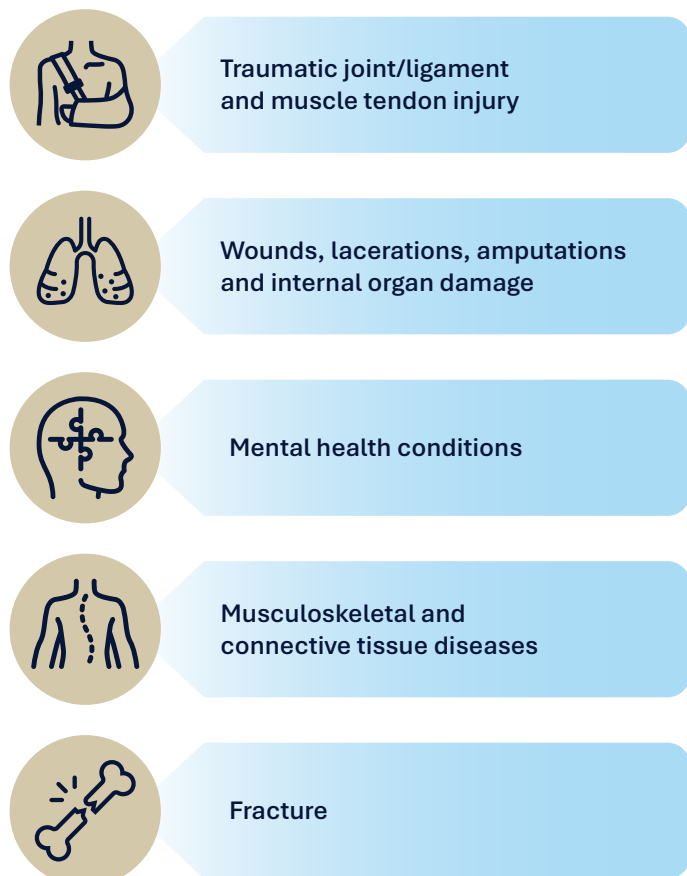
You should ask the worker to obtain a First Certificate of Capacity from the treating doctor (as this makes up part of the initial claim paperwork along with the Workers' Compensation Claim Form).

Employers are not responsible for determining the liability of Workers' Compensation claims and neither are they responsible for the diagnosis or medical treatment of an injury.

If however you are concerned that the injury and claim may not be work-related, you should discuss this with your insurer or claims agent and provide appropriate information.

Treating medical practitioners (usually GPs) should be able to match the workers reported injury (e.g. a sore back or muscle sprain) with the mechanism of injury or cause of the injury.

They may need supporting information from you to be informed to make such decisions. This may include information such as the tasks the worker was completing, the layout of the work environment, the machinery or tools used or other contextual information.



Types of injuries

Many people think that injuries and diseases common in Workers' Compensation are those that can be readily seen and have a clear start date or are related to a specific incident. This is not always the case, especially with the accumulative nature of some injuries and illnesses, varying exposure patterns and psychological injuries.

Different injury types and mechanisms you may see medical certificates refer to:

- **Musculoskeletal injuries:** These include traumatic joint, ligament, and muscle tendon injuries, often resulting from sprains, strains, tissue tears, inflammation, bursitis, and tendonitis.
- **Skin and organ damage:** Wounds, lacerations, amputations, and internal organ damage typically occur due to cuts, burns, pinches, chemical exposure, and dermatitis.
- **Fractures:** These are breaks or cracks in bones.
- **Superficial injuries:** These are minor injuries such as grazes and bruises.
- **Eye injuries:** These can be caused by foreign objects, splash injuries, or dust.
- **Chemical exposure:** This can affect the skin or respiratory system through inhalation.
- **Slips, trips, and falls:** These are common accidents in workplaces.
- **Motor vehicle accidents:** These can result in a variety of injuries and can be quite severe.
- **Psychological injuries,** (also known as Work-Related Stress in some states): These include stress-related injuries and mental health conditions like PTSD, depressive and anxiety disorders.

Physical injuries are usually more predictable in terms of their cause (mechanism of injury), symptoms (presentation), treatment, and recovery progress. However, cumulative injuries, which increase in severity over time, can be challenging to manage due to their gradual onset.

Different diseases:

- **Musculoskeletal and connective tissue diseases** such as arthritis.
- **Respiratory and chronic exposure diseases** such as mesothelioma, silicosis
- **Infectious and parasitic diseases** such as toxoplasmosis.
- **Mental Health Conditions:** These include PTSD, depressive and anxiety disorders, and chronic fatigue.

The ‘when, who and how’ of medical information exchange

Initial key information for the return to work process is typically exchanged on a **Certificate of Capacity** where the treating health practitioner provides an outline of the worker’s:

- **Capacity to work:** This indicates the worker’s ability to perform specific tasks or duties.
- **Medical restrictions:** Any limitations or restrictions related to the worker’s injury or illness.

Developing a return to work plan

Where a return to work plan is required, the employer, injured worker and medical practitioners must exchange information to create the plan.

There may be others who should be involved in the return to work plan such as a workplace rehabilitation provider, the insurer or claims manager and a worker’s carer or support person if requested.

Return to work case conferencing is a meeting between the injured worker, potentially a support person for the worker, a rehabilitation provider (if they have one), GP/treating medical practitioner and the employer.

A case conference provides the opportunity for all stakeholders to communicate:





- the goal for recovery,
- the need for any supports such as flexibility, workplace adjustments and
- agree on an approach that focuses on supporting participation in work.

Return to work case conferences are a useful tool to facilitate communication with all stakeholders involved in the recovery and return to work process.

The Certificate of Capacity may indicate that the medical practitioner would like a case conference arranged. Any party may request a case conference however.

Who are the key stakeholders in return to work planning?

The below table provides general information only. The exact roles and responsibilities may be different according to which state or territory you’re in and the specific requirements of the worker’s injury or claim.

WHO?	WHAT IS THEIR ROLE?
Employer and worker 	If there is a positive relationship between the worker and their employer, the worker can be a source of more information about their injury, individual circumstances and needs. They might also have ideas around suitable duties or modifications. You need to work with them on the return to work planning, ongoing injury management and recovery to pre-injury duties.
Employer and treating health practitioner 	The treating practitioner will medically assess and diagnose the worker’s injury, prescribe treatment, advise on medical restrictions and capacity as well as what types of work duties might be medically suitable. They may need more information about the work environment and workers’ job role and it’s demands.
Employer and insurer/claims manager 	The insurer or claims manager will have information on any relevant claim’s decisions or requirements e.g. approval or not of any medical treatments. They may also have insights on barriers to return to work from their own interactions with the worker, for example through early screening and can assist and direct rehabilitation providers.
Employer and workplace rehabilitation provider 	A rehab provider (if engaged) will conduct an assessment of the activities a worker can perform, identify workplace hazards, identify risk factors to recovery and advise on suitable duties and adjustments. They may also have insights into other potential barriers to return to work from their engagement with the worker.



Privacy at work

Information about a worker’s health or medical treatment can be particularly sensitive. It must be handled appropriately and in a manner that respects their privacy. While privacy laws vary in different states and territories, access to and use of the information is limited to the worker’s consent, generally on a ‘need-to-know’ basis. This means only what is needed to support the worker’s return to work.

Tips for working with medical practitioners



1. Clear Communication: Provide straightforward information about the worker's role, workplace, and injury. Use simple language to ensure mutual understanding.

2. Regular Updates: Keep communication lines open for updates on the worker's condition. Welcome feedback to modify return to work plans.

3. Collaboration: Encourage teamwork among employers, insurers, and doctors to aid the worker's recovery. Participate in planning sessions to discuss the worker's abilities and appropriate duties.

4. Respect for Privacy: Protect the worker's privacy by obtaining consent before sharing information relating to the return to work. Be aware of the confidential nature of such information.

5. Use of Technology: Leverage technology like telehealth and electronic communication for efficient information exchange. Ensure everyone has access to necessary technological tools and knows how to use these if they will be utilised.

6. Understanding Roles and Responsibilities: Make sure everyone is on the same page in understanding the roles and responsibilities of each party in the worker's return to work. If you do not understand this, seek assistance from others.

7. Liaising with Medical Practitioners: Maintain a respectful and empathetic relationship with doctors. Be mindful of their time pressures and work flow. Try not to drop in or show up at the last minute. Make appointments for discussions.

8. Working with GPs: Acknowledge that GPs manage workers' compensation clients in their usual workflow. You might want to establish a relationship with a preferred supplier in occupational health for readiness, accessibility, and familiarity with your workplace processes.

9. Cultural Awareness: Make sure you take the time to understand any specific cultural or language needs of your workers.

10. Understanding Language and Terminology: As an employer, interacting with various stakeholders can sound like another language, especially when dealing with medical practitioners. Don't hesitate to ask questions for clarity.

Overall, good communication supports successful return to work outcomes!



Talking with a Doctor



Understand your role as the employer. Sometimes your motivators for successful return to work are different to that of the Doctor or injured worker, or at least it might look that way.



Understand their role as the medical provider/practitioner. Their primary goal is for the care of their patient (your worker).



Keep your mind on the goal of returning your worker to their usual duties (if possible).



Be understanding of your doctor's priorities and needs. They won't always be experts in the process, but they are experts in the care of your worker.

Navigating the certificates of capacity and jurisdictional differences

A Certificate of Capacity or Work Capacity Certificate varies in format by state and territory and is a vital document in the claims process.

Completed by a medical practitioner, it outlines an injured worker's medical condition and their safe functional abilities for recovery. The certificate should provide sufficient information for employers to identify suitable, safe duties for the worker. In some jurisdictions, approved allied health professionals can also issue these certificates. The focus of the information in the certificate is to facilitate the worker's safe return to work post-injury.

The types of certificates issued are:

- **First Certificate of Capacity** – opens the claim
- **Progress Certificate of Capacity** – gives progression information
- **Final Certificate of Capacity** – closes a claim.

Below outlines the common criteria across Certificates of Capacity and what the sections may cover.

Section E – Certification is most relevant in helping you develop a return to work plan.

Common criteria across Certificates of Capacity

SECTION	EXPLANATION
Type of Certificate	<ul style="list-style-type: none"> • First, Progress or Final • Other – e.g. non-work
Worker details	<ul style="list-style-type: none"> • Basic personal information such as the worker's name, address, and contact details.
Diagnosis	<ul style="list-style-type: none"> • The date the worker was assessed by the certifying health practitioner. • A clinical diagnosis of the injury or illness such as right shoulder injury or right bursitis.
Capacity assessment	<ul style="list-style-type: none"> • An assessment of the worker's physical and mental functions in relation to their job duties. • Specific restrictions or modifications needed, such as 'no lifting above 10kg' or 'no repetitive bending'. • Communicate what the injured worker's ability, what they are capable of performing, OR what worker CANNOT perform and limitations. • Additional comments on any functional considerations, like 'taking opioid medication so needs to avoid using heavy machinery'.
Certification	<ul style="list-style-type: none"> • The certifier's declaration of the worker's capacity for full, unrestricted duties, suitable or modified duties, or no capacity for work at all. • Start date of the capacity and, if applicable, the end date of the certification for modified duties.
Treatment plan	<ul style="list-style-type: none"> • Details of the treatment required for the worker's recovery including referral to other health providers. • Any specific rehabilitation programs or interventions that will assist in the return to work process.
Certifier and Worker declarations	<ul style="list-style-type: none"> • Signatures from the certifying health practitioner and the worker to validate the information provided. • Consent declaration.

Sample first Certificate of Capacity (SIRA NSW) CoC — page 1

First certificate (or progress/subsequent)

On a first certificate – the accuracy of **personal details** is necessary. Communication is key! Ensure you have the correct (**preferred**) **contact number** especially if they are off work.


The occupation and employers name/contact details should be accurate for records and contact purposes.

The **consent** component of all forms is critical for parties to exchange information. Consent by the worker enables relevant medical information to be exchanged by stakeholders in order for everyone to fulfil their functions.

The **diagnosis** is helpful for reporting between the health providers and understanding the issue. Employers should be less concerned with the diagnosis and more focused on capacity and return to work.

SAVE AS PRINT

Certificate of capacity/ certificate of fitness


**State Insurance
Regulatory Authority**

For use with workers compensation and Compulsory Third Party (CTP) motor accident injury claims.

CTP Workers compensation

For CTP claims: 'Certificate of fitness' means 'certificate of fitness for work'. This certificate should be completed whether the person was employed at the time of the accident or not.

Tick if this is the initial certificate for this claim.

Section 1: To be completed by the injured person or treating medical practitioner

First name Last name

Date of birth (DD/MM/YYYY) Telephone number

Address (must be residential address - not PO Box) Suburb

State Postcode Claim number Medicare number

Occupation/job title Employer's name and contact details (if applicable)

Injured person's consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim.

I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation.

Signature Date (DD/MM/YYYY)

Section 2: To be completed by treating medical practitioner

Medical certification

Diagnosis of work related injury/disease or motor accident related injury(ies)

Person's stated date of injury/accident (DD/MM/YYYY)

Shaded areas to be completed for initial certificate only

Person was first seen at this practice/hospital for this injury on (DD/MM/YYYY) Injury is consistent with person's description of cause

Yes No Uncertain

How is the injury related to work or the motor vehicle accident?

Detail any pre-existing factors which may be relevant to this condition or injury(ies)

Page 1 of 3

Sample first Certificate of Capacity (SIRA NSW) CoC — page 2

Treatment/medication may include:

- Medicines – analgesia (pain medicine), NSAIDs (nonsteroidal anti-inflammatories), opioids
- Anti-anxiety
- Muscle relaxants
- Antibiotics

These may need to be considered in relation to any impact on a worker's safety and their ability to do their job. An awareness of side effects is also important for the management of the worker e.g. fatigue.

This section may make a **referral to another health service or rehabilitation provider** (common examples):

- Physio, Occupational Therapist, Hand Therapist 2 x week
- Exercise Therapist 10 sessions
- Psychologist initial assessment and then review

Certification Section: **Return to work and capacity guidance** should be stipulated here. It is necessary to reflect on this information to generate a suitable duties plan or return to work plan.

These timeframes are useful for planning but also for understanding support needs.

Some Certificates may outline a **graduated return to work**.

This is when the worker needs to build up tolerance for various aspects of the work (e.g. duration of working hours or days, physical load or demands, interaction with others etc).

Work and job redesign can be temporary or permanent. Exploring creative solutions collaboratively and in consultation with the worker with or without expert input is an important exercise.

First name	Last name	Claim number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Management plan for this period		
Treatment/medication type and duration		
<input type="text"/>		
Referral to another health service or rehabilitation provider (include details of provider type and service requested, duration and frequency when relevant)		
<input type="text"/>		
Capacity for activities – If the person has capacity for pre-injury work this section does not need to be completed. For all others please consider activities of daily living currently being performed.		
Lifting/carrying capacity	Sitting tolerance	
<input type="text"/>	<input type="text"/>	
Standing tolerance	Pushing/pulling ability	
<input type="text"/>	<input type="text"/>	
Bending/twisting/squatting ability	Driving ability	
<input type="text"/>	<input type="text"/>	
Other (please specify) eg psychological considerations, keep wound clean and dry		
<input type="text"/>		
Next review date (DD/MM/YYYY)	<input type="text"/>	(if greater than 28 days, please provide clinical reasoning)
Comments		
<input type="text"/>		
Capacity for work (please consider the health benefits of good work when completing this section). Where the word 'capacity' appears below it should be read as 'fitness for work' when the certificate is completed in a motor accident injury claim.		
Do you require a copy of the position description/work duties? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> is fit for pre-injury work from	Date (DD/MM/YYYY)	<input type="text"/>
<input type="checkbox"/> has capacity for some type of work from	<input type="text"/>	to <input type="text"/> for <input type="text"/> hours/day <input type="text"/> days/week
<input type="checkbox"/> has no current capacity for any work from	<input type="text"/>	to <input type="text"/>
If no current capacity for work, estimated time to return to any type of employment		
<input type="text"/>		
Factors affecting recovery		
<input type="text"/>		
<input type="text"/>		
Page 2 of 3		
		NSW State Insurance Regulatory Authority

Barriers and other complexities for consideration in return to work planning or recovery may be identified here.

Authorising Treating Medical provider:

Contact details and acceptance as treatment director.

Worker Declaration: Information to be conveyed to the insurer contact.

Eligibility statement and declaration of true and correct.

First name	Last name	Claim number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Treating medical practitioner details
 I certify that I am the treating medical practitioner and I have examined this person. The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.

Signature Date (DD/MM/YYYY)

Name

Address

Suburb State Postcode

Telephone number Provider number

I agree to be the nominated treating doctor for the ongoing management of this person's injury, treatment and recovery at/return to work (tick if you consent).

Section 3: Employment declaration (not to be completed by the treating medical practitioner)
 This section is to be completed by the person prior to sending to the insurer (or employer).


First name Last name

I have I have not (tick appropriate box)
 engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.
 If so, please provide details below.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Signature Date (DD/MM/YYYY)

Catalogue No. SIRA08719
 State Insurance Regulatory Authority, 92-100 Donnison Street, Gosford, NSW 2250
 Locked Bag 2906, Lisarow, NSW 2252 | Customer Experience 13 10 50
 Website www.sira.nsw.gov.au
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 **State Insurance Regulatory Authority**

Page 3 of 3



Return to work plan

Before you look at suitable duties or modifications you first need to ensure you **understand your workers' work** (what did they do pre-injury in their role).

Whether you have several job roles, job descriptions or just a few workers that do the same task — mapping their duties, their tasks and their physical requirements (with them) is a

great starting point to then be able understand and describe your workers' work to treating practitioners for the purposes of identifying suitable duties or modifications. If this is documented and maintained, then this information can be readily sent to treating practitioners to inform injured workers return to work plans from the start of the process.

Information to consider

1. WORK-RELATED INFORMATION	NOTES
<p>Is there a job description and outline of typical job duties already available?</p>	
<p>What are the physical and mental demands of the workers' job pre-injury job?</p> <p>For example: standing for long periods, lifting heavy objects, highly complex tasks requiring concentration, emotionally exhausting work.</p> <p>Compare these demands with the injured worker's medical certificate information.</p>	
<p>What are any relevant workplace environmental factors to consider?</p> <p>For example: layout (large spread-out work site), multi-storey building and stair access only, hot working environment, working at heights, working alone, noisy machinery, open-plan office, etc.</p>	
<p>What interactions with others does the worker typically have in the pre-injury job?</p> <p>For example: works from home regularly and is isolated from others, multiple interactions with clients or members of the public throughout the day, etc.</p>	

2. SKILLS, ABILITIES AND INTERESTS	NOTES
<p>What particular skills, experience, and qualifications does the worker have that were relevant to their job (e.g., VET or Bachelor qualification in X, 3–5 years experience in technical field, computer skills and use of software apps etc.)?</p>	
<p>What skills are transferable that can be applied to different tasks or roles (e.g., supervision of others, digital competence, good with customer service etc.)?</p>	
<p>Does the injured worker have any preferences, interests or ideas regarding alternative duties (e.g., could help supervise new or younger workers)?</p>	
<p>Was any training planned or could be done as part of the return to work?</p>	

Throughout the return to work process, you should also keep in mind work health and safety duties to ensure a safe work environment.

3. RISK ASSESSMENT	NOTES
<p>Has an assessment of potential Work Health and Safety risks and hazards been conducted for any possible alternative duties, including ergonomic risks, safety hazards, and psychosocial risks? You will need to ensure you are eliminating or minimising risks as far as reasonably practicable taking into account the injured workers capacity.</p>	

Certificate information on what a worker can do

What has the treating medical practitioner said the worker can or cannot do based on their injuries? What is on the Certificate of Capacity (CoC)?

Alternative, modified or restricted duties may be required to assist a worker to return to work, depending on the severity of their injury and their recovery progress. These are known as “suitable duties”. Early identification of suitable

duties can be critical to ensure a positive outcome for the injured worker and employer.

Information in various CoC to inform suitable duties can be notated as limitations, functional abilities or capacity and tolerance.

What does the certificate say the worker can/cannot do or can do with modification?

ACTIVITY	CAN DO	CANNOT DO	CAN DO WITH MODIFICATION (Note the type of modification, e.g. duration, frequency etc.)
Sitting			
Standing/Walking			
Kneeling/Squatting			
Bending/twisting/squatting ability			
Carrying /Holding/lifting			
Reaching above the shoulder			
Bending			
Use of the affected body part			
Neck Movement			
Climbing steps/stairs/ladders			
Driving (Driving a car)			
Operating machinery/heavy vehicle			
Manual tasks			
Lower limb			
Upper Limb			
Hand Function			
Spinal Function			
Other			

Mental health and/or cognitive function is also listed on certain CoC.

ACTIVITY	NOT AFFECTED	AFFECTED	PARTIALLY AFFECTED
Attention/Concentration			
Memory (short term and/or long term)			
Judgement (ability to make decisions)			
Cognition/psychosocial function (interaction with others)			

It also helps to be clear on the return to work goal

The return to work goal describes what the injured worker will be doing when they have returned to their best possible work capacity.

The goal is informed by discussion with the treating medical practitioner, the worker and the employer and provides clarity to ensure all parties are working to a common focus.

The goal may change during the return to work process due to new medical information or if the worker is unable to perform the duties specified in the program.

What is the agreed return to work goal?

ACTIVITY	AGREED GOAL
Return to work with the same employer in the same job	
Return to work with the same employer in a modified job	
Return to work with the same employer in a new job	
Return to work with a new employer in a new job	
Other workplace rehabilitation option	



Modifying the workplace or working environment

Sometimes there are aspects of the workers normal duties that they could perform with assistance.

This could include the use of equipment or modifications to the work environment. For example: providing a chair to a worker with an ankle injury, who would normally stand, will enable your worker to take a break from standing for long periods while still performing their usual job. Many injuries may be supported by the implementation of trolleys, lifting aids, steps and stools. Even alternate seating or desk/bench arrangements can enable normal duties to still be performed. You should discuss these options and funding with your insurer or claims manager.



You should know

Throughout the return to work process, it's essential for the worker to communicate any discomfort or limitations to their supervisor and healthcare provider, allowing for adjustments to the schedule as needed. Additionally, regular follow-up appointments with a physiotherapist or occupational therapist can help monitor progress and ensure a successful return to full duties.

Universal modifications you could consider

ACTIVITY	SUGGESTIONS
Task rotation	<ul style="list-style-type: none"> Implement a task rotation schedule where the worker rotates through different tasks on a daily or weekly basis. Rotate tasks to eliminate or reduce exposure to aggravating factors. I.e. minimise walking or bending, but planning the work flow.
Task prioritisation	<ul style="list-style-type: none"> Help the worker by prioritising tasks based on their importance and urgency. This helps reduce cognitive load. Work out the tasks that must be done for business operations and if extra support for these is needed. Non-essential tasks can be scheduled during quieter periods or delegated to workers with lighter workloads.
Pacing	<ul style="list-style-type: none"> In many instances, simply being able to pace a job differently may reduce the risk and load enough to support recovery. For example, if 3 fixings were completed per minute, then the work rate and pacing could be reduced to 1 per minute.
Increased support / supervision	<ul style="list-style-type: none"> Additional support can assist to reduce loads, particularly mental loads, where decision-making and judgement may be required. A worker may be able to provide supervision to other workers or on particular tasks depending on skills which may be within their medical capacity.
Flexible shifts/ staggered start and end times	<ul style="list-style-type: none"> Offer flexible shift options to accommodate workers' capacity. This could include morning, afternoon, and evening shifts, as well as part-time or split shifts across peak production and sales periods. Similarly, you could look at adjusting the start and finish times for work. This may be relevant when certain medications have different impacts at different times of the day or when taken.
Flexibility for breaks	<ul style="list-style-type: none"> Allow the worker flexibility in scheduling their breaks to ensure they have time to rest, recover and/or recharge between tasks. This may be mentioned on the certificate of capacity too. This could involve staggering break times or allowing the worker to take shorter, more frequent breaks as needed and providing enough support to allow regular and routine breaks to occur.
Training and upskilling	<ul style="list-style-type: none"> Many organisations fall short in meeting training and upskilling needs due to time and resource restrictions. This might be an opportunity to reassess the workers needs and look to book in some training.
Cross-training	<ul style="list-style-type: none"> You might explore cross-training the worker to perform multiple tasks within the business based on capacity which can assist other workers. This ensures that tasks can be easily reorganized and redistributed when needed and reduces the impact of absences or fluctuations in workload.
Audits and inspections	<ul style="list-style-type: none"> Often workers that are usually "on the tools" have excellent expertise to review the written documentation that supports their functions. Provided workers have the base literacy and potentially computing skillset, they can assist with procedural reviews, audits and reports.

What can make a claim more complex or impact recovery?

The Certificate of Capacity may identify barriers to the injured workers return to work. Potential barriers or matters that may complicate the claim may also be flagged by the insurer or claims manager, the treating medical practitioner, the workplace rehabilitation provider or the worker themselves.

You should note any of the below factors that might make your claim more complex and that you should discuss with your insurer/ claims manager or the treating medical practitioner.

Is this claim affected by any of the following matters?

GENERAL MENTAL HEALTH

- In a Workers' Compensation environment, workers can sometimes feel like they lack control and agency. This should be recognised and discussions planned to address such concerns. You can support workers through open communication and ensuring that they have the autonomy, resources, and support to perform their roles effectively. This approach fosters a positive work environment where workers feel valued and can be themselves.
- The injured worker may also have a pre-existing mental health condition which could make the claim more difficult to manage and which should be discussed as part of the return to work process.

MISTRUST AND BROKEN RELATIONSHIPS

- Not everyone gets along. If there is mistrust or a poor relationship between the injured worker and their supervisor or direct manager, then it is advisable to apply management strategies to overcome the gap in relationship. Alternatively, another point of contact within the organisation may be sufficient however this should be a transparent and consultative decision with the injured worker.
- Workers need to feel safe when returning to work and they need to feel heard. Workplace rehabilitation providers are an excellent point of reference to either become a mediator or support the return to work process by considering all party's needs if poor relationships are an issue.

MEDICATIONS AND RISK MANAGEMENT

- Medications can be prescribed for workers and their injuries, which can vary depending on the nature and severity of the injury, as well as personal factors. Some common classes of medications prescribed for workers could impact a worker's safety and their ability to do their job. An awareness of side effects is also important for the management of the worker. Expert advice should be sought for further information on medicines and prescriptions.

TRANSPORT

- There may be cases where travel or transport makes it difficult for an injured worker to either attend work or appointments as part of their return to work. In some instances there are simple or temporary barriers, for example a fractured leg with a cast, wrist with a dressing that prevents grip or even the ability to sit for long enough. More complex barriers may be due to the experience of driving creating stress and trauma or can be related to the mechanism of injury such as a motor vehicle incident.
- Solutions available to overcome this are to discuss other supportive options, many of which can be funded through the claim. Examples include ride share, carpooling, a family member drives the worker, taxi vouchers or alternative appointment formats such as telehealth/ virtual consults.

PAIN

- Pain in general is a very individual experience. Every person may perceive pain differently even with the same type of injury. What one person thinks is painful, the next person might not. Pain is influenced by many factors including your knowledge about what is causing the pain, mood, or even your expectation as to when pain should stop. By focussing on pain, we can also cause ourselves increased pain. Pain medicine and its use needs to be carefully considered in association with risk in the workplace.
- Workers should seek additional information from their doctor or a pharmacist and employers can request support from doctors or Occupational Physicians if in need of more specialised guidance.

MEDICATIONS AND SUITABLE DUTIES

- It's important for Treating Medical Practitioners to carefully consider the potential impact of medications on an individual's fitness for work, ultimately their ability to work safely. Considering factors such as sedation, drowsiness, impaired cognitive function, and other side effects that may affect job performance or safety. In some cases, temporary work restrictions or accommodations may be necessary while a worker is taking certain medications, and close monitoring of their response to treatment is essential to ensure optimal outcomes and safe return to work.

Is this claim affected by any of the following matters?

CHANGES TO ROUTINE

- It is preferable that workers maintain their routine throughout their recovery. This will support a more rapid return to work but also enable them to maintain consistency outside of the work activities.
- Change can impact people in different ways. What you may consider a small change to routine like being relocated to another area of the workplace (e.g. second floor to the ground floor to avoid stair use) may mean that the worker does not get to interact with their usual co-workers and is now faced with getting to know new co-workers. This may be in addition to a change in work context or tasks.
- If there is significant change occurring in a workplace during the workers' return to work, additional supports and how to minimise the impact of this change on the worker should be considered.

DISPUTES

- There are many possible instances where disputes may arise during the return to work process.
- You should ensure your workplace has a process to manage internal disputes if one arises.
- You should also check with your insurer what their process is if any disputes arise between any of the parties such as the treating medical practitioner, insurer, workplace rehabilitation provider, employer and worker.

CULTURALLY AND LINGUISTICALLY DIVERSE WORKERS

- Language and cultural differences can add some complexity to return to work due to language comprehension and translation barriers, a lack of familiarity with Western Medicine, even different systems and processes in the Australian health care system. Culturally and Linguistically diverse workers are vulnerable in the Australian healthcare system without even considering the Workers' Compensation scheme. By providing additional support for CALD workers, demonstrating care and being understanding of these differences, successful return to work can be achieved.
- Resources such as culturally appropriate healthcare providers, the choice of providers, translator services and community health support centres may be a good starting point for support. You should discuss support options with your insurer or claims manager.

STIGMA

- Stigma around work-related injury and illness is common, particularly with psychological injuries due to the lack of physical symptoms, and can lead to further psychological harm that may substantially delay the worker's recovery.
- For more information, see [Safe Work Australia's resources on Workers' compensation stigma](#).

Does your injured worker work in an office?

Examples of return to work considerations

EXAMPLE OFFICE WORKER

Job description: Typically the worker may sit and perform data entry for up to 8 hours per day. They may occasionally assist with other tasks such as interacting with visitors at the reception desk, use the phone for short periods and perform other duties such as taking minutes in meetings, delivering documents to clients, printing, binding and filing (physically handling files).

In some instances, **instructions on time frames and repetition** may be provided on the Certificate of Capacity but otherwise feedback and input from the injured worker is essential.

For this example, the Certificate of Capacity for an injured worker with a low back sprain states:

- *Minimise prolonged sitting*
- *No twisting*
- *No prolonged standing*
- *Pain medicine may cause drowsiness.*

It seems contradictory that the instruction is *minimised prolonged sitting* and *no prolonged standing* however this essentially means that frequent rotations are required between sitting, walking and standing.

A **suggested workflow** might mean that the worker works their full hours and full role however, they are required to move between their postures frequently, perhaps every 20-30minutes (based on the conversation with the worker and their tolerance of sitting time).

Lastly, their **occasional driving task** should be reallocated based on an increased risk when driving due to medicine. The worker is also prompted to have a discussion with the doctor about when to have their pain medicine dose as they are required to drive themselves to work. Transport considerations and alternative working from home could be optioned on an as needs basis.

The doctor might agree that it is suitable for the worker to have their **medicine dose** after driving to work in the morning and then again in the evening after driving home to minimise the impact of the peak impairment periods after taking the medicine.

You might also **explore the worker doing some of their work at their co-workers sit to stand workstation** where the actual work is not compromised, and their fellow co-worker is comfortable moving to another free workstation for specified intervals.

Other activities that could be conducted to support the worker (based on capacity limitations) may include:

- **Ergonomic workstation setup:** Provide adjustable chairs, desks, and monitor stands to support proper posture and reduce strain on the neck, back, and wrists.
- **Flexible work arrangements:** Allow for flexible working hours or remote work options to accommodate employees who may need to manage their workload while recovering from an injury or illness.
- **Assistive technology:** Provide assistive devices such as ergonomic keyboards, mice, and voice recognition software to support employees with disabilities or injuries affecting their ability to use standard office equipment.



Common limitations you may see on a Certificate of Capacity for an injured office worker may include:

- Minimise prolonged sitting
- No twisting
- Avoid use of the affected hand
- No interaction with the public
- Maximum tolerance for standing is 20 minutes
- No neck movement
- Maintain neutral posture
- Elevate foot
- Minimal driving

Does your injured worker work in a mechanical or labour-based environment?

- **Physical demands:** The physical nature of the work can be a barrier, especially if the injury limits the worker's ability to perform their usual tasks.
- **Workplace accommodations:** There may be fewer opportunities to modify tasks or provide alternative duties that accommodate an injury.
- **Safety concerns:** Ensuring a safe return to work is critical, and there may be concerns about the risk of re-injury in a more physically demanding environment.
- **Supervisor and co-worker support:** A lack of support from supervisors and co-workers can hinder work reintegration for injured employees.
- **Psychosocial factor:** Individual perceptions of injury and psychological characteristics can influence the rate of recovery and return to work outcomes.

In these environments, effective communication, supportive workplace culture, and appropriate accommodations are key to overcoming these barriers and facilitating a successful return to work. Employers must be proactive in addressing these barriers to ensure a smooth transition for returning employees.

A vocational rehab provider and/or placing the injured worker in a host company in a modified role may be utilised in these situations. You should discuss options with your insurer or claims manager.

How you might modify or redesign specific tasks based on capacity information

WORK SCENARIO	TASK REDESIGN/MODIFICATION
<p>Warehouse Worker</p> <ul style="list-style-type: none"> • Warehouse worker takes palletised product and dispatches to a truck. There is a lot of walking and sitting in a forklift which requires significant right hand and head/neck movement. 	<p><i>I can still walk around and do my picks but I'm not able to do it for more than 20mins at a time.</i></p> <p>Task rotation and job redesign:</p> <ul style="list-style-type: none"> • Implement job rotation schedules to vary tasks and reduce repetitive strain injuries. Redesign tasks to minimize heavy lifting or repetitive motions where possible. <p><i>I'm still able to do picks but only when I don't bend too low.</i></p> <p>Utilise pallet lifter to pick.</p>
<p>Mobile Trades Person</p> <ul style="list-style-type: none"> • Tendency to be working in less familiar workspaces that are not under the control of the tradesperson. • Client demands may dictate the resourcing by way of adequate time, other workers and/or equipment is limited. • Drive time between sites and prolonged sitting whilst driving. 	<ul style="list-style-type: none"> • Job Planning: Communicate or create planning schedules that allow for appropriate work, drive and break cycles. • Pre-plan site tasks to minimise the equipment handled. • Prescreen jobs using technology, example video/images technology sent by client to understand the job and work environment prior to attendance. • Reallocate apprentice workers to support injured workers depending on supervision needs. • Consider vehicle options where possible to suit injury – i.e. sedan, utility, SUV, mini-truck. • Support Self Management: Encourage worker to prepare for the day with instant heat pack and/or ice in esky for self management.

How you might modify or redesign specific tasks based on capacity information

WORK SCENARIO	TASK REDESIGN/MODIFICATION
<p>Retail Worker</p> <ul style="list-style-type: none"> Spends significant amount of time on feet. Reaching and handling items and dealing with the demanding public. 	<p>Consider work locations alternatives such as back of house, head office, administrative areas.</p> <p>Postural Supports:</p> <ul style="list-style-type: none"> Utilise seating appropriately and encourage task break down to include working the counter rather than the floor or rotate between in fixed scheduling. Communicate with co-workers to encourage supportive environment.
<p>Healthcare Worker (Nurse)</p> <ul style="list-style-type: none"> Nursing is typically demanding, heavy and often under-subject to time pressured workflows. Nurses can work 12hour shifts, shift work, early starts and non-routine work patterns. Work is demanding of both their physical performance and mental performance with safety critical tasks. 	<ul style="list-style-type: none"> Modified duty assignments: Assign light-duty tasks or administrative responsibilities to nurses recovering from injuries or surgeries that limit their ability to perform physically demanding patient care duties. Patient handling equipment: Provide mechanical lift devices, transfer aids, and adjustable hospital beds to assist nurses in safely transferring and repositioning patients, reducing the risk of back injuries. Flexible scheduling: Allow nurses to adjust their work schedules or reduce their hours temporarily to accommodate medical appointments or rehabilitation sessions. Emotional support resources: Offer access to counselling services or peer support groups to help nurses cope with the emotional challenges of returning to work after a traumatic incident or prolonged absence. Supervision and Mentoring: offer secondary support to less experienced workers.

Example return to work plans: Alternate duties and graduated return to work

Alternative duty schedules in a small bakery

A simple break down using the 2 major workflow patterns is a good start (tasks and times).

Tasks: Rotation Schedule

- Monday: Baking and production
- Tuesday: Customer service and cashier duties
- Wednesday: Decorating and packaging
- Thursday: Baking and production
- Friday: Customer service and cashier duties
- Saturday: All hands on deck for peak sales day
- Sunday: Closed or minimal staff for cleaning and inventory

Times: Split Shifts

- Morning Shift (7am–12pm): Baking and production
- Afternoon Shift (12pm–5pm): Customer service and cashier duties
- Evening Shift (5pm–9am): Decorating and packaging

Sample graduated return to work schedule in a factory

Four weeks for a forklift driver with subacute forearm tendinopathy that usually works an eight-hour day in a factory.

WEEK 1: LIGHT DUTIES (25% WORKLOAD)

DAY	MORNING	AFTERNOON
1	2 hours of administrative tasks, such as inventory management or paperwork.	Rest and stretching exercises recommended by the healthcare provider.
2		
3		
4	2 hours of light warehouse duties, such as organizing supplies or assisting with inventory.	Rest and gentle stretching exercises.
5		

WEEK 3: GRADUAL INCREASE (75% WORKLOAD)

DAY	MORNING	AFTERNOON
1	6 hours of forklift operation with regular breaks and monitoring of symptoms.	Rest and light stretching exercises.
2		
3		
4	6 hours of forklift duties with increased workload, but still avoiding repetitive motions that exacerbate symptoms.	Rest and targeted strengthening exercises under the guidance of a physiotherapist.
5		

WEEK 2: MODIFIED DUTIES (50% WORKLOAD)

DAY	MORNING	AFTERNOON
1	4 hours of forklift operation with reduced intensity and duration, avoiding heavy lifting.	Rest and stretching exercises.
2		
3		
4	4 hours of modified forklift duties with frequent breaks and ergonomic adjustments.	Rest and therapeutic exercises recommended by a physiotherapist.
5		

WEEK 4: FULL DUTIES (100% WORKLOAD)

DAY	MORNING	AFTERNOON
1	8 hours of regular forklift operation, gradually increasing intensity and duration as tolerated.	Monitoring for any signs of discomfort or recurrence of symptoms, with adjustments as needed.
2		
3		
4	Continued full-duty forklift operation, with ongoing monitoring and support from supervisors and healthcare providers.	Evaluation of progress and discussion of long-term strategies for injury prevention and management.
5		

Practical tools to support supervisors and improve return to work outcomes of injured or ill workers (Safe Work Australia)

In partnership with the Behavioural Economics Team of the Australian Government (BETA), [Safe Work Australia](#) has developed and published:

- [Managing the relationship with an injured or ill worker during return to work](#) to assist supervisors in small and medium businesses have effective conversations with workers around recovery, return to work and the workers needs, including a *Getting the best from your worker with suitable duties and workplace adjustments* guide.
- [Developing a return to work plan](#) to help small and medium businesses navigate the process of developing a successful return to work plan, including a step-by-step template to use in collaboration with an injured or ill worker.



DISCLAIMER

The material in this guide is of a general nature and should not be regarded as legal advice or relied on for assistance in any particular circumstance or situation. In any important manner, you should seek appropriate independent professional advice in relation to your own circumstances. The Australian Chamber of Commerce and Industry accepts no responsibility or liability for any damage, loss or expense incurred as a result of the reliance of information contained in this guide.

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