WorkCover QUEENSLAND

Nursing : Return to Work Checklist and Plan

Please complete with your patient

Worker name: ______________________ Claim number:_______________ Injury: ______________________

Worker will be able to participate in the duties as below from: / / to / /

Full time ☐ Part time ☐ ______hours per day _____days/week

N.B. Based on your information, a suitable duties plan will be established at the worker's place of employment. In the absence of task availability at their usual workplace the worker will continue to be paid weekly compensation and WorkCover will source suitable alternative workplace rehabilitation with a host employer.

Please consider the "health benefits of good work" and focus on what your patient can do.

Tick if suitable	Job Tasks	Limitations/Comments
	Bed making - multiple making of beds either while patient is in the bed therefore involves the movement of patient or while patient is not in bed. (includes the use of left and right arm, reaching action & movement of linen)	
	Patient notes - be able to take concise and accurate notes at patient reviews and work in consultation with other health professionals.	(i.e. L or R handed restrictions)
	Lifting and moving equipment such as: - Hanging drips/monitors - this can include above shoulder height work.	(i.e. reaching)
	Patient care - this can involve moving patient handling from the bed to standing or sitting then showering, toileting & dress patient. May require bending, twisting, holding the weight of patient at times. Patient care may also be dressing and washing the patient while they remain in bed which requires rolling action of patient, lifting patients arms/legs and potenitally reach into awkward postions	(i.e. bending/twisting)
	Push/Pulling tasks - this involves pushing/pulling of wheelchairs, hospital beds, food trolleys.	
	Walking - the role requires constant walking and can include stairs and slopes. Depending on the ward of the hospital can increase/decrease the distance walked.	(i.e stairs/slope)
	Sitting and standing throughout shift for a range of duties such as computer work, patient bedside (medications, observations), nurses station/hand over etc.	(alternating sit/stand)

WorkCover QUEENSLAND

Worker name: ______________________ Claim number:_______________ Injury: ______________________

	Hours of work	
	Day shifts – YES / NO	
	Afternoon shifts – YES / NO	
	Night shifts – YES / NO	

If none of the above tasks or alternate duties are appropriate at this time, please advise a review date or timeframe to some form of return to work _____________________________________ / _____ / _____

☐ Please tick here if you have been unable to identify any tasks and you would prefer an allied health provider to help implement a return to work plan.

Other comments:

____

____

____

SIGNATURES

Treating Medical Practitioner: ____ / _____ / _____

Worker: ____ / _____ / _____

Employer: ____ / _____ / _____

Submission and payment for this form (WorkCover Queensland claims only)

If this form is requested as part of a workers' compensation claim, please forward this completed form via our online services, or alternatively by faxing to 1300 651 387. You can charge for a "completed form" under the relevant table of costs, found on our website worksafe.qld.gov.au. This form will become part of a claim file and may therefore be read by claims staff, WorkCover Queensland's network of advisory doctors, specialists at the Medical Assessment Tribunal or during legal proceedings.

In addition, the form that you provide may be released to another person (usually the worker or employer) under the Right to Information Act (2009), the workers' compensation legislation or as authorised or required by law.