

Recovery at Work plan

This Recovery at Work plan covers what will be done, by when and by whom, to help your employee remain at work while they recover from injury.

This plan should be developed with your employee and in line with the advice from their health provider (usually outlined in their medical

certificate). This plan can be completed at any time during an employee's recovery journey.

If you want additional support or input, contact ACC who can arrange for a rehabilitation professional to put a plan together for your employee.

Employee name:

Contact:

Team leader/supervisor name:

Contact:

Health provider name:
(outlined in medical certificate)

Contact:

Date of accident:

ACC claim number:

Injury description:

Plan details

Goal:

People involved:

Job description:

Timeframes
(outlined in medical certificate):

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EXAMPLE

Weekly planning	Appropriate work duties/tasks, modifications	Activities that should be avoided
Date from/to: 11-15 March 2020 Days: Mon/Wed/Fri Hours: 4 hours per day	<ul style="list-style-type: none">• Office based• Computer work• Reports difficulty with reading/fatigue	<ul style="list-style-type: none">• No lifting• No driving

Week 1

Date from/to:

Days:

Hours:

Week 2

Date from/to:

Days:

Hours:

Week 3

Date from/to:

Days:

Hours:

Week 4

Date from/to:

Days:

Hours:

What medical or healthcare treatment is the employee receiving? (eg physiotherapy, counselling)

Is additional work training required?

Yes ☐ No ☐

Is transport assistance to/from work required?

☐ Yes ☐ No

If 'Yes', training given by:

Training given on:

Signatures

Team leader/supervisor:

I agree to implement this programme with my employee in their work area.

Signature:

Date signed:

Plan to be reviewed on:

Employee:

I have been involved in developing this plan with my team leader/supervisor and agree to participate.

Signature:

Date signed:

Date certified fully fit for pre-injury role:



He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.



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