

Contact Worker within first 48 hours

Contact the worker, inquire about their wellbeing, demonstrate genuine concern. Do not use this as an opportunity to dispute the injury or to gather facts. This contact should purely be focussed on your worker’s wellbeing and wishing them a safe and speedy recovery and return to work. Positive contact within the first 48 hours has significant improvements in return to work outcomes.

48 hours

Buyts, N., Wagner, S., Randall, C., Yu, I., Geisen, T., Harder, H., ... & Howe, C. (2016). Australian employee perspectives on disability management in relation to job satisfaction, physical and mental health, workplace morale and reduced sickness absence. *International Journal of Disability Management*, 11, 1-8.

Set up a buddy system

Identify, or ask your worker to identify a person in the workplace they trust or have a positive relationship with. Make regular times for this buddy and the worker to catch up for coffee. Keeping your worker positively linked/engaged with their colleagues sees an increase in their wellbeing and faster recovery and return to work outcomes. The buddy should focus on how the worker is feeling about their experience, what really matters to them and what questions they need answered.

Maceachen, E., Kosny, A., & Ferrier, S. (2007). Unexpected barriers in return to work: lessons learned from injured worker peer support groups. *Work*, 29, 155-164.

Kosny, A., Lifshen, M., Pugliese, D., Majesky, G., Kramer, D., Steenstra, I., ... & Carrasco, C. (2013). Buddies in bad times? The role of co-workers after a work-related injury. *Journal of Occupational Rehabilitation*, 23, 438-449.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Schedule regular contacts

Staying in regular contact with your worker allows for greater engagement throughout the recovery process. It also keeps return to work at the forefront of that person’s mind. If a worker feels like an important and valued member of the team they are more likely to want to return to work.

These conversations should be strengths based – start conversations about what the worker likes and what they enjoy most in their job. It’s also a chance to introduce “have you thought about...” if there’s a sense that alternate duties may be potentially required.

Mansfield, E., Stergiou-Kita, M., Kirsh, B., & Colantonio, A. (2014). After the storm: The social relations of return to work following electrical injury. *Qualitative Health Research*, 24, 1183-1197.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Encourage them to attend social events at work

If there are any scheduled birthday parties, anniversaries, celebratory events at work, invite your worker. Having them engage positively with existing staff means they still consider themselves as part of the team. It also demonstrates to remaining employees that you genuinely care about your staff, bolstering morale and decreasing the likelihood of cascading claims effect.

Mansfield, E., Stergiou-Kita, M., Kirsh, B., & Colantonio, A. (2014). After the storm: The social relations of return to work following electrical injury. *Qualitative Health Research*, 24, 1183-1197.

Kosny, A., Lifshen, M., Pugliese, D., Majesky, G., Kramer, D., Steenstra, I., ... & Carrasco, C. (2013). Buddies in bad times? The role of co-workers after a work-related injury. *Journal of Occupational Rehabilitation*, 23, 438-449.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Encourage positive self-care outside of work

Support your worker to engage in activities that will improve their mood, community engagement and wellness ventures outside of the office, diet, exercise, volunteering and social commitments such as community engagement. Workers who feel supported holistically have greater return to work outcomes.

Moore, J. E., Von Korff, M., Cherkin, D., Saunders, K., & Lorig, K. (2000). A randomized trial of a cognitive-behavioral program for enhancing back pain self care in a primary care setting. *Pain, 88*, 145-153.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Ensure payments continue

Ensure the worker continues to receive payment/salary while they are recovering. Workers who are financially stressed have poorer return to work outcomes. When a worker is worried about finances they can feel undervalued, forgotten or mistreated by their employer.

Maceachen, E., Kosny, A., & Ferrier, S., & Chambers, L. (2010). the “toxic dose” of system problems: why some injured workers don’t return to work as expected. *Journal of Occupational Rehabilitation, 20*, 344-366.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Recognise and celebrate milestones

Celebrate the small wins in recovery along the way to return to work. If your worker has achieved an upgraded certification or has completed a course, take the time to congratulate them on their efforts.

O’Neill, J., Mamun, A. A., Potamites, E., Chan, F., & da Silva Cordoso, E. (2015). Return to work of disability insurance beneficiaries who do and do not access state vocational rehabilitation agency services. *Journal of Disability Policy Studies, 26*, 111-123.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Consider meaningful suitable duties

Where your worker has some capacity for work, make all efforts to locate meaningful work for them in the workplace. Workers who can utilise their skills vocationally during recovery report reduced pain and greater return to work outcomes.

Norlund, S., Fjellman-Wiklund, A., Nordin, M., Stenlund, T., & Ahlgren, C. (2013). Personal resources and support when regaining the ability to work: An interview study with exhaustion disorder patients. *Journal of Occupational Rehabilitation, 23*, 270-279.

Week 1 2 3 4 5 6 7 8 9 10 11 12

Come from a place of belief/support

Psychological injury claims are less tangible than other injuries and can be difficult to accept. When interacting with your worker, leave the investigation up to the insurer. Let your interaction with the worker come from a place of belief and support. Demonstrating empathy and belief does not mean you accept responsibility for the injury/claim, rather that you accept that this person needs support to return to pre-injury duties.

Mullen, K., Gillen, M., Kools, S., & Blanc, P. (2015). Hospital nurses working wounded: Motivations and obstacles to return to work as experienced by nurses with injuries. *Work, 50*, 295-304.

Lysaght, R. M., & Larmour-Trode, S. (2008). An exploration of social support as a factor in the return-to-work process. *Work, 30*, 255-266.

Week 1 2 3 4 5 6 7 8 9 10 11 12