

POL-20	WIDE BAY GROUP TRAINING SCHEME LTD	Issued: 30/06/08
Reviewed: 00/00/00	WORKPLACE REHABILITATION	Approved: 30/06/08
Review Date: 06/08	Policy Area: HRM	By: General Manager

POLICY STATEMENT

Wide Bay Group Training recognises that there are substantial benefits to be gained from rehabilitation principles and practices and is committed to implementing them at this workplace. We recognise that the *Workers' Compensation and Rehabilitation Act 2003* and the *Workers' Compensation and Rehabilitation Regulation 2003* provide the legislative support for workplace rehabilitation activities.

Experience has shown that workplace rehabilitation assists the healing process and helps restore the worker's normal function sooner. Workplace rehabilitation includes early provision of timely and adequate services, including suitable duties programs, and aims to: -

- maintain injured or ill workers at work **or**
- ensure the worker's earliest possible return to work **or**
- maximise the worker's independent functioning **and**
- provide for durable employment.

This policy has been developed as a joint worker-management agreement.

Wide Bay Group Training is committed to:-

- Providing a safe and healthy work environment, but in the event of an injury or an illness, making sure workplace rehabilitation is started as soon as possible in accordance with medical advice.
- Ensuring appropriate suitable duties are made available to injured or ill workers to facilitate their safe and early return to work. These duties must be consistent with the current medical certificate and will be time limited.
- Respecting the confidential nature of medical and rehabilitation information and ensuring there will be both verbal and written confidentiality.
- Ensuring all workers are aware that, in the event of injury or illness, they will be consulted to ensure a structured and safe return to work that will not disadvantage them.
- Complying with legislative obligations with respect to the standard for rehabilitation.
- Adopting a multidisciplinary approach to rehabilitation as required.
- Reviewing this policy and procedures at least every three years to ensure it continues to meet legislative requirements and the needs of all parties.

Workplace rehabilitation procedures have been developed to support this policy. The procedures define key terms, describe key roles and outline steps in the return to work process. A copy of the procedures is attached to this policy.

Our rehabilitation and return to work coordinator is Ann-Maree Manteit – 07 4128 5622 (W)

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30/06/08

Signature of General Manager

The Aim of the Policy

The aim of Wide Bay Group Training policy is to ensure:-

- that a culture of acceptance for workplace rehabilitation exists;
- we have a process to support an early safe return of any worker who has an injury/illness;
- the position of the rehabilitation and return to work coordinator is adequately resourced; and
- adequate storage is provided for rehabilitation files to maintain confidentiality of this information.

DEFINITIONS

Rehabilitation

Rehabilitation of a worker is a process designed to ensure the worker's earliest possible return to work or to maximize the worker's independent functioning. Rehabilitation involves the provision of approved services, services provided by a registered person, suitable duties programs or necessary and reasonable aids or equipment to an injured worker. All Queensland employers must take all reasonable steps to assist or provide their injured workers with rehabilitation for the period for which the worker is entitled to compensation.

Standard for Rehabilitation

The rehabilitation provided to our workers will meet the standard outlined in the *Workers' Compensation and Rehabilitation Regulation 2003*.

Rehabilitation and Return to Work Coordinator (RRTWC)

The RRTWC is a person who has satisfactorily completed a workplace rehabilitation course approved by Q-COMP. The RRTWC is the link between the injured worker, treating doctor, management, supervisors, WorkCover Queensland, rehabilitation providers and any other relevant parties.

Suitable Duties Programs

These specially selected duties at the workplace are a means of providing a monitored and graduated return to normal duties. They are:

- matched to the capabilities of the worker;
- time limited and regularly upgraded according to his/her level of recovery and treating medical doctor advice.

The following issues must be considered when choosing suitable duties:

- the worker's pre-injury duties, age, education, skills and work experience and nature of the incapacity;
- any restrictions and limitations specified by the treating doctor, who must also document approval for all plans and amendments; and
- the duties must be meaningful and have regard for the objectives of the worker's rehabilitation
- the duties will be reviewed on a regular basis and the program progressively upgraded, consistent with the worker's recovery

A copy of each worker's suitable duties program will be provided to the insurer.

Suitable Duties Programs may be:

- **Fully funded** by WorkCover Queensland. WorkCover Queensland continues to pay ongoing compensation to the worker at the rate they would receive if totally incapacitated; OR
 - **Partially funded** by both the employer and WorkCover Queensland. Employer pays the worker at the normal rate for work performed and WorkCover Queensland pays a top up amount.
- See appendix for an example of a suitable duties program.

ROLES

The Role of the Injured Worker

Responsibilities:-

- to apply for workers' compensation
- to advise their doctor of the availability of workplace rehabilitation
- to ask their doctor to complete the Work Capabilities Checklist (if required)
- to actively participate in workplace rehabilitation
- to maintain communication with the employer/rehabilitation and return to work coordinator about relevant issues related to their compensation claim.

Rights:-

- to workers' compensation for work-related injuries accepted by the insurer
- to choose their own doctor
- to authorise our rehabilitation and return to work coordinator to contact their doctor for advice on suitable duties
- to confidential, safe keeping of this personal information
- to be provided with suitable duties, if practicable
- to be consulted in the development of a suitable duties plan
- to union representation if so desired
- to ask for a Q-COMP review of certain insurer's decisions with which they do not agree (*Act s540*)
- to have access to an impartial grievance mechanism, which is accessed in the first instance by raising the grievance with the rehabilitation and return to work coordinator for resolution or escalation.

The Role of the Rehabilitation and Return to Work Coordinator (RRTWC)

to ensure an efficient system exists for ***immediate reporting of injuries*** to enable early worker contact regarding rehabilitation, to comply with employer's duty to report injury to the insurer and to ensure confidentiality of information received.

to develop, coordinate and monitor workplace rehabilitation strategies for injured workers, including developing suitable duties plans in consultation with injured workers undertaking rehabilitation.

to educate all workers about the workplace rehabilitation policy and procedures and what to expect when an injury occurs. To educate line managers, supervisors and workers regarding their role and responsibilities for rehabilitation. To ensure education is part of the new staff induction process.

Where possible and on behalf of the employer, **to ensure** rehabilitation for a worker is coordinated with and understood by line managers, supervisors and coworkers.

to promote this organisation's workplace rehabilitation program internally to maintain staff's commitment, and externally, to local doctors so as to build a good working relationship and gain their trust and assistance.

to keep a file for each worker undertaking rehabilitation and to ensure confidentiality of both verbal and written information.

to keep accurate and objective case notes of all communications, actions and decisions, and reasons for actions and decisions and **to sign and date each notation**.

to ensure currency of the workplace rehabilitation policy & procedures and their own rehabilitation and return to work coordinator accreditation.

to provide injured workers with the opportunity to give feedback on the rehabilitation system and to document this feedback.

The Role of Line Managers/Supervisors/Team Leaders

- to actively assist the rehabilitation and return to work coordinator in identifying and coordinating suitable duties.
- to adjust workplace procedures and rosters to enable successful implementation of the suitable duties plan.
- to monitor the injured worker's progress in relation to suitable duties.
- to generally offer support and encouragement to any injured worker.

The Role of Co-workers

- to generally offer support and encouragement to injured workers

PAYMENT OF WAGES

WorkCover Queensland will determine the liability of a claim, ie. Accept or reject application.

Wide Bay Group Training may pay sick or other accrued leave to a worker while the claim is being determined. Upon acceptance of a claim, leave will be reimbursed. If the claim is accepted, Wide Bay Group Training will pay worker directly and seek reimbursement from WorkCover Queensland.

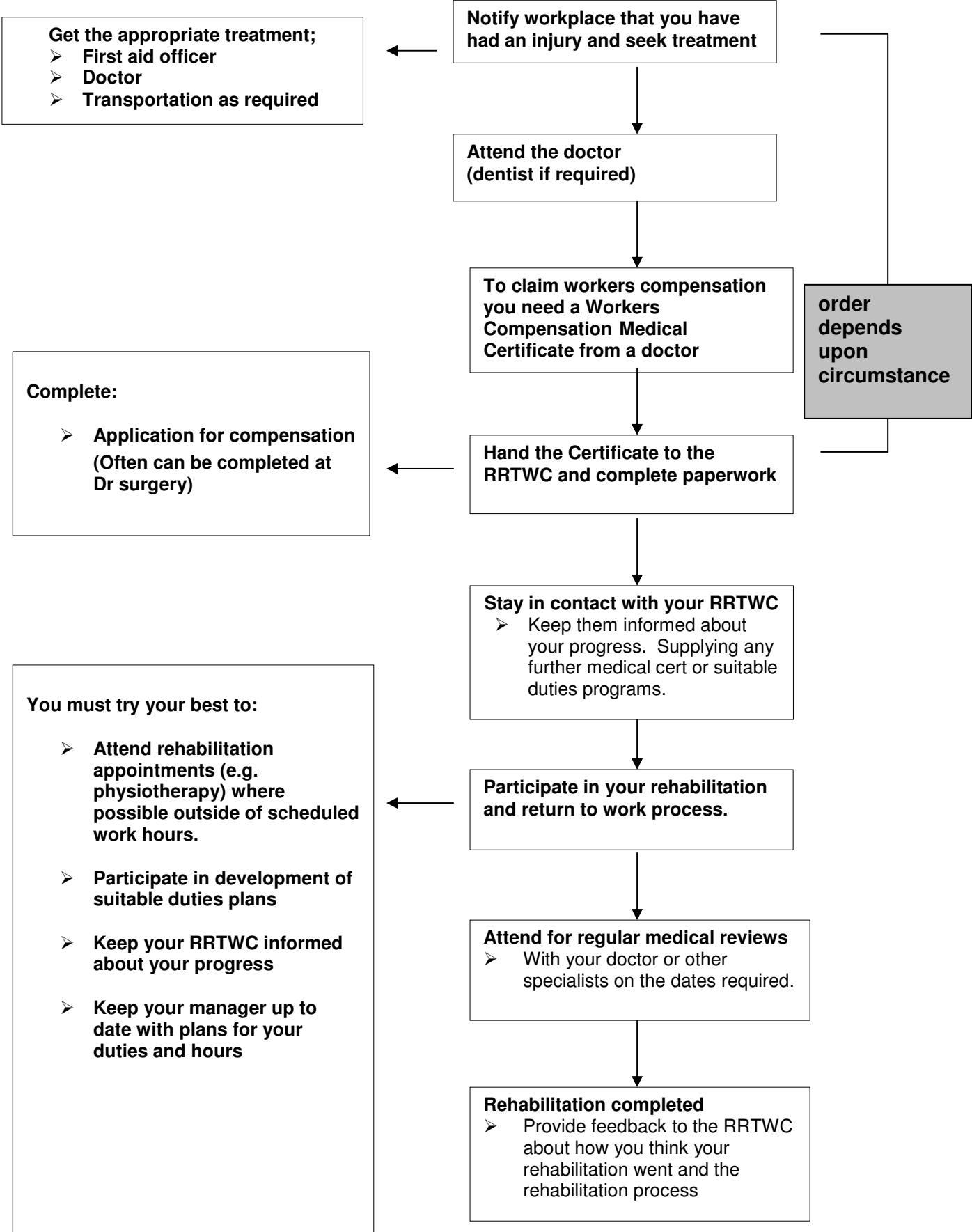
For workers participating in a **partially funded** suitable duties program, Wide Bay Group Training will pay the worker at the normal rate for work performed and WorkCover Queensland pays a top up amount. Wide Bay Group Training will obtain a partial incapacity form from the WorkCover Queensland case manager and advise of the gross amount paid to the worker at the end of each pay period. WorkCover Queensland will then reimburse Wide Bay Group Training for hours covered by WorkCover.

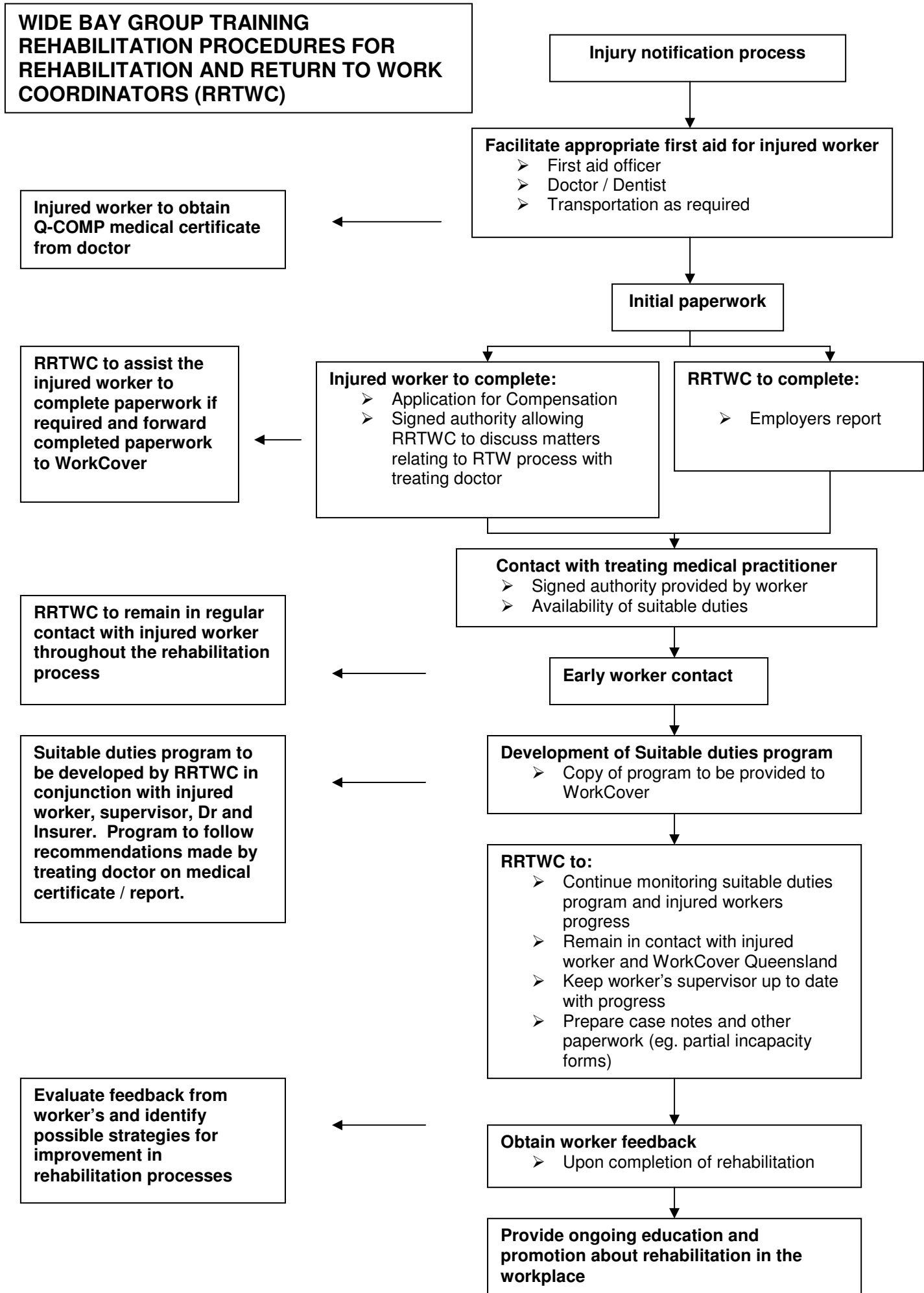
GRIEVANCE PROCEDURE

If an injured worker is unhappy with a decision made at the workplace regarding their rehabilitation, they can raise the matter with the RRTWC. If the matter is unresolved they can request the manager review the decision. If they remain unhappy with the decision following internal review they may request that the WorkCover Queensland case manager becomes involved to resolve the dispute.

If either an injured worker or the employer is unhappy with a decision made by WorkCover Queensland, the decision may be reviewable with Q-COMP. Strict time frames apply.

**WIDE BAY GROUP TRAINING
REHABILITATION PROCEDURES FOR INJURED WORKERS**





FILE SUMMARY

INJURED WORKERS DETAILS

Name:

Address:

Phone number:

Injury:

Date of injury:

Date of notification of injury:

Date of first contact with employee:

Date of receipt of Application for Workers Compensation:

Date of Application to WorkCover Queensland:

DOCTOR

Name:

Address:

Phone:

Fax:

PHYSIOTHERAPIST

Name:

Address:

Phone:

Fax:

OTHER

Name:

Address:

Phone:

Fax:

SUPERVISOR / WORK CONTACT

Name:

Address:

Phone:

Fax:

WORKCOVER QUEENSLAND CASE MANAGER

Name:

Address:

Phone:

Fax:

INJURED WORKER AUTHORISATION

I (name) (Date of birth...../...../.....) of
(address).....hereby give my consent for the following specified
treatment providers to discuss with my employer's rehabilitation and return to work coordinator
(name)....., the injury information relevant solely to this specific workers' compensation
claim for the sole purpose of assisting with my rehabilitation / suitable duties plan for this injury and my safe return to
work.

Treating doctor (name)_____

Address_____

Medical specialist (name)_____

Address_____

Physiotherapist (name)_____

Address_____

Occupational Therapist (name)_____

Address_____

Chiropractor (name)_____

Address_____

Other (name)_____

Address_____

Other (name)_____

Address_____

Signature.....

Date.....

(Worker)

The personal information collected as a result of this form may be used for the following purposes in relation to this claim only:

- 1. the management of your rehabilitation / suitable duties plan*
- 2. to facilitate your safe return to work; and*
- 3. provide any on-going workplace support services as required.*

Your personal information will not be disclosed to any person or agency without your express consent. Your personal information may be disclosed to a health care professional in relation to the above purposes only. The personal information collected will not be included in your personnel file.

FAX TO TREATING DOCTOR

Telephone: 07 4128 5600
Fax: 07 4128 5670

5 Imelda Street, Hervey Bay Qld 4655

DATE: **NO. OF PAGES (including this one):**
TO: Company Name
FOR: Contact Name
FAX NO:
FROM: Your Name
REFERENCE: Topic

Dear Doctor

Wide Bay Group Training is committed to the principles and process of Workplace Rehabilitation. We aim to assist with a safe and early return of our workers to employment by providing suitable duties for a limited time to enable a graduated return to work following injury / illness.

We would appreciate your assistance by providing medical information on "insert workers name" next medical certificate enabling a suitable duties program to be developed. Once the suitable duties program has been developed, I will forward you a copy for your records.

Please do not hesitate to contact myself on 07 4128 5600 if you have any queries or concerns. Thank you for your contribution to our workplace rehabilitation system.

Ann-Maree Manteit
Rehabilitation and Return to Work Coordinator

Suitable Duties Plan

Injured Worker Details

Worker: Phone Number:
Supervisor: Phone Number:
Treating Medical Practitioner: Phone Number:

Plan Details

Goal – Long Term:
Objective of this Plan: Duration of this Plan: From / / to / /
Fit for suitable duties (restricted return to work) from: / / to : / /
Job Description:

Task Details

Week	Duties	Restrictions
Week 1 – Commencing: / / Hours: Days:		
Week 2 – Commencing: / / Hours: Days:		
Treatment Occurring During this Plan (eg. physiotherapy):		Training Required: <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', given by on / /
Plan to be Reviewed: / /		

Signatures

Name (Treating Medical Practitioner): <i>I approve this plan</i> Signature: _____ / /	Name (Worker): <i>I have been consulted about the content of this plan and agree to participate</i> Signature: _____ / /
Name (Supervisor): <i>I agree to ensure this plan is implemented in the work area</i> Signature: _____ / /	Name (Rehabilitation and return to work coordinator): <i>I agree to monitor this plan</i> Signature: _____ / /