

# **WORKPLACE REHABILITATION**

## **POLICY AND PROCEDURES**

## **POLICY STATEMENT**

Dove Personnel 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.

### **Dove Personnel 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 **Cheryl Green**

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Debbie Rawlings  
Director

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Perry Edwards  
Director

To be reviewed by 25<sup>th</sup> January 2013

## **The Aim of the Policy**

The aim of Dove Personnel's policy is to ensure:-

- 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.

## **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 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 co-workers.
- 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.

If the claim is accepted, WorkCover Queensland will pay weekly benefits to workers directly or Dove Personnel may choose to pay worker directly and seek reimbursement from WorkCover

Queensland.

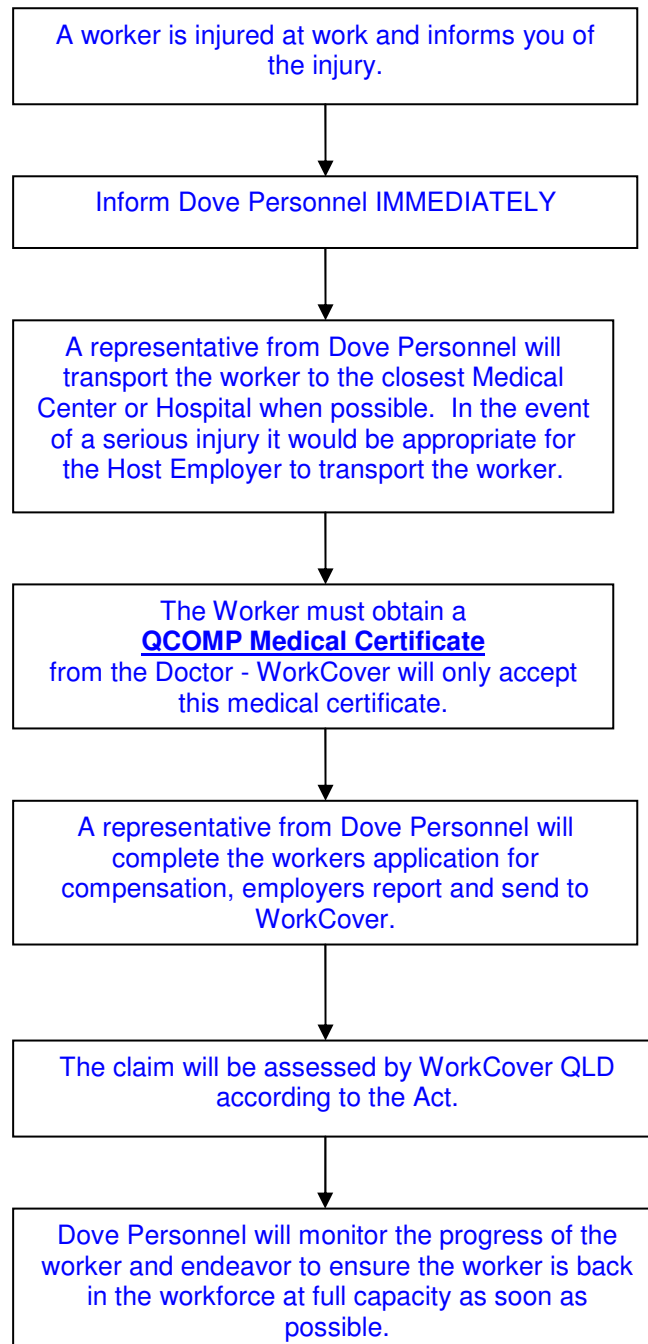
For workers participating in a **partially funded** suitable duties program, Dove Personnel will pay the worker at the normal rate for work performed and WorkCover Queensland pays a top up amount. Dove Personnel will obtain a partial incapacity form from the WorkCover Queensland case manager and advise of the gross amount paid to the worker at the end of each pay period. WorkCover Queensland will then process a top up payment directly to the worker.

### **GRIEVANCE PROCEDURE**

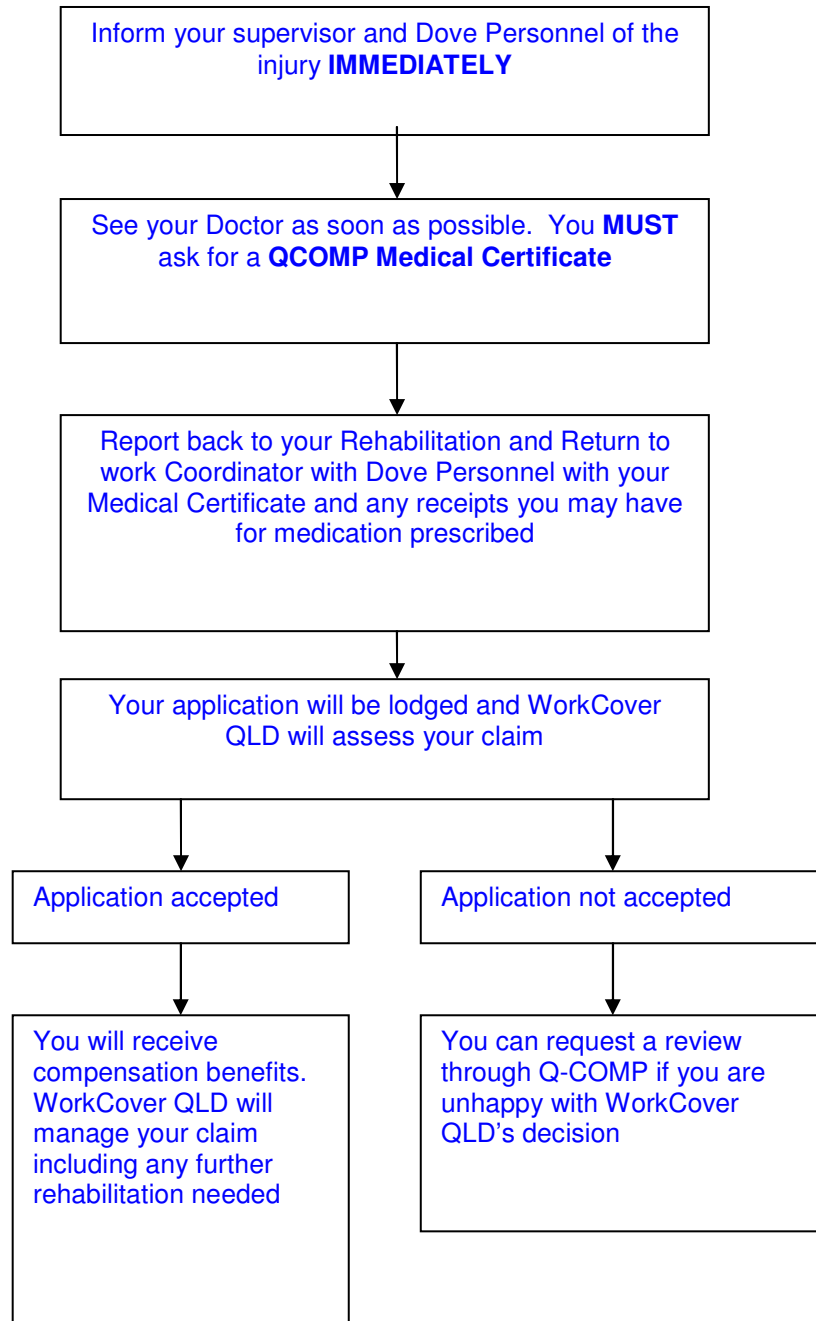
If an injured worker is unhappy with a decision made at the workplace regarding their rehabilitation, they can raise the matter with the RRTWC. If the matter is unresolved they can request the manager review the decision. If they remain unhappy with the decision following internal review they may request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

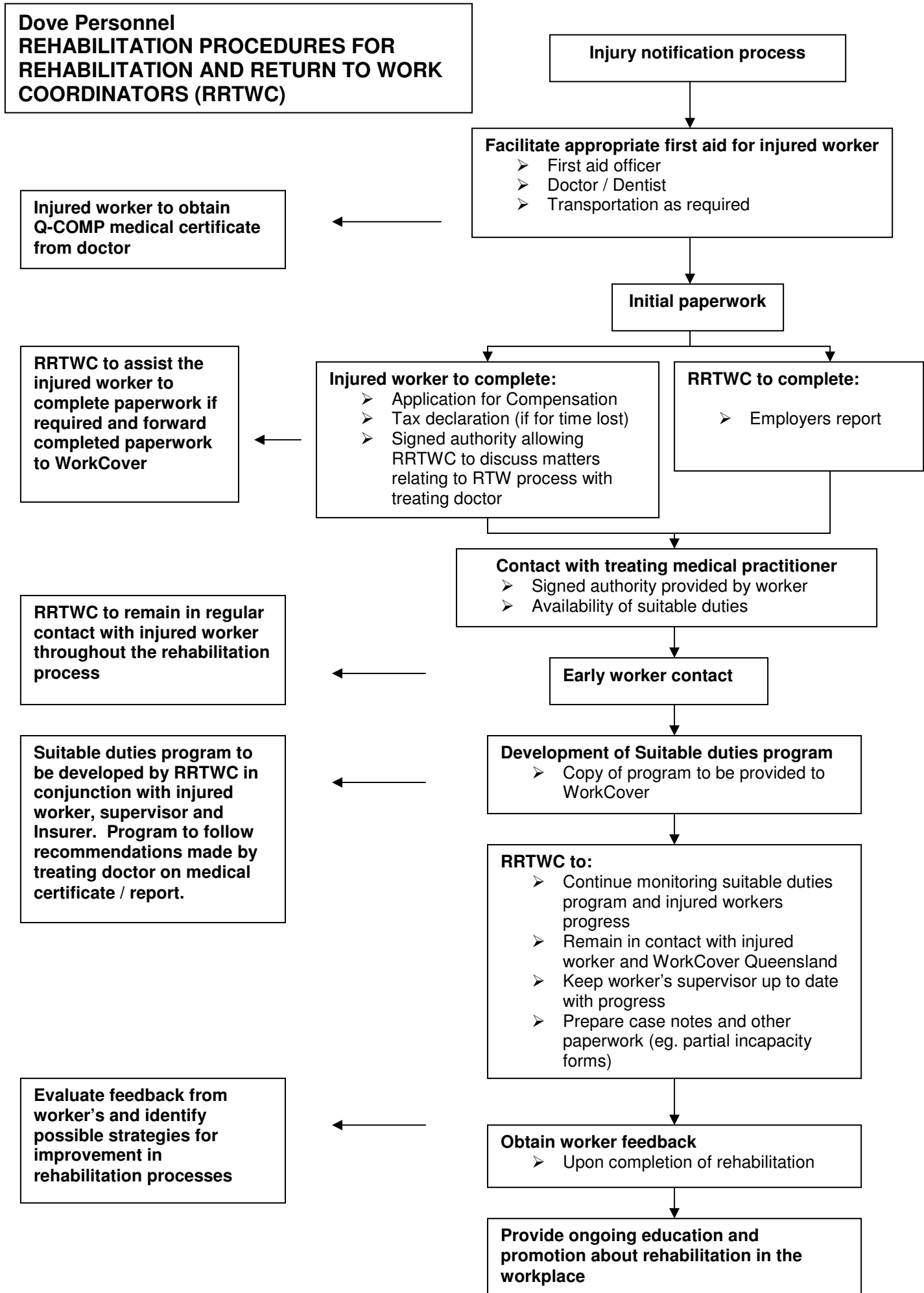
If either an injured worker or the employer is unhappy with a decision made by WorkCover Queensland, the decision may be reviewable with Q-COMP. Strict time frames apply.

**Injury at work**  
**Procedure for the Host Employer**



## The claim process Procedure for injured worker





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.

# FACSIMILE

**To:** \_\_\_\_\_ **From:** Cheryl Green  
**Att:** \_\_\_\_\_ **Date:** Monday, 1 March 2010  
**Fax:** 1300 651 387 **Pages:** (incl. cover page)  
**Re:** \_\_\_\_\_ **CC:** \_\_\_\_\_

**Urgent**       **For Review**       **Please Comment**       **Please Reply**

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Dear Doctor

Dove Personnel 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 5447 1905** if you have any queries or concerns. Thank you for your contribution to our workplace rehabilitation system.

Cheryl Green  
Rehabilitation and Return to Work Coordinator

**Injured worker details**

**Plan details**

|                                |  |   |
|--------------------------------|--|---|
| Worker:                        | Phone number:  | Goal – long term:                                   |
| Supervisor:                    | Phone number:  | Objective of this plan:                             |
| Treating medical practitioner: | Phone number:  | Duration of this plan from:                      to |
| Job description:               | Fit for suitable duties (restricted return to work?)    From:                      to: |   |

**Task details**

| Week   | Duties             | Restrictions |
|--|--------------------|--------------|
| Week one commencing:                             |                    |              |
| Hours:                      Days:                |                    |              |
| Week two commencing:                             |                    |              |
| Hours:                      Days:                |                    |              |
| Treatment during this plan (e.g. physiotherapy): | Training required: |              |
|  | If 'yes' given by: |              |
| Plan to be reviewed:                             | On:                |              |

**Signatures**

|   |       |   |       |
|---|-------|---|-------|
| Name (treating medical practitioner):                       |       | Name (worker):  |       |
| I approve this plan   |       | I have been consulted about the content of this plan and agree to participate |       |
| Signature:  | Date: | Signature:  | Date: |
| Name (supervisor)   |       | Name (rehabilitation and return to work coordinator)                          |       |
| I agree to ensure this plan is implemented in the work area |       | I agree to monitor this plan  |       |
| Signature:  | Date: | Signature:  | Date: |