

Develop Return to Work Plans

Learner Guide

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Introduction.....	4
Negotiate content of return to work plan	4
Stakeholder roles in workplace rehabilitation	5
Suitable duties program – guidelines for completion.....	8
Workers with a psychological/psychiatric injury	21
An overview of Employee Assistance Programs.....	22
Negotiating the content of the suitable duties program.....	24
Setting short-term and long-term rehabilitation goals	25
Identifying and accommodating specific needs or issues	25
Strategies to reduce the risk of injured worker developing long term disability.....	32
Obtaining medical approval for suitable duties programs.....	35
Dispute resolution process for suitable duties or other return to work issues.....	36
Document suitable duties program	38
The rehabilitation and return to work plan	40
Obtaining agreement for suitable duties programs	40
Providing copies of suitable duties program.....	41



Introduction

This unit of competency forms part of the course in Functioning as a rehabilitation and return to work coordinator. The assessment for this unit will include a series of short answer questions, a case study and the identification potential suitable duties for an occupation in your workplace. Case studies completed in the next unit of the course (Implement and monitor return to work plans) will also be considered as part of the assessment for this unit.

Negotiate content of return to work plan

Rehabilitation is a strategy to maximise an individual's potential for return to their pre-injury physical, psychological, educational and vocational level.

In a workers' compensation system, the concept of workplace rehabilitation is focused on returning the worker to safe, suitable work at the earliest possible time so that valuable work skills are not lost, minimising the human and financial costs of work injury. In Queensland the return to work plan is called a suitable duties program.

Fostering an early return to work is not only important from a cost-control perspective, but also helps the worker to feel that the employer values them. It is important to start discussions about return to work as soon as possible after injury. Don't wait for the injury to fully heal, rather examine safe options for suitable duties at the workplace as soon as possible.

The workplace is often the best place to assess work fitness and to establish graduated return to work programs for ill or injured workers. Workplace rehabilitation may involve a suitable duties program to return the injured worker to their pre-injury job via a medically approved graded return to work program or a suitable duties/host program which involves on-the-job training to acquire new job skills.

There are a number of stakeholders who may be involved in the return to work process including the worker, employer, manager/supervisor, insurer claims/Customer Advisor, treating doctor and therapists, union representative and co-workers where necessary. Remember suitable duties must be consistent with the workers' compensation medical certificate or approved by the treating doctor. A rehabilitation provider may also be involved in the return to work process if required. Insurer approval is required to ensure payment for rehabilitation provider services.

Rehabilitation providers such as occupational therapists, physiotherapists and psychologists may be needed to identify suitable duties. They may also need to participate in return to work discussions with the employer and worker to develop a written suitable duties program particularly for workers with complex or serious injuries.



Stakeholder roles in workplace rehabilitation

Injured workers

Injured workers are responsible under the *Workers' Compensation and Rehabilitation Act 2003* for participating in rehabilitation as soon as practicable after an injury and for the period for which the worker is entitled to compensation.

Medical Practitioners

Medical practitioners provide medical assessment and ongoing management of a worker's injury. They also provide essential medical guidance regarding an injured worker's capabilities for insurers, employers and other professionals working towards the rehabilitation and return to work of injured workers.

Medical practitioners can be involved in the rehabilitation of injured workers or they can nominate other rehabilitation professionals to assist the injured worker's return to work.

Employers

Employers are responsible under the Act (section 228) for reporting injuries and providing appropriate rehabilitation for injured workers. Large employers and those in high risk industries must appoint a Rehabilitation and Return to Work Coordinator (RRTWC) and establish rehabilitation policies and procedures.

Insurer Customer Advisors

Insurer Customer Advisors are employed by WorkCover or self-insurers. They are responsible for approval, payment, coordination and monitoring of all aspects of workers' compensation and rehabilitation for which the insurer is liable following a workplace injury.

Rehabilitation and return to work coordinators (RRTWC)

Rehabilitation and Return to Work Coordinators work for employers or provide services to employers. They assist the employer by managing the injured worker's return to work by coordinating suitable duties at the workplace.

Rehabilitation professionals

Rehabilitation professionals are registered health professionals or providers otherwise approved by an insurer. Rehabilitation professionals provide active support to workers and employers to design and implement suitable duties programs. Some examples of rehabilitation professionals are occupational physicians, occupational therapists and physiotherapists.

They may be engaged to assist the employer, and or the employer's workplace Rehabilitation and Return to Work Coordinator, to manage more complex or serious injuries or in situations where there is a lack of suitable duties at the workplace.



The appropriate rehabilitation professional may:

- provide various strategies to increase strength and endurance
- conduct a functional capacity evaluation of the worker
- provide advice on the selection of suitable duties
- conduct a workplace assessment including job and task analysis
- supervise suitable duties programs
- provide vocational assessment and vocational rehabilitation services for those injured workers who are unable to return to their pre-injury job.

All relevant stakeholders need to be consulted to clarify and negotiate the requirements of the suitable duties program. Requirements may include goals, hours/days to be worked, duties including restrictions or specific duties to be avoided, wage payment arrangements including makeup pay, length of program, commencement date and review dates.

An example of a blank suitable duties program template is provided below. A copy of this template is available on the Workers Compensation Regulator website [www.https://www.worksafe.qld.gov.au/](http://www.worksafe.qld.gov.au/)

Injured worker 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:	

Plan details**Task details**

Week	Duties	Restrictions
Week one commencing:		
Hours: Days:		
Week two commencing:		
Hours:		
Treatment during this plan :		Training required:
		To be given by:

Plan to be reviewed:

Signatures

Name (treating medical practitioner):	Name (worker):
Approval as per WC medical certificate dated	I have been consulted about the content of this plan and agree to participate
	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:



Suitable duties program – guidelines for completion

This guide has been developed for rehabilitation and return to work coordinators, rehabilitation professionals and other parties in the rehabilitation process who develop suitable duties programs.

Injured Worker Details

- Please include as much detail as possible.

Program Details

- Goal - long term - insert the long term goal for the suitable duties program. Examples include: return to normal duties; to maximise physical functional recovery.
- Objective of this program - insert the methods by which the overall long term goal will be achieved. Examples include: increase endurance/tasks/hours.
- Duration of this program - it is important that all parties are clear on the term of the suitable duties program. Insert the dates the program is to start on and the day it will end.
- Fit for suitable duties - an injured worker must have a medical certificate issued by their treating medical practitioner to indicate they are fit to participate in suitable duties or restricted return to work. Insert the dates the medical practitioner has provided on Part A of the medical certificate.
- Job description - insert a brief description of the injured worker's role while participating in suitable duties.

Task Details

- Week - insert the date that the suitable duties program will commence and the start date for each subsequent week of the program. Insert the hours that the injured worker is to work per day. The hours of work may change in line with the injured worker's rate of recovery. Insert the days per week that the injured worker is to work whilst participating in suitable duties. This information should be obtained from the current medical certificate, medical practitioner, or allied health provider.
- Duties - provide a description of each of the tasks that the injured worker will perform.
- Restrictions - provide details of any restrictions that the injured worker is to observe whilst completing the program, including any medical restrictions detailed on the current medical certificate.
- Treatment occurring during this program - provide the details of the allied health or medical treatment that the injured worker will receive during the program (e.g. physiotherapy treatment twice per week).
- Training required yes/no - it is important to consider whether the injured worker has been trained to complete the tasks selected for the suitable duties program. On the job training by a colleague may be helpful where tasks or duties that are different to the worker's normal duties have been selected, or the duties are to be performed in a different section of the company. Training in any necessary health and safety considerations relevant to the suitable duties should



also be considered. Insert the details of the person who will provide the training and the date the training is to occur.

- Program to be reviewed - insert the date for review and the person who is responsible for the review (e.g. occupational rehabilitation provider, rehabilitation and return to work coordinator, medical practitioner).
- Signatures - the suitable duties program is a responsibility shared between the key parties involved in the rehabilitation process. Each of these parties (worker, supervisor, and rehabilitation and return to work coordinator) should sign the suitable duties program. If the suitable duties program is developed by a rehabilitation professional they should also sign the program. Note: the treating doctor is not required to sign the suitable duties program if sufficient information is provided on the medical certificate.

The principles of suitable duties

Workplace rehabilitation seeks to provide meaningful rehabilitation to an injured worker in the workplace environment. The activities performed in the workplace are used as a form of therapy to return the worker to their pre-injury level of function as soon as possible. Because the work activities selected are suited to the worker's injury and stage of recovery they are referred to as 'suitable duties'. When an injured worker returns to the workplace they may not immediately be able to return to their pre-injury duties. They may be able to perform part of their usual work role, but other parts may be difficult. This is when the use of suitable duties is required.

A job analysis can help to highlight the tasks with which the injured worker may experience restrictions. You can usually find out which tasks are restricted by examining Part E of the medical certificate completed by the treating doctor. You can see from the suitable duties program and the medical certificate that in addition to noting which tasks the worker can perform, the plan should also list those tasks from which the worker is specifically restricted.

Sample completed medical certificate & suitable duties program

Below is an example of a completed workers' compensation medical certificate for John Smith, a carpenter who injured his back at work.

There are four identical copies of each workers' compensation medical certificate completed by a doctor or dentist as part of the injured worker's clinical examination.

During his appointment, John's treating doctor, Dr Peter Jones completes the medical certificate and keeps one copy for John's medical records. He gives the other three copies to John. John keeps his copy, sends the insurer copy to WorkCover and gives the employer copy to the rehabilitation and return to work coordinator at work.

Workers' Compensation Medical Certificate

INSURER COPY

86.R

Workers' Compensation and Rehabilitation Act 2003

Workers' Compensation and Rehabilitation Regulation 2003 section 86

PARTS A AND F OF THIS MEDICAL CERTIFICATE COMPRISE AN APPROVED FORM UNDER THE WORKERS' COMPENSATION AND REHABILITATION ACT 2003

Tick ☒ if applicable, and fill in the information as requested. Claim Number: _____

PART A

Injured Worker Details

I certify that on 28 / 01 / 2009 I attended (given names) John
(surname) Smith (DOB) 17 / 03 / 1964

He/she was/is suffering from (list all medical/dental diagnoses relevant to the claim):

Diagnosis: L5/S1 disc protrusion

☐ This is a provisional diagnosis (if provisional complete Part C)

Worker was first seen at this practice/hospital for this injury/disease on 22 / 12 / 2008

Worker's stated cause of injury (if not previously supplied): _____

Injury/disease is consistent with worker's description of cause: ☒ Yes ☐ Uncertain

Pre-existing factors relevant to the diagnosis (if not previously supplied): _____

Worker's Capacity for Work

☐ Fit to return to normal duties from DD / MM / YYYY

☐ Fit for suitable duties (restricted return to work) from 02 / 02 / 2009 to 13 / 02 / 2009
(complete Part E)

☐ Not able to work at all from 28 / 01 / 2009 to 01 / 02 / 2009
(complete Part D)

Estimated time to return to normal work duties: _____ days/weeks/months ☐ Unknown

(if greater than 10 days or unknown complete Part D)

Medical Management

☒ Worker will require treatment from 28 / 01 / 2009 to 13 / 02 / 2009 (complete Part D)

☐ Worker will be reviewed again on DD / MM / YYYY

☐ Worker does not need further review

PART B

Further Information

Details of findings/clinical notes relevant to the condition: _____

☐ I would like the insurer to contact me upon receipt of this certificate

Preferred method of contact:

☐ Phone: day(s)/time(s) _____ ☐ Fax ☐ Email

This form was approved by the Chief Executive Officer of Q-COMP, the Workers' Compensation Regulatory Authority, on 9 December 2008, pursuant to section 566 of the Workers' Compensation and Rehabilitation Act 2003.

PRIVACY STATEMENT - Under the Workers' Compensation and Rehabilitation Act 2003 and earlier Queensland workers' compensation legislation, the workers' compensation insurer is authorised to collect the information on this form to process the claimant's application for compensation. Some or all of the information contained in this form may be disclosed to the claimant's employer, another insurer, medical or allied health providers or any other workers' compensation authority in any jurisdiction.

PART C

Diagnostic Plan (complete if provisional diagnosis indicated at Part A)

I have ordered: ☐ Diagnostic imaging ☐ Pathology ☐ Other investigations

Details: _____

PART D

Medical Management Plan (complete if return to normal duties is estimated to be greater than 10 days)

Treatment: _____

Medication prescribed: Panadeine Forte

Referred to specialist (specialty/name): _____

Referred to allied health professional (discipline/name): Physiotherapist

Other (specify): gym program

PART E

Rehabilitation and Return to Work Plan

☐ Approval is provided for a suitable duties program with the following guidelines

	No	Occasional	Frequent	Comments
Lifting: weight limit <u>5</u> kg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Bending/twisting/squatting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing/sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>alternate sit/stand/walk - max sit 30min</u>
Right/left-handed work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving or operating machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Keep wound clean and dry

Other considerations (specify): _____

Restricted hours (specify): 4 hrs/day increasing in week 2 as tolerated

Restricted days (specify): _____

☐ I require a suitable duties program to be provided to me for approval

☐ Contact has been made with the employer

☐ I wish to be involved in the rehabilitation process

PART F

Medical/Dental Practitioner Details (please print clearly or use practice or hospital stamp)

Doctor's name: Dr Peter Jones Practice/hospital name: Jones Medical

Postal address: PO Box 1111 Brisbane 4000

Ph: 32345678 Jones Fax: 32345688 Email: peter.jones@medmail.com

Signature: _____ Date: 28 / 01 / 2009

Practice/Hospital Stamp Here

VERSION 2.1

Original signed copy - Insurer | Second copy - Employer | Third copy - Worker | Fourth copy - Medical/Dental Practitioner

Based on his workers' compensation medical certificate, the following suitable duties program has been developed for John Smith

Injured worker details

Worker:	John Smith	Phone number:	2345 5678	Goal – long term: Return to full -time construction duties as a carpenter
Supervisor:	Mark Brown	Phone number:	2345 6788	Objective of this plan: To upgrade work hours performing administrative tasks
Treating medical practitioner:	Dr Peter Jones	Phone number:	2334 5678	Duration of this plan from: 02/02/2009 to 13/02/2009
Job description: Assistant to Project Manager				Fit for suitable duties (restricted return to work?) From: 02/02/2009 to: 02/02/2009

Plan details

Task details

Week		Duties	Restrictions
Week one commencing: 02/02/2009		Telephone and email ordering of construction materials	No lifting over 5kg
Hours: 4 hours per day (9:30am-1:30pm)	Days: Monday to Friday	Liaising with suppliers / construction supervisors, checking deliveries, completing necessary computer records relating to ordering	No bending / twisting Sitting for 30 min periods alternating with standing/walking
Week two commencing: 09/02/2009		As per week 1	As per week 1
Hours: 6 hours per day (9:30am-3:30pm)	Days: Monday to Friday		

Treatment during this plan : physiotherapy, gym strengthening program	Training required: yes
	To be given by: Tony White, Project Manager on 02/02/2009

Plan to be reviewed: 06/02/2009

Signatures

Name (treating medical practitioner):	Dr Peter Jones	Name (worker):	John Smith
Approval as per WC medical certificate dated 02/02/2009 – 13/02/2009		I have been consulted about the content of this plan and agree to participate	
		Signature: J. Smith	Date: 30/01/2009
Name (supervisor) T.J. White	30/01/2009	Name (rehabilitation and return to work coordinator)	Maree Celeste
I agree to ensure this plan is implemented in the work area		I agree to monitor this plan	
Signature: T.J. White	Date:30/01/2009	Signature: M.R.Celeste	Date: 30/01/2009

You will notice that the objective of this suitable duties program is for John to upgrade his hours performing administrative tasks. The long term goal is for John to return to his full-time normal construction duties as a carpenter. As the long term goal will not be reached by the end of this program, John's progress will be reviewed at the workplace by his supervisor and RRTWC as per the review date recorded on the program. John will also consult his doctor and obtain a further medical certificate. A continuing suitable duties program will be developed by the RRTWC in consultation with John and his supervisor based on the recommendations provided on John's new medical certificate.

The rehabilitation and return to work coordinator must obtain the injured worker's written authority before contacting the doctor or any other rehabilitation or treating provider to obtain information about the injured worker. It is good practice to ask the injured worker to sign an authorisation as soon as practicable after their injury even if there is sufficient information on the workers' compensation medical certificate on which to develop a suitable duties program. Below is a copy of the *Injured Worker Authorisation* template which is available on the Workers Compensation Regulator website [www.https://www.worksafe.qld.gov.au/](https://www.worksafe.qld.gov.au/).

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.

Sometimes RRTWC's may have difficulty identifying duties, which are suitable for injured workers, or injured workers may not be confident to take the advice of the RRTWC regarding which duties are most appropriate for their injuries. This is particularly the case when the worker has multiple injuries or the injury is of a psychological / psychiatric nature. This is why the RRTWC may request the input of a rehabilitation provider to assist in developing suitable duties programs.

A rehabilitation provider should develop a suitable duties program after:

- completing an initial workplace evaluation where appropriate
- the worker's estimated work potential and work behaviours have been defined
- appropriate duties have been negotiated with the employer or their representative.

Each program should contain the following:

- goals or objectives of the overall program
- documentation of specific tasks and duties to be performed by worker
- days and hours to be worked
- key reviewing and reporting requirements during the program
- any restrictions or limitations
- recommendations for upgrading the program
- start, completion and review dates for the program.

Before a worker can participate in a suitable duties program, the treating medical practitioner must either provide a medical certificate approving suitable duties or a signed approval of the program. The rehabilitation provider must sign the suitable duties program, along with the worker, supervisor and rehabilitation and return to work coordinator. The suitable duties program must always be approved by the treating doctor. The treating doctor's signature is not required if there is sufficient information provided on the medical certificate to develop the suitable duties program.



Suitable duties

Suitable duties are duties that are allocated to the injured worker during the rehabilitation process. Suitable duties allow for an early return to work. The recognition of individual factors should prompt the rehabilitation and return to work coordinator to view suitable duties as an individualised or tailored work program designed to meet the needs of one particular worker.

Suitable duties are not:

- light duties
- non-productive tasks
- permanent
- a way of avoiding work
- a specific “rehabilitation job” which is set aside for workers on rehabilitation regardless of their injury.

Section 42 of the *Workers’ Compensation and Rehabilitation Act 2003* details the meaning of suitable duties.

s42 “Suitable duties”, in relation to a worker, are work duties for which the worker is suited having regard to the following matters:

- a) the nature of the worker’s incapacity and pre-injury employment;
- b) relevant medical information;
- c) the rehabilitation and return to work plan for the worker;
- d) the provisions of the employer’s workplace rehabilitation policy and procedures;
- e) the worker’s age, education, skills and work experience;
- f) if duties are available at a location (the “other location”) other than the location in which the worker was injured – whether it is reasonable to expect the worker to attend the other location;
- g) any other relevant matters

Meaningful work

Suitable duties help to make the work environment a place in which an injured worker’s injuries can heal safely. These duties should also help to foster a positive outlook within the injured worker, whilst they continue to contribute as a member of the organisation. As such, any work undertaken in a suitable duties program must be meaningful and fulfilling. Clearly, the process of designing a suitable duties program may be rather simple for some injured workers; but for others, the nature of their pre-injury job may mean that allocation of suitable duties is a more complicated process requiring the advice of external rehabilitation providers.



Accessing the workplace for suitable duties

When preparing a suitable duties program the rehabilitation and return to work coordinator should consider how the worker will access the workplace. The location of the workplace may be such that the injured worker finds it difficult to get to and from work each day due to their injury. Some injuries impact the worker's ability to drive and/or catch public transport. Transport to and from work should always be considered in relation to suitable duties programs. A perfectly designed suitable duties program can be ruined if consideration is not given to worker transport/access.

In addition you should also be aware of the timing of suitable duties for part time or shift workers. These workers may have structured their lives around the timing of their work activities. For example child-care, care of older relatives, or study commitments may be scheduled around their usual work hours. Therefore you should not expect that workers should suddenly be able to attend outside of usual hours, simply because you have identified suitable duties that can be done at particular times of the day. Negotiate and show consideration in these circumstances.

Hierarchy of return to work options

The goal of any suitable duties program is to return the worker to their previous working position where possible. Suitable duties program should be as close as possible to the workers pre-injury role.

The best outcome from workplace rehabilitation is seen to be a return to the same job in the same workplace (as prior to the injury). However, in some cases this may not be possible. You can see how suitable duties for many workers who are initially unable to return to their pre-injury position may be graded according to the top three points on the hierarchy.

- Same job at the same workplace.
- Similar job at the same workplace.
- New job at the same workplace.
- Same job at a new workplace.
- Similar job at a new workplace.
- New job at a new workplace.



Job analysis

A job analysis helps in identifying the kinds of tasks a worker normally carries out in their work role, the types of skills that are required to successfully carry out that role, and the kind/type of environment that the worker normally performs the role in.

A job analysis begins the process of breaking down a job into component activities. This is the most basic form of analysis you can perform. Occupational therapists and physiotherapists receive training in analysing activities and there are a range of more detailed analyses that these professionals can perform.

It is important to remember selection of suitable duties must be done in conjunction with the worker. You should ask yourself:

- What are the job tasks the worker usually carries out?
- How are these job tasks carried out (including specific methods, techniques and processes)?
- What are the skills, knowledge and abilities needed to carry out the usual role?
- Is the activity performed for a short period of time or a long period of time?
- Does the activity occur frequently during the working day/week?
- Is the activity independent from other activities and can it be performed in isolation?
- Can the activity be performed by one person?
- Does the activity have to be performed in accordance with a certain standard?

When a job analysis is carried out it is important to consider all of the activities that a worker performs as part of their role (even those that only occur on an occasional basis), and also the context in which the work takes place. You also need to consider the environment in which work tasks occur. For example weather and/or temperature are components of the environment, which may need to be taken into consideration in relation to the healing of muscular or joint injuries, which may be impacted by work in very cold environments. Hot environments may be unsuitable if workers have injuries associated with skin irritations or the heart and lungs. You will also need to consider the effects of any medication the worker may have been prescribed.

Remember, if you consider that gaining a complete picture of the work tasks, context or environment is too complicated in some cases, you should contact the insurer's Customer Advisor and request the services of an external provider.

A successful return to work program explores the use of a range of techniques to encourage return to work and where possible, ensures injured workers return to their pre-injury job.



Characteristics of high quality suitable duties typically:

- match skills and physical abilities of worker
- promote reasonable levels of worker job satisfaction
- have minimal impact on a worker's personal life
- have minimal impact on a worker's earnings/career path
- promote worker self-esteem and psychological well-being
- offer value to both worker and employer
- have a similar level of prestige and status as previous duties
- do not pose risk to or exacerbate the injury
- support a gradual return to work.

How to identify potential suitable duties

Where possible, duties should be as close as possible to typical worker duties. However, in cases where there are no obvious suitable duties (e.g. your business generally involves manual labour), the following prompts may assist you to find potential alternatives. In some cases, you may need to provide the worker with some training, but you will be surprised at what workers can achieve if they are given a little guidance and encouragement.

In many cases, employers may not have any obvious suitable duties for the worker. This is often the case where workers perform labour related jobs or when businesses are mostly focused on labour provision. Finding suitable duties can also be challenging in the case of small business. If no obvious alternative duties come to mind, try to think outside the square about other business needs and priorities. There are often a number of tasks which need to be done which the employer does not have time for. This may include developing new systems, performing various administrative tasks, sourcing new business and so on. While the worker may not have the skills to do the entire task, it is often possible to break tasks into components which the worker can do.



Ideas for suitable duties

Administration

- What tasks have needed doing for some time but have never been done?
- What needs are coming up in the next three to 12 months?
 - processing tax receipts
 - data entry and checking
 - filing and re-organising business
 - paperwork.

Business improvement

- develop new systems to further improve the business
- help further improve business processes
- develop a new filing system
- develop forms for improved efficiency
- write part content of a training manual
- work on quality assurance system.

Sales/promotion

- Does the business have any extra needs for promotion?
- What work could be directed towards promoting the business and increasing sales?
 - phone sales or calling clients
 - developing content for promotions
 - market research on competitors, doing a small scale client satisfaction survey
 - analysing business sales information
 - update client contact databases.

Labour

- Are there any light labour duties which need to be performed?
- Do any other areas of the business need an extra hand or temporary support?
 - cleaning up/organising around the work site
 - researching/buying equipment for business
 - re-organising bookshelves to improve access to business documents.

Organisation

- Could the worker help organise a certain part of the business?
 - organising parts and materials
 - finding new suppliers for parts/materials including cheaper or better materials
 - researching new suppliers.



Training

- Could the worker do any training which they can bring back to the workplace?
 - computer courses
 - courses on manual handling
 - course on certain technical skills.

Deployment

- Could the worker go to another department?
- Could the worker exchange with another colleague?
- Could the worker train staff in another area to perform certain skills?

Host employment is another alternative if there are no suitable duties or return to work is not feasible. Another employer agrees to host an injured worker at their workplace. Programs normally run from three to six weeks.

The insurer is responsible for:

- paying the worker's entitlements during the program
- developing the program
- coordinating and monitoring the program.

A host employer is not obliged to employ a person after their program has ended. They are also not liable for any workers' compensation injuries which may result from the host employment. As such, host employment can be quite attractive to employers. The program can also give an injured worker exposure to a range of new skills and employment experiences and open up new opportunities for the worker.

Host employment needs to be used selectively as it may create barriers between workers and their pre-injury employer, and uncertainty for the worker's future employment options. Host employment may raise unrealistic expectations for workers as it often does not lead to permanent employment. The insurer should be contacted to discuss host employment opportunities.

It may not always be appropriate for the injured worker to return to the same job with the same employer. For example, the worker may have sustained a psychological injury or there are human resource or industrial relations issues to consider. These issues need to be addressed in return to work planning and you may need to contact the insurer to discuss alternatives. With the worker's consent, you may also need to involve other parties such as allied health providers, human resource officers or union representative to assist in planning return to work.



Workers with a psychological/psychiatric injury

Workers who have sustained a psychological/psychiatric injury may have unique needs. The strategies below will assist RRTWC's to facilitate return to work for a worker with a psychological/psychiatric injury.

Communicating with the injured worker

If the worker has agreed to contact from the workplace, contact them as soon as possible after the injury is sustained or reported. Ask their permission to stay in touch and agree on the way and how often you will contact them such as by phone once a week.

Listen non-judgmentally to their concerns, reassure them and provide as much information as possible. Do not discuss the employer's opinion of the claim with the injured worker and also discourage discussion amongst co-workers.

Remind the worker they need to provide you with ongoing medical certification. Gain their written permission to liaise with their treating practitioners using the Injured Worker Authorisation form in your Workplace Rehabilitation Policy and Procedures. Send the worker postage paid and self-addressed envelopes to help them return forms. Also make sure you stay in regular contact with the insurer regarding the claim status.

Encourage the worker to talk to a qualified professional such as their treating doctor or a psychologist. You may need to help them make an appointment. Psychological counselling services may be funded by the employer under an Employee Assistance Program. Alternatively, the injured worker may see a psychologist privately at their own expense. Community mental health services may be accessed free of charge.

While waiting for the insurer to make a liability decision on the claim, find resources and information that will assist the worker. For example, provide information on your organisation's position on paying medical costs and sick leave policy to the worker to alleviate concerns about these issues. If the injured worker has financial concerns (for example, if they have exhausted sick leave entitlements) they may be eligible for a Centrelink Sickness Allowance. The injured worker must contact Centrelink independently to initiate this process.

Contact the injured worker's treating doctor to explain your role as the rehabilitation and return to work coordinator. Advise the doctor of the claim status and the things you are doing to assist the worker. Ask the doctor for any recommendations they may have for you to assist the worker. Remember you will need an authority signed by the worker before you contact the treating doctor. It is good practice to fax a copy of the authority to the medical practice before contacting the doctor.



You may arrange an early referral for the injured worker to see a rehabilitation provider. Choose a provider who is experienced in managing occupational rehabilitation programs for people with psychological injuries.

Remember the cost may become the employer's responsibility if the insurer rejects liability on the claim. Discuss the referral with the injured worker, their treating doctor and insurer first and if you decide to proceed, notify the injured worker in writing of the appointment details. Offer to provide transport assistance to and from the appointment if required. As part of the referral, ask the provider for advice on how to interact with the injured worker.

What to do if the worker requests no contact

Sometimes injured workers do not want contact from the workplace. Respect the request and do not contact them in any way. If you are concerned that the worker may harm themselves or others, send a fax to the worker's treating doctor to notify them (refer to the medical certificate for their contact details). Include details of employer-funded resources that may help the worker such as the Employee Assistance Program (EAP). Telephone the receptionist to make sure the fax has been received. Remember, you should not request information or a response from the doctor without the worker's written consent to exchange information.

Finally, if the case is causing you to feel anxious or distressed for any reason, arrange to see a professional who you can confidentially de-brief regarding the situation. Your EAP provider may also be able to assist.

An overview of Employee Assistance Programs

Employee Assistance Programs (EAP) offer a range of personal and professional support services for all staff members. This can include education and training programs, as well as other support services such as debriefing staff following a traumatic workplace incident or individual psychological counselling sessions.

In some circumstances, some employers may also extend these services to the staff member's immediate family. EAP services are confidential and employer funded. The number of sessions offered at no charge to the worker and the services provided, will be unique to your organisation. Approval from the worker's treating doctor is recommended before the claim is accepted and required when the claim has been accepted before referral to an EAP.

What to do once the insurer accepts the claim

Explain the factual details of the case to the insurer Customer Advisor and offer to participate in case conferences if appropriate. Encourage the insurer Customer Advisor to refer the worker to a rehabilitation provider experienced in managing occupational rehabilitation programs for people with psychological injuries to facilitate rehabilitation and return-to-work.



References and resources

Below is a list of resources to assist workers with psychological/psychiatric injury. RRTWCs should also create their own list of local resources.

Workers Compensation Regulator does not endorse the organisations contained in this list and accepts no responsibility for the services provided.

- **Comcare: Stress and Psychological Injury Information Portal**
www.comcare.gov.au/psychological-injury-portal/index.html
- **ACT Government: Stress and Psychological Injuries Toolkit**
www.psm.act.gov.au/stress/spi2.htm#3
- **Beyond Blue: National Depression Initiative**
www.beyondblue.org.au
- **Centrelink**
www.centrelink.gov.au
- **Employee Assistance Providers Association of Australia (EAPAA)**
www.eapaa.org.au
- **Queensland Counsellors Association Inc**
www.qca.asn.au
- **Mental Health First Aid**
www.mhfa.com.au/firstaid.htm
- **Queensland Health - Directory of Queensland Mental Health Services**
www.health.qld.gov.au/rbwh/inbmhs/directory.asp
- **Lifeline** - Telephone: 131114
- **Lifeline Mental Health Info Line** - Telephone: 1300 131 114



Negotiating the content of the suitable duties program

As a rehabilitation and return to work coordinator you will often be required to negotiate the contents of the suitable duties program. This may mean trying to reach a compromise and accommodate competing agendas. The supervisor may not be keen to have an injured worker back at work if there is a strong emphasis on meeting production targets or there are pre-existing personality clashes or performance issues with the worker. Similarly co-workers may have concerns about the increase in workload resulting from accommodating suitable duties if the worker is unable to perform the full hours and/ or full duties of their normal job.

Negotiating is a life skill. We negotiate with friends, family, bosses and acquaintances all the time. Typically, negotiation takes place informally: by telephone, at a quick meeting or during an unplanned conversation. Negotiating is a process of exchange – a give and take between two or more parties to resolve a conflict or problem solve to reach an outcome that can be perceived as mutually beneficial. The foundation to any successful outcome is the acceptance that the relationship between the people concerned and the issues involved are important. The goal is to maintain or improve the relationship and achieve a mutually acceptable outcome.

Develop a negotiation plan

To maximise the chances of a successful outcome when negotiating a suitable duties program it is useful to have a plan and establish specific opportunities to negotiate with the stakeholders involved either individually or together.

- Set out to reach a win-win situation. Both sides should leave the negotiation feeling they've come away with something and that they're satisfied.
- Always begin by saying something positive and appreciative to the person you're negotiating with.
- If the other person is angry or hostile, then refuse to get drawn into it or to fight. Keep smiling and being pleasant and sooner or later they'll calm down.
- Get clear about your bottom line. Decide, in advance, what really matters to you and what doesn't. In other words, where you'll compromise and where you won't, then stick to it. Remember the restrictions provided by the treating doctor on the medical certificate are not negotiable unless a further medical consultation with the worker is undertaken.
- Give yourself room to manoeuvre. Make sure you have something to offer the other person, as well as something you want.
- Listen. And keep listening. It's vital to really understand what the other person is saying and their point of view. To listen shows respect and good intentions, and will make the other person feel valued.
- Keep your options open. If you don't get what you want then resist the impulse to insult the other person or storm out. End the negotiation politely, and with a smile. That way you can always try again later.



Setting short-term and long-term rehabilitation goals

The Return to work plan may include specific return to work goals, objectives for injured workers to achieve, short-term and long-term goals and rehabilitation services or treatment which will occur during the period of the suitable duties program.

Think about return to work not as a single goal, but as a series of smaller achievable goals. This may include starting on alternative duties and moving to a modified form of current duties. The long term goal should be return to pre-injury duties when possible.

Consider the return to work details stated in the current medical certificate or report. Discuss return to work options and issues with the injured worker including a general timeframe for progression to full return to work duties (e.g. one to three months).

Work out return to work sub-goals or short term goals over the agreed timeframe and ensure goals and duties are clear and achievable based on medical certification.

Identifying and accommodating specific needs or issues

Before an injured worker can return to work, adjustments often have to be made to duties and the work environment. In many cases, going back to fulltime duties initially is not an option and workers will only be able to perform suitable duties as indicated on their workers' compensation medical certificate or medical report.

Within this context, it is important for employers to initiate discussions about return to work with injured workers. During return to work planning, a number of issues must be addressed for the injured worker to be successfully re-integrated into the workplace. It is important that alternative duties do not exacerbate worker injuries and that changes are made to encourage and support a successful return to work.

Specific needs may include:

- injured worker's levels of language literacy and numeracy
- cultural and ethical considerations
- the personal circumstances of the injured worker that may impact on suitable duties such as family responsibilities
- psychosocial factors
- arrangements to attend medical appointments
- training to prepare the injured worker to perform suitable duties different from their normal duties
- modifications to the workplace or special/adaptive equipment
- need for protective clothing, shoes, tools etc.
- workload impact on other workers
- industrial issues in the workplace.



Psychosocial factors and how to manage them

Successful recovery and return to work following workplace injury is often influenced by a mix of physical, psychological, social and individual factors. The recognition of the influence of psychosocial factors on recovery and return to work is essential in the effective management of workplace injury.

Many people who sustain a work injury recover and return to work within a matter of weeks. However, there are some who will go on to develop extended injury and disability that results in a long term absence from the workplace despite concerted efforts to assist them to return to work. For some of these people, workplace injury can have a profound effect on their social, personal and financial welfare.

In some cases, delayed recovery is the result of a more complicated medical condition. However, some workers with delayed recovery have no objective medical findings and there is no objective reason why they continue to experience pain. Current research has revealed that in these cases recovery from injury may be affected by psychosocial factors. Psychosocial factors may influence behaviour, levels of distress experienced by the individual, attitudes and beliefs and subjective experiences.

It is important to recognise the impact of psychosocial factors on the treatment, assessment and return to work of injured workers. Workers with psychosocial complications may develop chronic disability that is supported by social, economic and/or psychological causes. Understanding the influence of these factors and their impact on return to work is important in the management of workers' injuries. The Australasian Faculty of Occupational Medicine study of *Compensable Injuries and Health Outcomes* completed in 2001 showed that psychosocial complications are causing or contributing greatly to delays in recovery and return to work.



What are “psychosocial factors?”

‘Psychosocial’ is defined as the interaction between the person and their social environment and the influences on their behaviour.”

Everybody is different –we all have different needs, capabilities and responses, it is therefore important to be aware of and make allowances for these differences if we are to achieve positive outcomes and improve our practice in workplace rehabilitation.

Individual worker factors that may complicate recovery include:

1. Need to reduce levels of distress.
2. Avoidance of perceived ongoing damage caused by staying at work.
3. Negative workplace environment.
4. Need for sense of dignity.
5. Need for financial security.
6. Relief of travel burdens e.g. to work and childcare.
7. Family and social connections e.g. fear of re-injury, family accustomed to worker being home.

Workplace factors that may complicate recovery include:

1. Need to maintain production targets – injured worker ‘must be 100% fit’.
2. Perception that job is too difficult to accommodate suitable duties.
3. Costs – premium increases, replacement/retraining costs.
4. Pre-injury relationship with employer if negative, performance issues.
5. Level of employer knowledge about rehabilitation and upgrading suitable duties.

Treating doctor factors that may complicate recovery include:

1. Assessment of complex issues takes time which is difficult in modern clinical practice.
2. Information on functional ability and the effect of injury across other areas of life outside work not provided to injured worker.
3. Employers, other health providers & doctors do not work cooperatively.
4. Many doctors unfamiliar with the workplace will err on the side of caution with regard to encouraging return to work.
5. Doctors’ duty of care is to their patients, not insurers or employers.
6. Doctors’ experience and knowledge of psycho-social factors may vary.

Identifying workers at risk

Most injured workers make full physical, psychological and social recoveries however in a study *Psychology, Personal Injury and Rehabilitation* published by the International Underwriting Association of London in 2004 it is estimated that around 20%-30% suffer significantly greater



disability and distress from the physical injury than expected. The physical, psychological and social effects of injury influence each other and should be considered together rather than in isolation.

In approximately 5% of cases the physical and social outcomes of injury are seriously affected to a much greater extent than can be explained by the initial or remaining injury. This outcome can occur in apparently minor as well as major injuries.

Some researchers believe that most “at risk” cases can be identified at 4-6 weeks. Early identification is essential to be able to provide effective treatment and support. Injury can impact significantly across many areas of injured workers’ lives. Workers may encounter financial difficulties that result in psychological distress. Workers who are not able to access work and/or undertake normal work duties may find their social networks are reduced. This in combination with financial distress is likely to impact on home and social life and also on pain and disability. The injured worker’s individual circumstances, their understanding and beliefs about the implications of the injury and the care provided must be taken into account.

The following table provides a list of psychosocial and individual risk factors for extended injury and disability which have been confirmed by research. The significance of each of these risk factors will be different for each injured worker. This table can be used as a checklist to indicate which risk factors appear to be present for individual injured workers. Each of the risk factors can then be given a rating as to the relative importance it has for the individual using 1 to indicate the most important risk factor/s on a scale up to 10 for the least important factor.

It is not appropriate to ask the injured worker to complete the checklist or to ask them directly about each factor on the list but rather to explore generally how they are coping with injury and their attitude toward return to work.

You may have already identified some of these risk factors and may choose to explore them with the injured worker in a confidential discussion if appropriate.

This checklist should be used as a guide only. The return to work coordinator should liaise with the insurer to discuss concerns about identified risk factors for extended injury and disability. The return to work coordinator may seek approval from the insurer for referral to an appropriate rehabilitation provider for an initial assessment. The aim of this assessment is to develop strategies to overcome barriers to return to work.



Risk factors for extended injury and disability	✓	Ranking 1-10 = most important
Complex clinical history (especially extreme reactions to minor events)		
Duration of sickness absence (or series of absences)		
Expectations/perceptions about return to work		
Financial incentives		
Increasing age		
Job satisfaction/intention to leave		
Local unemployment rate		
Psychological distress		
Catastrophizing		
Current depression		
Fear avoidance behaviour		
Litigation in process		
Pain/and or illness behaviour		
Pain intensity, functional disability		
Physical demands of work		
Poor perceptions of general health		
Education		
Loss of contact with work		
Co-morbidity (presence of other illness or injury)		
Anxiety		
Personality		
Stressful life events and uncertainty		
Alcohol and substance abuse		

Early treatment and interventions to eliminate perceived and actual obstacles to recovery are effective in preventing long-term problems and later in relieving chronic pain, psychiatric complications, PTSD and disproportionate limitations on everyday life. (IUA/ABI Rehabilitation working Party 2004, Psychology, *Personal Injury and Rehabilitation*).



Psychosocial risk factors are now classified according to a “flags” model

Yellow flags

Psychosocial risk factors that have been shown to be predictive of extended injury and disability are known as “yellow flags”.

Yellow flags: predictors of extended illness and disability

Belief:

- that there is major underlying pathology (catastrophizing)
- that conditions are harmful and disabling
- that avoidance of activity will help recovery
- that there is a need for passive physical treatments rather than active self-management.

Emotional response:

- depression, anger
- bereavement, frustration.

External factors:

- perceived inconsistencies and different interpretations
- failure to answer patient and families worries.

Blue flags

Perceived features of work or social environment that is generally associated with higher rates of symptoms. For example ill-health and work loss, this may delay or form a major obstacle to recover from injury.

Blue flags: predictors of extended illness and disability

- high demand/low control
- unhelpful management style
- poor social support from colleagues
- perceived time pressure
- lack of job satisfaction.



Black flags

Black flags are not a matter of perception and affect all workers equally. They include both established policy concerning conditions of employment and sickness policy, and working conditions specific to a particular organisation.

Black flags: predictors of extended illness and disability

- company policy on rehabilitation
- threats to financial security
- litigation
- qualification criteria for compensation
- lack of contact with work.

How can employers reduce the effects of 'Black flags'?

Company policy on rehabilitation

Company policy may state that injured workers who have some pain are advised to stay away from work. In most cases the most appropriate advice should be to return to normal activities as soon as possible with reassurance that pain is not the same as harm. Suitable duties programs are very often the preferred option if long-term redundancy is to be avoided.

Liability

Actions taken to reduce the risk of re-injury reassure the injured worker that they are not being blamed, reduce fear of re-injury and can be a practical expression of commitment to the injured worker. Remember that the statutory component of the workers' compensation scheme in Queensland is a no-fault system.

A complete and honest discussion of the facts about the cause of the injury allows for the resolution of anger, even when there is some contribution on the part of the injured worker. The injured worker may not have been aware of this.

Expectations of return to work

An employer who expects and wants his/her injured worker to return to full-time work should confirm this expectation by:

- ensuring regular contact while the injured worker is absent
- explaining and agreeing to the process of workplace rehabilitation
- providing resources to support return to work
- consulting the injured worker regarding the suitable duties program
- ensuring all staff including line managers demonstrate a similar commitment to rehabilitation and return to work.



The flags model



The flags model diagram above provides a summary with a few examples of the various obstacles to recovery/predictors of extended injury and disability.

Adapted from "*Psychology, Personal Injury and Rehabilitation*" The IUA/ABI Rehabilitation Working Party 2004 sponsored by The International Underwriting Association of London, the Association of British Insurers.



Strategies to reduce the risk of injured worker developing long term disability

1. Acknowledge injured worker's distress and ask about relevant risk factors.
2. Listen carefully for cues that may indicate the presence of 'yellow flags' to discuss with their treating doctor.
3. Reinforce accurate beliefs the worker may have about their recovery expectations, capacity to alleviate stress by appropriate treatment, information and advice (physical and psychological stress).
4. Reinforce worker expectations of improvement, and the importance of following and maintaining return to work strategies developed by their treating practitioners.
5. Seek insurer approval to engage a rehabilitation provider with expertise in cognitive behavioural strategies to challenge the injured worker's negative or catastrophizing thoughts and beliefs which are creating a barrier to return to work.
6. Be aware of identified family network issues that may be exacerbating pain and disability and discuss these with the treating doctor if appropriate.
7. Maintain and emphasise workplace social connection – this provides social interaction and support and alternative perspectives.
8. Maintain honest and non-intrusive regular communication with the injured worker.
9. Acknowledge anger and conflict impartially.
10. Keep in mind workers with serious injury may be going through a grieving process in relation to losses – this may be manifesting as anger and conflict.
11. Seek insurer approval to obtain expert intervention to manage anger, conflict, hostility, grief.



Liaising with the treating doctor

The key is using effective communication strategies:

- Acknowledge the doctor's time is limited, create a sense of urgency in initiating return to work strategies.
- Acknowledge the doctor may not be familiar with the workplace and may have limited understanding of the injured worker's duties and job demands.
- Consider your questions well in advance, fax ahead or make an appointment.
- Ask doctor for information on function and risk factors for extended injury and disability, not just symptoms.
- The doctor may report on answers the injured worker has provided to the following types of questions:
 1. How are the employer/co-workers responding to the worker's situation? (Assists in identifying the workplace level of support).
 2. What activities/hobbies has the worker undertaken since sustaining an injury? (This question may identify levels of / or a reduction in activity levels).
 3. How are you managing at home? (this question may assist in identifying adverse social circumstances).
- Provide doctors with copies of worksite evaluation reports to assist them to provide good advice for return to work strategies or workplace alternatives.
- Discuss with the insurer Customer Advisor the possibility of setting up a case conference to plan return to work strategies with the injured worker, doctor and therapists.



Obtaining medical approval for suitable duties programs

The suitable duties program must be consistent with the medical certificate or approved by the treating doctor.

Liaise with the treating doctor if necessary to clarify restrictions, effects of injury (e.g. pain, limitations, medication side effects etc.) or discuss return to work options (can be by phone, fax or email).

Allied health professionals are also valuable sources of information regarding injury processes, functions and rehabilitation. Remember the worker must sign an *Injured Worker Authority* form before you contact the doctor or treating allied health professionals which is available on the Workers Compensation Regulator website: [www.https://www.worksafe.qld.gov.au/](http://www.worksafe.qld.gov.au/).

If the insurer approves, a case conference with the treating doctor may be beneficial for workers with complex or serious injuries. Invite other stakeholders to the discussion (e.g. supervisor, manager, physiotherapist, occupational therapist etc.) to obtain approval for the suitable duties program.



Dispute resolution process for suitable duties or other return to work issues

If an injured worker is unhappy with a decision made at the workplace regarding their suitable duties program, they can raise the matter with the return to work coordinator.

As the return to work coordinator you should organise a time to discuss return to work concerns with the injured worker. Emphasise the worker's value to the organisation and explain the potential for early return to work and the benefits of the suitable duties program for the injured worker. Attempt to understand the worker's situation and family life and what motivates return to work. Try to sense the worker's attitude towards return to work and if reluctant, focus on the benefits and support which can be offered. If this fails, discuss the worker's obligations to take part in return to work as part of their compensation claim.

If the matter is unresolved they can request their manager reviews the decision. If the injured worker remains unhappy with the decision at the workplace the insurer claims/Customer Advisor may help resolve the dispute. The insurer Customer Advisor may arrange for a rehabilitation provider to perform a workplace evaluation to make recommendations regarding suitable duties or to assist in facilitating return to work.

Facilitation of return to work by a rehabilitation provider involves the worker and key stakeholders in the workplace such as the supervisor, manager, human resources advisor and union representative. It is required if there are significant barriers to commencing or progressing a suitable duties program. The objective of return to work facilitation is to assist the worker to return to the workplace where there are barriers preventing smooth return to work. This is accomplished by:

- identifying strategies to overcome the barriers to return to work through discussion with the worker and significant others in the workplace
- developing a plan to address barriers
- documenting a worker's progress and outcome.



Conflict Resolution

It is helpful to use conflict resolution skills when trying to resolve disagreements on suitable duties. These skills are similar to the negotiation skills already discussed. Where possible prepare in advance. Conflict comes about from differences in needs, values and motivations. Consider what your needs are and what the injured worker's needs are. Consider outcomes that would address more of what you both want. Your goal is to try to progress the negotiation in a positive direction using a win/win approach.

If the injured worker is angry or upset, it is important to respond rather than react to these strong emotions which may be directed at you as a personal attack. Try to remain calm and let some accusations, attacks, threats or ultimatums pass. Make it possible for the other party to back down without feeling humiliated (e.g. by identifying changed circumstances which could justify a changed position on the issue).

The win/win approach is about changing the conflict from attack and defence to co-operation. The most important win/win strategy you can use is to change course by beginning to discuss underlying needs, rather than only looking at solutions. Addressing each person's underlying needs means you work on solutions that acknowledge and value those needs, rather than denying them.

Ask questions like:

- 'Why does that seem to be the best solution to you?'
- 'What's your real need here?'
- 'What interests need to be served in this situation?'
- 'What values are important to you here?'
- 'What's the outcome or result you want?'

The answers to these questions provide opportunities for co-operative problem-solving. It gives you the chance to say what you need and for other people to say what they need too. Maintain the relationship and try to resolve the issue. (e.g. "What's fair for both of us?") If possible divide the issue into parts so that you can solve the least difficult aspects first. Explore the best and worst alternatives to negotiating an acceptable agreement between you. Try to be inventive about options and make clear agreements. Where both people win, they feel committed to the solution.

If you have concerns about the injured worker maintaining their commitment to the solution you can make the agreement reciprocal "If you will, then I will". Usually, co-operation can result in both people getting more of what they want.



Document suitable duties program

The *Workers' Compensation & Rehabilitation Act 2003* provides for compensation for injured workers and injury management emphasising rehabilitation of workers particularly for return to work. The employer must take all reasonable steps to assist or provide the worker with rehabilitation from the date of injury until the end of their claim for compensation.

Employers in Queensland must have workplace rehabilitation policy and procedures if they meet the criteria for requiring a Rehabilitation and Return to Work co-ordinator, although it is a good practice for all workplaces to have these policy and procedures. The policy serves to inform everyone at the workplace about the intentions of workplace rehabilitation, who it applies to, and general principles for implementation. Procedures describe *how* rehabilitation will be implemented in the workplace.

Establishing effective procedures for rehabilitation is an important step in ensuring that rehabilitation is implemented in the organisation. The rehabilitation procedures should be clear and able to be understood by all staff members.

Policy and procedures show commitment from the management of the organisation to rehabilitating injured workers. They provide a description of the roles and responsibilities of the parties involved in workplace rehabilitation and act as a guide to the process which injured workers can expect should they require rehabilitation.

Employers benefit from developing systems for early identification, treatment and management of work-related injury or disease, thereby reducing the prospects of an injury or disease becoming a long-term workers' compensation claim. Early and effective workplace-based rehabilitation is instrumental in maintaining or returning injured workers to work, thereby minimising the costs associated with work-related injury.

The return to work process should not disadvantage the injured worker. The *Workers' Compensation & Rehabilitation Act & Regulation 2003* is of a beneficial nature and the objective of workplace rehabilitation is to ensure a successful return to work. Employers and injured workers need to act collaboratively to ensure the success of workplace rehabilitation and obtain mutual benefits from the process.

An employer must develop a suitable duties program in consultation with the worker. It must be consistent with the worker's current medical certificate or report. Suitable duties must be meaningful and assist in the achievement of the return to work objective of the worker's rehabilitation. The employer must review a worker's suitable duties program on a regular basis and progressively upgrade the program consistent with the worker's recovery.

The confidentiality of rehabilitation information is covered by the *Workers' Compensation & Rehabilitation Act 2004 & Regulation 2014*. The *Commonwealth Privacy Act 1988* establishes information privacy principles, which apply to the public sector, and national privacy principles,



which apply to some sections of the private sector, for the collection, storage, use and disclosure of personal information.

Personal information may only be used for the purposes for which it is collected and should not be disclosed to a third party without the person's consent unless required or authorised to do so by law.

Section 572 of the *Workers' Compensation and Rehabilitation Act 2003* allows workers access to a copy of documents about their claim. They can request the documents verbally or in writing, and can also ask the insurer to release their documents to an authorised agent.

Workers' right of access to documents include, but are not limited to letters, memos, claim, and insurance files, video and audio tapes, computer stored information that can be reproduced as hard copy, and any other document held by the insurer. There is no charge to apply for access to documents that concern a workers' personal affairs (including claim files).

Section 572A of the *Workers' Compensation and Rehabilitation Act 2003* allows employers access to documents on a worker's claim, if they are related to the worker's return to work or rehabilitation. In addition, an employer may access documents from a worker's claim in relation to an application for review by Workers Compensation Regulator, or an appeal against a decision by Workers Compensation Regulator.

The *Workers' Compensation & Rehabilitation Act & Regulation 2003* section 572A prohibits the use of any document relating to the worker's application for compensation or claim for damages under this Act for the purpose of selecting a worker for employment or deciding the continuation of the worker's employment.

However workers' compensation documents can be used by an employer if the document is necessary to facilitate the worker's rehabilitation or early return to work.

If the rehabilitation and return to work coordinator has obtained information about the injured worker's ability to function safely in the workplace which may affect the worker's safety or the safety of others, they need to discuss this information with human resources. If the supervisor or co-workers are not aware of it this information it can't be withheld.

The employer must ensure that at the time personal information is collected the worker is aware of the purposes for which the personal information has been collected, how it may be used, to whom it may be disclosed and who may have access to it, and that the personal information is protected against loss, unauthorised access, use, modification or disclosure, and against other misuse.



The rehabilitation and return to work plan

WorkCover or the self-insured employer is responsible for developing an overall rehabilitation and return to work plan for an injured worker. The plan must be consistent with the workers' needs and the current medical certificate or report.

The plan must be developed in consultation with the worker, employer, doctor and allied health providers e.g. physiotherapist or occupational therapist.

The plan must contain clear and appropriate objectives and the details of rehabilitation required to meet the objectives, the review process including dates, and a suitable duties program if practical.

The employer is responsible for developing the suitable duties program consistent with the current medical certificate and in consultation with the worker.

Obtaining agreement for suitable duties programs

Consultation helps focus all parties on return to work goals. It is compulsory for workers and managers to consult about the contents of the suitable duties program. Develop a draft copy of the program and check draft accuracy with the worker.

If there is insufficient information on the medical certificate to develop the suitable duties program, fax the program for sign-off to the worker's doctor. Follow up with the doctor if prompt sign-off is required. For a quick turnaround, call the doctor to advise that the program is being sent and ask about when it will be returned. Follow up if the program is not returned in the agreed timeframe. Note doctor's comments and revise suitable duties program if necessary.

Provide the final suitable duties program to the worker and manager/supervisor and ask them to sign-off the suitable duties program. The suitable duties program must be signed by the worker and employer to indicate their agreement to participate in the program. Stakeholders signing the suitable duties program may include the injured worker, supervisor/manager, rehabilitation and return to work coordinator and treating doctor (if required). If the suitable duties program is developed by a rehabilitation provider, the rehabilitation provider should sign the program.



Providing copies of suitable duties program

The employer must give a copy of the suitable duties program to the insurer. A copy of the program should also be sent to the worker's doctor. Copies of the suitable duties program should be distributed to all signatories and to staff within the workplace according to the workplace rehabilitation procedure. The worker must be given a copy of the suitable duties program and the worker's supervisor and return to work coordinator also need a copy so that they can monitor the worker's progress effectively.