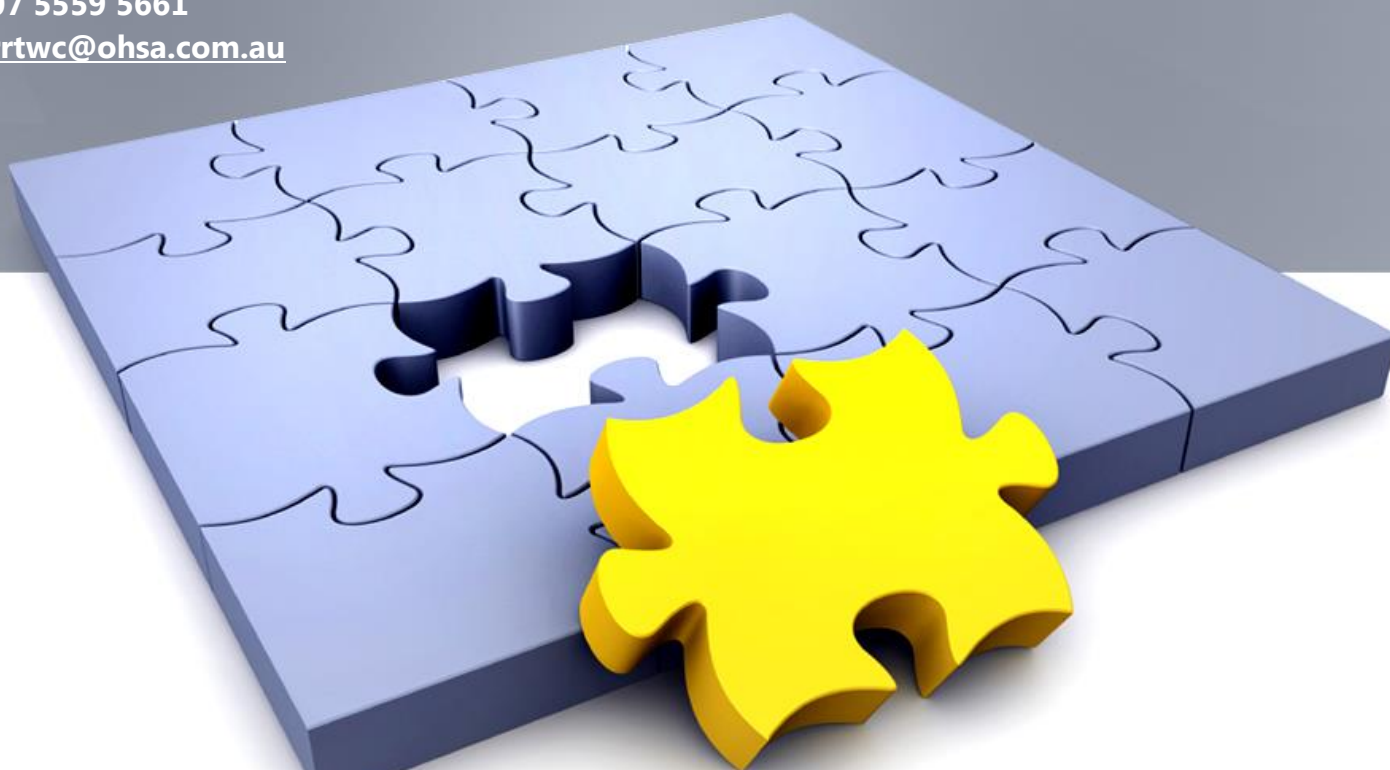


# Implement and monitor return to work plans

## Learner Guide

OHSA  
PO Box 336  
PALM BEACH QLD 4221

P: 1300 647 200  
F: 07 5559 5661  
E: [rrtwc@ohsa.com.au](mailto:rrtwc@ohsa.com.au)





# Implement and monitor return to work plans



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## Introduction

This unit of competency forms part of the course *Functioning as a rehabilitation and return to work coordinator*. The assessment for this unit will include questions and answers and case-study activities which involve interpreting medical certificates and developing monitoring suitable duties programs for injured workers.

## Establishing relationships with stakeholders in rehabilitation & return to work

Optimising the way injured workers are managed when they return to work includes strategies for monitoring adherence to suitable duties, monitoring progress in return to work and managing co-workers' reactions. It is important that all stakeholders involved in the return to work process develop relationships with the injured worker characterised by respect and trust. Open communication between all stakeholders helps to maintain the injured worker's confidence in the return to work process.

Employers need to demonstrate to all workers including workers who are injured that they are valued. In Australia national and local laws cover equal employment opportunity (EEO) and anti-discrimination in the workplace. All employers are required by these laws to create a workplace free from discrimination and harassment. By putting effective anti-discrimination and anti-harassment procedures in place the employer can improve productivity and increase efficiency.

The basis of EEO is a fair chance for everyone at work. Everyone should have equal access to jobs and once they have a job, to fair conditions and equitable chances for training and promotion. EEO does not assume that everyone has the same abilities, qualifications and experience but aims at giving everyone an equal chance to make the most of their talents and use their abilities.

### EEO principles:

- Respect the worth of the individual.
- Value diversity, tolerance and flexibility.
- Judgements based on merit.
- Inclusive language, not exclusive.
- Skills and abilities measured equitably, balanced with experience.
- Resources and assistance take account individual and group differences.
- Opportunity to seek redress for discrimination.

Diversity principles also recognise that workers differ not just on the basis of race, gender and ethnicity but also on other dimensions such as age, physical abilities, lifestyles and geographic origins. Diversity involves not only tolerance of workers regardless of their differences, but acceptance of workers because of those differences and valuing their individual contribution to the workplace. These principles are particularly important when managing workers returning to work after an injury. By creating a workplace in which every person is valued for their diverse skills,



knowledge and perspectives, the employer is likely to establish a more cohesive workforce with improved team performance.

In Australia it is unlawful to discriminate on the grounds of race, colour, descent or national or ethnic origin (Commonwealth Racial Discrimination Act 1975) and sex, marital status and pregnancy (Commonwealth Sex Discrimination Act 1984). For further information please refer to the Australian Human Rights Commission website: [www.hreoc.gov.au](http://www.hreoc.gov.au)

## **Gaining and maintaining injured worker commitment to return to work**

Return to work is the most important stage following a workplace injury. It is the injury rehabilitation goal. However, while many workers will attempt a return to work, they are not always successful. Research findings have shown that while many workers will go back to work for a short period, they often experience extended periods of absence following their return. This implies the need to support workers during their return to work and also to ensure that return to work is safe and not too early. In particular, it is important that workers adhere to suitable duties and are monitored and supported by employers on their return to work.

Explore the injured worker's motivation for return to work. Research shows that money, injury recovery, boredom and light duties are the top four reasons for return to work. Understanding the worker's motivation for return to work may help identify potential risks (eg financial pressures may lead to too early return to work). Assess potential return to work barriers and develop strategies to overcome them.

Talk to the worker to see if they are mentally prepared for their return to work. Reassure the worker that you will be there to support them, ask them to express concerns and address these where possible. Consider emotional support needs including potential buddy support system and gaining co-worker support for the suitable duties program.

Ensure suitable duties are consistent with the workers' compensation medical certificate or confirm doctor's approval and assess return to work physical support needs including transport, tools/aides/equipment. For physical injuries, try to think about ways to support worker (eg taxi voucher for trips to work, special parking permits, special chairs/couches for rest, assistance with getting lunch/attending meetings etc).

## **Effective communication with stakeholders in the return to work process**

Try to meet with the worker early on the first day of their return to work to recap what was discussed /agreed and to with regard to their suitable duties program and to provide reassurance. It is likely the worker will be a little nervous on their first day back. Invite their supervisor, union representative or other support person to the meeting. Recap goals, duties and support needs, and confirm your role and the role of the worker's supervisor. Make sure both the injured worker and supervisor have a signed copy of the suitable duties program.



## **Review initial return to work progress**

Get feedback from the worker at the end of the first day's return to work. In some cases, it may be appropriate for you to call them or meet with them in private. Ask about duties, pain levels, supervisor/ co-worker support and other physical/emotional support needs and recap next review date. It is important that the worker is clear about who to report to immediately if they experience any difficulties. The supervisor is usually the key person and should understand their role in monitoring the suitable duties program. Gaining and maintaining the supervisor's support for the suitable duties program is critical to its success.

## **Update workplace rehabilitation file**

A workplace rehabilitation file must be kept for every injured worker. A copy of the suitable duties program must be kept on file along with the employer's copy of workers' compensation medical certificates. Accurate and objective case notes containing details of all communications between the worker, insurer, employer, rehabilitation and return to work coordinator, treating doctor and allied health providers must be kept.

Document any discussions/actions/ decisions which occurred during the suitable duties program. Ensure all written information is copied and included in the worker's workplace rehabilitation file. Record notes on worker progress at critical milestones including any meetings, agreed outcomes, identified barriers and strategies to overcome barriers.

It is good practice to sign and date each entry and include an action plan at the end of each case note. Record these actions in your work diary to ensure that regular monitoring of the worker's suitable duties program and feedback to stakeholders occurs in a timely manner.

## **Review return to work progress at critical milestones**

The worker should report to the supervisor on a daily basis and the supervisor should report any concerns about the worker's ability to perform suitable duties to the rehabilitation and return to work coordinator as soon as they occur.

It is important for the rehabilitation and return to work coordinator to contact the injured worker and supervisor at least once a week to monitor the worker's progress from both their perspectives. Report any feedback from the worker to the supervisor which will assist the supervisor in managing the return to work process.

Meet with worker at critical timeframes to assess suitability of goals/duties, review worker pain and stress levels and check co-worker support and reactions. It is typically best to review progress at least once a week, but it depends on the length of the plan. Ultimately, this decision rests with you as the rehabilitation and return to work coordinator. Initiate reviews when you feel that further progress has been made or when problems are likely to arise. If the injured worker is experiencing any problems with the suitable duties program daily monitoring may be necessary.



Praise worker for progress however if return to work goals/ duties aren't working, don't be afraid to change these. Be sure to confirm approval of suitable duties with the treating doctor where appropriate.

### **Problem solving return to work issues**

If duties become too difficult or re-injury occurs, evaluate the suitable duties program immediately in conjunction with the treating doctor. A characteristic of a good suitable duties program is that it changes with the worker's needs. New duties should be consistent with the medical certificate or approved by the treating doctor before they start.

Update case notes and include a copy of the amended suitable duties program on the rehabilitation file. Copies of the amended suitable duties plan should be distributed to all relevant stakeholders.

*If the worker is not sticking to suitable duties, ask the supervisor to immediately approach them and explain their concern for the worker's safety and recovery. Ask the supervisor to check to ensure the worker understands the suitable duties.*

If the supervisor and worker feel that the worker can do the extra duties they are attempting (eg the injury has healed more quickly than expected), tell them you will approach the doctor to further discuss this. Remind the worker not to perform the duties until the doctor formally approves them. Once medical approval has been obtained arrange a meeting with the injured worker and supervisor to discuss the doctor's recommendations and to develop an upgraded suitable duties program. Encourage the worker to gradually progress to full return to work for all/most duties.



## **Liaise with insurer case manager**

Keep the insurer case manager informed of the worker's return to work progress on a regular basis. The insurer case manager can often help work through issues and problems which you may encounter. If the worker has difficulty progressing on their suitable duties program discuss your concerns with the insurer case manager and seek approval for a rehabilitation provider, either an occupational therapist or physiotherapist to review the worker's progress and recommend amendments to the program. A copy of the rehabilitation provider's report should be kept on the workplace rehabilitation file. The revised suitable duties program will need to be approved by the injured worker's doctor.

## **Case-conference**

If the injured worker is having difficulties with ongoing pain etc which are interfering with their ability to participate in the suitable duties program or they are not able to upgrade their duties as indicated on their current medical certificate a case-conference may be arranged with the treating doctor. The aim of the case-conference may be to plan, implement, manage or review the suitable duties plan and treatment options. A case-conference may be initiated by the treating doctor, employer, rehabilitation provider or insurer and may be attended by all or some of these stakeholders and include the injured worker if appropriate. Prior approval for a case-conference must be obtained from the insurer.





## Conflict and non-compliance with the rehabilitation process

The spirit of the workers' compensation legislation is one of cooperation however disputes about the rehabilitation process do arise. You should try to resolve any dispute by discussion and negotiation among the parties.

Effective return to work procedures should emphasise:

- early intervention
- consistent communication and
- teamwork.

Consultation in developing and reviewing the suitable duties program ensures that the program has currency, credibility, relevance and ownership for those who participate in it. Your Workplace Rehabilitation Policy & Procedures should include steps that can be taken to resolve disagreements about the suitable duties program or any component of it. These could include the rehabilitation and return to work coordinator, manager and then if not resolved at the workplace the insurer case manager.

In the first instance try to resolve any dispute relating to the suitable duties program at the workplace. The insurer may pay for a rehabilitation provider to assist in resolving disputes about components of the suitable duties program. Arrange a meeting with all parties including the rehabilitation provider to discuss the basis of the dispute. This conflict resolution process may be escalated within the workplace to include the manager.

If the injured worker continues not to comply with the suitable duties program, refer the matter to the insurer case manager.

The *Workers' Compensation and Rehabilitation Act 2003* section 232 states that the worker must satisfactorily participate in rehabilitation as soon as practicable after the injury is sustained and for the period for which the worker is entitled to compensation.

If the worker fails or refuses to participate in rehabilitation without reasonable excuse, the insurer may suspend the worker's entitlement to compensation until the worker satisfactorily participates in rehabilitation.

If the insurer suspends the worker's entitlement to compensation the worker may have the decision reviewed by the Workers Compensation Regulator.



## Conclude suitable duties program

Hold a final meeting with the worker to formally conclude the suitable duties program. Discuss what worked and what didn't work and highlight the worker's positive achievements.

Example questions which may encourage workers' views include:

- What was your experience with the overall return to work process? What worked well? What did not work well?
- How satisfied are you with your return to work outcome? Was the outcome in line with your expectations?
- How could the process be improved?
- What could be improved during the following return to work stages:
  - immediately after your injury?
  - during your recovery at home?
  - during the return to work planning?
  - during your actual return to work?
- Update the treating doctor by email, fax or phone to advise that the suitable duties program has been successfully completed.
- Update case-notes to record the information collected and the return to work outcome of the suitable duties program.

Return to work is usually considered successful once the worker has achieved the return to work goals outlined in their suitable duties program. As success is linked to achieving set goals, return to work outcomes can sometimes be successful even if a worker has not made a full return to work. In all cases, one characteristic of successful return to work is that the worker and employer accept the return to work outcome. The most desirable outcome of a suitable duties program is for the injured worker to obtain a workers' compensation medical certificate indicating the worker is able to return to full hours and duties.



## **Ongoing provision of safe and suitable duties**

The provision of safe and suitable duties which are in accordance with the workers' compensation medical certificate indicating fitness to return to work must take into consideration the occupational health and safety implications of the suitable duties provided.

If the injured worker is returning to their pre-injury duties an occupational health and safety risk assessment process which is separate to the suitable duties program should have been completed to ensure that the duties are safe and the risk of re-injury or injury aggravation have been minimised. The risk assessment process involves a series of steps including injury reporting, injury investigation, risk assessment and risk control. This process is usually undertaken by the workplace health and safety officer however the rehabilitation and return to work coordinator may be asked to provide input.

If the injured worker is returning to an alternate position a risk assessment and risk control process should be undertaken preferably by the rehabilitation and return to work coordinator in conjunction with the workplace health and safety officer to ensure that the new position is safe and the duties are suitable taking into account the information provided on the final medical certificate indicating fitness to return to work.

If it is not the rehabilitation and return to work coordinator who is completing this assessment, it is recommended that a copy of the assessment be easily accessible to them in planning for safe and sustainable return to work of injured workers.

It is most important that an injured worker participate in the necessary safety induction and training before commencing a suitable duties program or being redeployed into an alternate position.

## **Risk assessment**

A detailed risk assessment should be completed to allow for the establishment of appropriate controls. When a risk presents the tasks should be assessed in as much detail as possible. The assessment of manual tasks should consider postures, movement, forces, duration and frequency of the task, and environmental factors which may contribute to the risk.

An injured worker may be returning to work in a new position or completing suitable duties which are unfamiliar to them. It is important that the risk assessment include whether a safety induction and adequate training is available for the injured worker prior to commencing these tasks.



## Risk control

This step works to ensure that control measures are put in place to eliminate any identified risks. In identifying new risk control measures, the most effective form of control is to eliminate the risk. If it is not reasonably practical to eliminate the risk completely, effective measures to reduce the risk need to be identified. Consideration of the *hierarchy of control* should be made:

1. Elimination.
2. Substitution.
3. Engineering.
4. Administration.
5. Personal protective equipment.

As well as personal protective equipment, the provision of equipment to assist the worker to perform their duties safely should be considered (e.g. headset for answering telephone calls while using keyboard). As discussed in the risk assessment, adequate safety induction and training must be provided to maximise the worker's safety when performing unfamiliar tasks.



## Assisting injured workers with ongoing suitable employment

While the objective of workplace rehabilitation is to get all workers back to work, in some cases return to work to the pre-injury employer may not be feasible. If this is the case, alternative options such as host employment, a permanent change of job responsibilities and/or retraining may be worth considering.

### Redeployment

Redeployment is required when an injured worker is medically unable to return to their pre-injury position. A suitable alternate position may be available with the injured worker's current employer and the redeployment process can be finalised after the injured worker has completed a successful suitable duties program upgrading to the full duties of the new position.

Redeployment to a new employer occurs when the injured employee is permanently medically unable to return to work with their pre-injury employer.

Activities that may support the successful redeployment of an injured employee could include:

- **Functional capacity evaluation (FCE)**

A systematic assessment using a series of standardised tests and work-specific simulation activities to assess a worker's functional capacity for work or potential to return to suitable work. The objectives of the FCE are to:

- determine a worker's abilities over a range of physical demands to assist their functional recovery
- assess the worker's functional capacity to:
  - determine a worker's ability to work
  - determine a worker's job-specific rehabilitation needs
  - document a worker's progress before, during or after rehabilitation.

Wherever possible, the FCE should reflect a worker's capacity for the physical activities of jobs that are potentially available to the worker.

Prior to assessment, the referrer should clearly define the purpose.

When the job/task options are clear, the assessment can be directed toward measuring the worker against specific functional requirements. If the worker's final vocational options or directions are unclear, a broader assessment of the worker's ability for all functional aspects is required.

The main focus for undertaking a FCE should be the prevention of further injury. Functional abilities should indicate the workers' maximum ability using safe body mechanics.

Prior approval from the treating doctor and insurer is required.



- **Transferable Skills Analysis**

A detailed description of the injured worker's work history including voluntary work and recreational interests which could lead to an alternate job opportunity. The objective of this assessment is to identify transferable skills for the current job market to set realistic work goals.

Indicators for assessment – The worker:

- cannot return to their pre-injury work and there are no suitable duties or alternative career/job options with their current employer
- needs assistance to identify sustainable alternative work options suited to their functional abilities and skills
- needs to undertake a host employment placement and requires initial guidance and preparation.

Prior insurer approval is required to cover payment of this service.

- **Vocational Assessment**

The objective of the vocational assessment is to evaluate the worker's actual and potential ability, cognitive skills, aptitudes and competencies, and relate these to available and realistic job options, recognising all relevant background information.

A vocational assessment may be appropriate where:

- the worker cannot return to their pre-injury work and there are no suitable duties or alternative career/job options with their current employer
- the worker needs assistance to identify sustainable alternative work options suited to their functional abilities and skills.

It includes an assessment of the worker's cognitive skills, aptitudes, personality, education, work history and vocational interests/preferences that are relevant to the worker and the current job market. Recommendations should include possible work goals that are realistic and achievable; and where necessary, strategies to achieve such goals. Prior insurer approval is required to cover payment of this service.

- **Host suitable duties program**

The insurer may organise for the injured worker to participate in a suitable duties program with another employer when the worker is unable to participate in rehabilitation with their original employer. The insurer pays the worker's wages and arranges workers' compensation insurance. The host employer is indemnified during the placement. A host employer is not obliged to employ a person after their program has ended. The benefits for the worker include: an opportunity to develop a range of work skills and improve work fitness, a reference for satisfactory work and an opportunity to build confidence in their abilities to re-enter the workforce. Prior approval from the treating doctor and insurer is required.



- **Job preparation**

The objective of job preparation is to assist the worker to return to work by providing them with the necessary skills and support to obtain a job.

Based on the needs of the individual worker, this includes career counselling and job search preparation including interview preparation and practice, job seeking skills and resume writing. Job preparation assists the worker to work through barriers to return to work and set realistic and achievable job goals.

Major components:

- counselling to address barriers to achieve new vocational goals and set realistic and achievable work goals in the current job market
- current resume development, submission of job applications
- presentation skills for interview—for example appropriate dress, social skills, voice projection
- interview preparation—how to answer interview questions, selling your skills in an interview and role playing
- intensive job search activities with guidance, practical one-on-one assistance and support.

Prior insurer approval is required to cover payment of this service.

- **Job placement**

Job placement is the process of actively seeking appropriate employment with the worker. This involves supporting the worker to actively seek employment/work experience in their new vocational direction. The objectives of job placement are to help the individual worker find viable employment options within their local job market. It may include support, employer liaison, job application and coaching of the worker to assist them to return to gainful employment.

Prior insurer approval is required to cover payment of this service.



- **Retraining**

Retraining should only be considered in certain circumstances and must be identified as the most cost-effective means of returning the injured worker to work. You will need approval if you want the insurer to pay for retraining.

Before recommending retraining it is important to consider the following:

- Does the worker has the aptitude to successfully complete the training program?
- Are the skills are in demand and likely to lead to a job outcome?
- Does the training provider have a good track record in providing training?
- Does the training provider offer job placement services.

Retraining costs are not included in the Workers Compensation Regulator table of costs and need to be negotiated on an individual basis with the insurer. If the insurer does not approve these costs, the employer could consider funding these services outside the workers' compensation scheme.

Prior approval for referrals for workplace evaluation, functional capacity evaluation and other vocational support services is required from the insurer. A description of these services and the fees set by Workers Compensation Regulator in consultation with their stakeholders are provided in the Workers Compensation Regulator *Table of costs and guidelines* available on the Workers Compensation Regulator website: <https://www.worksafe.qld.gov.au/service-providers/allied-health-fees>

Redeployment can be costly, time consuming and difficult to achieve successfully. It would only be a course to take as a last option after all other possibilities to return to the same employer have been pursued. Consider asking the insurer to engage a provider to provide job seeking assistance services to maximise the success of redeployment. As a minimum the services should include access to job seeking skills and/or coordination of host employment programs when redeployment of an ill or injured employee is necessary to achieve a return to work outcome.





## **Case study background information**

The following sections of this workbook provides the background information to be able to complete the case study assessments provided in the 'Student Assessment Workbook'. It is recommended that you refer to this document prior to reading through this component.

There are four case studies to complete in the Student Assessment Workbook and background information is provided in the following for the first three of these.

### **Case study one – Brenda Brown**

#### **Background**

Brenda is a Registered Nurse employed at the Blakehurst Aged Care Facility. Brenda is 45 years old and of slim build. She works five days per week, Monday to Friday and rotates between morning and evening shifts with one week on each. Morning shifts start at 5am and evening shifts start at 6pm. All shifts are eight hours including a half hour meal break. She usually works overtime three shifts per week. Brenda is a non-smoker and considers her general health to be quite good. Brenda has a good work history and no reports of injury prior to the incident detailed below.

The Blakehurst Aged Care Facility is a 75 bed nursing home with five wings. Residents in three of the wings are independently mobile and can perform all self-care tasks with supervision. Residents in two of the wings are very dependent on staff for assistance with all self-care. This includes transfers (e.g. moving from sitting to standing), walking/being pushed in a wheelchair, showering, toileting and eating. Residents who are able, take their meals in two central 30 seat dining areas. Blakehurst employs 120 staff and has a workers' compensation insurance policy with WorkCover Qld.

#### **Brenda sustains an injury at work**

Brenda sustains a back injury during a patient transfer early in her shift on Wednesday 13 May 2009. She goes to the administration office and completes an incident report. Brenda then tries to perform some paperwork for about 20 minutes, hoping that the discomfort will subside. When her pain does not reduce she informs her supervisor the Director of Nursing Mary Ryan that she is going to her doctor.

Brenda visits her General Practitioner Dr Martin and is issued with a workers' compensation medical certificate for total incapacity for three days including the date of injury, with a review on the third day. She calls Kelly Wilson, the rehabilitation and return to work coordinator (RRTWC) at work to tell her about her medical certificate and to ask her about the process of lodging a workers compensation claim.

Kelly suggests that Brenda either ring WorkCover to lodge her claim or lodge it with WorkCover via the internet. Kelly advises Brenda that she will contact WorkCover by phone to report the injury



and asks Brenda to bring in her medical certificates after her next doctor's visit. Kelly lets Mary Ryan know that Brenda will be coming in to the workplace after her next doctor's appointment.

### **Brenda attends her second medical appointment**

Brenda visits Dr Martin for follow-up. He provides her with a certificate to commence suitable duties and reduced hours for two weeks from the following Monday. The certificate indicates that she should also have physiotherapy treatment during this time. Dr Martin completes Part E of the certificate – 'Rehabilitation and Return to Work Plan', indicating restrictions for return to work. (See copy of Brenda's workers' compensation medical certificate provided for details).

### **Brenda visits the workplace**

Brenda arrives at the workplace to see Kelly. She shows Kelly her workers' compensation medical certificate which indicates she can start back on suitable duties and reduced hours the following Monday. Kelly informs Brenda that it is important that she is consulted in the selection of suitable duties and arranges for Brenda's supervisor Mary Ryan to meet with them to discuss her suitable duties program.

Kelly requests the Employer's Copy of the medical certificates for the rehabilitation file and checks with Brenda that she has sent the insurer's copy to WorkCover. Brenda signs an Injured Worker Authorisation, allowing Kelly to speak to her Treating Doctor and Physiotherapist if necessary. (See copy of Brenda's *Injured Worker's Authorisation* provided)

### **Kelly writes a suitable duties program**

As the R&RTWC, Kelly is familiar with the breakdown of Brenda's usual work activities, but she confirms these with Mary Ryan and Brenda.



## Brenda's usual duties

Usual duties	Basic physical demands (relevant to injury)	% of usual shift
Supporting residents with personal care	Stooping, sustained standing, crouching (sustained/repetitive), reaching, supporting weight bearing for brief standing.	25% usual shift  (approximately ½ residents independently mobile with supervision)
Supporting residents with mobility (to and from dining room/toilet/sitting room)	Unilateral support of partial weight bearing residents, walking, standing, stooping. Assistance with transfers into wheelchairs and pushing wheelchairs.	10% usual shift
Assisting residents at meal times	Walking, sustained sitting, reaching with stooping (for feeding).	10% usual shift
Medication rounds	Sustained standing and walking, pushing trolley on flat terrain.	15% usual shift
Chart notes	Sustained sitting	20% usual shift
Preparing pharmacy orders (involves inventory of dispensary cabinets)	Sustained standing and walking.	Once weekly (Thursdays) 2 hours
Meeting with residents family members.	Sustained sitting or standing for periods of up to 15 minutes at a time.	10% usual shift
Miscellaneous – supervision of domestic staff, signing for linen deliveries, accompanying GP's to residents' rooms.	N/A	Throughout shift, across week
Completion of audit paperwork (usually undertaken when EN's have a "break" in usual duties).	Sustained sitting and examining chart entries, standing and walking to inspect facility infrastructure.	2 hours per day
Assisting Diversional Therapist (Basically encouraging resident participation in activities such as sing along, reminiscence or current affairs updates.	Can vary posture as required (either sitting or standing and walking)	Wednesdays 10am-12pm  Saturdays 1pm – 3pm



After considering the available tasks, Kelly identifies those tasks/duties that are part of Brenda's usual working week that also meet the recommendations of her GP on her workers' compensation medical certificate (highlighted).

Usual duties	% of usual shift
Supporting residents with personal care	25% usual shift (approximately ½ residents independently mobile with supervision)
Supporting residents with mobility (to and from dining room/toilet/sitting room)	10% usual shift
Assisting residents at meal times	10% usual shift
Medication rounds	10% usual shift
Chart notes	20% usual shift
Preparing pharmacy orders (involves inventory of dispensary cabinets)	Once weekly (Thursdays) 2 hours
Meeting with residents family members.	10% usual shift
Miscellaneous – supervision of domestic staff, signing for linen deliveries, accompanying GP's to residents' rooms.	Throughout shift, across week
Accompanying GP's to residents rooms to assist in treatment/examination	Throughout shift, across week
Completion of audit paperwork (usually undertaken when EN's have a "break" in usual duties.	15% usual shift
Assisting Diversional Therapist (Basically encouraging resident participation in activities such as sing along, reminiscence or current affairs updates).	Wednesdays 10am-12pm Saturdays 1pm – 3pm

Kelly checks with both Mary Ryan and Brenda to see if there would be any problems with Brenda performing these tasks. Brenda says that she agrees with most of the recommended duties, but feels that she is unable to perform both the chart notes and the audit paperwork each shift as these are seated tasks and she is only able to sit comfortably for 20 minutes at a time. Kelly suggests that Brenda may be able to use the top of the three drawer filing cabinet or a raised over bed tray to do some of her notes in standing. Brenda states that she'll "give it a go". Brenda also says she is concerned about assisting GPs who visit residents as they often require nursing staff to transfer residents or support residents arms or legs during examinations. Kelly agrees that Brenda should not be engaging in these activities initially and removes this from the program.

Kelly creates a suitable duties program. A start time one hour later than Brenda's usual start time is negotiated as it takes her longer to get ready in the mornings due to her back pain and restricted movement. Kelly asks Brenda about any side effects she may be experiencing from the pain medication her doctor has prescribed. Brenda says that it is a very low dose and that she is fine to drive and she feels comfortable to dispense the resident's medications during rounds. It is agreed that Brenda will work the morning rotation for the first two weeks of her program.



Mary agrees to the draft and tells Brenda and Kelly that she will roster on an extra Enrolled Nurse for each of Brenda's shifts to perform those duties which Brenda cannot.

Kelly requests that Brenda collect a copy of the completed suitable duties program from Mary Ryan before she commences her shift on Monday 18 May at 6am. She also reminds Brenda that she will be required to sign off on a copy now that agreed duties have been set.



## Workers' Compensation Medical Certificate

WORKER 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 15 / 05 / 2009 I attended (given names) Brenda  
(surname) Brown (DOB) 03 / 09 / 1964

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

Diagnosis: strain/sprain lumbo-sacral spine

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

Worker was first seen at this practice/hospital for this injury/disease on 13 / 05 / 2009

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

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

Pre-existing factors relevant to the diagnosis (if not previously supplied): N/A

#### Worker's Capacity for Work

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

☐ Fit for suitable duties (restricted return to work) from 18 / 05 / 2009 to 29 / 05 / 2009  
(complete Part E)

☐ Not able to work at all from 15 / 05 / 2009 to 17 / 05 / 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 15 / 05 / 2009 to 29 / 05 / 2009 (complete Part D)

☐ Worker will be reviewed again on 28 / 05 / 2009

☐ 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

Contact the workers' compensation insurer directly for information on how to submit the Workers Compensation Medical Certificate. Visit [www.qcomp.com.au](http://www.qcomp.com.au) for a list of workers' compensation insurers and contact details.

This form was approved by the Chief Executive Officer of Q-COMP, the Workers' Compensation Regulatory Authority, on 9 December 2005, pursuant to section 586 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.

#### 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): Physio - Julie Brown

Other (specify): \_\_\_\_\_

#### 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"/> alternate	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Keep wound clean and dry

Other considerations (specify): No patient assistance

Restricted hours (specify): 4 hours per day week 1, increasing week 2

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 Ray Martin Practice/hospital name: Blakehurst Medical Centre

Postal address: 10 Green Lane Blakehurst

Ph: 55565556

Fax: 55565557

Email: \_\_\_\_\_

Signature: R. Martin

Date: 15 / 05 / 2009

Practice/Hospital Stamp Here

VERSION 2.1

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



Form  
030

## Injured worker authorisation

I (name) Brenda Brown date of birth 03/09/1964 of  
(address) P.O. Box 3180 Blakehurst hereby give my consent for the following  
specified treatment providers to discuss with my employer's rehabilitation and return to work coordinator  
(name) Kelly Wilson, 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): Dr Ray Martin  
Address: Blakehurst Medical Centre, 10 Green Lane Blakehurst  
Medical specialist (name): \_\_\_\_\_  
Address: \_\_\_\_\_  
Physiotherapist (name): \_\_\_\_\_  
Address: Blakehurst Physiotherapy, 12 Green Lane Blakehurst  
Occupational Therapist (name): \_\_\_\_\_  
Address: \_\_\_\_\_  
Chiropractor (name): \_\_\_\_\_  
Address: \_\_\_\_\_  
Other (name): \_\_\_\_\_  
Address: \_\_\_\_\_  
Other (name): \_\_\_\_\_  
Address: \_\_\_\_\_

Signature: B. Brown Date: 15/05/2009  
(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.



## **Case study two – aggravation of Brenda’s injury**

### **1) Brenda returns to work**

Brenda arrives at work and Mary Ryan meets her and provides her with a copy of the program as discussed with Kelly. Brenda signs off on the program she is given. When Kelly arrives at work she meets briefly with Brenda to find out how she is and tells Brenda that Mary will be monitoring her day to day progress, but she should come to Kelly if she experiences any difficulties with her suitable duties program or has any questions regarding her rehabilitation.

### **2) Brenda performs her suitable duties**

Brenda proceeds with her suitable duties program and Kelly allows Mary Ryan to take the primary role in ensuring Brenda is progressing well. Kelly makes sure that Brenda is aware that she can come to her with any difficulties. Kelly verbally checks with both Brenda and Mary three times during the two-week period and case notes each of these conversations regarding Brenda’s progress.

### **3) Kelly meets with Brenda to upgrade the program**

On Thursday of the second week of her suitable duties program Brenda meets with Mary and Kelly to discuss her progress, current capacities and to look at upgrading her suitable duties program. Brenda expresses concern that she is not confident to return to working directly with dependent residents as yet, particularly those requiring assistance with transfers and pushing in wheelchairs or on commode chairs, but feels that she can do everything else.

Kelly negotiates with Brenda and Mary to expand the duties list on the suitable duties program and also to increase Brenda to 6 hours the next week and full hours the following week, pending doctors’ approval.

#### **Kelly prepares the suitable duties program**

Before the end of the shift Kelly has prepared an updated two-week plan and she confirms that this is appropriate for Mary Ryan. She provides Brenda with a finalised copy of the program to be signed and then she (Kelly) and Mary sign off. Kelly faxes the program to the GP with a note to the practice manager requesting that it is brought to Dr Martin’s attention during Brenda’s next appointment.

#### **Brenda attends her third medical appointment**

At her next appointment, Dr Martin completes a workers’ compensation medical certificate indicating that Brenda is fit for suitable duties (as per program) and that she requires treatment for the next two weeks.

Brenda continues on with her suitable duties on week three with no difficulty. Kelly monitors Brenda and checks in with Mary twice and all is reportedly going well.





### **Brenda aggravates her injury**

On Wednesday, during week 4 of her suitable duties program, Brenda is reaching across a patient's bed to place their medication on the over bed table when she experiences a sharp pain in her back and shooting pain down her right leg. She speaks to Mary who tells her to go straight to Dr Martin.

Brenda attends Dr Martin who issues her with a workers' compensation medical certificate for three days off work plus the weekend to allow her back to pain settle.

Brenda calls Kelly from home, telling her that Dr Martin has given her a certificate for three days off. This means that she won't be back at work until the following Monday. She says she will be having physiotherapy twice during this period and that her next appointment with Dr Martin will be on Saturday.

Kelly asks Brenda to ask Dr Martin to indicate the restrictions for her suitable duties program on her next medical certificate. She also asks Brenda to bring her medical certificate to work on Monday to discuss his recommendations with Mary and Kelly so that Kelly can revise Brenda's suitable duties program.

Brenda sees Dr Martin for review on Saturday and he indicates on her medical certificate that she should continue her suitable duties program (now week 5) with the same duties and restrictions as week 3 of her original suitable duties program (6 hours per day) with no resident assistance and extra caution with bending and twisting and that she should continue to upgrade from there. He indicates on the certificate that he expects that Brenda will require physiotherapy treatment for another month, but should be back to full hours and duties by the end of 3 weeks. Brenda is scheduled for a review with Dr Martin at the end of the 3<sup>rd</sup> week of her revised suitable duties program.

## Workers' Compensation Medical Certificate

WORKER 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 10 / 6 / 2009 I attended (given names) Brenda  
(surname) Brown (DOB) 3 / 9 / 1964

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

Diagnosis: strain/sprain lumbo-sacral spine

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

Worker was first seen at this practice/hospital for this injury/disease on 13 / 5 / 2009

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

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

Pre-existing factors relevant to the diagnosis (if not previously supplied): N/A

#### Worker's Capacity for Work

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

☐ Fit for suitable duties (restricted return to work) from 15 / 6 / 2009 to 3 / 7 / 2009  
(complete Part E)

☐ Not able to work at all from 10 / 6 / 2009 to 14 / 6 / 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 10 / 6 / 2009 to 10 / 7 / 2009 (complete Part D)

☐ Worker will be reviewed again on 3 / 7 / 2009

☐ 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

Contact the workers' compensation insurer directly for information on how to submit the Workers Compensation Medical Certificate. Visit [www.qcomp.com.au](http://www.qcomp.com.au) for a list of workers' compensation insurers and contact details.

This form was approved by the Chief Executive Officer of QCOMP, the Workers' Compensation Regulatory Authority, on 9 December 2005, pursuant to section 106 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.

#### 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): Physio - Julie Brown

Other (specify): \_\_\_\_\_

#### 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 _____ kg	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>no resident assistance / transfers week 1</u>
Bending/twisting/squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>with caution</u>
Standing/sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>alternate</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<u>as tolerated</u>

☐ Keep wound clean and dry

Other considerations (specify): upgrade to normal duties over 3 weeks

Restricted hours (specify): 6 hours per day, increasing to fulltime in 3 weeks

Restricted days (specify): No overtime

☐ 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 Ray Martin Practice/hospital name: Blakehurst Medical Centre

Postal address: 10 Green Lane Blakehurst

Ph: 55565556 Fax: 55565557 Email: -

Signature: R. Martin Date: 10 / 6 / 2009

Practice/Hospital Stamp Here

R. Martin

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

VERSION 2.1

## Case study three – Neville Iman

Neville Iman is a 36-year-old store person working for Lakeside Fruit and Vegetable Suppliers. Lakeside has 52 workers and is located in a large warehouse with a sorting area. Neville is a recent immigrant from Somalia. He speaks English as a second language and is able to read and write English at approximately a grade 3 level but has difficulties with spelling and grammar.

- There are large loading docks at either end of the building, one for drop off of raw product for packing and one for collection of packaged goods. There is an administration office with four staff and the site manager.
- The duties undertaken by workers include clerical/administration activities (office staff), fruit sorting/grading and packing, stores work and delivery driving.
- Neville's position involves a great deal of forklift driving (80%). Neville is a full-time worker whose usual hours are Monday to Friday 4:30am to 1pm. He usually does 3 hours overtime on Saturdays in the sorting/grading area. Neville has worked for Lakeside for six months and is familiar with the staff in all areas.
- On Thursday 12 March 2009, half an hour before the end of his shift Neville Iman sustains a deep cut to his left (non-dominant) hand. He was carrying a box of fruit by holding the plastic packing strapping when the strap broke and the box fell to the ground dragging the strapping across his palm.
- Neville goes to the local hospital and receives fifteen stitches to his left palm. He is told that he has not damaged any tendons or nerves. He is given a certificate for 1 week total incapacity by the doctor at the hospital when he tells the doctor he is a forklift driver who uses his left hand constantly to operate the controls on the fork lift (with the right hand on the wheel).
- You are the rehabilitation and return to work coordinator for Lakeside Fruit and Vegetable Suppliers however you were away from the site at the time of the injury. Neville was taken to the hospital by his Supervisor, Jimmy Dean. When you arrive back at 3pm Jimmy tells you what has happened.
- You contact Neville to find out how he is and what the doctor has recommended. He informs you he would like to lodge a claim for workers' compensation and will bring in his workers' compensation medical certificate the following day.
- Neville arrives the workplace at 10 am the following morning. His hand is lightly bandaged and you notice that he appears to have driven into the car park with only one hand on the steering wheel.
- When you ask Neville how he is feeling he responds that he's "pretty good considering". When you ask about his driving he says he is able to use his injured hand on the bottom of the wheel and was told by the doctor at the hospital that he is alright to drive. You tell him that you are



happy to arrange some suitable duties for him and ask him if he would be able to follow-up with his own doctor that day so that you can get a clear indication of what he can and can't do work-wise.

- Neville calls his doctor's surgery and makes an appointment for 1pm with his GP Dr Rivers. You remind Neville to take the letter explaining Lakeside's workplace rehabilitation program and the copy of the (now signed) Injured Worker Authorisation with him.
- Neville attends his appointment with Dr Rivers, who calls you whilst Neville is present. The doctor doesn't want Neville to be operating the forklift or lifting with his injured hand initially, however he is of the opinion that Neville should be able to do light work with the injured hand. He thinks that Neville should move gradually from very light duties to duties requiring use of the hand for heavier tasks and should attempt "a bit of time" on the forklift before he starts back on his usual hours. You confirm that you can organise a program that meets these requirements and the doctor indicates that Neville will be able to start back at work the following day providing there is a program in place. The doctor says that Neville will be certified for two weeks partial incapacity, but should be able to return to full duties, including usual hours driving the forklift after this.
- After your conversation with Dr Rivers you consult with Jimmy Dean, Neville's supervisor, and indicate that Neville will be required to perform suitable duties for two weeks with some forklift driving allowed during week two. You approach Jenny Lee, the supervisor in administration and Trevor Smith, the Sorting/Grading supervisor and ask for duties that may be suitable for Neville over the next two weeks. The following list represents the duties that can be made available to him in these two areas.

## Administration

(i) Activity	Tasks	Time available
Filing invoices	Seated at table identifying the invoice source and the year received and placing in a file. Then putting file in cabinet.	2 hours per day (Any time)
Completing monthly equipment audit	Walking around warehouse completing a checklist relating to each piece of equipment.	1 day (By end of month)
Entering 2 years of monthly equipment audit information in new database	Seated at computer workstation and entering information into tables. (Information corresponds to content of audit sheets)	2 days (Anytime)
Answering phones and taking messages	Seated at desk using three line telephone system and writing messages	1 hour per day (12pm – 1pm)
Preparing Marketing Packs	Collating three page brochures and stapling and placing into envelopes and sticking a printed address label on the envelope.	(By end of month)



## Sorting and grading

(ii) Activity	Tasks	Availability
Bin tipping	Attaching hoist chains to the top of fruit barrels and activating hoist to lift and tip bin onto conveyor. Requires support of the bin using both hands and some pushing force to up end the bin onto the conveyor.	10am-12:30pm (If commences task is not able to stop if there is difficulty as supervisor in this area will not roster an assistant)
Sorting product	Picking up pieces of unsuitable (e.g. bruised) fruit from a conveyor and placing in a bin.	4am – 2pm (any time during this period, can work at own pace)
Random checks	Selecting random pieces of fruit from packing boxes and completing a checklist regarding the quality.	4am – 2pm (any time during this period, must perform for minimum of one hour)
Stacking packed boxes onto pallet	Lifting full boxes of fruit onto a pallet	4am – 2pm (any time during this period, must perform for minimum of one hour)
Taking pallets to dispatch dock using manual pallet jack	As per activity description.	4am – 2pm (any time during this period, must perform for minimum of one hour)
Plastic wrapping boxes on turntable	Placing pallet on turntable in floor, removing pallet jack, activating turn table	4am – 2pm (at 7 minute intervals)

- Neville calls in to see you after his doctor's visit. His 4 year old son is with him. You discuss his suitable duties options including some of the clerical tasks. He says that he is happy to do this but is concerned that he will need some help in the office and that the office staff don't start until 8:00am. His concern is based on his availability to pick up his son from pre-school at 2pm (which he does every day). He states that he can't start later than usual and still work the number of hours he normally does. You negotiate him starting the day in the grading and sorting area as these tasks are available for a 4:30am start and he indicates that he can then move into the office later in the morning. You advise Neville that Jenny Lee, administration supervisor has agreed to provide training in administrative duties.
- Neville agrees to the suggested duties, but is happy to let you arrange the order and times spent performing them. You ask him to pick up a copy of the program from Jimmy Dean on Monday morning when he arrives at 4:30am and tell him that you will catch up with him at 7am to see how he is going and to make sure he is happy to sign off on the completed program.



- Keeping in mind Neville's level of literacy, you create the suitable duties program and gain approval from Neville's supervisor and the supervisors in the two areas that will be accommodating Neville during his suitable duties program.
- You fax Neville's suitable duties program to Dr River's practice for his records. You provide copies of Neville's Suitable Duties Program to all supervisors and ask them to sign the original. You then case note all of these activities.



## Workers' Compensation Medical Certificate

WORKER 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 13 / 3 / 2009 I attended (given names) Neville  
(surname) Iman (DOB) 15 / 5 / 1973

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

Diagnosis: laceration left palm

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

Worker was first seen at this practice/hospital for this injury/disease on 13 / 3 / 2009

Worker's stated cause of injury (if not previously supplied): strapping on box broke

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

Pre-existing factors relevant to the diagnosis (if not previously supplied): N/A

#### Worker's Capacity for Work

☐ Fit to return to normal duties from 00 / 00 / YYYY

☐ Fit for suitable duties (restricted return to work) from 16 / 3 / 2009 to 27 / 3 / 2009  
(complete Part E)

☐ Not able to work at all from 13 / 3 / 2009 to 15 / 3 / 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 13 / 3 / 2009 to 27 / 3 / 2009 (complete Part D)

☐ Worker will be reviewed again on 20 / 3 / 2009

☐ 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

Contact the workers' compensation insurer directly for information on how to submit the Workers Compensation Medical Certificate. Visit [www.wcomp.com.au](http://www.wcomp.com.au) for a list of workers' compensation insurers and contact details.

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### 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: wound dressing, stitches to be removed

Medication prescribed: Panamax

Referred to specialist (specialty/name): \_\_\_\_\_

Referred to allied health professional (discipline/name): \_\_\_\_\_

Other (specify): \_\_\_\_\_

### 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 _____ kg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bending/twisting/squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing/sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Right/left-handed work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>light work only left hand</u>
Driving or operating machinery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>no forklift driving week 1</u>
Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

☐ Keep wound clean and dry

Other considerations (specify): trial forklift driving- short periods - week 2 increasing as tolerated

Restricted hours (specify): \_\_\_\_\_

Restricted days (specify): No overtime on Saturdays

☐ 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 Rivers Practice/hospital name: Lakeside Medical

Postal address: 112 Lakeside Blvd, Lakeside

Ph: 5556 7777 Fax: 5556 7778 Email: \_\_\_\_\_

Signature: [Signature] Date: 13 / 3 / 2009

Practice/Hospital Stamp Here

VERSION 2.1

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

I (name) Neville Iman date of birth 15/05/1973 of  
(address) 14 Lakeview Lane, Lakeside hereby give my consent for the following  
specified treatment providers to discuss with my employer's rehabilitation and return to work coordinator  
(name) Course participant's 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: N. Iman Date: 13/03/2009  
(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.