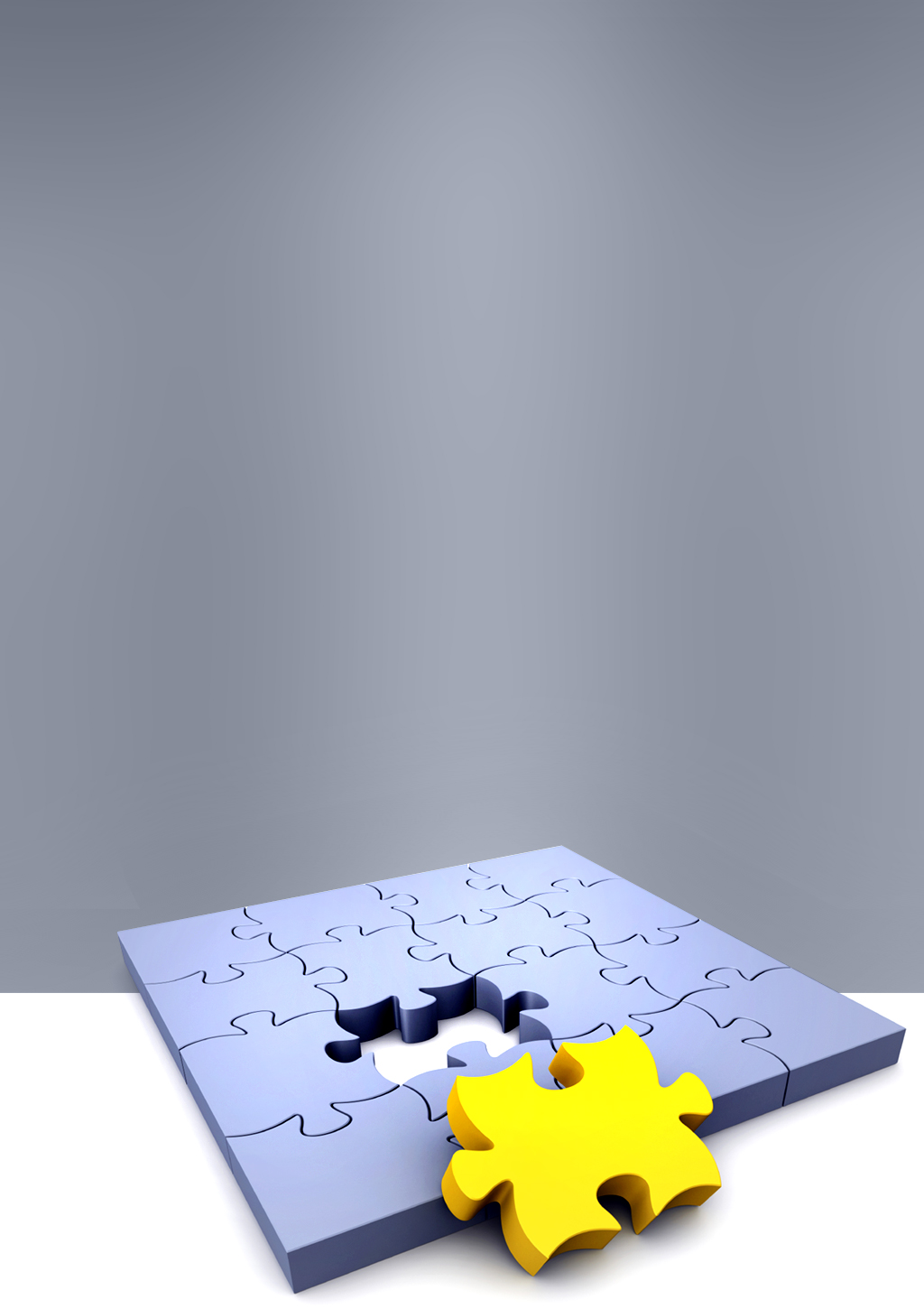
**Course in functioning as a rehabilitation and return to work coordinator**

**UNIT 3: Implement and monitor return to work plans**

**Student Assessment Workbook**

|  |  |
| --- | --- |
| Student Name: |  |
| Student Signature: |  |
| Date Submitted: |  |

**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

**Guide to completing the assessment workbook.**

Congratulations on completing the online component - Implement and monitor return to work plans. To complete your assessment for this unit you are now required to undertake the written component which includes –

* 1. Short answer (general unit questions)
  2. Case Study Activity 1 (suitable duties program for Brenda Brown – Part 1)
  3. Case Study Activity 2 (suitable duties program for Brenda Brown – Part 2)
  4. Case Study Activity 3 (suitable duties program for Neville Iman)
  5. Case Study Activity 4 (Joanne Smith)

***Please save your work regularly!***

Once you have completed the written component and are ready to be assessed, please send your completed work into OHSA by email, mail or fax at the following –

RRTWC Assessor

OHSA

PO Box 336

Palm Beach QLD 4221

Ph: 0755 595 440

Fax: 07 5559 5661

Email: [rrtwc@ohsa.com.au](mailto:rrtwc@ohsa.com.au)

If you have any queries please don’t hesitate to contact us on the email above or on 0755 595 440.

# Please complete the following short answer questions and case studies. To do this you may need to have reference to the Student Workbook, the Act and Regulation, and other documents and links found in the attachments menu.

On completion of this unit you will be required to submit this document into OHSA. Details on how to do this are provided at the end of this document.

|  |
| --- |
| Question 1 |
| One of the principles of Equal Employment Opportunity (EEO) noted includes ‘*skills and abilities measured equitably, balanced with experience*’. Comment on how this principle relates to the rehabilitation and return to work process and the implementation of suitable duties. |
| Click here to enter text. |

|  |
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| Question 2 |
| Identify a motivating factor for returning to work, briefly discuss the implications this may have on the safe return to work activities and how you would address this as a RRTWC. |
| *Motivating factor for a return to work -* Click here to enter text..  *Implications -* Click here to enter text..  *RRTWC considerations -* Click here to enter text.. |

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| Question 3 |
| If a worker is returning to work following an extended period away due to injury, outline when and why you would monitor their progress at this stage. Outline three factors what you may discuss with the relevant parties (e.g. supervisor and injured worker) when monitoring. |
| Click here to enter text.. |

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| Question 4 |
| If an injured worker is not complying with the suitable duties initially agreed to by all parties, what would you, as a RRTWC, be doing in the first instance to get compliance with the program? |
| .Click here to enter text. |

|  |
| --- |
| Question 5 |
| When may a case conference be initiated? |
| Click here to enter text. |

|  |
| --- |
| Question 6 |
| Please explain the purpose of an FCE. |
| Click here to enter text. |

|  |
| --- |
| Question 7 |
| Choose an occupation in your workplace and identify the critical physical demands of the job that an FCE would be able to provide you with information about to design an effective suitable duties plan. |
| *Occupation –* Click here to enter text.  *Critical physical demands –* Click here to enter text. |

|  |
| --- |
| Question 8 |
| Prior to retraining being provided for an injured worker, a transferable skills analysis and a vocational assessment may be undertaken. Why would these be undertaken? |
| Click here to enter text. |

Activity 1 – Case Study (Brenda Brown)

Refer to the workers’ compensation medical certificate provided by Dr Martin and the *Injured Worker Authorisation* signed by Brenda Brown. Use the case information provided in the ‘Student Learner Workbook’ to write a 2 week suitable duties program for Brenda.

Make sure you complete all of the details on the suitable duties program template provided in your online course documents. Alternatively you may choose to use the Workcover Suitable Duties Program Template Form 104 located on the Workcover Website at: <https://www.worksafe.qld.gov.au/forms-and-resources/forms>

The link to download this template form is:

<https://www.worksafe.qld.gov.au/__data/assets/word_doc/0003/5466/Suitable-duties-plan-template-FM104.doc>

This Template is also provided at the end of this document. The completed SDP can be saved and emailed to OHSA as an extra attachment to the ‘Student Assessment Workbook’.

Activity 2 – Case Study (Brenda Brown – Part 2, aggravation of Brenda’s injury)

Refer to the workers’ compensation medical certificate provided by Dr Martin and use the information provided in case studies 1&2 to write weeks 5, 6 & 7 of Brenda’s suitable duties program.

Note that Dr Martin has stated that Brenda should be able to return to full-time normal duties (8 hours per day) at the end of week 7. You will need to upgrade Brenda’s work hours and duties to reach this goal. Make sure you complete all of the details required on the suitable duties program template provided.

Make sure you complete all of the details on the suitable duties program template provided. The template SDP form is again available by following the link provided previously. Please note that you will need to insert another row to the template to accommodate the third week of duties.

The completed SDP can be saved and emailed to OHSA as an extra attachment to the ‘Student Assessment Workbook’.

Activity 3 – Case Study (Neville Iman)

Refer to the workers’ compensation medical certificate provided by Dr Rivers and the *Injured Worker Authorisation* signed by Neville provided in the ‘Student Workbook’. Use the information to write a two week suitable duties program for Neville.

Note that Dr Rivers has stated that Neville should be able to return to full-time normal duties after completing this program. Make sure you complete all of the details required on the suitable duties program template provided.

Make sure you complete all of the details on the suitable duties program template.

The completed SDP can be saved and emailed to OHSA as an extra attachment to the ‘Student Assessment Workbook’.

# Activity 4 – Case Study (Joanne Smith)

Joanne is a process worker and has worked for the company for 8 years. She is considered a reliable worker. Her pre-injury normal hours were 8 hours per day plus regular overtime.

Joanne sustained a significant lower back injury (disc protrusion) at work 18 months ago when completing repetitive lifting tasks of weights less than 10 kg in a cold environment. A rehabilitation provider (Occupational Therapist) has been assisting with rehabilitation since the time the injury occurred. Joanne has signed an injured worker authorisation providing approval for the rehabilitation and return to work coordinator to contact her doctor, occupational therapist and a vocational counsellor. Her treating doctor has approved increasing Joanne’s hours of work in the past as part of a graduated return to work program however attempts at a durable upgrade of work hours have resulted in exacerbation of pain, reduction in hours of work followed by a graduated increase in hours of work. Joanne has now stabilised at working 5 hours per day for the past 4 months and reports managing well at this level.

Joanne has recently been assessed for permanent impairment and it is unclear as to whether she will accept the PI amount offered by the Insurer or consider proceeding with a common law claim.

Joanne has residual impairment and has been completing normal duties at reduced hours since the time of her injury. She has been unable to return to her pre-injury hours of work. Her treating doctor has advised that Joanne is medically considered unable to return to her pre-injury hours.

|  |
| --- |
| **Assessment activity** |
| Outline the process for determining the most durable vocational outcome for Joanne utilizing external provider services including vocational counselling. Consider the possibility of redeployment with the same employer as the first option. |
| Click here to enter text. |

Congratulations on the completion of the written component. Remember to save your work and submit it into OHSA for assessment to –

RRTWC Assessor

OHSA

PO Box 336

Palm Beach QLD 4221

Fax – 07 5559 5661

Email – [rrtwc@ohsa.com.au](mailto:rrtwc@ohsa.com.au)

On successful completion of this component of the unit you will have met the requirement for *Functioning as a rehabilitation and return to work coordinator*. OHSA will issue you with a Statement of Attendance.

A summary of what must be submitted into OHSA is outlined below (please mark ‘X’ if you have completed them’).

|  |  |
| --- | --- |
| Completed Student Assessment Workbook and suitable duties plans (*Brenda Brown x 2, Neville Iman x 1*) |  |
| Provided my USI to OHSA (see www.usi.gov.au) |  |
| Completed Statutory Declaration (located at the rear of the document) |  |

**Commonwealth of Australia**

**STATUTORY DECLARATION**

***Statutory Declarations Act 1959***

*Insert the name, address and occupation of person making the declaration*

I, (name)................................................................................................................................................................................

Of, (address) ........................................................................................................................................................................

In the State of (insert State) ................................................................................................ Postcode ...............................

make the following declaration under the *Statutory Declarations Act 1959:*

"That I completed and understood the online/distance learning course ‘Functioning as Rehabilitation and Return to Work Co-ordinator’ with OHSA and all of the information contained in the course. All of the course and assessment material was completed by me and the only assistance that I might have received, if required, was by an OHSA trainer to explain any concepts that I had difficulty understanding.”

I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under section 11 of the *Statutory Declarations Act 1959*, and I believe that the statements in this declaration are true in every particular.

Signature: .......................................................................................................................................................................................

*(To be signed only in the presence of a JP or CDEC)*

***To be completed by a Justice of the Peace.***

The above applicant has signed the statutory declaration in my presence and has provided photo identification (Driver’s Licence, Passport or Student Card).

Taken and Declared before me, at *(place)* ..........................................................................................................................................................................................

On the *(day)*.................................... of (*month*) ..........................................................................and (*year*) ....................

*Full name*,............................................................................................................................................................................

*Qualification* ........................................................................................................................................................................

*Address* ...............................................................................................................................................................................

*of person before whom the declaration is made (in printed letters)*

Justice of the Peace stamp or signature .............................................................................................................................

**A Justice of the Peace or Commissioner for Declarations**

N*ote 1* A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of 4 years — see section 11 of the *Statutory Declarations Act 1959*.

*Note 2* Chapter 2 of the *Criminal Code* applies to all offences against the *Statutory Declarations Act 1959* — see section 5A of the *Statutory Declarations Act 1959*.

Suitable duties program  
For employers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Injured worker details** | |  | **Plan details** | | | |
| **Worker** |  | Goal – long term: …… | | | |
| **Claim number** |  | Plan completed by: Employer/Provider/Insurer | | | |
| **Phone** |  | Objective of this plan: …… | | | |
| **Supervisor** | …… | Duration of this plan | | | |
| **Phone** | …… | From: | …… | To: | …… |
| **Treating medical practitioner** | | Fit for suitable duties (restricted return to work) | | | |
| .. | | From: | …… | To: | …… |
| **Phone** | …… | Job description: …… | | | |

|  |  |  |
| --- | --- | --- |
| **Task details** | | |
| **Week** | **Duties** | **Restrictions** |
| Week 1 – commencing: …… | …… | …… |
| Days: …… |
| Hours: …… |

|  |  |  |
| --- | --- | --- |
| Week 2 – commencing: …… | …… | …… |
| Days: …… |
| Hours: …… |

|  |  |  |
| --- | --- | --- |
| Week 3 – commencing: …… | …… | …… |
| Days: …… |
| Hours: …… |

|  |  |  |
| --- | --- | --- |
| Week 4 – commencing: …… | …… | …… |
| Days: …… |
| Hours: …… |

|  |  |  |  |
| --- | --- | --- | --- |
| Treatment occurring during this plan (e.g. physiotherapy): | Training required: | Yes | No |
| …… | If ‘Yes’, given by: …… | | |
| Plan to be reviewed on: …… | Training given on: …… | | |

|  |  |
| --- | --- |
| **Signatures** | |
| **Treating medical practitioner** | **Worker** |
| .. |  |
| I approve this plan. | I have been consulted about the content of this plan and agree to participate. |
| Signature: | Signature: |
| Date signed: …… | Date signed: …… |
|  |  |
| **Supervisor** | **Rehabilitation and return to work coordinator** |
| Name: …… | Name: …… |
| I agree to ensure this plan is implemented in the work area. | I agree to monitor this plan. |
| Signature: | Signature: |
| Date signed: …… | Date signed: …… |
|  |  |

For more information on our privacy policy go to www.workcoverqld.com.au/Privacy.html