



WORKPLACE REHAB & RETURN TO WORK COORDINATOR | ASSESSMENT

OHSA >>>
Industry Leaders

ASSESSMENT TASK PORTFOLIO

Student Name:

Sections

Section 1 – Theory Questions
Section 2 – Practical Assignment
Summary Sheet
Case Study support materials

Assessment Requirements

The assessment activities in this Assessment Task Portfolio align with the mandatory learning objectives for the regulator-approved RRTWC course in Queensland.

Should you wish to also obtain the nationally recognised unit of competency BSBWHS417 Assist with managing WHS implications of return to work, you may undertake another short assessment and pay an additional fee. Please get in touch with the office on 1300 647 200 or via info@ohsa.com.au for more information.

To demonstrate competence, you must undertake all tasks in this Assessment Task Portfolio and complete them satisfactorily. If you do not answer some questions or perform some tasks, you will be deemed 'Not Competent', and your trainer/assessor may ask you supplementary questions to determine your competence. In addition to completing all tasks satisfactorily, you must demonstrate satisfactory communication skills during some practical activities.

If you are still deemed "Not Yet Competent, " you will have the opportunity to undergo a supplementary assessment or appeal the result.

As part of the assessment process, all students must abide by any relevant assessment policies as provided during induction.

If you feel you are not yet ready to be assessed or that this assessment is unfair, please get in touch with your assessor to discuss your options.

However, if you are ready to submit your assessment, please submit your assessment via email to rtrwc@ohsa.com.au or by post to:

OHSa - RRTWC Assessment Submission
PO BOX 336
ELANORA QLD 4221

- ☐ Please tick this box if you understand the assessment instructions and requirements and consent to being assessed. By signing this acknowledgement, you will also verify and assure the RTO that the work you submit is your own work.

Student's Name:			
Student's Signature:		Date:	

Section 1 – Theory Questions

INSTRUCTIONS TO THE STUDENT

Please read all the information given to you before you start any assessment task. If you do not understand some or all of the questions, please ask your trainer/assessor for assistance. If you are uncomfortable with any of these questions, please get in touch with your assessor, who will make alternative arrangements. Attempt to answer **ALL** questions on the assessment paper provided in your own words. The questions are designed to assess your understanding of the unit and your underpinning knowledge.

To complete this assessment task satisfactorily, you must complete the whole assessment. To do this, you must answer all questions correctly and demonstrate you have achieved the required knowledge to industry standards. This assessment is intended to be equitable, fair and flexible. If you feel that we should change any aspect of this assessment to be fair, equitable or flexible, immediately contact your assessor, who will attempt to make alternative arrangements.

Please Note:

1. This assessment may be re-assessed upon appeal.
2. Upon notification of your assessment results, your trainer/assessor is able to provide you with additional information on interpreting the assessment outcomes and guide you on your future options.

FORMATIVE ASSESSMENT – THEORY QUESTIONS

Question 1.

What type of assistance is available from Workcover/Insurer for injured workers and/or employers?
Please list at least three dot points.

Question 2.

List the relevant sections of the Workers Compensation and Rehabilitation Act or Regulation Qld for the following topics:

Item	Act	Reg	Section No
	Tick (✓) Relevant Section		
<i>Eg. Objects of the Act</i>	✓		<i>s4</i>
Meaning of Injury	<input type="checkbox"/>	<input type="checkbox"/>	
Meaning of Rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	
Meaning of Suitable Duties	<input type="checkbox"/>	<input type="checkbox"/>	
Meaning of Normal Weekly Earnings	<input type="checkbox"/>	<input type="checkbox"/>	
Am I an interstate worker or Qld worker	<input type="checkbox"/>	<input type="checkbox"/>	
What are the Functions of a Rehabilitation and Return to Work Co-Ordinator?	<input type="checkbox"/>	<input type="checkbox"/>	
Standard for rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	

Question 3.

Outline the difference between the rehabilitation and return to work plan (section 220 of the Act) and the suitable duties program.

Question 4.

List **two** (2) rights and **two** (2) obligations (responsibilities) of the worker and employer under the workers' compensation scheme and legislation.

Injured Worker

Rights	Obligations

Employer

Rights	Obligations

Question 5.

Match the type of injury in the left-hand column with the corresponding descriptor in the right column. An example has been completed for you. Numbering the right-hand column to align with the numbers on the left may be easier.

Type	Description
1. Strain	A fracture in which the break across the bone is incomplete.
2. Sprain	A fracture in which the break across the bone is complete, so that the bone is broken into separate pieces.
3. Dislocation	This refers to the situation where the jelly-like centre of the intervertebral disc protrudes outside of the fibrous outer ring.
4. Partial Fracture	An illness or condition that affects your mood, feelings, thoughts or behaviour and has resulted from your job.
5. Complete Fracture	1. <i>Overstretching of a muscle.</i>
6. Disc Herniation	Wrenching or twisting of a joint with partial rupture of joint structures (e.g. meniscus, membrane or bursa) or other attachments (e.g. ligaments).
7. Psychological injury	Displacement of a joint (may be with tearing of the surrounding soft tissues).

Question 6.

What is the purpose of the Code of Practice? Managing the risk of psychosocial Hazards at Work Code of Practice 2022?

Question 7.

What is a functional capacity evaluation, and when could it be used?

Question 8.

Using the return-to-work hierarchy, outline options you could look at if an injured worker is unable to return to the same job at the same workplace.

Question 9.

List three (3) things you could do to modify a return-to-work program when a worker is having difficulty with the program (e.g. reduced hours).

Question 10.

Consider the person-centred approach and/or motivational interviewing and explain how you could gain and maintain the commitment of an injured worker in their return to work.

Question 11.

Describe methods/actions a RRTWC could take or services they could ensure are provided to the injured worker, which may support workers deemed 'not fit for suitable duties' and require time off work.

Question 12.

What process could the workplace have to identify and notify breaches of the return-to-work program, and what action/s could be taken to address those breaches appropriately?

Question 13.

List three services that may be available to facilitate a return to alternative employment if a worker is unable to return to their pre-injury employment.

Question 14.

When evaluating the rehabilitation or return-to-work program and implementing recommendations for future programs, list **three** (3) items that might be discussed/considered (i.e. included in a post-program survey).

Question 15.

What are five (5) broad health benefits of good work, and how can they apply to identifying suitable duties?

List five (5) benefits of good work:
How can this be applied to identifying suitable duties?

Question 16.

List two ways a RRTWC can stay up to date with legislative changes and current best practice advice on rehabilitation.

1.
2.

Question 17.

Which of the following processes could be used to prepare the workplace for a worker's return to work?

- A. ☐ Develop a suitable duties program in consultation with relevant stakeholders and give a copy *only* to the worker.
- B. ☐ Schedule a meeting on the first day prior to commencement of the program to make sure the worker knows that if they don't follow the program they will get sacked.
- C. ☐ Ensure the worker is inducted and, if necessary, retrained if they are returning to different work or a different work area.
- D. ☐ Thorough risk assessment and implementation of appropriate controls
- E. ☐ All of the above.
- F. ☐ C and D only

Question 18.

Which of the following are functions of Workers Compensation Regulatory Services (Qld Workers Compensation Regulator) according to section of the WCRA 2003

- A. ☐ Refer *employers* to the medical assessment tribunals
- B. ☐ Regulate the workers' compensation scheme;
- C. ☐ Monitor the compliance and performance of insurers
- D. ☐ Decide applications relating to self-insurance;
- E. ☐ Undertake reviews of decisions
- F. ☐ Support and oversee the efficient administration of medical assessment tribunals.
- G. ☐ Promote education about the workers' compensation scheme
- H. ☐ All of the above
- I. ☐ B through G only

Question 19.

Which of the following could be ways to facilitate regular feedback and communication between the provider, supervising manager and worker?

- A. ☐ Holding a team meeting with the workers and relevant stakeholders at the commencement of the program to ensure everyone understands their role/responsibilities to the program and conducting regular reviews of the program's success.
- B. ☐ Conducting reviews only if things are going wrong.
- C. ☐ Making notes in the injured worker's case file only if progress is not being made.
- D. ☐ All of the above

Question 20.

Which of the following processes could be used to decide on options for alternative duties?

- A. ☐ Reviewing the Doctors Work Capability Checklist / Medical Certificate to determine workers' capabilities and restrictions
- B. ☐ Conducting a Job Task Analysis of the worker's job to determine if there are certain tasks that the worker could perform safely
- C. ☐ Engage a rehabilitation provider to conduct a Worksite Visit to conduct a Functional Capacity Evaluation of the worker and develop a suitable duties program in consultation and agreement with the relevant stakeholders.
- D. ☐ All of the above.

Question 21.

In order to process and accept a worker's compensation claim according to the Worker's Compensation Act Qld 2003, the insurer will need to determine which of the following?

- A. ☐ Whether the claimant is a 'worker' as defined in s.11 'Who is a worker.'
- B. ☐ Whether the worker is defined as a 'Queensland' Worker.
- C. ☐ Whether the injury meets the definition 'Meaning of injury.'
- D. ☐ Whether the claim has been lodged within the approved time.
- E. ☐ All of the above

Question 22.

Individual factors which may impact upon a worker's experience of their injury and rate of recovery include which of the following:

- A. ☐ Previous injury to the same area
- B. ☐ Pre-injury physical capacity and strength
- C. ☐ Age
- D. ☐ Lifestyle factors (e.g. smoking, diet, sedentary versus active)
- E. ☐ Pre-injury job satisfaction (e.g. willingness to return to a position which is not satisfying)
- F. ☐ All of the above

Question 23.

Workers' compensation information is only to be used to facilitate a worker's rehabilitation and return to work and is not to be accessed and used for employment purposes.

☐ True / False ☐

Question 24.

What form (signed by the injured worker) could be used to facilitate consultation between the rehabilitation provider, the treating doctor and other relevant stakeholders?

- A. ☐ The WHS Incident Investigation Policy
- B. ☐ The Injured Worker Authorization Form (authorising treating professionals to communicate with the injured worker's rehabilitation coordinators about their injury and status).
- C. ☐ The First Aid Code of Practice
- D. ☐ The Job Safety Analysis

Question 25.

A secondary psychological injury may occur following a workplace injury and can be covered by the insurer.

☐ True / False ☐

Question 26.

Who of the following list should be consulted when developing suitable duties programs? Select all that apply.

- A. ☐ The injured worker
- B. ☐ The injured worker's direct supervisor/manager
- C. ☐ A rehabilitation provider who is currently engaged in the rehabilitation of the worker
- D. ☐ The treating medical practitioner (via the work capacity certificate)
- E. ☐ Workers Compensation Regulatory Service

Question 27.

Which of the following should be considered when developing a suitable duties program?

- A. ☐ Medical information outlined in medical reports
- B. ☐ Functional capacity evaluation outcomes/reports
- C. ☐ Work Capacity Certificates
- D. ☐ Job task analysis/capability statements/job dictionaries
- E. ☐ All of the above

Question 28.

It is important that the injured worker's supervisor/line manager is consulted regularly throughout the program to get their support/buy-in, address any issues, and ask for assistance with monitoring the program. Please circle.

☐ True / False ☐

Question 29.

As part of an organisation's rehabilitation and return to work policies and procedures, which of the following should be included/outlined?

- A. ☐ Methods to verify information obtained from injured workers
- B. ☐ Dispute resolution process
- C. ☐ Methods/frequency for monitoring programs
- D. ☐ Responsibilities of injured workers and the employer
- E. ☐ All of the above

Question 30.

In consultation with the injured worker, which of the following should be considered when establishing a suitable duties program?

- A. ☐ The current worker's compensation medical certificate, including capabilities and restrictions
- B. ☐ The availability of suitable duties at the workplace
- C. ☐ Safety concerns around new risks to the injured worker and their team members.
- D. ☐ The worker's skills, experience, knowledge and motivation to return to work
- E. ☐ Any barriers the worker or the employer has identified for a return to work.
- F. ☐ All of the above

Section 1 – Formative Theory Questions – Result

Student Comments – Specify any improvement you could recommend relating to this assessment.

Assessment Results (Mark one)

☐ Satisfactory / Not Satisfactory ☐

Assessors' Comments about the assessment
(include any details of reasonable adjustment or other consideration)

Section 2 – Summative Assessment – Practical Tasks

CASE STUDY – Neville Iman

General Instructions:

The following questions and tasks are based on the case study provided at the end of this document. In addition to the case study outline, you will be provided with a job tasks analysis, a capability checklist, the workplace return to work policy, and a letter from a rehabilitation provider. These additional documents may give further insight into the case, duties traditionally performed and the expectations of the organisation.

Question 31.

Practical Task – You are to complete the following form using information from the case study outline.

If you are using a computer, you may use the following link. Please download and save the document to return with your assessment.

https://www.worksafe.qld.gov.au/data/assets/pdf_file/0025/19294/employer-reporting-form-133.pdf

Form 133/133A

Version 1

Employer reporting – Injury that may be compensable (reportable injuries)

This is an approved form under sections 133 and 133A of the *Workers' Compensation and Rehabilitation Act 2003*.

Important instructions

All employers are required to report injuries sustained by workers for which workers' compensation may be payable.

Employers must report injuries where:

1. A worker sustains an **injury** (personal injury, disease, aggravation of a personal injury, disease or medical condition, loss of hearing or death), and
2. The employer is **aware** of the injury, and
3. The injury **may be compensable**. An injury may be compensable when an employer and/or a worker reasonably believes that:
 - a) the injury has **arisen out of, or in the course of employment**, and
 - b) the injury will require medical treatment resulting in the issue of a **medical certificate** or will require the worker to have **time off work** (beyond the day of sustaining the injury) or time away from their normal duties to recover from the injury.

Injuries should be reported immediately and must be reported within **eight business days** of the employer becoming aware of the injury, unless there is a reasonable excuse.

This report is **not** a claim for workers' compensation. If a worker makes a claim for compensation, an insurer will advise the employer and decide if the claim for compensation should be accepted or rejected.

If an employer reports an injury, they should also **advise the worker of his/her right to lodge a claim** and how to access an [Application for compensation form](#).

For further guidance, please see the *Reporting of injuries under the Workers' Compensation and Rehabilitation Act 2003 – a guide for employers*.

Employer's details (at the time of the event causing injury)

Employer's trading name	
Employer number (WorkCover Queensland policy number or self-insurance member number)	

Worker's details

Title		Family name	
Given names			
Gender	Female	Male	Indeterminate / Intersex / Unspecified
Date of birth			

Worker's employment details at date of event causing injury

Job title/occupation description	
----------------------------------	--

Date of event causing injury

Date of event/date event period began (if event occurred over a period of time)	
---	--

Location where event occurred

Place (e.g. driveway)	
Street address of injury (e.g. State Law Building, 50 Ann St, Brisbane)	

Date employer became aware of the injury

--

Details of any known medical or other treatment (e.g. attendance at GP or physiotherapist)

--

Payments

	Yes	No
Has the employer made a payment to the worker in place of wages due to time off as a result of their injury (not including sick leave)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has the employer made a payment for medical or other treatment for the worker?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes, please advise for each payment made:

Payment 1

Date of payment		
Details of/ reason for payment	GP/medical treatment	<input type="checkbox"/>
	Allied health treatment (e.g. physiotherapy)	<input type="checkbox"/>
	Wages	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Payment 2

Date of payment		
Details of/ reason for payment	GP/medical treatment	<input type="checkbox"/>
	Allied health treatment (e.g. physiotherapy)	<input type="checkbox"/>
	Wages	<input type="checkbox"/>
	Other	<input type="checkbox"/>

Payment 3

Date of payment		
Details of/ reason for payment	GP/medical treatment	<input type="checkbox"/>
	Allied health treatment (e.g. physiotherapy)	<input type="checkbox"/>
	Wages	<input type="checkbox"/>
	Other	<input type="checkbox"/>

If additional payments have been made, please continue to detail as above on a separate sheet.

Any additional information the employer wishes to provide about this injury (optional)

--

Once complete, please submit this form to your workers' compensation insurer.

Question 32.

How long does a Worker (Neville) have to notify the insurer of a work-compensable injury under the Worker's Compensation and Rehabilitation Act 2003 Qld?

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Question 33.

How long does the Employer, in this scenario, have to notify the insurer of a work compensable injury in accordance with the Worker's Compensation and Rehabilitation Act 2003 Qld?

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Question 34.

When working with Neville during the rehabilitation process, you may become aware of some of the biopsychosocial impacts that his injury is having on his life. Outline one way for each area (Bio, Psycho, Social) that his hand injury may affect Neville.

Biological:
Psychological:
Social:

Question 35.

What things may be required to prepare the workplace/work area/work team for an injured worker's return to work?

Question 36.

As the RRTWC, what methods or techniques could you use to support Neville during his four (4) days of being unfit for suitable duties?

Case File Note of Conversation with Neville's Supervisor – Jimmy Dean – regarding Neville's period of absence and strategy outcome negotiated with Employer (Jimmy).

[illegible]

Question 38.

You are to identify and document Neville's existing skills, experience and capabilities so that you can develop a Suitable Duties Program / Rehabilitation and Return to Work Plan. Please review the opening paragraph of the case study outline to identify this information.

Neville's Experience
Neville's Existing Skills and Capabilities

Question 39.

INSTRUCTIONS.

You are to develop a **two-week Suitable Duties Program** by reviewing the Work Capacity Certificate, Job Task Analysis, relevant job/task details, and the worker's capabilities, skills, and experience included within this document. Sample duties that are available are included within the case study outline. In addition, the job task analysis and capability checklist are included.

You should document any relevant job redesign requirements, reduced hours, alternative duties, including treatment requirements, review dates, deciding on any retraining requirements and any other relevant considerations in consultation with relevant stakeholders.

You should get each stakeholder to sign, including the Doctor (if required on the Work Capacity Certificate) and date the plan, acknowledging that they have been consulted and agree to the program. You should attach your completed plan to this document.

Complete the suitable duties program using the template provided on the following page.

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)	
Phone:		From: To:
		Job description:	

TASK DETAILS		
Week	Duties	Restrictions as per Work Capacity Certificate
Week 1 – commencing:
Days:		
Hours:		

Week 2 – commencing:
Days:		
Hours:		

Treatment occurring during this plan (e.g. physiotherapy):	Training required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Plan to be reviewed on:	If 'Yes', given by:
	Training given on:

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

For more information on our privacy policy, go to <https://www.worksafe.qld.gov.au/about/privacy>

Maintaining regular contact, feedback and communications between the provider, supervising manager and worker.

1. Email communication with Neville's physiotherapist (Jenny Macklin) about Neville's satisfactory progress with wound healing and his readiness to commence the SDP. He will only need 4 further consultations over the next 2 weeks.
2. Verbal conversation with Neville's Supervisor, Jimmy Dean, regarding his acknowledgment of the SDP and its commencement.
3. Phone call with Neville about him starting his SDP and confirmation that he has received the program and is aware of the start date, time, duties, restrictions, and treatment requirements.

[illegible]

Question 41.

Managing issues and implementing appropriate strategies in consultation with relevant stakeholders.

You have been copied into an email from Jenny Macklin (Physio/Hand Therapist) to Doctor Rivers, which mentions that Neville is anxious that his claim has not yet been approved. A copy of this letter is provided in the support documentation. You contact Neville, who seems quite angry, saying he is 'going broke' after having paid for his two (2) hand therapy sessions and doesn't know what to do as he can no longer afford to go to therapy. He is worried this will affect the recovery of his hand as he has seen the benefit of the hand therapy sessions.

You are to conduct an investigation into this matter, which will include researching payment for therapy and providing feedback to Neville. You are to hold a **role-play meeting/conversation** with Neville (played by the trainer), sensitively address the matter, and provide appropriate feedback to ensure a successful outcome. You should then document the following in your case notes.

1. Whom you spoke to,
2. What does your investigation about payment of fees include,
3. What advice do you provide to Neville,
4. The success of the therapy intervention to date,
5. How the matter was to be resolved, and,
6. Whether changes to the SDP and or governing policies/procedures would be required

Date	Time	Notes:

Question 42.

Developing organisation resources to facilitate rehabilitation, providing advice to relevant stakeholders about rehabilitation benefits and evaluating and implementing recommendations for system improvement.

During the rehabilitation process, it became apparent that the employer (supervisor/managers) and workers lacked understanding of the rehabilitation process. As a result, you have also identified the need to develop an Injured Worker Kit with necessary forms, policies and processes to assist with more efficient implementation of future programs. Please list below what forms, policies, and processes you might include in the injured worker's pack.

An 'injured workers pack' should contain the following; Please list another 4.	
1.	eg. An injured workers/return to work process Flow Chart
2.	
3.	
4.	
5.	

Question 43.

Outline the roles/duties and or responsibilities of each of the following stakeholders.

Stakeholder	Roles/duties and or responsibilities
1. Neville Iman – Injured worker	
2. Doctor John Rivers	
3. Supervisor (Jimmy Dean)	
4. Insurer	
5. RRTWC (You)	

Question 44.

Based on your consultation with stakeholders during this case study and understanding of the claims process, what barriers may occur during the process to get this injured worker back to work? **Please list three (3).**

Question 45.

Concluding the suitable duties program.

Neville has provided you with a clearance certificate from Doctor Rivers. Outline the steps you would take to conclude the return-to-work process, including who you would include in the review process.

End of assessment. Please sign the following page.

Upon successful completion of the course, review your paperwork and issue you with a Statement of Attendance. Should you wish to undertake an additional gap assessment to receive the nationally recognised unit of competency, BSBWHS417, Assist with claims management, rehabilitation, ent, rehabilitation and return-to-work programs, please get in touch with the office on 1300 647 200 | info@ohsa.com.au.

A gap assessment fee will be required to be paid before receiving the gap assessment document.

Course Record Sheet – Return to Work Coordinator

Student Name: _____

Assessment	S / NS	Date
1. Theory questions and practical portion completed		

Overall Result (mark one)

☐ Satisfactory / Not yet satisfactory ☐

Assessor's Name: _____

Signature: _____ Date: _____

Student's Name: _____

Signature: _____ Date: _____

Case Study Support Documentation

The following pages contain information to assist you in completing the practical portion.

1. Case Study Outline – Neville Iman – Grocery Store Worker for Lakeside Fruit and Vegetables
2. Letter from treating hand therapist
3. Work Capacity Certificate
4. Job Task Analysis – Grocery Store Worker
5. Capability Checklist – Grocery Store Worker
6. Policy for Lakeside Fruit and Vegetables

CASE STUDY OUTLINE

Neville Iman – Grocery Store Worker

Neville Iman (DOB 15/5/1973) is a grocery store person working for Lakeside Fruit and Vegetable Suppliers, 310 Ipswich Rd, Annerley QLD 4103 P: (07) 3891 2292 for the past 2 years. He lives at 5/90 Ipswich Rd, Buranda, QLD 4102. His contact details are nev73@gmail.com and mobile 0400 222 333. Lakeside (ABN: 123456789) has 25 workers with a small warehouse and sorting area.

Neville immigrated to Australia from Somalia 4 years ago. He has previously worked as a *labourer and small shop owner in Somalia*. Since he has been in Australia, he has held positions as *Night Fill* at a local supermarket and *casual cleaner* at a shopping centre. He has a *forktruck licence, manual handling, safe food handling, first aid and CPR certificates* and an *open manual car licence*. 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 is a loading dock at the end of the building for dropping off raw products for receivables, unpacking, and collecting empty pallets. There is also an administration office with four staff members and the site manager.
- Workers' duties include clerical/administration activities (office staff), fruit sorting/grading and packing, store work, and delivery driving.
- Neville's position involves a small amount of forklift driving (5-10%). Neville is a full-time worker whose usual hours are Monday to Friday, 4:30 am to 1 pm. He usually does 3 hours of overtime on Saturdays in the sorting/grading area. Neville has worked for Lakeside for 2 years and is familiar with the staff in all areas.
- On 5 February, Neville Iman sustained a moderate 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. He reported the injury to his supervisor, Jimmy Dean, who provided initial treatment (first aid) and assisted Neville in contacting his Doctor and next of kin.
- Neville calls his doctor's surgery and makes an appointment with his GP, Dr. Rivers. You remind Neville to take the letter explaining Lakeside's workplace rehabilitation program and a 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 operate the forklift or lift with his injured hand initially; however, he believes Neville should be able to do light work with the injured hand in the second week. He thinks Neville should move gradually from very light duties in the first week to duties requiring the 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 on Monday 12th, provided there is a program in place. The doctor says Neville will be certified as not fit for duties for the remainder of the week and then two weeks of partial incapacity but should be able to return to full duties, including usual hours driving the forklift after this. He also indicated that Neville will need to see a hand therapist for wound care/hand therapy twice a week.

- Neville arrives at the workplace at 10 am the following morning to chat about possible suitable duties. 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 okay to drive as his car is automatic, and he doesn't really need to use his left hand to drive that car.
- After your conversation with Neville, you consulted with Jimmy Dean, Neville's supervisor, and indicated 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 administrative supervisor, and Jimmy Dean, the Sorting/Grading supervisor, and ask for duties that may suit Neville over the next two weeks. The following list represents the duties that can be made available to him in these two areas.

Administration

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, grading and merchandising

ACTIVITY	TASKS	AVAILABILITY
Sorting product	Opening cartons and picking pieces of unsuitable (e.g. bruised) fruit 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)
Removing stacked packed boxes from pallet	Removing shrink wrapping and lifting full boxes of fruit from pallet onto trolley.	4am – 2pm (any time during this period, must perform for minimum of one hour)
Taking boxes out onto shop floor	Pushing cartons of fruit and vegetables on trolley onto shop floor.	4am – 2pm (any time during this period, must perform for minimum of one hour)
Placing boxes (and individual items) of fruit and vegetables onto shelves	Placing boxes from trolley onto display stands, placing and organising fruit and vegetables, picking	4am – 2pm (at 7 minute intervals)

- You discuss specific options for suitable duties with Neville, 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 8:00 am. His concern is based on his availability to pick up his son from preschool at 2 pm (which he does every day). He states that he can't start later than usual and still works 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 4:30 am start, and he indicates that he can then move into the office later in the morning. You advised 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 time spent performing them. You ask him to pick up a copy of the program from Jimmy Dean on Monday morning when he arrives at 4:30 a.m. and tell him that you will catch up with him at 7 a.m. to see how he is going.
- 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 approval and 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.

Lakeside Physiotherapy Clinic – 13 Lakeside Bld, Lakeside

Specialists in Workplace Rehabilitation / Physiotherapy / Exercise Physiology / Hand Therapy /

Ph: 1300 5656 E: admin@lakeside.co

8 February

Dear Dr Rivers

CC: Lakeside RRTWC

Re: Neville Iman DOB: 15/5/1973

Many thanks for referring Neville whom I have seen on the 6th of February and the 8th of February. Neville injured his non-dominant left hand when some strapping on a cardboard box broke with the strapping slicing approximately 2-inch length cut into his palm. Neville says whilst he didn't have much pain, he is now getting additional discomfort in day-to-day life, including having issues completing standard home-based tasks.

On examination, Neville seems anxious and concerned his rehabilitation will affect his employment and will also affect his financial responsibilities. As of writing, his claim is still not yet approved and Neville has paid his two last appointments himself. Besides that, Neville is a very cooperative patient who is very keen to get back to pre-injured functionality.

Neville will bring his wife, Mary, to his next appointment so I can show her how to assist Neville in his therapy and at-home activities.

At this stage, I still anticipate Neville will only require 4 more sessions with me or my colleague Andrea Lamb. These are scheduled for two per week, however this will be reviewed next appointment. I will contact his workplace's return-to-work coordinator to request they follow up with the insurer to review his claim which will assist in decreasing his current financial stress.

Thank you once again for your referral of Neville.

Kind Regards

Jenny Macklin

Physiotherapist –

Member of AHTA

Work capacity certificate – workers' compensation

Form 132M – Version 1

Workers' Compensation and Rehabilitation Act 2003

IMPORTANT INFORMATION: Work is an important part of recovery. In most cases an early return to work (or remaining at work) is beneficial for health and wellbeing. The treating practitioner's guidance increases the likelihood of positive return to work outcomes. A worker receiving continued support is three times more likely to regain their capacity to work. Consider the health benefits of work when certifying the patient's capacity.

Part A – Patient details

Name **Neville Iman** Date of birth **15/05/1973**
 Mobile number **0 4 0 0 2 2 2 3** Claim number - ☒ New claim ☐ Claim is report only
 Occupation (if known) Select one ☒ Patient's employer **Lakeside Fruit and Vegetable Suppliers**

Part B – Injury details

Date of examination **05/02/202** Patient's stated date of injury **05/02** Patient was first seen at this practice/hospital for this injury/disease on **05/02**
 The patient is/was suffering from (List all work-related diagnoses. If symptoms only, tick 'Provisional diagnosis') ☐ Provisional diagnosis **Laceration to left hand.**
 Patient's stated mechanism of injury **Strapping on box broke.** Is this consistent with your clinical findings? ☒ Yes ☐ Unclear
 Describe mechanism in detail **Secondhand box split causing strapping to break, causing a laceration to left hand.**
 Pre-existing factors or condition

Part C – Treatment plan

Patient requires/d treatment from **05/02** to **23/02/** to be reviewed again on **19/02/** No further review ☐
 Treatment **Hand Therapy**
 I have prescribed medication that may impede safe work, travel or cognitive function ☒ No ☐ Yes
 Referrals ☐ Diagnostic ☒ Allied Health ☐ Specialist/GP Name/discipline **Physio clinic** Details (specify) **Hand Therapist**

Part D – Capacity for work (Choose one from the three options)

☒ The certified injury does not prevent a return to pre-injury duties. Do not complete Part E. Go to Part F. ☒ If suitable duties available can return to some form of work from **12/02** ☐ No functional capacity for any type of work until **Monday 12/02**

Complete below section if you certified no functional capacity for any type of work

If no functional capacity, state why? (If no capacity for more than 7 days, the insurer may contact you to obtain more information)

Wound care/healing Estimated time to return to some form of work duties. **4 work days, 6 calendar.** Estimated time to return to full duties.

Part E – Functional ability (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.) No change since last certificate ☐

Certification should be based on what CAN be done, NOT available duties. Consider what the patient can do, either at work or home.

Function/task (patient's usual functional ability)	Is functional ability affected by injury/condition?	Note any restrictions (if relevant)	What patient can do (if "Yes" box ticked)
Lower limb	<input type="radio"/> No <input type="radio"/> Yes		
Upper limb	<input type="radio"/> No <input type="radio"/> Yes		
Hand function	<input type="radio"/> No <input checked="" type="radio"/> Yes	No use of left hand until Monday 19/2	Right-Handed Work
Spinal function	<input type="radio"/> No <input type="radio"/> Yes		
Cognition/psychosocial functioning	<input type="radio"/> No <input type="radio"/> Yes		
Driving a car.	<input type="radio"/> No <input checked="" type="radio"/> Yes	No manual car driving.	Can drive auto car.
Operating machinery/heavy vehicle	<input type="radio"/> No <input checked="" type="radio"/> Yes	No heavy machinery / vehicle use	Can trial 1hr on forklift from 20.2.
Manual tasks	<input type="radio"/> No <input checked="" type="radio"/> Yes	No use of left hand until Monday 19/2	Right-handed work in first week
Other	<input type="radio"/> No <input checked="" type="radio"/> Yes	Avoid wet tasks.	

Part F – Rehabilitation at work – return to work plan (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.)

What workplace modifications are required to facilitate return to work? (e.g. work site assessment, psychosocial considerations)

Right-handed work first week, team meeting recommended to discuss work processes.

Other considerations or factors that may affect recovery (the insurer can arrange appropriate support)

Home life tasks to follow above restrictions.☒ I require a suitable duties program to be provided to me for approval.

I have discussed injury requirements and return-to-work options with the patient and

☐ Employer ☐ Insurer ☐ Rehabilitation provider.

Part G – Medical/dental/nurse practitioner details and statement (or use practice/hospital stamp)

I have discussed the information contained in this certificate with the patient. I have provided the clinical information in this certificate.

Name **Dr Rivers** Email **J.Rivers@lakesidemedical.com.au**
 Practice/hospital **Lakeside Medical** Phone **0 7 3 2 0 0 1 2 3 4** Date **05 Feb**
 Postal address **112 Lakeside Blvd, Annerley Qld 4103** Signature

Further information www.worksafe.qld.gov.au/medicalsupport

All enquiries (medical/dental/nurse practitioner, patient, employer) 1300 362 128



Under the Workers' Compensation and Rehabilitation Act 2003 (the Act), the workers' compensation insurer is authorised to collect the information on this form to process the claimant's application for compensation. 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. The claimant may be contacted by the insurer, and the insurer may contact the claimant's employer and any other medical, allied health or rehabilitation provider about the injury. This form was approved by the Workers' Compensation Regulator on 31 May 2016, pursuant to section 306 of the Act.
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Job Task Analysis

Grocery store worker – general

Back of-house grocery store worker, responsible for stock handling at the rear of the store and merchandising (stocking of shelves in-store).

Tasks and tools used

- Stock handling: The store size determines the number of stock deliveries per week. Multiple pallets of goods are delivered by truck and shifted by forklift to the rear of the stock and the shelves in the store room/cool room.
- Pallets are then handled by a pallet jack to break down loads to relevant aisles, where stock is manually moved out onto the shop floor with a trolley and placed on the shelves.

Critical physical job demands and other task requirements

CRITICAL JOB DEMAND DESCRIPTOR	% OF TIME THE TASK IS PERFORMED	TASK
Constant	>66%	Reaching in front of body to stock shelves, gross handling of various shaped items with fingers/hands.
Frequent	34%–66%	Static standing, stooping and bending to handle low stock, walking, reaching to head height, lifting 1-16kgs
Occasional	5%–33%	Twisting trunk, squatting, pushing, pulling, head down and head rotated tasks, lifting up to 16kg boxes from floor to shoulder height, carrying 5-10m, pushing / pulling pallet jack up to 30m.
Rare	<5%	Kneeling.

Suitable duties

- Goals must be clear, realistic and achievable
- Must have 'buy-in' from the worker
- Worker helps to set the goals and must be answerable if goals are not met (this allows barriers to return to work to be identified at an early stage and obstacles overcome)
- Workers need to understand that they have an obligation to participate in rehabilitation and return to work, as per section 232 of the Workers' Compensation and Rehabilitation Act 2003 (the act).

Return to work suggestions.

Workers can begin with light duties and include more tasks as their capacity for work changes. We'll work with all parties, including the treating medical provider, employer and worker, to ensure everyone is aware of where the worker is with their rehabilitation and stay at or return to work.

Note: Some tasks depend on the worker's injury and capacity, and some may require the assistance of a co-worker.

Offsite

Return to work can begin at home for those who have difficulty with transport, medication, or an injury that prevents them from returning to work.

If workers need to take a break from work, their rehabilitation can still begin at home.

Tasks can include:

- Video on safety issues can be viewed (lying in bed if injury type requires)
- Computer-based programs, CDs or DVDs on work-related subjects
- Phone-based work
- Emails
- Training
- Other worksite inductions
- Checking or auditing paperwork, e.g. Helping those who audit lost time injuries (it is) for a six-month period.

Host employment

In the event an employer is unable to provide suitable duties, a host placement may be required. If this is the case, the worker may be placed at a different employer in a graduated return to work plan until they can 'upgrade' back to his/her pre-injury role with their pre-injury employer.

WorkCover's Work program places injured workers in short-term host employment with employers who have an established track record of successful return-to-work outcomes for their own workers.

More return to work resources

Return to Work Checklist for Grocery Store Workers

- Assist with planning the implementation of a rehabilitation or return-to-work program, including:
- Job redesign, reduced hours and alternative duties as appropriate (review job task analysis and develop SDP)
- Documenting existing skills, experience and capabilities of affected worker (create job task analysis) - documenting information about Fred
- Assisting with the design of a rehabilitation or return-to-work program and determining retraining requirements (SDP + Retraining)
- Consulting with relevant managers about the program (email note to manager/supervisor)

YOU ARE NOT REQUIRED TO COMPLETE THIS CHECKLIST

– FOR INFORMATION ONLY.



Grocery Retail Worker: Return to Work Checklist and Plan

Please complete with your patient.

Worker name: _____ Claim number: _____ Injury: _____

A worker will be able to participate in the duties as below from: / / to / /

Full time ☐ Part time ☐ hours per day days/week

N.B. Based on your information, a suitable duties plan will be established at the worker's place of employment. In the absence of task availability at their usual workplace, the worker will continue to be paid weekly compensation. Work Cover will source suitable alternative workplace rehabilitation with a host employer.

Please consider the “health benefits of good work” and focus on what your patient can do.

TICK IF SUITABLE	JOB TASKS	LIMITATIONS/COMMENTS
	Stock handling - Rear of store. Store size and location determines the number of deliveries of stock per week. For grocery there may be multiple pallets of goods delivered by truck and shifted by forklift to the rear of store to the shelves in the store. Staff then handle pallets by pallet jack to break down loads to relevant aisles. Goods are then transferred from the storerooms at rear to the shop floor via pallet jack or flat top trolley or shopping trolley.	
	Merchandising - Items are broken down from cartons and placed on the shelves. The team member walks and visually inspects the store floor ensuring merchandise is correctly and appropriately displayed.	
	Customer service - The sales team member will roam through the different areas of the store assisting customers. This may involve low level to overhead reaching and handling of stock as well as register use.	
	Point of sale – register/eftpos - Items are scanned at point of sale, and payment collected from customer. Usually done at waist height or above. Security tags/pins are removed from items which are purchased, and items are bagged for customer.	
	Opening and closing of shop doors - This task consists of opening/closing the access of the store involving pulling/pushing a concertina door, sliding glass door or a standard glass door.	
	Housekeeping - This task may consist of dusting, vacuuming, mopping, cleaning of mirrors and disposing of rubbish. Mirrors are cleaned, but only what is able to be reached. Rubbish is carried or pushed on a trolley to a waste disposal bin.	

Worker name:	
Claim number	
Injury:	

TICK IF SUITABLE	ALTERNATE DUTIES	LIMITATIONS/COMMENTS

If none of the above tasks or alternate duties are appropriate at this time, please advise a review date or timeframe for some form of return to work ____/____/____/____

- ☐ Please tick here if you have been unable to identify any tasks and you would prefer an allied health provider to help implement a return to work plan.

Other comments:

SIGNATURES

Treating Medical Practitioner:		/	/
Worker:		/	/
Employer:		/	/

Submission and payment for this form (WorkCover Queensland claims only)

If this form is requested as part of a workers' compensation claim, please forward this completed form via our online services or alternatively by faxing to 1300 651 387. You can charge for a "completed form" under the relevant table of costs, found on our website [worksafe.qld.gov.au](https://www.worksafe.qld.gov.au). This form will become part of a claim file. It may, therefore, be read by claims staff, Work Cover Queensland's network of advisory doctors, specialists at the Medical Assessment Tribunal or during legal proceedings.

In addition, the form you provide may be released to another person (usually the worker or employer) under the Right to Information Act (2009), the workers' compensation legislation or as authorised or required by law.

Lakeside Fruit and Vegetable Suppliers

Injury Management Policy Statement:

Lakeside Fruit and Vegetable Suppliers recognises that there are substantial benefits to be gained from rehabilitation principles and practices and is committed to implementing them at this workplace. We recognise that the *Workers' Compensation and Rehabilitation Act 2003* and the *Workers' Compensation and Rehabilitation Regulation 2014* provide legislative support for workplace rehabilitation activities.

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

- Maintain injured or ill workers at work or
- Ensure the worker's earliest possible return to work or
- Maximise the worker's independent functioning and
- Provide for durable employment.

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

Lakeside Fruit and Vegetable Suppliers is committed to: -

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

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

Lakeside Fruit and Vegetable Suppliers has a formal return-to-work management system that includes induction, training, and support. As part of this program, we have implemented the use of an injured worker's pack, which must be taken by the injured worker to the relevant medical practitioner. If the first aid team is unable to hand the pack to the worker, the RRTWC may email it.

Lakeside's injured worker pack contains:

- Rights and Responsibilities Overview
- Flow chart (Return to work process for injured workers)
- FAQ sheet including who to contact in an emergency (e.g. Lifeline)
- Authorisation form
- Dear Doctor letter
- List of available suitable duties across the organisation or a job task analysis and checklist for the position.

Return to work grievance procedure.

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

If either an injured worker or the employer is unhappy with a decision made by WorkCover Queensland, the decision may be reviewable with the Worker's Compensation Regulator. Strict time frames apply.
