



REHABILITATION & RETURN TO WORK CO-ORDINATOR | RRTWC

STUDENT STUDY GUIDE

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CONTENTS PAGE

Heading
i. Return to Work Requirements Introduction
ii. Scheme structure in Qld
iii. Structure of Acts - helping guide you through legislation
iv. Legislation –
1.0 Workers compensation legislation
1.1 Claims process
1.3 Standard for rehabilitation
1.4 Workers compensation and other regulator reporting requirements
1.5 Dispute resolution process
1.6 Roles and responsibilities of stakeholders
2.0 What is rehabilitation
2.1 Setting up a workplace rehabilitation program
2.2 Six stages of return to work
2.3 Referral process for treatment
2.4 Providing feedback
2.5 Interpersonal skills for the RRTWC
3.0 Identifying suitable duties
3.1 Suitable Duties Plan guidelines for completion
3.2 Assessing work environment for work WHS risks
3.3 Workers with psychological injuries
3.4 Psychosocial factors
3.4.1 Biopsychosocial model
3.5 Finalising the suitable duties plan
3.6 Document the suitable duties plan
4.0 Implement and monitor return to work
4.1 Assisting injured workers with ongoing suitable employment
5.0 Appendix

Course Introduction:

This workbook outlines the skills and knowledge required to assist with managing rehabilitation and Return to Work requirements for an organisation. The course is designed with Queensland legislation in mind, but it uses best practice theory and operational practice throughout. The assessment has been linked to the Nationally Accredited unit of competency BSBWHS417 to assist with managing the WHS implications of a return to work.

We have included specific state-based requirements for those states with mandatory requirements. At the time of writing, this course is suitable for all States and Territories, excluding South Australia, which has its own mandated course via approved training providers.

Students who wish to work in the Australian Capital Territory (ACT) should contact the ACT regulator to check if their experience and this course will be sufficient. Currently, ACT requires a specific course unless you can prove industry experience.

The content of the course has been developed in line with the requirements of the Guideline for Workers Compensation Regulator-approved Rehabilitation and Return to Work Coordinator Course published on the Worksafe Queensland website.

i. Return to work requirements introduction.

Workers' Compensation Authorities and Organisations in Australia

Currently, every state and territory in Australia has its own workers' compensation scheme.

Workers' compensation across Australia

WorkCover Queensland is independent of any other workers' compensation authority. Together with other workers' compensation authorities, WorkCover strives to make workers' compensation easier for employers who operate in multiple states. Links to other workers' compensation authorities in Australia:

- Australian Capital Territory: [WorkSafe ACT](#)
- New South Wales: [State Insurance Regulatory Authority \(NSW\)](#)
- Northern Territory: [NT WorkSafe](#)
- Norfolk Island: [Norfolk Island Workers Compensation Agency](#)
- Queensland: [WorkCover Queensland](#)
- South Australia: [ReturnToWork SA](#)
- Tasmania: [WorkCover Tasmania](#)
- Victoria: [WorkSafe Victoria](#)
- Western Australia: [WorkCover WA](#)
- [Comcare](#)

Safe Work Australia <http://www.safeworkaustralia.gov.au/> is a federal government advisory body on workers' compensation in Australia. They coordinate work on national workers' compensation harmonisation initiatives as well as produce national workers' compensation information, including:

- Comparison of Workers' Compensation across Australian States and Territories and New Zealand. located at: <https://www.safeworkaustralia.gov.au/collection/comparison-workers-compensation-arrangements-australia-and-new-zealand>

This is a great document for those working across a number of jurisdictions.

NON-STATE-BASED SCHEMES

ComCare

Comcare is a Commonwealth statutory authority established under:

- The *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) and
- Covered by the *Commonwealth Authorities and Companies Act 1997* (CAC Act).

Comcare administers:

- The Commonwealth's workers' compensation scheme under the SRC Act, and
- The *Work Health and Safety Act 2011* (WHS Act) and Regulations 2011 (WHS Regulations).

Comcare also provides secretariat, policy and legislative support to the Seafarers' Safety, Rehabilitation and Compensation Authority in administering:

- The *Seafarers Rehabilitation and Compensation Act 1992*;
- The *Occupational Health and Safety (Maritime Industry) Act 1993*;
- The *Seafarers Rehabilitation and Compensation Levy Act 1992*, and
- The *Seafarers Rehabilitation and Compensation Levy Collection Act 1992*.

The rehabilitation and workers' compensation regulatory functions provide an integrated and cost-effective approach to prevention, compensation and workplace rehabilitation across the jurisdiction.

The Comcare scheme covers employees of:

- Commonwealth Government agencies and statutory authorities (but excluding members of the Australian Defence Force)
- ACT Government and its agencies
- Corporations which have been granted a license to self-insure provided the injury occurred while the license was in force.

The rehabilitation and compensation components of the Comcare scheme are characterised by:

- A 'no fault' scheme with limited access to common law
- An integrated and cost-effective approach to injury prevention, occupational rehabilitation and workers' compensation
- Employer responsibility for the occupational rehabilitation and return to work of injured employees
- Comcare approval of rehabilitation program providers
- A comprehensive benefit structure with an entitlement to compensation payments for 45 weeks at 100 per cent of normal weekly earnings and 75 per cent thereafter

- Coverage of allowable medical, rehabilitation and related costs associated with the treatment of work-related injuries and diseases
- Lump sum payments for permanent impairment due to work-related injury or disease
- Entitlement to incapacity payments until age 65

Seacare

Seacare is a national scheme of occupational health and safety (OHS), rehabilitation and workers' compensation arrangements that applies to defined seafaring employees and – in relation to OHS – defined third parties.

The scheme is overseen by the Seafarers Safety, Rehabilitation and Compensation Authority – otherwise known as the Seacare Authority – which comprises an independent Chairperson and Deputy Chairperson, the Chief Executive Officer of the Australian Maritime Safety Authority, two employer representatives and two employee representatives.

ii. Scheme structure in Queensland

The Queensland workers' compensation system is a compulsory (statutory-based) insurance scheme. Its purpose is to encourage early return to work and ensure that injured workers receive entitlements and incentives to return to work. The scheme is funded by employer-paid insurance premiums or self-insurance levies. The relevant workers' compensation authorities in Queensland are discussed below.

1. Workers Compensation Regulatory Services within the Office of Industrial Relations.

In Queensland, workers' compensation policy and legislation are developed by Workers Compensation Regulatory Services within the Office of Industrial Relations. The scheme is regulated by the Worker's Compensation Regulator, and premiums and claims are managed by WorkCover Queensland and the self-insured employers.

For further information, phone the Department of Justice and Attorney General on 13 74 68 or visit their website at <http://www.justice.qld.gov.au/>

2. Work Health and Safety

Work Health and Safety Queensland is the body responsible for work health and safety in Queensland. For further information, phone 1300 362 128 or visit <https://www.worksafe.qld.gov.au/>

3. The Worker's Compensation Regulator

The Regulator's primary function is to regulate the Workers' Compensation Scheme. As the regulator, functions include the following:

- Monitoring the compliance and performance of insurers under this Act
- Deciding applications relating to self-insurance
- Undertaking reviews of insurers' decisions and managing appeals
- Supporting the efficient administration of medical assessment tribunals
- Undertaking work rehabilitation accreditation and compliance activities
- Providing rehabilitation advisory services
- Providing a complaints service in relation to the Regulators' role and functions
- Maintaining a scheme-wide database
- Promoting education about the scheme.

For further information, phone 1300 362 128 or visit <https://www.worksafe.qld.gov.au/>

4. Self-insured employers

Some Queensland workplaces are self-insured. Self-insured employers take on liability and responsibility for ensuring their workers and managing claims for workplace injuries. A list of self-insured employers can be found on the Worker's Compensation Regulator website at <https://www.worksafe.qld.gov.au/insurance/find-a-self-insurer/>

5. WorkCover Queensland

WorkCover Queensland is the largest insurer in Queensland and directly manages the largest proportion of claims within the Queensland workers' compensation scheme. WorkCover provides insurance to employers to cover them against claims by injured workers for compensation for work-related injuries. They also provide insurance to employers in the event a worker lodges a common law or damages claim for negligence by the employer.

A worker will receive workers' compensation benefits when the insurer (WorkCover Queensland or a self-insured employer) accepts the worker's application for compensation. A worker can lodge an application by:

1. Sending an application for compensation form and a workers' compensation medical certificate (insurer copy) to WorkCover or their self-insured employer. A tax file number will be required if the worker has time off work.
2. Phone WorkCover on 1300 362 128 to lodge a claim by telephone.
3. Log on to <https://www.worksafe.qld.gov.au/> to lodge a claim online.
4. Lodge the application with their employer, who forwards it to WorkCover or the self-insurance unit along with the employer report.

iii. The Structure of Acts – helping to guide you through using legislation

The activities in this section are designed to assist you in locating and interpreting some of the information in the Workers' Compensation and Rehabilitation Act 2003 and the Workers' Compensation and Rehabilitation Regulation 2014. Use these exercises to assist you with learning how to move around the Act and Regulation.

The Act

The Act is comprised of four main Groupings: -

A Table of Contents	
An Introduction	(Chapter 1 – Preliminary)
The Body	(Chapters 2 to 25)
Appendices	(Schedules)

Finding Your Way Around

The first step toward becoming familiar with our Workers' Compensation and Rehabilitation Act will be to differentiate between the page number and the Section of the Act.

- a) *Workers' Compensation and Rehabilitation Act 2003*
- b) *Contents*

→ Section	Page ←
<i>Chapter 1 -Preliminary</i>	
<i>Part 1 - Introduction</i>	
1 <i>Short title</i>	29
2 <i>Commencement</i>	29
3 <i>Act binds all persons</i>	29
<i>Part 2 – Objects</i>	
4 <i>Objects of Act</i>	30

The information in the Act is divided to make it easier to locate. There are several ways in which the information is divided into smaller parts. This is similar to (for example) the way a TV guide is divided. To find a program, first, you must be sure you are looking at the right week; then, you look for the day, and then, on the day you want, you look at the specific channel. And finally, you can look at the particular time. This is a way of helping you locate the information you need. The Act has similar ways to help you locate information.

The largest segments of the Act are **Chapters**.

45 Meaning of “accredited workplace” **53**

—————→ **CHAPTER 2 – EMPLOYER’S OBLIGATIONS**

PART 1 – EMPLOYER’S LEGAL LIABILITY

46 Employer’s legal liability **53**

47 WorkCover’s liability confined to compensation **53**

Activity

Note the Chapter numbers that contain the following – (you will be required to provide these answers later)

Topic	Chapter No.
Employer Obligations	
Enforcement	
Injury Management	
Reviews and Appeals	
Medical Assessment Tribunals	

Chapters are further divided into **Parts**

45 Meaning of “accredited workplace” 53

CHAPTER 2 – EMPLOYER’S OBLIGATIONS

PART 1 – EMPLOYER’S LEGAL LIABILITY

46 Employer’s legal liability 54

47 WorkCover’s liability confined to compensation 54

Parts are further divided into **Divisions**, and some Divisions are divided into **Subdivisions**.

160 Total incapacity—reference about impairment to medical assessment tribunal 133

Subdivision 1 Persons entitled to compensation other than eligible persons

161 Application of sdiv 1 134

162 Definitions for sdiv 1 134

The fundamental component of the Act is the **section**.

The way in which you will locate most of the information in the Act is by looking up the section number. Within the Act you will find the section number written on the left-hand side of the page in bold text. When you are referring to section numbers in writing, you write the abbreviation for the section as a small s followed by the number of the section, e.g., s40.

40 Meaning of “rehabilitation”

(1) “Rehabilitation”, of a worker, is -
ensure the worker’s earliest possible return to work

But it doesn’t end there!

Sections of the Act can be divided into **subsections**. **Subsections** are written in brackets with bold text on the left-hand side of the page. When you are referring to the subsection in writing, you write the section number as described above, followed by the subsection in brackets after the section number, for example, s40 (1).

40 Meaning of “rehabilitation”

- (1) “Rehabilitation”, of a worker, is -
ensure the worker’s earliest possible return to work

Subsections contain **clauses** as shown below and these further describe the content of a section.

40 Meaning of “rehabilitation”

- (1) “Rehabilitation”, of a worker, is -
- a) necessary and reasonable –
 - (i) suitable duties programs; or
 - (ii) services provided by a registered person; or
 - (iii) services approved by an insurer.

iv. Legislation

Queensland Workers' Compensation Scheme Legislation

The main provisions and intentions of the Queensland worker's compensation scheme are outlined in the:

- *Workers' Compensation and Rehabilitation Act 2003* and
- The Workers Compensation and Rehabilitation Regulation 2014 as amended.
- There are currently no codes of practice relating to the Queensland Workers' Compensation Scheme.

The *Workers' Compensation and Rehabilitation Act 2003* sets up a workers' compensation scheme for Queensland that pays benefits to workers who injure themselves at work. Benefits may also be payable to dependents of injured workers in the case of fatal claims.

The scheme encourages improved health and safety performance by employers. Its intention is to maintain a balance between fair and appropriate benefits for injured workers, dependents, and others and reasonable costs for employers.

The objectives of the scheme are to ensure that:

1. Injured workers or dependents are treated fairly by insurers.
2. Employers' interests are protected in relation to claims for damages for workers' injuries.
3. Employers and injured workers participate in effective return to work programs.
4. Workers or prospective workers are not prejudiced in employment because of a workplace injury.
5. There is a provision for flexible insurance arrangements suited to the particular needs of the industry.

Other relevant legislation

As the rehabilitation and return to work coordinator, you may need to consider other legislation, as shown below.

Work Health and Safety Act

The WHS Act provides a framework to protect the health, safety and welfare of all workers at work and of all other people who might be affected by the work. The WHS Act aims to:

- Protect the health and safety of workers and other people by eliminating or reducing workplace risks
- Ensure effective representation, consultation and cooperation to address health and safety issues in the workplace
- Encourage unions and employers to take a constructive role in improving health and safety practices
- Promote information, education and training on health and safety
- Provide effective compliance and enforcement measures

- Deliver continuous improvement and progressively higher standards of health and safety.
- Throughout the WHS act, the meaning of health includes psychological health as well as physical health.

Disability Discrimination Act

- The *Disability Discrimination Act* is Commonwealth legislation that makes discrimination on the grounds of disability unlawful in a wide range of situations. The Act requires that people with disabilities be given equal opportunity to participate in the full range of economic, social, cultural, and political activities that occur across society.

Queensland Anti-discrimination Act

- Disability (or impairment) discrimination is simply treating someone unfairly or badly because of their impairment. The *Anti-Discrimination Act* promotes fairness for everyone by protecting them against discrimination, sexual harassment and vilification in some parts of their lives.

Queensland Industrial Relations Act

The *Industrial Relations Act* covers rights and obligations regarding:

- Rates of pay
- Leave entitlements (including public holidays)
- Termination and resignation from work
- Discrimination
- Taxation and superannuation
- Employment records

Fair Work System

Australia's national workplace relations system, the Fair Work system, started on 1 July 2009 and was created by the *Fair Work Act*. It covers the majority of workplaces in Australia.

The main organisation that makes up Australia's Fair Work system is The Fair Work Commission. The Fair Work Commission can:

- Set the safety net of minimum wages and employment conditions
- Ensure the enterprise bargaining process is fair
- Deal with protected and unprotected industrial action
- Help with resolving workplace disputes and
- Deal with termination of employment matters.

Right to Information Act (Qld)

The Queensland Government is committed to giving the community greater access to information. The Right to Information reforms strengthen the community's right to access

government-held information unless, on balance, releasing the information would be contrary to the public interest.

The *Right to Information Act* (the RTI Act):

- Gives you a right to apply for access to documents held by government agencies and Ministers
- requires each government agency to publish a publication scheme on its website, which may include an online disclosure log of documents that have been released in response to Right to-Information applications
- establishes the Information Commissioner and Right to Information Commissioner to oversee the Right to Information in Queensland

The RTI Act applies to:

- Queensland Government departments
- Ministers and Parliamentary Secretaries
- local governments
- public authorities
- certain government-owned corporations

The *Right to Information Act* replaced the *Freedom of Information Act* and is part of a broader “push” model of the greater proactive and routine release of information.

Queensland Information Privacy Act (IP) The IP Act recognises the importance of protecting the personal information of individuals. It contains a set of rules or 'privacy principles' that govern how Queensland Government agencies collect, store, use and disclose personal information.

What is the difference between the Right to Information and Information Privacy Acts?

The key difference is that a person may only apply to access documents containing their own personal information under the IP Act. If you wish to obtain access to documents that do not contain your personal information, you will need to apply under the RTI Act.

If you are insured under a self-insurance scheme, the Commonwealth versions of these Acts apply.

Other Acts

In addition to the above Acts, other legislation that may impact on workers' compensation and workplace rehabilitation includes the *Commonwealth Privacy Act* and Commonwealth Information Privacy Principles. The privacy principles set out principles for access to, collection, use, storage, and handling of personal information.

1.0 WORKERS' COMPENSATION LEGISLATIVE REQUIREMENTS

Extracts from workers' compensation legislation in Queensland

The relevant legislation for rehabilitation and return to work coordinators coordinating return to work for workers injured in Queensland is:

1. The *Workers' Compensation and Rehabilitation Act 2003* and,
2. The *Workers' Compensation and Rehabilitation Regulation 2014*.

Below are key provisions from the legislation of sections relevant to rehabilitation and return to work coordinators.

The following includes the relevant section number shown as an 's'.

A copy of the extracts and wording can be found at the end of this document under Appendix, Qld Legislation Extracts.

Workers' Compensation and Rehabilitation Act 2003(Qld)

s5 Workers' compensation scheme

s31 Meaning of *event*

s32 Meaning of *injury*

s34 Injury while at or after worker attends place of employment

s35 Other circumstances

s36 Injury that happens during particular journeys

s37 Meaning of *impairment*

s38 Meaning of *permanent impairment*

s40 Meaning of *rehabilitation*

s41 Meaning of *rehabilitation and return to work coordinator*

s42 Meaning of *suitable duties*

s43 Meaning of *workplace rehabilitation*

s44 Meaning of *workplace rehabilitation policy and procedures*

Employer's requirements under the Act

The following pages will outline the relevant sections of legislation as relevant to Employers. Specific employer rights and obligations will be discussed further in the workbook.

s48 Employer's obligation to insure

s133 Employer's duty to report injury

s133A Employer's duty to tell WorkCover if worker asks for, or employer makes, a payment

s144 When employer must pay worker for day of injury

Employer's obligation for rehabilitation

The following identifies key aspects of legislation that relate to employer obligations. The obligations are discussed in dot form further on in the document.

s226 Employer's obligation to appoint rehabilitation and return to work coordinator

s227 Employer's obligation to have workplace rehabilitation policy and procedures

s228 Employer's obligation to assist or provide rehabilitation

s229 Employer's failure in relation to rehabilitation

s572A Access to particular documents for employment purposes prohibited

Injured worker obligations

The injured worker's obligations as per legislation are outlined below. Additional information on the workers' rights and responsibilities will be discussed later in the manual.

s132 Applying for compensation

s135 Examination by registered person

s136 Worker must notify return to work or engagement in a calling

Part 5 Worker's mitigation and rehabilitation obligations

s231 Worker must mitigate loss

s232 Worker must participate in rehabilitation

1.2.1 Protection for Injured Workers

s232A Definitions for pt 6

s232B Dismissal of injured worker only after 12 months

s232C Replacement for injured worker

s232D Reinstatement of injured worker

s232G Preservation of worker's rights

Access to documents and information

s572A Access to particular documents for employment purposes prohibited

Workers' Compensation and Rehabilitation Regulation 2014

The following are relevant extracts from the Regulation relating to workplace rehabilitation.

Compensation application and other procedures

102 Application for compensation to include evidence or particulars—Act, s 132(3)(b)

103 If dentist, doctor or nurse practitioner not available

104 Certificate given by dentist, doctor or nurse practitioner

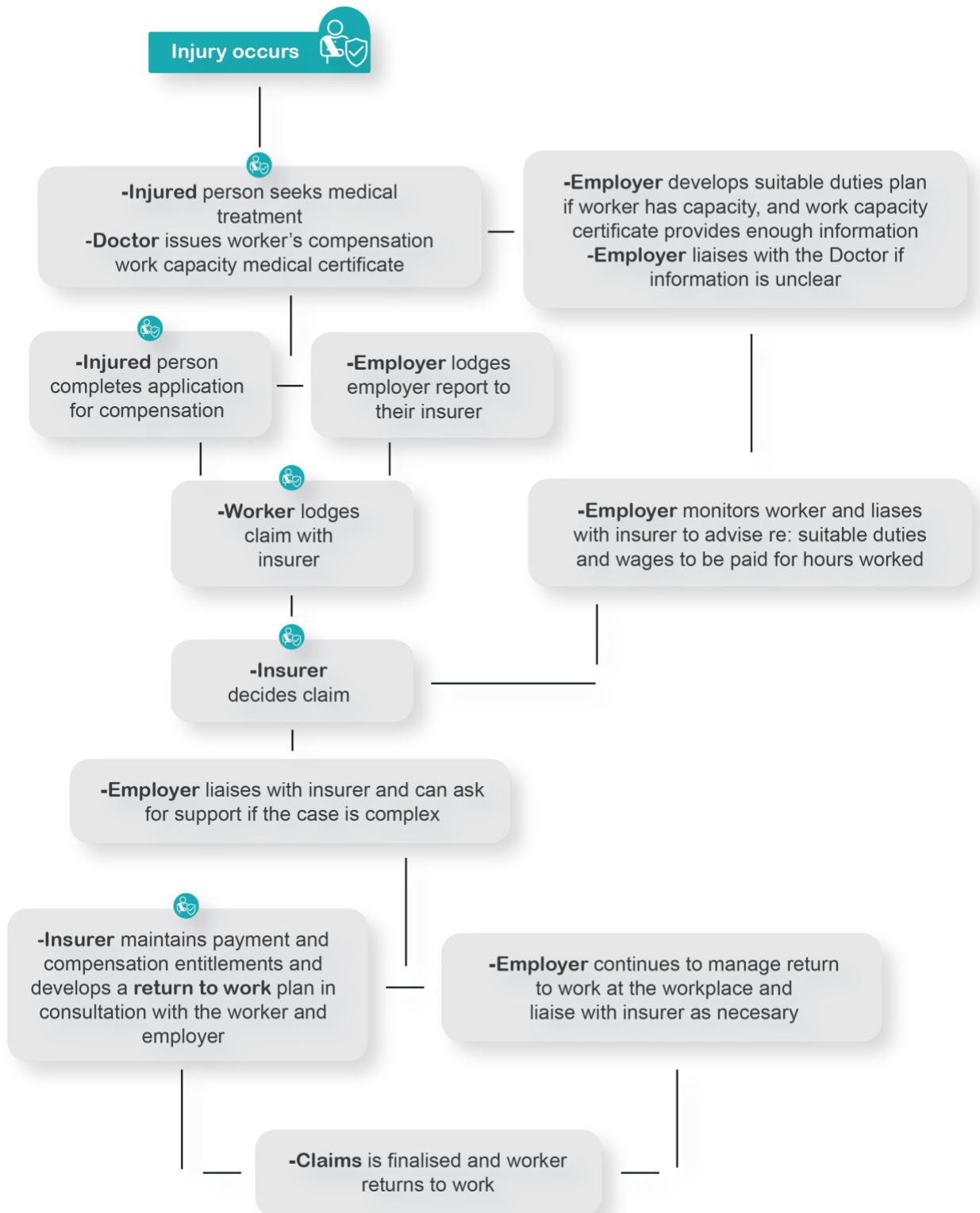
Division 1 Rehabilitation and return to work coordinators.

114 Functions of rehabilitation and return to work coordinator—Act, s 41(b)

115 Criteria for employer to appoint rehabilitation and return to work coordinator—Act, s 226(1)

1.1 CLAIMS PROCESS

Claims process flow chart for both the injured worker and employer



The process for determining whether an application for compensation is to be accepted or declined under the Act is sometimes referred to as the determination of liability. Questions the insurer must answer in order to determine liability include:

Liability determination

- Is the person a *worker* as defined under the Act?
- Has the worker suffered an *injury* as defined under the Act?
- Did the injury arise out of or in the course of *employment* as defined under the Act?
- Is employment a significant contributing factor to the injury?
- Do any of the exclusion provisions under the Act apply?

Note: injury can include an aggravation or exacerbation of a pre-existing condition.

Does the worker have a capacity for work?

Weekly benefit payments to injured workers are based on their capacity for work. Work capacity is decided by the worker's treating medical practitioner based on the worker's medical status and is documented on the medical certificate. Total incapacity for work means that due to the severity of their injury or disease, the worker is not only unable to work in the pre-injury job but is unable to work in any capacity. Partial incapacity for work means that the worker is able to participate in some work tasks that are appropriate to their functional state.

Stable and stationary

In order to decide ongoing liability or to cease a claim, the insurer will first assess whether an injury is stable and stationary. A condition is referred to as stable and stationary when the condition is not likely to improve with further medical or surgical treatment over the next 12 months. This suggests that the condition has reached maximum medical improvement. Once this occurs, although the worker may be unable to return to their job, the claim may be ceased by the insurer. The decision to cease is, therefore, a medical and liability-based decision rather than an employment-related decision.

For further information, contact WorkCover Qld on 1300 362 128 or visit their website at <https://www.worksafe.qld.gov.au/>

WorkCover Queensland can be contacted for information on:

1. Workers compensation insurance
2. Common law or damages insurance
3. Premium calculation and payment
4. Whether a person is a 'worker.'
5. Lodging claims for workers' compensation
6. Discussing issues an employer may have about claims lodged by a worker
7. Advice on whether a claim has been accepted
8. Progress reports
9. Approval of treatment and services for injured workers
10. Calculating wages to be paid to workers during the course of their claim
11. Coordination of the overall return to work plan
12. Developing suitable duties programs
13. Engaging a rehabilitation service provider
14. Employer claims history and statistics

Time limit on applying for compensation

If a worker has been injured at work, they are entitled to lodge an application for compensation with WorkCover Queensland or with their employer if they are self-insured. Once a worker becomes aware that the injury they have suffered will result in time off work and/or a requirement for medical treatment and they wish to make a claim, they should do so as soon as possible as there is a six-month time limit from when they see a doctor for that injury. The insurer may waive the time limit in certain circumstances.

Weekly compensation

If the worker is required to work fewer hours or take time off work due to a work-related injury, the doctor will include this information on the workers' compensation medical certificate. If the claim is accepted, the worker may be entitled to weekly compensation for lost wages during the time they can't work.

WorkCover will calculate the amount of weekly compensation the worker receives based on the Act and pay directly into their bank account by Electronic Funds Transfer (EFT).

The level of compensation the worker receives depends on the:

- Length of time they are certified as unfit for work
- Injury date
- Length of claim
- Whether there is an industrial instrument in place, such as an award or workplace agreement.

To keep the worker on track and reduce the impact of your injury, WorkCover will pay in line with the employer where possible. The worker's wages will be paid in arrears and processed after the working period. Please contact the Customer Advisor if the worker or employer has any questions about the scheduling of the worker's payments.

Normal weekly earnings

Normal weekly earnings (NWE) are the weekly earnings of a worker from employment, continuous or intermittent, during the 12 months prior to the injury.

Queensland full-time adult's ordinary time earnings (QOTE)

QOTE is the seasonally adjusted amount of Queensland full-time adults' ordinary time earnings as declared by the Australian Statistician.

QOTE can be found via the following link and increases annually.

<https://www.worksafe.qld.gov.au/laws-and-compliance/workers-compensation-laws/workers-compensation-benefits-including-qote/what-is-qote>

Deductions from weekly compensation

Workcover only deducts tax from the worker's weekly compensation. WorkCover cannot make deductions on behalf of a worker such as superannuation. Some industrial instruments require the employer to continue paying superannuation while the worker is receiving workers' compensation benefits.

Compensation entitlements of workers

Workers are entitled to weekly compensation if they cannot work to their full capacity as a result of a work-related injury and lose wages as a result. The level of compensation a worker receives depends on:

- The length of time certified as unfit for work
- The injury date
- The length of claim
- Whether there is an industrial instrument in place, such as an award or workplace agreement
- Normal weekly earnings (NWE)
- Queensland full-time adult's ordinary time earnings (QOTE).

Wage payments are a worker's weekly earnings from continuous or intermittent employment during the 12 months prior to an injury. If the worker hasn't been with an employer for 12 months, WorkCover can look at the remuneration of a person who has been employed by the same employer under the same industrial agreement for at least 12 months. In addition, if a worker had more than one employer during those 12 months, all earnings will be taken into account.

It's important to understand wage payments are not necessarily the same as average weekly earnings. Average weekly earnings are the average of all amounts paid to a worker. Wage payments take into account only regular payments made, which would have continued if not for the injury, including:

- Salary or wages
- Overtime
- Higher duties
- Penalty rates
- Allowances (except those listed below).

Wage payments do not include:

- Allowances payable in relation to travelling, car, relocation, meal, education, living in the country or away from home, entertainment, clothing, tools and vehicle expenses
- Employer contributions to a scheme for superannuation benefits (other than contributions made from money payable to a worker)
- Lump-sum payments on termination of a worker's services for superannuation, accrued holidays, long service leave or any other purposes
- An amount payable to a worker as an employer excess payment for an injury.

Employer excess

If the claim is accepted and the worker receives weekly compensation, the employer will be required to pay an excess. The excess is very similar to the excess a person would pay on any other insurance policy. In the case of a WorkCover claim, it represents the first payment of weekly compensation, which is paid to the worker by their employer.

When a claim is accepted, the employer must pay the excess within 10 business days of WorkCover notifying them of the amount.

Partial incapacity

If a worker is totally unfit for work, they will receive total incapacity payments from the insurer as described above.

Often, workers have some capacity for work (partial capacity) as shown on their medical certificate. Employers have an obligation to provide suitable duties for the worker and pay the worker for hours worked on suitable duties. The insurer will compensate the worker for the hours they are unable to work and for the resulting lost earnings.

Other benefits

Travel

WorkCover may cover the cost of necessary and reasonable travel expenses, including travel for:

- Medical treatment
- Medical Assessment Tribunal appointments
- Independent medical examination appointments.

Travel is reimbursed according to what is the most reasonable method, usually public transport. Some travel expenses are not covered, such as:

- Trips less than 20km, one-way
- If there is a closer treatment provider, but you choose to attend another further away.

Other allowances

Workcover may reimburse other costs throughout the claim, including;

- Parking (for medical treatment, rehabilitation, Medical Assessment Tribunal or independent medical examinations)
- Meals when required to travel a whole day or overnight:
- Reasonable itemised chemist expenses directly related to the work injury.

For a full list of allowances, please visit <https://www.worksafe.qld.gov.au/rehab-and-claims/support-and-benefits/other-benefits>

Medical and rehabilitation expenses

Once the worker's claim has been accepted, WorkCover Queensland may pay reasonable medical and rehabilitation expenses relating to their claim.

Workcover has a list of set fees for most medical, hospital and rehabilitation treatments that may be needed while undergoing treatment for the injury. This is called either a Medical Table of Costs or an Allied Health Table of Costs, and Workcover can only pay up to the amount for that service. If a worker attends a medical or allied health practitioner who charges above the table of costs, they'll be responsible for paying the 'gap' or the difference in the fee charged.

Expenses Workcover will pay for

- Medical treatment by a registered person, for example, a doctor, dentist or physiotherapist,
- Surgical and hospital expenses and medicines are essential to the worker's recovery, for example, bandages or prescription drugs.
- Rehabilitation treatment and equipment or services needed to help the worker recover, for example, wheelchairs, crutches, or return to work services.
- Travelling for the worker's medical treatment, rehabilitation or examination by a registered person.

Paying for services

In most cases, the medical or allied health practitioner will charge WorkCover directly for the services treated and will send WorkCover the invoice for payment. However, sometimes, they may want the worker to pay for these services at the time of treatment.

If the worker has to pay for services, they should keep all original receipts, mark the receipts and invoices very clearly with the worker's name and claim number and either send them to WorkCover by:

- Online document upload
- Fax to 1300 651 387
- Mail to GPO Box 2459, Brisbane QLD 4001.

If the worker's claim has been accepted and the costs are directly associated with the injury, Workcover will reimburse the worker directly into their nominated bank account.

Hospital

WorkCover may cover the hospital costs of a work-related injury for:

- Non-elective hospitalisation for up to four days
- Non-elective hospitalisation for more than four days, only when agreed to between WorkCover and the worker, before the hospitalisation or any extension of the hospitalisation
- Elective hospitalisation is only when agreed to between WorkCover and the worker before the hospitalisation.

Non-elective hospitalisation is the treatment of life-threatening injuries or injuries that may result in the loss of or serious damage to a limb or organ.

Elective hospitalisation involves treatment or a procedure that the injured worker and their treating doctor decide is appropriate for effectively treating the injury.

Expenses not covered

- Treatment by a non-registered person, including most alternative medicine treatments (for example, massage and acupuncture unless provided by a registered practitioner such as a physiotherapist, doctor, or Chinese Medicine practitioner registered for acupuncture).
- Some travel expenses, such as trips less than 20km one way or if there is a closer treatment provider, but the worker chooses to attend another further away.
- Unauthorised hospital costs.

If WorkCover Queensland cannot fund the surgery, there may be other options available to enable the worker to access further treatment.

If the worker's claim **has not** been accepted, they will be responsible for paying medical and rehabilitation costs.

For further information on support and benefits available, call WorkCover Queensland on 1300 362 128

Lump sum payments

A work-related injury or disease may result in a temporary or permanent impairment resulting in:

- Loss of efficient use of part of the body or
- Loss of part of the body.

A permanent impairment is one that remains stable and stationary after a period of time and is not likely to improve with further treatment. If a worker has a permanent impairment as a result of their work-related injury, they may be entitled to lump-sum compensation.

A worker may ask to be assessed for permanent impairment, or WorkCover Queensland may decide to have the worker assessed. The percentage of permanent impairment is used to calculate lump-sum compensation offers.

Impairment benefits

Injured workers may be entitled to a lump sum for injuries that result in permanent impairment. This is in addition to weekly benefits and medical and treatment expenses.

Common law or damages

In certain circumstances where a worker has suffered a serious injury and employer negligence is proved, the worker may be entitled to a common law or damages payment.

Death benefits

Dependents of workers who die as a result of a work-related injury may be entitled to compensation. For full up to date figures on benefits

<https://www.worksafe.qld.gov.au/laws-and-compliance/workers-compensation-laws/workers-compensation-benefits-including-qote>

Maximum Statutory Compensation as per Section 140 Act.

Maximum entitlement compensation is payable to a worker (including weekly payments and lump sum). For a detailed list of Worker's Compensation benefits, see

<https://www.worksafe.qld.gov.au/laws-and-compliance/workers-compensation-laws/workers-compensation-benefits-including-qote>

When will weekly compensation payments stop?

The entitlement to weekly compensation stops when the first of the following happens:

- The worker returns to work and is no longer injured
- The worker receives a lump-sum offer
- The worker has been receiving weekly payments for five years
- The total weekly compensation reaches the maximum amount payable as per s140.

1.2 Worker Prosecutions - Examples

Workers who deliberately attempt to fraud the insurer are increasingly being prosecuted. The below outlines just a few.

The Workers' Compensation Regulator is responsible for investigating and commencing proceedings for alleged offences.

Workers' compensation prosecutions can be located on the [worksafe.qld.gov.au](https://www.worksafe.qld.gov.au/laws-and-compliance/prosecutions/prosecutions) website at: <https://www.worksafe.qld.gov.au/laws-and-compliance/prosecutions/prosecutions>

Hearing date	Magistrates court	Outcome	Case
19/12/2016	Brisbane	<ul style="list-style-type: none"> Conviction recorded Penalty: The worker was sentenced to 15 months imprisonment, wholly suspended after servicing 2 months in custody and 3 months each wholly suspended for the false and misleading charges, to be served concurrently. Restitution: \$223, 006.26 	<p>Summary: On 17 July 2012 the worker lodged an application for compensation with the insurer for a stress-related injury which he allegedly sustained on 16 July 2012. The claim was accepted on 17 August 2012 and compensation was paid from 17 July 2012 until 18 May 2015, with benefits totalling \$241,608.00. The worker was diagnosed with a major depressive disorder and was certified totally unfit for any work during the entire claim.</p> <p>It became apparent that during the claim the worker was working for other employers and failed to disclose this work to the insurer.</p>
22/10/2019	Townsville	<ul style="list-style-type: none"> Conviction recorded Penalty: The worker was sentenced to 18 months imprisonment, wholly suspended for an operational period of two years on the fraud charge and six months imprisonment, wholly suspended for an operational period of two years on each of the other charges. Terms to be served concurrently Restitution: \$53,382.33 	The worker was charged with defrauding the insurer by failing to disclose relevant pre-existing injuries and for providing false and misleading information to medical practitioners and insurer staff. The worker further attempted to defraud the insurer in failing to disclose same in his Notice of Claim for common law damages and making false and misleading statements to doctors assessing his permanent impairment.
18/10/2019	Brisbane	<ul style="list-style-type: none"> Conviction recorded Penalty: The worker was sentenced to 18 months imprisonment wholly suspended for two and a half years for the fraud and nine months 	The worker claimed workers' compensation for a right shoulder dislocation that they alleged occurred while moving a toolbox into a workshop. During the claim, the worker denied having sustained any previous similar injuries to the insurer and

Hearing date	Magistrates court	Outcome	Case
		<p>imprisonment (to be served concurrently) for each of the attempted fraud and false or misleading charges, also wholly suspended for two and a half years.</p> <ul style="list-style-type: none"> Restitution: \$48,635.60 	to various medical practitioners who treated and assessed them.
02/08/2019	Brisbane	<ul style="list-style-type: none"> Conviction recorded Penalty: The worker was sentenced to 4 months imprisonment, wholly suspended for an operational period of 18 months. 	The worker was charged with attempting to defraud the insurer by exaggerating their injuries in a Notice of Claim for Damages and making false representations to the doctors assessing their permanent impairment.

1.2.1 Appeals:

The following case outlines an appeal case by an injured worker regarding a journey claim that was dismissed:

Sharen Johnston v Q-COMP

Date of decision: 11 January 2012 Commissioner Thompson
Counsel for the Appellant: Mr S. Sapsworth
Counsel for the respondent: Mr S. Gray

Key Words – personal Injury – physical injury – journey claim – whether worker suffered personal injury which arose out of, or in the course of employment – section 35, section 36 – injury that happens during particular journeys.

Head Note

Sharen Johnson ('the Appellant') lodged an application for workers' compensation in relation to an injury allegedly arising out of her employment.

The application for compensation was rejected by WorkCover Queensland, and the rejection was subsequently confirmed on review by Q-COMP on 10 February 2011.

The Appellant lodged an appeal to the Queensland Industrial Relations Commission on 25 February 2011 against a decision of Q-COMP.

The following factors were accepted by the parties:

- a) The Appellant fell down the front stairs of her domestic premises (within the boundary of her home);
- b) As a result of the fall the Appellant suffered a fractured humerus;
- c) The Appellant was at the time of the injury, on her way to work and had returned home to retrieve her identification badge.
- d) The Appellant was a worker for the purposes of the Act.

The issue of contention in the matter was whether the Appellant, in the circumstances, fell within the ambit of the 'journey provisions' of the Act, namely sections 35 and 36. The contention of the Appellant was that she was, at the relevant time, on a journey between her home and place of employment as provided for by s.35 (1) (a) of the Act and that the 'interruption' of her journey (to return home to retrieve her identification badge) did not involve a substantial interruption or deviation from that journey, in the circumstances, where she had progressed only two minutes into the journey prior to returning home. The witnesses for the Appellant were herself and a former manager at the Appellant's place of employment. Whilst there were some questions over the credibility of the Appellant's evidence, the central issue for determination was whether the Appellant was on a journey or otherwise for the purposes of section 32.

The commissioner determined as follows:

"I find that that when the Appellant left the boundary of the property upon which her residence was situated, at 6.15am on the morning of 29 October 2012, that for the purposes of the Act she had commenced her journey from home to her workplace. The fact that a short time thereafter she realised that her identification badge had been forgotten and she turned her motor vehicle around to return home is not, in the view of the Commission, an interruption or deviation of the kind that the provisions of s.36 of the Act are likely to apply. Upon crossing the boundary of her property on the return, the journey had effectively ceased and when the Appellant retrieved the identification badge and set about the process of departing her residence to travel to work that when she had passed the boundary line of her property, a "new journey" would have commenced. As it happened the Appellant unfortunately suffered an injury in falling at the front stairs of her residence and as she had not passed the boundary line of her property, hence she is excluded from claiming Workers Compensation in accordance with s.35 of the Act."

Appeal dismissed.

1.3 Standard for rehabilitation

Rehabilitation

Rehabilitation must focus on return to work and be goal-directed with timely and appropriate services for:

- The worker's injury
- The rehabilitation and return to work plan objectives
- The worker's recovery rate.

During rehabilitation, the worker must be treated with appropriate respect and equity.

Early worker contact

Early contact is one of the key principles of successful rehabilitation. An injured worker should be contacted as soon as possible after the injury occurs or is reported so rehabilitation needs can be assessed.

Rehabilitation and return to work plan.

The insurer should develop and maintain a rehabilitation and return to work plan with the injured worker, the employer and the treating practitioner.

The plan and any changes must be consistent with the worker's needs and the current workers' compensation medical certificate or injury report.

Doctor's approval

If the treating doctor does not give sufficient information in the workers' compensation medical certificate or injury report to base the plan, the treating doctor's approval must be obtained and documented for the rehabilitation and return to work plan.

Suitable duties program

The employer must develop a suitable duties program for an injured worker returning to work. It's essential for the employer to discuss the program with the injured worker.

The worker's direct supervisor, co-workers and all other relevant parties should understand what duties and hours the worker can safely work each day.

The program and any changes must be consistent with the worker's needs and the current workers' compensation medical certificate or injury report.

The program must be monitored and reviewed at appropriate intervals consistent with the worker's recovery, and the insurer must be provided with a copy.

Worker's file

A file must be kept for each worker undertaking rehabilitation and must contain copies of all relevant documentation, correspondence and accounts.

Confidentiality

All parties must treat information sensitively and confidentially. Authority must be obtained from the worker to obtain or release information about their rehabilitation.

Case notes

Accurate and objective case notes containing a record of all communication and actions relevant to the worker's rehabilitation and return to work must be kept.

Review progress

Review progress at critical milestones against the RRTW procedure. It may be appropriate for informal reviews to be conducted after the first day and then more formal reviews at key points throughout the suitable duty plan/return to work program.

Workers' Compensation & Rehabilitation Research and Information

Other best practice documentation includes.

National Return to Work Strategy 2020 – 2030

<https://www.safeworkaustralia.gov.au/doc/national-return-work-strategy-2020-2030>

Super Friend Taking Action – Best Practice Framework for the Management of Psychological Claims

<https://www.superfriend.com.au/app/uploads/2016/10/TAKING-ACTION-Best-Practice-Framework-for-the-Management-of-Psychological-Claims.pdf>

Heads of Workers' Compensation Authorities (HWCA) Principles of Practice for Workplace Rehabilitation Providers

<http://www.hwca.org.au/nationally-consistent-approval-framework-workplace-rehabilitation-providers/>

Monash University: Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice

<https://research.monash.edu/en/publications/clinical-guideline-for-the-diagnosis-and-management-of-work-relat>

Comparative Performance Monitoring Report

Workplace Relations Ministers' Council

Comparison of OHS and workers' compensation schemes in Australia and New Zealand

Australia and New Zealand Return to Work Monitor (RTW Monitor)

Heads of Workers' Compensation Authorities

www.hwca.org.au

Rehabilitation Database Index

American Occupational Therapy Foundation

www.aotf.org

“This is an index of major online databases related to rehabilitation and/or health care. It covers information on the source, availability, WWW address, description, type and coverage of a variety of databases. You can browse this index by database names or subjects”.

National Rehabilitation Information Centre

www.naric.com

NARIC provides full-text access to the Original Research portion of their collection about rehabilitation. “These documents, the result of government-funded research, are available electronically through the REHABDATA database. There are currently more than 1,300 electronic documents available through this service. As new documents are added, they will also be made available.”

Institute for Work & Health

www.iwh.on.ca

“The Institute for Work & Health is an independent, not-for-profit organisation whose mission is to conduct and share research on workers’ compensation and rehabilitation with workers, labour, employers, clinicians, and policy-makers to promote, protect and improve the health of working people.”

Resworks

www.resworks.org.au

“Resworks is focused on evidence-based medicine. Our objective is to further knowledge, establish evidence-based interventions and advocate cultural development that has practical benefits.”

1.4 Workers' compensation and other regulatory reporting requirements

Employers

Every employer must apply to WorkCover for a workers' compensation insurance policy within 5 business days of employing a worker or workers. This will cover them against claims for compensation by injured workers and claims for negligence, i.e. damages or common law claims.

Under section 133 of the Act, an employer, other than an employer who is a self-insurer, whose worker sustains an injury for which compensation may be payable must complete a report in the approved form and send it to the nearest office of WorkCover immediately the employer knows the injury has been sustained; the worker reports the injury to the employer or the employer receives WorkCover's written request for a report. If an employer fails to comply within **8 business days**, the employer commits an offence unless the employer has a reasonable excuse. This report is separate from and distinct from the requirement to report incidents and accidents to the Work Health and Safety, although there are provisions now to report both an incident and a claim at the worksafe.qld.gov.au website.

Under section 133A, an employer must advise WorkCover if the worker asks for compensation for an injury sustained by the worker. The employer must notify WorkCover if they pay the worker an amount, for compensation or instead of compensation, that is payable to the worker under the *Workers' Compensation and Rehabilitation Act 2003*.

An employer cannot ask a 'worker' to negotiate or trade off their workers' compensation rights and entitlements under a contract or enterprise bargaining agreement.

Injured worker

An application for compensation must be lodged by the injured worker or claimant within 6 months after the worker gets a workers' compensation medical certificate for the injury or illness from their doctor or dentist.

A worker should lodge an application for compensation with the insurer as soon as possible as the insurer is only liable to back pay compensation for a period of 20 business days before the day the application was lodged.

A worker receiving compensation for an injury must give the insurer written notice within 10 business days of the worker's return to work or engagement in a calling.

(Calling means any activity ordinarily giving rise to receipt of remuneration or reward, including self-employment or the performance of an occupation, trade, profession, or carrying on of a business, whether or not the person performing the activity received remuneration).

Other regulatory reporting requirements

The Worker's Compensation Regulator is the regulatory authority for workers' compensation in Queensland, while Work Health and Safety are the regulatory authority for work health and safety. WorkCover Queensland has regulatory powers relating to premium evasion.

How and when to report an incident to the relevant workplace health and safety authority

In Queensland, unlike most other Australian states, workers' compensation and work health and safety laws are regulated by two separate authorities.

The *Workers' Compensation and Rehabilitation Act 2003* has certain reporting requirements for employers and workers. These requirements are separate and distinct from the reporting requirements for reporting incidents and accidents under workplace health and safety reporting requirements.

Under the *Work Health & Safety Act, 2011* (Qld), written notification is required within 24 hours of an incident. If the incident involves a death, immediate notification is required at 1300 362 128. A Work Health and Safety Queensland Inspector is on call 24 hours a day.

Further information

For further information, contact WorkCover on **1300 362 128** or visit their website at <https://www.worksafe.qld.gov.au/>

1.5 Dispute Resolution Processes within the Workers' Compensation Industry Sector

Dispute resolution processes within the workers' compensation sector in Queensland may be workplace-based or formal as provided by the Worker's Compensation Regulator Review Unit, the Medical Assessment Tribunals or an Appeal to the relevant court against a review decision made by the Worker's Compensation Regulator.

Workplace-based dispute resolution

Workplace-based disputes should be referred to the rehabilitation and return to work coordinator in the first instance. Many disputes are based on misperceptions and miscommunication, so you may need to check that all parties are clear about their roles and responsibilities. If the RRTWC is unable to resolve the issue, they may choose to escalate the issue to their human resources advisor and/or WorkCover or the self-insurance unit if they are a self-insured employer. Disputes that may be able to be resolved in the workplace by liaising with other parties include:

1. Disputes over suitable duties – consult and discuss with:
 - a. the worker,
 - b. the treating doctor,
 - c. ask WorkCover or the self-insurance unit to assist,
 - d. ask the insurer if a rehabilitation provider can be engaged to help,
 - e. set up a case conference with all parties. (You will need insurer approval for payment if treatment providers are involved).
2. Worker fails to participate in rehabilitation – discuss with the worker to attempt to identify the reasons for their refusal:
 - a. They may be fearful of re-injury,
 - b. If being asked to work different rosters to their usual one, they may have childcare or other responsibilities,
 - c. There may be issues with co-workers, especially if the injured worker has a partial capacity for work and the team cannot meet production targets,
 - d. The worker may have issues with a supervisor or manager who does not want them back at work until they are “100% fit”.
3. It is important to remain objective and impartial and attempt to identify the real reasons for the worker's non-participation.
4. If you are unable to resolve a dispute, contact the insurer for assistance.

Formal dispute resolution processes

Review process

The Worker's Compensation Regulator provides an independent review of certain decisions made by insurers (e.g., insurer decision to accept or reject a claim, cease a claim, suspend benefits, or vary entitlements). This service is provided free to a worker or an employer. However, if the review applicant chooses to engage a solicitor, this will be at their own expense. The review process is a non-legal (administrative) one designed to provide an efficient, timely and cost-effective system for workers and employers. It is a non-adversarial and non-judicial process. The review process is not a re-investigation of the matter. The review applicant has a right to appear before the review officer. (This can be made by telephone).

Applying for a review

A worker or employer has 3 months from the time they receive a decision from the insurer in which to lodge an application for review. The 3-month period can be extended for special circumstances by applying to the Worker's Compensation Regulator. This can only be done within the initial 3-month period mentioned above.

If reasons for the decision are not received with the notice of decision from the insurer, the worker or employer has 20 business days in which to ask the insurer for reasons. The reasons for the decision are an important part of the review process and will assist all parties in understanding the insurer's decision and formulating the basis of an application for review.

When completing the application for review, the worker or employer will be required to give reasons (grounds) as to why they disagree with the insurer's decision. While there is no requirement for extensive grounds, it is necessary to at least identify the area of dispute. The insurer's reasons should assist in this process.

Review decision

The Worker's Compensation Regulator will consider all the information from the insurer's file along with any other relevant information that has been provided. This includes any personal representations made by the applicant. The review decision is required to be made within 25 business days. This period can be extended only if:

- The review applicant agrees to an extension of time to allow the Worker's Compensation Regulator to obtain additional information or
- The review applicant applies to the Worker's Compensation Regulator for an extension to supply further information to support the application for review.

If the review decision is not made within 25 business days, the review applicant may appeal to the Industrial Magistrate or the Queensland Industrial Relations Commission in Brisbane. The review applicant will receive a written notice of the review decision and the reasons for the decision within 10 business days after it is made. A duplicate copy of this will also be given to the other party (e.g. to the employer if a worker has applied for a review).

An application for review form may be obtained by contacting the Review Unit at the Worker's Compensation Regulator.

Appeal process

Workers, claimants and employers who are dissatisfied with the decision of the Worker's Compensation Regulator Review Unit can appeal to **either** the Industrial Magistrates Court or the Queensland Industrial Relations Commission. As this is a legal and judicial process, both parties will incur legal costs to initiate or defend an appeal.

The appeal must be filed within 20 business days of receiving the Review Unit decision. The Appeals Unit of the Worker's Compensation Regulator is responsible for defending the Review Unit decision.

The parties to an appeal may be:

- The person who files the appeal, referred to as *the appellant*
- Worker's Compensation Regulator, referred to as *the respondent*

If a worker appeals against the decision of the Review Unit, their employer may make an application to the Court or Commission seeking permission to be heard in the proceedings. This means that the employer may have the ability to make representations to the Court or Commission during the course of the appeal.

If the appellant engages a solicitor or a third party to assist in the appeal, he/she will be responsible for payment of their costs.

Medical Assessment Tribunals

Medical Assessment Tribunals (MATs) consist of three independent medical specialists who are experts in their field. The Tribunals are conducted independently of WorkCover Queensland, self-insurers and the Worker's Compensation Regulator. Care is taken to ensure the Tribunals do not include any specialist who has treated or examined the worker previously.

The Medical Assessment Tribunals provide an independent medical assessment of injury or impairment for workers' compensation claims. Only workers who are referred by their workers' compensation insurer attend the Medical Assessment Tribunals.

The Tribunal makes a decision about a worker's injury based on the clinical examination, medical information available, information from the claim supplied by the insurer and submissions made by the worker or their representative. The worker may bring a support person, such as a friend or relative, with them to their Tribunal appointment. The worker may also have a representative acting on their behalf.

Medical Assessment Tribunals make decisions in the following situations:

- when there may be conflicting medical opinions about the cause and symptoms of the injury;

- where a claim has been accepted by the insurer, and there is uncertainty about the workers ongoing incapacity; and
- to assess the degree of permanent impairment resulting from the injury.

During the Tribunal appointment, the members will discuss the medical aspects of the worker's claim with the worker. The worker or their representative may make verbal submissions at the Tribunal.

The tribunal members will perform a clinical examination. If the worker has a physical injury, the clinical examination will also include a physical examination. The Tribunal will give the worker written advice of the outcome of the Tribunal as soon as possible. A Tribunal may defer its decision pending further medical examination or investigations.

For more information, visit:

<https://www.worksafe.qld.gov.au/rehab-and-claims/medical-assessment-tribunals>

1.6 Roles and responsibilities of stakeholders within the workers' compensation industry in Queensland

We have discussed different responsibilities during extracts of the legislation; however, this section will group the key stakeholders to outline their roles and responsibilities in the industry.

Worker's compensation schemes vary between the Australian states and territories. As a rehabilitation and return to work coordinator, you need to be aware of the worker's compensation environment in the state in which you operate. This will assist you in knowing who to communicate with and identify stakeholders or organisations most likely to interact with you.

The Worker's Compensation Regulator Responsibilities

The body responsible for regulating the Queensland scheme is the Worker's Compensation Regulator. The Worker's Compensation Regulator's functions under the *Workers' Compensation and Rehabilitation Act 2003* include:

- monitoring compliance and performance of insurers
- deciding applications for self-insurance
- reviewing insurer decisions and managing appeals
- supporting the administration of medical assessment tribunals
- accrediting workplaces and monitoring rehabilitation compliance
- providing rehabilitation advisory services
- maintaining a scheme-wide database
- promoting education about the scheme.

Insurers Responsibilities

WorkCover Queensland is the major insurer and directly manages the largest proportion of claims within the Queensland workers' compensation scheme.

Role of the insurer's rehabilitation customer advisor

Upon accepting a claim for workers' compensation, the insurer (WorkCover or Self Insurer) will allocate a customer advisor (also known as a case/claims manager) who may be involved in the workplace rehabilitation process. This will depend upon the circumstances of the workplace and of the injured worker. The case manager/customer advisor's role may include:

- Coordinating injured workers' return to work (suitable duties program), for employers who do not have a rehabilitation and return to work coordinator
- Developing the rehabilitation and return to work plan and monitoring the overall rehabilitation process
- Monitoring the overall progress of the claim and the injured worker's recovery
- Determining if health professionals should be engaged (in consultation with the workplace)
- Referring the worker for medical assessments to guide the claim (such as specialist assessments and medical assessment tribunals)

- Supporting rehabilitation and return to work coordinators as required (particularly if there is concern regarding the worker's progress, confusion regarding paperwork, compensation payments or reimbursements to the injured worker)
- Arranging host employment for injured workers if the worker is unable to access suitable duties at their pre-injury workplace.

Self-insured employers

Some Queensland workplaces are self-insured. Self-insured employers take on the liability and responsibility for ensuring their workers and managing claims for workplace injury. To find out who are the self-insurers go to <https://www.worksafe.qld.gov.au/insurance/find-a-self-insurer>

Employer rights and obligations for workplace rehabilitation in Queensland

As mentioned earlier, Queensland employers have a number of rights and obligations for return to work. The rehabilitation and return to work coordinator will assist the employer in meeting these obligations. This section lists some of these obligations and when they must be met by the employer.

Employers must provide rehabilitation in line with the [Guideline for Standards for Rehabilitation, 2nd Edition](#).

Employer obligations

Employers in Queensland must:

- insure and remain insured against liability for workplace illness and injury and the employer's legal liability for damages or common law claims
- provide suitable duties, and facilitate rehabilitation.

Section 228 (1) of the Act states that the employer of a worker who was injured at work must take all reasonable steps to help the worker with "rehabilitation" for the time that the worker is entitled to compensation.

Employer rights and responsibilities

Employers of Queensland workers have both rights and responsibilities during the claims process with WorkCover.

Injuries at work

It is the employer's responsibility to notify Workcover or the self-insurer immediately of any injury for which compensation may be payable. The Employer should contact Workcover as soon as they know the details of their worker's injury. It is then the worker's decision to claim for compensation.

During the claim

If the claim is accepted, the Employer should take every reasonable step to cooperate and participate in rehabilitation and suitable duties and keep Workcover informed about the worker's progress in returning to work. This assists Workcover in getting the worker back to work as quickly and safely as possible.

The Employer will need to pay an excess on any accepted claim if their worker has taken time off from work due to their injury. This excess will be the lesser of:

- 100% of Queensland full-time adult's ordinary time earnings (QOTE), or
- The injured worker's weekly compensation rate.

The employer should also notify Workcover if the employer pays any claim expenses, so Workcover can reimburse the employer for them.

Rights

It's the employer's right to raise any concerns with the claims representative or customer advisor throughout the duration of the claim. This may include disputing the claim or any decisions Workcover make about the claim. If Workcover made a decision or taken action that the employer doesn't understand, please discuss these with Workcover so they can help the employer with their concerns.

If the employer feels their dispute or any other issues the employer has raised with Workcover have not been resolved to the employer's satisfaction, the employer can make an official complaint.

If the employer disagrees with a decision that Workcover have made, the employer can seek a review with the Workers' Compensation Regulator.

Call 1300 362 128, or speak to the WorkCover customer advisor directly if the employer has any questions about their rights and responsibilities in Queensland.

- To lodge an application for review if not satisfied with an insurer's decision.
- To liaise with the insurer if an injured worker does not satisfactorily participate in workplace rehabilitation
- For an accepted claim, the insurer will pay the cost of an initial consultation and report where it has been requested by the treating medical practitioner.
- To ask the insurer to approve rehabilitation provider involvement in complex cases
- To discuss any issues or concerns about workplace rehabilitation with the insurer.

This means all employers, regardless of size, must provide suitable duties to injured workers. An employer must not dismiss a worker within 12 months after a worker is injured, solely or mainly because the worker cannot work because of the injury (Section 232B (1) of the Act).

Certain employers who meet conditions set out in a *Regulation* must:

- Appoint a rehabilitation and return to work coordinator and,
- Have a workplace rehabilitation policy and procedures and,
- Review the employer's workplace rehabilitation policy and procedures at least every three years.

- **115 Criteria for an employer to appoint rehabilitation and return to work coordinator—Act, s 226(1)**
- (1) For section 226(1) of the Act, the following criteria is prescribed—
- (a) for an employer who employs workers at a workplace in a high-risk industry—the wages of the employer in Queensland for the preceding financial year were more than 2600 times QOTE; or
- (b) otherwise—the wages of the employer in Queensland for the preceding financial year were more than 5200 times QOTE.
- (2) For the purpose of section 226(3)(a) of the Act, an employer is taken to have established a workplace, or started to employ workers at the workplace, when the employer first meets the
- criteria.
- (3) An employer may appoint a person as the rehabilitation and return-to-work coordinator for more than 1 workplace if the person can reasonably perform the person's functions as a
- rehabilitation and return to work coordinator for each workplace.
- (4) In this section—
- **high risk industry** means an industry specified by the Regulator by gazette notice.

How do I know if my industry is a high-risk industry?

The list of high-risk industries specified below was published by the Workers' Compensation Regulator by gazette notice on 1 September 2014 pursuant to section 115 of the Workers' Compensation and Rehabilitation Regulation 2014.

You can locate your WorkCover WIC code on your WorkCover Queensland premium notice or, alternatively, call WorkCover Queensland on 1300 362 128, quote your WorkCover insurance policy number to WorkCover's customer service officer and ask for your WIC code.

The list of high-risk industries is updated on the WHSQ website

<https://www.worksafe.qld.gov.au/laws-and-compliance/workers-compensation-laws/high-risk-industries>

Obligations for managers and supervisors

- Must assist in identifying and providing suitable duties for injured workers
- Must facilitate workplace rehabilitation.

Obligations for rehabilitation and return to work coordinators

- Must ensure rehabilitation is coordinated with and understood by managers, line management and co-workers
- Initiate early communication with an injured worker following injury
- Provide overall coordination in the workplace of the worker's return to work
- Develop suitable duties programs where required in consultation with injured workers and the worker's employer
- Ensure suitable duties programs are consistent with the current medical certificate or medical report
- Liaise with all relevant parties.

Injured worker rights and obligations

Workers' rights and responsibilities

Workers in Queensland have both rights and responsibilities during the claims process with WorkCover.

It's important when workers apply for compensation that they understand what is required during the application and rehabilitation process.

Making a claim

Under the Act, workers are required to cooperate with WorkCover, their employer and their doctors. This helps Workcover make a decision on the claim and also helps workers receive appropriate medical treatment and rehabilitation as quickly as possible.

To make sure a claim is made efficiently, workers must:

- Complete and sign all necessary forms
- Let WorkCover know if their condition or treatment changes
- Make sure WorkCover has all current workers' compensation medical certificates.

During the claim

Under the Act, workers must ensure that:

- All information provided to WorkCover is true and not misleading. For example, workers must inform them if the worker is receiving Centrelink payments.
- They must participate in rehabilitation programs if required to.

- They tell WorkCover if they are returning to work of any kind. This includes self-employment or working for another person. This applies whether or not they are paid for performing the activity.

Penalties can apply if they don't comply with these requirements. Workcover can suspend a worker's compensation benefits or prosecute for an offence under the Act if these requirements are not fulfilled. Of course, penalties do not apply if workers satisfactorily participate in rehabilitation or provide a reasonable excuse for not participating.

If the claim is not accepted

WorkCover carefully considers the facts presented when making decisions to either accept or reject an application for compensation. Workcover must consider if the worker is:

- A Queensland worker
- Whether their application has been lodged in time
- Whether a work-related event caused their injury.

Based on the facts presented, Workcover will determine if they will accept or reject the worker's claim. If the application is not accepted, the claims representative will speak to the worker and explain the decision that has been made. A letter will be sent to the worker explaining the information considered and the reason why the application was not accepted.

If the claim has ceased

WorkCover carefully considers the facts presented when making a decision to stop payments for treatment or compensation. They consider if the necessary and reasonable treatment has been provided and whether the worker is able to work due to the accepted work-related injury.

A claim may be ceased, and payments stopped for different reasons. For example, if the worker has received all appropriate treatment for their work-related injury however requires additional treatment for a pre-existing or non-work-related condition or injury, WorkCover Queensland will be unable to pay for the additional treatment. This will be determined by medical evidence.

Rights

If the worker is unhappy about decisions made by WorkCover Queensland, these issues can be addressed through their internal complaints process or through the Workers' Compensation Regulator's review process.

Workers should call 1300 362 128 or speak to the WorkCover claims representative or customer advisor directly if they have any questions about their rights and responsibilities in Queensland.

Injured workers must:

- Be consulted about and participate in return-to-work planning
- Lodge an application for compensation if they wish to make a claim for compensation
- Reduce the impact of injury (mitigate their loss) by participating in rehabilitation
- Attend medical examinations as directed by their insurer

- Notify the insurer if they return to any form of paid or unpaid work or engage in a calling, e.g., study, volunteer work, or other occupation.

Entitlement to compensation

Workers are entitled to compensation if they can't work full time after suffering a work-related injury and lose wages as a result. In some cases, workers may be able to continue working but will need medical and other treatment.

Any worker in Queensland has the right to lodge a claim. A worker may be entitled to compensation if:

- They were employed by the employer at the time of this injury or illness
- They were classified as a worker under section 11 of the *workers' compensation and rehabilitation act 2003*. Under the act, the definition of worker is very broad and includes casual, part-time, full-time, and workers working for 'labour hire' companies. Some subcontractors and other 'contract' workers may also be deemed to be workers under the act.
- The injury is a personal injury that is work-related. An injury may include:
 - An illness or disease contracted over a period of time
 - An aggravation of a personal injury, disease, medical condition, or
 - Death
- An injury during a journey to or from work or during recess.

Note: Liability for claims is determined by WorkCover Queensland or the self-insured employer after taking into account all medical and legal matters necessary under the Act. The Queensland workers' compensation scheme is a 'no fault' scheme where any potential contributory negligence of the worker is not taken into account when determining liability. However, if a worker pursues a common law or damages claim, any contributory negligence will be taken into account in any award for damages.

Claiming for compensation

If claiming for workers' compensation the injured worker must consult a doctor and obtain a workers' compensation medical certificate for the period of incapacity. Workers must lodge an application for workers' compensation with WorkCover Queensland or their employer if the employer is self-insured.

A valid application for compensation is lodged with the insurer and is accompanied with a workers' compensation medical certificate provided by a doctor who attended the claimant. Other evidence or particulars may be required as prescribed under a regulation.

Time for claiming for compensation

An injured worker must lodge an application for compensation within six months after the entitlement to compensation arises. If a claim is accepted, the entitlement to compensation for an injury begins on the day the worker is assessed by a doctor or if the injury is an oral injury, then the day a worker attends a dentist. If an application is lodged more than 20 business days after

the entitlement to compensation begins, the insurer's liability is limited to a period no earlier than 20 business days before the day on which the valid application is lodged.

Requirement for a worker to attend a medical examination

An insurer may at any time ask an injured worker (claimant) to attend a personal examination by a registered person (medical or allied health practitioner) at a place reasonably convenient for the worker.

If the worker (or claimant) fails without reasonable excuse to attend the examination or refuses to be examined by the registered person, or obstructs or attempts to obstruct the examination, their entitlement to compensation may be suspended until they undergo the examination.

Certain employers may engage doctors or allied health professionals who are familiar with their workplace to help in injury management and return to work. While this has benefits for the employer and the worker, the worker retains the right to choose their own treating doctor and allied health professional.

Worker duty to minimise loss due to injury

The worker has a common law duty to minimise their loss due to their injury. This duty may be met by participating in rehabilitation. The worker must satisfactorily participate in rehabilitation as soon as practical after the injury happens. If the worker fails or refuses to participate in rehabilitation without reasonable excuse, the insurer may give the worker written notice of its intention to 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 apply for a review of the decision by the Worker's Compensation Regulator.

Worker to notify the insurer if returning to work.

The worker must notify the insurer in writing within 10 days if they return to work or engage in a calling, e.g., take on unpaid or voluntary work or commence or return to study.

Compensation payable to the injured worker

The compensation benefits WorkCover Queensland or a self-insured employer may pay to include:

- Weekly benefits for lost wages
- Medical expenses
- Hospital expenses
- Travelling expenses
- Rehabilitation expenses
- Lump-sum for permanent impairment

Registered persons

There are several places in the Act where you will find references to registered persons and medical treatment. For example;

In section 40 (1), under the title “Meaning of rehabilitation”, you will find that the rehabilitation of a worker includes **services provided by a registered person**.

In section 135 (1), under the title “Examination by a registered person”, you will find that an insurer may at any time require a claimant or a worker to submit to a personal examination by a **registered person** at a place reasonably convenient for the claimant or worker.

In section 211 (1) under the title “Extent of liability for medical treatment”, you will find that the insurer must pay for medical treatment by a **registered person** – the cost that the insurer accepts as reasonable, having regard to the relevant table of costs.

In section 223 (a) under the title “Extent of liability for rehabilitation fees and costs”, you will find that the insurer must pay for rehabilitation provided to a worker by a **registered person** – the fees or costs accepted by the insurer to be reasonable, having regard to the relevant table of costs.

Schedule 6 of the Worker’s Compensation and Rehabilitation Act 2003 defines **medical treatment** as:

Treatment by a doctor, dentist, physiotherapist, occupational therapist, psychologist, chiropractor, osteopath, podiatrist or speech pathologist; or assessment for industrial deafness by an audiologist; or the provision of diagnostic procedures or skiagrams; or the provision of nursing, medicines, medical or surgical supplies, curative apparatus, crutches or other assistive devices.

Schedule 6 of the *Worker’s Compensation and Rehabilitation Act 2003* defines **registered** as follows, in relation to a person mentioned in the definition “medical treatment”, paragraph (a) who is held out as providing, or qualified to provide medical treatment – registered under the law of the place where the medical treatment is provided as a person lawfully entitled to provide the medical treatment in that place; or in relation to an audiologist – certified by the Audiological Society of Australia.

Registered person means a registered person of a description mentioned in the definition of medical treatment.

There are some services such as dietetics and exercise physiology (gymnasium programs) that are provided by persons who are not listed in the Act. Access to these services is at the discretion of the Customer advisor.

Other Stakeholders

Treating doctor

The treating doctor plays an extremely important role in the rehabilitation process. This is the doctor who assesses and monitors the injured worker throughout their rehabilitation. The treating doctor may be the worker's usual general practitioner or the "company doctor" for that particular workplace if the worker chooses to consult this doctor. The role of the treating doctor involves:

- Diagnosing the injury
- Issuing workers' compensation medical certificates
- Providing ongoing treatment, including referral to other health professionals as required
- Referral of the injured worker for specialist treatment or opinion when necessary
- Liaison with relevant parties to develop suitable duties programs
- Review of rehabilitation/suitable duties plans and their amendments and providing approval if required
- Supplying medical reports as required
- Communication with relevant parties to help manage barriers to the injured worker's return to work.

Company doctor/preferred practitioner

Larger organisations may have a doctor to handle workplace medical matters. The appointment of a "company doctor" provides the advantage of having a doctor with knowledge of the organisation's rehabilitation policy and the job requirements of workers within the organisation. This is particularly useful when assessing the injured worker's capabilities for work.

Although it may be of benefit to the organisation to have a company/preferred doctor, injured workers have a right to attend a treating doctor of their own choice, irrespective of whether or not a company doctor has been appointed.

Workers' compensation medical certificates are most often completed by the worker's treating doctor and can only be obtained from registered medical (or dental) practitioners.

Medical specialists

Consultant medical specialists may be consulted during the rehabilitation process, where a treating doctor or insurer requires a specialised opinion or investigation. There is a range of medical specialties. Those who are most often in contact with injured workers are orthopaedic surgeons, hand and upper limb specialists and neurologists. In the case of workers with psychological/psychiatric injuries, the medical specialist would be a psychiatrist.

The RRTWC should realise that the injured worker may be referred to a medical specialist for two reasons – one is for assessment and report purposes only. This occurs when the insurer requests an independent medical opinion about the status of the worker's injury. In this case, the referral is made by the insurer.

Alternatively, an injured worker may see a specialist for more typical reasons, such as treatment or consultation regarding whether surgery is required. A direct referral to the specialist from the injured worker's treating doctor is required for consultation and/or treatment. It is important that RRTWCs are able to explain to injured workers that not all specialists' appointments will be for "treatment" purposes. Specific questions should be directed to the insurer's Customer advisor. If the worker does not understand the purpose of a referral to a specialist, it is a good idea to clarify this with the insurer.

Another medical specialist who may be of assistance in the return-to-work process is the Occupational Physician. This specialist can be useful during the rehabilitation process in identifying and assessing the effects of the working environment on the health of the worker. Occupational Physicians focus on the health effects of the relationship between workers and their work lives at both an individual and an organisational level. They have a role in the prevention, treatment and rehabilitation of work-related injuries.

Allied health professionals, rehabilitation service providers

- provide medical treatment and management to injured workers
- submit reports to the insurer as requested
- liaise with relevant parties when requested to develop suitable duties programs
- communicate with relevant parties to help the injured worker return to work.

It is not expected that occupational rehabilitation providers will be required to assist in the rehabilitation process for all injured workers. Their involvement will depend on the severity and nature of the injury and the worker's likely period of absence. Often, rehabilitation can be sufficiently managed by the rehabilitation and return-to-work coordinator, injured worker, treating doctor and supervisor.

When RRTWCs interact with health providers (other than the treating doctor) regarding return to work, it will usually be with those who provide services at the worksite i.e., occupational therapists, physiotherapists and psychologists whose roles and services provided are discussed below.

The fees for allied health and medical providers are regulated by the Worker's Compensation Regulator. Most allied health services require prior insurer approval.

Occupational therapists

The goal of an occupational therapist is to maximise the potential of the injured worker, allowing them to return to work or, if this is not possible, to function as independently as possible in all aspects of their life. Occupational therapists work with clients with physical, psychological/psychiatric, cognitive (e.g., head injuries), and combined injuries.

The services offered by an occupational therapist for workplace rehabilitation include

1. Analysing jobs and tasks at work to determine appropriate duties for injured workers.
2. Comprehensively assessing the injured worker's potential for a return to work by considering physical, cognitive and psychological demands.

3. Conducting components of pain management education programs.
4. Designing graduated rehabilitation/suitable duties programs for injured workers.
5. Recommending job modifications, adaptive equipment or assistive devices to meet the needs of the worker.
6. Educating workers in correct working postures and appropriate lifting and handling techniques.
7. Conducting driving assessment and rehabilitation programs.
8. Performing home visits for advice regarding activities of daily living and home modifications for workers with serious injuries.
9. Providing hand therapy.

Physiotherapists

The physiotherapist's role is to assess, treat and monitor the injured worker in relation to their physical capacity for movement and activity. The physiotherapist can also develop exercise programs aimed at improving muscle strength, range of joint movements and the coordination of movement patterns. Services offered by physiotherapists include:

1. Assessment of the worker and workplace to determine the physical capabilities required for work.
2. Comprehensively assessing the injured worker's potential for return to work.
3. Designing graduated suitable duties programs for injured workers.
4. Designing physical work conditioning programs.
5. Providing hand therapy.
6. Assessing and treating the injured worker in relation to specific physical skills (e.g. balance).
7. Providing education and advice.
8. Pain management treatment and education.
9. Giving advice on work practices and work design.
10. Education, health promotion and preventing injury.

Psychologists

Psychologists specialise in the study of behaviour and are typically involved in the assessment and treatment of emotional, social and interpersonal difficulties. The psychological effects of an injury may be equally or more significant than the physical injury. The psychologist's role is primarily to assist the injured worker in adjusting to their disability or, in the case of solely psychological injuries, to provide tailored therapy. The role of the psychologist in workplace rehabilitation may involve:

1. Diagnosing and treating psychological and emotional disorders.
2. Assisting workers to manage physical illness through counselling and therapy.
3. Providing critical incident debriefing.
4. Providing pain management interventions.
5. Providing adjustment to injury counselling.
6. Assisting with conflict management in the workplace (related to work injury).
7. Providing vocational assessments in the case of redeployment.
8. Creating return-to-work programs for clients with psychological/psychiatric injuries.
9. Providing specialist advice.

Responsibilities of rehabilitation service providers

Rehabilitation service providers have a responsibility to:

- Support the aims and principles of rehabilitation
- Provide the requested assessment/treatment as soon as practicable
- Provide feedback to the rehabilitation and return-to-work coordinator about the worker's functioning in the workplace
- Ensure the worker and rehabilitation and return to work coordinator is informed of the purpose of the service, action to be taken, roles and responsibilities of involved parties, estimated completion date, method and date of the review
- Provide goal-oriented rehabilitation focussing on return to work
- Provide advice to customer advisors regarding employer fails to meet obligations or worker non-participation
- Actively involve workers and employers in the development and implementation of rehabilitation services
- Maintain confidentiality according to professional and legislative requirements.

Communicating with health professionals

Communicating with health professionals can be a daunting experience for anybody. When you are unfamiliar with the terminology and jargon used, it is easy to feel intimidated. The RRTWC can increase their confidence when dealing with health professionals by preparing for communications (e.g. having a written list of questions), using all available means of contact (e.g. email, fax, phone and mail), developing relationships with 'preferred' providers, and liaising with the insurer's customer advisor/case manager.

The following suggestions may prove useful in your communications with health professionals:

- Ensure that a copy of the injured worker's authority to share information form has been given to the treating practitioner and that you hold a copy yourself.
- Be well prepared for the telephone call or appointment (knowing what you want to know and what you want to achieve), having first sent an introductory letter setting out the rehabilitation policy, introducing yourself and the role of a RRTWC, and the purpose of the visit.
- Take control of the interaction at the outset and explain briefly the rehabilitation program and your role in the process, referring to the letter of explanation already sent.
- Briefly outline the procedures (referring to your organisation's policy) you have in place and the method you intend to adopt to ensure the confidentiality of case information.
- Let the health professional know that you can accommodate injured workers with suitable duties and expect an early return to work while at the same time, respecting the health professional's expertise in injury management.
- Check that the treating practitioner understands the process and the appropriate paper work.
- Be prepared to discuss the workplace environment and the possible suitable duties available. Offer to take the treating practitioner on site to gain a better understanding of the tasks and environment. (You may need to fund this unless the insurer gives approval for a worksite visit)
- Focus on the ability of the worker, rather than the injury related disability.
- If you are unsure of medical terminology used, ask for an explanation.

The treating doctor is more likely to support a plan if they understand pre-injury job requirements. It may be useful to have a folder with photos and descriptions of job tasks that can be used for suitable duties depending on the worker's injury. An occupational therapist can help you to compile such a resource.

Engaging the services of a rehabilitation service provider/health professional

Engaging the services of a rehabilitation provider will depend on the needs and requirements of the injured worker and the workplace. The following points should be considered when engaging a rehabilitation provider:

- Most services require prior approval from the insurer
- Whether to utilise the same provider for all cases or accept providers recommended by the insurer customer advisor/case manager
- The worker's right to express dissatisfaction with the services of a particular provider
- Whether the provider can meet the objectives of the worker's suitable duties program
- Developing a letter to specify the level of communication and documentation required from providers
- Developing guidelines for evaluating the services of the provider.

A rehabilitation provider should not be consulted to undertake any work with the injured worker without the recommendation of the insurers' customer advisor or the knowledge of the treating doctor.

It will often be the case that the customer advisor at the WorkCover or self-insurance unit will recommend or refer to providers who they know have a good track record in the workplace rehabilitation field. This is why it is **very important** to inform the customer advisor as soon as possible if your organisation has a preferred provider relationship with a particular rehabilitation provider.

As an RRTWC, you need to determine the needs of your organisation when engaging a rehabilitation service provider. You may wish to set out some criteria that you will use to compare potential rehabilitation providers. The criteria might include details about:

- The provider's previous industry experience
- Professional memberships or affiliations
- Geographical location
- Their specific areas of clinical expertise.

Making the most of the external rehabilitation provider's visit

Following are some useful tips for working with external rehabilitation providers:

1. When the provider calls to make the appointment always clarify who will be responsible for organising the injured worker's attendance.
2. Make sure that all parties (eg. yourself, injured worker, supervisor, team leader) who need to speak with the provider are aware of the time and place when/where they should be available.

3. Have the injured worker's written position description (available duties list) and those of possible suitable duties positions, ready at the time of the visit.
4. Ensure that access is available to the work area where the worker carries out their usual duties and that the provider is advised of clothing or safety-wear requirements.
5. Make an office or a meeting room available for use by the provider during the work site visit. Remember that as these providers are registered health professionals, they may often wish to speak to the injured worker alone to clarify medical information.
6. While the provider is on-site, ensure that all stakeholders (e.g. injured worker, manager, rehabilitation, and return to work coordinator) provide input to the suitable duties program. Before the provider leaves your site, always ask what the next step in the process will be and when you can expect their report. Providers will usually require you to sign off on the suitable duties plan. You may also have to follow up with the injured worker to ensure that they sign off on the plan.

Just because you have an external provider involved, you should not adopt the attitude that you can simply "leave it all to them". It is still your responsibility to be aware of the workers' progress and to ensure that the injured worker is aware that the workplace is still interested in their recovery and monitoring the rehabilitation process. Obtain contact details from the provider so that you can easily contact them to discuss progress. The rehabilitation service provider becomes a part of the team working to ensure a safe and durable return to work for the injured worker.

Evaluating rehabilitation service providers

The services of rehabilitation providers must be evaluated on a regular basis. The criteria for determining adequate performance will be closely tied to the expectations of the rehabilitation and return to work coordinator and the needs of the injured worker. An evaluation of the provider should consider:

- The response time between referral to the rehabilitation provider and contact with the worker
- Whether the objectives of rehabilitation have been met
- Whether the rehabilitation and return to work coordinator has been able to easily liaise with the rehabilitation provider, and whether this communication has been effective
- Whether reports were provided when and as requested (as long as authority is provided)
- Whether the rehabilitation and return to work coordinator has been able to understand the reports and recommendations that were made by the rehabilitation provider
- Whether the injured worker was satisfied with the service from the rehabilitation provider
- Whether signed copies of suitable duties programs are forwarded to the workplace to be kept on the workers' file.

2.0 What is Rehabilitation?

The *Workers' Compensation and Rehabilitation Act 2003* (Queensland) section 40 describes rehabilitation as:

- 1) **Rehabilitation** of a worker is a process designed to—
 - a) ensure the worker's earliest possible return to work; or
 - b) maximise the worker's independent functioning.
- 2) **Rehabilitation** includes—
 - a) necessary and reasonable—
 - i) suitable duties programs; or
 - ii) services provided by a registered person; or
 - iii) services approved by an insurer; or
 - b) the provision of necessary and reasonable aids or equipment to the worker.
- 3) The purpose of **rehabilitation** is—
 - a) to return the worker to the worker's pre-injury duties; or
 - b) if this is not feasible, to return the worker, temporarily or permanently, to other suitable duties with the worker's pre-injury employer; or
 - c) if paragraph (b) is not feasible—to return the worker, temporarily or permanently, to suitable duties with another employer; or
 - d) if paragraphs (a), (b) and (c) are not feasible—to maximise the worker's independent functioning.

Suitable duties are only one of a number of rehabilitation initiatives available to injured workers in Queensland.

Section 42 of the Act defines suitable duties as:

Suitable duties, for an injured worker, are duties for which the worker is suited after consideration of —

- a) the nature of the worker's injury and pre-injury employment;
- b) relevant medical information;
- c) the rehabilitation and return to work plan for the worker;
- d) the provisions of the employer's workplace rehabilitation policy and procedures;
- e) the worker's age, education, skills and work experience;
- f) whether duties are available at an other location and whether it is reasonable to expect the worker to attend that location;
- g) any other relevant matters.

Exception to requirement to provide suitable duties

Section 228 (3) of the Act states that if an employer, other than a self-insurer, is not able to provide the worker with suitable duties, they must advise WorkCover that they are unable to do so. WorkCover may then attempt to locate suitable duties with a host employer.

Appointment of a rehabilitation and return to work coordinator

In Queensland return to work coordinators are known as “rehabilitation and return to work coordinators” (RRTWC). The role of a rehabilitation and return to work coordinator as set out in the Workers’ Compensation and Rehabilitation Regulation 2014 section 114 “Functions of rehabilitation and return to work coordinator—Act, s41(b)” is to:

- (a) initiate early communication with an injured worker in order to clarify the nature and severity of the worker’s injury;
- (b) provide overall coordination of the worker’s return to work;
- (c) if a rehabilitation and return to work plan is required—
 - (i) consult with the worker and the worker’s employer to develop the suitable duties program component of the plan; and
 - (ii) ensure the program is consistent with the current medical certificate or report for the worker’s injury;
- (d) liaise with—
 - (i) any person engaged by the employer to help in the worker’s rehabilitation and return to work; and
 - (ii) the insurer about the worker’s progress and indicate, as early as possible, if there is a need for the insurer to assist or intervene.

Appointing a RRTWC

Rehabilitation and return to work coordinators are trained to manage and monitor injury/return to work rehabilitation outcomes. In picking someone to be your RRTWC it is useful to think about the following points:

- the RRTWC has sufficient seniority, skills and rapport with co-workers to successfully take on the return to work/rehabilitation role
- if the RRTWC has multiple roles, develop a formal job description which includes the RRTWC role
- the RRTWC’s role is clear and shows areas within/outside the scope
- their role – ensure the role description covers all stages including post- injury, injury recovery, return to work planning and actual return to work
- A good rehabilitation and return to work coordinator is someone who:
 - Both staff and managers respect
 - Has a balanced and mature personality
 - Has or can develop rapport with workers
 - Can be sensitive and empathetic to workers’ needs
 - Has the authority to make decisions related to workplace rehabilitation
 - Can be trusted to keep information confidential
 - Can be objective and balance both worker and business needs
 - Is organised, thinks ahead and forward plans
 - Is a good communicator and listener
 - Can troubleshoot issues/difficulties when they occur
 - Offers advice which is typically well-received and considered
 - Is prepared to acquire new knowledge and skills
 - Is efficient and accurate in completing and storing paperwork

- Is proactive rather than reactive in their work approach
- Is prepared to take on extra work alongside their normal role
- (not applicable if the role is full-time)
- Has some previous experience in managing workplace injury
- (not essential, but desirable)
- Has adequate time and resources to carry out the functions effectively.

The injured worker pack

The injured worker pack, when used correctly, can have a big impact on the success of an organisations return to work program.

The injured worker pack is linked back to the organisation's policies and procedures and is discussed during induction. This creates the requirement that all injured workers take the pack with them to the Doctor. When implemented correctly, failing to take the pack is a breach of company policy and procedure.

The injured worker pack may contain items such as;

- Company policy and procedure (or a snippet of them)
- FAQ sheets for the injured worker
- A Dear Dr letter (outlining the organisation's approach to rehabilitation and contact details)
- Authorisation form
- A list of suitable duties available throughout the organisation
- Job task analysis or similar.

By taking this pack with them, the Doctor can identify that the intent of your organisation is rehabilitation. By having suitable duties lists available, the Doctor can easily identify possible duties that the worker is able to undertake.

Developing a workplace rehabilitation policy and procedures

All employers who are required to have a rehabilitation and return to work co-ordinator must also have Workplace Rehabilitation Policy and Procedures.

The workplace rehabilitation policy and procedures underpin the return to work process in Queensland. These inform the relevant parties of their obligations and commitments to return to work and facilitate the successful return to work of injured workers.

Consultation between employer and workers

The rehabilitation policies and procedures should be developed in consultation with management and workers to encourage ownership and participation in workplace rehabilitation. Health and safety representatives and union delegates should also be consulted to ensure that all matters relevant to your workplace are covered. The policy and procedures must be in writing.

Contents of rehabilitation policy and procedures

There are two parts of a workplace rehabilitation policy and procedures:

1. The **policy statement** is a brief (one-page) statement developed in consultation with management and workers. It is a written commitment to move towards an early, safe and sustainable return to work of any worker injured in the workplace. It should address:
 - Early intervention
 - Making suitable duties available to injured workers
 - Ensuring workers are not disadvantaged by participating in rehabilitation
 - Confidentiality of written and verbal information
 - Consulting with injured workers in developing their suitable duties program
 - Adopting a multidisciplinary approach where relevant
 - Complying with legislative obligations for workplace rehabilitation
 - Reviewing the policy and procedures at least every three years
 - Naming of the rehabilitation and return to work coordinator
 - The signature of the ceo or manager responsible for workplace rehabilitation
 - The date for review of policy statements and procedures.
2. The **procedures** are developed through consultation between management and workers and are written statements from the employer on the steps to be taken to assist injured workers in staying at or returning to work. They should include:
 - The aim of the policy and procedures
 - Definitions, including rehabilitation and suitable duties programs
 - Rights and responsibilities of the injured worker, rehabilitation and return to work coordinator, line managers, supervisors and co-workers
 - How the worker will be paid following injury before liability is accepted by the insurer and during the life of the claim
 - Grievance procedures
 - The respective roles and processes for the rehabilitation and return to work coordinator and the injured worker (flow charts can be useful)
 - A template for an authority to liaise with the worker's treating practitioners
 - A suitable duties program template.

Reviewing the rehabilitation policy and procedures

As required by the *Workers' Compensation and Rehabilitation Act 2003*, all workplace rehabilitation policies need to be reviewed at least every three years.

The policy and procedures are made available to workers

An employer's rehabilitation policy and procedures must be made available to every worker. A copy can be given to each worker, or the policy and procedures can be prominently displayed at each workplace.

Template for rehabilitation policy and procedures

A template rehabilitation policy and procedures is available in your resources sent to you after completion of your course, or with other course resources such as the injured workers pack. The worksafe.qld.gov.au website has a number of documents that may also assist in drafting relevant procedures.

Code of Practice

There is currently no Code of Practice in relation to workers' compensation in Queensland.

Why is the return to work important?

The *Workers' Compensation and Rehabilitation Act 2003* sets out a legal obligation for Queensland employers to take 'all reasonable steps' to assist or provide rehabilitation to injured workers on compensation. Better management of return to work after an injury is linked with less time off work, resulting in lower costs to workers and employers and better return-to-work outcomes. Time off work has significant costs for employers because of higher workers' compensation insurance premiums, but also because of lost time, lost work productivity and lower job satisfaction.

The legislation sets out the minimum obligations for employers for workplace rehabilitation. Certain employers are required to have a Rehabilitation and Return to Work Co-ordinator and Policy and Procedures.

What is the return to work all about?

Return to work is not just about medical treatment or injury recovery. Return to work and injury rehabilitation outcomes often depend on how employers respond to and support injured workers in the workplace. From a worker perspective, employers are seen to have more impact on return to work than all other stakeholders, including doctors, insurers, customer advisors, and co-workers.

Achieving better practice in return to work is as much about good business strategy and high-quality business processes as it is about high-quality medical treatment.

Aim of workplace-based rehabilitation

Workplace rehabilitation has three main aims:

1. Physical and mental recovery from injury.
2. Early return to work.
3. Minimising the impact of an injury.

It is important that workplace rehabilitation is seen as a system in which the person of primary importance is the injured worker and that every attempt is made to return the worker to their pre-injury state. This can be achieved through a system of workplace rehabilitation that is accepted by management, employees and unions.

Within a workers' compensation system, rehabilitation focuses on interventions aimed at maintaining injured employees at the workplace and returning them to appropriate employment quickly and efficiently.

Early intervention and a quick return to the workplace are recognised as being effective in reducing the economic and human costs of work-related injury and disease. Research and practical experience have demonstrated employer's benefit from developing systems for early identification, treatment and management of work-related injury or disease. Workplace

rehabilitation systems can significantly reduce the prospects of an injury or disease becoming a long-term workers' compensation claim.

To make this approach work, your workplace will need a system of early reporting of injury and a coordinated response involving all relevant parties. The responsibility for this role is usually located with the workplace rehabilitation and return to work coordinator or other work health and safety personnel within the organisation.

Benefits of workplace rehabilitation

What are the benefits of workplace rehabilitation? Early and effective workplace-based rehabilitation is a powerful tool for keeping or returning injured workers to work and minimising the costs of work-related injury and illness.

Benefits for employers

- Management of the rehabilitation process in your workplace
- Reduced downtime
- Increased productivity
- Better risk management
- Reduced training costs
- Reduced use of 'replacement' staff
- Reduced insurance premiums
- Improved workplace relations and morale
- Reduced turnover costs
- Prevention of future injuries
- Maintenance of customer relationships
- Increased competitive capability.

Benefits for workers

- Faster recovery and reduced suffering
- Planned and managed recovery from injury
- Improved and/or maintain physical fitness
- Enhanced self-esteem and confidence
- Job and financial security
- Income maintenance
- Job satisfaction
- Maintained workplace relationships and social networks
- Maintained family and personal relationships
- Maintenance of skills and competency
- Reduced deconditioning.

Benefits for the community

- Less people referred for long-term disability benefits
- Social security support payments minimised as a result of early intervention
- Skilled workers retained in the workforce
- Value of work is acknowledged.

Summary

Successful workplace rehabilitation benefits the employer, the worker, and the community because:

1. People recover sooner
2. They are helped to stay at work after an injury or get back to work as quickly as medically possible
3. Employment provides them with social contact, income and self-esteem
4. Family and social disruption is minimised
5. Claims costs are reduced.

2.1 Setting up a workplace rehabilitation program

An organisation rehabilitation program is an overall approach a business takes to managing injured workers back to their pre-injured condition. It may involve a number of aspects such as policies, procedures, training, awareness via posters, use of an injured worker's pack etc. It should be regularly reviewed and monitored to ensure success.

The road back to independence after a workplace injury can be long and difficult but each year, thousands of injured workers have to make the journey.

Smart employers know that disabling injuries are costly – in both economic and social terms - not only for the worker but also for the employer. The sooner an injured worker can get back their independence, the faster everyone benefits – the worker, the employer and the wider community.

The psychological and emotional costs of workplace injury carried by the worker are a heavy burden. The indignity of being idle, the loss of self-respect and financial worries are just a few of the pressures that injured workers and their families must put up with. It is now well known that for every dollar spent on rehabilitation today, four to seven times that much will be saved in the near future.

For these reasons, it is crucial that rehabilitation begins almost immediately an injury happens. In fact, rehabilitation is best to start when the employee first starts with the organisation and be discussed and presented during the induction.

The groundwork for good rehabilitation includes the development of a workplace rehabilitation team, a workplace rehabilitation policy and procedures, access to prompt medical care, and the appointment of a rehabilitation and return to work coordinator to coordinate return to work in the workplace.

Workplace rehabilitation is most effective when it is integrated into existing organisational policy such as your workplace health and safety policy (and include its own specific rehabilitation policy).

1. The first task in developing a workplace rehabilitation program is to develop a clear rehabilitation policy and procedures that provide clear guidelines for workplace rehabilitation following an injury. This task must be completed in consultation with the workforce.
2. Develop a plan to roll out the new policy and procedures at your workplace.
3. Provide education at induction and ongoing education for all existing and new employees. Consider a presentation to senior management to get their support and commitment. 'Sell' the benefits of workplace rehabilitation to senior management in their language e.g. impact on 'bottom line'.
4. Appoint a RRTWC. Appoint a person with the seniority and personal skills to carry out the role: they will need to be capable of negotiating with management and workers at all levels. Ensure the RRTWC has enough time to successfully perform in the role. The coordinator should be a mature balanced personality who can advocate for the injured worker and help

make return to work happen. The RRTWC should not be thought of or expected to routinely act as the 'rehabilitation police'.

5. Facilitate workplace rehabilitation by laying the groundwork:
 - a. Ensure there is a system to ensure speedy and effective responses to workplace injury, including first aid and quick access to medical treatment.
 - b. Have early reporting systems so the RRTWC is notified of accidents immediately and can respond promptly.
 - c. Establish preferred provider relationships with doctors and physiotherapists in your area. While injured workers can choose their own providers, it is useful to have access to providers who understand your workplace and the demands of the various jobs.
 - d. Let doctors in your area know that your organisation is active in keeping or returning injured workers to work as soon as medically appropriate and that you can offer them suitable duties.
 - e. If your organisation is a large one, you may consider having medical and/or allied health providers on site.
 - f. Develop a workplace rehabilitation information kit for distribution to medical and allied health providers in your area to let them know about your rehabilitation program.
6. Develop a list of suitable duties for all jobs at your workplace. If you are not sure what they are, you could engage a workplace rehabilitation provider to identify and record them for you. Photos of workers demonstrating these duties are useful to help the treating doctor better understand the physical demands of these tasks in your workplace.
7. Develop an early assessment protocol – you could have an initial assessment template to prompt you to ask the following questions:
 - a. Is the person fit for his or her regular job?
 - b. Does his or her job require some modification?
 - c. Is a more suitable job available?
 - d. Is there a need for retraining and/or induction?
 - e. Is it likely that the worker could have a temporary or permanent disability, and what modifications to the job or the work environment might be required?
8. Be flexible and accommodate the employee's needs. It is good practice (and a legal requirement) to consult them on the details of their return to work.
9. Evaluate progress during and after workplace rehabilitation. Set up a system of quarterly evaluations to measure the success of your program. Think about monitoring costs, durations, the satisfaction of key parties, and whether a worker was re-injured during suitable duties or developed secondary injuries, e.g. psychological injury.
10. Provide formal quarterly reports to senior management if the volume of cases warrants this – identify any long-term trends e.g. decrease in costs, durations, staff turnover, and satisfaction levels of staff and management.
11. Use your injured worker pack (see earlier in the manual)

Factors Impacting Workplace Rehabilitation

There is increasing research evidence that suggests that people (workers) with injuries or illnesses for which they are compensated often have poorer health outcomes than people with similar conditions for which they are not compensated. What has become clear is that a range of influences and experiences (psychosocial, physical, home and work) have the potential to impact a particular situation. Management and rehabilitation and return-to-work coordinators need to be aware of these factors and the range of strategies that can be used to manage and overcome them. In some cases, health providers may be unaware of these issues or have not considered their impact, and you will need to discuss this with them and work together to identify ways to manage them.

Listed below are factors that can impact workplace rehabilitation. This impact may be positive or negative. The lists provided below are **suggestions** as to ways in which each factor may impact workplace rehabilitation. These are by no means comprehensive.

Management commitment

In order for workplace rehabilitation to be successful, all members of the organisation must demonstrate commitment; this is particularly the case at senior manager/employer level.

Positive	Negative
Managers demonstrate a knowledge of the rehabilitation process.	Managers display little evidence of knowledge regarding the organisation's rehabilitation process.
Managers encourage supervisors and other senior staff to support rehabilitation at meetings/team days etc.	Managers never discuss rehabilitation with their senior staff and are dismissive/too busy when the topic is raised.
Managers schedule regular meetings with rehabilitation and return to work coordinator/s to discuss processes and to resolve difficulties.	Managers do not show an interest in the activities of the rehabilitation and return to work coordinator.
Managers approve resource allocation (particularly time for adequate completion of duties) as required by the rehabilitation and return to work coordinator.	Despite requests Managers do not allow rehabilitation and return to work coordinators to have the time, space or other resources available to adequately perform their duties.

Assistance from line supervisors/team leaders

The line supervisor is an extremely important member of the rehabilitation team. Experience has shown that supervisors can make or break a rehabilitation program. Supervisors should be consulted about the development of suitable duties programs and should have an understanding of the rehabilitation process for each injured worker on their team.

Some organisations that recognise the savings that can be gained from successful rehabilitation have begun using successful participation in the rehabilitation process as a key performance indicator for supervisors and team leaders. The line supervisor is well placed to provide evidence of the organisations' commitment to rehabilitation and to informally monitor the status of the worker as they carry out their duties.

Positive	Negative
Supervisor assists the rehabilitation coordinator to identify suitable duties even before an injury occurs.	Supervisor refuses to assist in the identification of suitable duties.
Supervisor takes an interest in those aspects of rehabilitation relevant to their management of the worker – e.g., if treatment appointments will be occurring in work time.	Supervisor avoids workers on rehabilitation programs.
Supervisor shows an interest in the worker's recovery by asking appropriate questions and not "pumping them" for information.	Supervisor asks the worker frequent and probing questions regarding the workers medical condition.

Support from co-workers during suitable duties

Co-workers play a very important role in the rehabilitation process. The attitude of co-workers can have a significant impact on the success and rate of reintegration into usual work tasks. Co-workers should be encouraged to accept rehabilitation is the “norm” and that suitable duties programs are necessary and supported by legislation, rather than a “soft option” for injured workers.

Positive	Negative
Co-workers accept that an injured worker will be joining them in their work area to participate in suitable duties.	Co-workers make negative comments to and about workers who are assigned to their work area as part of a suitable duties program.
Co-workers recognise that regardless of their personal beliefs regarding the validity of an injured worker’s claims about their injury, it is not their role to make judgements about the cause or severity of the injury. In addition, they are aware of the process by which a formal claim may be made to the RRTWC if they feel this is warranted, and that informal accusations regarding the injured worker will not be tolerated.	Co-workers speculate on the possibility that the injured worker is not truthful in relation to their claims regarding the cause or severity of their injury both in the work area and informally in the lunch room etc. They are unaware of formal avenues through which this type of information may be reported and recorded by the RRTWC.
Co-workers do not “fuss” or “make a big deal” of a co-worker on suitable duties and simply allow them to participate in tasks detailed on their plan.	Co-workers over-react to the injured worker and provide too much assistance, potentially reducing their opportunity to gain physical or psychological conditioning benefits from their suitable duties.

Effective training for new tasks

In instances where the injured worker's training or experience is specific to their usual role, there may be some difficulty finding suitable duties they are able to perform without some training. It is essential that workers do not find suitable duties demeaning and that they are not embarrassed by being asked to perform tasks outside of their training or experience.

In the instance where suitable duties could be performed at the usual workplace with some re-training, it is recommended that training be undertaken. Training is necessary because the employer has an obligation to ensure that the work practices used are safe and further injury isn't caused by lack of knowledge on how to perform certain tasks. Training often has the added benefit of shifting the injured worker's focus from their injury to the new tasks to be learnt.

Positive	Negative
The requirement for training is identified at the time of the development of the suitable duties program and training is built into the suitable duties program.	The need for training is not identified and the worker is embarrassed by not knowing what they need to do, or injured due to performing the task in the wrong way.
The worker is provided with all safety equipment required to work in the new area where they will be undertaking suitable duties and trained in its use.	The worker is not supplied with safety equipment and trained in its use required to work in the new area.
Co-workers take the time to answer injured workers' questions if they are unsure of tasks assigned during suitable duties.	Co-workers ignore or patronise the injured worker when they ask questions to clarify their duties in temporary suitable duties work area.

Positive versus negative workplace culture

The culture of a workplace is often simply recognised as, “the way things are done around here”. Often the combined attitudes of management, line supervisors/team leaders and workers will create the culture within the workplace. Education and training may assist the workplace rehabilitation and return-to-work coordinator to overcome negative cultural attitudes regarding rehabilitation. It is also a good idea to work with formal and informal leaders in the workplace to build support for workplace rehabilitation.

Positive	Negative
The workplace is open to change and the implementation of new systems.	The workplace does not accept change or the implementation of new systems.
The workplace is consultative and participatory.	The workplace is hierarchical and new processes are imposed on workers without consultation or education.
There are formal processes and informal avenues through which to raise concerns or ask questions.	There is no system (formal or informal) by which workers are able to access or provide information to managers.

Involvement in rehabilitation policy development

The rehabilitation policy and procedures will provide the framework for workplace rehabilitation within the organisation. It is good practice to involve employees and their representatives in the development of the rehabilitation policy and procedures or at least provide them with an opportunity to provide feedback on a draft. This encourages ownership of the policy and helps to raise awareness of workplace rehabilitation.

An opportunity to participate in the development of workplace practices encourages a personal investment in the effective implementation of these practices. This differs from a policy that is seen as being “enforced” without consultation with employees or the opportunity for them to have input. If your workplace is highly unionised, you may be able to get support for your rehabilitation policy and procedures by encouraging the involvement of union members in their development.

Positive	Negative
Representatives from all levels of the organisation are given the opportunity to provide feedback on the policy and procedures	Policy and procedures are developed without any consultation with workplace representative.
The whole workforce is informed (e.g. via email or notification with their pay slips) that policy development is underway and open to their comment and input.	No one at the workplace is informed that the development process is taking place.

Barriers to rehabilitation

Some other barriers to workplace rehabilitation that the RRTWC may identify are listed below.

Barrier	Strategy
Worker has seen other workers seriously injured and not return to work.	Explain workplace rehabilitation process and reinforce expectations of full recovery.
Worker fear of job loss – avoids early reporting of symptoms.	Encourage early reporting of symptoms. Encourage workers to get treatment. Reassure worker that they can be provided with suitable duties.
Workplace culture – fear of being perceived as lazy or inadequate.	Encourage early reporting of symptoms, make it clear that early intervention and management of symptoms are a business priority.
Workplace morale – poor relationships with supervisors, peers, work overload, language barriers, feeling of powerlessness to affect decision making processes.	Identify the issue. Discuss with relevant party eg supervisor and explain the need for trust and partnership to help workplace rehabilitation strategies to succeed. Escalate to senior management if relevant.
Worker pre-occupied with personal issues such as health, financial problems or family issues.	Discuss referral to counselling service either funded by insurer or suggest an appropriate community service.
The worker may have been referred for multiple medical appointments and tests by his doctor and the insurer as part of the compensation process and this may cause confusion and anxiety.	Explain the claim process to the injured worker ie the insurer will be sending them for medical appointments and tests to help them determine liability – not for diagnosis and treatment as this is the treating doctor's role.
Loss of contact with workplace leading to poor communication and misunderstandings.	Make early contact and maintain as frequently as appropriate for a particular case.
Lack of understanding of the medical and insurance systems in workers' compensation.	Provide information and reassurance.
Unresolved emotional issues eg anger, guilt, low self-esteem, change of role from provider to dependant.	Reassure the worker they are not being blamed for their injury. You may need to discuss referral to counselling services with the insurer or a community-based service e.g. Lifeline, if the issues are complex.
Competing agendas – eg employee has received advice not to participate in rehabilitation.	Point out that it is in the worker's best interests to attempt to return to work in line with medical advice/restrictions. The Act also imposes obligations on workers to reduce or mitigate their loss due to the injury.
Medical examinations for assessment for legal and insurance purposes can confuse the worker.	Explain that these appointments are not for treatment but are examinations for legal purposes to determine liability and assess any permanent impairment.
Low language, literacy of injured worker who doesn't understand the process and interprets messages from treating professionals, RRTWC, insurer differently to intended	Clarify regularly with injured worker in simple English asking them if they understand the process. Explain the return-to-work processes in easier language or flow chart. Liaise with case manager, doctors etc regularly.

Overcoming the negatives

Many of the negative impacts detailed above can be overcome by providing a system of workplace rehabilitation and information and training at your workplace. First enlist the support of management, in particular senior management, and then develop a system for delivering ongoing information and training in your workplace about benefits and procedures for workplace rehabilitation.

Workplace training and education concerning policies and procedures

Awareness raising amongst new and existing employees (and management) regarding rehabilitation is the responsibility of the rehabilitation and return to work coordinator. Once new policies and procedures for workplace rehabilitation have been developed (in consultation with the workforce where possible), it is important that some form of training is undertaken with all relevant stakeholders at the workplace.

Don't expect that employees or managers will be able to put this new information into practice immediately. It may require coaching at the time that an injury occurs with refresher sessions and other reminders at regular intervals. The aim of education and training is to get acceptance of the rehabilitation process as a usual part of workplace operations. This will ensure that in the event of an injury, workers expect that the rehabilitation process will follow.

It is essential that injured workers understand the process they will be expected to participate in after a work injury. The importance of this cannot be stated too strongly. Many of the barriers that occur that result in lengthy, costly claims or pursuit of common law result from the worker's 'fears' or inaccurate beliefs about rehabilitation. The solution is to provide them with **timely** and **accurate** information.

If you think you are unable to answer workers' questions or address their concerns, you should contact their insurer's customer advisor as a matter of urgency. Once you recognise that a worker is concerned or confused regarding an issue, **do not** simply leave them to wonder. If the concern is not something you can address, contact the insurer's customer advisor for advice and use the resources available, such as the treating doctor or allied health professionals, to assist in addressing workers' concerns. Remember, you need to get insurer approval to consult a health provider.

Ways of communicating the rehabilitation message

There are many ways in which you can communicate with workers and managers regarding the rehabilitation process. The following suggestions may be adapted to suit your workplace, or you may develop additional strategies.

- At induction workers are advised of the location of the workplace rehabilitation policy and procedures, and handed a single sheet flow chart of what the organisations rehabilitation procedure entails. This should be accompanied by a verbal explanation of the flow chart procedure to reinforce the content (or to provide explanation for those workers who may have poor English literacy).
- Workers attend a twenty-minute briefing regarding the rehabilitation process.
- Managers attend a separate twenty-minute briefing regarding the rehabilitation process.
- All staff who move into supervisory positions are provided with education regarding their additional responsibilities in relation to rehabilitation.

- The rehabilitation and return to work coordinator call on small groups in their offices or on the shop floor and works through handouts with staff (e.g. toolbox talks).
- A brief explanation of the rehabilitation process is developed into brochure or letter format and handed to workers along with their pay slips.
- Utilisation of the computer system to generate emails that staff must confirm they have read before entering into their usual activities.
- Posters promoting rehabilitation placed in high traffic areas.
- The RRTWC is given space for a column in the staff newsletter.
- The Rehabilitation Policy and Procedures are advertised on the internal intranet.
- Publishing a commitment to workplace rehabilitation on the organisations' externally accessible website. This may be particularly beneficial for large organisations participating in tender processes (focusing on relationship contracting).
- Inclusion of a rehabilitation status report at a regularly scheduled supervisors/managers meeting. This should include an update from the rehabilitation and return to work coordinator regarding issues not involving disclosure of confidential information. For example, number of open claims, statistics for the previous month, and identification of successful practices.
- RRTWC spending time on the shop floor talking informally to workers who have been (or are) involved in rehabilitation and their co-workers and seeking feedback regarding the process in order to raise their profile in the workplace.

The injury management process

Workplace health and safety, workers' compensation and workplace rehabilitation are interrelated. If a worker does sustain an injury at work, it is crucial that immediate action is taken to minimise the severity of the injury and assist in the worker's recovery (dependent upon the organisation, these initial steps may fall to the RRTWC, Workplace Health and Safety Officer or First Aid Officer). What's more, it is essential that steps are taken to ensure that the same injury does not happen again. This prevention activity may fall to the Workplace Health and Safety Officer, or it may involve the RRTWC working with the Workplace Health and Safety Officer.

The rehabilitation and return to work coordinator is responsible for assisting in the return to work of injured workers. It is important that workplace rehabilitation does not restrict the healing process or contribute to re-injury.

Six key stages in Return to Work

There are six key stages that can affect how safely and quickly workers return to work following a workplace injury. Optimising business performance in each stage is typically associated with improved return to work and rehabilitation outcomes. Key stages to achieving better practice in return to work include:

1. Developing a return-to-work culture.
2. Immediately post-injury.
3. Injury recovery.
4. Return to work planning.
5. Actual return to work.
6. Improvement planning.

The following figure summarises the key features of each stage along the path from workplace injury to return to work.

2.2 Six Key Stages in Return to Work



Stage 1 – Developing a return-to-work culture

Return to work culture is about developing quality business processes and practices to support the management of return to work in the workplace. This can include developing workplace rehabilitation policies and procedures, educating workers about early reporting of injuries and allocating responsibility for managing return to work.

The first important step to achieving better practice in return to work involves developing a business culture that supports the active management of workplace injury and rehabilitation and returns to work. Building a return-to-work culture is as much about actively preventing poor-quality return-to-work outcomes as it is about encouraging high-quality return-to-work outcomes and experiences.

Why is this important?

There are positive benefits to developing a return-to-work culture. In particular, it is important to:

- Educate staff about the need to immediately report workplace injuries
- Ensure that staff are comfortable reporting injuries to management
- Prevent further injury or re-injury.

Preventing further injury, educating staff about injury reporting and having a return-to-work policy are associated with less time off work. From this perspective, all businesses, large or small, can benefit from developing a return-to-work friendly culture.

Building a return-to-work culture takes time and commitment. A structured program of improvements can lead to the development of a culture that supports a successful return to work and the rehabilitation of injured workers.

Characteristics of better practice in developing a return-to-work culture include:

Return to work policy

- There is a clear and documented policy for managing return to work and injury rehabilitation
- The return to work policy is accessible to staff – hang a copy on a noticeboard or place it on the intranet.
- CEO/managers support a return to work policy – ask the manager to formally sign off on policy and promote endorsement to workers.
- Other business policies support an early return to work – make sure rostering, human resources and other business policies support return to work (e.g. sick leave policy).
- There is a clear policy governing privacy in return to work and rehabilitation - ensure that your *Workplace Rehabilitation Policy and Procedures* explains how to keep injured worker details confidential.
- Return to work policy focuses on both early detection and effective injury management.
- Have a policy that encourages early detection of psychological stress at work and other less obvious injuries (e.g. carpal tunnel syndrome, occasional sore backs, allergic skin disorders, repetitive strain).
- Avoid developing a culture of blame.

Summary: Developing a return-to-work-friendly culture

A return-to-work friendly culture is about developing clear and easy to understand return to work processes and practices. It also includes making sure workers feel comfortable in reporting workplace injuries.

You can help to develop a return-to-work friendly culture by:

- Providing regular and easy access to information on returning to work after a workplace injury
- Encouraging workers to immediately report any injuries
- Preventing further injury or re-injury.

Key point: Encouraging a return-to-work friendly culture can reduce the impact and severity of workplace injury.

Stage 2 - Immediately post-injury.

Immediately post-injury is the time to optimise the management of injured workers after a workplace injury. This means supporting workers following injury, preventing further injury and assisting workers with claim lodgement. If the injury has happened over a period of time, then provide the same support when the worker reports the injury or lodges a claim.

Injuries at the workplace are often traumatic experiences for workers. In many cases, there are feelings of guilt about being injured, concerns about future work prospects and, in cases of more serious injuries, concerns about health and long-term recovery. An important step in achieving better practice in return to work involves effectively managing the worker immediately following workplace injury.

Why is this important?

Early support to workers immediately following injury is linked to less time off work on compensation. In particular, it is important to:

- Offer assistance when medical treatment is needed e.g. arrange transport to their doctor.
- Call injured workers immediately following a workplace injury.
- Visit the worker as soon as appropriate if they have been hospitalised.
- Signal to the worker your support for an early return to work.
- Advise the worker on how to make a workers' compensation claim and explain the process and timeframes.
- Avoid blaming the injured worker for the illness or injury.
- Encourage injury reporting to promote early intervention and reduce the severity of the injury's effect. When the employer encourages early reporting of difficulties such as soreness, it can prompt the use of the workplace rehabilitation and return to work procedures. In many cases, this means the worker can remain at work, rather than the injury becoming more severe and resulting in time off work or longer time off work.
- Avoid challenging the legitimacy of the worker's claim.
- Use the employer copy of the workers' compensation medical certificate to develop a suitable duties program. If the certificate is unclear or the injury is severe, liaise with the treating doctor and your insurer as soon as possible to develop a return-to-work strategy.

Summary

Early support to workers following workplace illness or injury is linked to less time off work. Contact them as soon as possible to offer practical help and support. Avoid blaming injured workers for their injury and/or challenging the legitimacy of their claim and let them know they are valued and supported.

Stage 3 - Injury recovery

Injury management in the recovery stage is about optimising the way injured workers are managed while they are off work. This includes ways to maintain contact with workers, how to better support injury recovery and communicating with doctors.

Following injury, many workers will spend some time off work recovering. This could range from a short period such as a few days or a couple of weeks to a longer recovery period of several months. For some, it may also involve a stay in hospital/rehabilitation. In most cases, separation of the worker from the work environment characterises the recovery. As a result, this can sometimes lead to workers feeling isolated and unwanted.

Recovery is often a time when rehabilitation and treatment are pursued. For this reason, recovery can be both physically and mentally challenging for injured workers. Many workers are concerned with their health, their job and future well-being. Accordingly, an important step to achieving better practice in return to work involves effectively managing the worker during injury recovery. It is important not to pressure the worker to return to work too soon after the injury. Regular feedback from the worker and their treating doctor is essential in guiding the return-to-work process.

Why is this important?

Better support to workers during injury recovery is linked to less time off work on compensation. It is particularly important to:

- Make regular contact with injured workers while they are off work recovering.
- Provide access to early treatment and rehabilitation during injury recovery.
- Make contact with the treating doctor and the insurer particularly for more complex injuries.
- Offer support during injury recovery.
- Use treatment providers to assess potential for return to work.
- Identify barriers to return to work and discuss these with the injured worker.
- Encourage co-workers to keep in touch with the worker.

Early treatment and support during injury recovery benefits workers and employers. Regular contact during recovery also indicates support to workers and helps them avoid feelings of isolation.

Support injured worker

- Contact the injured worker during recovery - telephone contact can often be just as effective as face-to-face contact although try to include at least one or two face-to-face visits for every month off.
- Assess ways to best support injured worker during recovery.

Monitor worker attitudes

- Assess the worker's attitude to return to work and understand their return-to-work motivation. Determine whether the worker is optimistic about returning to work. If not, emphasise the benefits of working (e.g. pay, social contact, suitable duties).
- Ask the worker if they have any concerns about return to work and how you may help identify return to work barriers and develop strategies to overcome potential barriers.
- Tell the worker that a positive attitude can assist early return to work.
- Identify barriers which may interfere with return to work (e.g. low job satisfaction, conflicts with supervisor) and develop strategies to overcome barriers.
- Explore potential worker concerns about return to work/injury and address if possible.
- Assess need for injury adjustment or psychological counselling - if worker appears depressed, talk to them about counselling options. Encourage the worker to discuss with their doctor. If you have any concerns advise the worker's treating doctor.

Stage 4 - Return to work planning

Return to work planning is about optimising the return-to-work planning process including ways to involve the injured worker, designing suitable duties and overcoming barriers in cases where return to work does not seem possible.

At some stage following injury, many workers will start to think about their eventual return to work. In some cases, employers also initiate return to work discussions. When a worker starts to discuss return to work with their employer, they enter what is termed the 'return to work planning' stage. Before an injured worker can return to work, adjustments often have to be made to duties and the work environment. In some cases, going back to fulltime duties initially is not an option and workers will only be able to perform suitable duties as indicated on their medical certificate or medical report.

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

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

Why is this important?

Including workers in the return-to-work planning, and providing a clear understanding of suitable duties programs has been found to be linked to less time off on workers' compensation. From this perspective, taking leadership in return-to-work planning offers clear benefits to both workers and employers.

It is important to start discussions about return to work as soon as possible after injury. Do not wait for the injury to fully heal, but explore safe options for alternative duties at the workplace. In particular, it is important for employers to:

- Consider the return-to-work details stated in the current medical certificate or report.
- Liaise with the **treating doctor** if necessary to clarify restrictions or discuss return to work options (can be by phone, fax or email).
- If the **insurer** approves, a case conference with the treating doctor may be beneficial for workers with complex or serious injuries.
- Discuss return to work options and issues with **injured workers**.
- Initiate discussions about return to work rather than leaving the initiation to workers.
- Involve **senior managers** in discussions where possible.
- Don't just discuss return to work verbally but develop a written suitable duties program.
- Actively involve injured workers in return-to-work planning.
- Provide workers with a clear understanding of return-to-work duties.

Key point: It's important to start return to work discussions as soon as possible. Don't wait for the worker to start asking. It's important that changes can be made to the worker's role to encourage a successful return to work without making the worker's injuries worse.

Stage 5 - Actual return to work

Actual return to work is about optimising the way injured workers are managed when they return to work. This includes strategies for monitoring adherence to suitable duties, monitoring progress in return to work and managing co-workers' reactions.

Actual 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. Indeed, 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.

Why is this important?

A successful return to work program:

- Explores the use of a range of techniques to encourage return to work
- Where possible, ensures injured workers return to their pre-injury job
- Encourages workers to attempt return to work and provides necessary support
- Develops strategies to prevent a non-return to work focus, particularly on injuries which have lower return to work rates such as psychological injury and sprains/strains/hernias/dislocations
- Does not pressure workers to perform unsuitable duties
- Avoids situations that are typically associated with an initial failure of the first attempt to return to work such as:

- Too much pain
- Poor employer support
- Re-injury at work
- No suitable duties
- Poor psychological preparation of worker
- Poor support from co-workers
- Meaningless or uninteresting duties
- Poor family support.

Better employer and co-worker support on the first return to work attempt is statistically linked to a quicker return to work and less time on worker's compensation. Accordingly, providing good support early on offers benefits to both injured workers and employers.

Key point: Better employer and co-worker support on the first return to work attempt is statistically linked to a quicker return to work and less time on workers' compensation.

Stage 6 – Improvement planning

Improvement planning is about further improving the ways return to work is managed at the workplace. This includes ways to measure return to work performance, gathering feedback from workers about their return-to-work experiences and developing strategies to improve return to work outcomes.

Overview

Improvement planning is the final step towards achieving better practice in return to work. While not a compulsory stage, the improvement planning stage focuses on taking action to further improve injury management and return to work at your workplace.

By asking workers to give feedback on their return-to-work experiences, you as an employer will learn from their experiences and be able to implement improvements.

Why is this important?

Improvement planning is important as it provides an opportunity to:

- Reflect on what went well and what did not go so well during the return to work.
- Ask the injured workers for their feedback on the way return to work was managed.
- Improve the way that suitable duties programs are structured.
- Monitor return to work performance overall and by injury type.
- Update business policies and procedures to incorporate improvements.

Strategies for improvement planning

1. Monitor return to work performance

- Calculate average day's compensation per injured worker.
- Develop a comparison table to monitor injured workers' return to work rates across time. This could include averages as stated above, plus moving averages, perhaps presented by type of injury.

- At six months, calculate percent of workers who have returned to work and percent who have attempted return to work.
- Record information for future monitoring.
- Assess durability of return to work after 12 months.

2. Develop improvement strategies

- Develop improvement strategies to improve return to work processes.
- Make sure that strategies have appropriate resourcing allocated to them; otherwise, it is unlikely they will be effectively implemented.
- Review resourcing to implement improvements.
- Implement improvement strategies.

3. Update policies and procedures

- Ensure improvement strategies are reflected in organisational policy (eg return to work policy, HR policy).
- Assess whether improvements may imply a need to change HR policy or other business processes (including return to work processes).
- Review usefulness of strategies in improving performance in achieving return to work.
- Try to reflect on whether strategies/ improvements have addressed identified problem areas.

Key point: By asking the worker to give feedback on their return to work you will learn from their experiences and be able to identify future improvements.

2.3 Referral process for treatment and rehabilitation services

Work related injuries are no different to other injuries in that it is important to seek early treatment and actively manage the injury or illness. Employers and workers are encouraged to seek early treatment and intervention. (However psychological and psychiatric injury claims have a high rate of disputation and employers and workers should keep in mind that they will be responsible for payment for treatment and other services they have requested if the claim is rejected).

An insurer will pay for costs for which an insurer is liable for treatment at a public hospital. An insurer's liability for the cost of hospitalisation at a private hospital is limited to four days. Treatment in a private hospital must be approved by the insurer. An insurer may agree to extend private hospital stays in certain circumstances.

- All treatment and services provided to injured workers must be:
 - Covered by an accepted claim for workers' compensation and
 - Must be covered by a current medical certificate
 - Most services require prior approval from an insurer
 - Where a claim has been accepted the insurer does not require approval for initial consultations and a defined number of follow up treatments eg physiotherapy.
- When a worker is injured at work and seeks medical treatment, they must obtain a workers' compensation medical certificate from their doctor if they wish to lodge an application for compensation (make a claim).
- Most referrals for treatment and services to injured workers must have a referral from the treating medical practitioner.
- In some circumstances the insurer will refer a worker directly for services such as a worksite assessment.
- Once the worker has lodged a claim the insurer will pay for medical treatment by a general practitioner or hospital if the claim is accepted.
- Most doctors and hospitals will bill the insurer directly but some medical and allied health practitioners will ask a worker to pay 'up front'. They may also charge more than the fee that is paid by insurers and the worker will be required to fund the 'gap' in these cases.
- For accepted workers' compensation claims injured workers cannot self-refer to services such as physiotherapy or chiropractic services. They must have a referral from their treating medical practitioner.
- Some alternative medicine services such as massage therapy, remedial massage or homeopathy may not be paid for by an insurer. If in doubt ring WorkCover **1300 362 128** or yourself insurer if they are a self-insured employer.
- Where an employer wishes to engage an allied health or rehabilitation provider to provide workplace-based services such as a workplace assessment or a functional capacity evaluation, they must obtain the approval of the insurer or they may be liable for the cost of the service.

Some employers have corporate health or early intervention programs and provide certain services to their workers to encourage the development and maintenance of a fit and healthy

workforce. It is a matter for each employer to decide whether in the interests of early intervention they will provide certain services to an injured worker pending acceptance of their workers' compensation claim. Some relevant services include early assistance programs for workers coping with 'stress' at work or at home or gym or physiotherapy programs to help workers manage chronic conditions. There is usually a limit on these services and workers should be encouraged to lodge a claim for compensation if the condition is work related.

- At all times rehabilitation and return to work coordinators should refer to their organisational policy and procedures for referring workers to treatment services. They should also liaise with the worker's treating doctor to ensure they approve of the referral.
- Liaison with the treating doctor to obtain information related to the worker's medical treatment should only be with the injured worker's written authorisation.

2.4 Providing feedback to stakeholders

Why is feedback important?

It is important to provide accurate and timely feedback to all stakeholders during the rehabilitation and return to work process to avoid misunderstandings and the development of barriers to positive return to work outcomes.

Feedback can be used to clarify issues, prevent the development of barriers to return to work, help in developing suitable duties programs, monitoring rehabilitation and return to work and as an aid in improving your workplace rehabilitation programs.

When should feedback be given or asked for?

RRTWC, supervisors and managers and other parties involved in rehabilitation and return to work should seek or give feedback at the following stages during return to work:

1. Immediately following an injury to find out the extent and severity of the worker's injury and to update their manager or supervisor on the worker's situation.
2. When the worker is away from work recovering it is a good idea to contact the worker each week to keep in contact, discuss progress and provide updates to their manager or supervisor.
3. If the medical certificate is not clear, the RRTWC should liaise with the treating doctor to obtain feedback about prognosis and recovery and suitable duties. At this time the RRTWC can also let the doctor know that the workplace provides suitable duties and that the worker can be accommodated with duties suited to their current condition.
4. A suitable duties plan must be developed in consultation with the injured worker so it is important to seek feedback from them about what duties they think they can identify and undertake.
5. The insurer should be given feedback about suitable duties – the Regulation states that the employer must give the insurer a copy of the suitable duties program.
6. Once the worker is back at work on suitable duties, the RRTWC needs to obtain feedback from the worker after the first day and update their supervisor and manager. It is important to maintain regular monitoring and feedback to the worker and their manager or supervisor during the period of suitable duties. The worker needs to be reassured that they are valued and being productive. The worker and their manager or supervisor should be alerting you to any problems such as an increase in symptoms.
7. If the worker has a setback during suitable duties you need to seek feedback from the worker, their manager or supervisor and the treating doctor to ensure the worker can proceed safely on a revised suitable duties program. You should also provide feedback to the insurer and request assistance if required.
8. At the end of a worker's rehabilitation and return to work program, injured workers should be surveyed to give feedback about their experiences during rehabilitation. Every effort should be made to follow up with all workers – RRTWC could consider using email, telephone and face to face interviews to get the information.
9. Managers and senior management should be given regular feedback about the number of workers on rehabilitation, the number who return to work and in what capacity they return, the satisfaction levels of injured workers and other parties with the rehabilitation process.

Over time statistics can be kept showing costs, durations and outcomes for workers' compensation claims. Trends in types of injury can also be monitored and included in feedback to management.

Case notes

The way that the RRTWC can record communications associated with return to work (including communications with people other than the injured worker e.g. doctor, supervisor) is to keep case notes. (More detail on case notes will follow)

Communication with stakeholders

Good communication between individuals is essential for the successful operation of any organisation. Where communication fails or is poorly understood, strained relations, poor morale and low productivity will result. Rehabilitation and return to work coordinators communicate with people at all levels in an organisation so it is important that they have good communication skills.

Communicating with treating doctors

The workers' compensation medical certificate will in most cases provide sufficient information to help the RRTWC develop a suitable duties program. However, where the RRTWC wishes to clarify information with the treating doctor they will find this easier if they observe the following hints:

1. Obtain the injured worker's authority to obtain or release information gathered during workplace rehabilitation.
2. Ask the medical practice or allied health practice receptionist to arrange a time to meet or telephone the treating doctor/therapist. Explain the reason for your request and suggest that the doctor have the worker's clinical notes handy.
3. You may be able to email your questions prior to the phone call to give the doctor time to respond effectively.
4. Have a list of questions that you wish to ask.
5. Clarify rehabilitation options/restrictions for suitable duties.
6. Clarify any action to be taken by either party.
7. Case note your discussions.

Barriers to effective communication

It is important for rehabilitation and return to work coordinators to recognise and manage barriers to good communications. Some of the common barriers are discussed below.

Physical

Good communication can be affected by the following physical barriers:

- Heat, cold, noise and drafts
- Time constraints resulting in poor attention to detail
- Documents that are poorly written and organised
- Complex content
- Body language signals a different message to the content that is being communicated.

Cultural

Cross-cultural communication can be affected by factors such as

- parties have different languages
- different customs, traditions and values
- motivation – individuals are motivated by different factors
- class, status or power differences
- physical gestures – may be acceptable in one context but cause offence in another.

Experience

There may be confusion when introducing an audience to issues beyond its experience. New material should be related to the audience's current experience if possible.

Co-ordination and liaison are important parts of coordinating rehabilitation and return to work. All parties involved in the recovery of an injured worker need to be aware of the plans for that worker's return to work. A rehabilitation and return to work coordinator is the vital link between the injured worker, management, treating doctors, unions, rehabilitation service providers, allied health providers, and the insurer.

Perceptions

When receiving communication, people will filter the message and keep what interests them and fits in with their experience. People may have set ideas that will affect how they interpret communications. As a result, they may draw conclusions that were not intended.

Motivational barriers

Some of the reasons why an audience may not want to respond to a communication include:

- the message is inappropriate
- lethargy, fatigue and disinterest
- antagonism, lack of trust
- negative non-verbal (body language) signals from the speaker.

Emotional barriers

- message is inappropriate or offensive
- personal antagonism, anxiety or fear provoked by the communicator
- individual characteristics of the communicator eg introverted, extroverted, level of self-esteem
- attitudes and prejudices of the audience or communicator.

Organisational barriers

Communication, even when well constructed can fail when it does not meet the expectations of its receivers. Problems arise when:

- style and content differ from usual patterns
- not enough time is allowed for response

- the message is complex
- influence of the grapevine
- management style.

Language barriers

- vocabulary of speaker and audience may differ (avoid jargon)
- language not clear and simple.

Competition for attention

- telephones ringing
- other speakers
- environmental distractions eg heat, cold, noise
- work loads or time constraints.

As a rehabilitation and return to work coordinator you can overcome many of these barriers by thinking about your intended audience and how to frame or 'pitch' the message. Avoid jargon, and consider the style, culture, timing, environment and expectations of your audience. Understand how things are done in your workplace, and use empathy to help you develop a message in a format appropriate to your audience. In other words, put yourself in the place of your audience and frame the message to take account of their needs. This is particularly important when you want to motivate staff to participate and cooperate in workplace rehabilitation.

2.5 Key interpersonal skills for a RRTWC

Regular communication with injured workers about their participation in return-to-work activities following injury is essential. Injured workers should recognise the rehabilitation and return to work coordinator as someone they can contact about their progress. When speaking with injured workers and other relevant parties, think about:

Verbal skills

- Your tone of voice – does it match what you are saying?
- Conveying honesty and confidence
- Being flexible
- Being clear and concise
- Keeping an open mind
- Taking advantage of opportunities in the conversation to explore issues.

Listening skills

Good listeners are rare. People are often distracted by other stimuli. As concentration is needed to understand the meaning of messages, the following techniques may be useful:

- Maintain appropriate eye contact
- Be alert but relaxed
- Keep an open mind, avoid being judgemental
- Listen for themes in the conversation
- Pause and think before responding to avoid disrupting the speaker's message.

Interview skills

On many occasions, the rehabilitation and return to work coordinator will use an interview as an efficient way to obtain important information. Some useful techniques are:

- Build rapport: explain the purpose of the interview, and create a relaxed, friendly atmosphere.
- Maintain the self-esteem of the worker by making them feel at ease and ensuring they are not threatened in any way. Following an injury, a worker's self-esteem may be low, and it is important to encourage confidence and trust.
- Use positive opening and closing remarks, reinforce any gains made to date, and don't force admission of any limitations or weaknesses.

Observing and listening

These skills include not only watching and hearing but interpreting as well. Important listening techniques include:

- Avoid jumping to conclusions
- Don't become emotional
- Don't take it personally
- Don't overreact

- Be flexible
- Don't make judgements
- Take short, concise notes.

Pace the interview

Agree on a start and finish time for the interview. Agree on an agenda and stick to the topics. Confirm the discussion and agree on any actions required and who will be responsible.

Questions

Use open ended questions to get more information. Use questions to find out what, when, where, how, why.

Meeting skills

RRTWC's may be asked to participate in or arrange meetings with relevant parties such as injured workers, supervisors, rehabilitation providers, and treating doctors to develop return to work strategies such as suitable duties programs. They may also be asked to participate in case conferences with the treating doctor, insurer, supervisor and injured worker when there are a number of complex issues to be resolved.

Tips for successful meetings

- Be familiar with the agenda and topics
- Speak up early – this adds to your influence by establishing your presence and position
- Listen to and respect the points of others
- Reinforce points and ideas – do not base arguments on disagreeing with others' ideas and opinions, instead make your own case clear
- Maintain good eye contact at all times
- Offer sincere compliments when deserved (don't overdo it! It sounds false!)
- Provide concise meeting minutes of all decisions made.

Hints for leading meetings

- Provide early notice to all participants
- If possible provide an agenda
- Introduce participants if necessary
- Clearly define the purpose of the meeting
- Nominate the proposed start and finish time
- Encourage a relaxed atmosphere
- Keep discussions relevant
- Maintain control without being a dictator or manipulating others
- Summarise and check understanding and agreements regularly.

Person-centred approach

A person-centred approach is where the injured worker is placed at the centre of the program and treated as a person first. The focus is on the person and what they can do, not their injury/condition or disability. Support should focus on achieving the person's aspirations and be tailored to their needs and unique circumstances.

A person-centred approach:

- Supports the person, at the 'centre of the program', to be involved in making decisions about their return to work
- Takes into account each person's life experience, age, gender, culture, heritage, language, beliefs and identity
- Requires flexibility and support to suit the injured worker
- Is strengths based, where people are acknowledged as the experts in their life with a focus on what they can do first, and any help they need second
- Includes the person's support networks as partners.

Motivational Interviewing

A lot of recent research into RTW has found that a multi-disciplinary model to getting the worker back to work is important. Studies have shown that workplace involvement to allow recovery at work is more beneficial than just physiotherapy and other sessions alone. The studies suggest that having a worker back in the workforce without a focus of productivity increases chances of a long-term return to work.

As part of this multi-disciplinary approach, many studies are focusing on identifying motivations of the injured worker to return to work. The field of 'motivational interviewing' (MI) is growing in popularity with many other services using MI to help clients quit smoking, lose weight, find employment, become free of addiction and general increase in physical and mental health.

Motivational interviewing (MI) is a counselling approach developed in part by clinical psychologists William R. Miller and Stephen Rollnick. It is a directive, client-centred counselling style for eliciting **behaviour change** by helping clients to explore and resolve ambivalence. Compared with non-directive counselling, it is more focused, and goal directed.

Open questions are better than closed questions

- Are you in pain? Vs How do you feel?
- Don't you want to return to work? Vs What are the benefits of returning to work to you and your family?

Affirmations – Building self confidence in the injured worker

- You really care a lot about your family.
- It must be a good feeling to know you have family at home who love you.
- You were successful in changing in the past.

Reflections

Understand what the injured worker is feeling and thinking and then saying it back to them.

- Eg. An injured worker may say 'I don't like sitting at home, I get angry with my family'.
To reflect that you could say 'Anger at your family is something you'd like to change'

Summarise regularly throughout

Summarise in a couple of sentences back to the injured worker.

An injured worker may have discussed things like, 'I like my job and don't want to do a different job, I don't want to leave friends, I don't want to fail.'

Summarising that back could mean responding with a summary like. If I understand you correctly you are fearful of not being able to return to your normal job because you like it, you like the people at work and you don't want to let your family or colleagues down.

To help evoke change in MI a few key questions can be asked?

How important is it for you to be successful in your rehabilitation? Please give it a rating of where you would be sitting currently between 1-10. 1 is not very important and 10 is very important.

How confident are you feeling to make the changes required in your rehabilitation to return to work? Please give it a rating of where you would be sitting currently between 1-10. 1 is not very confident at all and 10 is very confident)

Once they have indicated a number you can explore the numbers. Eg. That's good you can identify a score. What would it look like, feel like or what would need to happen for your score to be 1 or 2 points higher.

The goal of these questions is to get the injured worker thinking about why/what/how they want to change and that small change may lead them to success.

The focus with MI is the client. The RTWC shouldn't be giving ideas to help change but trying to empower the injured worker to come up with motivation and ideas themselves. MI links in with the biopsychosocial model for rehab which is discussed further on in this document.

Asking the injured worker to keep a diary of their progress, duties performed and pain scales throughout rehabilitation can assist workers if motivation drops. Workers can look back and see how far they have come and what their goals for rehab are.

2.5.1 The consultation and negotiation process

Successful workplace rehabilitation requires all parties to take a consultative approach to negotiating about key activities. Key activities that require such an approach include:

- Negotiating return to work and suitable duties programs with the treating doctor when he has certified the worker as totally incapacitated.
- Consulting the injured worker to develop a suitable duties program.
- Negotiating with a worker who is not participating in workplace rehabilitation.
- Negotiating with a worker who is not observing the restrictions on his medical certificate.
- Negotiating with the insurer to get a rehabilitation provider to help you develop a suitable duties program.
- Negotiating with the insurer to get other rehabilitation services approved.
- Negotiating with a manager or supervisor who is reluctant to provide suitable duties for a worker with partial capacity.
- Negotiating with a manager who is asking the worker to do work not allowed under his medical certificate restrictions.
- Consulting and negotiating with an injured worker's co-workers:
 - Where the injured worker is part of a team that is paid bonuses for meeting productivity targets
 - Where the injured worker is part of a production team that rotates through a range of tasks to prevent repetitive trauma injuries.

The rehabilitation and return to work coordinator is a key person in the rehabilitation process and the link between the injured worker, the employer, the union(s) if involved, the insurer, the rehabilitation service provider, the treating doctor and other relevant parties.

These interactions may not always go smoothly and disagreements can cause delays during the rehabilitation and return to work process. The rehabilitation and return to work coordinator will benefit from using some basic principles of negotiation to help any disagreeing parties.

A cooperative negotiation approach helps preserve important workplace relationships. When using this approach, one or both parties must enter the discussions willing to give something in order to obtain what they want. How much, and what they compromise, are the issues to be decided. For this approach to succeed, the parties need to show an ability to collaborate, demonstrate give and take and respect others' needs. This requires a willingness to:

- Make realistic demands
- Be flexible and rational
- Be sharing and open
- Seek mutual goals
- Seek win/win situations.

Five steps can be identified:

1. Research and preparation
2. Commence negotiations and trade off secondary issues
3. Develop firm offers and counter offers
4. Explore concessions
5. Confirm agreement.

Some simple tactics include:

- Keep the solutions simple
- Postpone difficult items until later if possible
- Use a mediator if appropriate
- Refer to a higher authority if necessary
- Examine and confirm any concessions or agreements made to date
- Agree on any actions to be made.

Keep in mind the following points

- Be enthusiastic about return to work and supporting the injured worker
- Be totally committed to the success of the return to work process
- Help to break down barriers
- Commit to freeing up time to support rehabilitation and return to work
- Keep in mind the needs of the injured worker and the workplace.

2.5.2 Recording Communications – Case Notes

All communications related to an injured worker's rehabilitation should be documented. This means storing all relevant emails, accounts, correspondence and reports on the worker's file. RRTWC's can record communications associated with return to work (including communications with people other than the injured worker e.g. doctor, supervisor) by a system of case notes.

Case notes aid the rehabilitation of injured workers by providing a record of communications, actions and decisions and reasons for these. Case notes can also be useful if an injured worker decides to pursue common law action at a later date. The case notes can be a source of information regarding how the Employer (through the actions of the RRTWC) met their obligation regarding rehabilitation. Case notes can also provide details of how the worker did or did not participate in rehabilitation in order to mitigate their loss.

The most basic information to be included in case notes is who, when, where, what, how and why.

- Who:** List the parties involved in the communication or action (including author sign off)?
When: Date and/or time this communication or action occurred?
Where: Where did the communication or action take place? (not always required)
What: What was communicated and/or what actions/decisions were taken and next step to be taken?
How: How was information communicated or action undertaken?
Why: Why was this communication made or action taken?

This may all seem a bit complicated, but if you examine the examples below you will see how this information can be captured quite simply.

Injured worker – Mary Smith

Date	Case notes and signature
17.08.2019	Mary has appointment with Dr Briggs this afternoon for update of medical certificate. Faxed rehab. introduction letter and authority form signed by Mary to Dr Briggs ready for appointment. (Fax and authority now on file). -----Reg Dixon
17.08.2019 (When)	Phone call received (How) from Dr Briggs secretary (Who) to confirm duties available in the office for Mary's suitable duties (Why). I told her that there was seated work answering the phones and some standing and walking work to file the invoices and there was enough of this work for about six hours a day. Secretary said she would let Dr Briggs know for his certificate. I told her I would fax Dr Briggs the suitable duties program for his records once I had seen the new certificate. (What) -----Reg Dixon (Who)
18.08.2019	Mary handed in a new certificate this morning. The suitable duties program was updated with input from Mary and Jim (supervisor). Mary, Jim and I signed the program and it was faxed to Dr Briggs for his records. -----Reg Dixon

Rehabilitation and return to work coordinators with computer access may decide to keep electronic case notes in a secure computer file, which are printed off at regular intervals, and kept on the worker's rehabilitation file.

Relevant versus irrelevant information

It is important to exclude irrelevant information from case notes. Look at the following samples to help you understand what is or isn't subjective information.

Example one – Irrelevant detail included

15.06.2019 *Jessica came up to me today to hand over her new Medical Certificate. She told me that the doctor had been very nice to her and that he was happy with her progress. The certificate details that Jessica can work four days per week and that she is restricted to a 5kg lifting limit and unable to walk distances of greater than 200 metres. She said that her son had his birthday on Saturday and this was a long day, but lots of fun.*
Ricky Martin

Example two – Irrelevant information removed

15.06.2019 *Jessica provided updated medical certificate (see Employer Copy on file). She reported her GP is happy with her progress.*
Ricky Martin

Example three – Irrelevant information included

15.06.2019 *Jessica came to my office to talk about her rehabilitation and return to work plan she was angry and fed up and said that she thought that her manager was trying to push her back to her job when she wasn't ready. She was very upset and feeling quite concerned. I told her that I would make a time later today to sit down with her and her manager to talk about the situation.*
Ricky Martin

Example four – Irrelevant information re-written to create relevant information

15.06.2019 *Jessica came to my office to talk about her Suitable Duties Plan. She expressed concern that her manager is trying to push her back to her job when she isn't ready. I told her that I would make a time later today to sit down with her and her manager to talk about the situation.*
Ricky Martin

3.0 Identify suitable duties and develop return to work plans

Negotiate content of return-to-work plan with insurer and develop suitable duty plans.

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

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

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

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

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

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

Section 220 of the Act outlines specific insurer's responsibilities in regard to rehabilitation and return to work. This includes establishing a return-to-work plan for a worker.

A rehabilitation and return to work plan, for a worker who has sustained an injury, means a written plan—

- (a) outlining the rehabilitation objectives for the worker and the steps required to achieve the objectives; and
- (b) developed in consultation with the worker, the worker's employer and registered persons treating the worker.

The rehabilitation and return to work plan is separate to the suitable duties plan that the workplace's RRTWC will develop.

A rehabilitation and return to work plan should include:

- Personal details of the worker
- The support person for the worker
- The workplace rehabilitation and return to work coordinator
- Start and finish date of the suitable duties program
- The worker's return to work goals
- The medical treatment to be provided to the worker
- The 'stages' of return to work as recommended by the worker's treating practitioner/s
- The worker's physical and psychological capacity to perform tasks/duties
- Specific work tasks/duties to be avoided
- The workplace accommodations required to support the worker
- When the plan will be reviewed and by who; and
- A space for the worker, treating doctor, rehabilitation and return to work coordinator and supervisor to sign and date the plan.

The appropriate rehabilitation professional may:

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

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

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

The principles of suitable duties

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

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

Suitable duties

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

Suitable duties are not:

- Light duties
- Non-productive tasks
- Permanent
- A way of avoiding work
- A specific “rehabilitation job” which is set aside for workers on rehabilitation regardless of their injury.

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

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

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

Meaningful work

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

Injured worker details

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

Plan details

Task details

Week	Duties	Restrictions
Week one commencing: Hours: Days:		
Week two commencing: Hours:		

Treatment during this plan :	Training required:
	To be given by:

Plan to be reviewed:

Signatures

Name (treating medical practitioner):		Name (worker):	
Approval as per WC medical certificate dated		I have been consulted about the content of this plan and agree to participate	
		Signature:	Date:
Name (supervisor)		Name (rehabilitation and return to work coordinator)	
I agree to ensure this plan is implemented in the work area		I agree to monitor this plan	
Signature:	Date:	Signature:	Date:

A Standard Suitable Duties Plan Template

3.1 Suitable duties program – guidelines for completion

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

Injured Worker Details

- Please include as much detail as possible.

Program Details

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

Task Details

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

- Signatures - the suitable duties program is a responsibility shared between the key parties involved in the rehabilitation process. Each of these parties (worker, supervisor, and rehabilitation and return to work coordinator) should sign the suitable duties program. If the suitable duties program is developed by a rehabilitation professional, they should also sign the program. Note: the treating doctor is not required to sign the suitable duties program if sufficient information is provided on the medical certificate.

Sample completed medical certificate & suitable duties program

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

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

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

Work Capacity Certificate:

The following work capacity certificate shows an example of how the information on the certificate can be transferred to suitable duties plan on the following page.

Work capacity certificate – workers' compensation

Workers' Compensation and Rehabilitation Act 2003 Form 132M – Version 1

Part A – Patient details

Name	John Smith		Date of birth	17/05/1969
Mobile number	0412312358	Claim number	<input checked="" type="checkbox"/> New claim <input type="checkbox"/> Claim is report only	
Occupation (if known)	Carpenter	Patient's employer	Jim and Johns Building Services	

Part B – Injury details

Date of examination	28.1.2020	Patient's stated date of injury	28.1.20	Patient was first seen at this practice/hospital for this injury/disease on	28.1.20
The patient is/was suffering from (List all work-related diagnoses. If symptoms only, tick "Provisional diagnosis")					<input type="checkbox"/>
Provisional diagnosis					L5/S1 disc protrusion
Patient's stated mechanism of injury	Lifting heavy boxes		Is this consistent with your clinical findings?	<input checked="" type="checkbox"/> Yes	
Describe mechanism in detail					
Moving items from ute to site entrance					
Pre-existing factors or condition aggravated (if not previously supplied)					
na					

Part C – Treatment plan

Patient requires/d treatment from	28.1.2020	to	02.2.2020	to be reviewed again on	13.2.20	<input type="checkbox"/> No further review
Treatment	Physio and meds					
I have prescribed medication that may impede safe work, travel or cognitive function						
<input checked="" type="checkbox"/> Yes						
Referrals	<input type="checkbox"/> Diagnostic	<input checked="" type="checkbox"/> Allied Health	<input type="checkbox"/> Specialist/GP			
Name/discipline	Physiotherapist					

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

<input type="checkbox"/> The certified injury does not prevent a return to pre-injury duties. Do not complete Part E. Go to Part F.	<input checked="" type="checkbox"/> If suitable duties available, can return to some form of work from	02.2.20	<input checked="" type="checkbox"/> No functional capacity for any type of work until	1.2.20
Complete this 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)				
Disc protrusion needs treatment to enable movement				
Estimated time to return to some form of work duties	2.2.20	Estimated time to return to full duties	na	

Part E – Functional ability (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.)

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)	No	Yes	Is functional ability affected by injury/condition? Note any restrictions (if relevant)	What patient can do (if "Yes" box ticked)
Lower limb	<input type="checkbox"/>	<input type="checkbox"/>		
Upper limb	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bending twisting, alternate sit/stand max 20 min sit	Lift under 5kg if don't need to bend
Hand function	<input type="checkbox"/>	<input type="checkbox"/>		
Spinal function	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No bending twisting, alternate sit/stand max 20 min sit	Lift under 5kg if not required to bend
Cognition/psychosocial functioning	<input type="checkbox"/>	<input type="checkbox"/>		
Driving a car	<input type="checkbox"/>	<input type="checkbox"/>		
Operating machinery/heavy vehicle	<input type="checkbox"/>	<input type="checkbox"/>		
Manual tasks	<input type="checkbox"/>	<input checked="" type="checkbox"/>	No lifting over 5kg or if required to bend	Can lift under 5kg if not required to bend
Other	<input type="checkbox"/>	<input type="checkbox"/>		

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)

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

Max 4 hours a day in week 1, increase as tolerated

☐ 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 Peter Jones	Email	pjones@pjones.com
Practice/hospital	PJ Medical Centre	Phone	18001546
Postal address	PO Box 123 Brisbane 4001	Date	28.1.20
		Signature	

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

Injured worker details			Plan details	
Worker:	John Smith	Phone number:	Goal – long term: Return to full -time construction duties as a carpenter	
Supervisor:	Mark Brown	Phone number:	Objective of this plan: To upgrade work hours performing administrative tasks	
Treating medical practitioner:	Dr Peter Jones	Phone number:	Duration of this plan from: 02/02/2020 to 13/2/2020	
Job description: Assistant to Project Manager			Fit for suitable duties (restricted return to work?) From: 02/02/2020 to: 13/02/2020	
Task details				
Week		Duties		Restrictions
Week one commencing: 02/02/2020		Telephone and email ordering of construction materials		No lifting over 5kg
Hours: 4 hours per day (9:30am-1:30pm)	Days: Monday to Friday	Liaising with suppliers / construction supervisors, checking deliveries, completing necessary computer records relating to ordering		No bending/twisting Sitting for 20min periods, alternate with standing/walking
Week two commencing: 09/02/2020		As per week 1		As per week 1
Hours: 6 hours per day (9:30am-3:30pm)	Days: Monday to Friday			
Treatment during this plan : physiotherapy, gym strengthening program			Training required: yes	
			To be given by: Tony White, Project Manager on 02/02/2020	
Plan to be reviewed: 06/02/2020				
Signatures				
Name (treating medical practitioner):	Dr Peter Jones	Name (worker):	John Smith	
Approval as per WC medical certificate dated 02/02/2020 – 13/02/2020		I have been consulted about the content of this plan and agree to participate		
		Signature: J. Smith		Date: 30/01/2020
Name (supervisor) T.J. White	30/01/2020	Name (rehabilitation and return to work coordinator)	Maree Celeste	
I agree to ensure this plan is implemented in the work area		I agree to monitor this plan		
Signature: T.J. White	Date: 30/01/2020	Signature: M.R.Celeste	Date: 30/01/2020	

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

The rehabilitation and return to work coordinator must obtain the injured worker's written authority before contacting the doctor or any other rehabilitation or treating provider to obtain information about the injured worker. It is good practice to ask the injured worker to sign an authorisation as soon as practicable after their injury, even if there is sufficient information on the workers' compensation medical certificate on which to develop a suitable duties program.

Below is a copy of the *Injured Worker Authorisation* template, which is available on the Worksafe Qld website under forms.

Injured worker authorisation

I (name) _____ date of birth _____ of _____
 (address) _____ hereby give my consent for the following
 specified treatment providers to discuss with my employer's rehabilitation and return to work coordinator
 (name) _____, the injury information relevant solely to this
 specific workers' compensation claim for the sole purpose of assisting with my rehabilitation/suitable duties plan for
 this injury and my safe return to work.

Treating doctor (name): _____

Address: _____

Medical specialist (name): _____

Address: _____

Physiotherapist (name): _____

Address: _____

Occupational Therapist (name): _____

Address: _____

Chiropractor (name): _____

Address: _____

Other (name): _____

Address: _____

Other (name): _____

Address: _____

Signature: _____

Date: _____

(Worker)

The personal information collected as a result of this form may be used for the following purposes in relation to this claim only:

1. the management of your rehabilitation/suitable duties plan
2. to facilitate your safe return to work; and
3. provide any on-going workplace support services as required.

Your personal information will not be disclosed to any person or agency without your express consent. Your personal information may be disclosed to a health care professional in relation to the above purposes only. The personal information collected will not be included in your personnel file.

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

A rehabilitation provider should develop a suitable duties program after:

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

Each program should contain the following:

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

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

Accessing the workplace for suitable duties

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

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

duties that can be done at particular times of the day. Negotiate and show consideration in these circumstances.

Hierarchy of return-to-work options

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

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

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

Job analysis

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

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

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

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

When a job analysis is carried out it is important to consider all of the activities that a worker performs as part of their role (even those that only occur on an occasional basis), and also the context in which the work takes place. You also need to consider the environment in which work tasks occur. For example weather and/or temperature are components of the environment,

which may need to be taken into consideration in relation to the healing of muscular or joint injuries, which may be impacted by work in very cold environments. Hot environments may be unsuitable if workers have injuries associated with skin irritations or the heart and lungs. You will also need to consider the effects of any medication the worker may have been prescribed.

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

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

There are a number of example Job Analysis documents available via the [Worksafe.qld.gov.au](https://www.worksafe.qld.gov.au) website that assist in determining potential suitable duties.

<https://www.worksafe.qld.gov.au/claims-and-return-to-work/rehabilitation-and-return-to-work/suitable-duties/resources-to-identify-suitable-duties>

The U.S. Department of Labour/Employment and Training Administration sponsors a very detailed database of job analysis data which can be found via the following link.

<https://www.onetonline.org/>

Characteristics of high-quality suitable duties typically:

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

How to identify potential suitable duties

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

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

administrative tasks, sourcing new business and so on. While the worker may not have the skills to do the entire task, it is often possible to break tasks into components which the worker can do.

It is important to consult with the injured worker through the development of the suitable duties plan and get their input into what they can do. If a worker has been off work for a period of time it will be important to start their first week off slowing. Get them to choose what they do during their first day and make sure it is well within their current functional ability.

Ideas for suitable duties

Administration

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

Business improvement

- Develop new systems to further improve the business
- Help further improve business processes
- Develop a new filing system
- Develop forms for improved efficiency
- Write part content of a training manual
- Work on quality assurance system.

Sales/promotion

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

Labour

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

Organisation

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

Training

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

Deployment

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

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

The insurer is responsible for:

- Paying the worker's entitlements during the program
- Developing the program
- Coordinating and monitoring the program.

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

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

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

Assessing environment for WHS risks

When identifying and considering possible suitable duties it is paramount that WHS risks are considered. It is important to look at potential risks not only for the injured worker but also for the other team members arising out of the injured workers decreased capacity or absence from work. Consultation with the WHS Advisor, HSR and the workers manager is important to get an insight into the risks that may be relevant.

Managing risks is covered in the Work Health and Safety Act 2011 (Qld) and is the responsibility of the Person Conducting Business or Undertaking to remove risks as the primary duty holder.

Section 19 of the WHS Act 2011 (QLD) identifies that the primary duty of care for workers is the responsibility of the Person Conducting Business or Undertaking (PCBU).

Section 19 (3) “...A person conducting a business or undertaking must ensure, so far as is reasonably practicable— (a) the provision and maintenance of a work environment without risks to health and safety; and (b) the provision and maintenance of safe plant and structures; and (c) the provision and maintenance of safe systems of work; and (d) the safe use, handling and storage of plant, structures and substances; and (e) the provision of adequate facilities for the welfare at work of workers in carrying out work for the business or undertaking, including ensuring access to those facilities; and (f) the provision of any information, training, instruction or supervision that is necessary to protect all persons from risks to their health and safety arising from work carried out as part of the conduct of the business or undertaking; and (g) that the health of workers and the conditions at the workplace are monitored for the purpose of preventing illness or injury of workers arising from the conduct of the business or undertaking.

Management of Risks –

As per **section 17** of the **WHS Act 2011** (Qld) and **Part 3.1 of the WHS Regulations 2011** (QLD) the PCBU must ensure appropriate risk management for all hazards in the workplace.

WHS Act - Section 17 Management of risks: A duty imposed on a person to ensure health and safety requires the person— (a) to eliminate risks to health and safety, so far as is reasonably practicable; and (b) if it is not reasonably practicable to eliminate risks to health and safety, to minimise those risks so far as is reasonably practicable.

Part 3.1 of the WHS Regulation 2011 (QLD) breaks that down into key steps as outlined in more simplified language by the *‘How to manage work health and safety risks’* Code of Practice 2011.

- Identify Hazards
- Assess the Risk
- Implement Controls (Hierarchy of Controls)
- Monitor and Review

Identify Hazards

In a simplistic model, a hazard is something that may cause harm. To identify hazards in a workplace/work area/task we need to consult with others, particularly if you are unsure of the area. Hazards can be identified by observing, looking at previous injury reports, previous risk assessments and among others via consulting or talking with the people in that area.

When looking at hazards for relating to rehabilitation you could consider the additional workload placed on the team by having someone absent.

Assess the Risks

Once a hazard has been identified the risk needs to be determined. This is achieved by looking at the likelihood the hazard may cause harm and the consequence that may result.

Having team members work additional hours or take on extra tasks due to the absence of an injured worker may cause injuries, both physical and psychological. Workers may take shortcuts, not follow safe work instruction or work long hours to accommodate the missing person. Most organisations would have a risk matrix to assist in determining risks.

Implement Controls

Part 3.1 of the WHS regulations outline the order of what controls should be considered.

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.

When considering risk controls, it is mandated that organisations look at **ELIMINATING** the risk at the first instance before looking at ways to **substitute, isolate or engineer** other controls. At the very last resort organisations may look at **ADMINISTRATIVE** (including PPE) controls however these are considered least effective and should only be back up or secondary control options.

In the example of the increased workload due to an absent worker or a worker with limited functional ability it may be beneficial to bring in a labour hire worker or another casual worker to replace the injured worker.

3.3 Workers with a psychological/psychiatric injury

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

Communicating with the injured worker

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

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

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

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

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

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

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

Remember the cost may become the employer's responsibility if the insurer rejects liability on the claim. Discuss the referral with the injured worker, their treating doctor and insurer first and if you decide to proceed, notify the injured worker in writing of the appointment details. Offer to

provide transport assistance to and from the appointment if required. As part of the referral, ask the provider for advice on how to interact with the injured worker.

What to do if the worker requests no contact

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

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

There is additional information on managing psychosocial injuries in the Appendix section at the rear of this document.

An Overview of Employee Assistance Programs

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

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

What to do once the insurer accepts the claim

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

References and resources

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

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

- **Beyond Blue: National Depression Initiative**
www.beyondblue.org.au
- **Lifeline** - Telephone: 131114

3.4 Psychosocial factors

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

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

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

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

Adjustment to injury counselling

Adjustment to Injury Counselling (ATIC) involves talking with a provider such as:

- a psychologist
- a Rehabilitation Counsellor
- a social worker with a tertiary degree in social work.

Using ATIC early may prevent a secondary psychological injury.

The purpose of Adjustment to Injury Counselling is to help you understand your injury better and to teach you coping strategies. This is with the end goal of getting you back to work and normal life.

Please visit the [Qld WorkCover](#) web page for more information on ATIC. More information on psychological injuries can be found in Appendix 5.

3.4.1 The Biopsychosocial Model

The psychosocial approach can be looked at through a holistic lens by incorporating the biopsychosocial (BPS) model, which examines biological, psychological, and social factors affecting an individual's return to work.

(The image below has been separated so show each part, however each part of the model is related to each other)



- The 'bio' component of this theory examines aspects of biology that influence health. These might include things like brain changes, genetics, or functioning of major body organs, such as the liver, the kidneys, or even the motor system.
- The 'psycho' component of the theory examines psychological components, things like thoughts, emotions, or behaviours.
- The 'social' component of the BPS model examines social factors that might influence the health of an individual, things like our interactions with others, our culture, or our economic status

A simplistic example of BPS using our case study injured worker Neville Iman

For example, let's say Neville Iman has an accident that leaves him with reduced movement in his right hand/arm.

'Bio': This biological change of reduced movement might influence how he feels about himself, which could lead to depression or anxiety in certain situations which is linked to the follow psycho element. Traditionally the medical intervention may only treat this bio element to increase movement in his hand and arm.

'Psycho': A possible psychological factor for **Neville** could be his role in his family and not being able to work and provide for his family causing anxiety/stress/depression. Often workers also feel terrible for letting the team down, not being able to do their normal work/shift, again causing depression/anxiety. This is then clearly related to the social function.

'Social': Based on his background, as per the case outline, he is likely the household provider and takes pride in providing for his family which gives him, in turn, a sense of self. Not being able to provide for his family then may result in acerbation of the psycho factors mentioned previously.

Summary for Neville

When the RRTWC is working with Neville they should be aware of how each of these three factors present themselves for Neville. This may be through questioning, active listening and paraphrasing.

Motivational interviewing around these factors would then allow the RRTWC to target specific areas to increase Neville's belief in ongoing rehab and a return to normal duties without discomfort. Refer to an early section in this document for more information about motivational interviewing.

3.5 Finalising the suitable duties program

3.5.1 Liaising with the treating doctor

The key is using effective communication strategies:

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

Obtaining medical approval for suitable duties programs

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

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

Allied health professionals are also valuable sources of information regarding injury processes, functions and rehabilitation. Remember the worker must sign an *Injured Worker Authority* form before you contact the doctor or treating allied health professionals.

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

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

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

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

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

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

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

3.5.3 Conflict Resolution

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

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

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

Ask questions like:

'Why does that seem to be the best solution to you?'

'What's your real need here?'

'What interests need to be served in this situation?'

'What values are important to you here?'

'What's the outcome or result you want?'

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

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

3.6 Document suitable duties program

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

Employers in Queensland must have workplace rehabilitation policy and procedures if they meet the criteria for requiring a Rehabilitation and Return to Work co-ordinator, although it is a good

practice for all workplaces to have these policy and procedures. The policy serves to inform everyone at the workplace about the intentions of workplace rehabilitation, who it applies to, and general principles for implementation. Procedures describe how rehabilitation will be implemented in the workplace.

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

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

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

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

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

The confidentiality of rehabilitation information is covered by the Workers' Compensation & Rehabilitation Act 2004 & Regulation 2014. The Commonwealth Privacy Act 1988 establishes information privacy principles, which apply to the public sector, and national privacy principles, which apply to some sections of the private sector, for the collection, storage, use and disclosure of personal information.

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

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

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

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

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

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

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

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

The rehabilitation and return to work plan

WorkCover or the self-insured employer is responsible for developing an overall rehabilitation and return to work plan for an injured worker. The plan must be consistent with the workers' needs and the current medical certificate or report. See WCRA 2003 Section 220 (5).

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

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

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

Obtaining agreement for suitable duties programs

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

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

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

Providing copies of suitable duties program

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

4.0 Implement and monitor return to work

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

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 (e.g. 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 (e.g., 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 (e.g. 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.

Review of return-to-work summary During a review of the return-to-work process it is important the following aspects are covered. It may be beneficial to create a checklist to guide a detailed review.

- Suitable duty plan on employees' file and the plan is current and in date
- Signed authority form accurate and on file
- Monitor work performance to confirm SDP is being complied with including restrictions
- Look to see if any new or unidentified hazards are present
- Has the injured worker been attending their appointments?
- Discussions with supervisors and other stakeholders
- Discuss any issues with injured worker and case manager
- Plan any rectifications

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 through 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's 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 a 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 from the suitable duties program, should have been completed to ensure that the duties are safe and the risk of re-injury or injury aggravation has 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 participates in the necessary safety induction and training before commencing a suitable duties program or being redeployed into an alternate position.

Risk assessment

When an injured worker is returning to their pre-injury normal duties 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.

Refer to *Managing Risks* outlined earlier in the document for further detail.

4.1 Monitoring - 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.

Ensure approval is obtained from the insurer prior to making these arrangements.

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 have the aptitude to successfully complete the training program?
- Are the skills 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.

5.0 Appendix

Terms used to cover the different types of injuries suffered by workers

Disability

Disability is a normal part of the human experience, and some form of disability affects about one in five Australians and this number is increasing, partly as a result of an ageing population.

Disability is any restriction or lack of ability (resulting from an injury, illness, or conditions present at birth) to perform an activity in the manner or within the range considered normal for a human being.

A disabled individual is one who cannot make some movement that the majority of the population can make, or lacks some sensory capacity that the majority of the population has. As a result, an individual with a disability may need to use different means than non-disabled individuals use to accomplish certain goals. Disability can cause disadvantage, which can, if recognised, be reduced by modification of the environment in which the person lives.

Negative attitudes and assumptions, often based on misunderstanding or ignorance can shape the way we behave towards people with a disability. The nature of the disability experienced by the individual can be reduced when environments and practices are designed to take into account the needs of people with a disability eg wheelchair access, modifying a car to hand rather than foot controls, or voice activated software on computers.

Impairment

An *impairment* is a physiological disorder or injury that results in any loss or abnormality of psychological, physiological, or anatomical structure or function. Any weakening, damage, or deterioration, especially as a result of injury or disease may be classed as an impairment. The impairment may be temporary or permanent.

Impairments are variously disabling depending on the extent to which they interfere with a person's ability to function at home or at work. The level of disability caused by an impairment also depends on how society and our organisations make provisions or adjustments to allow people with an impairment to participate or continue to participate in a normal range of social and economic activities. For example, a person who uses a wheelchair will have no difficulties negotiating a well-designed, accessible building, but is completely disabled in a poorly designed one eg one without lifts or elevators.

Many impairments are inconspicuous so rather than make assumptions about the impact of a person's condition, we should ask them what assistance or accommodations they need. Although there is little that the rehabilitation and return to work coordinator can do to change the facts of a worker's impairment, there is scope for altering work practices and the working environment so that they are less disabling.

Handicap

A handicap is an inability that leaves a person at a comparative disadvantage. A *handicap* is an inability to accomplish something one might want to do, that most others around one are able to accomplish.

A disability such as paraplegia becomes a handicap only to the extent that the paraplegic person's environment isolates him from some need or goal. A wheelchair user has virtually no mobility handicap in a building with accessible doorways, elevators, and work areas. But he is greatly handicapped when his goals are located up or down a flight of stairs.

Although in some circumstances, there is no way for a person with the disability to accomplish the task, in other circumstances, where the right tools and structures to support them are available, there are ways. Handicaps are created when the tools and infrastructure to support these alternative methods are not available.

Terminology associated with injuries to muscular, skeletal and nervous systems

Strain or sprain injury claims account for over a third of all injuries for which a claim is lodged. Of these, the back is the major body location accounting for over one-tenth of all claims registered. The next most common injury is a disease of the musculoskeletal system. Although a small part of the claim population, psychiatric or psychological injuries are the most expensive claims.

Workplace injuries often involve the muscular, skeletal or nervous systems. When doctors write a medical certificate for an injured worker they will often describe the injuries using medical terminology. It is helpful for the RRTWC to have a broad understanding of these terms. The list of injuries below is not exhaustive but contains some of the most commonly used terminologies.

Type	Description
Soft Tissue Injury	Injury to muscles, tendons, or ligaments.
Strain	Overstretching of a muscle.
Sprain	Wrenching or twisting of a joint with partial rupture of joint structures (e.g. meniscus, membrane or bursa) or other attachments (e.g. ligaments).
Dislocation	Displacement of a joint (may be with tearing of the surrounding soft tissues).
Fractures	
Partial	A fracture in which the break across the bone is incomplete.
Complete	A fracture in which the break across the bone is complete, so that the bone is broken into separate pieces.
Compound (open)	A fracture in which the broken ends of the bone protrude through the skin.
Closed	A fracture in which the bone does not break through the skin.
Contusion	Another name for a bruise. A collection of blood in a confined area, usually resulting from trauma that has ruptured blood vessels, causing blood to escape.
Disc Herniation	This refers to the situation where the jelly-like centre of the intervertebral disc protrudes outside of the fibrous outer ring.

The Spine Overview

The spine is one of the most important parts of your body. Without it, you could not keep yourself upright or even stand up. It gives your body structure and support. It allows you to move about freely and to bend with flexibility. The spine is also designed to protect your spinal cord. The spinal cord is a column of nerves that connects your brain with the rest of your body, allowing you to control your movements. Without a spinal cord, you could not move any part of your body, and your organs could not function. This is why keeping your spine healthy is vital if you want to live an active life.

Your spine is made up of 24 small bones (vertebrae) that are stacked on top of each other to create the spinal column. Between each vertebra is a soft, gel-like cushion called a disc that helps absorb pressure and keeps the bones from rubbing against each other. Each vertebra is held to the others by groups of ligaments. Ligaments connect bones to bones; tendons connect muscles to bones. There are also tendons that fasten muscles to the vertebrae. The spinal column also has real joints (just like the knee or elbow or any other joints) called facet joints. The facet joints link the vertebrae together and give them the flexibility to move against each other.

Each vertebra has a hole in the center, so when they stack on top of each other they form a hollow tube that holds and protects the entire spinal cord and its nerve roots. The spinal cord itself is a large collection of nerve tissue that carries messages from your brain to the rest of your body. In order for your body to function, you need your nerves. The spine branches off into thirty-one pairs of nerve roots. These roots exit the spine on both sides through spaces (neural foramina) between each vertebra.

The spine itself has three main segments: the cervical spine, the thoracic spine, and the lumbar spine. The cervical is the upper part of the spine, made up of seven vertebrae (bones). The thoracic is the center portion of the spine, consisting of 12 vertebrae. The lower portion of the spine is called the lumbar spine. It is usually made up of five vertebrae, however, some people may have six lumbar vertebrae. Having six vertebrae does not seem to cause a problem. Below the lumbar spine is the sacrum. The sacrum is actually a group of specialized vertebrae that connects the spine to the pelvis. During development (those nine months before birth), these vertebrae grow together or fuse creating one large "specialized" vertebral bone that forms the base of your spine and center of your pelvis. The nerves that leave the spine in the sacral region control the bowel and bladder functions and give sensation (feeling) to the crotch area.

The normal spine has an "S"-like curve when looking at it from the side. This allows for an even distribution of weight. The "S" curve helps a healthy spine withstand all kinds of stress. The cervical spine curves slightly inward, the thoracic curves outward, and the lumbar curves inward. Even though the lower portion of your spine holds most of the body's weight, each segment relies upon the strength of the others to function properly.

The Leg Overview

Your leg bones are the longest and strongest bones in your body. When you stand or walk, all the weight of your upper body rests on them. Each leg is made up of four bones. The three long bones are your femur, your tibia and your fibula. The fourth bone is your small patella, which is better known as the kneecap.

Your femur, or thighbone, is the largest bone in your body. The head of your femur fits into your hip socket and the bottom end connects to your knee. The two bones beneath your knee that make up your shin are your tibia and fibula. Your upper and lower leg are connected by a hinge joint. Your patella, or kneecap, rests on the front of your femur.

When your muscles contract, they pull the bone they're attached to, making your leg move.

Rotator Cuff Overview

The rotator cuff is a group of muscles and tendons that surround the shoulder joint, keeping the head of your upper arm bone firmly within the shallow socket of the shoulder. A rotator cuff injury can cause a dull ache in the shoulder, which often worsens with use of the arm away from the body.

Rotator cuff injuries are common and increase with age. These may occur earlier in people who have jobs that require repeatedly performing overhead motions. Examples include painters and carpenters.

Many people with rotator cuff disease can manage their symptoms and return to activities with physical therapy exercises that improve flexibility and strength of the muscles surrounding the shoulder joint.

Sometimes, rotator cuff tears may occur as a result of a single injury. In those circumstances, medical evaluation should be provided as soon as possible to discuss the role of surgery. Extensive rotator cuff tears may not be fixable, and transfer of alternative tendons or joint replacement may be possible.

Stages of healing and recovery for physical injuries

Bony and soft tissue injuries pass through three basic stages of healing; acute (trauma) stage, regeneration stage, and remodelling stage. At each stage, appropriate medical assessment and treatment combined with workplace initiatives, can promote the early return of the injured worker to the workforce.

The trauma stage

This represents the body's initial reaction to injury. Depending on the type of injury this stage can last up to 48 hours

Early appropriate treatment at this stage can reduce the severity of swelling and pain. This is why, rehabilitation procedures at the workplace should commence from the time of injury. These procedures include actions like the administration of first aid and assistance for workers to seek timely medical treatment.

Early assessment and treatment by a doctor can determine whether the injured worker is capable of continuing work, requires suitable duties or referral for specialist medical and/or allied health treatment.

The repair and regeneration stage

This is the healing phase of the injury. New tissue is formed to repair damaged tissue. This healing process often involves an increase in the circulation near the injured area, which can result in localised puffiness (swelling), and tenderness.

Continued participation in suitable work activities can assist recovery. Controlled early movement and appropriate, prescribed exercise can help to promote healing, while prolonged immobility and inactivity can result in a fear of movement and “guarding” of the injured body part by the injured worker. In addition, prolonged withdrawal from usual activities can lead to general “deconditioning” (i.e. reduced strength and endurance) of the whole body.

Depending on the type of work activities required, the involvement of the injured body part in some suitable work activities, under the guidance of the treating medical/rehabilitation professional can promote repair and regeneration. This supports the early intervention focus of the *Workers’ Compensation and Rehabilitation Act 2003*.

The remodelling stage

The final stage in the healing process. Repaired tissue experiences ongoing remodelling for several months following injury.

Remodelling tissues/structures being placed under normal stress (i.e. the force generated through the tissue/structure), such as that generated through usual daily activities (including work), will develop the strength needed to cope with these daily stresses. Tissues/structures undergoing too little stress during remodelling may be predisposed to re-injury as they may not become strong enough to cope with normal daily stresses.

Health professionals can guide the rehabilitation and return to work coordinator and worker through the gradual increase in stresses placed on the tissues as healing occurs.

Psychological injury

In recent years there has been a gradual increase in the number of claims submitted for work-related psychological/psychiatric injuries. In the case of these injuries we use different descriptions to those used for physical injuries. Psychological/psychiatric injuries are often described in relation to their impact on workers' cognitive and emotional function; that is, the way that they think and feel. Changes to peoples' thoughts and emotions impact upon the way they act and interact. This in turn affects their ability to carry out usual daily activities in the same manner as they did prior to the injury occurring.

Terminology associated with psychological/psychiatric injuries

Some of the terms that you may see on workers' compensation medical certificates relating to workers with psychological injuries include those listed below. Be aware that these are brief descriptions and the diagnostic criteria for these conditions are often pages long. The list below will assist you to become familiar with some of this terminology.

Type	Description
Major depression	This is a mood disorder and it may occur as a single episode or recurrent depression. It is characterised by: an abnormal depressed mood and loss of all interest and pleasure most of the day, nearly every day, for a specified period; appetite or weight disturbance either abnormal weight loss or gain; sleep and activity disturbance; abnormal fatigue and self-reproach; poor concentration or indecisiveness; abnormal morbid thoughts of death.
Adjustment Disorder	Is described as a maladaptive response to a normal psychosocial stressor that has occurred in a particular timeframe and is not caused by grief due to bereavement.
Anxiety Disorder	This disorder is described as excessive anxiety and worry (apprehensive expectation), occurring more days than not for a specified period of time, about a number of events or activities (such as work performance). The person finds it difficult to control the worry. The anxiety and worry are associated with three (or more) of the following six symptoms; restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep). Sometimes doctors will refer to anxiety disorders as "stress" on initial medical certificates, until they have determined an appropriate diagnosis.
Post-traumatic stress disorder (PTSD)	PTSD may have the following symptoms; <ul style="list-style-type: none"> • Reliving the event through nightmares and flashbacks • Emotional avoidance of memory triggers concerning the events, including people and places • Avoidance of talking about the event • Feelings of acute anxiety and not being able to relax

Impact of injury on injured workers and employers

Work related injuries result in direct and indirect costs for employers and employees. Direct costs are those for which compensation is paid and indirect costs are those for which there is no compensation or payment.

The auditing of accident cost



For the employers, these impacts and costs may include:

- Compensation for lost earnings and medical expenses leading to increase in workers' compensation premiums
- Damage to property and equipment
- Lost production time
- Cost of accident investigation
- Training new employees and
- Reduced commitment and employee morale.

For the worker these impacts and costs may include:

- Loss of physical health and fitness
- Loss of social well being
- Financial loss and
- Impact on future employability.

The social and economic costs of work-related injury and illness provide the motivation for developing rehabilitation systems. Experience shows that early intervention for rehabilitation reduces the severity of the effects of the injury. There is evidence that the longer the delay between an injury and commencement of rehabilitation, the less chance the injured worker has of returning to their usual work. Pain and inactivity may lead to loss of function, sometimes to a degree which is impossible to reverse. When started as soon as possible, rehabilitation can mean the difference between return to health or permanent incapacity.

Further evidence exists that the longer the absence from work, the less chance the worker has of re-entering the workforce. People become harder to re-employ the longer they are away from work.

Many of us rely on work for an identity. The involuntary removal of paid work from our lives removes the framework around which much of our lives are structured. The resulting aimlessness and loss of self-esteem, together with the loss of social and financial status, may lead to severe depression and loss of motivation. If the absence is a long one, the person may lose both work and social skills so that even seeking work requires enormous adjustment and re-education.

Workplace rehabilitation avoids these complications by ensuring that the period of absence from the workplace is as short as necessary. Just because a worker has been injured doesn't mean that they can't work at all. Employers can help by providing suitable duties and working with all parties to help the worker back to work.

Workplace rehabilitation aims at early intervention, not only in the physical recovery period, but also in the psychological recovery period through an early return to the workplace and work of a suitable nature. This work should match the worker's current capacity and, where possible, provide a useful stage in the rehabilitation process but should not be in any way harmful to the worker's recovery.

Such work may consist of suitable tasks from the worker's former job, perhaps performed for a reduced period of hours or days, or it may be another set of duties with the same employer, selected to suit the worker's present capacity, from which a graduated return to former duties will be made. Suitable or selected alternative duties may also be located by deploying the worker to another section or even with another employer.

(Source: The above information is taken from: *The Australian Occupational Rehabilitation Guide*, Corporate Impacts Publications Pty Ltd, Edgecliffe; January 1990)

Factors limiting recovery.



Individual factors that may impact on the worker's experience of injury

Whether an injury is of a physical or psychological nature, it is essential to remember that every person will experience injury differently. This is due to what we refer to as **individual factors**. Individual factors impact workers' recovery from injury. You should never assume that because you have coordinated the rehabilitation of one worker with a particular injury, that the next worker with the same injury will follow the same path of recovery.

Individual factors are one reason why communication is essential to the role of the RRTWC. It is not appropriate for the RRTWC to simply assume that a worker with a particular injury will recover in a particular timeframe, or be able to perform particular duties. Individual factors mean that communication and guidance from the treating medical and rehabilitation practitioners is a necessity.

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

- Previous injury to the same area
- Pre-injury physical capacity and strength
- Age
- Lifestyle factors (e.g., smoking, diet, sedentary versus active)
- Pre-injury job satisfaction (e.g., willingness to return to a position which is not satisfying)
- Gender
- Roles outside of work (sports person, parent, student)
- Means of transport to and from work
- Experience of pain associated with the injury.

Other factors that may impact a worker following injury include:

- Fear of re-injury
- Fear of performing suitable duties that are significantly different to their normal role
- Anxiety about job security
- Financial pressure
- Performance management and the need to maintain productivity levels.

It is important to adopt an individualised approach to the rehabilitation of each injured worker and consider their individual factors when developing a suitable duties program for return to work:

1. Look at the injured worker as a whole person and don't focus solely on injury or impairment.
2. Take a positive approach to rehabilitation: focus your thinking on what the injured worker can do rather than what they can't do.
3. Involve the injured worker in decision-making about the rehabilitation process as much as possible.
4. Encourage and help the worker to make gains a step at a time to build their confidence in their ability to recover and the rehabilitation process.
5. If the worker experiences a setback discuss this with them and their treating doctor. Analyse what went wrong and develop strategies to prevent a recurrence. Use the current workers compensation medical certificate to develop an amended suitable duties program. Ask the insurer to engage a rehabilitation provider.
6. Make sure the injured worker knows that their suitable duties will change as their condition improves, and that they are a temporary until they return to their pre-injury job.
7. Ensure that your workforce (workers and management) is aware of the rehabilitation process **before** an injury occurs (provide information at induction and through ongoing awareness raising activities).
8. Minimise risk by documenting any actions that are taken during rehabilitation e.g. case notes.

9. Let workers who cover the duties of an injured worker whilst they are on suitable duties know that this is a temporary arrangement.
10. Advise the HR/payroll section that the worker has lodged a claim for compensation and clarify arrangements for paying wages and/or hours worked on suitable duties.
11. Remember that every person experiences and responds to pain differently. Don't expect reports of pain to be the same from person to person.

Abbreviations used in Queensland

Abbreviations used in Queensland	Terms in full
The Act	<i>The Workers' Compensation and Rehabilitation Act 2003</i>
The Regulation	The Workers' Compensation and Rehabilitation Regulation 2014
MAT	Medical assessment Tribunals
PI	Partial incapacity
RRTWC	Rehabilitation and return to work coordinator (known as the return to work coordinator in other states)
RRTWP	Rehabilitation and return to work plan (overall injury management plan developed by the insurer)
RTW	Return to work
SDP	Suitable duties program (developed by the employer)
TI	Total incapacity
TMP	Treating medical practitioner (Treating doctor)
WCQ	WorkCover Queensland
WIC code	WorkCover Qld industry classification code - used in premium and risk assessment

Glossary of terms used in Queensland

Term/abbreviation	Explanation
Accredited workplace	An accredited workplace is a workplace that has workplace rehabilitation policy and procedures.
Alternate/alternative duties/light duties	See suitable duties
Claim form	Also known as an <i>application for compensation</i> . Must be completed by the injured worker following a workplace injury and is required as part of their application for compensation.
Common law/damages claim	A common law claim occurs when an injured worker takes common law legal action through the courts system against their employer for negligence. This is often called “suing” the employer. If an employer is found to be negligent, the court may award common law damages to the worker.
Customer Advisor (WorkCover Queensland)	Also known as case managers, claims managers. Insurer (WorkCover Qld or self-insured employer) staff appointed to oversee the workers’ compensation claim. They are often responsible for approving payments, monitoring rehabilitation progress and facilitating discussions about return to work.
Doctor	A registered doctor
Employer’s report	A form which must be completed by the employer within eight business days following a workplace injury. Required as part of the application for workers’ compensation.
Host employment	Temporary employment/suitable duties organised by an insurer at another employer in cases where RTW is not possible at the injured worker’s original employer. Host employment options can be discussed with workers’ compensation insurers.
Injury adjustment counselling	Counselling and/or psychological support to assist workers to come to terms with their injury. Often used in the case of severe, disabling or traumatic injuries.
IME	Independent medical examination
IMS	Independent medical specialist
Lump sum PI	Lump sum paid for permanent impairment
Medical assessment tribunal (MAT)	Provides an independent, expert review of medical and liability issues
Medical treatment	<ul style="list-style-type: none"> treatment by a doctor, dentist, physiotherapist, occupational therapist, psychologist, chiropractor, osteopath, podiatrist or speech pathologist assessment for industrial deafness by an audiologist the provision of diagnostic procedures or skiagrams the provision of nursing, medicines, medical or surgical supplies, curative apparatus, crutches or other assistive devices.
Term/abbreviation	Explanation
Permanent impairment	An impairment is a loss of part of the body or loss of efficient use of any part of a worker’s body. A permanent impairment is an impairment that is stable and stationary and not likely to improve with further medical or surgical treatment.

Term/abbreviation	Explanation
WORKER'S COMPENSATION REGULATOR	The Worker's Compensation Regulatory Authority of Queensland
Registered person	A registered person of a description mentioned in the definition medical treatment as set out in definitions provided in Schedule 6 of the Act.
Rehabilitation	<p>Rehabilitation of a worker is a process designed to:</p> <ul style="list-style-type: none"> • ensure the worker's earliest possible return to work; or • maximise the worker's independent functioning <p>Rehabilitation includes:</p> <ul style="list-style-type: none"> • necessary and reasonable- <ul style="list-style-type: none"> ○ suitable duties programs or ○ services provided by a registered person or ○ services approved by an insurer; or • the provision of necessary and reasonable aids or equipment to the worker.
Rehabilitation and return to work coordinator (RRTWC)	In Queensland a rehabilitation and return to work coordinator (RRTWC) is a person who has met the criteria for becoming a RRTWC prescribed under a regulation and has the functions prescribed under a regulation. A person meets the criteria for becoming a RRTWC in Queensland by satisfactorily completing a workplace rehabilitation course accredited under the <i>Vocational Education, Training and employment Act 2000</i> and registering as a rehabilitation and return to work coordinator with WORKER'S COMPENSATION REGULATOR .
Rehabilitation and Return to Work Plan	A comprehensive written plan outlining the overall rehabilitation objectives and the steps required to achieve the objectives. The insurer is responsible for coordinating the development and maintenance of a rehabilitation and return to work plan and any amendments to the plan. The Suitable Duties Program is a subset of this plan.
Review/Application for Review	The Review Unit in WORKER'S COMPENSATION REGULATOR provides an independent, administrative review of insurer decisions.
RRTWC	See rehabilitation and return to work coordinator

Term/abbreviation	Explanation
RTW	Return to work
Specialist	A person registered as a specialist registrant under the <i>Doctors Registration Act 2001</i> .
Suitable duties	Suitable duties, for a worker, are work duties for which the worker is suited having regard to the nature of the worker's incapacity, their pre-injury employment, relevant medical information, age education, skills and work experience.
Suitable Duties Program (SDP)	A Suitable Duties Program is designed to help an injured worker return to work safely and gradually through a supervised process at their workplace. It also helps the worker gain confidence while they recover from an injury. The program matches the worker's abilities with appropriate work tasks and work hours while they recover. The worker's treating doctor must be consulted in the development of the suitable duties program before a worker starts the program if the medical certificate is unclear about the worker's capacity. Suitable duties programs are usually carried out at the worker's current place of employment. However, if this is not possible, the program may be undertaken with another employer. This type of suitable duties program is called a host suitable duties program. The Suitable Duties Program is a subset of the Rehabilitation and Return to Work Plan.
Table of Costs	The table of costs is the fee schedule and accompanying conditions for service provision for the relevant ambulance transportation, medical treatment or rehabilitation for the time being as decided by the Worker's Compensation Regulator to be acceptable for the Act.
WHSO	Workplace Health and Safety Officer (formerly statutory requirement in Qld Workplaces prior to 2011)
Workplace	Workplace means a place where work is, is to be, or is likely to be, performed by a worker or employer and is a place— a) that is for the time being occupied by the employer or under the control or direction of the worker's employer; or b) where the worker is under the control or direction of the worker's employer.
Workplace rehabilitation	Workplace rehabilitation is a system of rehabilitation accredited by the Regulator that is initiated or managed by an employer.
Workplace Rehabilitation Policy and Procedures	Workplace rehabilitation policy and procedures are written policy and procedures for workplace rehabilitation.

What are “psychosocial factors?”

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

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

Individual worker factors that may complicate recovery include:

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

Workplace factors that may complicate recovery include:

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

Treating doctor factors that may complicate recovery include:

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

Identifying workers at risk

Most injured workers make full physical, psychological and social recoveries; however, in a study of *Psychology, Personal Injury and Rehabilitation* published by the International Underwriting Association of London in 2004 it is estimated that around 20%-30% suffer significantly greater disability and distress from the physical injury than expected. The physical, psychological and social effects of injury influence each other and should be considered together rather than in isolation.

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

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

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

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

YELLOW FLAGS

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

Yellow flags: predictors of extended illness and disability

Belief:

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

Emotional response:

- Depression, anger
- Bereavement, frustration.

External factors:

- Perceived inconsistencies and different interpretations
- Failure to answer patients' and families' worries.

BLUE FLAGS

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

Blue flags: predictors of extended illness and disability

- High demand/low control
- Unhelpful management style
- Poor social support from colleagues
- Perceived time pressure
- Lack of job satisfaction.

BLACK FLAGS

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

Black flags: predictors of extended illness and disability

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

How can employers reduce the effects of 'Black flags'?**Company policy on rehabilitation**

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

Liability

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

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

Expectations of return to work

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

- ensuring regular contact while the injured worker is absent

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

THE FLAG MODEL



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

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

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

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

Appendix – Extracts from Qld Legislation

Workers' Compensation and Rehabilitation Act 2003(Qld)

s5 Workers' compensation scheme

(1) This Act establishes a workers' compensation scheme for Queensland—

(a) providing benefits for workers who sustain injury in their employment, for dependants if a worker's injury results in the worker's death, for persons other than workers, and for other benefits; and

(b) encouraging improved health and safety performance by employers.

(2) The main provisions of the scheme provide the following for injuries sustained by workers in their employment—

(a) compensation;

(b) regulation of access to damages;

(c) employers' liability for compensation;

(d) employers' obligation to be covered against liability for compensation and damages either under a WorkCover insurance policy or under a licence as a self-insurer;

(e) management of compensation claims by insurers;

(f) injury management, emphasising rehabilitation of workers particularly for return to work;

(g) procedures for assessment of injuries by appropriately qualified persons or by independent medical assessment tribunals;

(h) rights of review of, and appeal against, decisions made under this Act.

(3) There is some scope for the application of this Act to injuries sustained by persons other than workers, for example—

(a) under arrangements for specified benefits for specified persons or treatment of specified persons in some respects as workers; and

(b) under procedures for assessment of injuries under other Acts by medical assessment tribunals established under this Act.

(4) It is intended that the scheme should—

(a) maintain a balance between—

(i) providing fair and appropriate benefits for injured workers or dependants and persons other than workers; and

(ii) ensuring reasonable cost levels for employers; and

(b) ensure that injured workers or dependants are treated fairly by insurers; and

(c) provide for the protection of employers' interests in relation to claims for damages for workers' injuries; and

(d) provide for employers and injured workers to participate in effective return to work programs; and

(da) provide for workers or prospective workers not to be prejudiced in employment because they have sustained injury to which this Act or a former Act applies; and

(e) provide for flexible insurance arrangements suited to the particular needs of industry.

(5) Because it is in the State's interests that industry remain locally, nationally and internationally competitive, it is intended that compulsory insurance against injury in employment should not impose too heavy a burden on employers and the community.

s31 Meaning of event

- (1) An event is anything that results in injury, including a latent onset injury, to a worker.
- (2) An event includes continuous or repeated exposure to substantially the same conditions that results in an injury to a worker.
- (3) A worker may sustain 1 or multiple injuries as a result of an event whether the injury happens or injuries happen immediately or over a period.
- (4) If multiple injuries result from an event, they are taken to have happened in 1 event.

s32 Meaning of injury *(Learners Note: the Act was updated as of 30 October 2019 removing reference that work needs to be the major contributing factor for Psychological injuries)*

An **injury** is personal injury arising out of, or in the course of, employment if the employment is a significant contributing factor to the injury.

(2) However, employment need not be a contributing factor to the injury if [section 34\(2\)](#) or [35\(2\)](#) applies.

(3) **Injury** includes the following—

- (a) a disease contracted in the course of employment, whether at or away from the place of employment, if the employment is a significant contributing factor to the disease;
- (b) an aggravation of the following, if the aggravation arises out of, or in the course of, employment and the employment is a significant contributing factor to the aggravation—
 - (i) a personal injury;
 - (ii) a disease;
 - (iii) a medical condition, if the condition becomes a personal injury or disease because of the aggravation;
- (c) loss of hearing resulting in industrial deafness if the employment is a significant contributing factor to causing the loss of hearing;
- (d) death from injury arising out of, or in the course of, employment if the employment is a significant contributing factor to causing the injury;
- (e) death from a disease mentioned in paragraph (a), if the employment is a significant contributing factor to the disease;
- (f) death from an aggravation mentioned in paragraph (b), if the employment is a significant contributing factor to the aggravation.

(4) For subsection (3)(b), to remove any doubt, it is declared that an aggravation mentioned in the provision is an injury only to the extent of the effects of the aggravation.

(5) Despite subsections (1) and (3), **injury** does not include a psychiatric or psychological disorder arising out of, or in the course of, any of the following circumstances—

- (a) reasonable management action taken in a reasonable way by the employer in connection with the worker's employment;
- (b) the worker's expectation or perception of reasonable management action being taken against the worker;
- (c) action by the Regulator or an insurer in connection with the worker's application for compensation.

Examples of actions that may be reasonable management actions taken in a reasonable way—

- action taken to transfer, demote, discipline, redeploy, retrench or dismiss the worker
- a decision not to award or provide promotion, reclassification or transfer of, or leave of absence or benefit in connection with, the worker's employment

s34 Injury while at or after worker attends place of employment

(1) An injury to a worker is taken to arise out of, or in the course of, the worker's employment if the event happens on a day on which the worker has attended at the place of employment as

required under the terms of the worker's employment—

- (a) while the worker is at the place of employment and is engaged in an activity for, or in connection with, the employer's trade or business; or
- (b) while the worker is away from the place of employment in the course of the worker's employment; or
- (c) while the worker is temporarily absent from the place of employment during an ordinary recess if the event is not due to the worker voluntarily subjecting themselves to an abnormal risk of injury during the recess.

(2) For subsection (1)(c), employment need not be a contributing factor to the injury.

s35 Other circumstances

(1) An injury to a worker is also taken to arise out of, or in the course of, the worker's employment if the event happens while the worker—

- (a) is on a journey between the worker's home and place of employment; or
- (b) is on a journey between the worker's home or place of employment and a trade, technical or other training school—
 - (i) that the worker is required under the terms of the worker's employment to attend; or
 - (ii) that the employer expects the worker to attend; or
- (c) for an existing injury for which compensation is payable to the worker—is on a journey between the worker's home or place of employment and a place—
 - (i) to obtain medical or hospital advice, attention or treatment; or
 - (ii) to undertake rehabilitation; or
 - (iii) to submit to examination by a registered person under a provision of this Act or to a requirement under this Act; or
 - (iv) to receive payment of compensation; or
- (d) is on a journey between the worker's place of employment with 1 employer and the worker's place of employment with another employer; or
- (e) is attending a school mentioned in paragraph (b) or a place mentioned in paragraph (c).

(2) For subsection (1), employment need not be a contributing factor to the injury.

(3) For subsection (1), a journey from or to a worker's home starts or ends at the boundary of the land on which the home is situated.

(4) In this section—

home, of a worker, means the worker's usual place of residence, and includes a place where the worker—

- (a) temporarily resided before starting a journey mentioned in this section; or

(b) intended to temporarily reside after ending a journey mentioned in this section.

s36 Injury that happens during particular journeys

(1) This section applies if a worker sustains an injury in an event that happens during a journey mentioned in section 35.

(2) The injury to the worker is not taken to arise out of, or in the course of, the worker's employment if the event happens—

(a) while the worker is in control of a vehicle and contravenes—

(i) the *Transport Operations (Road Use Management) Act 1995*, section 79, or a corresponding law, if the contravention is the major significant factor causing the event; or

(ii) the Criminal Code, section 328A or a corresponding law, if the contravention is the major significant factor causing the event; or

(b) during or after—

(i) a substantial delay before the worker starts the journey; or

(ii) a substantial interruption of, or deviation from, the journey.

(3) However, subsection (2)(b) does not apply if—

(a) the reason for the delay, interruption or deviation is connected with the workers' employment; or

(b) the delay, interruption or deviation arises because of circumstances beyond the worker's control.

(4) For subsection (2)(b)(i), in deciding whether there has been a substantial delay before the worker starts the journey, regard must be had to the following matters—

(a) the reason for the delay;

(b) the actual or estimated period of time for the journey in relation to the actual or estimated period of time for the delay.

(5) For subsection (2)(b)(ii), in deciding whether there has been a substantial interruption of, or deviation from the journey, regard must be had to the following matters—

(a) the reason for the interruption or deviation;

(b) the actual or estimated period of time for the journey in relation to the actual or estimated period of time for the interruption or deviation;

(c) for a deviation—the distance travelled for the journey in relation to the distance travelled for the deviation.

(6) In subsection (2)(a)(i) and (ii)—

corresponding law means a law of another State that is substantially equivalent—

(a) for subsection (2)(a)(i)—to the law mentioned in that provision; or

(b) for subsection (2)(a)(ii)—to the law mentioned in that provision.

s37 Meaning of impairment

An **impairment**, from injury, is a loss of, or loss of efficient use of, any part of a worker's body.

s38 Meaning of permanent impairment

A **permanent impairment**, from injury, is an impairment that is stable and stationary and not likely to improve with further medical or surgical treatment.

s40 Meaning of rehabilitation

(1) **Rehabilitation**, of a worker, is a process designed to—

(a) ensure the worker's earliest possible return to work; or

- (b) maximise the worker's independent functioning.
- (2) **Rehabilitation** includes—
 - (a) necessary and reasonable—
 - (i) suitable duties programs; or
 - (ii) services provided by a registered person; or
 - (iii) services approved by an insurer; or
 - (b) the provision of necessary and reasonable aids or equipment to the worker.
- (3) The purpose of **rehabilitation** is—
 - (a) to return the worker to the worker's pre-injury duties; or
 - (b) if it is not feasible to return the worker to the worker's pre-injury duties—to return the worker, either temporarily or permanently, to other suitable duties with the worker's pre-injury employer; or
 - (c) if paragraph (b) is not feasible—to return the worker, either temporarily or permanently, to other suitable duties with another employer; or
 - (d) if paragraphs (a), (b) and (c) are not feasible—to maximise the worker's independent functioning.

s41 Meaning of rehabilitation and return to work coordinator

A **rehabilitation and return to work coordinator** is a person who—

- (a) is appropriately qualified to perform the functions of a rehabilitation and return to work coordinator under this Act; and
- (b) has the functions prescribed under a regulation.

s42 Meaning of suitable duties

Suitable duties, in relation to a worker, are work duties for which the worker is suited having regard to the following matters—

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

s43 Meaning of workplace rehabilitation

Workplace rehabilitation is a system of rehabilitation accredited by the Regulator that is initiated or managed by an employer.

s44 Meaning of workplace rehabilitation policy and procedures

Workplace rehabilitation policy and procedures are written policy and procedures for workplace rehabilitation that are accredited by the Regulator.

s45 Meaning of accredited workplace

An **accredited workplace** is a workplace that has workplace rehabilitation policy and procedures.

Employer's requirements under the Act

s48 Employer's obligation to insure

(1) Every employer must, for each worker employed by the employer, insure and remain insured, that is, be covered to the extent of accident insurance, against injury sustained by the worker for—

- (a) the employer's legal liability for compensation; and
- (b) the employer's legal liability for damages.

s133 Employer's duty to report injury

(1) An employer, other than an employer who is a self-insurer, whose worker sustains an injury for which compensation may be payable must complete a report in the approved form and send it to the nearest office of WorkCover.

(2) The employer must send the report immediately after the first of the following happens—

- (a) the employer knows the injury has been sustained;
- (b) the worker reports the injury to the employer;
- (c) the employer receives WorkCover's written request for a report.

(3) If an employer fails to comply with subsection (1) within 8 business days after any of the circumstances mentioned in subsection (2), the employer commits an offence, unless the employer has a reasonable excuse.

Maximum penalty—50 penalty units.

s133A Employer's duty to tell WorkCover if worker asks for, or employer makes, a payment

(1) An employer, other than a self-insurer, must give WorkCover written notice in the approved form if—

- (a) a worker asks the employer for compensation for an injury sustained by the worker; or
- (b) the employer pays the worker an amount, either in compensation or instead of compensation, that is payable by the employer or WorkCover under the Act for an injury sustained by the worker.

(2) If the employer fails to comply with subsection (1) within 8 business days after the request or payment is made, the employer commits an offence, unless the employer has a reasonable excuse.

Maximum penalty—50 penalty units.

s144 When employer must pay worker for day of injury

(1) For the day the worker stops work because of the injury, the worker is entitled to compensation under this part for the injury.

(1A) Subsection (1) applies despite anything in an industrial instrument or contract of employment applying to the worker.

(2) Despite section 109, the employer must pay the compensation.

(3) The amount of compensation under this part that is payable is in addition to any other compensation payable to the worker under this Act.

(4) The day for which compensation under this part is payable is not to be included in the excess period under section 66.

Employer's obligation for rehabilitation

The following identifies key aspects of legislation that relate to obligations for employers. The obligations are discussed in dot form further on in the document.

s226 Employer's obligation to appoint rehabilitation and return to work coordinator

- (1) An employer must appoint a rehabilitation and return to work coordinator if the employer meets criteria prescribed under a regulation.
- (2) The rehabilitation and return to work coordinator must be in Queensland and be employed by the employer under a contract (regardless of whether the contract is a contract of service).
- (3) The employer must, unless the employer has a reasonable excuse, appoint the rehabilitation and return to work coordinator —
 - (a) within 6 months after —
 - (i) establishing a workplace; or
 - (ii) starting to employ workers at a workplace; or
 - (b) within a later period approved by the Regulator.Maximum penalty—50 penalty units.
- (4) A rehabilitation and return to work coordinator, who is employed under a contract of service at the workplace, is not civilly liable for an act done, or an omission made, in giving effect to the workplace rehabilitation policy and procedures of an employer.
- (5) If subsection (4) prevents a civil liability attaching to a rehabilitation and return to work coordinator, the liability attaches instead to the employer.

s227 Employer's obligation to have workplace rehabilitation policy and procedures

- (1) This section applies if an employer must appoint a rehabilitation and return to work coordinator under section 226(1).
- (2) The employer must have workplace rehabilitation policy and procedures.
Maximum penalty—50 penalty units.
- (3) The employer must, unless the employer has a reasonable excuse, have workplace rehabilitation policy and procedures —
 - (a) within 6 months after —
 - (i) establishing a workplace; or
 - (ii) starting to employ workers at a workplace; or
 - (b) within a later period approved by the Regulator.Maximum penalty—50 penalty units.
- (4) The employer must review the employer's workplace rehabilitation policy and procedures at least every 3 years.

s228 Employer's obligation to assist or provide rehabilitation

- (1) The employer of a worker who has sustained an injury must take all reasonable steps to assist or provide the worker with rehabilitation for the period for which the worker is entitled to compensation.
- (2) The rehabilitation must be of a suitable standard as prescribed under a regulation.
- (3) If an employer, other than a self-insurer, considers it is not practicable to provide the worker with suitable duties, the employer must give WorkCover written evidence that the suitable duties are not practicable.

s229 Employer's failure in relation to rehabilitation

- (1) This section applies if an employer, other than a self-insurer, fails to take reasonable steps to assist or provide a worker with rehabilitation.
- (2) WorkCover may require the employer to pay WorkCover an amount by way of penalty equal to the amount of compensation paid to the worker during the period of noncompliance by the employer.
- (3) WorkCover may recover the amount from the employer—
- (a) as a debt; or
 - (b) as an addition to a premium payable by the employer.
- (4) The employer may apply to WorkCover in writing to waive or reduce the penalty because of extenuating circumstances.
- (5) The application must specify the extenuating circumstances and the reasons the penalty should be waived or reduced in the particular case.
- (6) WorkCover must consider the application and may—
- (a) waive or reduce the penalty; or
 - (b) refuse to waive or reduce the penalty.
- (7) If the employer is dissatisfied with WorkCover's decision, the employer may have the decision reviewed under chapter 13.

s572A Access to particular documents for employment purposes prohibited

- (1) A person must not, for a purpose relating to the employment of a worker by the person or another person—
- (a) obtain or attempt to obtain a workers' compensation document about the worker; or
 - (b) use or attempt to use a workers' compensation document about the worker.

Maximum penalty—100 penalty units.

- (2) However, subsection (1) does not apply to a workers' compensation document relating to the worker's capacity to work if the document is necessary to secure the worker's rehabilitation or early return to work under chapter 4.

- (3) In this section—

employment means any process for selecting a person for employment or for deciding whether the employment of a person is to continue.

worker means a person who is or was a claimant or worker for any provision of this Act or a former Act.

workers' compensation document, about a worker, means any document relating to the worker's application for compensation or claim for damages under this Act or a former Act.

Injured worker obligations

The injured worker obligations as per legislation is outlined below.

s132 Applying for compensation

- (1) An application for compensation must be made in the approved form by the claimant.
- (2) The application must be lodged with the insurer.
- (3) The application must be accompanied by—
 - (a) a certificate in the approved form given by—
 - (i) a doctor who attended the claimant; or
 - (ii) if the application relates to a minor injury—a nurse practitioner who attended the claimant and who is acting in accordance with the workers' compensation certificate protocol; and
 - (b) any other evidence or particulars prescribed under a regulation.
- (4) A registered dentist may issue the certificate mentioned in subsection (3)(a) for an oral injury.
- (5) If the claimant can not complete an application because of a physical or mental incapacity, someone else may complete it on the claimant's behalf.

s135 Examination by registered person

- (1) An insurer may at any time require a claimant or a worker to submit to a personal examination by a registered person at a place reasonably convenient for the claimant or worker.
- (2) Subsection (3) applies if the claimant or worker—
 - (a) fails, without reasonable excuse, to attend for the examination at the time and place advised by the insurer; or
 - (b) having attended, refuses to be examined by the registered person; or
 - (c) obstructs, or attempts to obstruct, the examination.
- (3) Any entitlement the claimant or worker may have to compensation is suspended until the claimant or worker undergoes the examination.

s136 Worker must notify return to work or engagement in a calling

- (1) A worker receiving compensation for an injury must give notice within 10 business days of the worker's—
 - (a) return to work; or
 - (b) engagement in a calling.Maximum penalty—50 penalty units.
- (2) The notice must be given to the insurer.
- (3) The notice may be a certificate in the approved form of a doctor stating the worker's capacity for work.

Part 5 Worker's mitigation and rehabilitation obligations

s231 Worker must mitigate loss

- (1) The common law duty of mitigation of loss applies to the worker.
- (2) The worker's duty may be discharged by participating in rehabilitation.
- (3) Without limiting subsection (2), a worker must satisfactorily participate in any return to work program or suitable duties arranged by the insurer.
- (4) The worker's duty under this section is in addition to any duty the worker may have under section 267.

s232 Worker must participate in rehabilitation

- (1) The worker must satisfactorily participate in rehabilitation—
 - (a) as soon as practicable after the injury is sustained; and
 - (b) for the period for which the worker is entitled to compensation.
- (2) If the worker fails or refuses to participate in rehabilitation without reasonable excuse, the insurer may, by written notice given to the worker, suspend the worker's entitlement to compensation until the worker satisfactorily participates in rehabilitation.
- (3) If the insurer suspends the worker's entitlement to compensation, the worker may have the decision reviewed under chapter 13.

Protection for injured workers

s232A Definitions for pt 6

In this part—

dismiss an injured worker includes a situation where—

- (a) an unreasonable employment condition that is designed to make the worker leave employment is imposed on the worker; and
- (b) the worker leaves the employment.

former position of an injured worker means, at the worker's option—

- (a) the position from which the injured worker was dismissed; or
- (b) if the worker was transferred to a less advantageous position before dismissal—the position held by the worker when the worker became unfit for employment.

injured worker means a worker who sustains an injury.

injury means an injury for which compensation is payable.

s232B Dismissal of injured worker only after 12 months

- (1) Within 12 months after a worker sustains an injury, the employer must not dismiss the worker solely or mainly because the worker is not fit for employment in a position because of the injury.

Maximum penalty—40 penalty units.

- (2) This section applies to a dismissal after the commencement of this section even if the worker became unfit before the commencement.

s232C Replacement for injured worker

- (1) This section applies if the employer wants to employ a replacement worker while an injured worker is not fit for employment in a position because of the injury.

- (2) The employer must, before a replacement worker starts employment, give the replacement worker a written notice informing the replacement worker of—
- (a) the temporary nature of the employment; and
 - (b) the injured worker's right to return to work.
- (3) In this section—
- replacement worker** means—
- (a) a person who is specifically employed because an injured worker is not fit for employment in a position because of the injury; or
 - (b) a person replacing a worker who is temporarily promoted or transferred to replace the injured worker.

s232D Reinstatement of injured worker

- (1) This section applies if an injured worker is dismissed because the worker is not fit for employment in a position because of the injury.
- (2) The worker may apply to the employer, within 12 months after the injury, for reinstatement to the worker's former position.
- (3) The worker must give the employer a doctor's certificate that certifies the worker is fit for employment in the former position.
- (4) This section applies to a dismissal after the commencement of this section even if the worker became unfit before the commencement.
- (5) In this section—
- doctor's certificate** means a certificate signed by a person registered under the Health Practitioner Regulation National Law to practise in the medical profession, other than as a student.

s232G Preservation of worker's rights

- (1) This part does not affect another right of a dismissed worker under an Act or law.
- (2) This part cannot be affected by a contract or agreement.

Access to documents and information

s572A Access to particular documents for employment purposes prohibited

- (1) A person must not, for a purpose relating to the employment of a worker by the person or another person—
- (a) obtain or attempt to obtain a workers' compensation document about the worker; or
 - (b) use or attempt to use a workers' compensation document about the worker.
- Maximum penalty—100 penalty units.
- (2) However, subsection (1) does not apply to a workers' compensation document relating to the worker's capacity to work if the document is necessary to secure the worker's rehabilitation or early return to work under chapter 4.
- (3) In this section—
- employment** means any process for selecting a person for employment or for deciding whether the employment of a person is to continue.
- worker** means a person who is or was a claimant or worker for any provision of this Act or a former Act.

workers' compensation document, about a worker, means any document relating to the worker's application for compensation or claim for damages under this Act or a former Act.

Schedule 6 Dictionary

Under the Act certain words and phrases have specific meanings. The definition of certain words and phrases under the Act is shown below.

accredited workplace see section 45.

aggravation includes acceleration

calling means any activity ordinarily giving rise to receipt of remuneration or reward including self-employment or the performance of an occupation, trade, profession, or carrying on of a business, whether or not the person performing the activity received remuneration.

doctor means a registered medical practitioner.

employer an employer is a person-

- (a) for whom an individual works under a contract of service; or
- (b) who enters into a contract with an individual mentioned in Schedule 2, part 1.

medical treatment means—

- (a) treatment by a doctor, dentist, physiotherapist, occupational therapist, psychologist, chiropractor, osteopath, podiatrist or speech pathologist; or
- (b) assessment for industrial deafness by an audiologist; or
- (c) the provision of diagnostic procedures or skiagrams; or
- (d) the provision of nursing, medicines, medical or surgical supplies, curative apparatus, crutches or other assistive devices.

non-reviewable decision a decision by an insurer under chapter 3 (compensation) or chapter 4 (injury management) that is not mentioned in section 548. (Matters of injury management are not usually a reviewable decision)

normal weekly earnings are the normal weekly earnings of a worker from employment (continuous or intermittent) had by the worker in the 12 months immediately before the day the worker sustained an injury.

registered means—

- (a) in relation to a person mentioned in the definition *medical treatment*, paragraph (a) who is held out as providing, or qualified to provide, medical treatment—registered under the law of the place where the medical treatment is provided as a person lawfully entitled to provide the medical treatment in that place; or
- (b) in relation to an audiologist—certified by the Audiological Society of Australia.

registered person means a registered person of a description mentioned in the definition *medical treatment*.

rehabilitation and return to work plan means a written plan outlining the rehabilitation objectives and the steps required to achieve the objectives. It is the responsibility of the insurer to develop and coordinate the overall rehabilitation and return to work plan

workplace means a place where work is, is to be, or is likely to be, performed by a worker or employer and is a place—

- (a) that is for the time being occupied by the employer or under the control or direction of the worker's employer; or
- (b) where the worker is under the control or direction of the worker's employer.

workplace rehabilitation see section 43.

workplace rehabilitation policy and procedures see section 44.

Workers' Compensation and Rehabilitation Regulation 2014

The following are relevant extracts from the Regulation relating to workplace rehabilitation

Compensation application and other procedures

102 Application for compensation to include evidence or particulars—Act, s 132(3)(b)

(1) For section 132(3)(b) of the Act, the following evidence or particulars are prescribed—

- (a) the injury and its cause;
- (b) the nature, extent and duration of incapacity resulting from the injury;
- (c) if the injury is, or results in, the death of a worker, proof of—
 - (i) the worker's death; and
 - (ii) the identity of the worker; and
 - (iii) the relationship to the worker, and dependency, of persons claiming to be the worker's dependants;
- (d) if the injury is a latent onset injury that is a terminal condition and the worker has dependants—proof of the relationship to the worker of persons claiming to be the worker's dependants.

(2) In this section—

dependant, of a worker, means a member of the worker's family who is completely or partly dependent on the worker's earnings.

member of the family, of a worker, means—

- (a) the worker's—
 - (i) spouse; or
 - (ii) parent, grandparent or step-parent; or
 - (iii) child, grandchild or stepchild; or
 - (iv) brother, sister, half-brother or half-sister; or
- (b) if the worker stands in the place of a parent to another person—the other person; or
- (c) if another person stands in the place of a parent to the worker—the other person.

103 If dentist, doctor or nurse practitioner not available

(1) This section applies if a claimant does not lodge a certificate in the approved form with an application for compensation because a person who is required to be given the certificate under section 132 of the Act was not available to attend the claimant.

(2) The claimant must complete and lodge with the insurer a declaration in the approved form.

(3) For a non-fatal injury, the declaration—

- (a) may be accepted by the insurer only once for injury to a claimant in any 1 event; and
- (b) is acceptable proof of incapacity of a claimant for up to 3 days.

(4) The declaration is taken to be a certificate in the approved form for section 132(3) of the Act.

104 Certificate given by dentist, doctor or nurse practitioner

(1) This section applies if a worker sustains an injury in another State or country and does not lodge a certificate in the approved form with an application for compensation.

(2) The insurer must accept a written certificate that is substantially to the effect of the approved form from the dentist, doctor or nurse practitioner who attended the worker.

- (3) The certificate is taken to be a certificate in the approved form for sections 132(3)(a) and 132A(3)(c)(i) of the Act.
- (4) Also, on the insurer's request, the dentist, doctor or nurse practitioner who attended the worker must give a detailed report on the worker's condition to the insurer within 10 days after receiving the request.
- (5) The fee payable to the dentist, doctor or nurse practitioner for the report is an amount that the insurer considers to be reasonable, having regard to the relevant table of costs.

Division 1 Rehabilitation and return to work coordinators

114 Functions of rehabilitation and return to work coordinator—Act, s 41(b)

For section 41(b) of the Act, the following functions are prescribed—

- (a) initiate early communication with an injured worker in order to clarify the nature and severity of the worker's injury;
- (b) provide overall coordination of the worker's return to work;
- (c) if a rehabilitation and return to work plan is required—
 - (i) consult with the worker and the worker's employer to develop the suitable duties program component of the plan; and
 - (ii) ensure the program is consistent with the current medical certificate or report for the worker's injury;
- (d) liaise with—
 - (i) any person engaged by the employer to help in the worker's rehabilitation and return to work; and
 - (ii) the insurer about the worker's progress and indicate, as early as possible, if there is a need for the insurer to assist or intervene.

115 Criteria for employer to appoint rehabilitation and return to work coordinator—Act, s 226(1)

(1) For section 226(1) of the Act, the following criteria is prescribed—

- (a) for an employer who employs workers at a workplace in a high-risk industry—the wages of the employer in Queensland for the preceding financial year were more than 2600 times QOTE; or
 - (b) otherwise—the wages of the employer in Queensland for the preceding financial year were more than 5200 times QOTE.
- (2) For the purpose of section 226(3)(a) of the Act, an employer is taken to have established a workplace, or started to employ workers at the workplace, when the employer first meets the criteria.
- (3) An employer may appoint a person as the rehabilitation and return to work coordinator for more than 1 workplace if the person can reasonably perform the person's functions as a rehabilitation and return to work coordinator for each workplace.
- (4) In this section—
- high risk industry** means an industry specified by the Regulator by gazette notice.

NSW-SPECIFIC REQUIREMENTS:

The NSW regulator is the State Insurance Regulator Authority (SIRA). SIRA is responsible for regulating workers compensation insurance, motor accidents compulsory third party (CTP) insurance and home building compensation insurance, in NSW.

Who needs a return-to-work coordinator in NSW?

Employers whose *basic tariff premium* (see end of section for definition) exceeds \$50,000 annually, employers who are self-insured, or employers insured by a specialised insurer who employ more than 20 workers are category one employers and must have a return to work coordinator. These are called 'category one employers'.

Category one employers must appoint someone with the relevant training, skills and experience to perform the role and functions of a return-to-work coordinator.

Employers must appoint a RTW coordinator who has the relevant training, skills and experience to perform the role and functions of a RTW coordinator for their organisation. Employers must determine whether their appointed RTW coordinator meets the relevant requirements to perform the role. Employers must also retain evidence of the RTW coordinator's relevant training, skills and experience.

Category two employers are those who are not category one as described above. Category two employers do not need a RTW coordinator, but they should nominate someone to manage any workers compensation and recovery at work activities that arise.

In NSW, like other States and Territories, the RTW program must outline the RTW coordinator's role in recovery at work planning and managing workers with a work-related injury or illness. These duties must include:

- Compiling the initial notification information
- Coordinating the worker's recovery at work, including identifying suitable work
- Preparing, monitoring and reviewing a worker's recover at work plan
- Liaising with the worker's support team
- Supporting the redeployment of workers (internally or externally) into suitable work when they cannot return to their pre-injury duties
- Keeping confidential case notes and records in line with laws and guidelines
- Implementing the rtw program
- Keeping injury and recover at work statistics
- Promoting the health benefits of good work
- Contributing to the improvement of relevant policies and systems.

EMPLOYER OBLIGATIONS

All employers in NSW must have a RTW program within 12 months of becoming a category 1 or category 2 employer.

Your RTW program must:

- Be developed in consultation with your workers and any industrial union representing them
- Be consistent with your insurer's injury management program
- Comply with nsw [guidelines for workplace return to work programs](#)
- Be accessible and communicated to the workforce.

In the NSW workers compensation system, there are two categories of employers – Category 1 and Category 2. Each category has different obligations under the law. These are outlined below:

Category 1 employers

A category 1 employer is an employer:

- With a basic tariff premium over \$50,000 a year, or
- Who is self-insured, or
- Insured by a specialised insurer and has over 20 employees.

For you, creating a RTW program involves four main activities:

1. Appoint a return-to-work coordinator
2. Develop a return-to-work program
3. Consult workers and unions
4. Implement the return-to-work program

This [return to work program checklist](#) will help you develop, implement and review your RTW program.

Category 2 employers

A category 2 employer is any employer who is not a category 1 employer as described above.

For you, creating a RTW program involves three main activities:

1. Appoint a person responsible for recovery at work
2. Develop a return-to-work program
3. Implement the return-to-work program

The basic tariff premium for an employer is to be calculated by multiplying the wages payable to workers in respect of the period of insurance by the relevant rate as defined by the insurers against the WIC codes.

VICTORIA SPECIFIC REQUIREMENTS

Victoria, like other States and Territories, has similar requirements that need to be complied with specific to their relevant Act. **Workplace Injury Rehabilitation and Compensation Act 2013 (the Act)**

The Victorian return to work compliance code provides practical guidance to employers who have obligations under Part 4 (Return to Work) of the **Workplace Injury Rehabilitation and Compensation Act 2013 (the Act)** on how to comply with those obligations.

The guidelines that will assist Victorian RTWC or employers can be found via this link. <https://content.api.worksafe.vic.gov.au/sites/default/files/2020-02/ISBN-Compliance-code-2-4-return-work-coordinators-2019-12.pdf>

Victorian employer obligations according to the Act.

The law about an employer's obligations to appoint a person as a Return to Work Coordinator is contained in section 106 of the Act.

- Sub-section 106(6) of the Act requires an employer to appoint a person to act as a Return to Work Coordinator who has an appropriate level of seniority and is competent to assist the employer to meet their obligations under Part 4 of the Act.
- Sub-section 106(7) of the Act provides that a person is competent to be a Return to Work Coordinator if they have the knowledge, skills or experience relevant to planning for return to work, including: (a) knowledge of the obligations of employers and workers under Part 4 of the Act, and (b) knowledge of the compensation scheme provided for under this Act and the Accident Compensation Act 1985, the functions of WorkSafe and, if relevant, self-insurers under Part 4 of the Act.
- Sub-section 106(1) of the Act requires that an employer who has certified, or been assessed, as having a total rateable remuneration of \$2,169,670 or more (for all the employer's workplaces in respect of the preceding policy period) has a Return to Work Coordinator appointed at all times.
- Sub-section 106(2) of the Act requires that an employer who has certified, or been assessed, as having a total remuneration of less than \$2,169,670 (for all the employer's workplaces in respect of the preceding policy period) has a Return to Work Coordinator

appointed for the duration of the employer's obligations under Part 4 to a worker who has an incapacity for work.

- Sub-section 106(3) of the Act states that a Return to Work Coordinator is not personally liable for any act or omission done or omitted to be done in good faith in the course of acting as a Return to Work Coordinator.
- Sub-section 106(4) of the Act states that an employer would instead be liable for any such act or omission.

Return to Work Coordinator Seniority – Victoria

A Return to Work Coordinator is required to have a sufficient level of seniority to assist the employer meet its return to work obligations under the Act. The required level of seniority will depend upon the employer's particular circumstances.

Seniority is a term often used to describe an individual's position within a workplace or their length of service in a workplace. For Return to Work Coordinators, seniority means that they are empowered to speak on behalf of, and make return to work related decisions for, the employer.

The employer must ensure that the Return to Work Coordinator has sufficient seniority to assist the employer to do the following:

- Plan the return to work and make return to work related decisions to progress an injured worker's return to work
- identify and propose suitable or pre-injury employment
- Consult with the parties involved in the return to work being the injured worker, the injured worker's treating health practitioner (subject to the consent of the worker) and occupational rehabilitation provider (where involved)
- Act as a point of contact for a return to work inspector, if requested to do so by the employer
- Deal with any of a return to work inspector's requests
- Liaise with any other people as required about return to work related matters including those within the organisation such as managers and supervisors, and
- Participate in the resolution of return to work issues in accordance with the applicable procedure.

End

Version control

V20.1 – Original

V20.2 – changes to formatting, minor wording changes

V21.1 – Link review and updating reference to [worksafe.qld.gov.au](https://www.worksafe.qld.gov.au)