



# Rehabilitation Policy and Procedure

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# Rehabilitation Policy and Procedure

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## 1 Purpose

Our company recognises that helping workers to stay at work or make an early and safe return after an injury minimises the impact of an injury on them and their families.

We support our injured workers by having a system of workplace rehabilitation and providing suitable duties for them while they are recovering.

We expect that all injured workers will return to work on suitable duties as soon as it is medically safe to do so.

We have appointed a Rehabilitation and Return to Work Coordinator (RRTWC) to manage workplace rehabilitation for our injured workers.

As part of our system of workplace rehabilitation we are committed to:

- Providing a safe and healthy work environment
- Encouraging early reporting of injuries
- Making suitable duties available to injured workers as soon as possible after an injury occurs
- Consulting with injured workers to develop their suitable duties program
- Respecting the confidentiality of our worker's medical and rehabilitation information
- Reviewing our workplace rehabilitation policy and procedures at least every three years.

Experience shows that being back at work is an important part of recovering from a work-related injury.

## 2 Stay at Work/Return to Work Procedures

### 2.1 The Role of the Injured Worker

If you are injured at work, you should:

- Seek first aid or medical treatment
- Notify your supervisor that you have had an injury and complete an incident report
- Tell your doctor that other (suitable) duties may be available at your workplace even if you aren't able to do your normal role
- Ask your doctor for a workers' compensation medical certificate - you need this to make a claim
- Give a copy of the workers' compensation medical certificate to your RRTWC and to WorkCover - keep a copy for your own records.

You can lodge an application for compensation by:

- Calling WorkCover Qld on 1300 362 128
- Faxing your completed application form to 1300 651 387
- By applying online at [www.workcoverqld.com.au](http://www.workcoverqld.com.au)

### Remember to:

- Notify your employer and seek treatment
- Lodge a worker's compensation claim
- Participate in rehabilitation
- Communication with your RRTWC
- Provide feedback

It's your responsibility to:

- Attend medical appointments that are organised by WorkCover
- Attend medical and other treatment appointments, where possible outside normal work hours
- Participate in the development of your suitable duties program
- Provide your employer with a copy of your medical certificates
- Keep your RRTWC and your supervisor informed of your progress.

You have the right to:

- Workers' compensation for work-related injuries accepted by WorkCover
- Choose your own doctor
- Authorise your RRTWC to contact your doctor for advice about your return to work
- The safe keeping of your personal information
- Be provided with suitable duties, where possible, to assist your return to work
- Be involved in developing a suitable duties plan
- Union representation (if wanted)
- Ask for a Q-COMP review of insurer decisions that you disagree with (reviewable decisions are listed under s540 of the Act)
- Have access to an impartial grievance mechanism (check with your RRTWC and WorkCover first as they may be able to help).

## 3 Grievance Procedure

If you are unhappy with a decision made at the workplace regarding your rehabilitation, you can raise the matter with your RRTWC. If the matter is unresolved you can ask your manager to review the decision. If you remain unhappy with the decision following an internal review, you can request that your WorkCover case manager becomes involved to resolve the dispute.

If either you or your employer are unhappy with a decision made by WorkCover, the decision may be reviewable with Q-COMP. Strict time frames apply.

### 3.1 The Role of Rehabilitation and Return to Work Coordinator (RRTWC)

When an injury occurs at work, your RRTWC's role is to:

- Help you complete an application for workers' compensation (if required)
- Ask you to sign an authorisation form that gives them permission to contact your doctor for guidance on your return to work
- Develop a suitable duties plan
- Remain in regular contact with you and WorkCover throughout the rehabilitation process
- Continue to monitor and upgrade your suitable duties program
- Keep your supervisor up to date with your progress
- Keep the details of your rehabilitation file confidential
- Ask for your feedback on the rehabilitation process once your claim has ended.

Your RRTWC will also educate all workers and management about workplace rehabilitation policy and procedures and ensure that this document is available for all staff.

### 3.2 The Role of Management

When an injury occurs at work, managers and supervisors can:

- Help the rehabilitation and return to work coordinator to identify suitable duties
- Adjust rosters and workflows where possible to make sure you can participate in suitable duties

- Monitor your progress while you are on suitable duties
- Offer support and encouragement
- Explain the purpose of suitable duties to co-workers and discuss how they can support your return to work.

#### 4 Definitions

##### **Rehabilitation**

Rehabilitation is the process of getting you back to work. Rehabilitation may involve receiving treatment from a registered person (e.g. physiotherapist, podiatrist, dentist) or aids and equipment approved by WorkCover.

##### **Rehabilitation and Return to Work Coordinator (RRTWC)**

The RRTWC is a person who has completed a workplace rehabilitation course approved by Q-COMP. The RRTWC is the link between you, your treating doctor, management, your supervisors, WorkCover and any other person involved in your return to work.

##### **Suitable duties programs**

These are specially selected duties that are matched to your capacity for work. Suitable duties could mean doing your normal role but with restrictions or doing another job entirely. Your suitable duties program will be monitored and upgraded as your recovery progresses.

##### **WorkCover Queensland**

Your insurer is WorkCover Queensland. WorkCover will make decisions on your claim regarding your employer's liability and will coordinate your overall rehabilitation plan based on the available medical information. WorkCover works closely with your RRTWC to ensure the safest and best possible return to work outcome for you.

##### **Q-COMP**

Q-COMP is the Workers' Compensation Regulatory Authority in Queensland. Q-COMP has many functions including the running of the medical assessment tribunals, providing administrative reviews of insurer decisions, educating the scheme about rehabilitation and return to work and connecting injured workers with services that will assist them in re-entering the workplace if they are not able to return to their pre-injury role.



### Injured Worker Authorisation Form

I (*name*) \_\_\_\_\_ *date of birth* \_\_\_/\_\_\_/\_\_\_\_\_ 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:** \_\_\_\_\_

**Allied health professional (name):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Other (name):** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

- the management of your rehabilitation/suitable duties plan
- to facilitate your safe return to work; and
- 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.

**Signature (worker):** \_\_\_\_\_ **Date:** \_\_\_\_\_



### Injured Worker Authorisation Form

Action required: to be completed by the treating medical practitioner, in consultation with the Rehabilitation and Return to Work Coordinator and the employee at the end of the rehabilitation process.

#### Employee Details

Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Injury diagnosis: \_\_\_\_\_

#### Type of Clearance

Employee is fully cleared to return to work, performing their usual duties and hours, from \_\_\_/\_\_\_/\_\_\_

Employee is cleared to return to work from \_\_\_/\_\_\_/\_\_\_ . No permanent disability exists as a result of the injury or illness; however, the following restrictions, modifications or support should be considered to prevent a further injury:

\_\_\_\_\_

Employee is cleared to return to work from \_\_\_/\_\_\_/\_\_\_ . The employee now has a permanent disability as a result of their injury or illness. The impact of this disability on their employment is:

\_\_\_\_\_

This following permanent restrictions, modifications or supports are required to assist the employee to perform their duties and to prevent a further injury:

\_\_\_\_\_

#### Comments

\_\_\_\_\_

#### Medical practitioner's details

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Name: \_\_\_\_\_

Practice Details/Stamp:



## Suitable Duties Plan

Injured Workers Details:					
Worker:		Phone Number:			
Supervisor:		Phone Number:			
Treating Medical Practitioner:		Phone Number:			
Job Description:		Fit for suitable duties 9 restricted return to work? \\ from: to:			
Task Details					
Week		Duties		Restrictions	
Week One Commencing:					
Hours	Days				
Week One Commencing:					
Hours	Days				
Treatment during this pan (e.g. physiotherapy):				Training required:	
				If "yes" given by:	
Plan to be reviewed:				On:	
Signatures					
Name (treating Medical Practitioner):				Name (worker):	
<b>I approve this plan</b>			<b>I have been consulted about the content of this plan and agree to participate</b>		
Signature:		Date:		Signature:	
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:	