



IBIS
ISLANDERS BOARD OF
INDUSTRY & SERVICE

WORKPLACE REHABILITATION

POLICY AND PROCEDURES

POLICY STATEMENT

The Islanders Board of Industry and Service (IBIS) recognises that there are substantial benefits to be gained from rehabilitation principles and practices and is committed to implementing them at this workplace. We recognise that the *Workers' Compensation and Rehabilitation Act 2003* and the *Workers' Compensation and Rehabilitation Regulation 2014* provide the legislative support for workplace rehabilitation activities.

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

- maintain injured or ill workers at work or
- ensure the worker's earliest possible return to work or
- maximise the worker's independent functioning and
- provide for durable employment

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

IBIS is committed to:-

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

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

Our rehabilitation and return to work coordinator is Jennifer Bartlett



2.9.2016

Signature of Ian Copeland Chief Executive Officer
To be reviewed by 26.6.2018

PURPOSE

The purpose of this policy is to ensure rehabilitation of staff focuses on return to work, is 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.

The aim of IBIS policy is to ensure:-

- IBIS has a process to support an early safe return of any worker who has an injury/illness

DEFINITIONS

Rehabilitation

Rehabilitation of a worker is a process designed to ensure the worker's earliest possible return to work or to maximize the worker's independent functioning. Rehabilitation involves the provision of approved services, services provided by a registered person, suitable duties programs or necessary and reasonable aids or equipment to an injured worker. All Queensland employers must take all reasonable steps to assist or provide their injured workers with rehabilitation for the period for which the worker is entitled to compensation.

Standard for Rehabilitation

The rehabilitation provided to our workers will meet the standard outlined in the *Workers' Compensation and Rehabilitation Regulations 2014*.

Rehabilitation and Return to Work Coordinator (RRTWC)

The RRTWC is the link between the injured worker, treating doctor, management, supervisors, WorkCover Queensland, rehabilitation providers and any other relevant parties.

Suitable Duties Programs

These specially selected duties at the workplace are a means of providing a monitored and graduated return to normal duties. They are:

- matched to the capabilities of the worker;
- time limited and regularly upgraded according to his/her level of recovery and treating medical doctor advice
- A new work capacity certificate can be used instead of a suitable duties plan. This certificate focuses on what workers can do

The following issues must be considered when choosing suitable duties:

- the worker's pre-injury duties, age, education, skills and work experience and nature of the incapacity;
- any restrictions and limitations specified by the treating doctor, who must also document approval for all plans and amendments; and
- the duties must be meaningful and have regard for the objectives of the worker's rehabilitation
- the duties will be reviewed on a regular basis and the program progressively upgraded, consistent with the worker's recovery

A copy of each worker's suitable duties program will be provided to the insurer.

Suitable Duties Programs may be:

- **Fully funded** by WorkCover Queensland. WorkCover Queensland continues to pay ongoing compensation to the worker at the rate they would receive if totally incapacitated; OR
- **Partially funded** by both the employer and WorkCover Queensland. Employer pays the worker at the normal rate for work performed and WorkCover Queensland pays a top up

amount.

- See appendix for an example of a suitable duties program.

ROLES

The Role of the Injured Worker

Responsibilities:-

- to apply for workers' compensation
- to advise their doctor of the availability of workplace rehabilitation
- to ask their doctor to complete the Work Capabilities Checklist (if required)
- to actively participate in workplace rehabilitation
- to maintain communication with the employer/rehabilitation and return to work coordinator about relevant issues related to their compensation claim.

Rights:-

- to workers' compensation for work-related injuries accepted by the insurer
- to choose their own doctor
- to authorise our rehabilitation and return to work coordinator to contact their doctor for advice on suitable duties
- to confidential, safe keeping of this personal information
- to be provided with suitable duties, if practicable
- to be consulted in the development of a suitable duties plan
- to union representation if so desired
- to ask for a review through the Worker's Compensation Regulator of certain insurer's decisions with which they do not agree
- to have access to an impartial grievance mechanism, which is accessed in the first instance by raising the grievance with the rehabilitation and return to work coordinator for resolution or escalation.

The rehabilitation and return to work coordinator (RRTWC)

The RRTWC's role includes:

- communicating with workers as soon as possible following an injury to assess rehabilitation needs and to notify relevant parties
- coordinating the worker's return to work
- developing the suitable duties program with the worker and employer
- ensuring the suitable duties program is consistent with the current work capacity certificate or injury report
- letting the insurer know as early as possible if they need to assist or intervene.
- to provide injured workers with the opportunity to give feedback on the rehabilitation system and to document this feedback.

The Role of Line Managers/Supervisors/Team Leaders

- to actively assist the rehabilitation and return to work coordinator in identifying and coordinating suitable duties.
- to adjust workplace procedures and rosters to enable successful implementation of the suitable duties plan.
- to monitor the injured worker's progress in relation to suitable duties.
- to generally offer support and encouragement to any injured worker.

The Role of Co-workers

- to generally offer support and encouragement to injured workers

PAYMENT OF WAGES

WorkCover Queensland will determine the liability of a claim, ie. Accept or reject application.

IBIS may pay sick or other accrued leave to a worker while the claim is being determined. Upon acceptance of a claim, leave will be reimbursed. If the claim is accepted, WorkCover Queensland will pay weekly benefits to workers directly or IBIS may choose to pay worker directly and seek reimbursement from WorkCover Queensland.

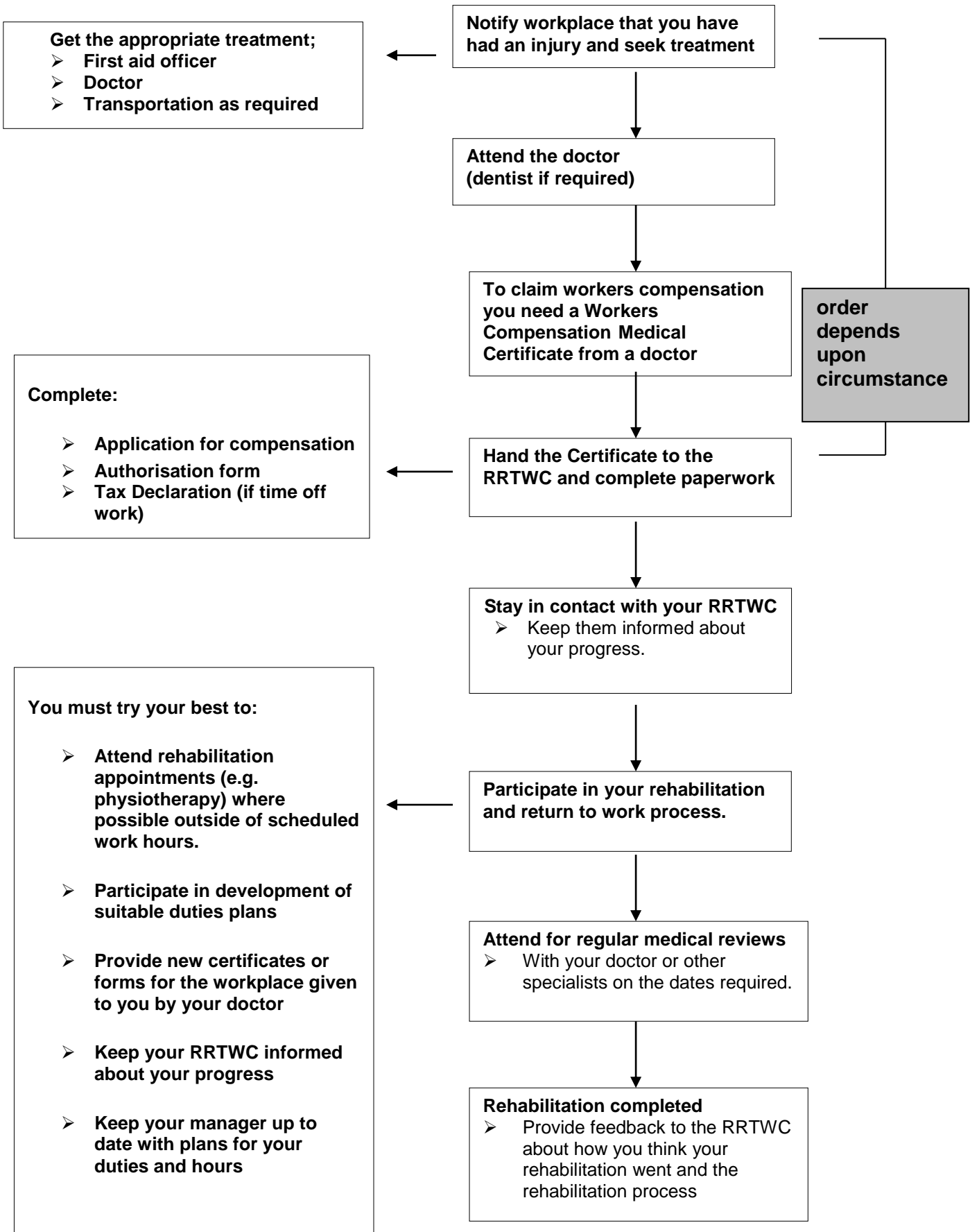
For workers participating in a **partially funded** suitable duties program, IBIS will pay the worker at the normal rate for work performed and WorkCover Queensland pays a top up amount. IBIS will obtain a partial incapacity form from the WorkCover Queensland case manager and advise of the gross amount paid to the worker at the end of each pay period. WorkCover Queensland will then process a top up payment directly to the worker.

GRIEVANCE PROCEDURE

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

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

Islanders Board of Industry and Service REHABILITATION PROCEDURES FOR INJURED WORKERS



**The Islanders Board of Industry and Service
REHABILITATION PROCEDURES FOR
REHABILITATION AND RETURN TO WORK
COORDINATORS (RRTWC)**

Injured worker to obtain
Workers Compensation
medical certificate from
doctor

RRTWC to assist the
injured worker to
complete paperwork if
required and forward
completed paperwork
to WorkCover

RRTWC to remain in regular
contact with injured worker
throughout the rehabilitation
process

Suitable duties program to
be developed by RRTWC in
conjunction with injured
worker, supervisor and
Insurer. Program to follow
recommendations made by
treating doctor on medical
certificate / report.

Evaluate feedback from
workers and identify
possible strategies for
improvement in
rehabilitation processes

Injury notification process

Facilitate appropriate first aid for injured worker

- First aid officer
- Doctor / Dentist
- Transportation as required

Initial paperwork

Injured worker to complete:

- Application for Compensation
- Tax declaration (if for time lost)
- Signed authority allowing RRTWC to discuss matters relating to RTW process with treating doctor

RRTWC to complete:

- Employers report

Contact with treating medical practitioner

- Signed authority provided by worker
- Availability of suitable duties

Early worker contact

Development of Suitable duties program

- Copy of program to be provided to WorkCover or
- Copy of a new work capacity certificate to Work Cover

RRTWC to:

- Continue monitoring suitable duties program and injured workers progress
- Remain in contact with injured worker and WorkCover Queensland
- Keep worker's supervisor up to date with progress
- Prepare case notes and other paperwork (eg. partial incapacity forms)

Obtain worker feedback

- Upon completion of rehabilitation

Provide ongoing education and promotion about rehabilitation in the workplace

FILE SUMMARY

INJURED WORKERS DETAILS

Name:

Address:

Phone number:

Injury:

Date of injury:

Date of notification of injury:

Date of first contact with employee:

Date of receipt of Application for Workers Compensation:

Date of Application to WorkCover Queensland:

DOCTOR

Name:

Address:

Phone:

Fax:

PHYSIOTHERAPIST

Name:

Address:

Phone:

Fax:

OTHER

Name:

Address:

Phone:

Fax:

SUPERVISOR / WORK CONTACT

Name:

Address:

Phone:

Fax:

WORKCOVER QUEENSLAND CASE MANAGER

Name:

Address:

Phone:

Fax:

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.

FAX TO TREATING DOCTOR

Telephone: 40504330
Fax: 40504382

149 Spence Street, Cairns 4870

DATE:	NO. OF PAGES (including this one):
TO:	The Islanders Board of Industry and Service
FOR:	Contact Name
FAX NO:	
FROM:	Jennifer Bartlett
REFERENCE:	Topic

Dear Doctor

The Islanders Board of Industry and Service is committed to the principles and process of Workplace Rehabilitation. We aim to assist with a safe and early return of our workers to employment by providing suitable duties for a limited time to enable a graduated return to work following injury / illness.

We would appreciate your assistance by providing medical information on "insert workers name" next medical certificate enabling a suitable duties program to be developed. Once the suitable duties program has been developed, I will forward you a copy for your records.

Please do not hesitate to contact myself on 40504330 if you have any queries or concerns. Thank you for your contribution to our workplace rehabilitation system.

Jennifer Bartlett
Rehabilitation and Return to Work Coordinator

Injured worker details

Plan 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:	

Task details

Week	Duties	Restrictions
Week one commencing:		
Hours: Days:		
Week two commencing:		
Hours: Days:		
Treatment during this plan (e.g. physiotherapy):		Training required:
		If 'yes' given by:
Plan to be reviewed:		On:

Signatures

Name (treating medical practitioner):		Name (worker):	
I approve this plan		I have been consulted about the content of this plan and agree to participate	
Signature:	Date:	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: