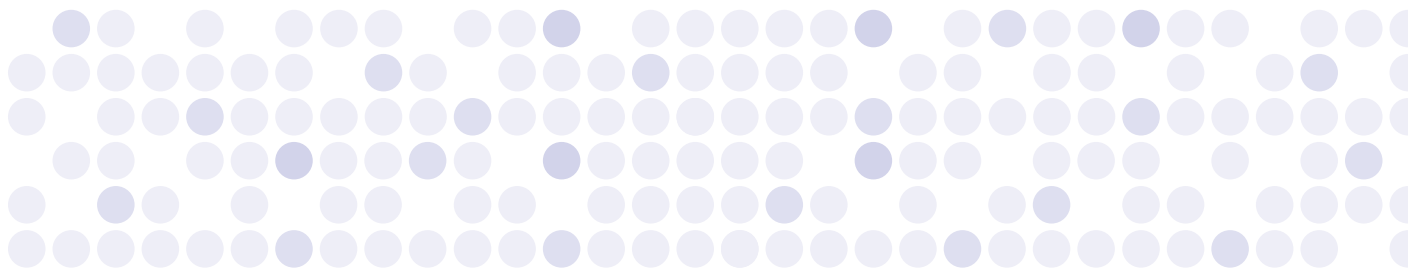
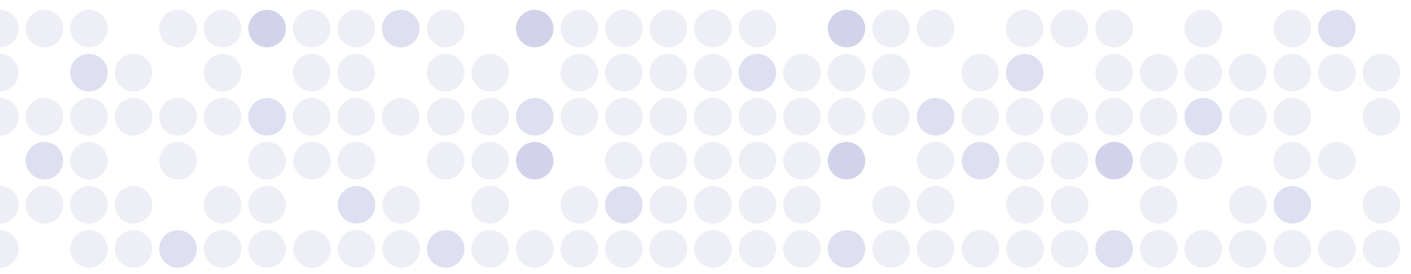


The Better Practice in Return to Work Guide



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Background

What is the guide about?

Better Practice in Return to Work outlines a number of steps for improving the way workplace injury and return to work are managed in your business. It is an easy to read, practical how-to guide that can be implemented in any workplace.

Who should read the guide?

Better Practice in Return to Work is designed for all businesses across all industry sectors. The guide presents useful information which all businesses in Queensland can use. It is particularly relevant to businesses which:

- have recently experienced a workplace injury
- are keen to improve how workers' needs, interests and behaviours are managed following workplace injury
- would like to reduce the costs of workplace injury
- would like to get workers back to work as quickly and safely as possible.

What are the benefits of the guide?

Employers are the most influential stakeholders in influencing return to work. That's right. You as an employer can have the biggest effect on both return to work and injury rehabilitation. By reading the guide you may be able to:

- reduce your workers' compensation insurance premium (eg by getting workers back to work in a safe and timely manner)
- better control the costs of workplace injury at your workplace
- retain rather than lose your skilled workforce
- improve worker morale in your workplace
- help injured workers better deal with their injury and return to work.

Why is return to work important?

Achieving better practice in return to work is relevant to all businesses because:

- The *Workers' Compensation and Rehabilitation Act 2003* states a legal obligation for Queensland employers to take 'all reasonable steps' to assist or provide rehabilitation to injured workers on compensation.
- Better managing the return to work process after workplace injury is statistically linked with less time off work, resulting in lower costs to employers and better return to work outcomes.
- Time off work represents significant costs to employers not only in terms of workers' compensation insurance premiums, but also in terms of lost time, lost work productivity and lower job satisfaction.
- Legislation sets out the minimum obligations for employers to participate in workplace rehabilitation. Certain employers are required to have a rehabilitation and return to work coordinator (RRTWC) and Q-COMP accredited workplace rehabilitation policies and procedures. See www.qcomp.com.au for more details. The guide provides useful information on how to improve return to work processes and outcomes in your business.

What is 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 a more significant impact on return to work than all other stakeholders including:

- doctors
- insurers
- case managers
- co-workers.

For this reason, this guide does not approach return to work from a medical point of view. 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. This is why it is relevant to you as an employer!

Key Stages

There are six key stages which can effect how safely and quickly workers return to work following 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:

- return to work culture
- immediately post-injury
- injury recovery
- return to work planning
- actual return to work
- improvement planning.

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



Stage 1 – Return to Work Culture

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

Overview

The first important step to achieving better practice in return to work involves developing a business culture which supports the proactive management of workplace injury and injured workers' rehabilitation and return to work. Building a return to work culture is as much about proactively preventing poor quality return to work outcomes as it is about nurturing high quality return to work outcomes and experiences.

Why is this important?

There are positive benefits of 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 on workers' compensation. From this perspective, all businesses, large or small, can benefit from developing a return to work friendly culture.

Characteristics of better practice

Building a return to work culture cannot be achieved overnight. However, with gradual ongoing improvements, it is possible to develop a culture which better supports the successful return to work and rehabilitation of injured workers.

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

Element	Characteristics of better practice	Tips
Return to work policy	<ul style="list-style-type: none"> → there is a clear and documented policy for managing return to work and injury rehabilitation → return to work policy is accessible to staff → CEO/managers support return to work policy → other business policies support early return to work → there is a clear policy governing privacy in return to work and rehabilitation → return to work policy focuses on both early detection and effective injury management 	<ul style="list-style-type: none"> → see www.qcomp.com.au for a copy of <i>Workplace Rehabilitation Policy and Procedures</i> template → hang a copy on a noticeboard → ask managers to formally sign-off on policy and promote endorsement to workers → make sure rostering, human resources and other business policies support return to work (eg sick leave policy) → ensure that your <i>Workplace Rehabilitation Policy and Procedures</i> explains how to keep injured worker details confidential → have a policy which encourages early detection of psychological stress at work and other less obvious injuries (eg carpal tunnel syndrome, occasional sore backs, allergic skin disorders, repetitive strain) → remember within 12 months after a worker has sustained an injury the employer must not dismiss them solely or largely because the worker is not fit for employment
Responsibility for return to work	<ul style="list-style-type: none"> → responsibility is allocated for managing and monitoring injury/return to work/rehabilitation outcomes → officer responsible for return to work has sufficient seniority, skills and rapport with co-workers to successfully undertake the return to work/rehabilitation management role → responsible officer's role is clear and shows areas within/outside the scope of their role 	<ul style="list-style-type: none"> → see tips on selecting a rehabilitation and return to work coordinator (RRTWC) in Tools and Tips → develop a position description which briefly describes the RRTWC role in your business → cover role in all stages including post-injury, injury recovery, return to work planning and actual return to work

<p>Return to work education</p>	<ul style="list-style-type: none"> → new and existing staff are regularly trained on the business approach to rehabilitation/return to work (not one-off) → regularly assess staff knowledge of return to work practices → staff understand who to approach in the organisation to discuss rehabilitation/return to work (eg RRTWC) 	<ul style="list-style-type: none"> → induct new staff about the business approach to injury rehabilitation and return to work → provide information packages for injured workers to explain the policies and procedures relating to workplace rehabilitation and workers' compensation (contact insurers for information) → brief staff monthly about the importance of return to work and explain the benefits to injured workers → explain to staff who will look after their rehabilitation and return to work should they become injured
<p>Injury reporting</p>	<ul style="list-style-type: none"> → workers are encouraged to immediately report injuries as they occur in the workplace → worker inclination to report injury is regularly monitored (eg staff surveys) → injury incident notification forms are filled out in line with workplace health and safety regulations 	<ul style="list-style-type: none"> → brief staff monthly about the importance of reporting injuries as soon as they occur → educate workers to encourage each other to report injuries as soon as they occur → see www.whs.qld.gov.au for information on current workplace health and safety regulations

<p>Return to work resources</p>	<ul style="list-style-type: none"> → there is a list of local medical and rehabilitation providers which may be accessed for support in achieving return to work (eg occupational physicians, doctors, occupational therapists, physiotherapists) → relevant officers understand the benefits/skill sets of different types of providers (eg role of physiotherapists) → provider's performance and cost is regularly reviewed → a form letter is available to send to GPs to inform of suitable duties and the business's return to work philosophy → position descriptions of workers are kept up-to-date → there is a list of suitable duties available in the business → there is a list of relevant insurer contacts → a kit of workers' compensation forms/materials/brochures is readily available to provide to injured workers 	<ul style="list-style-type: none"> → call a selection of rehabilitation professionals to assess their services and interest in being listed as providers who can support return to work for your business (eg physiotherapists, occupational therapists, psychologists, doctors) → the injured worker has the right to attend the provider of their choice so care should be taken when setting up relationships with preferred local providers → provide a brief description of each professional's relevant skills and services → call workers to see how helpful they found various providers → develop a letter to GPs which explains your business is interested in having workers return to work as soon as possible and also be sure to gain worker permission before contacting doctors → develop a list of suitable duties which workers could do after injury → collate all resources into a single folder which contains necessary forms (eg claim forms) and other resources such as lists of providers and insurer contacts
<p>Return to work performance</p>	<ul style="list-style-type: none"> → business performance in return to work/rehabilitation is measured → line managers and senior management position descriptions reflect their responsibility for promoting return to work outcomes 	<ul style="list-style-type: none"> → examine how many days workers spend on compensation for different injury types → make return to work a responsibility for relevant managers and monitor as part of regular performance reviews

Cost benefit	<p>→ cost-benefit of managing return to work internally vs externally is known (professional assistance may sometimes be more beneficial such as for independent advice)</p>	<p>→ document scenarios where it may be beneficial to manage rehabilitation internally vs externally</p> <p>→ examine the costs of managing rehabilitation internally vs externally and be sure to include staff time as well as any other expenses</p>
Update case notes	<p>→ return to work/compensation claim information is stored centrally in a separate file for each worker. All discussions, actions and decisions are documented in a file</p>	<p>→ develop a simple table which can be used to document discussions/actions relating to individual injured workers. This may include dates, description of discussions/actions, who was involved and resulting to-dos. Be sure to include sufficient detail to allow any other staff member to understand case details if position changes</p> <p>→ include a copy of all other completed forms, injury reports for reference</p>

Frequently asked questions

Can I start developing a return to work culture after my business experiences workplace injury?

Injury and poor return to work outcomes will often trigger employers to think more about developing a better and more responsive return to work culture. Ideally, however, it is more effective if actions are taken before an injury occurs. For instance, raising worker awareness about the need for a quick return to work pre-injury will assist when injury occurs. Developing a return to work culture requires a range of ongoing initiatives. It is all about overcoming the challenges of workplace injury in a proactive fashion.

Who is the best person to take on the RRTWC role?

For a RRTWC to be effective, they must be well respected in your organisation. Injured workers must have rapport with the RRTWC, be able to talk about sensitive issues and feel confident to take advice. RRTWCs must be trustworthy and be good organisational leaders. In some cases, they may also be required to approach workers about inappropriate behaviours (eg if suitable duties are continually not followed). For these reasons, a more senior staff member is typically well-suited to the RRTWC role.

How do I raise awareness of the need for early return to work?

While many businesses have policies, often they are not well promoted to staff. Rather than simply announcing a *Workplace Rehabilitation Policy*, try to include policy content in a range of business activities. This could include sending a letter to staff about the importance of early return to work, having line managers talk to staff in small work groups and developing promotional material such as posters in the workplace. If staff are aware of the importance of early return to work before an injury occurs, it is likely they will keep this philosophy in mind if injured. As such, ongoing rather than 'one-off' education is critical.

Stage 2 – Immediately Post Injury

Immediately post injury is about optimising the way injury and injured workers are managed immediately following a workplace injury (eg up to one to two weeks post injury). This covers issues such as how to support workers following injury, preventing further injury and assisting workers with claims.

Overview

Injuries at the workplace are typically 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. Accordingly, 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:

- call injured workers immediately following a workplace injury
- signal to the worker your support for an early return to work
- advise the worker on how to make a workers' compensation claim
- avoid developing a culture of blame
- encourage injury reporting to promote early intervention and reduce the severity of the injury's effect
- avoid challenging the workers' compensation claim legitimacy.

Workers receiving help from employers to submit claims may spend less time off work on workers' compensation. From this perspective, providing early support immediately following injury is advantageous to both workers and employers.

Characteristics of better practice immediately post injury include:

Element	Characteristics of better practice	Tips
Pursue early treatment	<ul style="list-style-type: none"> → send injured worker to doctor same day → ask worker for permission to contact doctor via signed <i>Injured Worker Authorisation</i> (see Tools and Tips) → provide suitable duties summary to doctor → contact doctor to show support for return to work → emphasise a 'no blame' approach to injury and treat all cases as legitimate from outset 	<ul style="list-style-type: none"> → offer to take worker to their own doctor → mention you'd like to contact doctor to discuss suitable duties → ask doctor about ways to better support injured worker (eg special equipment) → fax a one page suitable duties summary to doctor → avoid blaming worker for injury even if you feel the worker is partly responsible

Support injured worker	<ul style="list-style-type: none"> → contact worker regularly post injury to offer support/reassurance → maintain a balance between adequate contact and avoid the perception of harassing the injured worker → emphasise potential for early return to work and 'no blame' for injury → if psychological injury, attempt to better understand worker's situation and work with treating doctor or provider to develop injury management strategies → cooperate with treating doctor or provider to explore worker's attitude to return to work and implement strategies to overcome issues 	<ul style="list-style-type: none"> → call worker several days after the injury to find out how they went at doctor; send a support card managers have signed; be sure to visit worker in hospital and be sympathetic → if required, arrange for the worker's nominated support person to assist them to complete claim documentation. Refer the injured worker to the Queensland Council of Unions helpline on 1800 102 166 → lodge <i>Employer Report</i> with insurer as soon as possible → try to assess worker's need for support (eg transport to medical appointments, filling prescriptions, grocery shopping) → tell worker you're keen for them to return to work when ready to perform suitable duties approved by treating doctor
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Prevent further injuries	<ul style="list-style-type: none"> → investigate cause of the injury → develop strategies to prevent further injuries → communicate strategies to relevant staff → communicate strategies to injured worker → check implementation of prevention strategies at later date 	<ul style="list-style-type: none"> → remember to submit <i>Incident Notification</i> form to Workplace Health and Safety (www.whs.qld.gov.au) → call worker to let them know that you have taken measures to prevent further injuries → follow up prevention strategies once a week until you are convinced they have been implemented
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<p>Submit claim</p>	<ul style="list-style-type: none"> → provide worker with <i>Application for Compensation</i> form and insurer details. Advise worker of Queensland Council of Unions helpline on 1800 102 166 → fill out <i>Employer Report</i> form promptly → check form accuracy and that it is completed → submit both forms to the insurer along with <i>Workers' Compensation Medical Certificate</i> (from doctor) → explain claims process and general timeframes to worker 	<ul style="list-style-type: none"> → promptly fill out forms thoroughly to avoid delay to payments/rehabilitation. By law, employers must submit <i>Employer Report</i> forms within eight business days of injury → ensure quick turnaround times for claim lodgement and assessment → to ensure quick turnaround times, use all available methods for claim lodgement and assessment eg lodging via the WorkCover Queensland web site, phone, fax, in person, via doctor fax system → verbally explain the claims process to worker and follow up with a one page summary
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<p>Receive claim outcome</p>	<ul style="list-style-type: none"> → if claim approved, explain rights and obligations under compensation to the worker → if claim is not accepted, still attempt to support worker as far as possible → if claim is not accepted, direct worker to Q-COMP for information on the review process 	<ul style="list-style-type: none"> → discuss with the worker using their sick and/or annual leave to maintain an income stream. If leave is not available provide information about alternative sources of income support such as Centrelink and other community-based agencies → with the worker's permission, the employer may be able to liaise with the treating doctor to develop a suitable duties/return to work program → an employee assistance program may be useful in assisting the worker to manage their injury → see www.qcomp.com.au for information on claim review forms and processes (must be submitted within three months of receiving the decision)
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Build co-worker support	<ul style="list-style-type: none"> → brief co-workers about need to support injured worker → highlight resourcing issues which may affect co-workers and develop strategies to address concerns → where possible, fund additional position until worker has returned to work → keep co-workers up-to-date on well-being of worker without breaching privacy → explain to worker how their duties will be performed while they are off work 	<ul style="list-style-type: none"> → some co-workers may see injured worker as 'slacking off' so reinforce your support for injury legitimacy → devise ways of sharing work loads. Address co-worker reluctance to perform extra duties → encourage co-workers to contact/visit worker (organise a card) → if another person is performing their duties explain this is only temporary and that you fully support their early return to work
Update case notes	<ul style="list-style-type: none"> → document any discussions/actions/decisions which occurred during post injury stage → ensure all written information (eg forms) is copied and included in case file 	<ul style="list-style-type: none"> → it is important workers are clear about their rehabilitation rights and obligations and understand their need to actively participate in rehabilitation. Discuss this with them and ask them to sign an information sheet indicating they understand what you have told them. To provide natural justice the information must be delivered in a format that takes into account different levels of education, literacy and the worker's capacity to understand the information

Compensation claims process

Once an injury occurs in the workplace, a number of steps are followed. Your insurer will be able to provide you with further information about this process.

- The worker reports the injury at work.
- The worker visits the GP and asks for a *Workers' Compensation Medical Certificate*.
- The employer completes the *Employers Report* form.
- The injured worker completes the *Application for Compensation* form.
- All three items are sent to the insurer (either together or separately).
- Lodgement methods such as lodging via the WorkCover Queensland website, phone, fax, in person or via the doctor fax system will help to process the claim quickly.
- The insurer assesses the claim.
- The employer and injured worker are notified in writing of the outcome.
- If they are not satisfied with the decision, either party can ask for Q-COMP to hold an independent review. Note: self-insured employers are not entitled to seek a review of their insurer's decision however, their employees are.
- If the claim is approved the rehabilitation and return to work coordinator (RRTWC) or employer should contact both the injured worker and insurer case manager to discuss rehabilitation which depends on the injury type and doctor's recommendations.

Criteria for claims assessment

The insurer considers each claim and assesses it against legislative criteria rather than individual need. For injuries on or after 1 July 2003, the relevant legislation is called the *Workers' Compensation and Rehabilitation Act 2003* (the Act). The legislation can be found at www.legislation.qld.gov.au.

General criteria for claims assessment include:

- whether the person was a worker as defined by the Act at the time of the injury
- whether the person suffered an injury as defined by the Act
- whether employment was a significant contributing factor to the injury.

Frequently asked questions

How can I as an employer reduce costs?

The number and cost of claims will ultimately affect the premium paid. The best way to control premium costs is to prevent workplace injuries. If an injury occurs, the best outcome is to help the injured worker return to work as quickly and safely as possible. The length of time it takes a worker to return to work is the single major driver of claim costs (as the insurer is essentially covering the worker's wages). If you can help your worker with alternative or suitable duties, the claim cost against your policy and premium will be reduced. Making sure you lodge your *Employer's Report* as soon as possible after injury may help minimise a claim's impact on your premium. In contrast, delays in lodging forms can increase claim costs. The best way to control your claim costs is through rehabilitation and good support and communication with injured workers. Early support is typically associated with less time off work and lower claim costs.

Can the worker see their own family doctor?

Any registered medical practitioner in Queensland can provide workers with a *Workers' Compensation Medical Certificate*. However, it is the worker's right to select their own medical provider who is often their family GP. Some doctors may be more familiar with the process than others and some businesses may have preferred doctors because they are familiar with the workplace and worker's job demands. It is important to respect the worker's choice of doctor.

Why do I need worker permission to contact their doctor?

All medical practitioners have a duty to keep information confidential. By signing an *Injured Worker Authorisation* form, injured workers are giving their permission for the doctor to share information without breaching confidentiality and privacy. Additionally, it contributes to open and transparent communication between all parties.

Why are good case notes important?

Case notes are important for a number of reasons. Most importantly, they provide a readily accessible summary of actions/discussions about injury/rehabilitation/return to work throughout the cycle from injury to actual return to work. This ensures all actions are followed up as well as provides a back up of events if a staff member leaves the business. Case notes may also assist with evidentiary requirements should a compensation case enter common law proceedings.

Won't the worker just know that I support their return to work?

Workplace injury often makes workers feel vulnerable. In many cases, they need to hear that employers fully support return to work. To show support, call the worker once in the week following the injury. Try to put yourself in their position and be empathetic. Employer and senior manager support is appropriate even when a RRTWC manages the injury and rehabilitation.

What if the worker appears responsible for the injury?

Injuries sometimes occur because safety procedures are not followed. If this is the case, resist the temptation to 'blame' the worker for the injury. This will not support getting the worker back to work and will merely lead to unnecessary conflict. Fault for injuries bears no relation to claim acceptance. This is because the statutory claims system in Queensland is a 'no fault' system. However, the injured worker's contributory negligence can be considered if the case goes to the courts system and becomes a common law action.

Will some workers be more susceptible to injury than others?

Work requirements, work events, organisational change and work conflicts affect each person differently. Therefore, it is important that employers take account of individual differences in the workplace. If an injury occurs, reasons for the injury should be carefully and thoroughly investigated. Training and supervision should be in place to prevent or reduce the chance of injury in the workplace.

Stage 3 – Injury Recovery

Injury recovery 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.

Overview

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
- offer support during injury recovery
- use treatment providers to assess potential for return to work.

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.

Characteristics of better practice during injury recovery include:

Element	Characteristics of better practice	Tips
Support injured worker	<ul style="list-style-type: none"> → contact injured worker during recovery → assess ways to best support injured worker during recovery 	<ul style="list-style-type: none"> → 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
Monitor worker attitudes	<ul style="list-style-type: none"> → assess worker's attitude to return to work and understand their return to work motivations → identify return to work barriers and develop strategies to overcome potential barriers → tell worker that a positive attitude can assist early return to work → explore potential worker concerns about return to work/injury and address if possible → assess need for injury adjustment or psychological counselling 	<ul style="list-style-type: none"> → determine whether worker is optimistic about return to work. If not, emphasise benefits (eg pay, social contact, suitable duties) → ask worker if they have any concerns about return to work and how you may help → identify barriers which may interfere with return to work (eg low job satisfaction, conflicts with supervisor) and develop strategies to overcome barriers → if worker appears depressed, talk to them about counselling options. Encourage worker to discuss with their doctor. If you have any concerns advise treating doctor
Maintain contact with the insurer	<ul style="list-style-type: none"> → be clear about your role and the role of case managers → make worker aware of case manager and their role (as some workers may not be aware) → contact case manager regularly to discuss worker and treatment progress → notify case manager of difficulties/ concerns or suggestions 	<ul style="list-style-type: none"> → call to introduce yourself to insurer case manager (even more important for serious/complex injuries) → contact case manager if you suspect injured worker is not participating in agreed rehabilitation (eg going to physiotherapist)

<p>Maintain contact with treating doctor</p> <p>Maintain contact with treatment providers</p>	<ul style="list-style-type: none"> → consider capacity for work as indicated on current medical certificate → contact treatment providers of worker (gain worker authorisation) → offer support to treatment providers and emphasise business support for early return to work → work with providers to develop strategies to overcome return to work challenges 	<ul style="list-style-type: none"> → if a long period of total incapacity (> 2 weeks) is shown, consider liaising with treating doctor to discuss suitable duties → ask providers to make their assessment of the potential for early return to work. They are often good at determining return to work potential → if providers see limited return to work potential, work with providers to develop strategies to overcome return to work barriers
<p>Update case notes</p>	<ul style="list-style-type: none"> → document any discussions/actions/decisions which occurred during recovery stage → ensure all written information (eg forms) is copied and included in case file 	<ul style="list-style-type: none"> → develop a list of contacts for case managers and treatment providers → take note of any particularly good rehabilitation providers and suggest their use in the future

Note: Medical providers are general practitioners and specialists such as psychiatrists, orthopaedic surgeons and neurologists. Dentists are also considered medical providers.

Rehabilitation providers are allied health providers such as physiotherapists, occupational therapists, psychologists, chiropractors, podiatrists, osteopaths and speech pathologists.

Rehabilitation counsellors, exercise physiologists, registered nurses and social workers may also provide rehabilitation services to assist injured workers. Insurer approval may be required for allied health services.

Frequently asked questions

How much contact is appropriate while the worker is off work?

Employers need to strike an effective balance between keeping contact with the worker during recovery and harassment. As a guideline, it may be appropriate to contact the worker once a week by phone and hold a face-to-face meeting once a month. If a worker goes to hospital/rehabilitation, it is typically appropriate for employers to visit workers on-site. Each time you contact the worker:

- ask them how they are progressing with their injury
- inform them about developments in the work environment
- emphasise you are keen for them to return to work
- ask them about how you can support them in any way.

Treat any staff member with a **psychiatric or psychological injury** with respect and care. Attempt to contact the worker as soon as possible after the injury is sustained or is reported. If the injured worker, treating doctor or a family member speaking on the injured worker's behalf requests no workplace contact, follow this request. In this situation notify the insurer who is able to liaise with the treating doctor and the injured worker to manage the claim.

What is the role of case managers and what is my role?

Insurer case managers are typically responsible for coordinating injured workers' rehabilitation. They do not typically carry out rehabilitation, rather coordinate and oversee the treatment providers. Insurer case managers typically take responsibility for approving treatments, paying treatment providers and often play a role in facilitating return to work planning although more so in cases where the employer or RRTWC do not initiate the return to work planning. Employers should not assume that return to work is solely the insurer case manager's responsibility. Rather, employers should ideally assume full responsibility for:

- nurturing and supporting injured workers from injury through to return to work
- discussing return to work with workers
- encouraging workers to return to work
- together with the treating doctor organising suitable duties.

How do I know if workers have a positive attitude to return to work?

Determining a worker's attitude to return to work during recovery is important. While employers should take care not to harass the injured worker, it is often useful to ask the worker a number of questions. Useful questions include:

- How do you feel about return to work following injury?
- Do you have any concerns? Do you see any barriers?
- How could we better support your return to work when you are ready?
- In which areas do you think you may need some assistance?

When should I call in a professional rehabilitation provider?

Professional rehabilitation providers should be engaged if you suspect the return to work outcome is not likely to be successful. The first step would be to discuss this with the insurer case manager and the treating doctor. In some cases, the insurer may fund professionals or alternatively, you may wish to independently fund the use of an external professional. Examples of injuries which may benefit from external management can include:

- psychological or stress related injuries
- psychological issues (eg chronic depression, anxiety, post event stress) which underpin physical injuries
- injuries which have resulted from a traumatic event (eg severe workplace accident, major vehicle accidents)
- permanent injuries which may not enable the worker to return to work
- multiple injuries or complex injuries
- chronic (long-term) less obvious injuries which do not have a clear treatment program (eg severe tendonitis, carpal tunnel syndrome, skin diseases, back pain and back injuries).

What sort of rehabilitation provider is appropriate?

Different professionals have different skill sets which are suited to managing different types of injuries. Typical examples include:

- Physiotherapists provide exercises and therapies to assist workers with physical mobility to improve physical abilities and functioning (eg exercises to strengthen muscles). A physiotherapist may also assess the worker and the workplace to develop and monitor a suitable duties program for an injured worker.
- Occupational therapists assist workers with developing functional abilities to do work tasks safely, reducing the risk of further injury. Often termed 'OTs', an occupational therapist may assess the worker's functional capacities and analyse work tasks to develop and monitor a suitable duties program for an injured worker.
- Psychologists assist workers to deal with the psychological side of injury such as coming to terms with injuries and the way injuries have affected their personal and work life (injury adjustment). Psychologists are often useful for managing attitudes and psychological barriers to return to work and to develop and monitor suitable duties programs for injured workers with psychological/psychiatric injuries.
- Occupational physicians are specialist doctors who are trained in an area of medicine which specifically deals with workplace injury. Occupational physicians are experienced in the medical side of injury management.

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.

Overview

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 many cases, going back to full-time 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, rather examine 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, also 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.

Allied health 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.

Characteristics of better practice during return to work planning include:

Element	Characteristics of better practice	Tips
<p>Develop list of potential suitable duties</p>	<ul style="list-style-type: none"> → develop a list of potential suitable duties → if none, list other business needs/priorities or explore host employment options (see frequently asked questions) → ask doctor to check suitability of duties → talk to doctor about effects of injury (eg pain, limitations, medication side effects etc) → where possible, ensure duties match characteristics of quality suitable duties (see frequently asked questions) 	<ul style="list-style-type: none"> → if no suitable duties exist, develop a list of duties that you know need to be performed in the business (see How To Identify Potential Suitable Duties) → avoid meaningless ‘make work’ duties and try to think laterally about duties. There is always something (eg tax receipts, administration, winning new business) → discuss your ideas with doctor but do not get sign-off until discussed with worker. N.B. Doctor sign off may not be required if the program is consistent with their medical certificate
<p>Initiate return to work discussion</p>	<ul style="list-style-type: none"> → organise time to discuss return to work with worker → explain return to work benefits for worker/business → explain potential for early return to work → ask worker to generate ideas about return to work → plan for other stakeholders to attend (eg supervisor, managers, doctor, physiotherapist, occupational therapist etc) 	<ul style="list-style-type: none"> → sense worker’s attitude towards return to work and if reluctant, focus on benefits and support which can be offered. If this fails, discuss worker’s obligations to take part in return to work as part of their compensation → attempt to understand worker’s situation and family life and what motivates return to work → emphasise worker’s value to organisation → invite other stakeholders to discussion → prior to meeting, ask worker to think about how they feel they could return to work

<p>Hold return to work discussion</p>	<ul style="list-style-type: none"> → ask worker to contribute return to work ideas → present your suggested list of suitable duties → ask worker for views on suggested duties → strike compromise between both ideas → discuss a general timeframe for progression to full return to work duties (eg one to three months) → work out return to work sub-goals over timeframe → ensure goals/duties are clear/achievable → discuss mechanism for reviewing progress → clarify supervisors'/managers' roles → explain documentation of suitable duties programs → explore alternatives if return to work is not possible (eg retraining, counselling, work at home) 	<ul style="list-style-type: none"> → while it is useful to have a list of duties to present to workers, try to take into account worker needs and preferences → think about return to work not as a single goal, but as a series of smaller achievable goals. This may include starting on alternative duties and moving to a modified form of current duties. Ask worker's views → explain to worker that suitable duties program must be consistent with medical certificate or approved by treating doctor → suggest to worker that progress against suitable duties program should be followed up weekly or whatever is appropriate and explain who will be responsible for following up
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<p>Document suitable duties program</p>	<ul style="list-style-type: none"> → consider professionals for suitable duties program development. Assess internal skills and limitations → record discussion date and parties involved → document return to work goals along timeframe → document return to work duties and include duties which should/should not be performed → check draft accuracy with worker 	<ul style="list-style-type: none"> → consider involving occupational therapists/physiotherapists in return to work planning; psychologists are useful for psychological injury. Discuss approval of costs with the insurer → make goals as clear as possible and link goals to clear behaviours rather than general statements. See example suitable duties program in Tools and Tips → make goals challenging, but not too difficult, otherwise, worker may give up
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<p>Confirm doctor's approval</p>	<ul style="list-style-type: none"> → ask worker and manager to sign-off suitable duties program → fax plan for sign-off to worker's doctor if there is insufficient information on medical certificate to develop the suitable duties program → follow up doctor if prompt sign-off is required → note doctor comments and revise suitable duties program if necessary → provide final suitable duties program to worker and manager 	<ul style="list-style-type: none"> → For a quick turnaround, call doctor to advise that program is being sent and ask about when it will be returned. Then fax/ mail program to doctor and follow up if not returned in agreed timeframe → consultation helps focus all parties on return to work goals and it is compulsory for workers and managers to consult
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<p>Brief relevant staff</p>	<ul style="list-style-type: none"> → brief staff on return to work planning and goals → provide copy of suitable duties program to relevant staff → request staff support with return to work process → establish system to detect non-adherence (eg if duties not followed) → clarify how staff can support return to work 	<ul style="list-style-type: none"> → in some businesses, there may be a need to tell other staff about return to work duties or processes. Some staff may not be involved in return to work planning. Make sure the worker's immediate supervisor is informed about suitable duties programs before starting → try to gain worker's immediate supervisor support. Clarify the doctor has approved suitable duties program and they must let the worker do the set duties (often supervisors are over-protective but this does not help the return to work process) → ask supervisor to let you know if they suspect the worker is finding duties too difficult or is overdoing duties/doing extra duties. The suitable duties program may need revision
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Update case notes	<ul style="list-style-type: none">→ document any discussions/actions/decisions which occurred during return to work planning→ ensure all written information (eg copy of medical certificate or doctor sign-off of plan) is copied and included in case file	<ul style="list-style-type: none">→ include copy of suitable duties program in case file→ record who received a copy of final program→ record who was briefed about suitable duties program and dates of briefings
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Frequently asked questions

What should I do if I don't understand much about the injury?

If you do not understand how the injury affects the worker, the first logical step would be to approach their doctor. Doctors may be able to give you background information on possible causes for the injury and will detail exactly how it is likely to affect the injured worker. Allied health professionals are also valuable sources of information regarding injury processes, functions and rehabilitation. The worker must sign an *Injured Worker Authority* form before you contact the doctor or treating allied health professionals.

What do I do if I don't have any suitable duties?

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 your other business needs and priorities. There are often a number of tasks which need to be done which you do 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. Another option would be to ask the insurer if you can engage an external rehabilitation provider. Tips on how to identify potential suitable duties to promote early return to work are shown in Tools and Tips.

What is host employment?

Host employment is another alternative if there are no suitable duties or return to work is not feasible. A host 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.

The program can also give an injured worker exposure to a range of new skills and employment experiences. Host employment may also 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.

What are the characteristics of high quality suitable duties?

Irrespective of the worker or the work environment, research shows that suitable duties (also known as alternative duties) are generally more effective if they meet a number of criteria.

Designing high quality duties can assist with re-integrating the worker into the work environment. In contrast, if duties do not meet key criteria, return to work outcomes may be less successful. 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.

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.

Overview

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.

Characteristics of better practice during actual return to work include:

Element	Characteristics of better practice	Tips
Assess return to work readiness	<ul style="list-style-type: none"> → explore motivations for return to work → ensure suitable duties are consistent with medical certificate or confirm doctor's approval → check worker's psychological readiness → assess return to work emotional support needs including potential buddy support system, concerns, co-worker reactions etc → assess return to work physical support needs including transport, tools/aides/ equipment etc → assess potential return to work barriers and develop strategies to overcome barriers → confirm return to work date, time and duties 	<ul style="list-style-type: none"> → research shows that money, injury recovery, boredom and light duties are the top four reasons for return to work. Try to examine motivations as this may help identify potential risks (eg financial pressures may lead to too early return to work) → talk to worker to see if they are mentally prepared for their return to work. Reassure worker you will be there to support them. Ask workers to express concerns and address these where possible → for physical injuries, try to think about ways to support worker (eg taxi voucher for trips to work, special parking permits, special chairs/couches for rest, assistance with getting lunch/attending meetings etc)
Maintain register of return to work	<ul style="list-style-type: none"> → develop register to assist return to work monitoring → record return to work dates, hours worked, duties and other relevant information 	<ul style="list-style-type: none"> → a register can help monitor actual return to work. This is especially helpful if you have several injured workers return to work at the one time → develop a single page table with columns for names, return to work dates, duties, review points and name of return to work supervisor

<p>Meet worker on day of return to work</p>	<ul style="list-style-type: none"> → meet worker early on first day of return to work program → recap goals, duties and support needs → recap work supervisors' roles → offer emotional reassurance 	<ul style="list-style-type: none"> → try to meet with the worker early on the first day of their return to recap what was discussed/agreed 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
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<p>Review initial return to work progress</p>	<ul style="list-style-type: none"> → ask worker for feedback on their return to work including what worked well and what didn't work well → monitor worker pain and stress levels → recap next review point 	<ul style="list-style-type: none"> → get feedback from worker at end of 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, duty satisfaction and other physical/emotional support needs
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<p>Review return to work progress at critical milestones</p>	<ul style="list-style-type: none"> → meet with worker at critical timeframes → discuss return to work progress and issues → assess suitability of goals/duties → revise goals/duties where necessary (confirm doctor's approval where appropriate) → review worker pain and stress levels → check co-worker support and reactions → observe adherence to suitable duties → praise worker for progress → encourage worker to pursue higher goals 	<ul style="list-style-type: none"> → if return to work goals/duties aren't working, don't be afraid to change these. However, be sure to confirm approval of suitable duties with their treating doctor where appropriate → try to encourage worker to gradually progress to full return to work for all/most duties → on return to work, pain is often low but worker stress levels are high so keep this in check. If in doubt, perhaps ask a trusted co-worker how they think the worker is progressing or meet with worker in private
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Liaise with insurer case manager	<ul style="list-style-type: none"> → keep insurer case manager well-informed → use case manager to troubleshoot issues 	<ul style="list-style-type: none"> → keep the insurer case manager informed of the worker's return to work progress as they can often help work through issues and problems which you may encounter
Conclude suitable duties program	<ul style="list-style-type: none"> → meet with worker to discuss potential to conclude suitable duties program → update doctor that suitable duties program was successfully completed → adapt plan if conclusion is not appropriate 	<ul style="list-style-type: none"> → hold a final meeting with the worker to formally conclude the suitable duties program → discuss what worked and what did not work and highlight the worker's positive achievements
Update case notes	<ul style="list-style-type: none"> → document any discussions/actions/decisions which occurred during actual return to work → ensure all written information is copied and included in case file 	<ul style="list-style-type: none"> → include copy of return to work register for individual worker in case file → record notes on worker progress at critical milestones including any meetings, agreed outcomes, identified barriers and strategies to overcome barriers

Frequently asked questions

What should I do if I the worker is not sticking to suitable duties?

Immediately approach the worker if you find them doing duties outside those their doctor sets. Explain your concern for their safety and recovery and check to ensure the worker understands the suitable duties. If you feel the worker can do the duties they are attempting (eg the injury has healed more quickly than expected), tell them you will approach their doctor to further discuss this. Remind the worker not to perform the duties until the doctor formally approves them.

What should I do if the worker finds the suitable duties too hard?

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.

How often should I review progress against the suitable duties plan?

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 employer. A rule of thumb would be to initiate reviews when you feel that further progress has been made or when problems are likely to arise.

How will I know when return to work has been successful?

Return to work is usually considered successful once the worker has achieved the return to work goals outlined in their suitable duties program with a medical certificate indicating the worker is able to return to full hours and duties. 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 successful return to work is often that the worker and employer accept the return to work outcome.

Are there any other options if return to work is not possible?

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.

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.

Characteristics of better practice for improved planning:

Element	Characteristics of better practice	Tips
Conduct research	<ul style="list-style-type: none"> → meet with relevant staff to discuss learning experiences in managing return to work → interview/survey worker on return to work experiences → interview/survey external professionals to gather additional observations 	<ul style="list-style-type: none"> → ask the worker to attend a meeting to discuss return to work experiences or gather feedback informally and be sure to also include workers who did not return to work → contact professionals that may have views to contribute (eg occupational therapists)
Monitor return to work performance	<ul style="list-style-type: none"> → calculate average day's compensation per injured worker → 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 	<ul style="list-style-type: none"> → develop a comparison table to monitor injured workers' return to work rates across time. This could include averages as stated, plus moving averages, perhaps presented by type of injury
Develop improvement strategies	<ul style="list-style-type: none"> → develop improvement strategies to improve return to work processes → review resourcing to implement improvements → implement improvement strategies 	<ul style="list-style-type: none"> → make sure that strategies have appropriate resourcing allocated, otherwise, it is unlikely they will be effectively implemented
Update policies and procedures	<ul style="list-style-type: none"> → ensure improvement strategies are reflected in organisational policy (eg return to work policy, HR policy) → review usefulness of strategies in improving performance in achieving return to work 	<ul style="list-style-type: none"> → assess whether improvements may imply a need to change HR policy or other business processes (including return to work processes) → try to reflect on whether strategies/ improvements have addressed identified problem areas

Frequently asked questions

What questions should you ask to identify areas for improvement?

A range of questions can be used to gather information on the overall return to work experience. These could include but are not limited to:

- How useful were the rehabilitation providers? Could better return to work outcomes have been achieved?
- Were any major barriers encountered on return to work? How could barriers be addressed in future?
- What difficulties occurred in building the injured worker's commitment to and participation in the return to work process?
- What return to work methods work best for the organisation? Which didn't work?
- What cultural/co-worker issues were encountered during or following the injury/return to work?
- How effective was our relationship with the treating doctor? How could doctor skills/support be better leveraged?
- How effective were dealings with the insurer? What issues could be brought to their attention?

What questions could help examine worker return to work experiences?

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?

Can I benchmark my return to work performance?

Q-COMP produces statistics annually such as the average number of days workers with different injury types spend on compensation, injury cost and return to work durability. This information can be found in the publications section of the web site at www.qcomp.com.au.

Also available on the website is the *Helping you get the measure of workplace rehabilitation* self-assessment checklist. Q-COMP has developed this to assist employers identify where to focus their efforts in improving their workplace rehabilitation systems to achieve continuous improvements in outcomes.

Return to Work Tools and Tips

Below are some practical tools and resources to help achieve better practice in return to work. These include:

- tips on selecting a rehabilitation and return to work coordinator (RRTWC)
- an *Injured Worker Authorisation* form
- a completed sample suitable duties program
- how to identify potential suitable duties.

Tips on selecting a rehabilitation and return to work coordinator

The following criteria are useful for helping ensure that you select the right person to act as RRTWC in your business. In summary, a good RRTWC is someone who:

- both staff and managers respect
- has or can develop rapport with workers
- can be sensitive and empathetic to workers' needs
- is sufficiently senior in the organisation and has authority to make decisions
- 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.

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 program 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.....
(Worker)

Date.....

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 program
- to facilitate your safe return to work
- 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.

Completed Sample Suitable Duties Program

Injured Worker Details

Worker: John Smith Phone Number: 2345 5678
Supervisor: Mark Brown Phone Number: 2345 6788
Treating Medical Practitioner: Dr Peter Jones Phone Number: 2334 5678

Program Details

Goal – Long Term: Return to full-time normal construction duties
Objective of this Program: To upgrade hours at work performing administrative tasks
Duration of this Program: From 01/02/07 to 12/02/07
Fit for suitable duties (restricted return to work) from: 01/02/07 to: 12/02/07
Job Description: Assistant to Project Manager

Task Details

Week	Duties	Restrictions
Week 1 – Commencing: 01/02/07 Hours: 4 hours per day (9:30am-1:30pm) Days: Monday to Friday	Telephone and email ordering of construction materials Checking deliveries, liaising with suppliers/supervisors	No lifting over 5 kg, No Bending/twisting, Sitting for 30 minute periods, alternate with standing/ walking
Week 2 – Commencing: 08/02/07 Hours: 6 hours per day (9:30am-3:30pm) Days: Monday to Friday	As per week 1	As per week 1
Treatment Occurring During this Program: physiotherapy / gym strengthening program		Training Required: Yes <input checked="" type="checkbox"/> to be given by Tony White, Project Manager on 01/02/07
Program to be Reviewed: 05/02/07		
SignaturesName (Treating Medical Practitioner): Dr Peter Jones		
Signature: Suitable duties approved on medical certificate dated 1/02/07-12/02/07		
Name (Supervisor):	Name (Worker): John Smith	Name (Rehabilitation and return to work coordinator): Maree Celeste
I agree to ensure this program is implemented in the work area	I have been consulted about the content of this program and agree to participate	I agree to monitor this program
Signature: <u>T.J. White</u> 29 / 01 /07	Signature: <u>John Smith</u> 29 / 01 /07	Signature: <u>Maree Celeste</u> 29 / 01 /07

How to identify potential suitable duties

The following prompts may help you to find suitable duties for your injured worker and to foster an early return to work. Where possible, duties should be as close as possible to typical worker duties.

However, in cases where there are no obvious suitable duties (eg 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.

Fostering an early return to work is not only important from a cost-control perspective, but also helps the worker to feel you as the employer values them.

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

Area	Questions you may ask	Example ideas for return to work duties
Administration	<ul style="list-style-type: none"> → What tasks have I been meaning to do for some time but never got around to? → What needs are coming up in the next three to 12 months? 	<ul style="list-style-type: none"> → processing tax receipts → data entry and checking → filing and re-organising business paperwork
Business improvement	<ul style="list-style-type: none"> → Could I develop any new systems to further improve the business? → Could I ask the worker to do anything which may help further improve the business or business processes? 	<ul style="list-style-type: none"> → support developing a new filing system → developing forms for improved efficiency → writing part content of a training manual → working on quality assurance system
Sales/promotion	<ul style="list-style-type: none"> → Does my business have any extra needs for promotion? → What work could be directed towards promoting my business and increasing sales? 	<ul style="list-style-type: none"> → 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	<ul style="list-style-type: none"> → Are there any light labour duties which need to be performed? → Do any other areas of my business need an extra hand or temporary support? 	<ul style="list-style-type: none"> → cleaning up/organising around the work site → researching/buying equipment for business → re-organising bookshelves to improve access to business documents

Organisation	<ul style="list-style-type: none"> → Could the worker help organise a certain part of my business? 	<ul style="list-style-type: none"> → organising parts and materials → finding new suppliers for parts/materials including cheaper or better materials → researching new suppliers
Training	<ul style="list-style-type: none"> → Could the worker do any training which they can bring back to the workplace? 	<ul style="list-style-type: none"> → computer courses → courses on manual handling → course on certain technical skills
Deployment	<ul style="list-style-type: none"> → Could the worker go to another department? → Could I do a worker exchange with another colleague/business I know? 	<ul style="list-style-type: none"> → hire the worker out to another department → get worker to train staff in another area how to perform certain skills