Catholic Education Office
Diocese of Toowoomba

WORKPLACE REHABILITATION POLICY AND PROCEDURES

September 2012
POLICY STATEMENT

The Catholic Education Office, Diocese of Toowoomba recognises workplace rehabilitation as an important strategy because of the considerable benefits of an effective rehabilitation program to both employer, employee and their families. Such benefits include higher morale among employees, skills retention, the maintenance of social interaction and relations at work, and minimisation of workers' compensation costs.

There is evidence to show that effective workplace rehabilitation can assist in the healing process and help the injured worker return to usual duties sooner. Workplace rehabilitation involves early intervention strategies, 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 if return to work is precluded.

The Catholic Education Office, Diocese of Toowoomba has appointed a Rehabilitation and Return to Work Coordinator (RRTWC) to manage workplace rehabilitation for our injured workers.

The Catholic Education Office, Diocese of Toowoomba, is committed to effective rehabilitation principles and practices and their implementation in the workplace. Through such principles and practices, and as part of the Occupational Health and Safety Management System, Catholic Education Office, Diocese of Toowoomba, is committed to:

a) Providing a safe and healthy work environment;

b) Encouraging early reporting of injuries;

c) Making suitable duties available to injured or ill workers as soon as possible after an injury occurs. These duties must be medically approved and will be time-limited;

d) Consulting with injured workers to develop their suitable duties program;

e) Respecting the confidentiality of our worker’s medical and rehabilitation information;

f) Complying with legislative obligations with respect to the standard of rehabilitation;

g) Adopting a multi-disciplinary approach to rehabilitation, as required;

h) Recognising shared responsibility for workplace rehabilitation among the injured worker, the Catholic Education Office Toowoomba and other rehabilitation providers;

i) Developing function-oriented goals to restore optimal physical and psychological functioning to an injured worker;

j) Industry-based rehabilitation through the application of reasonable on-site rehabilitation procedures; and

k) Reviewing the policy and procedures, at least every three years, to ensure it continues to meet legislative requirements and the needs of all parties;

In order to achieve these outcomes, reference needs to be made to the procedures that
accompany this policy statement.

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<thead>
<tr>
<th>Company Name</th>
<th>Catholic Education Office, Diocese Of Toowoomba</th>
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</thead>
<tbody>
<tr>
<td>Signature of RRTWC or an authorised Officer</td>
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<tr>
<td>Print Name:</td>
<td>John Borserio</td>
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<tr>
<td>Position in Company:</td>
<td>Director</td>
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<td>Date:</td>
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<td>To be reviewed in three years time on:</td>
<td>September 2015</td>
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PROCEDURES

As at: September 2012
1.0 SCOPE

1.1 This policy applies to all employees of The Corporation of the Roman Catholic Diocese of Toowoomba who are paid through the Diocese of Toowoomba, Catholic Education Office, payroll system.

2.0 AIM

2.1 The aim of the Catholic Education Office, Diocese of Toowoomba, Workplace Rehabilitation Policy is to ensure:

- a culture of acceptance for workplace rehabilitation exists;
- achievement of optimal physical and mental recovery of injured workers, as far as possible;
- there is a process to support an early safe return of any worker who has an injury/illness;
- reduction of the human and economic cost of disability to employees, employers and the broader community;
- adequate storage is provided for rehabilitation files to maintain confidentiality of this information;
- the position of the rehabilitation and return to work coordinator is adequately resourced;
- a grievance mechanism exists, as outlined below.

3.0 DEFINITIONS

3.1 Rehabilitation

Rehabilitation is the process of getting an injured worker back to work. Rehabilitation of an injured worker may involve receiving treatment from a registered person, or necessary and reasonable aids or equipment approved by WorkCover Queensland. 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.

3.2 Standard for Rehabilitation

The rehabilitation provided to our workers will meet the standard outlined in the Workers’ Compensation and Rehabilitation Regulation 2003.

3.3 Rehabilitation and Return to Work Coordinator (RRTWC)

The RRTWC is a person who has satisfactorily completed a workplace rehabilitation course approved by Q-COMP. The RRTWC is the link between the injured worker, treating doctor, management, supervisors, WorkCover Queensland, rehabilitation providers and any other relevant parties involved in the return to work.

3.4 Management

Management refers to the positions of Director, Assistant Director, Principal, Senior Education Officer, Line Managers, Supervisors and Team Leaders.

3.4 Suitable Duties Programs

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

- matched to the capabilities of the worker; and
- time limited and regularly upgraded according to the injured worker’s level of recovery and treating medical doctor advice.
The following issues must be considered when choosing suitable duties:

- the worker's pre-injury duties, age, education, skills, 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;
- the duties must be meaningful and have regard for the objectives of the worker's rehabilitation; and
- 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.

### 3.5 WorkCover Queensland

Is the Insurer. WorkCover Queensland will make decisions on worker’s compensation claims regarding employer liability and will coordinate overall rehabilitation plans based on the available medical information. WorkCover Queensland works closely with the RRTWC to ensure the safest and best possible return to work outcome for injured workers.

### 3.6 Q-COMP

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

### 4.0 ROLES

#### 4.1 The Role of the Injured Worker

If you are an injured worker you should:

- seek first aid or medical treatment;
- notify your supervisor that you have had an injury and complete an injury report;
- tell your doctor that other (suitable) duties may be available at your workplace if you are not able to do your normal role;
- ask your doctor for a worker’s compensation medical certificate - you need this to make a claim; and
- give a copy of the workers compensation medical certificate to your Supervisor, RRTWC and to WorkCover Queensland - keep a copy for yourself.
You can lodge an application for compensation by:

- Calling WorkCover Queensland on 1300 362 128
- Faxing your completed application form to 1300 651 387 or
- By applying online at www.workcoverqld.com.au.

As an injured worker, your responsibilities are:

- lodge a worker’s compensation claim;
- actively participate in workplace rehabilitation;
- attend medical appointments that are organised by WorkCover Queensland;
- attend medical and other appointments, where possible outside of normal work hours;
- participate in the development of your suitable duties program;
- provide your employer with a copy of your medical certificates; and
- Keep your employer/Supervisor and RRTWC informed of your progress.

As an injured worker, you have a right to:

- workers’ compensation for work-related injuries accepted by WorkCover Queensland
- choose your own doctor;
- authorise our RRTWC to contact your doctor for advice on suitable duties;
- confidential, safe keeping of your personal information;
- be provided with suitable duties, where possible, to assist your return to work;
- be involved in the development of a suitable duties plan;
- union representation if so desired
- ask for a Q-COMP review of certain insurer’s decisions that you disagree with (reviewable decisions are listed under s540 of the Act); and
- have access to an impartial grievance mechanism, which is accessed in the first instance by raising the grievance with the RRTWC for resolution or escalation.

4.2 The Role of the Rehabilitation and Return to Work Coordinator (RRTWC)

When an injury occurs at work the role of the RRTWC is to:

- comply with employer’s duty to report injury to the insurer and to ensure confidentiality of information received by ensuring an efficient system exists for immediate reporting of injuries to enable early worker contact regarding rehabilitation;
- help the injured worker complete an application for worker’s compensation (if required);
- ask the injured worker to sign an authorisation form that gives permission to contact their doctor for guidance on their return to work;
- develop, coordinate, monitor and upgrade workplace rehabilitation strategies for injured workers, including developing suitable duties plans in consultation with injured workers undertaking rehabilitation;
- remain in regular contact with the injured worker and WorkCover Queensland throughout the rehabilitation process;
- keep the supervisor up to date with the injured worker’s progress;
- where possible and on behalf of the employer, ensure rehabilitation for a worker is coordinated with, and understood by line managers, supervisors and co-workers;
- educate workers and management about the workplace rehabilitation policy and procedures and what to expect when an injury occurs. Especially to educate line
managers, supervisors and workers regarding their role and responsibilities for rehabilitation. Furthermore to ensure education is part of the new staff induction process;

- promote the workplace rehabilitation policy and procedures internally to maintain staff’s commitment;
- promote the workplace rehabilitation policy and procedures externally to local doctors and allied health professionals so as to build a good working relationship and gain their trust and assistance;
- keep a file for each worker undertaking rehabilitation that contains copies of all relevant documentation, correspondence and accounts. Ensure the confidentiality of this information;
- keep accurate and objective case notes of all communications, actions and decisions, and reasons for actions and decisions and to sign and date each notation;
- ensure currency of the workplace rehabilitation policy and procedures and their own rehabilitation and return to work coordinator accreditation; and
- provide injured workers with the opportunity to give feedback on the rehabilitation system and to document this feedback.

4.3 The Role of Management

When an injury occurs at work, the role of the Director, Assistant Director, Principal, Senior Education Officer, Line Managers, Supervisors and Team Leaders is to:

- actively assist the RRTWC in identifying and coordinating suitable duties;
- adjust workplace procedures and rosters where possible to assist the injured worker to participate in suitable duties;
- monitor the injured worker’s progress whilst on suitable duties; and
- offer support and encouragement to any injured worker.

When an injury occurs at a school, the role of the Senior Education Officer is to assist the Principal:

- in managing and engaging with the suitable duties program
- in identifying and coordinating the transfer of the injured worker to another position within the school or other work site when return to pre-injury duties are medically ruled out

4.4 The Role of Co-workers

Where an injury occurs at work, the role of co-workers is to:

- generally offer support and encouragement to any injured worker.

5.0 PAYMENT OF WAGES

WorkCover Queensland will determine the liability of a claim, i.e. accept or reject an application.

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

For workers participating in a **partially funded** suitable duties program, the Toowoomba Catholic Education Office will pay the worker at the normal rate for work performed and WorkCover Queensland pays a top up amount. The Toowoomba Catholic Education Office 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.

6.0 **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 reviewed by Q-COMP. Strict time frames apply.
Get the appropriate treatment;
- First aid officer
- Doctor
- Transportation as required

Notify workplace that you have had an injury and seek treatment

Attend the doctor (dentist if required)

To claim workers compensation you need a Workers Compensation Medical Certificate from a doctor

Provide a copy of the Certificate to the your Principal/Supervisor and or RRTWC and complete paperwork

Stay in contact with your Principal/Supervisor or RRTWC
- Keep them informed about your progress.

Complete:
- Application for compensation
- Authorisation form
- Tax Declaration (if time off work)

You must try your best to:
- Attend rehabilitation appointments (e.g. physiotherapy) where possible outside of scheduled work hours
- Participate in development of suitable duties plans
- Provide new certificates or forms to the workplace given to you by your doctor
- Keep your RRTWC informed about your progress
- Keep your manager up to date with plans for your duties and hours

Participate in your rehabilitation and return to work process.

Attend regular medical reviews
- With your doctor or other specialists on the dates required.

Rehabilitation completed
- Provide feedback to the RRTWC about how you think your rehabilitation went and the rehabilitation process

order depends upon circumstance
Toowoomba Catholic Education Office
REHABILITATION PROCEDURES FOR
REHABILITATION AND RETURN TO WORK
COORDINATORS (RRTWC)

Injury notification process

Facilitate appropriate first aid for injured worker
- First aid officer
- Doctor / Dentist
- Transportation as required

Initial paperwork

Injured worker to obtain Q-COMP medical certificate from doctor

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

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 Queensland

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

Evaluate feedback from worker’s and identify possible strategies for improvement in rehabilitation processes

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.

RRTWC to remain in regular contact with injured worker throughout the rehabilitation process
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<th>INJURED WORKERS DETAILS</th>
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<td>Date of first contact with employee:</td>
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<td>Date of receipt of Application for Workers Compensation:</td>
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<td>Date of Application to WorkCover Queensland:</td>
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<th>DOCTOR</th>
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<td>PHYSIOTHERAPIST</td>
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<td>WORKCOVER QUEENSLAND CASE MANAGER</td>
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Injured worker authorisation

I (name) ____________________________ date of birth ____________________________ of ____________________________ hereby give my consent for the following
specified treatment providers to discuss with my employer’s rehabilitation and return to work coordinator ____________________________, 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.
Dear Doctor

“Insert company name” 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 “insert contact number” if you have any queries or concerns. Thank you for your contribution to our workplace rehabilitation system.

Name
Rehabilitation and Return to Work Coordinator
### Injured worker details

<table>
<thead>
<tr>
<th>Worker:</th>
<th>Phone number:</th>
<th>Goal – long term:</th>
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<tr>
<td>Supervisor:</td>
<td>Phone number:</td>
<td>Objective of this plan:</td>
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<tr>
<td>Treating medical practitioner:</td>
<td>Phone number:</td>
<td>Duration of this plan from: to</td>
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<tr>
<td>Job description:</td>
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<td>Fit for suitable duties (restricted return to work?) From: to:</td>
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### Task details

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<tr>
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<td>Treatment during this plan (e.g. physiotherapy):</td>
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<td>Training required:</td>
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<td>If 'yes' given by:</td>
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<td>Plan to be reviewed:</td>
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### 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

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<th>Signature:</th>
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- **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

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INJURED PERSON’S NAME: __________________________________________

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<tr>
<th>Date</th>
<th>Time</th>
<th>Communication With &amp;/or Action</th>
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I, ___________________ Rehabilitation and Return to Work Coordinator _____________________ (Insert Agency) hereby certify these case notes as being a truthful and accurate record of actions taken and discussions held with the parties mentioned.

SIGNED: _______________________________ Date: ___/___/___ Page No: ____ of ____
File Notes  
-for Personnel involved other than the Rehabilitation and Return to Work Coordinator

INJURED PERSON’S NAME: ____________________________________________________________

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I, _________________________ (Position held) _______________________ (Insert Agency) hereby certify these case notes as being a truthful and accurate record of actions taken and discussions held with the parties mentioned.

SIGNED: ___________________________________  Date: ___/___/___  Page No: _____ of _____