

**GUIDANCE NOTE  
FOR BEST PRACTICE  
REHABILITATION MANAGEMENT OF  
OCCUPATIONAL INJURIES  
AND DISEASE  
[NOHSC:3021(1995)]**

**APRIL 1995**

The National Occupational Health and Safety Commission has adopted a *Guidance Note for Best Practice Rehabilitation Management of Occupational Injuries and Disease*.

The expectation of the National Commission is that guidance notes will provide detailed information for use by unions, employers, management, health and safety committee representatives, safety officers, occupational health and safety professionals and others requiring guidance.

It should be noted that National Commission documents are instruments of an advisory character, except where a law, other than the *National Occupational Health and Safety Commission Act 1985* (Cwlth), or an instrument made under such a law, makes them mandatory. The application of any National Commission document in any particular State or Territory is the prerogative of that State or Territory.

**National Occupational Health and Safety Commission**

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**APRIL 1995**

Australian Government Publishing Service  
Canberra

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ISBN 0 644 35 285 X

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## FOREWORD

The National Occupational Health and Safety Commission is a tripartite body established by the Commonwealth Government, among other things, to develop, facilitate and implement a national occupational health and safety strategy.

The National Commission comprises representatives of the peak employee and employer bodies - the Australian Council of Trade Unions and the Australian Chamber of Commerce and Industry - as well as the Commonwealth, State and Territory governments.

The National Commission established a Rehabilitation Task Group in February 1991 to coordinate national discussion on matters pertaining to rehabilitation policy development. A principal objective of the National Commission's activity in this field is to reduce the severity and social and economic costs of workplace injury and disease through national coordination in the area of occupational rehabilitation.

The National Commission has approved the Rehabilitation Task Group's recommendations for improved national coordination of occupational rehabilitation through the adoption of:

- a definition of occupational rehabilitation (used on page 2 of this guidance note);
- this *Guidance Note for Best Practice Rehabilitation Management of Occupational Injuries and Disease* [NOHSC:3021(1995)]; and
- *Uniform Guidelines for Accreditation of Rehabilitation Providers* [NOHSC:7032(1995)].

The Rehabilitation Task Group proposes to develop complementary materials to enhance further the improvement and coordination of approaches to occupational rehabilitation.

## ACKNOWLEDGMENTS

This *Guidance Note for Best Practice Rehabilitation Management of Occupational Injuries and Disease* [NOHSC:3021(1995)] was produced by means of a Development Grant provided from the National Commission to WorkCover Western Australia to coordinate its development with assistance from all parties represented on the Rehabilitation Task Group:

- WorkCover Authority of New South Wales;
- Victorian WorkCover Authority;
- Workers' Compensation Board of Tasmania;
- WorkCover Corporation of South Australia;
- Work Health Authority of the Northern Territory;
- Workers' Compensation Board of Queensland;
- WorkCover Western Australia;
- Australian Chamber of Commerce and Industry;
- Australian Council of Trade Unions;
- Comcare Australia;
- Commonwealth Rehabilitation Service; and
- Victorian Employers' Chamber of Commerce and Industry.

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# 1. INTRODUCTION

## PURPOSE

**1.1** The purpose of this *Guidance Note for Best Practice Rehabilitation Management of Occupational Injuries and Disease* [NOHSC:3021(1995)] is to provide practical advice in relation to:

- the key roles of participants within the rehabilitation process;
- establishment of best practice rehabilitation systems;
- initiation of rehabilitation programs for injured employees;
- evaluation of rehabilitation programs; and
- identification of cost and factors pertaining to work-related injuries and disease.<sup>1</sup>

**1.2** This guidance note is to be used by all participants in the rehabilitation process as a resource which outlines the appropriate role and function of occupational rehabilitation within a workers' compensation framework. It is to be read in conjunction with existing State or Territory-based material as produced by statutory authorities and employer and employee representative bodies.

**1.3** While providing detailed advice, it is not possible to deal with every accident or disease that occurs within the workplace. Further advice regarding occupational health and safety may be obtained from statutory authorities within each State or Territory or Worksafe Australia.

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<sup>1</sup>Within this publication, the term work-related injury refers to both injury and disease.

## **2. REHABILITATION - PRINCIPLES AND PHILOSOPHY**

### **PHILOSOPHY**

**2.1** In its broadest sense, rehabilitation can be seen as a strategy to maximise an individual's potential for restoration to pre-injury physical, social, psychological, educational and vocational status - emphasising a multi-disciplinary approach.

**2.2** However, within a workers' compensation system, rehabilitation is more focused. Emphasis is placed on interventions aimed at maintaining injured employees within the workplace or returning them to appropriate employment in a timely and cost efficient manner.

**2.3** Early intervention and a workplace focus for rehabilitation are recognised as effective in reducing the economic and human costs associated with work-related injury and disease. While Appendix 1 provides an overview of long term claims and analysis employers can undertake within the workplace, research and practical experience have demonstrated employers benefit from developing systems for early identification, treatment and management of work-related injury or disease, thereby reducing the prospects of an injury or disease becoming a long term workers' compensation claim. This approach will typically involve some form of early reporting of injury and a coordinated response from management involving all relevant parties. The responsibility for this role is usually located with the workplace rehabilitation coordinator or other occupational health and safety personnel within the organisation.

**2.4** Close communication and cooperation between all parties is necessary if successful outcomes are to be achieved.

### **DEFINITION**

**2.5** As agreed by the National Commission, occupational rehabilitation is a managed process involving early intervention with appropriate, adequate and timely services based on assessed needs, and which is aimed at maintaining injured or ill employees in, or returning them to, suitable employment.

### **AIMS**

**2.6** Within a workers' compensation system, the focus is on:

- achievement of optimal physical and mental recovery;
- return to suitable work at the earliest possible time; and
- reduction of the human and economic cost of disability to employees, employers and the broader community.

## **PRINCIPLES**

**2.7** Irrespective of the compensation and rehabilitation system or participant role, for example, injured employee, employer, etc, there are essential principles of rehabilitation which can be promoted and maintained by all concerned. These principles are:

- (a)** Maintenance at work, or early and appropriate return to work, is in the best interests of all employees who have suffered a work-related injury or disease and should be the prime goal.
- (b)** Commitment by all parties to the rehabilitation process is essential for successful outcomes.
- (c)** Recognition that the workplace is usually the most effective place for rehabilitation to occur.
- (d)** Rehabilitation should occur at the earliest possible time consistent with medical judgement.
- (e)** Rehabilitation intervention should ensure that:
  - the dignity of employees is retained; and
  - employees participate actively in the process.
- (f)** Consultation between the employer and employee (and their representatives - where appropriate) should occur at all stages of the rehabilitation process.
- (g)** Employers and employees should be informed of their legislative entitlements and requirements under the relevant workers' compensation system.
- (h)** Information should be treated confidentially, with sensitivity and used only for the purpose for which it was supplied.
- (i)** All relevant rehabilitation expenses are to be met by the agent responsible under appropriate legislation.
- (j)** Return to work programs should aim to return the employee to work in either:
  - same job/same employer;
  - similar job/same employer; or
  - new job/same employer.

These are the first options to be considered when planning and implementing return to work programs. If these are inappropriate, or no position is available with the original employer, then the following apply:

- same job/new employer;
- similar job/new employer; or
- new job/new employer.

- (k)** Work assigned through the rehabilitation process should be meaningful to the employee.
- (l)** Graduated return to full time duties, permanent part time work or reduced hours relative to pre-injury hours should be considered when planning and implementing return to work activities.
- (m)** No injured employee should suffer financial disadvantage by participating in a return to work program.
- (n)** Rehabilitation is most effective when linked to workplace-based occupational health and safety programs.

### **3. WORKPLACE-BASED REHABILITATION**

#### **BENEFITS - FOR EMPLOYERS AND EMPLOYEES**

**3.1** Work-related injuries result in direct and indirect costs for employers and employees. Direct costs are those for which compensation is paid and indirect costs are those in which there is no compensation or remuneration.

**3.2** For the employer, these costs may include:

- compensation for lost earnings and medical expenses;
- increased workers' compensation premiums;
- damage to property and equipment;
- lost production time;
- cost of accident investigation;
- training new employees; and
- reduced commitment and employee morale.

**3.3** For the employee, these costs may include:

- loss of physical health and fitness;
- loss of social well-being;
- financial loss; and
- impact on future employability.

**3.4** Early and effective workplace-based rehabilitation is instrumental in maintaining or returning injured employees to work, thereby minimising costs associated with work-related injury. Benefits for employers include a reduction in compensation costs, retention of experienced and skilled employees and increased employee morale. Employee benefits include a decrease in loss of earnings and financial costs, in addition to a reduction in the psychological effects of work-related injury.

**3.5** Wherever possible, rehabilitation should be workplace-based as this provides the most realistic environment to assess work fitness. It also assists the employee and employer to maintain appropriate links which might be otherwise compromised by the injury/compensation process.

**3.6** Employers or employees may access rehabilitation services that are either based at the worksite or provided on a needs basis by external consultants. Rehabilitation providers may be private or public sector agencies operating on a nominated fee for service basis - the cost of

which is met by the employer and/or insurance company. Such providers are usually accredited and monitored by the relevant statutory authority. The following points should be taken into consideration:

- (a)** Irrespective of service provision, employers who seek to manage work injury in an effective manner would benefit from a structured approach to injury management. One facet of this structured approach is the development of appropriate rehabilitation policies and procedures within the workplace.
- (b)** Where formal occupational health and safety programs exist, it is recommended that occupational rehabilitation initiatives be consistent with these. For example, referral procedures should link in with accident reporting and investigation processes.



## **4. PARTICIPANTS IN REHABILITATION**

**4.1** Successful rehabilitation relies on cooperation and understanding from a diverse range of participants, each having an integral role in the restoration of injured employees to gainful employment. Wherever possible, rehabilitation should occur at the workplace with service delivery focused on maintenance or restoration of the employee to appropriate employment in a timely and cost-efficient manner.

### **STATUTORY AUTHORITY ROLE**

**4.2** Statutory authorities will differ in respect of their role and activities undertaken, due to the design and structure of individual workers' compensation systems. However, a number of activities are common to all statutory authorities. These include:

- development and review of rehabilitation legislation, policy, programs and procedures;
- promotion of effective and efficient rehabilitation services;
- dissemination of information and rehabilitation advice to employers, employees and their representatives, doctors, rehabilitation providers, insurers and others;
- monitoring the effectiveness of rehabilitation within the workers' compensation scheme; and
- promoting the implementation of workplace-based rehabilitation through legislative requirements and/or direct assistance to relevant parties.

### **INSURER ROLE**

**4.3** As with statutory authorities, the specific role and activities undertaken by insurance companies will depend upon design and structure of the workers' compensation system, in addition to specific legislative requirements. However, a number of activities are conducted by insurance companies irrespective of system design. These include:

- In accordance with legislation, the provision or management of indemnity policies for all employers who are required to maintain such insurance.
- The processing and management of all workers' compensation claims in a prompt, accurate and cost-efficient manner.
- Advising claimants and employers of acceptance of liability, denial or deferment of a decision within the time frames prescribed by relevant legislation. It is also incumbent upon insurers to advise both the employer and claimant of any changes to the claim status.
- The payment of all entitlements to employees in accordance with legislative requirements. This will typically include:
  - income maintenance payments,
  - medical expenses, and
  - rehabilitation expenses.

**4.4** Other benefits and entitlements may exist, depending on State or Territory legislation. For example:

- depending on system design, it may be appropriate for insurance companies to initiate referral of injured employees for occupational rehabilitation;
- it may also be appropriate for insurers to become involved in the rehabilitation process via approval of rehabilitation costs, monitoring of the rehabilitation program and participation in case team meetings as required; and
- the provision of data to employers on claims duration and cost, to assist in the rehabilitation process.

Readers are therefore directed to contact the relevant statutory authority for further information.

## **EMPLOYEE ROLE**

**4.5** Employees must comply with relevant legislative requirements in relation to workers' compensation and rehabilitation. Generally, this will involve the completion of a workers' compensation claim form and supply of an appropriate first medical certificate, completed by a certified medical practitioner. It also involves:

- participation in treatment that enables the fullest possible recovery;
- participation in a rehabilitation program tailored to meet the employee's individual needs and circumstances;
- participation in return to work initiatives that are part of their rehabilitation program - this may involve returning to work on a part time or alternative duties basis; and
- cooperating with rehabilitation programs for other employees.

## **EMPLOYER ROLE**

**4.6** Supervisor and managerial roles will be influenced by specific employer policy and organisational characteristics, that is, size, location, infrastructure and resources. However, wherever possible, employers are responsible for coordination of a return to work program and ensuring that the climate and structure of the organisation facilitates rehabilitation. This involves:

- maintaining contact with the injured employee and monitoring the status of the return to work and/or claim;
- ensuring prompt completion of forms, liaison with the insurer and that payments of salary or wages are made in accordance with the specific legislative requirements for the workplace;
- ensuring appropriate assistance is given to injured employees to return to work in pre-injury or alternative duties on a full time, part time or graduated basis;
- ensuring, if alternative duties are required, that they are appropriate to the functional capacity of the employee and that these duties are approved by the treating medical practitioner;
- providing orientation, training and feedback for any duties with which the employee is unfamiliar;

- monitoring the return to work of injured employees to minimise the prospect of re-injury; and
- in consultation with occupational health and safety personnel and workplace health and safety representatives, identification and implementation of strategies to prevent similar injuries to other staff.

### **EMPLOYEE REPRESENTATIVE ROLE**

**4.7** In order to facilitate a successful return to work, employees should have access to representatives where requested. These representatives should be included in the occupational rehabilitation process (where appropriate). Employee representative functions may include the following:

- assisting employers in the development of rehabilitation policy and procedures;
- acting as an employee advocate if requested;
- attending meetings as requested by employees;
- ensuring employees are advised of their legislative entitlements and responsibilities;
- liaison with employers as required; and
- supporting placement of injured employees across occupations, awards and enterprise agreements where necessary.

### **OCCUPATIONAL REHABILITATION PROVIDER ROLE**

**4.8** The rehabilitation provider is required to deliver an appropriate rehabilitation program in a timely and cost effective manner ensuring early and appropriate return to work through:

- (a) Obtaining employee consent to participate in rehabilitation (at all stages of the process).
- (b) Liaison with treating medical practitioners.
- (c) Liaison with employers, insurers and other relevant parties as required.
- (d) Assessment of an injured employee's rehabilitation potential.
- (e) Provision of information to ensure injured employees understand their legislative entitlements and responsibilities and, where necessary, are referred to the appropriate body for advice.
- (f) Development of an individual rehabilitation plan that takes into account relevant medical, social, educational, psychological and employment factors.
- (g) Identification of appropriate return to work strategies, for example, placement of injured employees.
- (h) Coordination and negotiation of return to work programs that ensure that the injured employee has continued meaningful employment.
- (i) Monitoring and evaluating return to work programs and outcomes.

- (j) In consultation with the employer, ensuring other employees and their representatives are involved in the rehabilitation process (where appropriate).
- (k) Provision of regular progress reports and updates as required. At program completion, providers are to supply an appropriate case closure report.

## **MEDICAL PRACTITIONER ROLE**

**4.9** Medical practitioners are involved in the rehabilitation process by providing effective diagnosis and treatment of work-related injury. Medical treatment assists the employee achieve the highest level of physical and functional capacity after injury. The medical practitioner is central to the rehabilitation of injured employees and must be consulted prior to the implementation or maintenance of return to work programs. The specific role of the practitioner may vary, dependent upon system design, but will generally include:

- initial diagnosis and treatment of injury;
- completion of an appropriate first medical certificate;
- provision of completed progress and final medical certificates;
- ongoing medical treatment as required;
- referral of a patient for specialist medical or paramedical treatment;
- identification of the need and referral for rehabilitation;
- medical review as requested;
- review of pre-injury and/or alternative duties prior to return to work programs being initiated;
- cooperation and liaison with employers and rehabilitation providers to facilitate employee return to work programs; and
- supply of medical reports as requested, with the consent of the employee.

## **5. REHABILITATION POLICY DEVELOPMENT**

**5.1** Development of a rehabilitation policy and procedures document demonstrates organisational commitment to the rehabilitation process (as it establishes the philosophy of the approach to be adopted). The document should outline the services available to injured employees and procedures for service delivery.

**5.2** Employers should consider the development of an individualised document in consultation with employees and their representatives (where appropriate). The policy should be tailored to the specific requirements of the workplace and include:

- policy intent and objectives to be achieved;
- commitment of all the parties involved in workplace-based rehabilitation;
- eligibility criteria and how injured employees are to be assisted;
- confidentiality and security of information collected through the rehabilitation process;
- identification of key personnel and their role in policy implementation and function;
- mechanisms for adequate dispute resolution in relation to rehabilitation; and
- accountability of all parties in respect of policy administration and the achievement of successful outcomes.

**5.3** The overall objective of workplace-based rehabilitation programs should be the provision of effective rehabilitation services to injured employees in order to maintain or restore them to appropriate and gainful employment.

### **STEPS TO POLICY AND PROCEDURES DEVELOPMENT**

**5.4** Commitment and support must be obtained from senior management regarding development of a rehabilitation policy and procedures document. Once this has been achieved:

- (a) Identification of a liaison person or working party responsible for initial policy formulation and consultation should then occur.
- (b) The policy should then be developed to draft format and circulated to interested parties for comment.
- (c) Changes to the draft of the policy should then be negotiated.
- (d) The finalised draft of the policy should then be forwarded to senior management for ratification.

## CONSULTATION PROCESS

**5.5** During the formative phase of policy development, and on an ongoing basis, consultation and liaison should occur with all relevant parties likely to be involved with the rehabilitation process, and:

- (a) Employee support is critical to the success of the rehabilitation program. Failure to address employee concerns at the outset can result in problems during program implementation and administration.
- (b) Dependent upon system design, insurers may be involved in the above process. If involved, formal channels of communication and case review procedures should be considered.
- (c) Employers and employee representatives are encouraged to contact the appropriate statutory authority for advice or assistance at any stage through the above process.

## POLICY DEPLOYMENT

**5.6** Once policy and procedures are agreed upon, employers should embark upon a broad strategy of implementation and education to ensure that all employees are aware of its existence and the services available. If formal induction procedures are utilised, then employers are encouraged to incorporate policy information at this stage. For instance:

- key members of the workforce, for example, line management and supervisors, should be targeted for education and training in relation to occupational rehabilitation as their role is essential in the successful management of work-related injuries, that is, return to work programs; and
- employers are encouraged to deploy the policy as a joint employee and management initiative<sup>2</sup>.

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<sup>2</sup>A number of sample rehabilitation policies used by various statutory authorities are at Appendix 2.

## 6. REHABILITATION SYSTEMS

**6.1** Linked to development of policy is the consideration of how rehabilitation services are provided to employees. There are essentially two methods of service delivery for employers to consider. The first approach requires an employer to appoint a rehabilitation coordinator<sup>3</sup> who manages the majority of rehabilitation cases – with assistance from an external rehabilitation provider where necessary.

**6.2** It should not be necessary to refer all injured employees to a rehabilitation provider. In many cases, liaison with the treating medical practitioner and workplace supervisor may be all that is required to develop an appropriate rehabilitation program for an injured employee.

**6.3** Alternatively, employers can develop an in-house rehabilitation service. Typically, this will comprise a rehabilitation coordinator, who is a professional employed specifically to provide rehabilitation services to employees of the company, case team and associated health professionals – as required. In this system, the intent is that all rehabilitation services are provided on an internal basis by professionals employed for this purpose.

**6.4** Decisions as to the type of rehabilitation system implemented will reflect the needs of an employer and the employees within that workplace. Factors to consider include:

- type of employer and diversity of occupations;
- size of the workplace;
- type of workers' compensation insurance maintained, for example, self-insuring or negotiated indemnity policy;
- workers' compensation costs;
- injury incidence, type and duration;
- existing workplace policies, for example, human resource and/or occupational health and safety, etc;
- current and past workers' compensation injury record;
- personnel resources available;
- employee representative support; and
- commitment of senior management in relation to occupational rehabilitation.

Prior to assessing rehabilitation needs and implementation of programs, employers should contact statutory authorities for advice and assistance.

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<sup>3</sup>Dependent upon the statutory authority, this person may also be known as a Return to Work Coordinator.

## **EXTERNAL OCCUPATIONAL REHABILITATION PROVIDERS**

**6.5** Most organisations will elect to utilise external rehabilitation providers who are appointed, monitored and assisted by an employer-nominated rehabilitation coordinator and/or case team. This is an effective model for organisations of all sizes to adopt and involves the following steps:

- (a) Organisational needs analysis.
- (b) Development of appropriate rehabilitation policy.
- (c) Implementation of policy.
- (d) Nomination of an appropriate rehabilitation coordinator.
- (e) Appropriate training of the coordinator and case team (if appointed).
- (f) Development of rehabilitation procedures.
- (g) Appointment of rehabilitation providers.
- (h) Evaluation of provider performance.
- (i) Establishment of rehabilitation policy review mechanisms.
- (j) Information dissemination to all levels of staff.

**6.6** In the above approach, the coordinator oversees and manages general rehabilitation needs of the organisation and employee. Specific service provision is accessed through rehabilitation providers on a contracted fee for service basis.

**6.7** A variation of the above involves the establishment of a case team. This is, essentially, a forum whereby the coordinator meets with key members of the employer's organisation on a regular basis to monitor the overall rehabilitation needs of the organisation and individual employees. The role of the coordinator and case team are further discussed in Chapters 8 and 9.

## **INTERNAL OCCUPATIONAL REHABILITATION PROVIDERS**

**6.8** Organisations which are significant in size or are self-insurers may benefit from having occupational rehabilitation professionals within the workplace to meet the needs of their employees. Employers seeking approval to deliver in-house occupational rehabilitation services will be subject to the same standards applied to external rehabilitation providers.

**6.9** Procedures for system development are similar to those noted in section 6.4. That is, prior to deciding on and initiating such programs, organisations should undertake a comprehensive assessment of current workers' compensation and rehabilitation needs. The results of this assessment should be utilised to determine the appropriate structure for the internal program. Issues to consider include:

- existing injury data, for example, incident rates, severity and duration of injury;
- current injury management procedures;
- organisational size;



- suitability of existing, or alternative, rehabilitation measures;
- existing rehabilitation policy – verbal or written;
- mechanism by which workers’ compensation insurance is delivered;
- current employee relations;
- statutory requirements regarding the provision of workers’ compensation and rehabilitation service delivery; and
- available resources – financial and human.

**6.10** Given the considerable cost and investment associated with such internal systems, organisations must consider the relative merits of developing an internal rehabilitation service compared with the suitability of less expensive systems as outlined in sections 6.6 and 6.7.

**6.11** Organisations seeking to develop an internal rehabilitation service should first contact the relevant statutory authority to establish the statutory requirements of such services. Generally, the statutory authority will also provide assistance and expertise in system development.

## **7. IDENTIFICATION OF A REHABILITATION COORDINATOR**

**7.1** Effective coordination of rehabilitation is essential to the achievement of successful outcomes. It is recommended that employers appoint someone with sufficient standing within their organisation, who is capable of negotiating with senior management, employees and, where appropriate, their representatives, line management, rehabilitation providers, medical practitioners and insurers in relation to assisting injured employees return to work. This person should possess, or be able to develop with appropriate training:

- (a) specific knowledge about rehabilitation and workers' compensation;
- (b) ability to effectively communicate with all parties; and
- (c) ability to identify and refer injured employees for occupational rehabilitation at the appropriate time to ensure exacerbation of injury is minimised.

Appropriate resources should then be allocated and staff designated to carry out the required duties.

**7.2** It is usual practice for coordinators to facilitate the majority of return to work programs in consultation with the employee, treating medical practitioner and relevant workplace supervisor. In the majority of situations, it is recommended that coordinators not be involved in the provision of direct treatment or service delivery, although it is acknowledged that some coordinators will be employed due to specific professional expertise employers may wish to utilise. In these situations, service delivery by the coordinator should be confined to that expertise.

**7.3** Depending on need, coordinators may choose to utilise a rehabilitation provider for the purpose of managing return to work programs.

**7.4** Employers are encouraged to contact statutory authorities for further information regarding the training of rehabilitation coordinators.

## **8. ROLE AND SKILLS OF A REHABILITATION COORDINATOR**

**8.1** The position of rehabilitation coordinator is responsible for the coordination and management of rehabilitation programs for injured employees. As such, it is appropriate that the coordinator develop links with relevant individuals and groups including medical practitioners, rehabilitation providers and interpreter services (if required).

**8.2** A coordinator should possess, or be able to develop with appropriate training:

- (a) knowledge of the workers' compensation system, specifically legislative entitlements and the responsibilities of employers and injured employees;
- (b) knowledge of the rehabilitation process;
- (c) ability to communicate effectively with medical and health professionals involved in the rehabilitation process;
- (d) ability to select appropriate rehabilitation providers and monitor service provision;
- (e) ability to negotiate with senior management and bring about organisational and work practice change;
- (f) knowledge of community resources – including rehabilitation providers; and
- (g) a sound understanding and appreciation of organisational systems and structure.

**8.3** The role of individual coordinators will vary, dependent upon organisational policy and characteristics – similar to those noted in Chapter 6. However, employers should note the following as appropriate duties for coordinators:

- (a) As soon as possible, review circumstances of the injured employee's situation and identify the type of intervention required, for example, liaison with medical practitioners, referral to a case team or rehabilitation provider.
- (b) Advise the employee of their legislative entitlements and responsibilities in relation to workers' compensation and rehabilitation.
- (c) With employee consent, liaise with the treating medical practitioner to establish initial diagnosis, treatment, prognosis and any provisional return to work requirements.
- (d) Liaise with work supervisors to identify suitable duties.
- (e) Keep managers, supervisors and employee representatives, including elected health and safety representatives, informed of the rehabilitation process and decisions that may affect their workplace.
- (f) While maintaining appropriate confidentiality requirements, ensure that the employee's manager and supervisor are aware of, and involved in, the rehabilitation process.
- (g) Maintain confidential and secure records of rehabilitation cases, in accordance with appropriate legislation.

- (h)** Ensure employee contact is established and maintained by the relevant supervisor or manager and that appropriate support is provided. Direct contact by the coordinator is to be maintained as required.
- (i)** Where appropriate, and in consultation with the treating doctor, refer the injured employee to a rehabilitation provider for development and implementation of an appropriate rehabilitation plan to ensure a coordinated safe return to work.
- (j)** In consultation with the employee, coordinate and liaise with:
- treating medical practitioners;
  - employer representatives;
  - rehabilitation providers;
  - employee representatives;
  - insurer; and
  - other relevant parties.
- (k)** To facilitate a return to work by:
- identifying appropriate duties;
  - liaising with treating practitioners to identify physical constraints, skills and abilities;
  - involving relevant parties in negotiating suitable duties for a planned, progressive and successful return to work;
  - identifying and ensuring provision of appropriate worksite modifications; and
  - orientating an injured employee to the workplace and other staff.
- (l)** In conjunction with the supervisor or manager, monitor and regularly review all return to work programs to ensure:
- the health, safety and welfare of employees undertaking rehabilitation programs;
  - that the health, safety and welfare of other employees is not compromised (by having to do additional duties previously carried out by injured employees, and so be at risk themselves);
  - the ongoing involvement of the employee, supervisor, treating doctor and rehabilitation provider;
  - a return to the original job or permanent alternative position at a similar level; and
  - that the risk of aggravation to injury, illness or disease is minimised.
- (m)** Review and update policies and procedures regarding rehabilitation in consultation with management, employee representatives, including elected health and safety representatives, and all other interested parties.

- (n)** Develop and implement rehabilitation education packages to increase awareness of policies, procedures, services and resources relating to current rehabilitation practices.
- (o)** Coordinate and monitor the overall workplace rehabilitation program and individual rehabilitation plans.
- (p)** Maintain confidential and secure records of rehabilitation cases in accordance with appropriate legislation.

## **9. ESTABLISHING A REHABILITATION CASE TEAM**

**9.1** The establishment of a rehabilitation case team depends entirely on the employer's needs. Not all organisations will gain from such an approach.

**9.2** A case team can, however, be beneficial in supporting the coordinator by providing a forum where people can discuss the employer's return to work strategy and assist with decisions regarding the implementation and administration of that strategy. Other functions may include the determination of appropriate occupational rehabilitation intervention for individual employees.

**9.3** While an employer may adopt a case team model, the coordinator still remains responsible for managing and monitoring the return to work of individual employees.

### **REHABILITATION CASE TEAM MEMBERS**

**9.4** It is critical that members support the aims and principles of occupational rehabilitation. In addition, they must be aware of the employer's policy regarding rehabilitation and prepared to act in accordance with this.

**9.5** Case team members should be adequately supported and trained.

**9.6** In addition to the rehabilitation coordinator, other members may include:

- human resource or personnel officer;
- management or administration representative;
- employee representative, including occupational health and safety representative;
- supervisor (as required);
- safety officer; and
- workers' compensation clerk.

**9.7** The organisation may wish to contract medical professionals, for example, an occupational physician, and/or allied health professionals, to assist the rehabilitation process. These people may be included in case teams as appropriate.

**9.8** Other non-permanent members of case teams may include:

- injured employee;
- line manager;
- insurance company representative; and
- rehabilitation provider.

**9.9** Organisations are encouraged to contact statutory authorities for additional information prior to the establishment of a rehabilitation case team.

## **10. GUIDELINES FOR REFERRAL OF INJURED EMPLOYEES FOR REHABILITATION ASSISTANCE**

**10.1** As noted in section 6.2, it should not be necessary to refer all injured employees to a rehabilitation provider. Often liaison with the treating medical practitioner and relevant supervisor may be all that is required to develop an appropriate return to work program.

**10.2** Organisations, or personnel, wishing to refer injured employees for occupational rehabilitation should note that there are no definitive rules indicating a need for assistance. The following, however, indicate when rehabilitation may be of benefit:

- (a) Cases where the injury described appears to be of such severity that a lengthy period of convalescence is likely, for example, comminuted fractures, muscle and tendon tearing or separation, severe lacerations and specified sprains or strains.
- (b) A medical professional has recommended that the employee return to alternative, selected or modified duties.
- (c) Injury or resulting disability prevents or inhibits a resumption of pre-injury duties.
- (d) Medical reports are contradictory regarding diagnosis, prognosis or residual work capacity.
- (e) Cases where placement on suitable duties will minimise the risk of injury recurrence, aggravation or exacerbation.
- (f) Workplace modification is necessary to assist the employee to be productive.
- (g) Non-medical factors are impeding either recovery or a return to work.
- (h) Cases where there have been a number of workers' compensation claims for the same injury – resulting in separate periods of lost time, compensation payments or a need for recurrent medical or other allied health intervention.
- (i) Industrial deafness.

**10.3** While the above guidelines are general, it should be recognised that medical, psychological, social and/or vocational problems can develop unless injury management is effective and prompt. Where employers do not have the capacity to provide such services themselves, referral for occupational rehabilitation can frequently prevent later complications and difficulties.

## **11. CONFIDENTIALITY**

**11.1** It is essential that information gathered during the rehabilitation process be treated with sensitivity and confidentiality by all parties.

**11.2** Staff handling this information should abide by appropriate confidentiality principles and with reference to relevant State and Territory and Commonwealth legislation.

**11.3** Material collected through the rehabilitation process should be used only for the purpose for which it was supplied.

**11.4** Injured employees must be informed at the commencement of the rehabilitation process about what information will be collected and the purposes for which it may be used, including the use of anonymous data in compiling occupational health and safety performance statistics.

**11.5** Employees must have access to all records relating to their own case.

**11.6** It is recommended that employers maintain relevant rehabilitation information via an appropriate filing system. Such files should be secure, with access restricted to the rehabilitation coordinator and case team members as required.

**11.7** Should it be necessary to either access or release information associated with an employee's rehabilitation program, the employer and their representatives must utilise appropriate release of information procedures as developed by the relevant statutory authority<sup>4</sup>.

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<sup>4</sup>Sample Authority to Release Information and Authority to Obtain Information forms are at Appendix 3.



## **12. OCCUPATIONAL REHABILITATION PROVIDERS**

**12.1** As noted in section 6.2, many cases will only require liaison between the employee, treating doctor, supervisor and workplace coordinator to return an injured employee to work. The severity, nature of injury and likely period of absence will be principal determinants in deciding whether specific rehabilitation intervention is required.

**12.2** Should an organisation wish to appoint a rehabilitation provider, a number of issues warrant consideration. These include:

- utilising a provider in all cases, or only at the discretion of the coordinator or case team;
- how to select providers;
- the number and type of providers used;
- employee's right of choice of provider, as determined by relevant legislation;
- whether selected providers can meet the employer's rehabilitation objectives, for example, return to work goals, costs and timeframes;
- the development of guidelines regarding the level of communication and documentation required of providers; and
- the development of guidelines and procedures for effective monitoring and evaluation of service provision.

**12.3** Generally, rehabilitation providers differ in the range of services offered and it is recommended that employers review a number of providers before deciding on appointment.

## **13. REHABILITATION SERVICES**

**13.1** Statutory authorities generally provide information on approved rehabilitation services and any specific referral procedures. Personnel wishing to refer injured employees for rehabilitation should consult these accordingly.

**13.2** Occupational rehabilitation concentrates on the provision of those services necessary to facilitate the maintenance at, or return to, work of injured employees. All services offered by rehabilitation providers should lead measurably to the attainment of this outcome and be made available upon demonstrated need only.

**13.3** The following are examples of the types of services that may be approved by the various statutory authorities:

### **ASSESSMENT OF REHABILITATION POTENTIAL (INITIAL REHABILITATION ASSESSMENT)**

**13.4** This activity provides for a review of the injured employee's situation to determine if there is a demonstrated need for the provision of rehabilitation services.

**13.5** Activities may include:

- review of medical, educational, employment, social, psychological, home environment and other factors;
- contact with the injured employee, employer, treating medical practitioner and other parties (as necessary); and
- development of an initial assessment report – specifying proposed rehabilitation goal.

### **WORKPLACE ASSESSMENT**

**13.6** Activities focus on systematic methods to assess the work environment and work patterns in relation to the limitations imposed by the injury.

**13.7** Activities may include:

- job analysis;
- workplace evaluation;
- identification of duties that will not exacerbate the employee's injury;
- ergonomic assessment; and
- job redesign or modification.

## **PROVISION OF WORKPLACE AIDS AND EQUIPMENT**

**13.8** This activity includes the provision of all aids and equipment designed to restore or maintain a person within the workplace. Such equipment is related to the restoration of that function which is lost as a result of injury and is not intended to replace the general duty of care required of employers.

## **VOCATIONAL COUNSELLING**

**13.9** Services in this area focus on addressing the problems encountered by injured employees when required to identify and negotiate employment different to their pre-injury occupation or position.

**13.10** Activities may include:

- vocational counselling; and
- identification of suitable courses or training options to facilitate an appropriate return to work in the shortest timeframe.

## **PLACEMENT ACTIVITIES**

**13.11** Services include all activities directed towards placing an injured employee with the original, or new, employer.

**13.12** Activities may include:

- negotiation with employers;
- identification of jobs within the workplace;
- labour market research and analysis; and
- structured employment-finding programs, for example, attendance at a Job Club.

## **SUPPORT COUNSELLING**

**13.13** This service is directed at assisting the injured employee adjust to their disability and may occur throughout the rehabilitation program. It is considered an adjunct to specific psychological interventions.

**13.14** Services may include:

- advice and support throughout the rehabilitation process for the injured employee and, where necessary, significant other persons, such as family members; and
- counselling to help injured employees adjust to ongoing limitations caused by their injury.

## **CASE MANAGEMENT**

**13.15** This service includes activities associated with the management and coordination of the injured employee's rehabilitation program.

**13.16** Activities may include:

- file reviews;
- liaison between relevant parties involved in the rehabilitation program, for example, the treating medical practitioner, employer, employee representative and insurer;
- initial, progress and case closure reports; and
- ongoing and regular case management planning.

### **WORK ADJUSTMENT TRAINING**

**13.17** This is comprised of services which utilise work, or related activities, to recreate an understanding of the meaning, demands and value of employment.

**13.18** Activities may include:

- work simulation programs; and
- work adjustment training.

### **SPECIFIC ASSESSMENT AND EVALUATION**

**13.19** Depending on need, specific assessment or evaluation of function and/or capabilities may be required to either determine program objectives or assist return to work initiatives.

**13.20** Specialised assessments may include:

- cognitive assessment;
- vocational assessment;
- functional assessment;
- assessment for aids and equipment; and
- assessment for transferable skills.

## **14. RETURN TO WORK GUIDELINES**

### **MAINTENANCE OF EMPLOYEES AT WORK**

**14.1** The maintenance of employees at work following injury must be encouraged by all parties. To maximise the potential for injured employees to remain at work, services such as workplace modification, vocational assessment and/or the provision of aids and equipment should be considered.

**14.2** When developing procedures for maintaining or returning injured employees to employment, it is recommended that organisations concerned recognise the following principles:

- (a) In the first instance, consideration be given to placement within the original organisation. Only when placement is not possible should an alternative employer be sought.
- (b) Legislative requirements and entitlements of employers and employees should be respected with neither party unduly compromised by the rehabilitation process.
- (c) Accountability with regard to both management of the injured employee and cost containment should be recognised by concerned parties. Factors influencing accountability include:
  - incentives to encourage managers and supervisors to participate in rehabilitation, and
  - specific procedures for placement of injured employees in long term employment.
- (d) Referral procedures exist for the provision of rehabilitation and associated services to injured employees.
- (e) Priority is given to return to work as an appropriate outcome for all occupational rehabilitation cases.

**14.3** The following guidelines are provided as a basis for the placement of injured employees following injury.

### **PLACEMENT WITH ORIGINAL ORGANISATION**

**14.4** Placement within the original employer should have priority over all other placement options. All options with the original employer should be considered before rehabilitation providers, or employers, seek to place injured employees in outside employment. As such, placement should be considered as follows:

- (a) same job/same employer;
- (b) similar job/same employer; or
- (c) new job/same employer.

**14.5** These are the first options to be considered. If there are no possibilities of placement with the original employer, then the following should be considered:

- (a) same job/new employer;
- (b) similar job/new employer; or
- (c) new job/new employer.

**14.6** Employment capacity and hours worked will be dependent upon injury and recovery. When considering these issues, the following hierarchy should be considered and, wherever possible, adhered to:

- (a) full or preferred pre-injury hours;
- (b) graduated return to work; or
- (c) permanent part time employment or reduced hours relative to pre-injury hours.

**14.7** As a consequence of injury, employees may not be able to resume pre-injury duties or hours upon returning to work. In such cases, in addition to applying the principles raised in section 14.2, organisations will experience the best results if they provide flexible arrangements either during the employee's recovery and/or on permanent placement. Arrangements may include:

- selected/modified or alternative duties;
- graduated return to work programs;
- training or retraining – on or off the job;
- specialised rehabilitation services, for example, workplace evaluation, functional capacity evaluation, job analysis, etc;
- modification to the workplace or work environment;
- adjustment of job duties to accommodate temporary and permanent incapacity; and
- provision of equipment or devices,

or any other means necessary to accomplish the goal of returning the injured employee to suitable employment at the earliest possible time, consistent with medical opinion.

**14.8** It is important to note that when additional training or retraining is initiated, it should be vocationally oriented and linked to a return to work outcome. Prior to initiating retraining, consideration should also be given to relevant factors including the age, level of education and current skills of the employee. Statutory authorities may produce guidelines regarding retraining, and organisations are directed to these accordingly.

## **PLACEMENT WITH EXTERNAL ORGANISATION**

**14.9** If employment with the original employer is not possible after following the above principles and guidelines, it is appropriate to consider placement with an external employer. In such cases, priority should be given to obtaining employment of equivalent status, remuneration, conditions and opportunity.

**14.10** Rehabilitation providers, or employers, considering such initiatives should be aware that relocation away from colleagues and familiar work practices may add considerably to the difficulties associated with returning to the workplace. It is incumbent upon all parties to recognise appropriate responsibility in assisting employees through this phase of rehabilitation.

**14.11** In general, placement principles remain the same. However, additional considerations include:

- Referral should be made to a rehabilitation provider who has experience in the placement of injured employees in alternative employment. It is preferable that such providers have programs in place, or access to programs, which allow for vocational assessment, counselling, development of job seeking skills and placement.
- Continuing liaison should occur between the provider, coordinator, treating medical practitioner, injured employee and other relevant parties as required.

## **SUPERNUMERARY POSITIONS**

**14.12** In some circumstances, employers may have provisions in place for the creation of supernumerary positions. In such instances, local arrangements will apply and reference should be made to specific agreements regarding the creation, funding and administration of such initiatives.

## **15. REHABILITATION REPORTS**

**15.1** Specific reports generated by rehabilitation providers will depend upon systemic and organisational requirements as to format, frequency and content. Provider reports should clearly identify the needs of the injured employee and indicate the services offered by cost, duration, goals to be achieved and outcomes of the intervention.

**15.2** As a minimum, providers would be expected to adopt the following reports to ensure that essential components and content areas are met.

### **REHABILITATION PLAN**

**15.3** The purpose of a rehabilitation plan is to provide a detailed statement which outlines the services required for maintaining or returning injured employees to employment.

**15.4** It should document important factors that reflect the injured employee's current situation, such as injury type, required treatment or therapies, employment status and other relevant information. It should also list an overall program objective and rationale, based on data provided, and any subgoals required to meet this objective. Program details, such as commencement date, duration and cost, should also be included.

**15.5** Key content areas include:

- demographic information, that is, gender, date of birth, nationality, address, marital status, etc;
- overview of the medical situation, that is, date of injury, diagnosis, fitness for work and how the injury affects return to work;
- employment details, that is, current status, history and duties available;
- employer capacity to provide suitable work;
- functional limitations in relation to usual job and proposed duties;
- overview of social situation and effect on employment – if any;
- goals or objectives of the rehabilitation program;
- outline of services designed to restore an injured employee to employment;
- cost and timeframes in which nominated services are to be achieved; and
- review mechanism and date.

A sample rehabilitation plan is detailed at Appendix 4.



## **REHABILITATION PROGRESS REPORTS**

**15.6** Rehabilitation progress reports provide a method, integral to the rehabilitation process, whereby program details, such as achievements, compliance, amendments and cost to date, can be communicated between the rehabilitation provider and customer.

**15.7** Key content areas include:

- basic demographic information to assist claims identification;
- current medical status;
- current employment status;
- program goals or objectives achieved to date;
- reasons for non-achievement of program goals or objectives;
- future program goals or objectives;
- additional services required;
- cost of program to date and additional projected costs; and
- review mechanism and date.

A sample progress report is detailed at Appendix 5.

## **REHABILITATION CASE CLOSURE REPORT**

**15.8** Case closure reports are used by rehabilitation providers to document program outcomes and associated cost. Key content areas include:

- basic demographic information;
- injury data;
- final medical status – at time of closure;
- stated rehabilitation goals or objectives and whether achieved;
- outcomes achieved;
- employment status at program completion;
- areas for future consideration;
- program commencement date;
- program completion date;

- program cost; and
- room for additional comment if required, for example, need for other services.

A sample case closure report is detailed at Appendix 6.

## **16. EVALUATION OF OCCUPATIONAL REHABILITATION PROGRAMS**

**16.1** To ensure that programs remain effective, structured evaluation of occupational rehabilitation should occur on a regular basis. This will include reviews by employers of internal programs and the performance of appointed rehabilitation providers, in addition to the monitoring of provider performance by relevant statutory authorities. The following are suggested performance indicators that stakeholders should consider when undertaking such evaluations.

### **EVALUATION OF INTERNAL REHABILITATION PROGRAMS**

**16.2** Formal evaluation of employer-based programs should include a review of internal policy and procedures as well as the services of any rehabilitation provider. Employers should consider the following when initiating internal evaluations:

- success rate of individual rehabilitation programs;
- performance of the employer-based program in reducing lost time;
- performance of the employer-based program in highlighting positive outcomes, and problems or issues of concern;
- evaluation of individual provider performance – if applicable;
- statistical information on overall program performance;
- details of new or proposed initiatives that will enhance or improve existing program performance; and
- consumer satisfaction – how the injured employee perceived the delivery of rehabilitation services.

### **EVALUATION OF OCCUPATIONAL REHABILITATION PROVIDERS**

**16.3** As with employer-based rehabilitation programs, it is important to evaluate occupational rehabilitation provider performance on a regular basis. When evaluating this performance, it is useful to consider both employer criteria and the needs of the injured employee. The following provide guidelines in these areas:

- whether specific objectives of the service have been met;
- number of return to work outcomes as a percentage of cases referred;
- whether rehabilitation plans specified by the rehabilitation provider have accurately reflected service provision and cost;
- whether communication between employer and rehabilitation provider has been effective;
- whether the rehabilitation coordinator, and case team if appropriate, have been able to understand reports and recommendations made;
- whether all services were justifiable in terms of provision and cost;

- whether injured employees were satisfied with the provider's service; and
- time period between referral to the rehabilitation provider and contact with the employee.

**16.4** The above evaluation criteria are neither exhaustive nor deal with actual methods of program evaluation. They reflect essential components that employers should consider when contemplating evaluation of occupational rehabilitation programs. For further information regarding such evaluation, organisations should contact the relevant statutory authority.

## USE OF STATISTICAL INDICATORS IN THE MANAGEMENT OF OCCUPATIONAL INJURIES

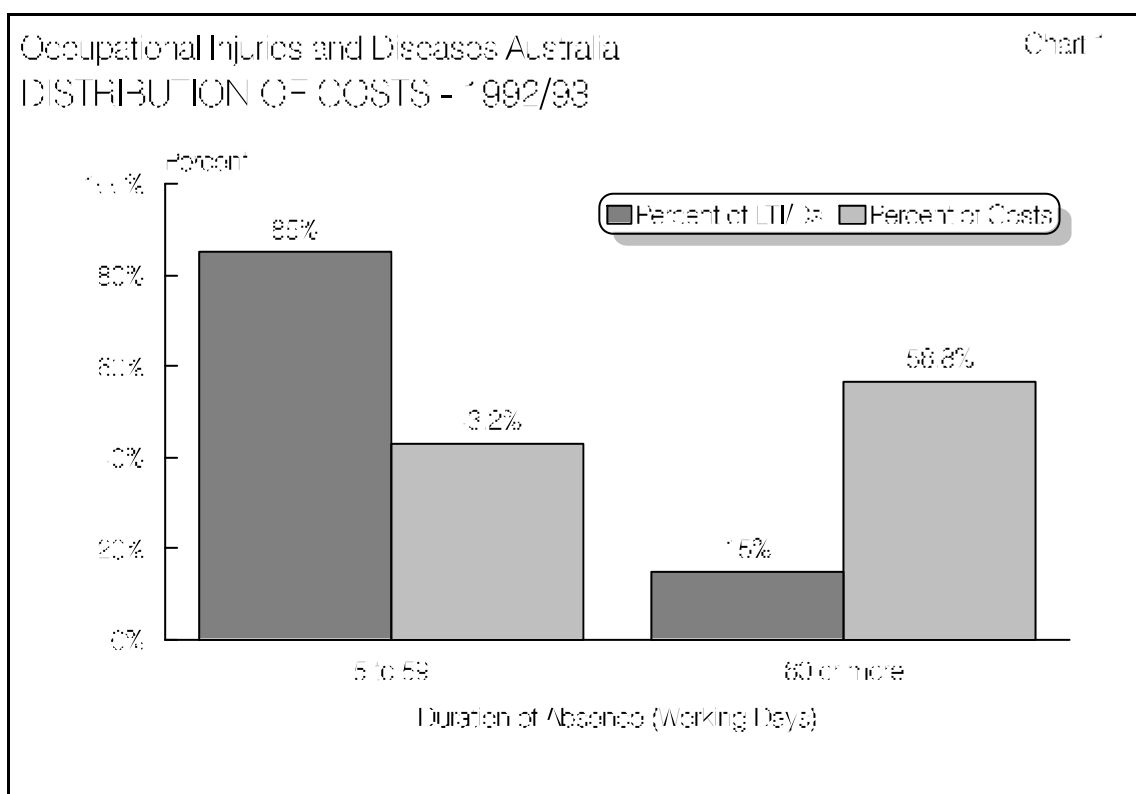
### PHILOSOPHY

**A1.1** The use of statistical indicators is an important component of an integrated approach to the rehabilitation of workers who have suffered an occupational injury or disease. The monitoring and analysis of key statistical indicators is an important tool for both the prevention of severe injuries and the rehabilitation of workers who suffer them.

**A1.2** Relevant statistics can be analysed to:

- identify priorities for the prevention of long duration claims;
- identify potential long duration claims; and
- assess performance of prevention and rehabilitation strategies.

**A1.3** Workers' compensation data show that a very small number of long duration claims contribute a very high proportion of total workers' compensation costs. Across Australia in 1992-93 the 14.8% of claims that involved time lost from work of 60 or more working days contributed 56.8% of the estimated total cost of all lost time injuries and diseases which occurred in that year (Source: Worksafe Australia's National Workers' Compensation Database (WANDA)).



## USE OF STATISTICAL INFORMATION

**A1.4** Employers should establish systems to collect and analyse occupational health and safety data on an ongoing basis. As well as providing a means of identifying prevention priorities and monitoring occupational health and safety performance, these systems should include a mechanism for the early identification of potential long duration claims.

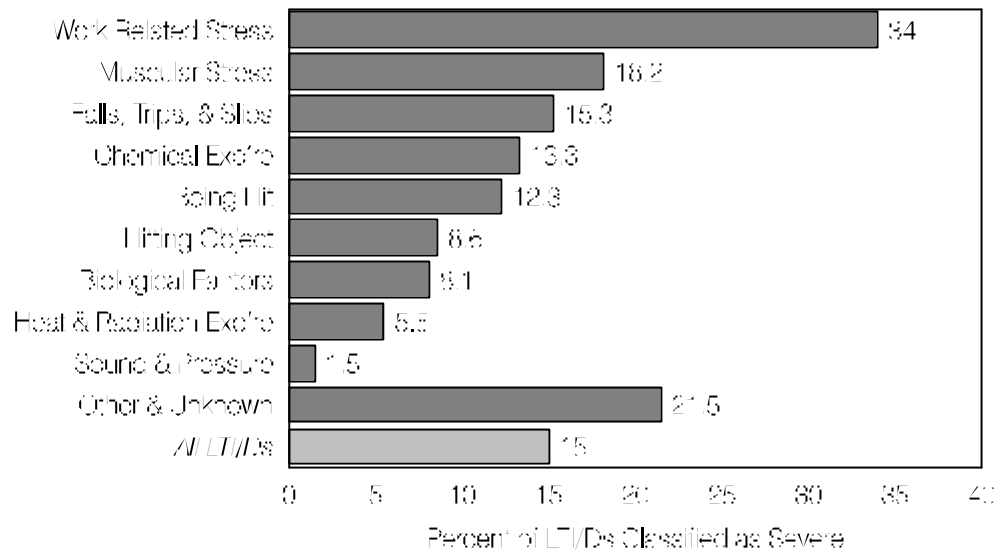
**A1.5** Where claims are recognised as involving serious injuries or as having the potential to lead to long periods of absence from work, appropriate occupational rehabilitation should be commenced.

**A1.6** A clear framework now exists for the collection of occupational health and safety statistics. Interlocking statistical standards (the *Workplace Injury and Disease Recording Standard* [Australian Standard AS 1885.1-1990] and the *National Data Set for Compensation-based Statistics*) enable enterprises to measure and monitor their occupational health and safety outcomes against national or State and Territory benchmarks.

**A1.7** The concept of severe injuries is a useful tool in the analysis of occupational health and safety data for the identification of potential long duration claims. The *National Data Set for Compensation-based Statistics* defines a serious injury as one which involves the worker suffering fatal or permanent disability or which leads to 60 or more working days being lost from work. Employers should compare the level and characteristics of severe injuries in their workplaces with national and State and Territory benchmarks. Comparisons of this kind can determine priorities for prevention and the more effective application of occupational rehabilitation.

**A1.8** An example of an appropriate benchmark is provided at Chart 2 which shows the severity of injuries according to mechanism of injury in Australia in 1992-93 and indicates that a comparatively high proportion of claims involving work-related stress, muscular stress, and falls, slips and trips led to severe injuries. Employers should be aware of the potential for long periods of absence when these injuries occur, and take steps to ensure that effective rehabilitation is available to assist in minimising the impact of the injury. More information on the broad characteristics of long duration claims is provided at sections A1.18 to A1.33.

## MECHANISM OF INJURY - SEVERITY RATES



\* Percent of Injuries resulting in absence greater than 60 working days

## STRATEGIES FOR THE IDENTIFICATION OF POTENTIAL LONG DURATION CLAIMS

**A1.9** There are two main elements to the use of occupational health and safety data for the identification of potential long duration claims:

- awareness of the broad characteristics of long duration claims; and
- analysis of actual long duration claims within the workplace.

### National and State and Territory Statistics

**A1.10** Employers should maintain awareness of the broad characteristics of long duration claims through monitoring of national and State and Territory statistics. All State and Territory workers' compensation authorities and Worksafe Australia produce regular publications providing information on the characteristics and incidence of occupational injury and disease. These reports enable identification of the broad attributes of long duration claims using indicators such as:

- industry;
- occupation;
- age group;
- nature of injury; and
- bodily location of injury.

**A1.11** Broad information of this kind is provided at sections A1.20 to A1.26. Awareness of this kind of information will assist in the development of systems to identify potential long duration claims at the workplace level.

### **Analysis of Long Duration Claims**

**A1.12** Employers should ensure that actual long duration claims are analysed to identify the specific characteristics of long duration claims at the enterprise and workplace levels. Employers should request regular reports from their workers' compensation insurer on the characteristics of long duration claims and the status of individual long term claims. This information should be used to develop workplace-specific criteria for the early commencement of occupational rehabilitation.

**A1.13** There are many computer-based packages available that can assist in the analysis of injury data at the workplace level.

### **REVIEW OF INDIVIDUAL CLAIMS**

**A1.14** Employers should establish systems for the review of individual claims by workplace consultative committees to assist in the early identification of potential long duration claims. Mechanisms should be established to enable these committees to recommend rehabilitation at an early stage.

**A1.15** Consultative committees generally have detailed and specific information not accessible through statistical analysis. This may include knowledge of:

- the precise nature of the injury suffered;
- the personal characteristics of the injured worker;
- medical advice received; and
- the job requirements of the injured worker.

**A1.16** Employers should consider the development of agreed criteria for early referral of an injured worker to a rehabilitation provider. It may be appropriate to develop checklists to be completed for each claim based upon the agreed criteria. Strategies based on the review of individual claims must be based on agreed principles and procedures developed at the workplace which do not contravene confidentiality requirements.

**A1.17** Sample checklists for claims exceeding 28 days and return to work are contained at Appendixes 7 and 8.

### **CHARACTERISTICS OF LONG DURATION CLAIMS**

**A1.18** The information below is designed to provide a brief overview of the characteristics of long duration claims and an example of the kind of analysis that can be undertaken at the workplace level. The information is necessarily broad. Detailed information is available from Worksafe Australia and State and Territory occupational health and safety and workers' compensation authorities which produce a range of publications on the incidence and characteristics of workers' compensation claims.

**A1.19** The following sections examine injury and occurrence factors associated with severe injuries. The statistics are based on national data drawn from Worksafe Australia's National Workers' Compensation



Database and relates to 1992-93. (*Note:* In this section, references to 'injuries' refers to both work-related injuries and disease.)

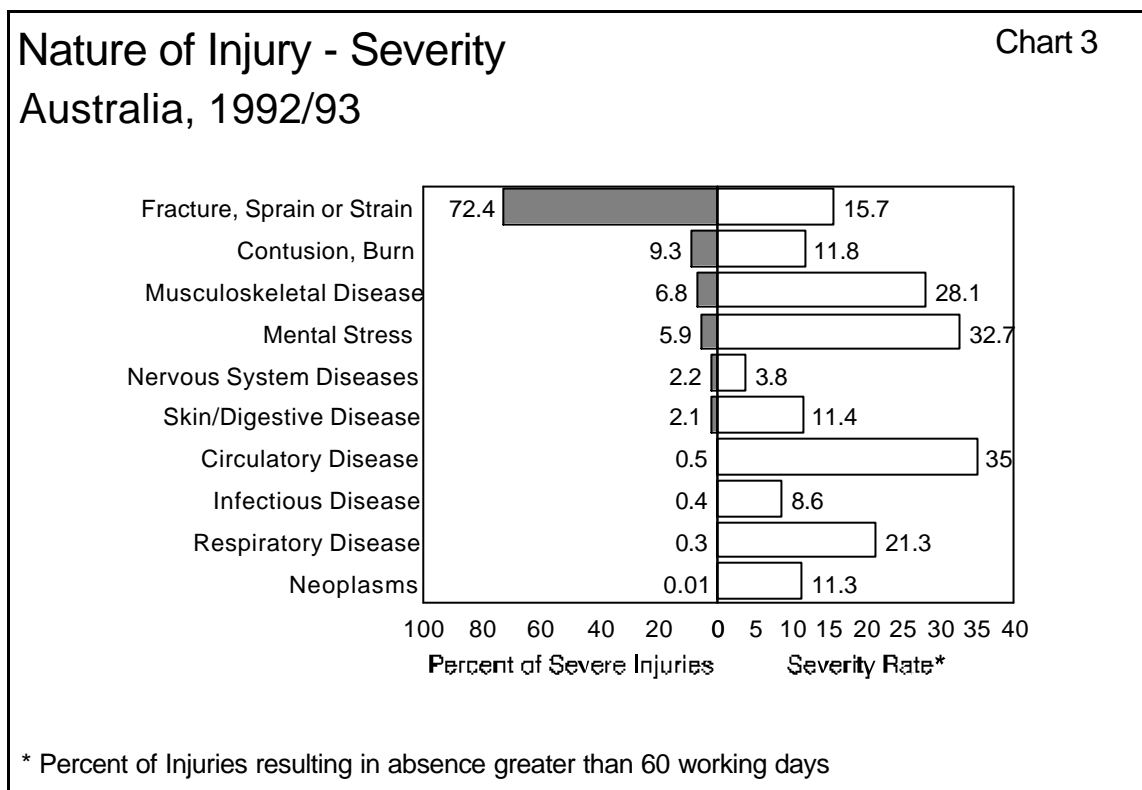
### Injury Factors

**A1.20** Workers' compensation data contain two variables that describe the characteristics of an injury - *nature of injury* and *bodily location of injury*.

### Nature of Injury

**A1.21** The nature of the injury describes the most severe injury suffered by the injured worker.

**A1.22** Chart 3 summarises data on the severity of injuries according to the nature of injury.



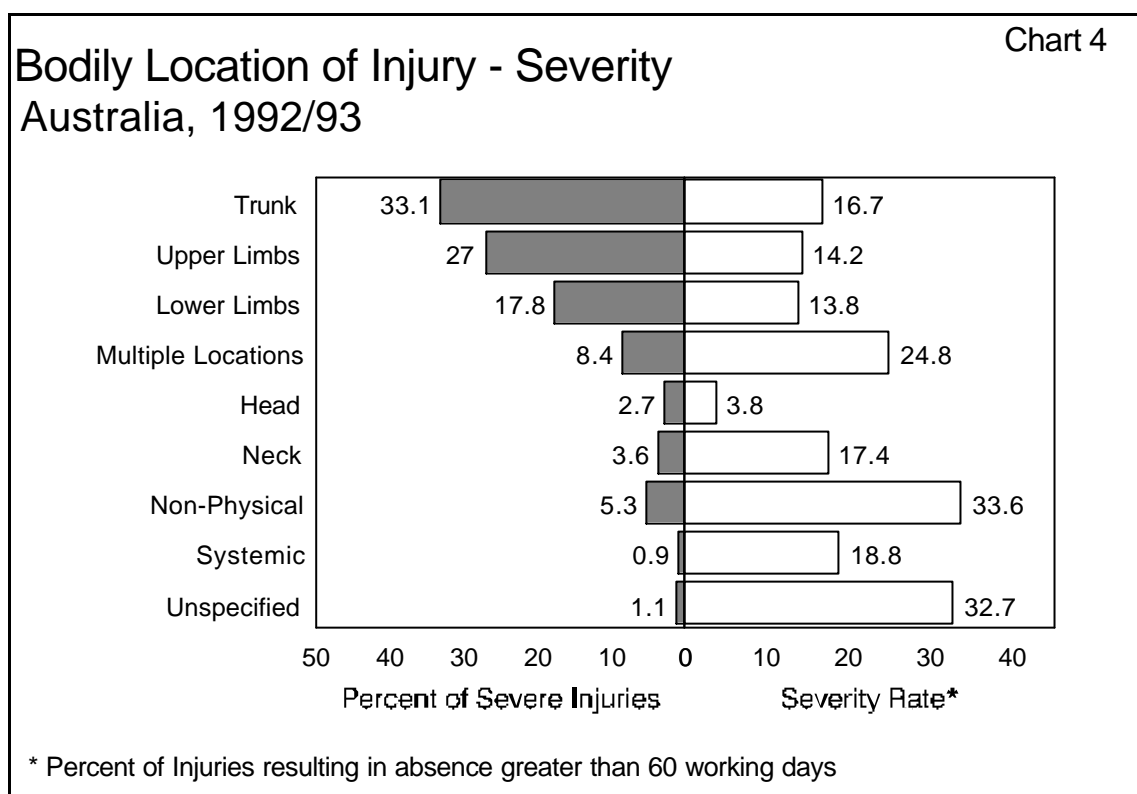
**A1.23** Chart 3 indicates:

- 72.4% of long duration claims involve a sprain or fracture and 15.7% of all sprain and fracture injuries are severe;
- cases of workers suffering mental stress have a high level of severity; and
- occupational diseases, while small in number, on average tend to be far more severe than occupational injuries.

### ***Bodily Location of Injury***

**A1.24** The bodily location of injury describes the location of the most severe original injury suffered by the injured worker.

**A1.25** Chart 4 summarises data on the severity of injuries according to the bodily location.



**A1.26** Chart 4 indicates:

- 33.1% of long duration claims involve an injury to the trunk and 16.7% of trunk injuries are severe; and
- an upper limb is the bodily location affected in 27% of long duration claims – injuries involving the upper limbs have a severity rate of 14.2%.

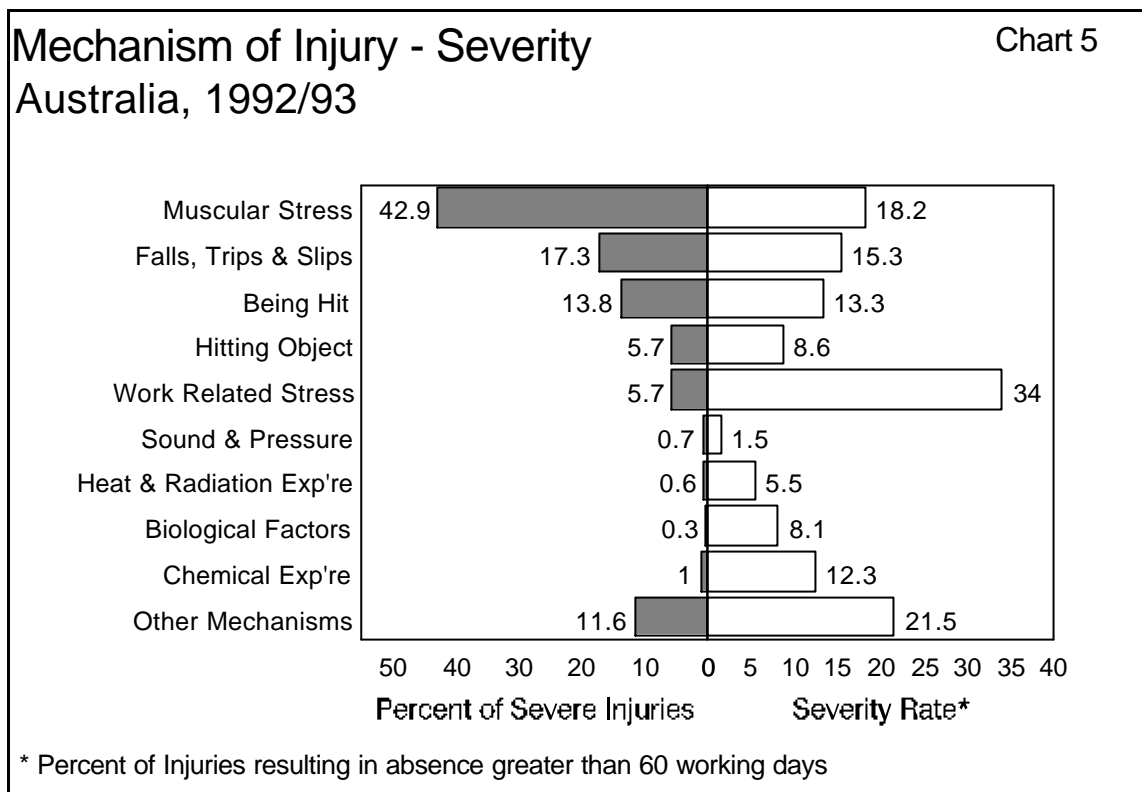
### **Occurrence Factors**

**A1.27** Workers' compensation data contain two variables that describe the circumstances which led to the occurrence of a long duration claim – *mechanism of injury* and *agency of occurrence*.

### ***Mechanism of Injury***

**A1.28** The mechanism of injury describes either the manner of contact of the injured worker with an object or substance, or the exposure or movement of the injured worker which resulted in the injury.

**A1.29** Chart 5 summarises data on the severity of injuries according to the mechanism of injury.



**A1.30** Chart 5 indicates:

- muscular stress is the mechanism of injury which accounts for most long duration claims (42.9%), and injuries resulting from muscular stress have a severity rate which is above average (18.2%); and
- long duration claims associated with the fall of a worker have a high severity rate (15.3%) and constitute a substantial proportion (17.3%) of the total number of severe injuries.

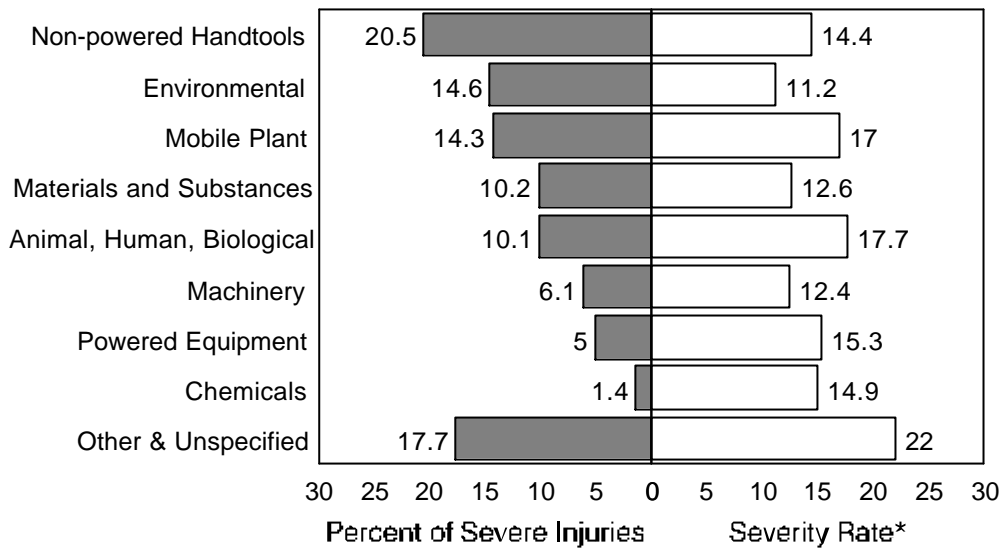
***Agency of Occurrence***

**A1.31** The agency of occurrence is the object, substance or circumstance most closely associated with the injury and which, in general, could have been guarded against or corrected.

**A1.32** Chart 6 summarises data on the severity of injuries for broad descriptions of agencies of occurrence.

## Agency of Occurrence - Severity Australia, 1992/93

Chart 6



\* Percent of Injuries resulting in absence greater than 60 working days

**A1.33** Only three of the broad agencies of occurrence had a severity rate greater than the overall average. These agencies – mobile plant, powered equipment, and animal, human and biological agencies – were involved in more than a quarter of all long duration claims.

### SUMMARY

**A1.34** On the basis of the national workers' compensation data, the broad attributes of severe injuries can be summarised as:

- injury factors such as:
  - sprains and strains of the back and upper limbs,
  - fractures, and
  - amputations; and
- occurrence factors such as:
  - muscular stress,
  - falls,
  - contact with electricity,
  - machinery,

- mobile plant,
- working environment, and
- motor vehicles.

**A1.35** These factors should be considered only as a broad guide to the characteristics of severe injuries. Enterprises should undertake similar analyses at the workplace level to identify the injury, occurrence and personal factors which lead to severe injuries in individual workplaces in order to determine priorities for prevention and the early provision of rehabilitation services.

## REHABILITATION POLICY AND GUIDELINES

### POLICY

It is the policy of (insert organisation's name) to encourage all employees who suffer a work-related injury, illness or disability to return to work through the process of occupational rehabilitation.

The aim of this policy is to assist employees to return to their pre-accident job as early as possible or alternatively access the services of approved rehabilitation providers<sup>1</sup> to consider options for a return to other gainful employment either with (insert organisation's name) or another employer.

### OBJECTIVES

- To establish a systematic approach to occupational rehabilitation services for all employees.
- To develop and encourage the expectation that it is normal practice following work-related injury, illness or disability for people to return to meaningful, productive employment at the earliest possible time.
- To establish that rehabilitation is the usual course of action and, when appropriate, the managed, safe and early return to meaningful, productive employment should begin at the earliest possible time.
- To appoint a rehabilitation coordinator from within the organisation to oversee the workplace-based rehabilitation program.

*Source: WorkCover Western Australia*

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<sup>1</sup> Referred to hereafter as approved providers.

## **OCCUPATIONAL REHABILITATION OVERVIEW<sup>2</sup>**

The occupational rehabilitation process can involve any or all of the following components, depending on individual circumstances.

### **MEDICAL**

Prompt medical diagnosis and treatment to maximise the rate and extent of recovery.

### **VOCATIONAL**

Provision for rehabilitation services to enable employees to return to work as soon as possible. This may include vocational assessment, guidance, training/retraining, counselling and placement assistance.

### **SOCIAL**

To assist rehabilitees in restoring self-image, reducing stress associated with the disability and readjustment to the work environment, community and society in general.

### **WORK ENVIRONMENT**

To ensure, as far as practicable, that the work environment for the rehabilitee is as ergonomically sound as possible through job analysis, workplace evaluation, modification and provision of special equipment, and that support for the rehabilitation process is encouraged among all employees.

*Source: WorkCover Western Australia*

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<sup>2</sup>This section is included for information. Inclusion in a policy document is optional.

## GUIDELINES

### PARTICIPATION

Generally, participation in the rehabilitation program is voluntary for the injured worker. Successful rehabilitation requires commitment and relies on the development of cooperation and trust between all parties. The management will participate in and support the rehabilitation process.

In certain situations, the Directorate of Conciliation and Review can require an injured worker to undergo rehabilitation. In these cases, an approved provider may be chosen by the individual with the approval of the Directorate of Conciliation and Review.

### IMPLEMENTATION OF THE REHABILITATION PROCESS

Rehabilitation should be implemented as soon as possible where there is no evidence of immediate return to work or where difficulties exist for employees to maintain themselves at work.

### STRUCTURED REHABILITATION PROGRAMS

A rehabilitation program needs to be established to meet each injured worker's needs.<sup>3</sup> Programs may also incorporate a graduated return to normal, selected or alternative duties.

#### Rehabilitation Procedures

Rehabilitation programs will be developed, in consultation with the treating doctor and injured employee, to match his/her current capabilities and limitations.

A timeframe for monitoring progress will be established and include medical reviews.

Referral to a medical specialist or an approved provider may be recommended in consultation with the treating doctor.

Liaison will take place with the treating health professionals, injured worker, approved provider, insurer, supervisory staff and other interested parties as required.

Appropriate training and supervision will be provided for any duties that are unfamiliar to the employee.

Employees and their supervisors will be provided with a clear overview of the program details and feedback will be given.

The progress of individuals on rehabilitation programs will be reviewed regularly, documented and interested parties will be kept informed.

*Source: WorkCover Western Australia*

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<sup>3</sup>Individual needs for rehabilitation programs can vary greatly. Some people can return following injury in a relatively short period of time, while others take longer. Programs need to accommodate these differences.



## **Alternative, Selected or Modified Duties**

Injured persons may be able to stay at work or return to work earlier if suitable alternative, selected or modified duties are available. Every effort will be made to provide such duties. Where necessary, modification of the workplace, tasks and/or hours may be required. Consideration will also be given to the provision of special equipment.

The provision of alternative duties will not be possible on an unlimited and permanent basis unless a suitable job is readily available within the organisation and the person meets the minimum employment standards of that job.

If, following assessment and/or exhaustive efforts to rehabilitate employees either within the organisation and/or with an approved provider, a successful outcome is not achieved, a decision on the continuation of rehabilitation services and finalisation of the claim may be considered.

## **EVALUATION**

This rehabilitation policy and guidelines, individual rehabilitation programs and/or the services of approved providers will be evaluated regularly for effectiveness.

## **CONTACT**

(Insert organisation's name) will establish early and continuing personal contact with injured, ill or disabled employees. The purpose of this contact is to monitor progress and provide support to the individual.

## **CONFIDENTIALITY**

All records relating to the rehabilitation of injured employees will be kept strictly confidential. Written permission will be obtained from the injured worker in order to release information to any other party.

***This rehabilitation policy is a written commitment by (insert organisation's name) to the welfare of its employees.***

*Source: WorkCover Western Australia*

## **OCCUPATIONAL REHABILITATION PROGRAM RETURN TO WORK POLICY**

(Insert organisation's name) recognises and accepts its obligation to assist workers to stay at work if injured or ill because of their work.

Specifically, the return to work policy is that:

- All the actions to assist workers to stay at or return to work are commenced as soon as possible in a manner consistent with medical advice.
- Any worker injured or made ill because of their work is returned to work in the shortest possible time provided that it is safe and practicable to do so.
- The worker will be returned to suitable alternative work which does not jeopardise their well-being.

All our workers are expected to assist and cooperate in ensuring that this policy is followed.

Our commitment to this policy means:

- (a) Return to work will commence as soon as possible after illness or injury and a return to work plan will be established for any worker who is unable to work for 20 or more days. This plan will be established as soon as it is indicated that an absence of 20 or more days is likely.
- (b) There must be early reporting and early intervention at the workplace to enable a worker to stay at work, if appropriate.
- (c) That remaining at or returning to work as soon as is safely possible after injury is a normal workplace practice and expectation.
- (d) Suitable duties, which do not jeopardise the well-being of the worker, will be provided, where possible, as part of the return to work program.
- (e) There will be full involvement of workers in their own return to work.
- (f) The confidentiality of workers' information during return to work and any occupational rehabilitation will be maintained.
- (g) Participation in a return to work program will not, of itself, prejudice any worker.
- (h) Return to work activities will be reviewed weekly in consultation with the worker to ensure that progress is continuing towards a complete recovery.

*Source: WorkCover Authority Victoria*

# WORKCOVER SMALL BUSINESS STANDARD REHABILITATION PROGRAM (FOR EMPLOYERS OF NO MORE THAN 20 WORKERS)

Your employer organisation, your union, worker's compensation insurer, medical adviser and the WorkCover Authority are available to provide advice on the management of claims and on arranging satisfactory rehabilitation for any injured workers.

## WHAT IS OCCUPATIONAL REHABILITATION

WorkCover occupational rehabilitation aims to provide an early and safe return to work for workers suffering from work-related injury or illness by using the workplace as a vital part of the rehabilitation process.

## COMMITMENTS TO THE REHABILITATION OF INJURED WORKERS

### OCCUPATIONAL HEALTH AND SAFETY COMMITMENTS

To prevent injury and illness by providing a safe and healthy working environment.

### OCCUPATIONAL REHABILITATION COMMITMENTS

To manage the process of rehabilitation in the workplace to ensure that all injured workers have the opportunity to recover and return to work by:

- Ensuring that a return to work as soon as possible is a normal expectation.
- Ensuring early access to rehabilitation services, for example, accredited rehabilitation providers for all who need them.
- Consulting with workers and, where applicable, any industrial union representing them to ensure that the rehabilitation program operates smoothly and effectively.

- Informing workers of their rights in relation to a workers' compensation claim including the choice of doctor and accredited rehabilitation providers.
- Providing access to interpreter services.
- Ensuring no dismissal within six months of injury, solely or principally because of that injury, unless permanently unfit to return to that job.
- Advising employees that participation in rehabilitation is voluntary but non-participation may result in reduced weekly benefits.

### CONFIDENTIALITY

The confidentiality of rehabilitation records shall be maintained.

### PROCEDURES FOR THE REHABILITATION OF INJURED WORKERS

#### 1. IF ANY INJURY OR WORK-RELATED ILLNESS OCCURS

Work-related injury or illness shall be reported, an accident form completed and treatment arranged.

#### 2. RECOVERY AND RETURN TO WORK

Employers shall arrange for a suitable person in the organisation or, where this is not practicable, their workers' compensation insurer and/or WorkCover advisory officer who will provide advice to:

- Assist in filling out workers' compensation forms.
- Explain rights, obligations, benefits and rehabilitation procedures to the injured worker.
- Ensure that the worker is offered the help of an accredited rehabilitation provider who shall be given reasonable access to the workplace.

- Where appropriate, arrange return to work on the advice of the treating doctor or the accredited rehabilitation provider in consultation with the treating doctor.

The injured worker, in consultation with the employer, may select the provider to be used. (Lists of New South Wales Government accredited rehabilitation providers are available from WorkCover or from workers' compensation insurers).

### 3. PROVIDING SUITABLE DUTIES/EMPLOYMENT

When the injured/ill worker is, according to medical judgement, well enough to return to work on suitable duties, the employer shall, as far as practicable, provide suitable duties/employment. Suitable duties/employment shall be approved by the treating doctor or by the accredited rehabilitation provider in consultation with the treating doctor.

### 4. CONSULTATION

The employer is required to consult with the injured worker and other workers on the rehabilitation process.

### 5. RESOLVING DISPUTES

Rehabilitation disputes which cannot be resolved by mediation in the workplace may be referred to a rehabilitation mediation office at WorkCover.

Phone: (02) 370 5098.

*NOTE: Employers are required to establish workplace rehabilitation programs containing policies and procedures to assist injured workers to return to work. Small employers (for example, those with no more than 20 workers) may do this by EITHER adopting the standard program above OR preparing their own program which contains at least the commitments and procedures set out in the standard program.*

## ADVICE FOR WORKERS

Every worker shall:

- take reasonable care in the performance of work so as to prevent injuries to self and others;
- cooperate with the employer to enable rehabilitation obligations imposed by the *Workers Compensation Act 1987* to be met;
- cooperate in reasonable workplace changes designed to assist in the rehabilitation of fellow workers; and
- notify the employer of an injury as soon as possible.

Each worker who sustains an injury shall have the choice of treating doctor and of accredited rehabilitation provider, and access to an interpreter where necessary.

Participation by an injured worker in rehabilitation is voluntary, but non-participation may result in reduced weekly benefits.

### FOOTNOTE

#### Exemptions

The following classes of employers, to the extent indicated, are exempt from the requirement to establish a general rehabilitation program under section 152 of the Act.

- employers (including bodies corporate constituted under the *Strata Titles Act 1973*) who employ domestic or similar workers otherwise than for the purposes of the employer's trade or business (but only to the extent of the workers concerned);
- employers who hold owner-builders' permits under the *Building Services Corporation Act 1989* (but only to the extent of workers employed for the purposes of the work to which the permits relate);
- employers (being corporations) who only employ workers who are directors of the corporation;
- employers who only employ workers who are members of the employer's family; and
- employers exempted in writing by the WorkCover Authority.

Source: WorkCover Authority New South Wales

**AUTHORITY TO RELEASE AND OBTAIN INFORMATION**

**AUTHORITY TO RELEASE INFORMATION**

I \_\_\_\_\_

\_\_\_\_\_

of \_\_\_\_\_

hereby authorise \_\_\_\_\_

\_\_\_\_\_ to release relevant workers' compensation and rehabilitation information concerning myself from their file

This information is to be supplied to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (name of doctor, organisation, etc, and address)

Client Signature: \_\_\_\_\_

Witness/Designation: \_\_\_\_\_

Date: \_\_\_\_\_

*Source: WorkCover Western Australia*

## AUTHORITY TO OBTAIN INFORMATION

I \_\_\_\_\_

-

of. \_\_\_\_\_

-

hereby authorise \_\_\_\_\_

to obtain relevant information that may be necessary for their consideration of future rehabilitation programs on my behalf

I understand that all the information will be used in the strictest confidence by \_\_\_\_\_

-

(name of doctor, organisation, etc, and address)

Client Signature: \_\_\_\_\_

Witness/Designation: \_\_\_\_\_

Date: \_\_\_\_\_

*Source: WorkCover Western Australia*

**REHABILITATION PLAN**

Worker's Surname \_\_\_\_\_  
 Given Name(s) \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Coordinator \_\_\_\_\_ Claim No \_\_\_\_\_  
 Insurer Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Date of Injury \_\_\_\_\_ Date Referred \_\_\_\_\_  
 Interpreter Required Yes  No  Occupation \_\_\_\_\_  
 At Work  Off Work  Ceased ( / / ) Terminated YES  NO

**CURRENT STATUS**

Diagnosis \_\_\_\_\_  
 How does the injury or other facts affect the worker's return to work?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Treating Doctor \_\_\_\_\_ Tel \_\_\_\_\_

**REHABILITATION PLAN**

RTW goal or options agreed to by worker, employer and treating doctor  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Anticipated RTW Date? \_\_\_\_\_  
 Occupational rehabilitation services required for injured worker to RTW?  
 YES  NO

**REHABILITATION PLAN**

a) Developmental Plan	Services	Duration	Hours	Cost
b) Objectives		Start/Finish		
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

If retraining proposal, copy of section 153 application to be attached

Additional Pertinent Information \_\_\_\_\_  
 Provider's Signature:<sup>1</sup> \_\_\_\_\_  
 Name \_\_\_\_\_ Title \_\_\_\_\_  
 Qualifications \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Review Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Plan Approval: Total Duration \_\_\_\_\_ Est. Total Cost \$ \_\_\_\_\_  
 Approved by Name \_\_\_\_\_ (Insurer/Employer)  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Source: Workcover Authority New South Wales

<sup>1</sup>Organisations may choose to include the employee's signature on the rehabilitation plan.

REHABILITATION PROGRESS REPORT

To Claims Officer  
Insurer

Worker's name \_\_\_\_\_  
Employer \_\_\_\_\_  
Claim No. \_\_\_\_\_

Relates to plan approved on \_\_\_\_\_  
Period from \_\_\_\_\_ To \_\_\_\_\_  
Invoice No. \_\_\_\_\_  
Summary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Original plan timeframe valid YES  NO

At work YES  NO

Occupational rehabilitation services still required YES  NO

Revised plan required YES  NO

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Qualifications \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Source: Workcover Authority New South Wales



REHABILITATION CASE CLOSURE OR END OF PROGRAM REPORT

- 1. Worker's Name \_\_\_\_\_
- 2. Employer's Name \_\_\_\_\_
- 3. Insurer's Name \_\_\_\_\_
- 4. Provider's Name \_\_\_\_\_
- 5. Date of Injury \_\_\_\_\_
- 6. Date of Referral to Your Service \_\_\_\_\_
- 7. Diagnosis \_\_\_\_\_
- 8. Source of Referral (tick one only)

8.1 Doctor     8.2 Insurer     8.3 Rehabilitation Provider     8.4 Employer

8.5 Other (please specify) \_\_\_\_\_

9. **OUTCOME** (Please answer all questions)
- 9.1 Date of program commencement \_\_\_\_\_
- 9.2 Date of program completion \_\_\_\_\_ Primary program Final program
- 9.3 The worker has (please tick)
- \* returned to part time work
  - \* returned to full time work       this is temporary       this is permanent
  - \* is unemployed
  - \* other outcome

(for example, death, moved interstate, discontinued program, retired on medical grounds)

10. The worker requires follow up      YES       NO
- By whom \_\_\_\_\_ Proposed date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
11. Is the worker currently being seen by another provider?    YES     NO
12. Did return to work involve worksite assessment?      YES       NO

**13. RECOMMENDATIONS - FACTORS AFFECTING OUTCOME AND AREAS FOR FUTURE CONSIDERATION**

\_\_\_\_\_

14. Total cost of your service      \$ \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

INSURER ONLY

Rehabilitation Program Complete YES  NO

Claim No: \_\_\_\_\_

Source: Work Health Authority Northern Territory

**CHECKLIST FOR EMPLOYEES ABSENT MORE THAN 28 DAYS**

<b>Action</b>	<b>Person(s) Responsible</b>
<input type="checkbox"/> Personal contact maintained	Supervisor, Employee
<input type="checkbox"/> Employee gives written consent to contact medical practitioner	RC, Employee
<input type="checkbox"/> Union involvement if requested	Employee
<input type="checkbox"/> All forms completed	Supervisor, Employee
<input type="checkbox"/> Wages being paid	Supervisor, Worker's Compensation Clerk/Paymaster
<input type="checkbox"/> OHS aware of nature and cause of disability	RC, Supervisor, Compensation Officer, OHS Officer, Elected Representative
<input type="checkbox"/> Negotiate with employee, medical practitioner and insurer	
(a) To determine if approved provider required	RC and Employee
(b) Consider referral to provider	RC and Employee
<input type="checkbox"/> Make referral to provider if required	RC, Medical Practitioner
<input type="checkbox"/> Rehabilitation plan formed	RC, Medical Practitioner, Approved Provider, Employee
<input type="checkbox"/> Treatment and rehabilitation	Employee, Treating Medical Practitioner, Other Relevant Treating Professionals
<input type="checkbox"/> Physical constraints identified	RC and/or Approved Provider, Medical Practitioner
<input type="checkbox"/> Return to work plan developed and documented	RC, Approved Provider, Employee, Supervisor, Medical Practitioner, Union
<input type="checkbox"/> Monitor and support return to work	Employee, Supervisor, RC, Medical Practitioner, Approved Provider, Union

**CHECKLIST FOR RETURN TO WORK**

<b>Action</b>	<b>Person(s) Responsible</b>
<input type="checkbox"/> Employee medically cleared to return to work in the identified duties or position	Employee, RC, Approved Provider, Medical Practitioner, Manager/Supervisor
<input type="checkbox"/> Employee assessment report outlining any physical or psychological constraints	Employee, RC, Treating Medical Practitioner, Other Relevant Assessing Specialist, Approved Provider
<input type="checkbox"/> List of special equipment needed to facilitate return to work? where appropriate	RC, Approved Provider
<input type="checkbox"/> Vocational evaluation? where appropriate	Approved Provider, RC, Employee
<input type="checkbox"/> Return to work plan negotiated	Employee, Approved Provider, Manager, Union (if requested), RC, Personnel, Medical Practitioner
(a) Suitable meaningful duties identified/negotiated	
(b) Outline tasks of negotiated job	
(c) Outline constraints	
(d) Nature and frequency of contacts for support, training and monitoring	
(e) Timeframe and costs	
(f) End goal and subgoals	
(g) Review and reporting dates	
<input type="checkbox"/> Implement, monitor, review, revise return to work plan	Employee, Manager, Approved Provider, Medical Practitioner

## GLOSSARY OF TERMS

<b>Alternative Duties</b>	A different range of duties, which may be with the same or a different employer, temporary in nature and take into account physical constraints.
<b>Appropriate Duties</b>	Duties that take into account an employee's skills, experience, physical constraints, ability to adapt (usually established through a process of consultation).
<b>Employer-based Rehabilitation Program</b>	An employer-based service which, by utilisation of established policies and procedures, enables coordination of rehabilitation services to injured employees in a consistent and structured manner.
<b>Established Position</b>	A permanent position within the organisation.
<b>Gainful Employment</b>	Paid, meaningful, productive employment.
<b>Job Club</b>	An intensive placement program which assists injured employees in the development of skills necessary to locate and obtain new employment.
<b>Make-up Pay</b>	Proportion of salary/wage of an employee required to make up the difference between post-accident and pre-accident salary/wage.
<b>Modified Duties</b>	Original duties conducted in a different way or manner and involving a change of work routine, introduction of special equipment, etc.
<b>Occupational Physician</b>	Registered medical practitioner who is a Fellow of the Australian Faculty of Occupational Medicine and of the Royal College of Physicians
<b>Occupational Rehabilitation</b>	A managed process involving early intervention with appropriate, adequate and timely services based on assessing needs, and which is aimed at maintaining injured or ill employees in, or returning them to, suitable employment.
<b>Occupational Rehabilitation Provider (Rehabilitation Provider)</b>	A person or company accredited by the statutory authority to provide occupational rehabilitation services to injured employees.
<b>Physical Constraints</b>	A description of those tasks an employee must not do, as outlined by a medical practitioner.

<b>Placement</b>	Those components of the program that lead to gainful employment, that is, employment finding programs, job search skills, graded return to work programs, etc.
<b>Rehabilitation Coordinator</b>	Individual based in an organisation responsible for ensuring the coordination of rehabilitation of employees who have a compensable injury, illness or disease.
<b>Rehabilitation Plan</b>	An outline of responsibilities, services, timeframes, costs and goals developed by the rehabilitation provider or coordinator.
<b>Rehabilitation Professional</b>	A person who has gained qualifications in rehabilitation or related fields and can demonstrate appropriate experience to provide and/or coordinate occupational rehabilitation services.
<b>Rehabilitation Program</b>	See Employer-based Rehabilitation Program
<b>Relocation</b>	Term to describe placement of an employee in another organisation when work cannot be provided by the original employer.
<b>Selected Duties</b>	An employee's usual duties modified to eliminate those tasks which may aggravated the injury, illness or disability. Duties selected from the employee's usual range of duties which are compatible with his/her current physical constraints.
<b>Suitable/Meaningful Duties</b>	Negotiated tasks which are appropriate to the employee's skills, experience and ability.
<b>Supernumerary Position Funded by the Insurer</b>	A short term additional position, funded by the insurer, to enable an employee to return to work at an earlier stage than would normally be the case.
<b>Transitional Duties</b>	Those duties performed for a brief period of time during the return to work process.
<b>Work Adjustment Training</b>	A program designed to develop appropriate attitudes and work behaviour in order to enhance the injured employee's employability.
<b>Workers' Compensation Clerk/Officer</b>	Individual responsible for processing/managing claims during the return to work process.

## REFERENCES

White, C. B., *State of the Work Environment: Occupational Injuries, Western Australia 1991/92*, Department of Occupational Health, Safety and Welfare, Perth, 1993.

National Occupational Health and Safety Commission, *Occupational Health and Safety Performance, Australia: Best Estimates*, Australian Government Publishing Service, Canberra, 1993.

## **FURTHER READING**

National Occupational Health and Safety Commission, 'A Guide to Occupational Injuries and Disease for the Management of Potential Long Term Claims', a literature review undertaken as part of the work funded through the Development Grant provided from the National Commission to WorkCover Western Australia.