**Rehabilitation and Return to Work**

# Purpose

The purpose of this procedure is to outline and define the agreed process for managing Rehabilitation and Return to Work (RRTW) for all **[CLUB NAME**] personnel injured in work related incidents and can be used for non-work-related injuries and illness.

**[CLUB NAME]** recognizes the importance in effectively managing workplace injuries and illnesses and aims to return employees back to the workforce in suitable duties as soon as is reasonably practicable.

# Legislation

This procedure has been written to reflect current legislation:

* *Queensland Work Health & Safety Act 2011.*
* *Queensland Work Health & Safety Regulation 2011.*
* *Workers Compensation and Rehabilitation Act 2003.*
* *Workers Compensation and Rehabilitation Regulation 2003.*

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

While it is not a requirement under the Act for Clubs to appoint and notify WorkCover Queensland of their RRTWC, it is recommended that clubs appoint RRTWC as a best practice to ensure the worker’s health and well-being is being managed well and can return to work as soon as possible and as a method for keeping the cost of the claim and premiums to a minimum.

# Scope

This procedure applies to all personnel recognized as workers under the *Workers Compensation and Rehabilitation Act 2003* (the Act).

# Responsibilities

Club management is responsible for ensuring:

* Adequate resources are in place to meet the requirements of this procedure and overarching legislative requirements.
* Effective application and compliance with this procedure are maintained across all [CLUB NAME] work locations.
* Routinely reviewing the effective outcomes of injury management systems.
* Exercising due diligence in relation to the identification and treatment of injuries connected with the employment of **[CLUB NAME]** workers.

Managers and Supervisors are responsible to:

* Assist the worker in the development of a suitable duties program to assist in effectively return the injured worker to meaningful employment.
* Adjust rosters and workflows where possible to ensure that injured workers can participate in the RRTW process.
* Always remain in contact with injured/ill employees throughout the claim.
* Monitor the progress and effectiveness of the RRTW plan.
* Actively participate in the RRTW program.
* Offer encouragement and support to injured/ill workers; and
* Explain the purpose and scope of suitable duties to co-workers to create a supportive work network to assist employees upon their return to work.

Workers are responsible for:

* Seeking first aid treatment as soon as a work-related injury/illness occurs.
* Notify your supervisor immediately upon the occurrence of a work-related injury/illness.
* Advise your treating doctor that suitable duties are available in your place of work.
* Give a copy of your workers compensation medical certificate to the [CLUB NAME] RRTW Coordinator (RRTWC) or person managing injury claims.
* Attend all Work Cover organized medical appointments.
* Attend medical and other treatment appointments, where possible outside of normal work hours.
* Participate in the development of your suitable duties plan.
* Keep the RRTWC and /or your supervisor informed of your progress; and
* Actively participate in your rehabilitation and return to work process.

Rehabilitation and Return to Work Coordinator (RRTWC) is responsible for:

* Providing assistant (if required) to employees during their applications for workers’ compensation.
* Gain permission from injured/ill employees to contact their treating medical practitioner for guidance on their return to work.
* Develop a suitable duties plan for the return to work of injured/ill employees.
* Remain in regular contact with the employee and Work Cover during the rehabilitation process.
* Monitor and upgrade the suitable duties program as the employee progress through treatment; and
* Keep the employee’s supervisor updated on progress.

This role should be undertaken by the workers supervisor where there is no RRTWC appointed.

# Procedure

As stated earlier, it is of utmost importance to ensure that –

* an injured or sick employee is returned to work as soon as it is safe to do so.
* the employee is to provide the RRTWC a copy of their medical certificate outlining the restrictions placed on them by the treating medical practitioner.
* In consultation with the employee, their supervisor, and the treating practitioner, the RRTWC shall develop an agreed suitable duties plan which will ensure the safe re-introduction of the employee to the work area.

# Rights of the Injured Worker

The worker has the following rights to:

* Workers’ compensation for work related injuries which have been accepted by the insurer.
* Choose their own doctor.
* Authorise the RRTWC to contact their doctor for advice on suitable duties.
* Confidential and safe keeping of all documentation regarding their injuries/illness.
* Be provided with suitable duties.
* Be consulted in the development of suitable duties.
* Union representation if so requested.
* Seek review of insurer decisions with which they do not agree; or
* Have access to an impartial grievance mechanism which is accessed in the first instance by raising the grievance RRTWC for resolution or escalation.

# Grievance Process

If an [CLUB NAME] employee is not satisfied with a decision made on their rehabilitation, they can raise the issue with the RRTWC/ supervisor. If the matter is not able to be resolved, they may request a senior manager to review the point of issue.

If the employee is still unhappy with the decision and review process, they may request that the Work Cover QLD Case Manager becomes involved to resolve the dispute. It is important to note that all efforts should be made to resolve the dispute internally before escalating to Work Cover.

# Conclusion

Contact with the injured employee must be conducted as soon as possible after the incident. The actions of undertaken by **[CLUB NAME]** management can have a drastic outcome on the motivation for workers to return to work, this includes staying in contact during the rehabilitation process and assuring the relevant and meaningful alternate duties are identified for injured employees.

8.0 References & Related Documents

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| --- | --- |
| Document | Document |
| [Work Health and Safety Act 2011](https://www.legislation.qld.gov.au/legisltn/current/w/workhsa11.pdf) |  |
| [Work Health and Safety Regulation 2011](https://www.legislation.qld.gov.au/legisltn/current/w/workhsr11.pdf) |  |
| [Workers’ Compensation & Rehabilitation Act 2003](https://www.legislation.qld.gov.au/legisltn/current/w/workerscompa03.pdf) |  |
| [Workers’ Compensation & Rehabilitation Regulation 2014](https://www.legislation.qld.gov.au/LEGISLTN/CURRENT/W/WorkersCompR14.pdf) |  |
|  |  |

9.0 Version History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Version: | 1 | Date Made: | / /  | Effective Date: | / /  |
| Document Owner: |  | Due for Review: | / /  |
| Enquiries to: |  |
|  |
| Version | Effective | Document Owner | Changes Made |
| 1 |  |  | Procedure made |

## **Appendix 1 – Suitable Duties Plan**

|  |  |
| --- | --- |
| **Injured Persons Details** | **Plan Details** |
| Worker: | PH: | Goal – long term: |
| Supervisor: | PH: | Objective of this plan: |
| Treating Medical Practitioner: | PH: | Duration of this plan: From - To - |
| Job Description: | Fit for suitable duties (restricted return to work?)From - To - |
|  |
| **Task Details** |
| **Week:** | **Duties:** | **Restrictions:** |
| Week One Commencing: |  |  |
| Hours: | Days: |
| Week Two Commencing |  |  |
| Hours: | Days |
| Treatment during this plan (e.g. physiotherapy) : | Training required: |
| If ‘yes’ training provided by: |
| Plan to be reviewed: | On date: |
|  |
| **Signatures** |
| Name (treating practitioner): | Name (worker): |
| I approve this plan | I approve this plan |
| Signature: | Date: | Signature: | Date: |
| Name (supervisor): | Name (RRTWC): |
| I agree to ensure that this plan is implemented in the work area | I agree to monitor this plan |
| Signature: | Date: | Signature: | Date: |

##

## **Appendix 2 – Injured Worker Authorization Form**

I **INSERT FULL NAME**

Date of Birth: **insert date here** hereby give my consent for the following specified treatment providers to discuss with my employers Rehabilitation and Return to Work Coordinator (name) **insert full name here** the injury information relevant solely to this specific workers’ compensation claim for the sole purpose of assisting with my rehabilitation/suitable duties plan for this injury and my safe return to work.

|  |  |  |
| --- | --- | --- |
| Treating doctor name: |  |  |
| Address: |  |  |
| Medical specialist (name): |  |  |
| Address: |  |  |
| Allied health professional: |  |  |
| Other (name): |  |  |
| Address: |  |  |
| Signature (worker): |  |  | Date:  |  |  |
|  |  |  |