Workplace Rehabilitation and Return to Work Policy and Procedures

For Synod services*, Presbyteries and Congregations

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Prepared by Risk & Insurance, Queensland Synod
Reviewed by Gallagher Bassett Services Pty Ltd
Authorised by General Secretary, Queensland Synod

*Synod services includes Synod Support Services, Finance & Property Services, Trinity Theological College, Pilgrim Learning Community and all non-agency related boards, committees, functions and activities of the Synod.
Authorisation

I hereby declare that I, Dr Shirley Coulson, am the General Secretary of The Uniting Church in Australia, Queensland Synod.

Acting in pursuance of the **Duties and Responsibilities** of the General Secretary as described in *Queensland Synod By-Law Q1.5.2*, I hereby authorise the **Workplace Rehabilitation and Return to Work Policy and Procedures (UCAQ_WKC_101_v2.0)** to apply from 1 June 2012.

Dr Shirley Coulson
General Secretary
The Uniting Church in Australia, Queensland Synod

1 June 2012
Definitions ............................................................................................................................................... 1
Stay At Work / Return to Work Policy Statement ................................................................................. 2
The role of the injured worker ............................................................................................................... 3
Grievance procedure .............................................................................................................................. 4
The role of the Rehabilitation and Return to Work Coordinator (RRTWC) ......................................... 4
The role of management ........................................................................................................................ 5
Appendix 1 - Injured worker authorisation form
Appendix 2 - Suitable duties plan
Definitions

Rehabilitation
Rehabilitation is the process of getting you back to work. Rehabilitation may involve receiving treatment from a registered person (e.g. physiotherapist, podiatrist, dentist) or aids or equipment approved by WorkCover.

Rehabilitation and Return to Work Coordinator (RRTWC)
The RRTWC is a person who has completed a workplace rehabilitation course approved by Q-Comp. The RRTWC is the link between you, your treating doctor, management, your supervisors, WorkCover and any other person involved in your return to work.

Suitable duties programs
These are specifically selected duties that are matched to your capacity for work. Suitable duties could mean doing your normal role but with restrictions or doing another job entirely. Your suitable duties program will be monitored and upgraded as your recovery progresses.

WorkCover Queensland (WorkCover)
Your workers’ compensation insurer is WorkCover. WorkCover will make decisions on your claim regarding your employers’ liability and will coordinate your overall rehabilitation plan based on the available medical information. WorkCover works closely with your RRTWC to ensure the safest and best possible return to work outcome for you.

Q-COMP
Q-COMP is the Workers’ Compensation Regulatory Authority in Queensland. Q-COMP has many functions including the running of the medical assessment tribunals; providing administrative reviews of insurer decisions; educating the scheme about rehabilitation and return to work; and connecting injured workers with services that will assist them in re-entering the workplace if they are not able to return to their pre-injury duties.
Stay At Work / Return to Work Policy Statement

The Uniting Church in Australia, Queensland Synod recognises that helping workers to stay at work or make an early and safe return after an injury minimises the impact of injury on them and their families.

We support our injured workers by having a system of workplace rehabilitation and providing suitable duties for them while they are recovering.

We expect that all injured workers will return to work on suitable duties as soon as it is medically safe to do so.

We have appointed a Rehabilitation and Return to Work Coordinator (RRTWC) to manage workplace rehabilitation for our injured workers.

As part of our system of workplace rehabilitation we are committed to:

- providing a safe and healthy work environment
- encouraging the early reporting of injuries
- making suitable duties available to injured workers as soon as possible after an injury occurs
- consulting with injured workers to develop their suitable duties program
- respecting the confidentiality of our worker’s medical and rehabilitation information
- reviewing our workplace rehabilitation policy and procedures at least every three years.

This policy and procedure document covers those people who are paid workers i.e. lay staff and people in one of the specified ministries. People who are volunteers (including Church Council members and others engaged in the mission of the Church in a volunteer capacity) are covered by the Personal Accident - Volunteer & Non-PAYE Workers Insurance Policy subject to the terms and conditions of this insurance policy and the procedures outlined in the UC Insurance Manual.

Experience shows that being back at work is an important part of recovering from a work related injury.
The role of the injured worker

If you are injured at work you should:

- seek first aid or medical treatment
- notify your supervisor that you have had an injury and complete an incident report
- tell your doctor that other (suitable) duties may be available at your workplace even if you aren’t able to do your normal role
- ask your doctor for a workers’ compensation medical certificate – you need this to make a claim
- give a copy of the workers’ compensation medical certificate to your RRTWC and to WorkCover – keep a copy for your own records.

You can lodge an application for compensation by:

- calling WorkCover Qld on 1300 362 128 or
- faxing your completed application form to 1300 651 387 or
- by applying online at www.workcoverqld.com.au

It is your responsibility to:

- attend medical appointments that are organised by WorkCover
- attend medical and other treatment appointments, where possible outside normal work hours
- participate in the development of your suitable duties program
- provide your employer with a copy of your medical certificates
- keep your RRTWC and your supervisor informed of your progress.

You have the right to:

- workers’ compensation for work-related injuries accepted by WorkCover
- choose your own doctor
- authorise your RRTWC to contact your doctor for advice about your return to work
- the safe keeping of your personal information
- be provided with suitable duties, where possible, to assist your return to work
- be involved in developing a suitable duties plan
- union representation (if wanted)
- ask for a Q-COMP review of insurer decisions that you disagree with (reviewable decisions are listed under s 540 of the Act)
- have access to an impartial grievance mechanism (check with your RRTWC and WorkCover first as they may be able to help out).

Remember to:

- notify your employer and seek treatment
- lodge a workers’ compensation claim
- participate in rehabilitation
- communicate with your RRTWC
- provide feedback.
Grievance procedure

If you are unhappy with a decision made at the workplace regarding your rehabilitation, you can raise the matter with your RRTWC. If the matter is unresolved you can ask your manager to review the decision. If you remain unhappy with the decision following internal review you can request that your WorkCover case manager becomes involved to resolve the dispute.

If either you or your employer are unhappy with a decision made by WorkCover, the decision may be reviewable with Q-COMP. Strict time frames apply.

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

When an injury occurs at work, your RRTWC’s role is to:

- help you complete an application for workers’ compensation (if required)
- ask you to sign an authorisation form that gives them permission to contact your doctor for guidance on your return to work
- develop a suitable duties plan
- remain in regular contact with you and WorkCover throughout the rehabilitation process
- continue to monitor and upgrade your suitable duties program
- keep your supervisor up to date with your progress
- keep the details of your rehabilitation file confidential
- ask for your feedback on the rehabilitation process once your claim has ended.

The RRTWC’s role is to:

- assist injured workers by consulting with them when developing their suitable duties program
- monitor the injured workers’ progress and seek feedback.

Workers Covered by the Synod Office Payroll WorkCover Policies

For workers covered by the WorkCover (workers’ compensation insurance) policies organised through Synod Office Payroll, Gallagher Bassett Services Pty Ltd should be contacted. Gallagher Bassett Services Pty Ltd has been contracted by the Church to provide support and services in relation to the areas of work related injuries / illnesses, workers’ compensation and workers’ rehabilitation.

Contact details for the Gallagher Bassett Services Pty Ltd Workers’ Compensation Claims Team are:
PHONE: (07) 3005 1900
FAX: (07) 3005 1899
EMAIL: workerscompclaims@gbtpa.com.au

Workers Covered By Local Church WorkCover Policies

Church workplaces and places of worship which have their own WorkCover policy (i.e. workers not paid through Synod Office Payroll) may still access Gallagher Bassett Services Pty Ltd but will be required to pay for their services.
The role of management

When an injury occurs at work, managers and supervisors can:

- help the RRTWC to identify suitable duties
- adjust rosters and workflows where possible to make sure you can participate in suitable duties
- monitor your progress while you are on suitable duties
- offer support and encouragement
- explain the purpose of suitable duties to co-workers and discuss how they can support your return to work.
**Injured worker authorisation form**

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treating doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical specialist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allied health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I (name)  _______________________________________________________

Date of birth  _______________________________ hereby give my consent for the following specified treatment providers to discuss with my employer’s rehabilitation and return to work coordinator (name)  __________________________________________________________________

the injury information relevant solely to this specific workers’ compensation claim for the sole purpose of assisting with my rehabilitation/suitable duties plan for this injury and my safe return to work.

Treating doctor (name):  ___________________________________________
Address:  _____________________________________________________________________________________________________________

Medical specialist (name):  _________________________________________
Address:  _____________________________________________________________________________________________________________

Allied health professional (name):  ___________________________________
Address:  _____________________________________________________________________________________________________________

Other (name):  ___________________________________________________
Address:  _____________________________________________________________________________________________________________

Signature (worker):  _______________________________________________   Date:  _______________________________________________

The personal information collected as a result of this form may be used for the following purposes in relation to this claim only:

1. the management of your rehabilitation/suitable duties plan
2. to facilitate your safe return to work; and
3. provide any on-going workplace support services as required.

Your personal information will not be disclosed to any person or agency without your express consent. Your personal information may by disclosed to a health care professional in relation to the above purposes only. The personal information collected will not be included in your personnel file.
Suitable duties plan

<table>
<thead>
<tr>
<th>Injured worker details</th>
<th>Plan details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker:</td>
<td>Phone number:</td>
</tr>
<tr>
<td>Supervisor:</td>
<td>Phone number:</td>
</tr>
<tr>
<td>Treating medical practitioner:</td>
<td>Phone number:</td>
</tr>
<tr>
<td>Job description:</td>
<td>Fit for suitable duties (restricted return to work?) from: to:</td>
</tr>
</tbody>
</table>

**Task details**

<table>
<thead>
<tr>
<th>Week details</th>
<th>Duties</th>
<th>Restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week one commencing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours:</td>
<td>Days:</td>
<td></td>
</tr>
<tr>
<td>Week two commencing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours:</td>
<td>Days:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treatment during this plan (e.g. physiotherapy):</th>
<th>Training required:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If 'yes' given by:</td>
<td>On:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan to be reviewed:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>On:</td>
<td></td>
</tr>
</tbody>
</table>

**Signatures**

<table>
<thead>
<tr>
<th>Name (treating medical practitioner):</th>
<th>Name (worker):</th>
</tr>
</thead>
<tbody>
<tr>
<td>I approve this plan</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name (supervisor):</th>
<th>Name (rehabilitation and return to work coordinator):</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree to ensure this plan is implemented in the work area</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>I agree to monitor this plan</td>
<td></td>
</tr>
</tbody>
</table>

Date: