

Workplace Rehabilitation Policy and Procedures for Superior Traffic Management



STM-P019-1

14 May 2014

Issue 1

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OFFICE ADDRESS

Brisbane Head Office,
Superior Traffic Management
Unit 2/35 Millenium Place
Tingalpa, QLD 4173

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Workplace Rehabilitation Policy and Procedures

Stay At Work/Return to Work Policy statement

Our Company 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.

Experience shows that being back at work is an important part of recovering from a work related injury.

Company name: Glancy Constructions Pty Ltd t/a

Superior Traffic Management

Signature of the RRTWC or an authorised officer:



Print name: Fiona Glancy

Position in Company: Director

Date: 14 May 2014

Date to be reviewed: 14 May 2017

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Stay At Work/Return to Work Procedures

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](http://www.workcoverqld.com.au).

It's 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 your medical certificates
- keep your RRTWC and your supervisor informed of your progress.

Remember to:

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

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The role of the injured worker continued

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 s540 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).

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.

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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.

Your RRTWC will also educate all workers and management about workplace rehabilitation policy and procedures and ensure that this document is available for all staff.

The role of management

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

- help the rehabilitation and return to work coordinator 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.

The RRTWC's role is to:

- educate workers and management about workplace rehabilitation
- assist injured workers by consulting with them when developing their suitable duties program
- monitor the injured worker's progress and seek feedback.

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Injured worker authorisation form

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 be disclosed to a health care professional in relation to the above purposes only. The personal information collected will not be included in your personnel file.

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