

POLICY STATEMENT NO. 43

OCCUPATIONAL REHABILITATION

MARCH 1992

1. BACKGROUND

The importance of accident prevention is recognised as a major contributor to a healthy and safe working environment. This approach, in conjunction with an effective rehabilitation program and training or retraining, will contribute to an overall strategy emphasising positive human resource management.

CALM recognises the importance of rehabilitation to ensure that employees suffering a work related injury or disease receive timely and effective services resulting in an early return to work.

2. POLICY

The Department will make provision for the occupational rehabilitation of employees who have sustained a compensable work related injury or disability.

In this context rehabilitation is defined as:

"The ongoing combined and coordinated use of medical, social, psychological, educational, and vocational measures to restore function and assist the injured workers to return to gainful employment."

Early intervention with effective rehabilitation provides physical, psychological, social and financial benefits to employees, while minimising disruption to work and reducing costs to the employer.

3. OBJECTIVES

- To establish a structured systematic approach to "in house" rehabilitation services for employees following work related injury or disability.
- To develop and encourage the expectation that it is normal practice, following work related injury or disability for persons to return as soon as practicable to appropriate employment.
- 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 Coordinator from within to oversee the employer based rehabilitation program and to formulate a Rehabilitation Caseteam to achieve the desired objectives.

4. OCCUPATIONAL REHABILITATION OVERVIEW

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

- **Medical**
Prompt medical diagnosis and treatment maximises the rate and extent of recovery.
- **Vocational**
Provision of vocational rehabilitation services to enable employees to return to work as soon as possible and 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 re-adjustment 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 ergonomically sound through job analysis, workplace evaluation, workplace modification and the provision of special equipment and that support for the rehabilitation process is encouraged amongst all employees.

5. GUIDELINES

5.1 Rehabilitation Caseteam

5.1.1 A Rehabilitation Caseteam will be formed to determine the best course of action for each rehabilitee. The Rehabilitation Caseteam will meet to discuss, design, implement and monitor individual rehabilitation programs and establish initiatives for managing rehabilitation. The Department's Principal Worker's Compensation and Rehabilitation Officer will be responsible for this employer based service.

5.1.2 The Rehabilitation Caseteam will meet on a regular basis and comprise:

Regular Members eg:

- Principal Worker's Compensation and Rehabilitation Officer;
- District/Branch Manager;
- District Safety Officer;
- Health and Safety Officer; and

Others as Required eg:

- Line Manager;
- Supervisor;
- Rehabilitee;
- Union Representative;
- Insurer Representative;
- Accredited Rehabilitation Provider.

5.2 Participation

Generally, participation in the employer based rehabilitation program is voluntary. Successful rehabilitation relies on the development of cooperation and trust between all parties.

In certain situations the Worker's Compensation Board can require an individual to undergo vocational rehabilitation. In such cases as accredited rehabilitation provider can be chosen by the individual, however, assistance will always be made available in the choice by the employee if requested.

5.3 Implementation of the Rehabilitation Process

5.3.1 Rehabilitation should be implemented as soon as practicable in the case of injury or disability where there is no evidence of immediate return to work or where difficulties exist for employees to maintain themselves at work.

5.3.2 All work related injuries and disabilities are to be reviewed by the caseteam to determine the need for intervention.

5.3.3 When necessary, an accredited provider will be chosen.

5.4 Rehabilitation Programs

A rehabilitation program needs to be established to meet each rehabilitee's needs.

5.4.1 Rehabilitation Procedures

- (a) The caseteam, in consultation with the rehabilitee and the treating doctor will design individual programs to match the rehabilitee's capabilities and limitations.
- (b) A time frame for monitoring the rehabilitee's progress will be established and include medical reviews.
- (c) Referral to a medical specialist or an accredited provider may be recommended by the caseteam in consultation with the treating doctor.
- (d) The Coordinator will liaise with the treating health professionals, accredited provider, insurer, supervisory staff and other interested parties.

- (e) If, after assessment and concerted efforts at rehabilitation, a successful outcome is not achieved, discontinuance of rehabilitation and finalisation of the claim may be considered.

5.4.2 Alternative and Selected Duties

- (a) Injured persons may be able to stay at work or return to work if suitable alternative or selected duties are available. Every effort will be made to provide such duties.
Consideration will also be given to modification of the work place, tasks, hours of work and the provision of special equipment.
- (b) The provision of alternative duties will not be possible on an unlimited and permanent basis unless:
 - (i) Such duties constitute a position within CALM;
 - (ii) the position is readily available; and
 - (iii) the person meets the minimum employment standards of the position.

5.4.3 Structured Return to Work Program

A program incorporating a graduated return to normal, selected or alternative duties may be required for employees. A number of criteria need to be considered:

- (a) To develop short and long term goals in consultation with the employee and treating doctors;
- (b) To provide meaningful work duties;
- (c) To establish time frames for monitoring progress including ongoing medical review, upgrading of duties and hours to meet long term goals;
- (d) To provide appropriate training and supervision for any duties that are unfamiliar to the employee;
- (e) To document review meetings and to keep all interested parties informed of progress; and
- (f) To ensure employees and their supervisors clearly understand the program details and that appropriate feedback is provided.

5.5 Evaluation

The effectiveness of the internal rehabilitation service and/or accredited providers will be regularly evaluated and reviewed to ensure ongoing development of the service and to provide feedback to management.

5.6 Contact

It is essential for the Principal Worker's Compensation and Rehabilitation Officer to establish early and continuing personal contact with the injured or disabled employees.

Line managers, supervisors and members of the Rehabilitation Caseteam will be encouraged to initiate this contact.

5.7 Confidentiality

The "in house" rehabilitation service is confidential and all records relating to rehabilitees will only be available to members of the caseteam.

This Rehabilitation Policy is a written commitment by CALM to the welfare of its employees.

Syd Shea
EXECUTIVE DIRECTOR

6 March 1992

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