



# **Injury Management Pack For Supervisors**

**Callide version  
Current June 2018**

## SUPERVISOR CHECKLIST

- Notify relevant Line Manager of the situation (if you have not already done so)
- Notify the Health & Safety Business Partner of the situation (Andrew Cashin – 0439 706 001)
- Health & Safety Specialist, or if after hours, Health & Safety Business Partner to accompany injured person to medical centre. If they are unavailable, the Supervisor or Step Up Supervisor is to accompany injured person to medical centre

At the Doctors

- Provide the Letter to the Treating Medical Practitioner (R003) to the Doctor; **and**
- Provide the Work Capabilities Checklist (R005) to the Doctor; **and**
- Provide any other additional information to the Doctor regarding work (as required).

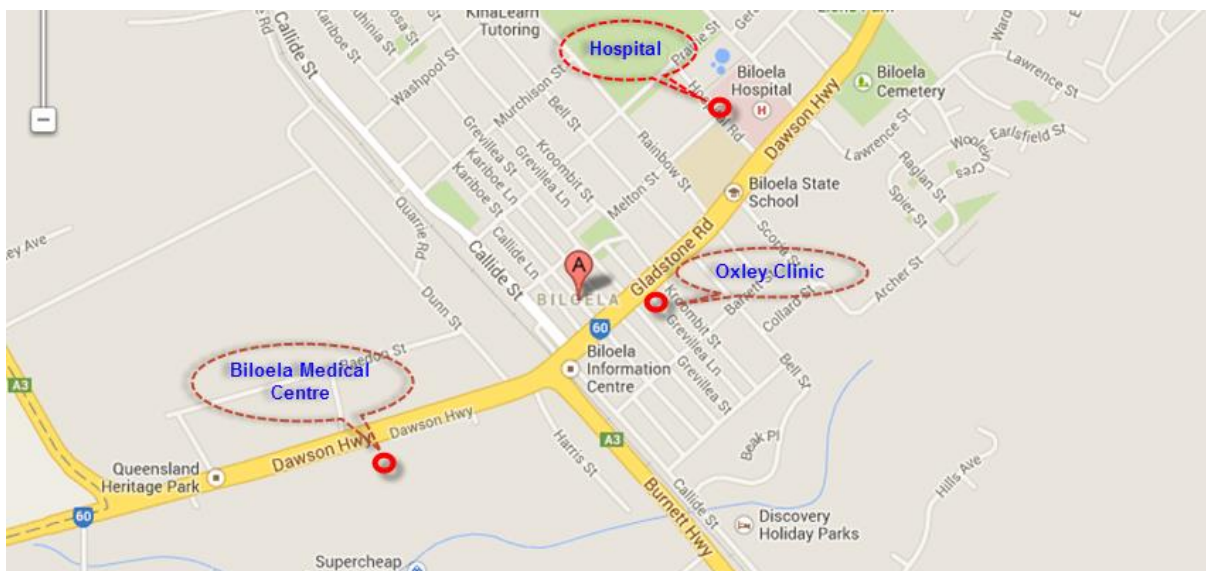
After the Doctors Appointment

- Discuss the outcome with the Health & Safety Specialist and Line Manager once result is known

## LOCAL MEDICAL CENTRES

*NB. The injured worker can choose their treating medical practitioner*

(1) Biloela Medical Centre: 38 Dawson Highway	(07) 4995 6200	Mon-Fri 8:30am – 5:00pm
(2) Oxley Clinic: 45 Grevillea Street	(07) 4992 2166	Mon-Fri 8:30am – 5:00pm
(3) Biloela Hospital: 2 Hospital Road (After hours)	(07) 4992 7000	Open 24 hours a day, 7 days



## REHABILITATION & RETURN TO WORK COORDINATOR

Sheree Hogan – Health & Safety Specialist  
 P: 0477 015 530  
 E: [SHogan@csenergy.com.au](mailto:SHogan@csenergy.com.au)

## SUPERVISOR INJURY MANAGEMENT FAQ

Work plays an important role in any rehabilitation process. Getting back into a normal work/life routine promotes recovery. Did you know, if a person is off work for:

- 20 days, the chance of ever getting back to work is 70 %
- 45 days, the chance of ever getting back to work is 50 %
- 70 days, the chance of ever getting back to work is 35 %.

The family doctor is best placed to advise and educate patients that, in most cases, a focus on return to work is in the best interest of the patient - for both their future and quality of life and that of their family.

CS Energy promotes staying at work or recovering at work and has systems in place to get the best outcomes.

### **What is my role when my employee is injured?**

If accompanying the injured worker to the doctors, ask for your employee's permission to speak with the doctor after the medical examination to talk about returning to work and suitable duties.

Ensure incident report is raised.

Participate in developing a suitable duties plan for the injured worker.

### **What do I discuss with the doctor?**

Reassure the doctor that CS Energy values their employee and wants to help them to stay at work while they are recovering. You don't need detailed information about the medical condition but you do want their input on the type of suitable duties that the employee is able to handle. Emphasise that they will be supported at work by the Supervisor (you!) and the Return to Work Coordinator at site.

CS Energy offers a wide range of suitable activities to ensure that injuries are not exacerbated and that the worker remains comfortable and works within their capability.

### **What if my employee refuses to let me speak with the doctor or sign the medical authority?**

Early and consistent communication is key.

Remind your employee that they have a responsibility to be actively involved in treatment and rehabilitation.

A return to work plan is developed in consultation with them and is based on their doctor's medical recommendation. Ensuring that their doctor has input to the plan is the best way to guarantee the success of the plan.

If they still refuse to allow you to speak with the doctor then you must respect their decision. The matter can be followed up by the Rehabilitation and Return to Work Coordinator.

# INJURED WORKER INFORMATION

## Injured at work? This is what you need to do...

1. Notify your Supervisor and get first aid or emergency medical treatment straight away.
2. Contact your Rehabilitation and Return to Work Coordinator (RRTWC) ASAP.  
*They will help you with your rehabilitation and return to work planning, and will also provide you with important information regarding workers compensation if you intend to lodge a claim. Note: do not delay in contacting your RRTWC as early support is key to your recovery.*
3. Keep a copy of all Incident and Injury Forms for your records.  
*If you intend to claim workers compensation, ask your doctor for a workers' compensation medical certificate. Keep one copy for yourself, one for your employer and one for your insurer.*
4. Some doctors will lodge your claim for you.  
*If your doctor has not lodged your claim you can contact your RRTWC to assist you with this.*  
 Alternatively, you can:
  - Lodge online at - <https://www.worksafe.qld.gov.au/rehab-and-claims/injuries-at-work/making-a-claim>
  - Lodge via phone - WorkCover Queensland Claims Line: 1300 362 128
5. You must be a 'worker' under the Act who has suffered an injury or illness related to your work to be eligible for workers' compensation. Usually if you are an employee (whether casual, part time or full time) you are covered. If you are a contractor you are recommended to discuss further with your employer.
6. Focus on getting back to work and what you can do. If you have concerns about returning to work talk with your doctor, RRTWC, or Supervisor as soon as possible.

## Your rights and responsibilities

You have a responsibility to:	You have a right to:
<ul style="list-style-type: none"> <li>report your injury or illness and get treatment as soon as possible</li> <li>lodge a claim if you want to be compensated for wages lost and medical expenses</li> <li>be actively involved in your treatment and rehabilitation</li> <li>do suitable duties within restrictions set by your doctor until you can resume your normal duties</li> <li>attend medical appointments (for assessment only) arranged for you by your insurer.</li> </ul>	<ul style="list-style-type: none"> <li>make a claim for compensation</li> <li>choose your own treating doctor</li> <li>have all personal information kept confidential</li> <li>have a representative for any meeting to talk about your claim</li> <li>have an interpreter or advocate</li> <li>be consulted about your rehabilitation and get a copy of your suitable duties plan</li> <li>get advice before signing anything.</li> </ul>

## Where can I go for more information?

Rehabilitation and Return to Work Coordinator
<p><b>Coordinator name:</b> Sheree Hogan</p> <hr style="border-top: 1px dotted #000;"/> <p><b>Contact Phone:</b> 0477 015 530</p> <hr style="border-top: 1px dotted #000;"/> <p><b>Contact Email:</b> SHOGAN@csenergy.com.au</p> <hr style="border-top: 1px dotted #000;"/>

## **What is the role of the Rehabilitation and Return to Work Coordinator?**

Your Rehabilitation and Return To Work Coordinator's (RRTWC) role is to help you return to work as quickly as possible following an injury or illness.

Your RRTWC has completed formal training to carry out this role.

## **How does your RRTWC help you?**

Your RRTWC will help you by:

- Contacting you as soon as possible after your injury to find out how you are and what your doctor has recommended
- Explaining the workers' compensation process and helping you make a claim with your insurer
- Notifying your insurer about your wage details so that compensation can be paid to you if your claim is accepted
- Helping you keep in touch with your work colleagues if you can't return to work straight away
- Developing a suitable duties program to assist in your return to work.

## **How does your RRTWC develop your Suitable Duties Program?**

To help coordinate your return to work, your RRTWC will ask you to sign an authority. This confirms your permission for your RRTWC to contact your doctor and treatment providers such as your physio for information about your workplace injury or illness.

If your doctor has ticked 'fit for suitable duties' on your medical certificate, your RRTWC will develop a suitable duties program within the restrictions set by your doctor. They may arrange for a rehabilitation provider to assess your work tasks and other tasks available at work to help identify appropriate duties.

Your RRTWC will consult you and your supervisor about your suitable duties program. You have a right to have a representative with you when you attend any meeting to talk about suitable duties.

You and your supervisor will each be given a copy of your suitable duties program to sign and a copy will be sent to your doctor. This program will be upgraded as you recover until you are fit to return to your full time normal duties.

While you are participating in a suitable duties program your RRTWC will contact you and your supervisor regularly to check your progress. Make sure you tell your supervisor immediately if you are having any problems with your suitable duties as they may need to be changed.

After your workers' compensation claim has been finalised, your RRTWC will ask you to provide feedback on your experience of workplace rehabilitation. This is your opportunity to provide valuable input into how you have found the process and to help your RRTWC identify areas for improvement.

## WORKPLACE REHABILITATION PROGRAM

### To: The Treating Medical Practitioner

Dear Treating Medical Practitioner,

..... is employed by CS Energy as .....  
Employee's Name Position Title

at .....  
CS Energy Site

CS Energy has a Workplace Rehabilitation Program in place to assist in the early return of ill or injured workers back into the workplace.

Following initial recovery after a work related or non-work related illness or injury, CS Energy endeavours to offer alternative or suitable duties and / or a graduated return to work program within the capacity of the worker.

We would appreciate your help in identifying work capabilities that are suitable to the nature of the illness / injury.

This is intended to safely and effectively return ..... to his / her usual work.  
Employee's Name

Please contact me if you require further information about our employees' job or if you wish to discuss the available rehabilitation facilities and programs. If the need should arise, I will contact you.

Your sincerely

Date: .....

.....  
Rehabilitation and Return to Work Coordinator

Phone: .....

Email: .....

### WORKER AUTHORISATION

I ..... hereby give consent for my Doctor:

Name: .....  
Address: .....  
Phone: .....

to discuss with ..... Rehabilitation Coordinator .....  
CS Energy Site Name of Rehabilitation Coordinator

information relating to my specific injury / illness to assist with my Return to Work Plan / Suitable Duties Program.

My permission is also given to the above named Rehabilitation Coordinator to release any relevant information of my rehabilitation program to others who will further assist in my rehabilitation.

I understand this consent is required to assist with my return to work / rehabilitation and that all information obtained is treated in confidence.

Signature: .....

Date: .....

## WORK CAPABILITIES CHECKLIST

### WORKER DETAILS:

<b>Name:</b>	
<b>Position:</b>	
<b>Team:</b>	
<b>Supervisor:</b>	

### WORKER CAPABILITIES:

Upon examination and on  I am able to provide the following report

From  Until:

The patient is fully fit to perform their substantive role.

**OR**

The patient is partially incapacitated but may perform suitable duties (restrictions detailed below)

I will review the patient on:

### WORK CAPABILITIES FOR SUITABLE DUTIES

*Place X in box and circle only where applicable and provide comments as necessary*

**Working Hours**

Usual hours   
  Reduced hours:  - hours a day   
  - days per week   
  Day shift only

#### Working Activities

	No	Occasional	Frequent	Comments / Specify
Lifting / Carrying: weight limit <input style="width: 50px;" type="text"/> kg				
Bending / Twisting / Squatting				
Standing / Sitting				
Right / Left handed work				
Pushing / Pulling				
Walking on uneven ground				
Crawling / Clambering on Equipment				
Climbing – Stairs				
Climbing – Ladders / Scaffolding				
Driving – Standard Vehicles				
Driving – Heavily Sprung Vehicles (4WDs, Trucks)				
Driving – Unsprung Vehicles (Buggies, Forklifts, Dozers)				
Other: <input style="width: 100%; height: 20px;" type="text"/>				

### Medical / Dental Practitioner Details (please print clearly or use practice or hospital stamp)

<b>Doctor's name:</b> <input style="width: 90%;" type="text"/>	<b>Practice name:</b> <input style="width: 90%;" type="text"/>
<b>Signature:</b> <input style="width: 90%; height: 30px;" type="text"/>	<b>Date:</b> <input style="width: 50%; height: 30px;" type="text"/> <input style="width: 50%; height: 30px;" type="text"/>