

Workplace Rehabilitation Policy

Spaceframe Building recognises that there are substantial benefits to be gained from rehabilitation principles and practices and is committed to implementing them at this workplace. We recognise that the *Workers' Compensation and Rehabilitation Act 2003* and the *Workers' Compensation and Rehabilitation Regulation 2014* provide the legislative support for workplace rehabilitation activities.

Spaceframe Buildings recognises that helping workers to stay in the workplace and/or make an early and safe return after an injury minimises the impact of injury on our workers 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.

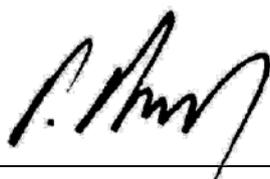
We expect that all our injured workers will return to work on suitable duties as soon as it is medically safe to do so.

Spaceframe Buildings Pty Ltd is committed to:-

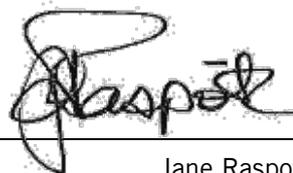
- providing a safe and healthy work environment;
- encouraging the early reporting of injuries;
- making suitable duties available to injured workers as soon as possible after an injury occurs;
- consulting with injured workers to develop their suitable duties program;
- respecting the confidentiality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

Workplace rehabilitation procedures have been developed to support this policy. The procedures define key terms, describe key roles and outline steps in the return to work process. A copy of the procedures is attached to this policy.

Our rehabilitation and return to work coordinator is the Spaceframe Buildings Pty Ltd - HSE Manager Corey Scherrenberg



Peter Raspotnik
Director – Operations



Jane Raspotnik
Director - Administration

The Aim of the Policy

The aim of Spaceframe Buildings Rehabilitation Policy is to ensure:-

- that a culture of acceptance for workplace rehabilitation exists;
- we have a process to support an early safe return of any worker who has an injury/illness;
- the position of the rehabilitation and return to work coordinator is adequately resourced; and
- workers receive every opportunity to return to work in an effective and safe manner.

DEFINITIONS

The Employer

Spaceframe Buildings Pty Ltd

Workplace Rehabilitation

Workplace rehabilitation is a step-by-step process that allows workers to regain control and independence in their life after experiencing an injury or illness. It also ensures the worker's earliest possible return to work.

Workplace rehabilitation is initiated or managed by an employer. The employer helps their injured or ill workers return to the workplace and perform work as they get better. This process helps the worker maintain a daily routine, allowing the worker to participate in work activities rather than staying at home.

In addition to better outcomes for the worker's overall health and recovery, supporting workers to participate in workplace rehabilitation at the workplace can benefit an employer by reducing disruption impacting productivity.

Standard for Rehabilitation

The rehabilitation provided to our workers will meet the standard outlined in the *Workers' Compensation and Rehabilitation Regulation 2003*.

Rehabilitation and Return to Work Coordinator (RRTWC)

The RRTWC is a person who is appropriately qualified to complete this role. The RRTWC is the link between the injured worker, treating doctor(s), management, supervisors, Work Cover Queensland, rehabilitation providers and any other relevant parties.

Suitable Duties Programs

These specially selected duties at the workplace are a means of providing a monitored and graduated return to normal duties. They are:

- matched to the capabilities of the worker; and
- time limited and regularly upgraded according to his/her level of recovery and treating medical doctor advice.

The following issues must be considered when choosing suitable duties:

- the worker's pre-injury duties, age, education, skills and work experience and nature of the incapacity;
- any restrictions and limitations specified by the treating doctor, who must also document approval for all plans and amendments;
- the duties must be meaningful and have regard for the objectives of the worker's rehabilitation; and
- the duties will be reviewed on a regular basis and the program progressively upgraded, consistent with the worker's recovery.

A copy of each worker's suitable duties program will be provided to the insurer.

Suitable Duties Programs may be:

- **Fully funded** by WorkCover Queensland. WorkCover Queensland continues to pay ongoing compensation to the worker at the rate they would receive if totally incapacitated; OR
- **Partially funded** by both the employer and WorkCover Queensland. Employer pays the worker at the normal rate for work performed and WorkCover Queensland pays a top up amount.

See appendix for an example of a suitable duties program.

ROLE & RESPONSIBILITIES

The Role of the Injured Worker

If you are injured at work you should:

- seek medical assistance and obtain a work capacity certificate;
- notify the relevant management that you have had an injury;
- complete the relevant incident report;
- provide your doctor the SFB letter (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; and
- 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's your responsibility to:

- to advise the doctor of the availability of workplace rehabilitation (Verbally or via use of the Spaceframe Duties Letter);
- to ask their doctor to complete the Work Capabilities Checklist (if required);
- to actively participate in workplace rehabilitation;
- to maintain communication with the employer/rehabilitation and return to work coordinator about relevant issues related to their compensation claim.
- attend medical appointments that are organised by Spaceframe Buildings and/or WorkCover Qld;
- 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; and
- keep your RRTWC and your manager informed of your progress.

You have the right to:

- workers' compensation for work-related injuries accepted by WorkCover
- choose your own doctor if the doctor spaceframe has recommended is not
- 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

- ask for a Workers Compensation Regulator review of insurer decisions that you disagree with (reviewable decisions are listed under s540 of the Act)

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 Workers Compensation Regulator. (Strict time frames apply.)

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

- to ensure an efficient system exists for immediate reporting of injuries to enable early worker contact regarding rehabilitation, to comply with employer's duty to report injury to the insurer and to ensure confidentiality of information received;
- to develop, coordinate and monitor workplace rehabilitation strategies for injured workers, including developing suitable duties plans in consultation with injured workers undertaking rehabilitation;
- to educate all workers about the workplace rehabilitation policy and procedures and what to expect when an injury occurs;
- to educate managers, supervisors and workers regarding their role and responsibilities for rehabilitation;
- to ensure education is part of the new staff induction process;
- ensure rehabilitation for a worker is coordinated with and understood by managers, supervisors and co-workers.
- to promote the Spaceframe Buildings workplace rehabilitation program internally to maintain staff's commitment, and externally, to local doctors so as to build a good working relationship and gain their trust and assistance;
- to keep a file for each worker undertaking rehabilitation and to ensure confidentiality of both verbal and written information;
- to keep accurate and objective case notes of all communications, actions and decisions, and reasons for actions and decisions and to sign and date each notation;
- to ensure currency of the workplace rehabilitation policy & procedures and their own rehabilitation and return to work coordinator accreditation; and
- to provide injured workers with the opportunity to give feedback on the rehabilitation system and to document this feedback.

The Role of Management & Supervisors

- to actively assist the rehabilitation and return to work coordinator in identifying and coordinating suitable duties;
- to adjust workplace procedures and rosters to enable successful implementation of the suitable duties plan;
- to monitor the injured worker's progress in relation to suitable duties; and
- to generally offer support and encouragement to any injured worker.

The Role of Co-workers

- to generally offer support and encouragement to injured workers;
- to ensure no task is undertaken that could affect the injured works condition; and
- report any issues that are identified to management.

PAYMENT OF WAGES

WorkCover Queensland will determine the liability of a claim, i.e. accept or reject application.

Spaceframe Buildings may pay sick or other accrued leave to a worker while the claim is being determined. Upon acceptance of a claim, leave will be reimbursed. If the claim is accepted, WorkCover Queensland will pay weekly benefits to workers directly or Spaceframe Buildings Pty Ltd may choose to pay worker directly and seek reimbursement from WorkCover Queensland.

For workers participating in a partially funded suitable duties program, Spaceframe Buildings will pay the worker at the normal rate for work performed and WorkCover Queensland pays a top up amount.

Spaceframe Buildings will obtain a partial incapacity form from the WorkCover Queensland case manager and advise of the gross amount paid to the worker at the end of each pay period. WorkCover Queensland will then process a top up payment directly to the worker.

List of Appendices.

- example suitable duties letter for treating medical practitioner;
- example suitable duties template; and
- example consent to discuss medical information letter.



Date:

Dear Treating Medical Practitioner,

The bearer of this letter is an employee of Spaceframe Buildings Pty Ltd. They are attending your surgery because of a work related injury.

The purpose of this letter is to inform you of our absolute commitment to safe and timely return to work for every employee. To this end, we encourage any injured employee to make their medical team aware of our ability to offer light duties, restricted duties and/ or gradual return to work, dependent on the nature of the injury or condition of the employee.

Many of our employees are familiar with the type of light duties we may be able to offer including supervisory tasks, administrative tasks, overseeing other workers etc.

We would encourage you to discuss the type of duties that may be offered with the employee's supervisor who is attending the appointment with the injured person.

If you prefer please call one of the contacts below to discuss the options before a decision is made to give an employee time away from work to recover and or receive treatment for their injury.

Company Contacts in order of preference are as follows:

Corey Scherrenberg (HSE & RRTW Manager) - 0401 985 500
Bill O'Flaherty (General Manager) – 0401 981 512

Yours faithfully

Corey Scherrenberg



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Restricted Duties Plan

Worker Details
Worker
Claim number
Phone
Supervisor
Phone
Treating medical practitioner
Phone

Plan details
Goal – long term: <i>Maintain health and prevent further injury or aggravation of any existing conditions</i>
Plan completed by: Employer/Provider/Insurer
Objective of this plan: <i>Establish restrictions to avoid aggravation of Injury</i>
Duration of this plan
From: <input type="text"/> To: <input type="text"/>
Job description:

Purpose
<i>The purpose of this duties plan is to ensure the health and safety of the employee and limit activities that can cause aggravation to any pre-existing condition and eliminate the risk of further health issues.</i>



Task details	
Duties	Restrictions
Recommended Hours: Standard Hours	<ul style="list-style-type: none"> • Sitting – Nil Restriction • Driving – If travelling more than 1 hour a break is to be taken from driving to rest shoulder and neck. Minimum of 10-minute break • Standing – Nil Restrictions • Walking – Nil Restrictions • Stairs – Nil Restrictions • Ladders / Scaffolds – No carrying activity if ladder weighs more than 10Kg's. Pulling motion required when climbing is to be avoided at all times. • Squatting – Nil Restrictions • Kneeling – Nil Restrictions • Overhead Reaching – Avoid all work above shoulder height for the period of this plan. • Forward Reaching – Limited to 120 seconds at time. • Lifting – Lifting of any load is not to exceed 10kg's in any position. No overhead lifting of any kind. • Breaks - Additional breaks to be taken on sites if pain increases, use of heat packs on site as often as required. Medication to continue as per prescription from GP. • Weekly review.

Treatment occurring during this plan (e.g. physiotherapy): <ul style="list-style-type: none"> • Consultation with GP should any issues arise. • SFB Management to be notified immediately should any condition be aggravated or arise. • SFB to be notified should you take any medication that can affect your ability to work safely or operate vehicles or equipment. 	Additional Training required: Yes <input type="checkbox"/> No X
	If 'Yes', given by: Progressive Training for various roles.
Plan to be reviewed: <i>Weekly</i>	Training given on:



Signatures	
<p>Worker</p> <p>Name:</p> <ul style="list-style-type: none"> <i>I have been consulted about the content of this plan and agree to participate and implement in my work areas.</i> <i>I consent to the information contained in the agreement to be discussed with the relevant management parties/medical practitioners.</i> <i>I also agree that should any concern arise that I will immediately contact the additional parties listed on this page.</i> <p>Signature:</p> <p>Date signed:</p>	<p>HS&E Manager (RRTW)</p> <p>Name: Corey Scherrenberg</p> <p><i>I agree to continually monitor this plan for effectiveness.</i></p> <p>Signature:</p> <p>Date signed:</p>
<p>Supervisor</p> <p>Name:</p> <p><i>I agree to monitor & ensure this plan is implemented in the work area.</i></p> <p>Signature:</p> <p>Date signed:</p>	<p>General Manager</p> <p>Name: Bill O'Flaherty</p> <p><i>I agree to monitor & ensure this plan is implemented in the work area.</i></p> <p>Signature:</p> <p>Date signed:</p>



I (name)

Date of birth

Address

Claim Number

hereby give my consent for the following specified treatment providers / case management team (listed below) to discuss my medical treatment and rehabilitation with my employer’s rehabilitation and return to work coordinator Corey Scherrenberg.

I understand and consent to medical information relating to my rehabilitation will require collaboration with the below listed parties.

General Practitioner:	Dr.....
Work Cover Qld Claims Manager
Physiotherapist

Agreeing Partie(s)

Name:

Signature:

Date:

Name:

Signature:

Date:

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

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 and establishment 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 other than those already stated above and approved by signing of this letter. Your personal information may be disclosed to a health care professional in relation to the above purposes only.

Please contact me should you require any further questions.

Regards,



Corey Scherrenberg
Spaceframe Buildings HSE Manager / RRTW Coordinator
coreyscherrenberg@spaceframe.com.au
0401 985 500

