

Part 20

**INJURY MANAGEMENT
AND
REHABILITATION**

20.0. INJURY MANAGEMENT AND REHABILITATION

20.1. Injury Management and Rehabilitation Policy Statement

JG King Projects is committed to assisting injured employees with the provision of care, resources and the opportunity to resume productive, secure employment as soon as practical after injury.

JG King Projects will encourage and accommodate the involvement of employee's doctors and/or rehabilitation providers in the rehabilitation process.

Rehabilitation will be a prescribed in accordance with the Victorian Government Occupational Health and Safety Legislation.

The objective is to attain full-time productive and meaningful employment within the employee's capacity to perform free of aggravation and anxiety.

Progress towards that goal will be regularly assessed and the program modified or discontinued if objectives are not being met.

BY AUTHORITY OF:

Signed:



Position: **Managing Director**

for and on behalf of:
JG King Projects

Date: 1st May 2009



20.2. Overview

JG King Projects shall demonstrate commitment and compliance to the objectives of the Injury Management and Rehabilitation Policy. JG King Projects will comply with the requirements of the Victorian Occupational Health and Safety Act 2004, the Occupational Health and Safety Regulations 2007 and relevant Industry Standards.

20.3. Purpose

The purpose of this Policy is to provide guidance to all JG King Projects employees in relation to Injury Management and Rehabilitation. This is particularly important for persons involved in all work situations.

20.4. Scope

This Policy is limited directly to employees of JG King Projects, but may be used as a guidance tool for contractors engaged by JG King Projects.

20.5. Responsibilities

This Policy applies equally to all employees of JG King Projects. However, relevant employees in a supervisory position are to be particularly aware of the contents of this Policy.

20.6. Definition

The term '**Injury Management**' can be used to denote the maintenance and reporting of injuries to the appropriate parties concerned whether there is any lost time or not.

Injuries that do result in an absence from work need to be monitored to ensure that the correct procedures are followed. This includes the effective management of the person who has been injured.

20.7. Occupational Rehabilitation Program

20.7.1. Return to Work Co-ordinator

The person responsible for ensuring that this occupational rehabilitation program is implemented and for ensuring return to work under this program in this workplace is:

Work Co-ordinator's Name:



20.7.2. Providers of Occupational Rehabilitation Services

The following approved providers of occupational rehabilitation services are available to assist in the return to work of an employee following injury where occupational rehabilitation services are reasonably necessary.

**Provider's or Insurer's
Name:**

Address:

Telephone Number:

Contact Person:

20.7.3. Preparation of a Return to Work Plan

Any employee who sustains a work related injury or illness **must** notify their supervisor as soon as is practicable following injury or the onset of illness.

On receiving notification of an injury or illness the return to work co-ordinator will: –

- (i) contact the employee **immediately**;
- (ii) ensure that the employee has access to appropriate treatment; and
- (iii) obtain details of the extent of any capacity for work.

Where an employee has an incapacity for work that is expected to involve twenty or more days away from the workplace, a return to work plan should be prepared **immediately**. That plan will be developed by the work co-ordinator and the injured employee and will be discussed with the employee's doctor wherever possible.

20.7.4. Return to Work Policy

This company recognises and accepts its obligation to assist employees to stay at work or return to work if injured or ill because of their work.

Specifically the Return to Work Policy is that: –

- (i) all the actions to assist employees to stay at or return to work are commenced as soon as possible in a manner consistent with medical advice;
- (ii) any employee injured or made ill because of their work is returned to work in the shortest possible time, provided it is safe and practicable to do so;
- (iii) the employee will be returned to suitable alternative work which does not jeopardise their well-being.

All our employees are expected to assist and co-operate in ensuring this policy is followed.

Our commitment to this Policy means: –

- (i) return to work will commence as soon as possible after illness or injury and a return to work plan will be established for any employee who is unable to work for twenty or more days. This plan will be established as soon as it is indicated that an absence of twenty or more days is likely;
- (ii) there **must** be early reporting and early intervention at the workplace to enable an employee to stay at work, if appropriate;
- (iii) that remaining at or returning to work as soon as is safely possible after injury is a normal workplace practice and expectation;
- (iv) suitable duties, which do not jeopardise the well being of the employee, will be provided, where possible, as part of the return to work program;
- (v) there will be full involvement of employees in their own return to work;
- (vi) the confidentiality of employee's information during return to work and any occupational rehabilitation will be maintained;

- (vii) participation in a return to work program will not, of itself, prejudice any employee; and
- (viii) return to work activities will be reviewed weekly in consultation with the employee to ensure that progress is continuing towards a complete recovery.

20.8. Record Keeping

All records of employee injuries are to be dated and copies kept at the respective Administration Office.

Ref Form:

Form No.051: - Return to Work Plan - (Example Format Only)

RETURN TO WORK PLAN

Return-To-Work Co-ordinator:	
Plan prepared by:	
Date:	

Employee Details:

Claim number:	
Name:	
Address:	
Telephone No:	
Date of birth:	
Position/occupation:	
Contact person:	
Telephone No:	
Date of injury:	
Nature of injury:	
Medical restrictions:	
Expected return-to-work date:	
Hours of work:	
Review of Return-to-Work Plan Date:	

Treating Practitioner Details:

Name:	
Address:	
Telephone:	

Occupational Rehabilitation Provider Details *(if applicable):*

Company:	
Address:	
Telephone:	
Consultant:	
Provider No.	

Details of any proposed/occupational rehabilitation services are to be attached to this plan.

Other assistance or medical service details *(e.g., physiotherapy, chiropractic treatment etc).*

Company:	
Address:	
Telephone:	

Service details:	
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