THE REHAB REVIEW

Issue 1, 2006

Welcome...

...to the first edition of our 2006 newsletter. In this issue we take a look at recent changes to the *Workers' Compensation and Rehabilitation Act 2003* which will impact on rehabilitation and compensation practices within the Department. We will also look at the evidence from New Zealand for low back pain assessment, intervention and management which provides some useful 'red flags' for rehabilitation case management.

We will also review the process for teachers with a voice injury requiring a voice amplifier on loan.

If you have any feedback or articles that you would like to contribute, please contact Clare on telephone 3235 4030 or at email Clare.Reardon@qed.qld.gov.au.

What's New in Organisational Health?

Health & Safety System Audit

A state-wide Health and Safety Management System Audit of the Department commenced on 27 March and is being conducted by Dupont Australia. A sample of schools and other departmental sites will be visited in selected metropolitan, rural and remote locations during the next couple of weeks.

The system audit will ultimately benefit all departmental workplaces. Dupont Australia has proven success in assisting large organisations implement changes to improve health and safety management. The aim of the process is to improve organisational health and promote a culture that proactively manages health and safety risks.

Psychological Illness Notification

Workplace Health & Safety Queensland (WHSQ) recognise that psychological hazards in the workplace can create both physical and psychological risks.

When an employee's psychological illness is accepted as a WorkCover claim, it is classed as a work-caused illness. WHSQ must be notified of all work-caused illnesses. Psychological illnesses should be recorded in the SMS system, which will generate a form for faxing to WHSQ.

WHSQ may provide guidance and advice on how to minimise risks from psychosocial hazards.

Legislative Changes

A number of changes have recently been made to the *Workers' Compensation and Rehabilitation Act 2003* and the *Workers' Compensation and Rehabilitation Regulation 2003*. Some of the main changes are listed below.

- The title of Rehabilitation Coordinator has been replaced by "Rehabilitation and Return to Work Coordinator".
- The functions of Rehabilitation and Return to Work Coordinators, the insurer and the employer have been detailed further. Section 99B of the Regulation lists the functions of a Rehabilitation and Return to Work Coordinator as :
  - (a) initiating early communication with an injured employee to clarify the nature and severity of the employee's injury and to compile initial notification information;
  - (b) providing overall coordination of the employee's return to work;
  - (c) developing the suitable duties program component of a rehabilitation and return to work plan, if a plan is required, in consultation with the worker and the worker's employer and ensuring the program is consistent with the current medical certificate or report for the employee's injury;
  - (d) liaising with -
    - (I) any person engaged by the employer to help in the employee's rehabilitation and return to work; and
    - (ii) the insurer about the employee's progress and indicating, as early as possible, if there is a need for the insurer to assist or intervene.
- The compensation amounts have been increased, with the maximum entitlement for a single event rising from $74,625 to $200,000.
- The new amendments expedite and increase access to lump sum compensation for employees with latent onset terminal conditions.
- Medical Assessment Tribunals (MATs) will be maintained although the composition and constitution of tribunals have been modified. Only an employee, counsel, solicitor or agent nominated by the employee may be present before a MAT.
- Security of employment for injured employees has been extended to 12 months after injury (previously 6 months) in the case of work related injury.

For further information about these and other changes, or to view updated versions of the Workers' Compensation and Rehabilitation Act and Regulations, go to http://www.qcomp.com.au/scheme_development/legislation/htm/index.htm.

Frequently Asked Questions

Does an employee undertaking rehabilitation have to provide consent for the Department to speak with their treating doctor?

Employees should be encouraged to provide a medical authority for their rehabilitation and return to work coordinator to discuss their rehabilitation with their treating Doctor, as it contributes to good quality management of their rehabilitation and recovery. Employees are not required to provide this consent.

If an employee does not provide medical authority can I still speak with their Doctor?

Without medical authority, you may still provide information to the Doctor in relation to the employee, however, the Doctor will not be able to provide you with any confidential medical information. The Doctor can still provided information on the impact of an employee's injury on their ability to work e.g. suitable duties, work task limitations, GRTW planning and timeframes for recovery.

How should rehabilitation files be stored?

All rehabilitation case management files should be stored in a lockable storage system. The files should only be accessible by the Rehabilitation and Return to Work Coordinator. They are not for general access or access by school administrators. Information provided during rehabilitation is for the sole purpose of facilitating rehabilitation and return to work.

What do I need to do when a rehabilitation case is finalised?

When a case is finalised you should complete a case closure form and provide the employee with a rehabilitation survey to complete and send to central office. The file should then be sealed in an envelope and sent to the appropriate district/regional office to be placed on the personnel file.

Low Back Pain

The New Zealand Accident Rehabilitation and Compensation Insurance Corporation (ACC) in conjunction with the National Health Committee have produced a very useful series of booklets about the evidence base for intervention in cases of low back pain. These booklets provide a guide for best practice in the management of acute, chronic and recurrent low back pain. The series includes booklets aimed at GPs, allied health professionals and patients.

Their data suggests that over 90% of patients with low back pain regain usual activity within four weeks. Those patients with symptoms persisting beyond 12 weeks have a "rapidly reducing rate of return to normal activity".

The principles of good general practice management identified in these documents include:

- Staying active
- Continuing normal activities (no more than 2 days bed rest)
- Staying positive and expecting recovery
- Taking medication if necessary

While manipulation may help in the first month, it is interesting to note that traditional medical treatments, focussed on analgesics only as required, as well as advice to rest and "let pain be your guide", have all been shown to delay recovery. The data on surgery suggests that the long term outcomes are no better than for conservative management.

The booklets also identify a series of 'red flags' for potentially serious conditions. These include:

- Significant trauma
- Weight loss
- History of cancer
- Fever
- Intravenous drug or steroid use
- Patient aged over 50 years
- Severe, unremitting night time pain
- Pain that gets worse when the patient is lying down
- Features of cauda equina syndrome

If 'red flags' are identified, they should be discussed with the treating medical practitioner for further assessment. Further information on the ACC can be found at their website: www.acc.co.nz.

Voice Amplifier Loans

The Organisational Health Unit (OHU) administers a voice amplifier loan scheme for teachers who sustain voice injuries, in order to prevent re-injury and facilitate recovery.

The supply of the voice amplifiers is based on a medically assessed need and is subject to the employee providing supporting documentation from a speech pathologist or ear nose and throat specialist. This documentation should indicate the nature of the injury and the expected duration of the loan.

The voice amplifier is seen as only one strategy to manage vocal injuries. The *Practical Strategies for Minimising Voice Strain* fact sheet, available from the Creating Healthier Workplaces web page (http://education.qld.gov.au/health/rehab/res-fact.html), outlines some other strategies which may be useful.

Voice amplifier loans are subject to a borrowing agreement between the employee and the OHU and can be made for a maximum period of three years. This can be extended on receipt of advice from a speech pathologist or ear nose and throat specialist recommending their continued use.

All voice amplifiers should be returned to the OHU at the end of the loan period, or earlier should they be no longer required.

Useful Websites to Visit

If you are looking for good, up to date medical information visit medline plus at http://medlineplus.gov. This site is maintained by the US National Library of Medicine and the National Institute of Health and contains information on medical conditions, medications, symptoms and a whole lot more.

At http://www.seekwellness.com/ you'll find information about clinical trials, treatment options and research, how to select a health care provider, reports on dozens of illnesses and conditions, tips about healthy lifestyles, complementary treatment alternatives and options, and much more.