

Creating Healthier Workplaces

The Rehab Review

Welcome...

This edition of the Rehab Review features information on the launch of the Health, Safety and Wellbeing Action Plan for 2007-2008 and an article on Systems for Reporting injuries/illnesses to Rehabilitation and Return to Work Coordinators.

Our frequently asked questions addresses the issue of finding information on policies and resources on our new website.

It also includes articles on Post Traumatic Stress Disorder, and information and references to resources on Psychiatric Diagnoses.

If you have any feedback on the Rehab Review newsletter or would like to contribute an article, please contact Nicola on 323 70789 or by email at nicola.barnes@deta.qld.gov.au

What's New in Rehab?

Health, Safety and Wellbeing Action Plan and Commitment Statement

On the 18th April 2007 the A/Director-General, Jenny Cranston launched the *Health, Safety and Wellbeing Action Plan and Commitment Statement 2007-2008*.

The Action Plan provides a framework to assist all Education Queensland schools with the implementation of health, safety and wellbeing initiatives. The action plan contains within it, the requirement for schools to ensure they have appointed and trained a RRTW Coordinator and have displayed the names and functions of this person.

The launch also marked the release of the department's new *Health, Safety and Wellbeing Commitment Statement and Action Plan*. This document articulates the Director-General's and the department's commitment to maintaining safe, healthy and supportive working, learning and cultural environments for all people attending, working and participating in departmental activities.

The Action Plan and Wellbeing Statement are available on the recently enhanced Creating Healthier Workplaces website.

The website's new format is aimed to improve access for regional, district and school staff and is available at: www.education.qld.gov.au/health

Resources including the Action Plan and Wellbeing Statement have been mailed out to all schools. These provide the priority actions for health, safety and wellbeing programs in the department and will assist in directing the activities of health and safety committees in schools, regions and central office.

Your Regional/School Workplace Health and Safety Standing Committee can use these documents to develop a Health, Safety and Wellbeing plan to support schools in your region. For further information on the health and safety committees and consultative arrangements please refer to: HLS-PR-016: Workplace Health & Safety Consultative Framework.

It is important to work effectively together and regard health, safety and wellbeing as a standard part of our management and working practice.

Systems for Reporting to RRTWC's

Early reporting and intervention is imperative to positive rehabilitation outcomes for an employee and the workplace. It is therefore essential that a Rehabilitation and Return to Work Coordinator becomes involved as soon as possible following an employee suffering an injury or illness.

A Rehabilitation and Return to Work Coordinator needs to become involved with an injured or ill employee if the employee:

- completes a WorkCover Application for Compensation
- has sustained an injury/illness that will lead to an absence of 5 working days or greater from the workplace
- sustains an injury/illness that prevents them from undertaking their normal duties
- has submitted a noticeable number of WorkCover claims, or a reopening of a claim
- has had an unusually high amount of intermittent sick leave.

This means that a Rehabilitation and Return to Work Coordinator needs to set up, and document appropriate systems in the workplace that outline how they are notified of all injured or ill employees requiring their assistance.

This may include ensuring employees or managers contact them informally when they know an employee has an injury or illness that may require rehab support.

This system should also include a formal process, whereby the administration formally notify the Rehabilitation and Return to Work Coordinator of an employee when they become aware that one of the criteria for notifying a Rehabilitation and Return to Work Coordinator has been met. This may include when an employee calls in sick, when medical issues become apparent during a discussion about performance or when additional staffing is required to support an employee.

Forums available to facilitate awareness of a workplace's rehabilitation processes include:

- outlining departmental and workplace processes to support an injured or ill employee at the time of their induction into the workplace
- discussing rehabilitation and WorkCover processes and requirements regularly at staff meetings
- ensuring the Rehabilitation and Return to Work Coordinator's current contact details are clearly displayed in each workplace and that all staff at the workplace are aware of this person and their role.

Please contact your local Senior Rehabilitation Consultant if you require assistance in setting up an appropriate system in your workplace.

Frequently Asked Questions

How do I find information on Department's Rehabilitation policies and Resources?

The Department's *Creating Healthier Workplaces* website has recently been relaunched following an extensive review of the layout and resources available via the website. There are separate sections of the website that cover Workplace Health & Safety, Injury Management, Employee Assistance and Health Promotion.

The Injury Management section includes pages dedicated to supporting various roles, including Principals/Managers and Rehabilitation and Return to Work Coordinators.

The Rehabilitation and Return to Work Coordinator page includes links to the Department's Workplace Rehabilitation Procedures & Guidelines, the Workers' Compensation and Rehabilitation Act and Regulations and links to all the forms a Rehabilitation and Return to Work Coordinator may need to use when providing rehabilitation assistance to an employee.

The link to access the *Creating Healthier Workplaces* website is <http://education.qld.gov.au/health/>.

What is PTSD?

Traumatic events are usually defined as unexpected situations that are life threatening, or where there is a significant threat to one's physical and psychological integrity.

After a traumatic event a person may experience strong emotional and physical reactions. These reactions are normal and with understanding and support from family, friends and colleagues most people will find that these diminish over days or a number of weeks.

Post traumatic Stress Disorder (PTSD) is one of the longer term reactions that a person may develop after exposure to a traumatic event. This diagnosis may be made if symptoms of physiological arousal, intrusive thoughts of the event (including nightmares and flashbacks) and avoidance of reminders of the event persist for longer than one month after the incident and significantly interfere with work and

relationships. More serious ongoing problems such as PTSD, do not tend to resolve themselves and professional assistance is required.

Proper assessment and diagnosis is important in determining appropriate treatment. This may include medication, as well as psychological interventions such as trauma focused cognitive behavioural therapies.

Note that if an employee has not experienced a traumatic event, PTSD may not be the correct diagnosis. If you are concerned about a diagnosis for an employee, please contact your local Senior Rehabilitation Consultant for advice.

Useful Resources

HealthInsite is an Australian Government initiative web site which maintains a range of current, quality assessed health related information. The site includes a dedicated rehabilitation page which looks at rehabilitation for specific injuries <http://www.healthinsite.gov.au/topics/Rehabilitation>

Human Anatomy Online is a great reference site for general information about medical descriptions. The site includes useful information, hundreds of graphics and descriptive links <http://www.innerbody.com/image/musbov.html>

Psychological Diagnosis

Psychological injuries are usually diagnosed according to one of the two major diagnostic systems: the World Health Organisation's International Classification of Diseases -10th edition (ICD10), or the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders – 4th edition (DSMIV). The DSMIV is the most commonly used, diagnostic system, it is typical for medical practitioners to provide a 5 axis diagnosis. This aims to capture all of the information which may help in the planning of treatment and prediction of outcomes. This information may otherwise be overlooked if the focus was on assessing a single presenting problem.

AXIS 1 provides a list of all of the clinical disorders diagnosed, as well as other conditions which may be a focus of clinical attention. Where more than one condition is present all should be listed and a notation made against the principal diagnosis.

AXIS 2 identifies the presence of any personality disorders or mental retardation.

AXIS 3 is used to report any current general medical conditions which are potentially relevant to the understanding or management of the individual's psychological condition.

AXIS 4 is used to report psychosocial and environmental problems which may be relevant to the presentation. This may include: negative life events, interpersonal stressors, inadequate social support or personal resources, occupational problems and other problems relating to the context in which a person's difficulties have developed.

AXIS 5 is used to provide a numerical estimation of the person's functioning. This is usually derived from the Global Assessment of Functioning (GAF) Scale, a standardised subjective assessment of functioning, divided into 10 ranges of functioning.

Your Senior Rehabilitation Consultant is available to assist you in understanding and interpreting medical information, including medical diagnoses.

