

Welcome...

This edition of The Rehab Review features information on the new guidelines for voice amplifiers and an injury management article on seasonal allergies.

Our frequently asked question explains the difference between Physiotherapists and Occupational Therapists.

We have included articles for organisational health teams who are based in schools and a profile of one of our school based Rehabilitation and Return to Work Coordinators.

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.

Voice Amplifiers

The Organisational Health Unit (OHU) purchases voice amplifiers for teachers who sustain a voice injury, in order to prevent re-injury and facilitate recovery. The supply of 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.

The guidelines for the provision of voice amplifiers have recently been updated. The OHU will continue to manage the purchase and distribution of voice amplifiers, however voice amplifiers will now be transferred as an asset from the OHU to the base school of the teacher with the voice injury.

This means the voice amplifier will become a school asset, which is required to be registered in SMS and permanently loaned to the employee with the voice injury.

The voice amplifier needs to be assigned a school asset identification number and will remain the property of the school. In the event that the employee with the voice injury is transferred to another school, the voice amplifier will need to be transferred to the new school on SMS.

If the employee no longer requires use of the voice amplifier, it must be returned to the school and stored securely for loan to another teacher at the same school, as required.

Employees can avoid developing a voice injury through use of a number of strategies detailed in The Practical Strategies for Minimising Voice Strain fact sheet. This is available from the Creating Healthier Workplaces website <http://education.qld.gov.au/health/docs/voice-strain.doc>

Injury Management - Seasonal Allergies

Winter is upon us once more, bringing with it the inevitable sniffing and sneezing brought on by a string of colds going through our schools and offices. This will soon be replaced, for many, by the sniffing and sneezing triggered by allergens, as we throw open the windows, enjoy the warmer weather and are assaulted by the new pollens of spring. Doctors' waiting rooms will fill with patients looking for relief from wheezing, sneezing, itchy eyes and runny noses.

So, how then can we distinguish between the sniffles and sneezes resulting from a cold and those related to allergy?

Symptoms are more likely to be the result of an allergy if:

- There is no fever or muscle aches
- Mucous secretions are clear and runny
- Sneezes occur in rapid multiple sequences
- Nose, ears and throat are itchy
- Symptoms last longer than the typical cold (which usually lasts 7-10 days)

There is emerging evidence that allergic rhinitis (hayfever) and asthma are mediated by similar allergic mechanisms, and may represent two manifestations of the same united airway disease.

For many, such allergic reactions are intermittent and reasonably managed with medications. However, others can fall into a chronic pattern of disability, which impacts on all aspects of life, including employment.

Employees suffering from these conditions may present with a pattern of intermittent absence, not well suited to traditional graduated return to work programs. This can present a real challenge to both managers and Rehabilitation and Return to Work Coordinators.

Managing the impact of such illnesses in the workplace requires sound medical advice and the implementation of action plans (particularly for asthma). This would enable the employee to recognise worsening respiratory distress and give clear instructions on what to do in response. Employees would be well advised to seek medical advice in relation to both understanding triggers and managing symptoms.

Reasonable adjustments which could be made in the workplace, will obviously need to be tailored to the needs of individuals and should be based on sound medical advice. This could include: ensuring that classroom windows are closed when the pollen count is high, planting low allergy gardens in the school grounds or using air conditioners to reduce the pollen load in the work environment. Cleaning practices could also be modified to include wet dusting and to ensure appropriate filters are used when vacuuming.

Frequently Asked Questions

What is the difference between a Physiotherapist and an Occupational Therapist?

Physiotherapists undertake a minimum of three years university training. According to the Australian Physiotherapy Association, physiotherapists are primarily concerned with movement, and help people gain as much movement and physical independence as possible, so they can resume their normal job or lifestyle. Physiotherapists can provide assessment, diagnosis and treatment to people with joint, muscle and nerve disorders as well as patient education to help people avoid injury and maintain a fit and healthy body.

Physiotherapists use a range of treatment strategies including:

- Joint mobilisation and manipulation
- Therapeutic exercises and stretches
- Electrophysical agents (including heat, ice and ultrasound)
- Soft tissue massage
- Breathing exercises and techniques

Occupational Therapists (OTs) undertake a minimum four years of university training. OT Australia identify that the primary goal of occupational therapy is to enable clients to participate in the activities of everyday life. Occupational therapists achieve this by maximising the client's skills for living, enabling people to do things that will enhance their ability to participate, or by modifying physical, social, attitudinal and legislative environments to better support participation.

Occupational Therapists in the vocational rehabilitation sector provide a range of services including:

- Worksite assessments
- Functional capacity evaluations
- Application of ergonomic principles
- Manual handling programs
- Graduated return to work programs
- Rehabilitation case management

School based OH team

Do you attend the Workplace Health and Safety or Organisational Health Committee meetings at your school? As the Rehabilitation and Return to Work Coordinator you play a vital role in the Organisational Health Team. Members of the Organisational Health Team should include the Workplace Health and Safety Officer, Workplace Health and Safety Representative, Rehabilitation and Return to Work Coordinator, and representative Teachers, Teacher Aides, Schools Officers, Cleaners, Administrative Staff, students and parents.

The Committee should meet at least once every three months and at other times as required.

By attending the Workplace Health and Safety Committee meetings you have the opportunity to:

- Promote rehabilitation and return to work;
- Advise on the number of work related injuries and work related illnesses at the school;
- Disseminate to the committee the standards, rules and procedures relating to rehabilitation and return to work;
- Review circumstances surrounding recent workplace injuries and work related illnesses and advise the Principal of the result of the review and make recommendations; and
- Initiate programs aimed at promoting rehabilitation and return to work to support school staff.

Useful Resources

Making sense of medical information can be a difficult task. Doctors use a range of terms and abbreviations which can be difficult to understand. The American site www.medilexicon.com can help. With a range of search options available, you can find a medical dictionary and information on diverse topics including medical abbreviations, breaking medical news and medications (unfortunately with American brand names).

For medication information suitable for the Australian market <http://www.mydr.com.au/drugs/drugs.asp> is worth a look.

Rehab Coordinator Profile

Kerri Wright is the school based Rehabilitation and Return to Work Coordinator (RRTWC), and Business Services Manager at Macgregor State School.

Kerri was first certified as a RRTWC in 1999, and she has handled a number of diverse and complex rehab cases including:

- Back injuries
- Psychological injuries
- Voice strain injuries
- Foot and ankle injuries
- Injuries arising from motor vehicle accidents
- Severe asthmatic incidents

Kerri finds that early intervention is the key to a successful outcome. As soon as Kerri learns that an employee has been injured or is ill, she contacts them to ensure firstly that they are OK and to inform them of what needs to be done to lodge a WorkCover claim or apply for QSuper Income Protection benefits.

Kerri also believes that maintaining regular contact whilst an employee is away from work is vital to the wellbeing and rehabilitation of the employee.

Kerri ensures that she gathers all the appropriate information during the Initial Interview, including:

- Information about the injury (how, when, where, why, what)
- Completes the appropriate forms i.e. Application for Compensation or QSuper Income Protection forms, Tax Declaration, Medical Authority & SMS WH&S Incident forms;
- Records the name, address and phone number of treating Doctors and Allied Health professionals;
- Develops a Rehabilitation Plan;
- Explains about leave, timesheets, medical certificates, receipts etc;
- Discusses suitable duties and develops a preliminary Graduated Return to Work Plan, for discussion and approval by the treating doctor.

Kerri enjoys her role as a Rehabilitation & Return to Work Coordinator and likes that she feels she is really making a difference to peoples' lives.

