

2. Guidelines for Addendum to the Workers Compensation Medical Certificate

Currently in your role you are required to complete workers compensation medical certificate for workers with work related injury/illness. Research indicates that the information provided in the workers compensation medical certificate is limiting, with medical practitioners receiving requests for further information regarding the work related injury/illness. An addendum to the medical certificate has been developed to address this.

Information provided to the RTW Coordinator should only be in relation to the injured/ill nurse's workers compensation claim and regarding return to work options, it does not include access to medical records.

Guidelines to assist in completing the addendum to the Workers Compensation Medical Certificate are outline below:

Section 1 to 3

The injured and/or ill nurse fills in this section.

Section 4 to 11 (medical practitioner to complete)

Provide a detailed medical assessment setting out the clinical findings and diagnosis. It is important to be detailed in this section to minimise the request for further information from the employer and/or agent. This section is setting out the medical plan for the injured and/or ill nurse.

Section 5

The outlined work restrictions have been identified as specific to nurses.

Section 6

Focus should be on identifying the injured nurses work capabilities, to shift focus to what they can do rather than on what they can't do. Identified return to work duties should be sustainable, safe, meaningful and durable, with the primary objective to obtain nurses in their clinical roles wherever possible.

Refer to the overview of nursing roles and responsibilities which can assist in identifying work capabilities, this is generic to all work areas and nurses will be able to provide the more specific details of their roles.

Section 7

Definition of Rehabilitation includes:

- (i) The physical, social and psychological rehabilitation of the injured and/or ill nurse and assistance in returning them to their work as nurses;
- (ii) Provision of sustainable, safe, meaningful and durable return to work of injured and/or ill nurses identified through consultation with the injured/ill nurse, his/her employer, treating doctor and other key stakeholders.
- (iii) Early identification for those injured and/or ill nurses who cannot return to nursing and the provision of assistance for training and re-skilling to achieve meaningful and productive alternative employment, with the potential to achieve similar income to that prior to the injury or illness;
- (iv) Strategies for long term injured nurses who will never RTW in any capacity and this must encompass restoration of quality of life to the maximum possible level; and
- (v) The linking of rehabilitation with prevention of injury and/or illness to nurses in hospitals.

The Rehabilitation Goals for an injured nurse are often not addressed and/or outlined, as emphasis is on recovery and return to work. Rehabilitation goals should be holistic, and based on:

- Medical goals.
- Physical goals.
- Psychological goals.
- Social goals.
- Vocational goals.

In identifying the rehabilitation goals, the objective is to identify the goal and how this will be achieved.

Section 8

This section outlines the medical management of the injury or illness.

Section 9

This section outlines return to work options. As the medical practitioner you play a role in the rehabilitation and return to work of an injured worker. It is important that you and the injured worker are consulted within this process. Where this does not occur you can request that the employer consult with you and the injured worker. S5 of the Accident Compensation Act outlines you can request the following Occupational Rehabilitation Services:

personal and household service means the provision of any one or more of the following of a kind or type, and by a person, approved by the Authority-

(a) attendant care;

(b) counselling;

* * * * *

(d) household help;

(e) transportation costs;

(f) at the request of a medical practitioner, an aid, assistance, appliance, apparatus or service, other than a medical service, hospital service or nursing service- and includes a rehabilitation service provided under this Act as in force before the commencement of section 80 of the

[Accident Compensation \(WorkCover Insurance\) Act 1993](#);

This is further detailed on Overview of entitlements to Occupational Rehabilitation Services. An example/draft letter has been provided to assist in requesting Occupational Rehabilitation Services which is to be addressed to the Agent.

Refer to Stakeholder Roles and Responsibilities for an overview of each party's role in rehabilitation and return to work.

Section 10

This section outlines when and/or how contact will be made, preferably with the injured worker present and/or with their knowledge and consent.

Section 11

It is necessary to fill in this information as the addendum will not remain with the medical certificate. This assists the employer in identifying the medical practitioner.

3. Draft Addendum to WorkCover Medical Certificate for Injured/Ill Nurses

1. Worker Details (worker to complete)

First Name(s): Surname:
Address:
Telephone: Date of Birth:/...../..... Occupation:

2. Employer Details

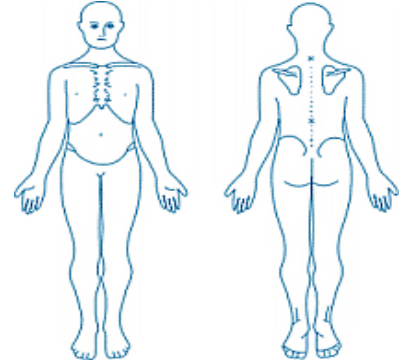
3. Time and date of examination:.....am/pm...../...../.....

Name & Address of Worker's Employer:

4. Medical Assessment (Medical Practitioner to complete)

Clinical findings/diagnosis (include possible complications, effect, medical condition or ongoing risk)

.....
.....
.....
.....



Rehabilitation

5. Fitness for Work It is my opinion that as from the date of this certificate the worker is:

- Fit to return to pre-injury duties, no further treatment required.
- Fit to return to pre-injury duties, but requires further treatment.
- Fit for restricted return to work **from:**/...../..... **to:**/...../.....
- Work restrictions:
 - No lifting anything heavier than ____kg.
 - Avoid repetitive bending/lifting.
 - Avoid repetitive use of affected body part.
 - Avoid prolonged standing/walking/sitting.
 - Pre-injury unit/ward.

6. Identify Work Capabilities (as outlined per roles and responsibilities of nurses):

.....
.....
.....

7. Identify Rehabilitation Goals (including Occupational Employer Services)

- Medical:
- Physical:
- Psychological:
- Social:
- Vocational:

8. Medical Management

- Medication:
 - Physiotherapy/Chiropractor/Remedial Massage/Osteopath *Number of Sessions recommended:*
 - Imaging:
 - Psychologist/Psychiatrist/Counselling *Number of Sessions recommended:*
 - Referred to hospital/specialist (name):
- Other treatment:

9. Return to Work Options

- Employers Return to Work Coordinator to collaborate and consult with Medical Practitioner and Worker in coordinating Rehabilitation and Return to Work.
 - Occupational Rehabilitation Services requested as per attached letter.
 - Occupational Rehabilitation Services likely to be necessary, subject to review inweeks.
 - Occupational Rehabilitation Services required – choice of 3 providers to be discussed with the worker.
 - I would like the employer to discuss with me organising referral for Occupational Rehabilitation Services.
 - Occupational Rehabilitation Services has been initiated and is continuing with:
- Comments:

10. Medical Practitioner/Return to Work Coordinator Contact

- I have with the injured nurse made contact with their employer during the consultation and discussed return to work options.
- Employer please fax your contact details as I will contact you to discuss return to work options during the next consultation.
- Contact with employer not necessary at this stage.

11. Medical Practitioner's Details

Name: Address:
Telephone: Fax: Signature:

Next Appointment Date:/...../..... Time: