

Identifying return-to-work risk¹

This tool is designed to help you identify return to work risk factors and give you some suggestions for how to manage them. It's not designed as a risk rating tool nor does the presence of more than one risk factor necessarily mean there is an increased risk of a poor outcome.

Most injured or ill workers can manage their health and return to their usual job. Most will only need a limited number of visits to their general practitioner and some physiotherapy or pain medication, and/or psychological treatment to help with recovery. In a small number of cases certain risk factors can increase the worker's chances of not returning to work.

What are these risks and how can you manage them? Use this tool to explore foreseeable RTW risks.

Worker

Risk	Possible Strategy
Worker has a heavy, difficult, dangerous or otherwise unpleasant job	<ul style="list-style-type: none"> • Liaise with management regarding job rotation/potential job modifications, engineering out hazardous tasks
Worker has a history of conflict with co-workers or supervisors	<ul style="list-style-type: none"> • Acknowledge anger and conflict, and, if necessary, provide independent, expert intervention to manage anger, conflict, hostility or grief.
Poor performance /attendance record	<ul style="list-style-type: none"> • Investigate possible causes and recommend action (eg HR involvement). • Modify workplace factors if possible.
Worker appears anxious and/or depressed (eg fear of re-injury or that they won't be able to return to work)	<ul style="list-style-type: none"> • Acknowledge the employee's distress. • Discuss his/her fears with the treating doctor (with worker consent). • Set small, manageable goals. • Reinforce expectations of worker recovery. • Restate and focus on accurate beliefs that the worker may have about their recovery expectations. • Emphasise and maintain the employee's social connection with the workplace. • Maintain regular communication with the injured worker.
Worker expresses belief that complete rest is required and that they need to be 100% fit to return	<ul style="list-style-type: none"> • Remind the worker of the benefits of a quick return-to-work, and the drawbacks of delayed return-to-work. • Liaise with treating doctor (with worker consent). • Inform the insurer
History of same or similar injury	<ul style="list-style-type: none"> • Ask the injured worker, other employees to contribute to a plan of action to prevent another similar injury; implement actions.
Difficult to contact at home following injury	<ul style="list-style-type: none"> • Ascertain best way to contact worker • Ask co-workers if they have made contact

¹ Q-Comp [Identifying return to work risks resource](#)

	<ul style="list-style-type: none"> • Try SMS, email and/or mail. • If necessary, reinforce obligation to keep in contact.
<p>Poor relationship between worker and</p> <ul style="list-style-type: none"> • insurer case manager • rehabilitation coordinator 	<ul style="list-style-type: none"> • Acknowledge anger and conflict impartially. • Try to identify the source of conflict • Discuss with case manager and escalate if no resolution. • Keep in mind workers with serious injuries may be going through a grieving process - this may be manifesting as anger or conflict.
Delay in claim lodgement	<ul style="list-style-type: none"> • Educate all parties about the benefits of early lodgement (eg reduces the likelihood of loss of income, speeds up payment for treatment). • Train workers in procedures. • Develop systems to detect work related injury absences.
Worker expresses belief that continuing to work will cause further harm	<ul style="list-style-type: none"> • Take the worker seriously - this may be an accurate assessment of the situation • Liaise with treating doctor (with worker consent) to see if suitable duties may need to be revised or if absence from work is needed.
Worker has no income for an extended period following injury and/or claim lodgement	<ul style="list-style-type: none"> • Check claim has been lodged, liaise with insurer, arrange for payment of sick leave or annual leave, reimburse if claim is accepted, refer worker to Centrelink or other community agencies.

Workplace

Risk	Strategy
Does not have systems for identification of injuries likely to lead to claims	<ul style="list-style-type: none"> • Develop systems, educate and train all staff to report injury/illness.
Recent restructuring or downsizing	<ul style="list-style-type: none"> • Consult HR for change management strategies.
Workplace has a record of similar injuries	<ul style="list-style-type: none"> • Report to/liase with management about possible job modification, job rotation, engineering our hazardous tasks if possible.
History of poor worker/management relations	<ul style="list-style-type: none"> • Acknowledge anger and conflict impartially. • Provide expert intervention to manage anger, conflict, hostility or grief.
Employer not required to have a return to work coordinator.	<ul style="list-style-type: none"> • Maintain close liaison with the insurer. • The longer the absence from work the higher the premium. By appointing a return to work coordinator and providing suitable duties for injured workers you can decrease this.

Injury

Risk	Strategy
Complex injury (eg fracture, psychological injury) with expected absence > 2 weeks	<ul style="list-style-type: none"> Initiate and maintain close liaison with the injured worker, treating doctor, worker's supervisor, and insurer case manager. Consider appointing a rehabilitation provider to assist (insurer may or may not approve payment of this service).
Injury developed over a period of time	<ul style="list-style-type: none"> Encourage workers to report early signs of injury and seek treatment. Consider job modifications or suitable duties until the condition settles
Injury not reported immediately	<ul style="list-style-type: none"> Provide training and information about the need to report injuries immediately.
No obvious event/incident	<ul style="list-style-type: none"> Advise the insurer of your concerns. Investigate and report promptly to the insurer as timeframes are limited.

Medical factors

Risk	Strategy
Worker frequently changes doctor	<ul style="list-style-type: none"> Notify the insurer of your concerns
Worker not following treatment (eg attendance for physiotherapy)	<ul style="list-style-type: none"> Notify the insurer promptly. Discuss reasons with the worker. Liaise with the treating doctor.
<p>Treating doctor not supportive of workplace rehabilitation; May be due to:</p> <ul style="list-style-type: none"> potential conflict of interest if doctor provides advice which the worker does not agree with unavailability to visit or familiarise themselves with the workplace may cause them to err on the side of caution their duty of care being to their patients – not insurers or employers the time needed to assess complex issues. 	<ul style="list-style-type: none"> Notify the insurer promptly. Book a consultation with the treating doctor to discuss (you will need to pay for this consultation). Acknowledge that their time is limited and that they may not be familiar with the workplace. Provide the employee's position statement (task analysed for suitable duties) Let the doctor know you are aware of the benefits of quick RTW and the drawbacks (to the employee) of delayed RTW. Be prepared - have a list of questions which you have faxed ahead. Ask about function, capability and risk factors, not just diagnosis. Discuss with the injured worker. Ask the independent doctor to liaise with the treating doctor. Provide doctors with copies of reports or assessments to assist them to provide good advice for return to work strategies or workplace alternatives.
An independent medical assessment indicates	<ul style="list-style-type: none"> Discuss with the insurer.

inconsistencies between the reported symptoms and the injury	
Treating doctor and independent doctor disagree on prognosis and treatment	<ul style="list-style-type: none"> • Discuss with the insurer. • Ask the independent doctor to liaise with treating doctor to discuss.