

# Responding to Injury & Ill Health TRANSPORT



17 September 2024



**Healthy  
Workplaces**

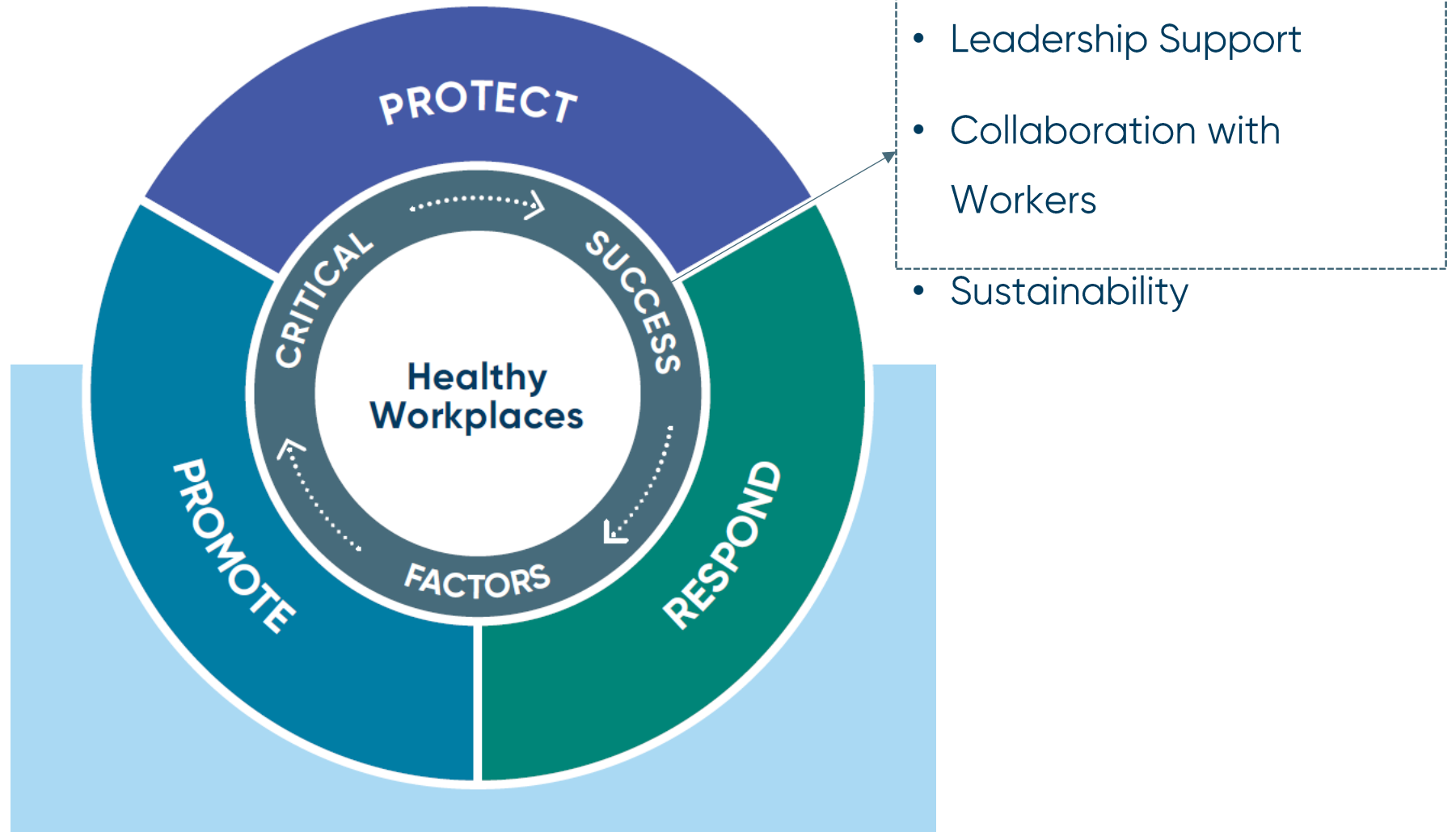
# Session #1

Amanda Sadauskas  
Healthy Workplaces Advisor  
ReturnToWorkSA



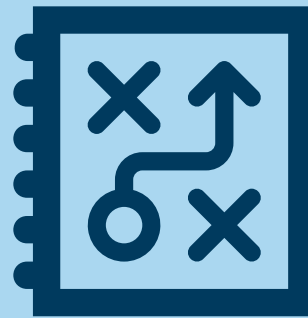
# Workplace Injury Data

# Healthy Workplace Model





Awareness



Develop  
Strategies



Work together



# Run Sheet

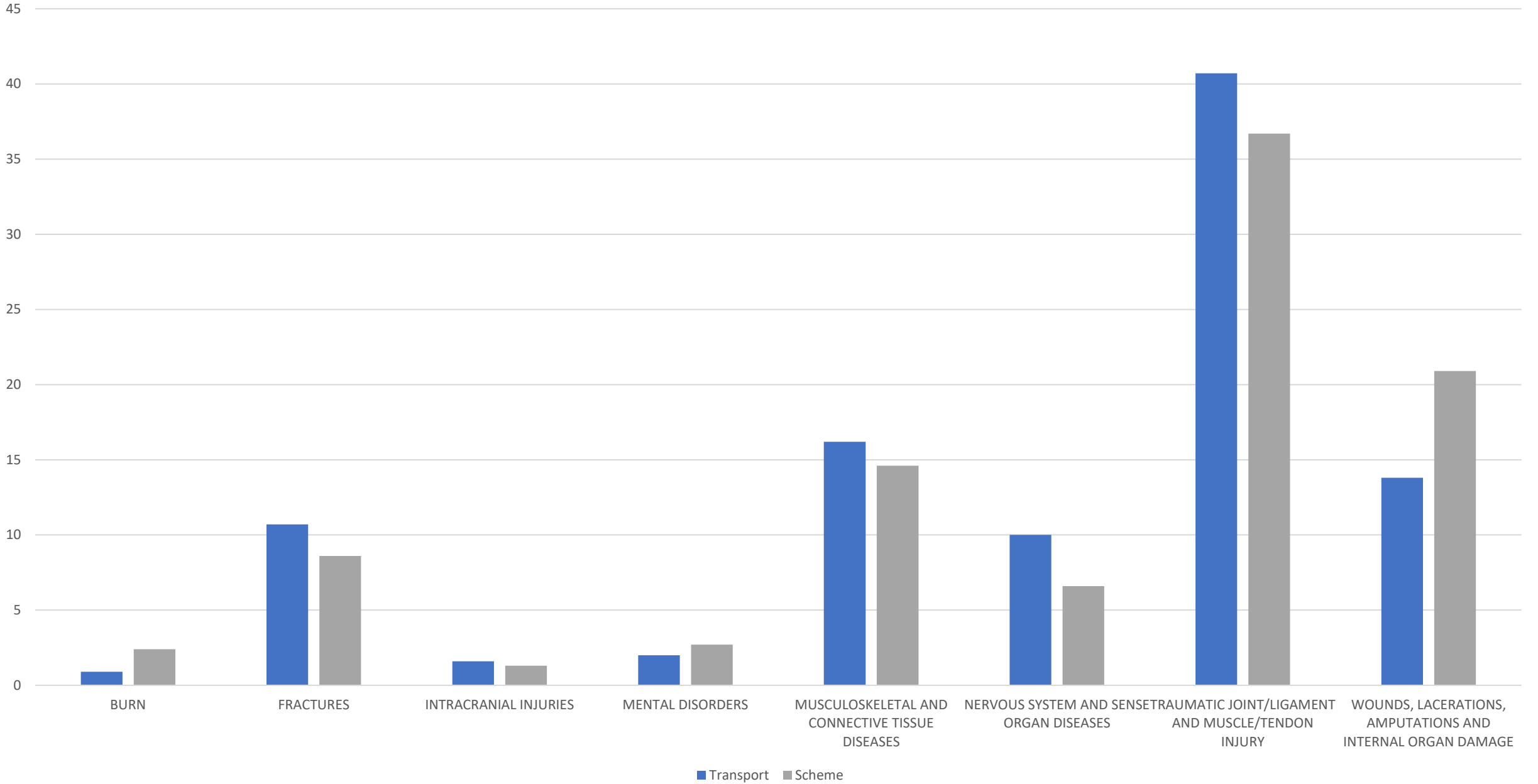
- \* Workplace Injury Data
- \* RTW for workplace Injury – Industry Mobile Model
- \* Common Health Conditions & Available Supports
- \* Fitness for Work & Supporting workers with ill-health
- \* Wrap-up



# Workplace Injury Data



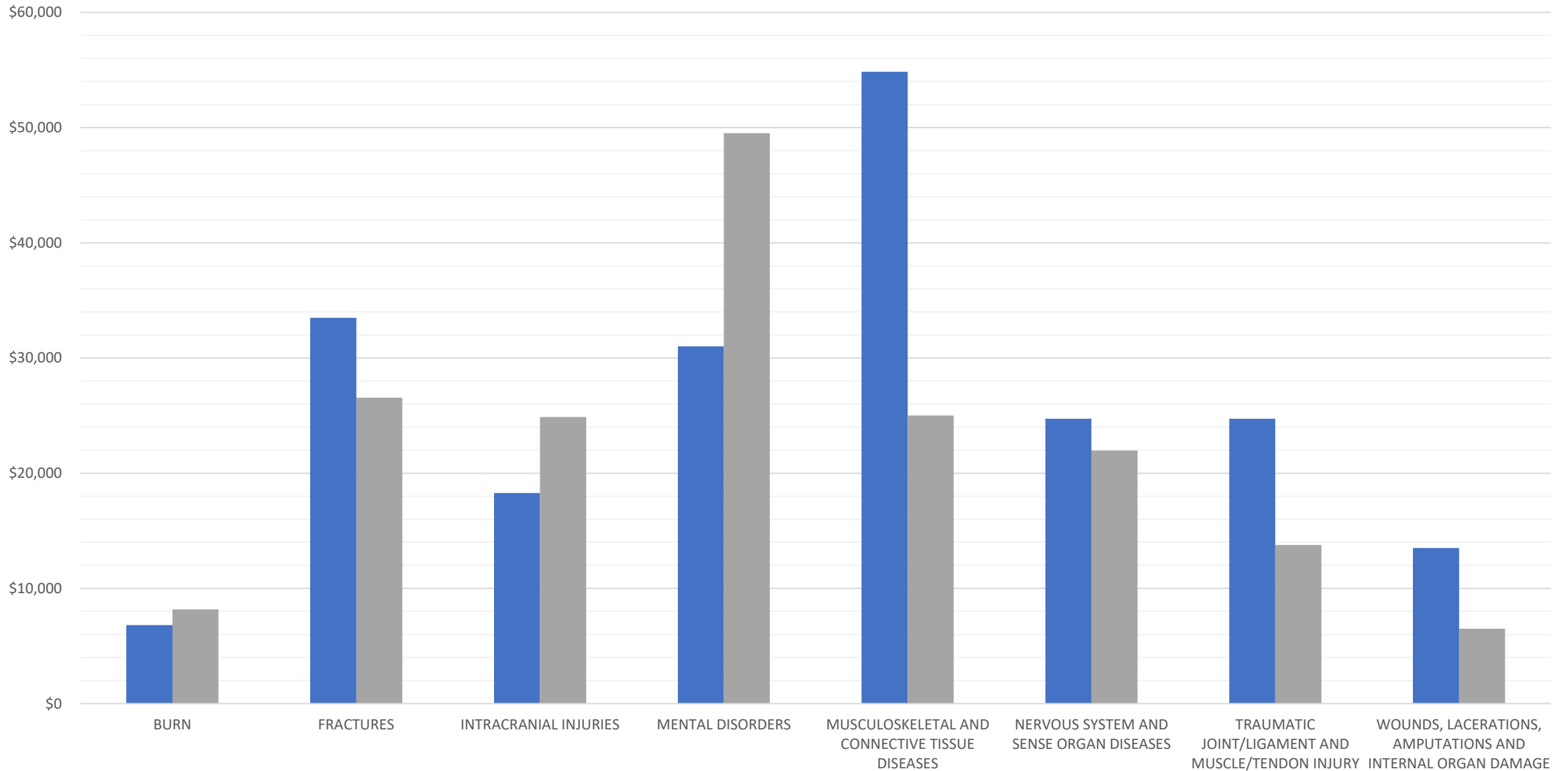
# Injury type %



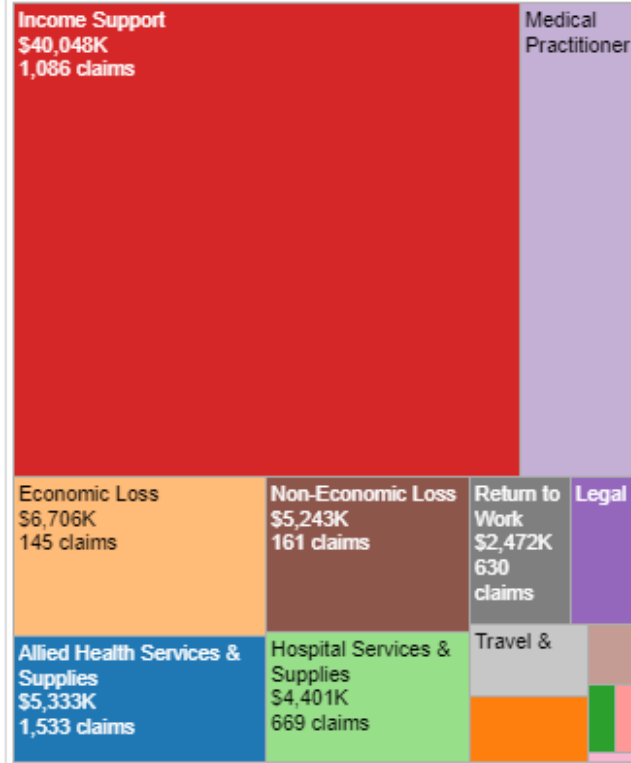


# Claim Cost Comparison

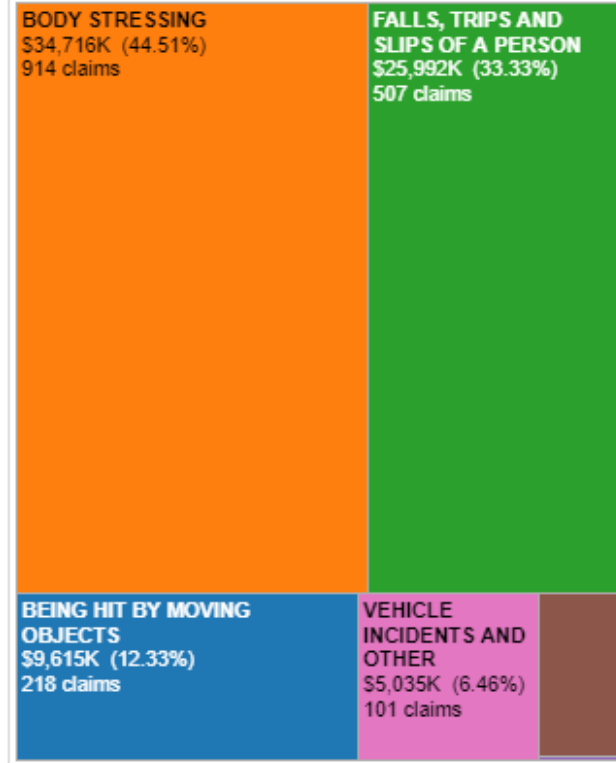
■ Transport ■ Scheme



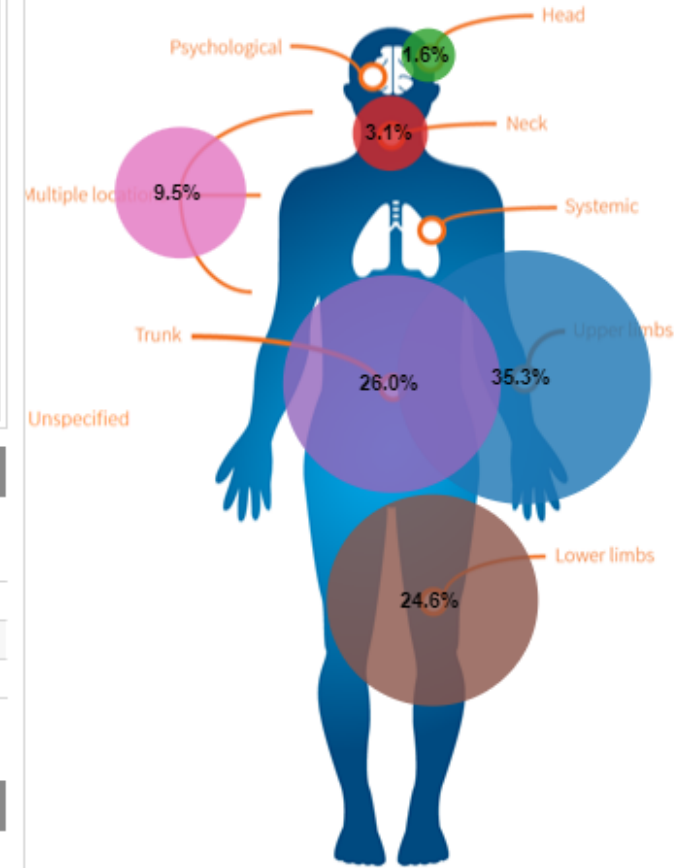
## Financial Group Tree Map



## Mechanism of Injury Group Tree Map



## Claim Payments by Body Locations



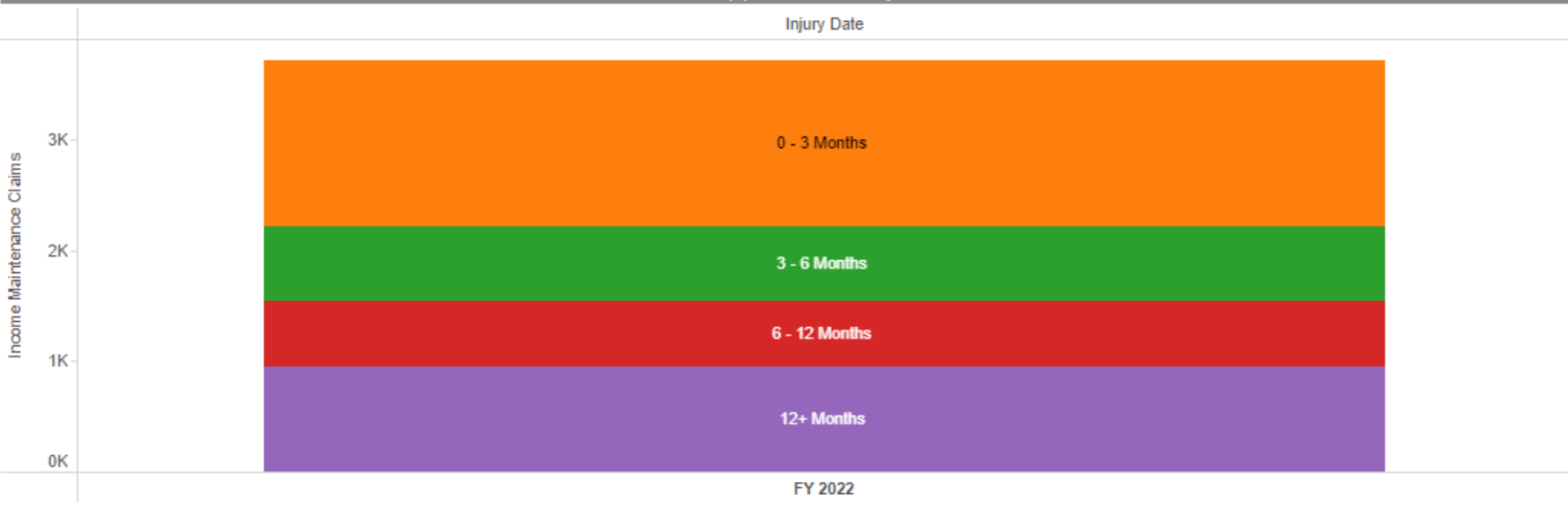
## Top 3 Nature of Injury Groups

Nature Of Injury Group	% of Total Paid Claims	% of Total Claim Cost	Average Cost per Claim
TRAUMATIC JOINT/LIGAMENT AND MUSCLE/TENDON INJURY	57.40%	44.89%	\$33,831
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISEASES	27.07%	38.12%	\$60,921
FRACTURES	15.53%	16.99%	\$47,326

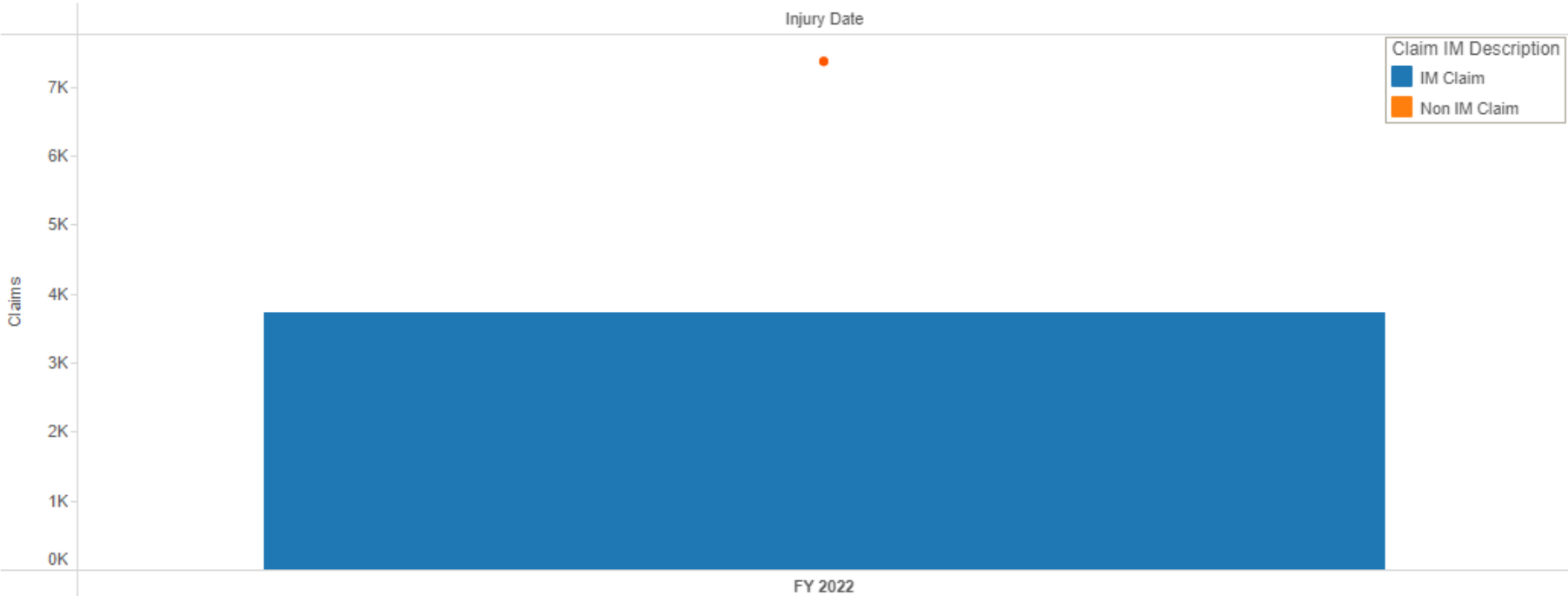
## Top 3 Mechanism of Injury Group

Mechanism Of Injury Group	% of Total Paid Claims	% of Total Claim Cost	Average Cost per Claim
BODY STRESSING	50.69%	44.51%	\$37,982
FALLS, TRIPS AND SLIPS OF A PERSON	28.12%	33.33%	\$51,267
BEING HIT BY MOVING OBJECTS	12.09%	12.33%	\$44,105

## Income Support Claims by Time



## Income Support vs Total Claims



### Filters

Year of Injury Date

FY 2022 ▼

Current Trading Status

(All) ▼

Employer Premium

(All) ▼

Registration Agent Name

(All) ▼

Industry Classification

(All) ▼

Industry Classification Group ▼

(All) ▼

Industry Classification SubDivision ▼

(All) ▼

Industry Classification Division ▼

(All) ▼

Employer Reference

(All) ▼

Remuneration Group

(All) ▼

Nature Of Injury Group

(All) ▼

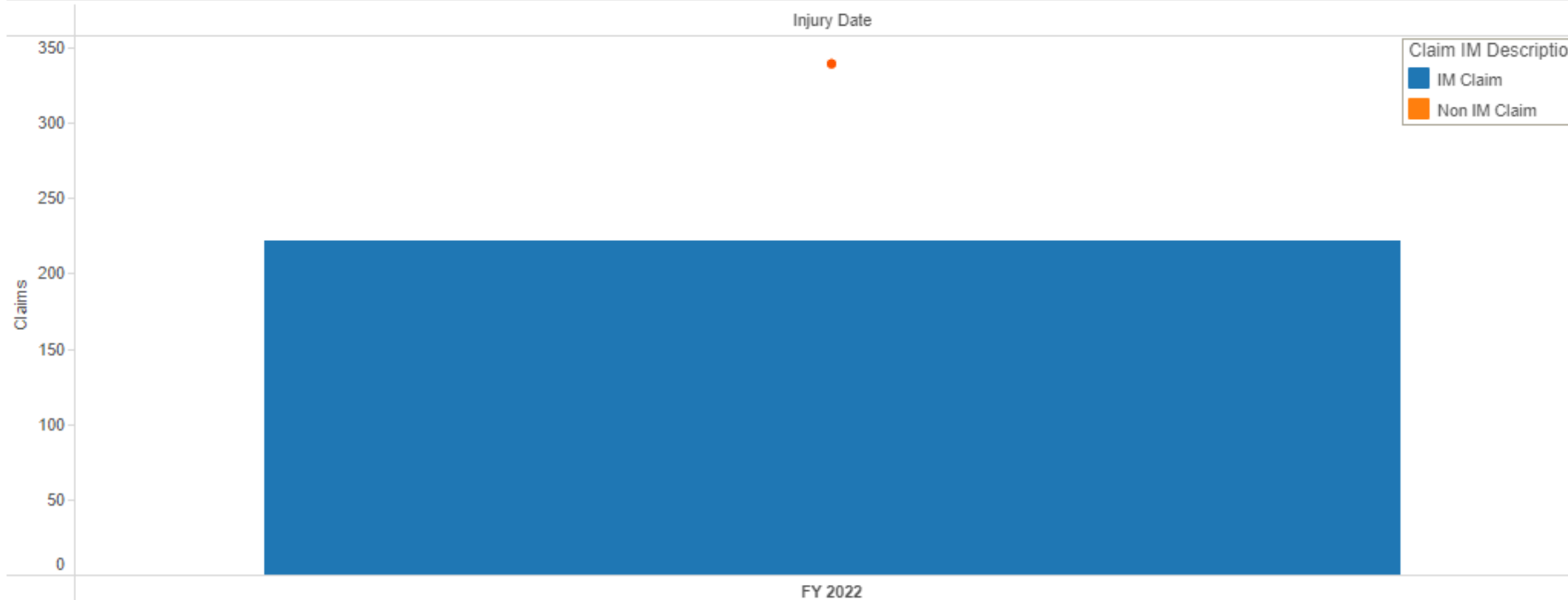
IM Cohort

- 0 - 3 Months
- 3 - 6 Months
- 6 - 12 Months

### Income Support Claims by Time



### Income Support vs Total Claims



### Filters

Year of Injury Date  
 FY 2022

Current Trading Status  
 (All)

Employer Premium  
 (All)

Registration Agent Name  
 (All)

Industry Classification  
 (All)

Industry Classification Group  
 Road Freight Transport

Industry Classification SubDivision  
 (All)

Industry Classification Division  
 (All)

Employer Reference  
 (All)

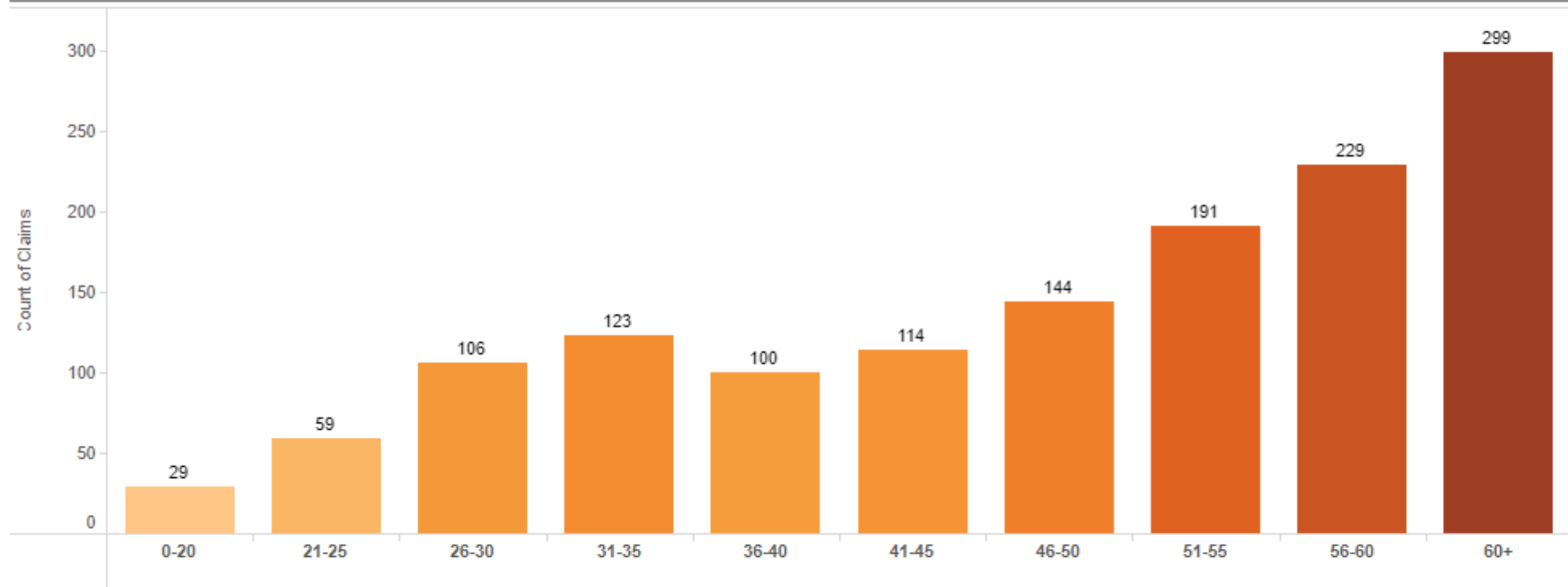
Remuneration Group  
 (All)

Nature Of Injury Group  
 (All)

IM Cohort

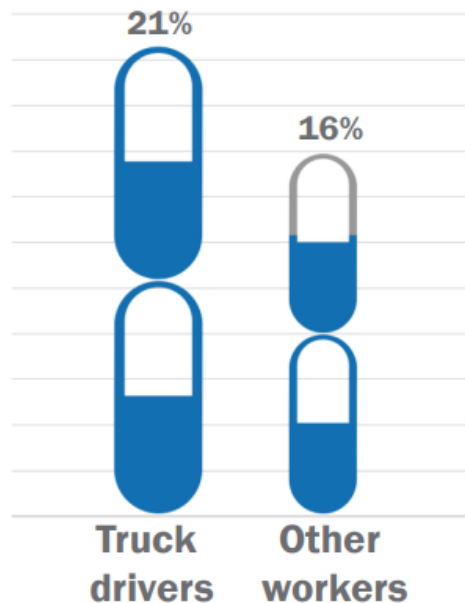
- 0 - 3 Months
- 3 - 6 Months
- 6 - 12 Months

## Scheme - Worker Age Band at Injury Date



# ARE PRESCRIPTION MEDICATIONS KEEPING DRIVERS OFF THE ROAD ?

**Truck drivers** injured at work are receiving significantly more prescriptions for painkillers (opioids)



Of drivers prescribed **strong painkillers** **1 in 3**



are still using these **2.5 yrs** after their injury



WHICH IS ASSOCIATED WITH A LONGER MEDIAN TIME OFF WORK

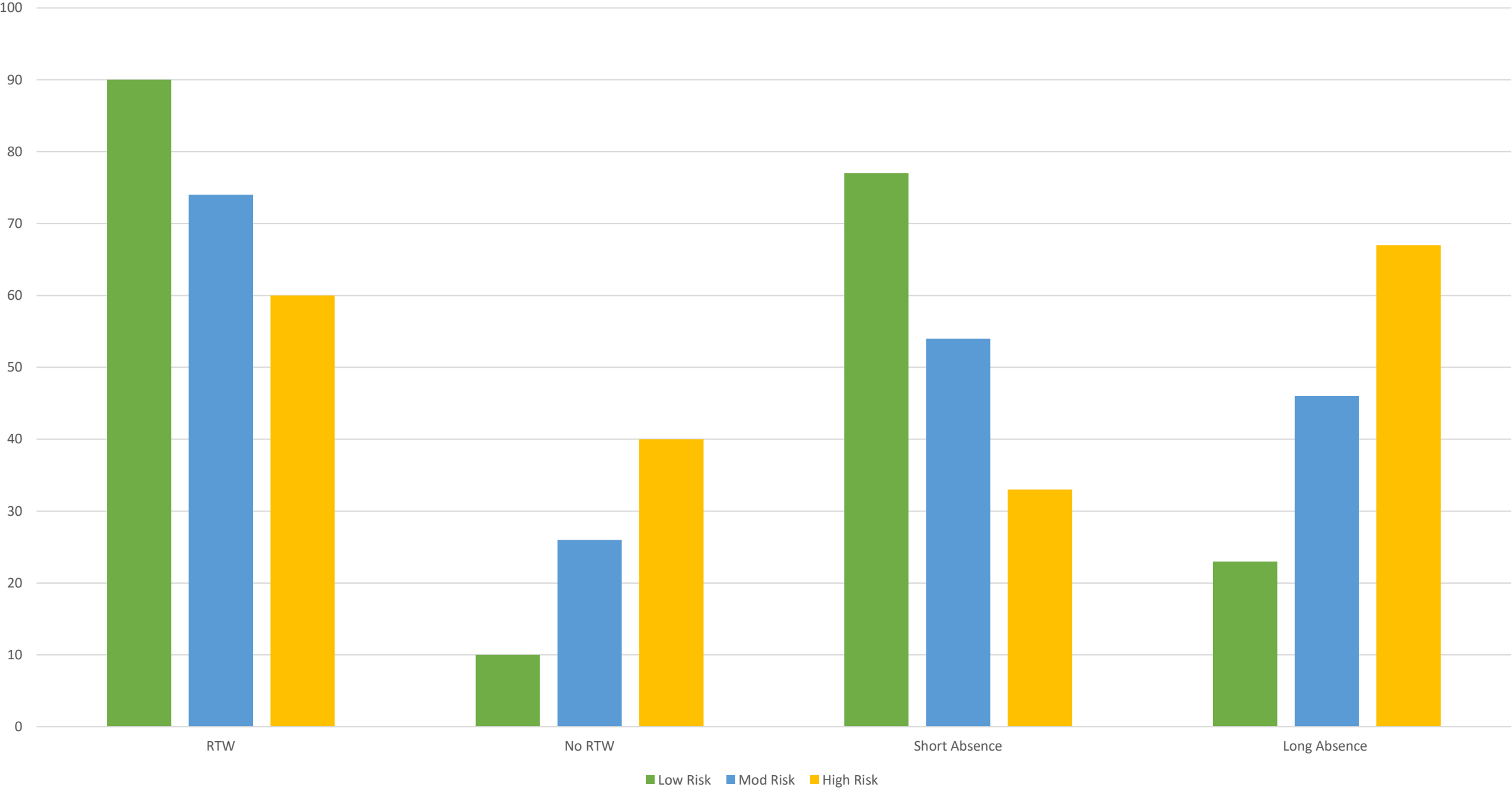


**278 vs 23 days**

THAN DRIVERS THAT DO NOT RECEIVE PAINKILLER OR ANTI-DEPRESSANT PRESCRIPTIONS

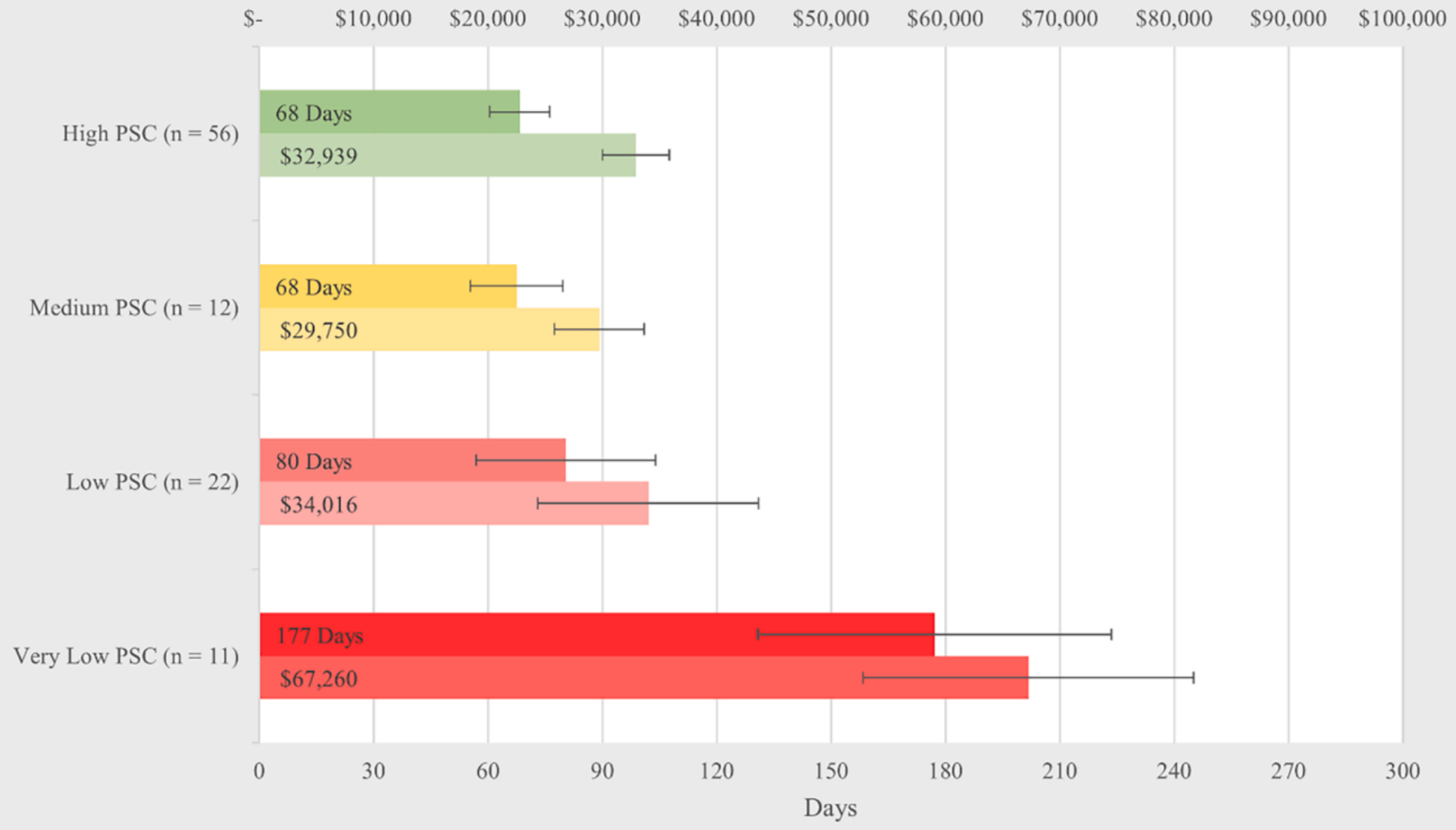
According to the Royal Australian College of General Practitioners, "Opioids are generally regarded by clinical practice guidelines as a short-term therapeutic option. Long-term use should be uncommon, made with caution and based on consideration of the likely risks and benefits of opioids."

# Psychosocial Risk



# Average Organisational Costs and Days Lost Per Claim by PSC Level

With Standard Error





# Session #2

Brenden Bishop, Gallagher Bassett  
Rudy Timoteo, Employers Mutual Limited (EML)



# Industry Specialist Mobile Claims Managers





Industry  
Specialist: Road  
Freight  
Transport



# Overview of presentation

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- What is the Industry Specialist Role
- Common return to work barriers faced in transport and how to overcome them
- Overview of a time loss income support claim and strategy to support return to work
- Overview of a complex / long term time loss return to work claim and strategy to support return to work
- Overview of transport industry work hardening program
- Take home strategy to support return to work
- Question time

# Industry Specialist: Overview of the role



Return to work SA has dedicated two roles specifically to the road freight transport industry



Portfolio targeted towards road freight transport



Provide support to small / medium employers




Allied health background



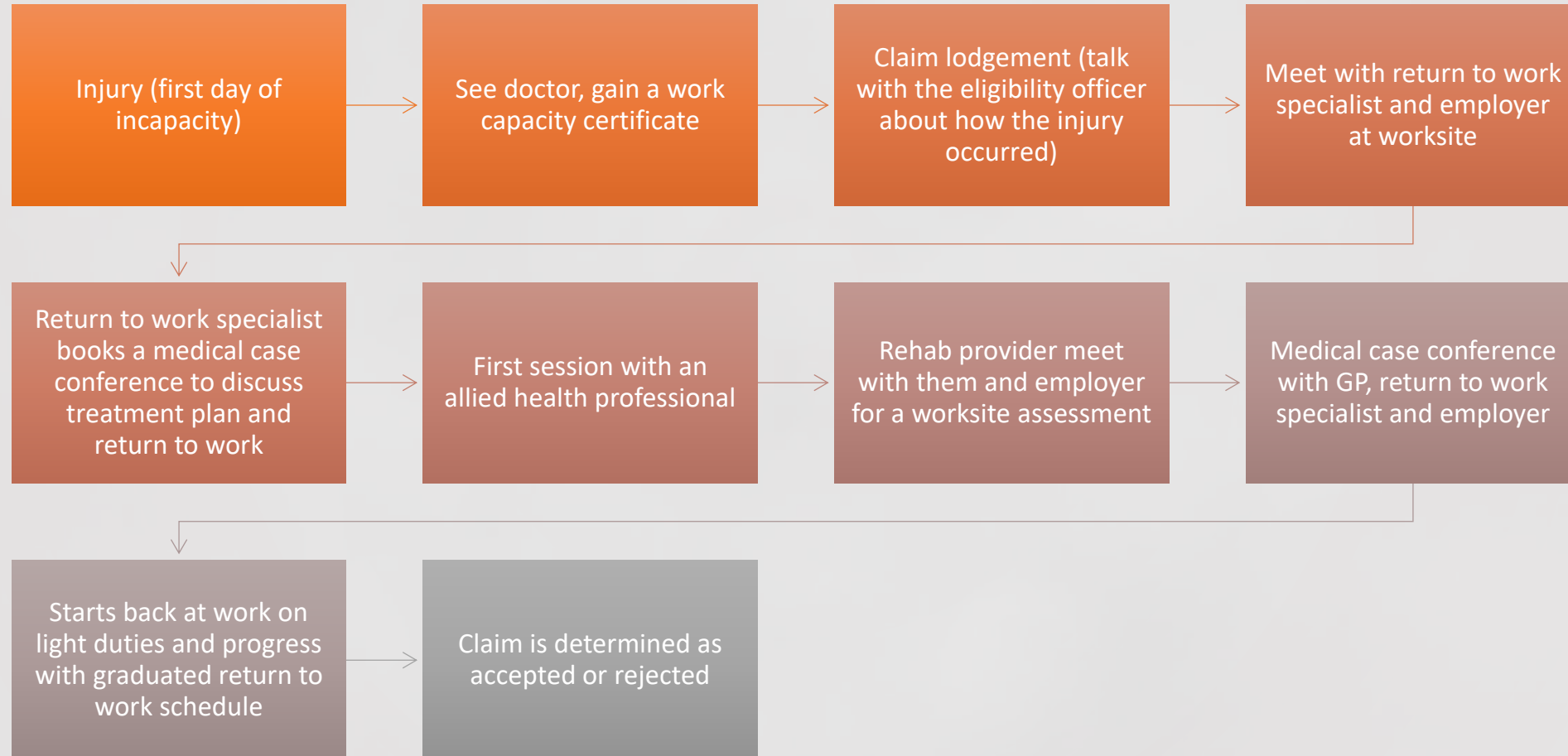
Project management to assist with barriers of return to work

A large orange circle graphic on the left side of the slide, partially overlapping the text.

# My time working with road freight transport

- Passionate workers and employers
  - Pride in their identities
  - Supportive community
  - True sense of purpose
  - Workers and employers are subject matter experts
  - Driving is not just driving
  - Difficulty of the role
- 
- A decorative yellow dashed line graphic in the bottom right corner, consisting of several curved segments.

# First 10 days of a return to work claim



# Common return to work barriers faced in transport

Availability of suitable duties

High average work hours

Higher rate of surgery

Access to GP with high musculoskeletal knowledge

Access to allied health professional who have knowledge of the transport industry

Employers' ability to implement a graduated return to work schedule

Relationship breakdown on extended absences from work



# Overcoming these barriers



Set up employers to have a consistent GP



Set up relationships with employers and allied health providers



Pre and post surgery allied health treatment plan



Pre and post surgery workplace engagement



Continuous engagement from employer with their workers



Continued engagement with allied health provider and treating doctors



# Unfit For Work



# What's the plan?

Ensure you have a plan to stay in contact with your employee

Work with your return to work specialist to find duties

Discuss with your return to work specialist about the graduated return to work schedule

Make sure there is a follow up review within two weeks

Ensure the employee is seeing an allied health professional

Attend the next medical review

# Significant / long term injury

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- Think how your employee is feeling
- Do they still feel valued?
- How is their injury affecting their life outside of work?



# Calculating Value: Unveiling the three Pillars

- To effectively calculate value. Three pillars are commonly considered as: economic value, social value and environmental value.

- Identity
- Community
- Purpose

Stay in contact with your employees





# Recover and Return To Work Triad

Give a person a fish

Medication (pain relief),  
surgery, passive rehab, rest

Teach a person to fish

Active, functional and  
transferable rehab programs





A scenic landscape featuring a calm lake in the foreground, reflecting the surrounding mountains and sky. The mountains are rugged and rocky, with some greenery on the slopes. The sky is clear and blue. The overall scene is peaceful and natural.

Provide access to the lake

Suitable duties, progressive graduated  
return to work schedule

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Have you  
struggled to  
find duties?

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**NO LAKE  
ACCESS**



# Work Hardening Placement

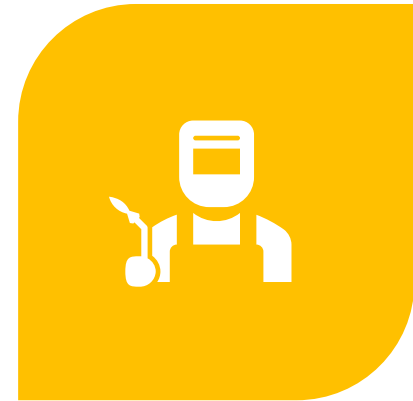
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WORK PLACEMENT CAN BE USED WHEN AN EMPLOYER IS UNABLE TO PROVIDE SUITABLE DUTIES.



ON THE JOB TRAINING WHEN PLACED IN A REALISTIC WORK ENVIRONMENT TO REFRESH OR UPDATE EXISTING SKILLS OR TO ACQUIRE NEW SKILLS.



ASSIST TO IMPROVE A WORKERS FUNCTION AND CAPACITY IN READINESS FOR A RETURN TO THEIR PRE INJURY EMPLOYER

# Transport Industry Rehabilitation

Supporting transport industry employees  
in recovering and returning to work



## Claim and referral

A transport industry employee is injured and lodges a claim.

If their preinjury employer is unable to provide a suitable duties to support a graduated return to work schedule

## Program development

A clinical assessment and development of a capacity building program.

## Task capacity building

Task Capacity can include accessing egressing the cab, trailer coupling, uncoupling, curtain use and load restraint tasks. Capacity is increased via exposure to job specific tasks which is provided 1:1 with an Allied Health professional.

## Operational Capacity building

Capacity is increased inline with a program developed.

Injured workers are initially exposed to driving using the SARTA simulator, and then via SCL Work Hardening schedule.

## Return to work

Upon successfully building capacity to their goal level, the injured worker will return to their preinjury employer.

What are your top tips for employers when supporting an injured worker

## Early Intervention:

- Have a list of suitable duties that can be shared with the worker/Dr at time of injury
- Consider a consistent Dr that knows your workplace Early claim lodgement
- Early face to face engagement with your return to work specialist – within 5 days
- Attendance at medical reviews/meetings to support and stay engaged
- Supporting early return to work to maintain routine and connection with the workplace
- Regular check in re progress and recovery

What are your top tips for employers when supporting an injured worker

### Ongoing management:

- Regular check in re progress and recovery
- Stick within recommended restrictions/Graduated Return to work Schedule Regular
- Support provision of hours/duties to return the worker to their pre-injury hours and/or role
- Recognise the impacts on the worker's life as well as at work and show genuine care and support
- Where injury trends are occurring in your business, take proactive steps to review the work and environment to prevent recurrence and further injury
- Where industrial issues exist, address these promptly and appropriately so they don't manifest as part of the claim and become confused with recovery from the injury

# Do You Have A Time Loss Claim Right Now?

01

Call to check in

02

Ask about how they are going? Let them talk

03

Talk life outside of work and their injury

04

Ask is there anything that you can do to help

05

Ask your return-to-work specialist to attend the next medical review

06

Follow up and stay engaged, set a date and time to make a follow up call with your employee

Question?



# Transport Workshop Responding to Injury & Ill-Health

17 Sept 2024

we help people get their lives back



# INDUSTRY SPECIALISTS



## Reece Turner

Accredited Exercise Physiologist  
Industry – Transport  
Team Leader – Craig Knowles



## Ashna Christian

Physiotherapist  
Industry – Aged Care  
Team Leader – Rudy Timoteo



# CURRENT STATE

**Good balance between claims and internal support**

**Internal networking is strong**

**External relationships are a work in progress**

**Portfolio of 15-20 claims**

**'Low level' internal training being delivered  
Directly impacting up to 30 employers at a time**

**No corporate alignments**

# DESIRED STATE

**'Advanced' level of internal training. Possibilities within EML Grow framework**

**Influence larger employers to increase engagement and support**

**Attend industry conferences**

**Greater influence of generalized training internally and externally**

**Uplift in general awareness of the role across all stakeholders**

**Running industry specific training**

**On-site employer training/workshops**

**Injury risk analysis with employers  
To develop the knowledge base of particular industries which will be leveraged to support early intervention and claims management practices.**

# CURRENT ACTIVITY

## CLAIMS MANAGEMENT

Managing portfolios of 15-20 physical claims



## COMPLEX CLAIMS

Portfolios encompass largely complex physical injuries



## CLAIM REVIEWS

Targeted claim reviews on as as-needs basis



## INTERNAL SUPPORT

Providing support and guidance to MCS' cohort



## TEAM MEETINGS

Attending team meetings across RTW Services to promote the role



## TRAINING

Running onboarding training sessions for new starters, with a focus on injury types and durations



# LEARNINGS



## INDUSTRY

**Team Leaders have observed positive influence and outcomes across the Transport Industry**



## INFLUENCE

**The Injury Specialists have had a positive influence internally – liaising with the Mobile Claims fleet to handle complex Transport claims.**

**Delivering peer-to-peer coaching as well as training opportunities**



## CLARITY

**The biggest positive has been the Industry Specialist providing more clarity on complex claims.**



# Thanks!

## **EML Group**

Level 15, 26 Flinders St  
Adelaide SA 5000

T: 1800 688 825

E: [info@eml.com.au](mailto:info@eml.com.au)

W: [eml.com.au](http://eml.com.au)

# Afternoon Tea

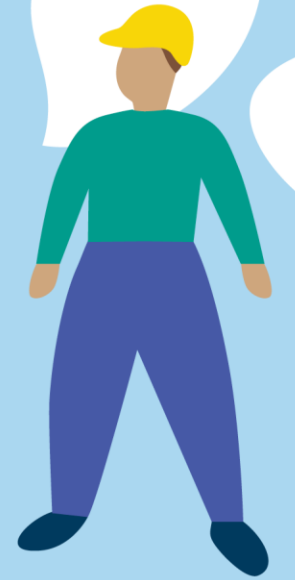


# Session #3

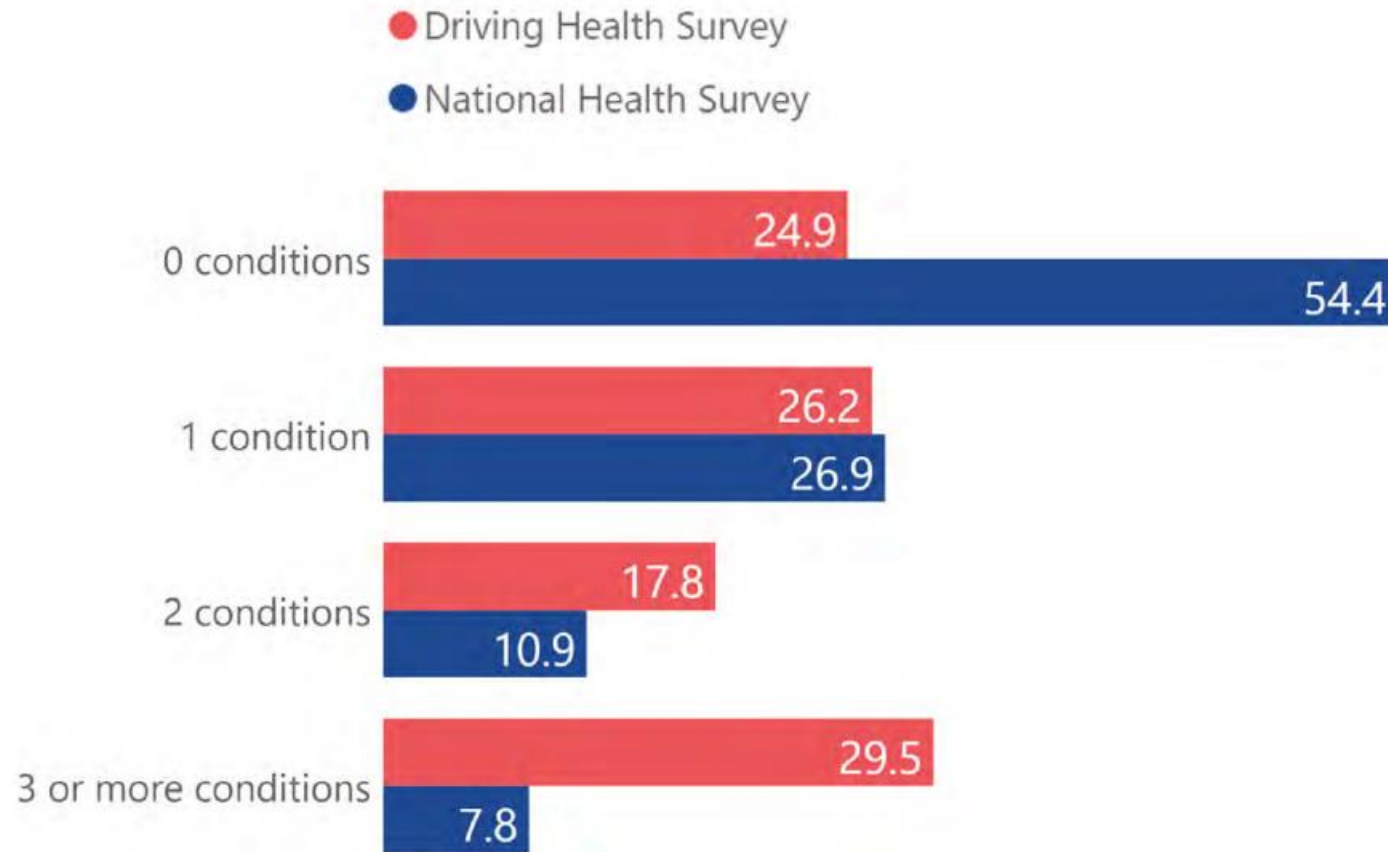
Amanda Sadauskas  
Healthy Workplaces Advisor  
ReturnToWorkSA



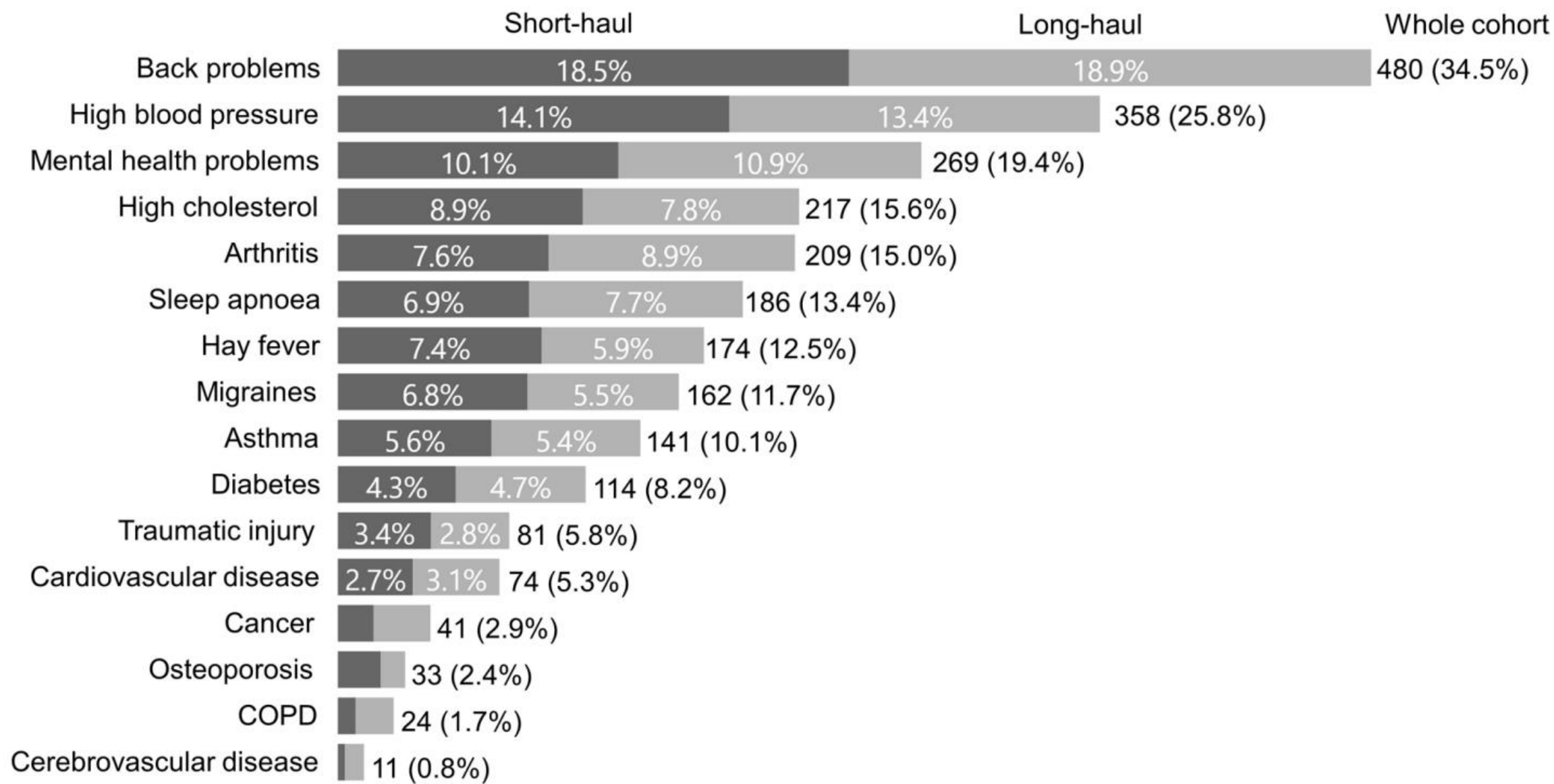
# Other Injuries & Illnesses



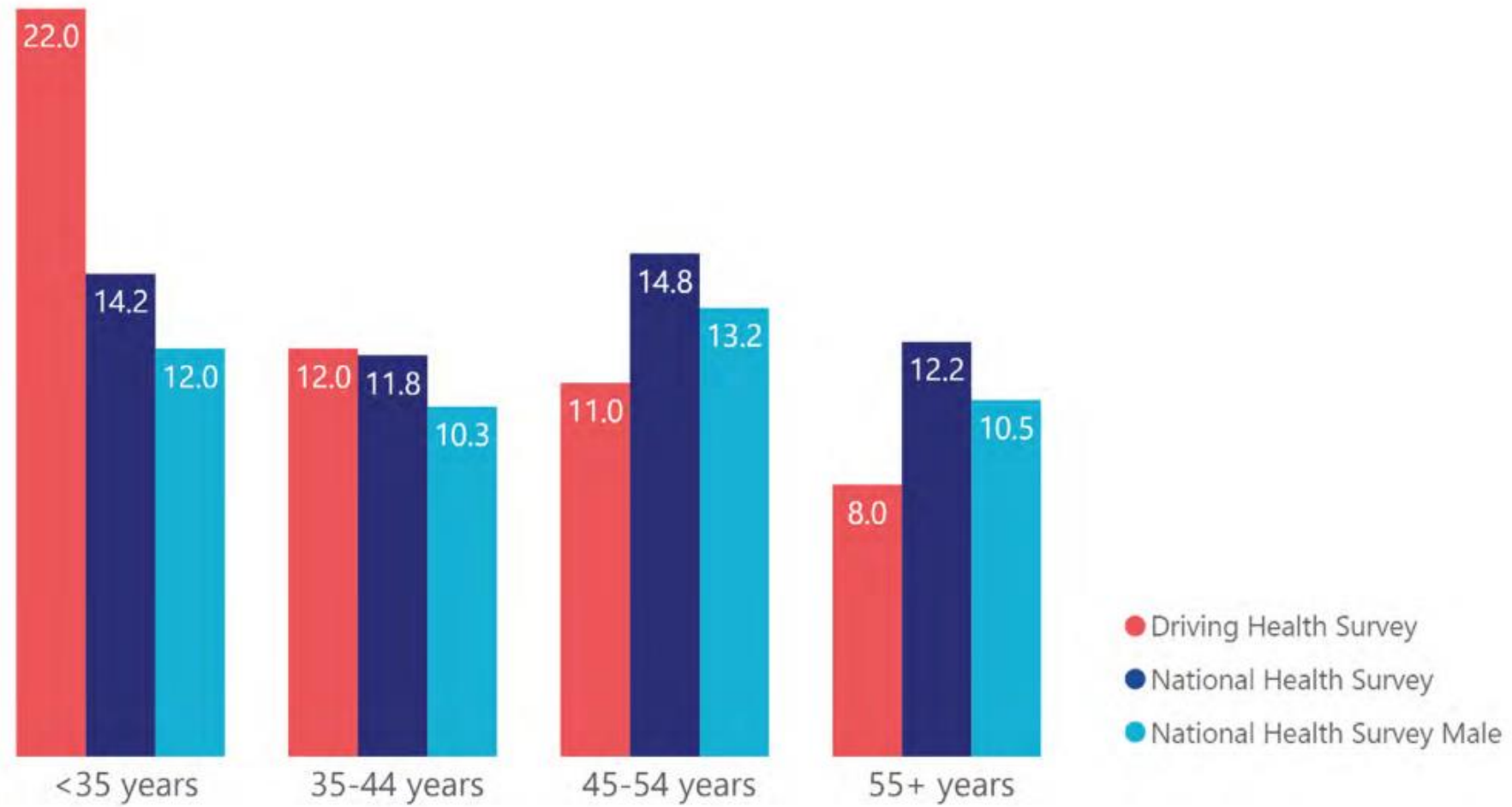




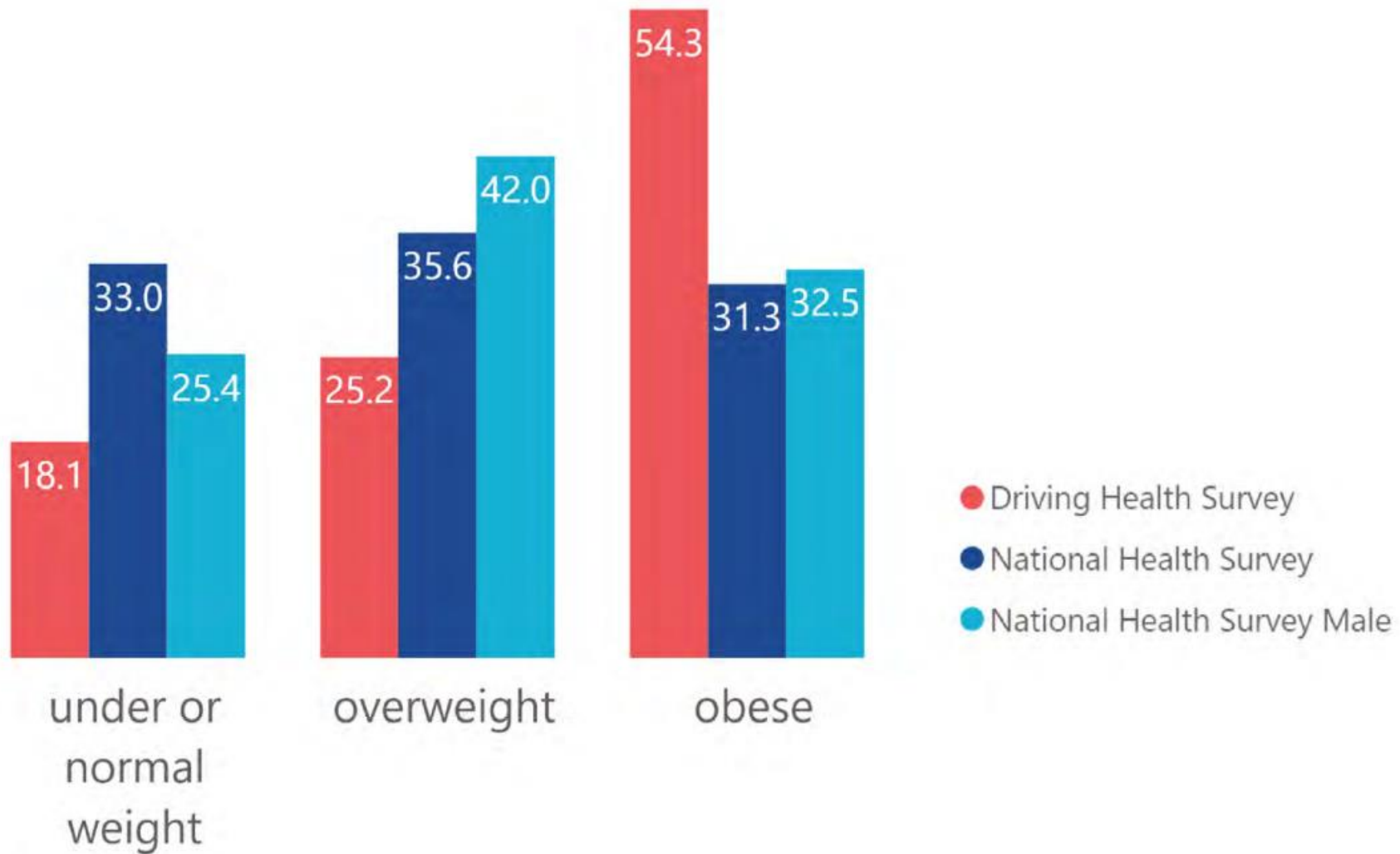
**Figure 4 Number of diagnosed health conditions in truck drivers vs general (NHS) population (%)**



**Fig. 2** Diagnosed health conditions by work type



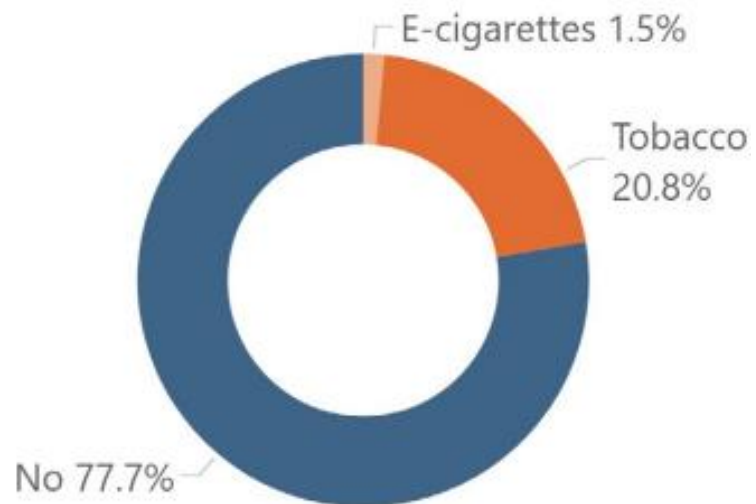
**Figure 5 Severe psychological distress in truck drivers vs general (NHS) population by age (%)**



**Figure 3 BMI in truck drivers vs general (NHS) population (%)**

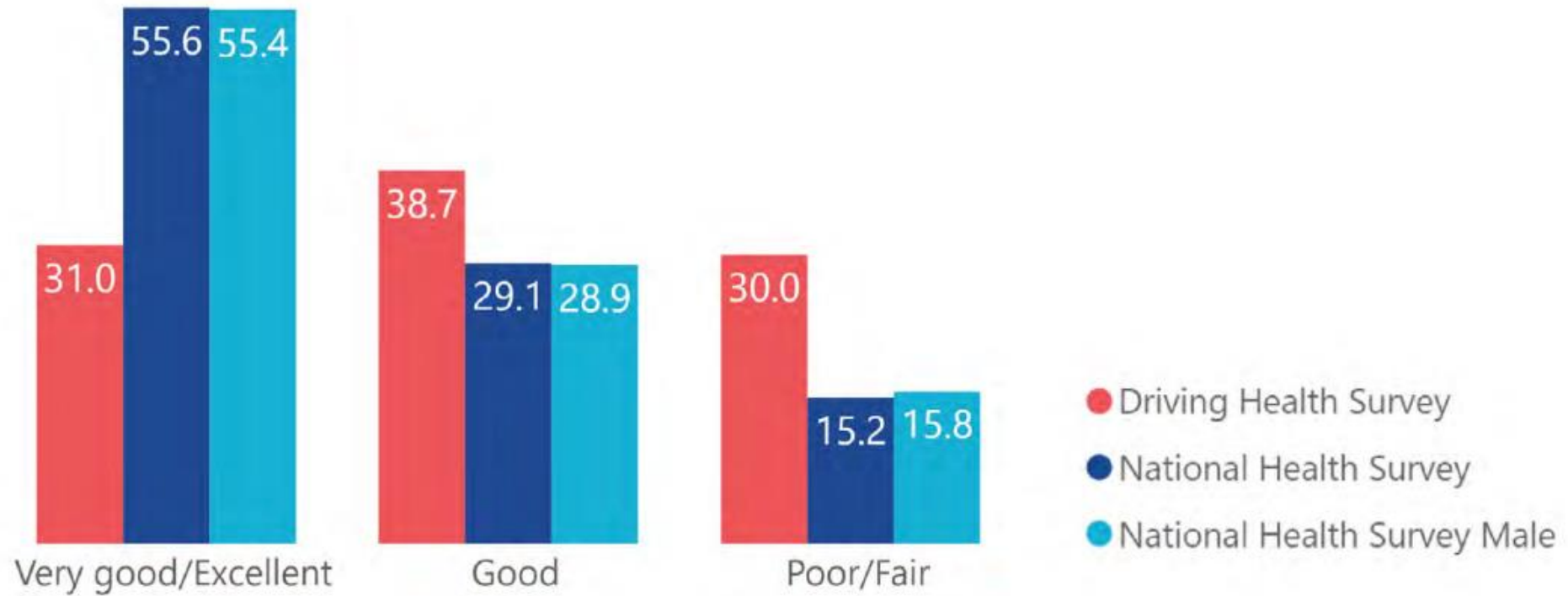
## SMOKING

C. Do you currently smoke?



### Summary variable: Alcohol

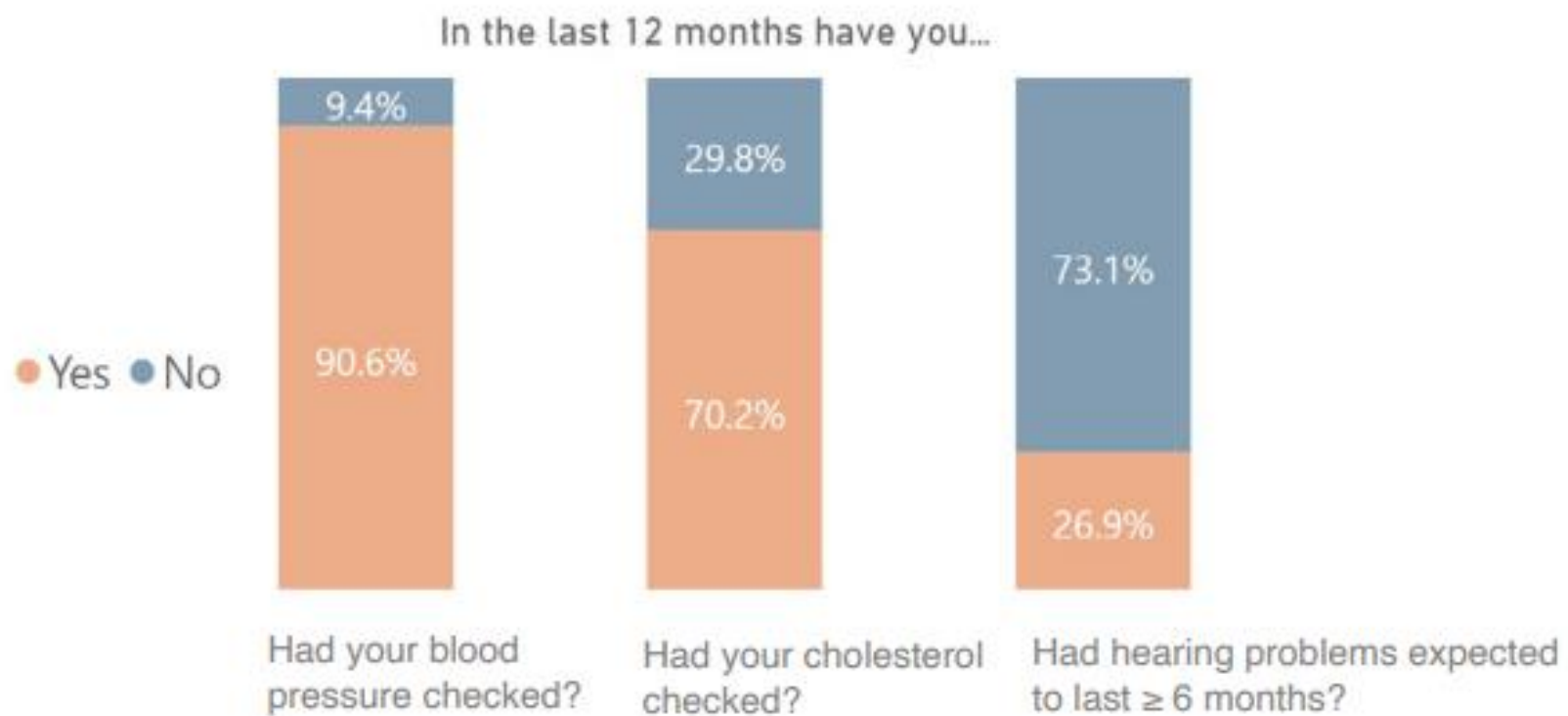
Low risk drinking	197 (59.3%)
High risk drinking	135 (40.7%)



**Figure 6 General health of truck drivers vs NHS population**

	<30 years % (N)	30-39 years % (N)	40-49 years % (N)	50-59 years % (N)	60+ years % (N)
1st	External cause of injury 46.9% (84)	External cause of injury 39.3% (157)	Cardiovascular disease 25.5% (199)	Cardiovascular disease 32.8% (383)	Cancers 34.7% (294)
2nd	Suicide 27.4% (49)	Suicide 27.8% (111)	External cause of injury 20.3% (158)	Cancers 27.7% (323)	Cardiovascular disease 30.2% (256)
3th	Cardiovascular disease 6.7% (12)	Cardiovascular disease 12.3% (49)	Cancers 17.5% (136)	External cause of injury 10.4% (121)	Others 11.2% (95)

### E. In the last 12 months, have you had the following health checks?





# Available Supports



# Care plans

Chronic Disease Management (CDM), Eating disorder care plan (EDP) and Mental health care plan. GP Management Plan (GPMP). Team Care (TCAs) and MHCC.



[Home](#) > [Health professionals](#) > [Patient care](#) > [Care plans](#)

## Chronic Disease Management plan

Steps to create and manage a Chronic Disease Management (CDM) plan.



## Eating disorder care plans

Steps to create and manage an Eating Disorder Treatment and Management Plan (EDP).



## Mental health care plans

Create and manage a General Practitioner Mental Health Treatment Plan (GPMHTP) under Better Access.



## Better Health Coaching for South Australians

Supporting and motivating South Australians to reach their health goals.

[Learn more](#)



**ADF** | Alcohol  
and Drug  
Foundation

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**Quit**®

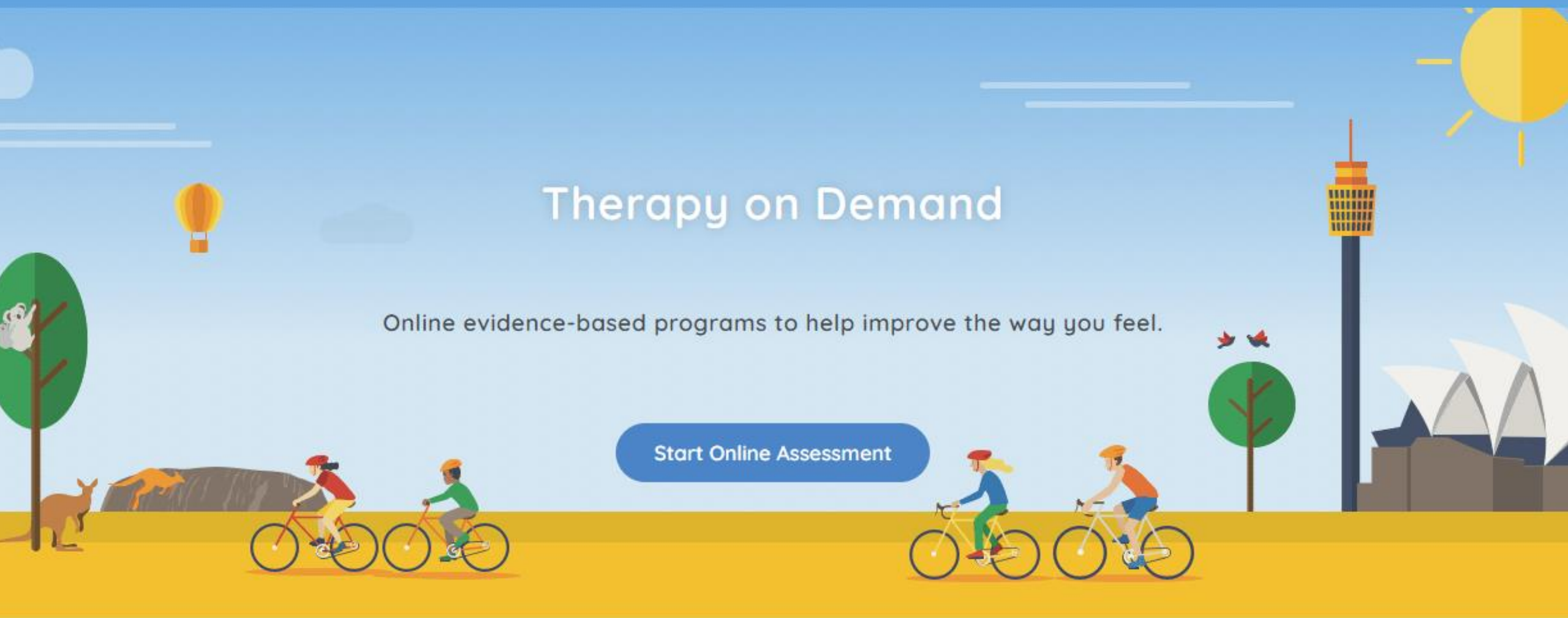


ALCOHOL & DRUG  
**Counselling ONLINE**  
a **TURNING POINT** service

# Therapy on Demand


Online evidence-based programs to help improve the way you feel.


Start Online Assessment




# MindSpot Treatments



 [What we offer](#)

 [Our courses](#)

 [Clinical outcomes](#)

## We provide teletherapy or online courses (with teletherapy)

### What we offer

After you have completed a free assessment at MindSpot, you can choose from different treatment options to help you to recover from depression or anxiety and stress. Note that we funded by the Australian Government and all of our services are free.



#### Online Courses

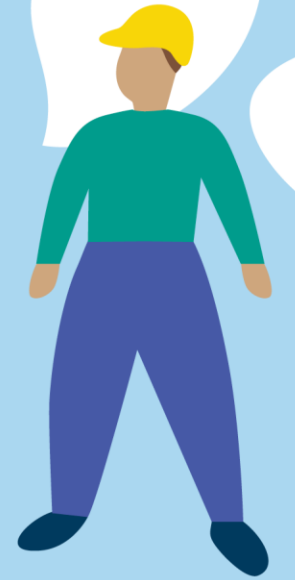
Completed online, with optional telephone support from a therapist.



#### Teletherapy

A telephone-only treatment program provided by a therapist.

# RTW Plans



# Session #4

Aynsley Patterson  
Program Manager  
Steering Healthy Minds

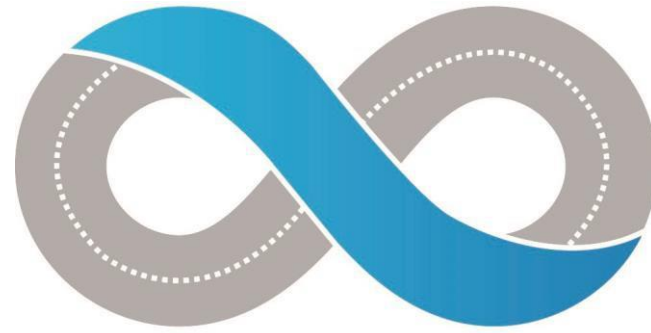




# Steering Healthy Minds

Aynsley Patterson





# Steering Healthy Minds

**A TRANSPORT INDUSTRY MENTAL HEALTH INITIATIVE**





## OUR MISSION

To provide on the ground programs which support the mental health of workers in the transport industry.

## COLLABORATION

The SHM Board is represented by organisations that recognises that mental health issues in the industry are on the rise and want to offer meaningful support for workers and establish programs and support for employers.



## OUR VALUE

- ✓ **Proactive Mental Health Support**
- ✓ **Transport Industry-Specific Solutions**
- ✓ **Collaborative Approach**
- ✓ **Training and Accreditation**



## OUR KEY OBJECTIVES

Achieving better mental health outcomes for transport workers

Steering Healthy Minds Program has identified four main areas of focus – prevention, normalising, promoting and supporting the mental health of workers in the transport industry.

- **Preventing** and reducing suicides, accidents, injuries and workers compensation claims.
- Reducing stigma and **normalising** mental health and getting help in the workplace.
- **Promoting** on the ground support for workers who may experience mental health concerns.
- **Supporting** organisations to establish peer to peer mental health programs for workers.



# Physical First Aid



**First aid** is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers.

**A First Aider is a person** who has successfully completed a **nationally accredited training course** or an equivalent level of training that has given them the competencies required to administer first aid.

# What is Mental Health First Aid



**Mental Health First Aid** is the help provided to a person developing a mental health problem, experiencing a worsening of an existing mental health problem or in a mental health crisis.

**The first aid is given until appropriate professional treatment is received or until the crisis resolves.**



## 2018-19



Steering Group Formed and funding secured for MHFA pilot with WCQLD.  
2020 MHFA QLD Pilot launched at Surfside Buses

## 2020



TWU WA received a 4 year funding grant to deliver free training to all WA Transport Workers.  
Research engaged via Curtin University

## 2022



EML partnership commenced, with the focus on taking a preventative approach to mental health and the program nationally.

## 2023



Our free national training launched.  
Panel of instructors, all with a wealth of transport industry knowledge.  
4.9/5 star ratings from our participants.

## 2024



2024 SHM become a not-for profit organisation and formed a working board, to continue in our mission.



**30+**

Engaged 30+  
Transport  
Organisations

**600+**

Trained 600+  
transport employees  
across Australia

**6**

Panel of 6 state-  
based transport  
experienced trainers

**4.8**

4.8/5-star rating for  
our MHFA training  
from our participant  
surveys

**105**

People registered to  
date in our Curtin  
University research

“

*Ruth was a brilliant facilitator. She was engaging, and highly knowledgeable of the topics presented. Ruth was also sensitive to participants experiences around the topics covered and treated everyone with respect. I would encourage anyone to attend the workshops with Ruth.*

*VIC Participant, 2023*



**MENTAL HEALTH  
FIRST AID®**

For Anyone. For Everyone.®



# Next steps for our program

Get in the driver's seat to improve mental health

## MENTAL HEALTH FIRST AID TRAINING TAILORED FOR TRANSPORT



Access to our national panel of Mental Health First Aid accredited instructors, who have a wealth of transport industry experience. Training courses include:

- Engaging Leaders Course – 90min
- Mental Health First Aid Course – 2 days



**Normalising mental health  
discussions across the transport  
industry**

## TRANSPORT INDUSTRY MENTAL HEALTH EXPERTS



Access our industry experienced consultants to discuss your organisations wellbeing goals and frameworks. Covering:

- Psychosocial audit tools and strategies.
- Getting the most out of your EAP provider
- Guidance on how to become a MHFA Skilled Workplace
- Tools and resources.

**Helping to identify strategies and  
programs to reduce your  
organisations challenges**

## INDUSTRY WIDE COMMUNITY SUPPORT SERVICES



Access to industry wide national on the ground services which support and give back to industry utilising those trained and engaged with including:

- National peer support network
- Communities of practice
- Access to knowledge and resources
- Industry educational sessions on deep dive topics e.g. depression and anxiety, substance use, EAP support.

**Supporting MHFA trained peers  
in the workplace beyond their  
accreditation**

**Thanks to our proud sponsors Steering Healthy Minds is currently expanding our mental health services for the transport industry.**

**All funds go towards the ongoing support for the transport community**



**QUESTIONS?**

[www.steeringhealthyminds.com.au](http://www.steeringhealthyminds.com.au)

[peers@steeringhealthy.minds.com.au](mailto:peers@steeringhealthy.minds.com.au)





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# OUR JOURNEY

Expanding our footprint to providing services nationally

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2023



Our free national training launched.  
Panel of instructors, all with a wealth of transport industry knowledge.  
4.9/5 star ratings from our participants.

2024



2024 SHM become a not-for profit organisation and formed a working board, to continue in our mission.



**30+**

Engaged 30+  
Transport  
Organisations

**600+**

Trained 600+  
transport employees  
across Australia

**6**

Panel of 6 state-  
based transport  
experienced trainers

**4.8**

4.8/5-star rating for  
our MHFA training  
from our participant  
surveys

**105**

People registered to  
date in our Curtin  
University research

“

*Ruth was a brilliant facilitator. She was engaging, and highly knowledgeable of the topics presented. Ruth was also sensitive to participants experiences around the topics covered and treated everyone with respect. I would encourage anyone to attend the workshops with Ruth.*

*VIC Participant, 2023*



**MENTAL HEALTH  
FIRST AID®**

For Anyone. For Everyone.®



# Next steps for our program

Get in the driver's seat to improve mental health

### MENTAL HEALTH FIRST AID TRAINING TAILORED FOR TRANSPORT



**MENTAL HEALTH FIRST AID™**  
For Anyone. For Everyone.®

Access to our national panel of Mental Health First Aid accredited instructors, who have a wealth of transport industry experience. Training courses include:

- Engaging Leaders Course – 90min
- Mental Health First Aid Course – 2 days



**Normalising mental health discussions across the transport industry**

### TRANSPORT INDUSTRY MENTAL HEALTH EXPERTS



Access our industry experienced consultants to discuss your organisations wellbeing goals and frameworks. Covering:

- Psychosocial audit tools and strategies.
- Getting the most out of your EAP provider
- Guidance on how to become a MHFA Skilled Workplace
- Tools and resources.

**Helping to identify strategies and programs to reduce your organisations challenges**

### INDUSTRY WIDE COMMUNITY SUPPORT SERVICES



Access to industry wide national on the ground services which support and give back to industry utilising those trained and engaged with including:

- National peer support network
- Communities of practice
- Access to knowledge and resources
- Industry educational sessions on deep dive topics e.g. depression and anxiety, substance use, EAP support.

**Supporting MHFA trained peers in the workplace beyond their accreditation**

**Thanks to our proud sponsors Steering Healthy Minds is currently expanding our mental health services for the transport industry. All funds go towards the ongoing support for the transport community**



**QUESTIONS?**

[www.steeringhealthyminds.com.au](http://www.steeringhealthyminds.com.au)

[peers@steeringhealthyminds.com.au](mailto:peers@steeringhealthyminds.com.au)



# Session #5

Dr Thanh Ha  
ReturnToWorkSA Medical Advisor  
and Occupational GP





# Transport Workshop - Injury and Ill Health

Dr Thanh Ha, Occupational Medicine Practitioner

RTWSA Medical Advisor

17.9.24



# Dr Thanh Ha

Dr Thanh Ha has a special interest in the prevention and management of work injuries. She has over 8 years' experience solely in the Occupational Medicine arena, preceded by 10 years of surgical experience and 8 years of physiotherapy experience before that. She has also completed a PhD in surgery.

This afternoon, Dr Ha is presenting in her capacity as Medical Advisor for RTWSA.



# Session Outline

## **1. PRE-EMPLOYMENT MEDICAL ASSESSMENTS**

- What is assessed
- What are the industry standards

## **2. INJURY MANAGEMENT**

- What are the common injuries and why
- What is the role of the GP in managing work-injured patients
- How do we determine capacity – the practical approach
- What is the role of the AHP in managing work-injured patients

## **3. Q and A (time-permitting)**

# **PRE-EMPLOYMENT MEDICAL ASSESSMENTS**

## Epworth Sleepiness Scale

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_

Your age (Yrs): \_\_\_\_\_ Your sex (Male = M, Female = F): \_\_\_\_\_

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

- 0 = would **never** doze
- 1 = **slight chance** of dozing
- 2 = **moderate chance** of dozing
- 3 = **high chance** of dozing

*It is important that you answer each question as best you can.*

Situation	Chance of Dozing (0-3)
Sitting and reading _____	—
Watching TV _____	—
Sitting, inactive in a public place (e.g. a theatre or a meeting) _____	—
As a passenger in a car for an hour without a break _____	—
Lying down to rest in the afternoon when circumstances permit _____	—
Sitting and talking to someone _____	—
Sitting quietly after a lunch without alcohol _____	—
In a car, while stopped for a few minutes in the traffic _____	—

**THANK YOU FOR YOUR COOPERATION**

**0-5 Lower Normal Daytime Sleepiness**

**6-10 Higher Normal Daytime Sleepiness**

**11-12 Mild Excessive Daytime Sleepiness**

**13-15 Moderate Excessive Daytime Sleepiness**

**16-24 Severe Excessive Daytime Sleepiness**



# Pre-employment Medical Assessments

## GENERAL Pre-Employment

### Medical Assessments

'Most' (not all) systems

- 'Screening Tool'
- General questionnaire
- Musculoskeletal system
- Nervous system
- Cardiovascular system
- Respiratory system
- Integumentary, not Alimentary
- Special Senses
- Drug and Urine screen

## INDUSTRY-SPECIFIC

### Additional Assessments

'Relevant' systems

- Vision – better eye > 6/9, worse eye > 6/18
- Hearing – minimum average 40DB across 4 x frequencies
- Sleep Apnoea
- Medical Co-morbidities
- Drug and alcohol use/misuse
- [Psychological health]

# INJURY MANAGEMENT

# Common injuries in the Transport Industry

## What can go wrong?

- Musculoskeletal Injuries
- 70% did not meet healthy and balanced diet guidelines
- 48.8% did not meet physical activity guidelines
- 40.7% high risk of drug and alcohol misuse (including prescription)
- 65% fatigue (regulatory problems)
- 50 elevated BMI (associated risk of diabetes, cardiac, hypertension, musculoskeletal pathology)
- 32.3% smokers
- 17.5% poor sleep facilitation
- MVA's and near misses
- Mental Health / Psychological Injuries

## And WHY ...?

- 'High Risk', 'Heavy Demand'
- Manual Lifting
- Repetitive Movements
- Sustained Postures
- Long-haul / long hours / long term employment
- Environment / work conditions
- Workplace demands, time and quota pressures
- Lack of access / training / support
- Lack of recognition: public / clients / industry
- Home life / relationships / financial pressures
- .... Male healthcare practices?

# **Role and Responsibilities of the GP**

# RACGP Statement: The Role of the GP

## Principle 1

GPs perform a patient advocacy role in work participation cases.

## Principle 2

GPs provide evidence-based assessment which draws on a patient's work participation goals and context.

## Principle 3

Following assessment and initial treatment, the GP in consultation with their patient will determine their role.

### Principle 3.1

Where GPs perform a medical management role, they work with relevant stakeholders to optimise health outcomes.

### Principle 3.2

Where the GPs perform a care coordination role, they will draw on support and information from other stakeholders.

### Principle 3.3

Where GPs refer medical management to another health practitioner, they continue to monitor and support patient outcomes.

## Principles on the role of the GP in supporting work participation



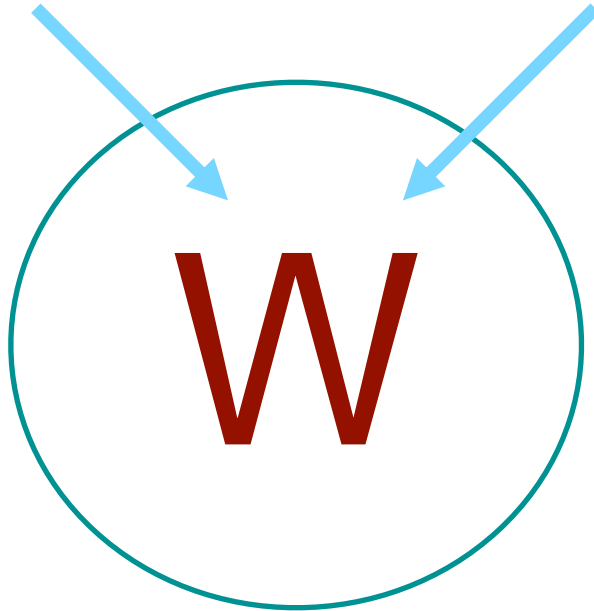
# RACGP Statement: The Role of the GP

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- Work out What is Wrong
- [additional Work history]

# RACGP Statement: The Role of the GP

- Certify Capacity

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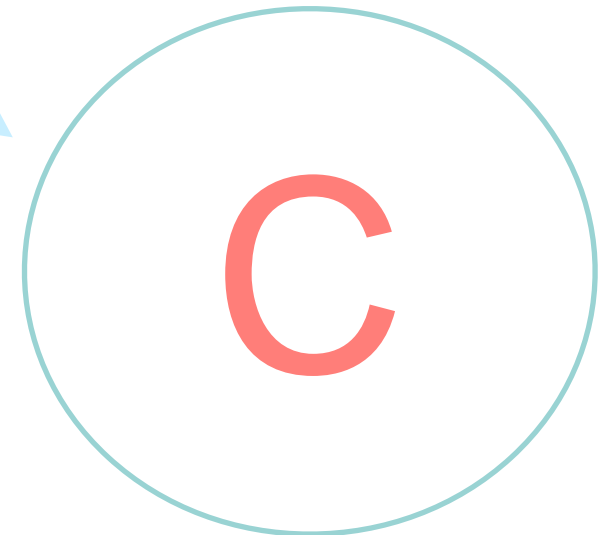
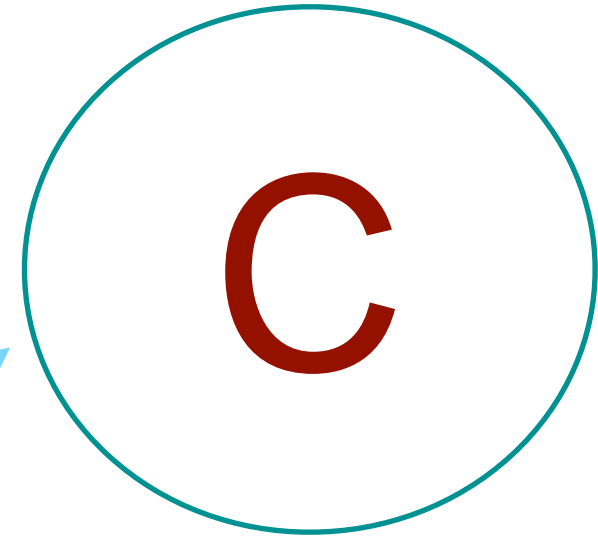
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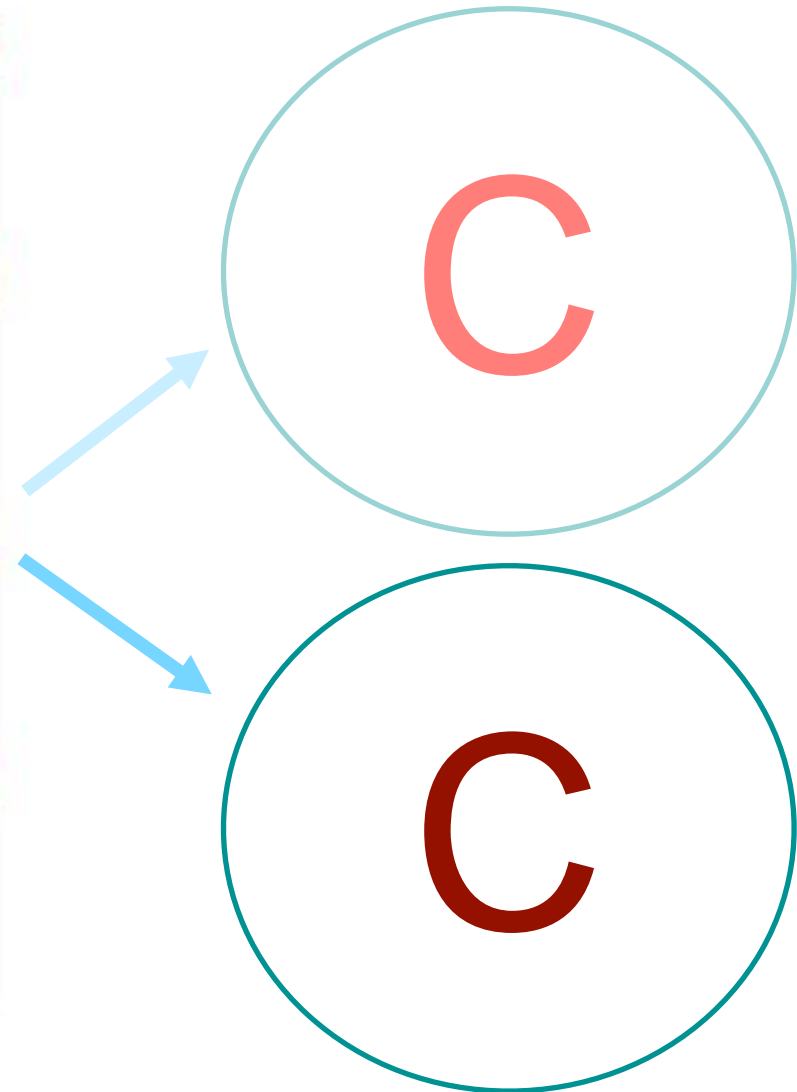
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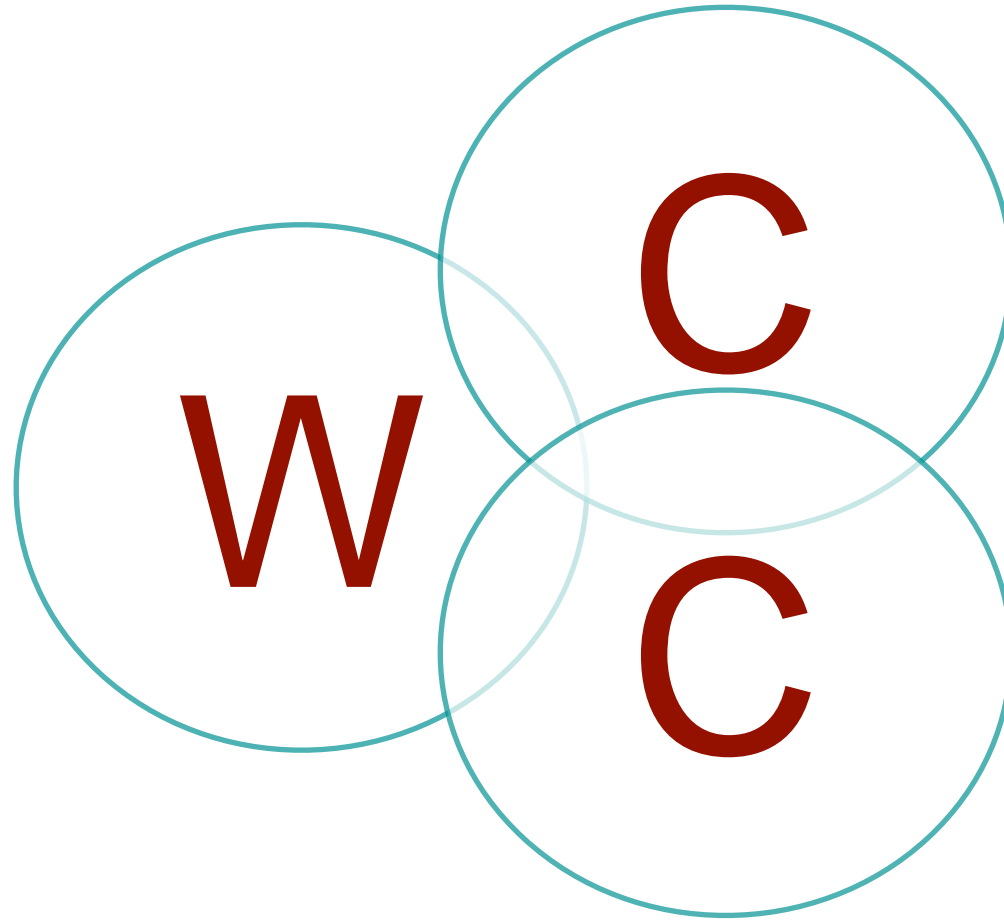
- Certify Capacity
- Collaborate
- Co-ordinate Care

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# RACGP Statement: The Role of the GP



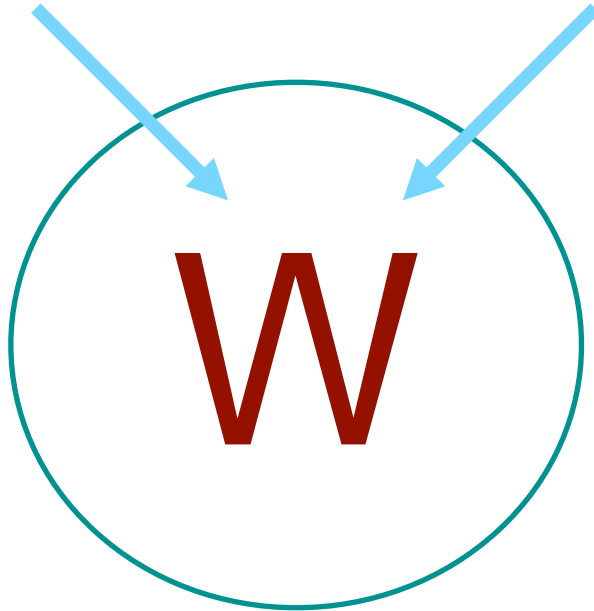
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- Work out What is Wrong
- [additional Work history]

# The Role of the GP: RACGP Statement

## Principle 1

GPs perform a patient advocacy role in work participation cases.

## Principle 2

GPs provide evidence-based assessment which draws on a patient's work participation goals and context.

History, Examination,  
Investigations etc

Physical and Pain Tools

Mental Health Tools

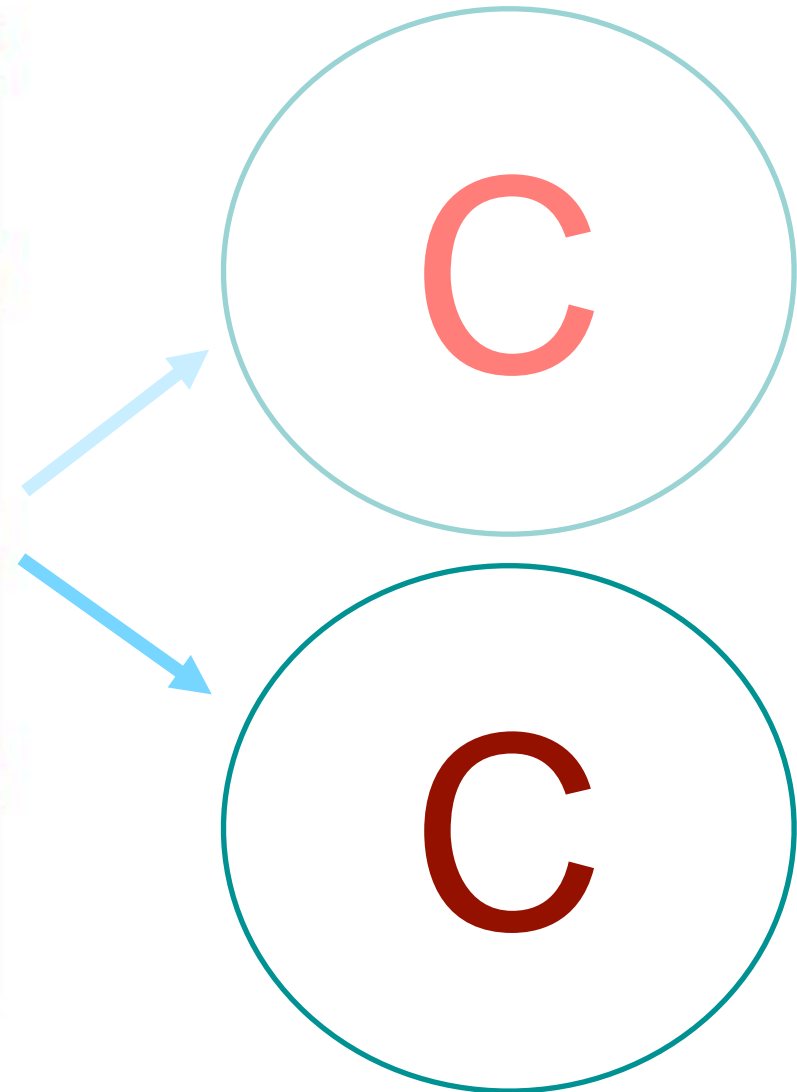
Medical Body Guidelines

Industry Guidelines

# RACGP Statement: The Role of the GP

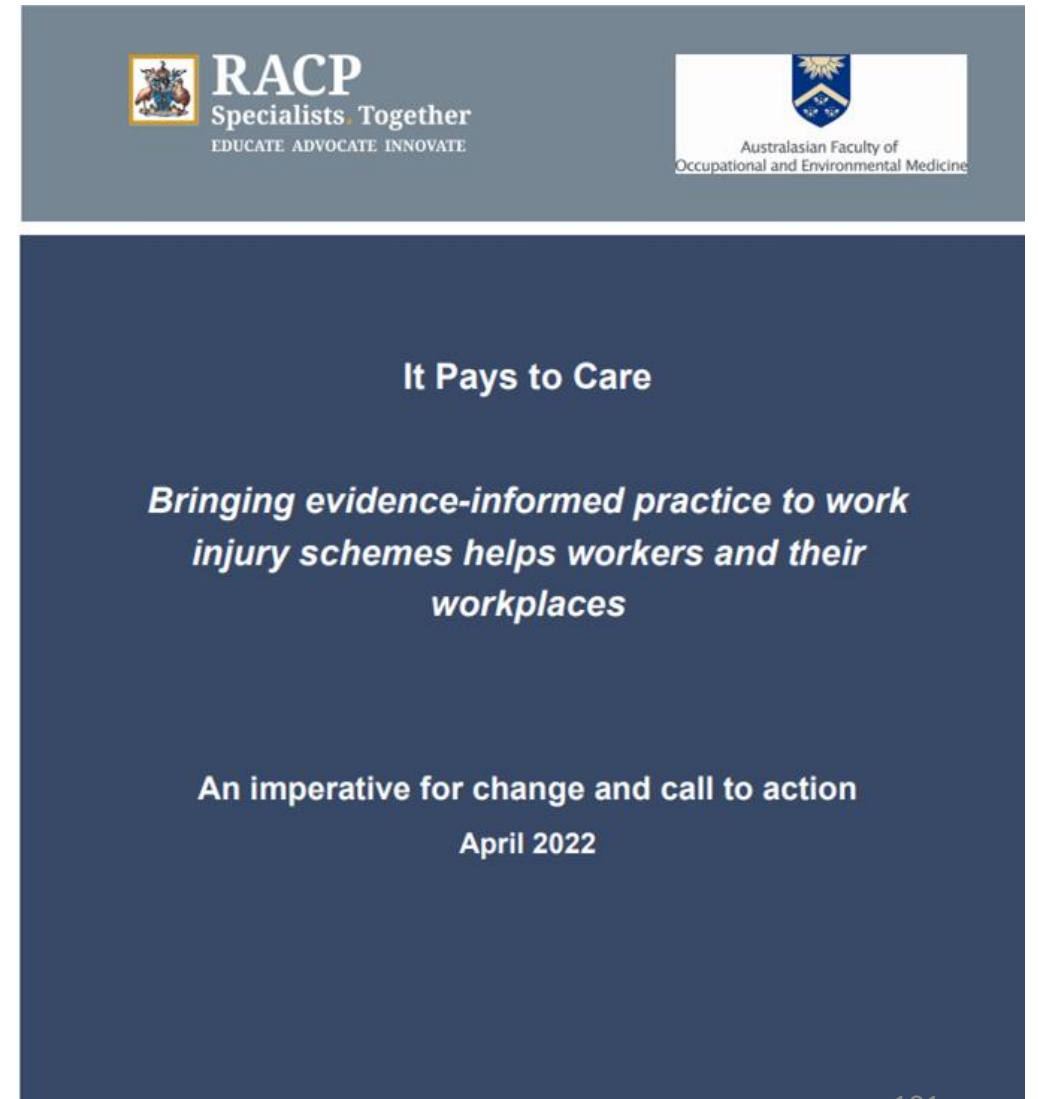
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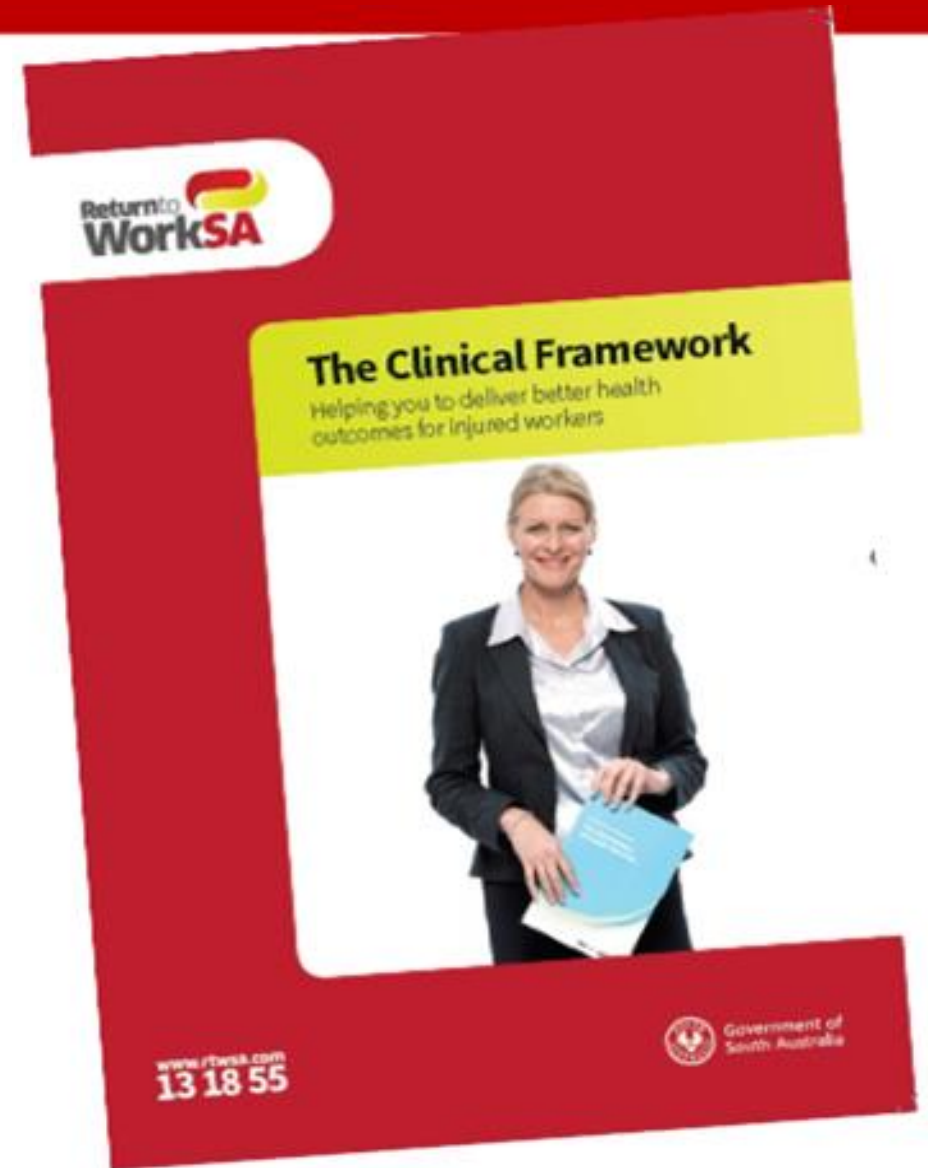
# RACP Statement

- Modifiable psychosocial determinants of health can achieve improvements
- Risks of unmanaged psychosocial risks
- Benefits of having a positive claims experience
- Impact of early workplace support
- Importance of non-stressful interactions with healthcare providers



# The Role of the GP: BioPsychoSocial Management

- Measure & demonstrate effective treatment
- Adopt a biopsychosocial approach
- Empower self-management
- Implement goals focused on optimizing function, participation and return to work
- Base treatment on the best available EBM



# RACGP Statement: The Role of the GP

- Certify Capacity

**Return to Work SA** [www.rtwsa.com](http://www.rtwsa.com)  
13 18 55

## Work Capacity Certificate i

### A. Patient and employer details

Family name:  Given names:   
Claim number (if known):  Employer name:   
Date of birth:

### B. Injury details and assessment

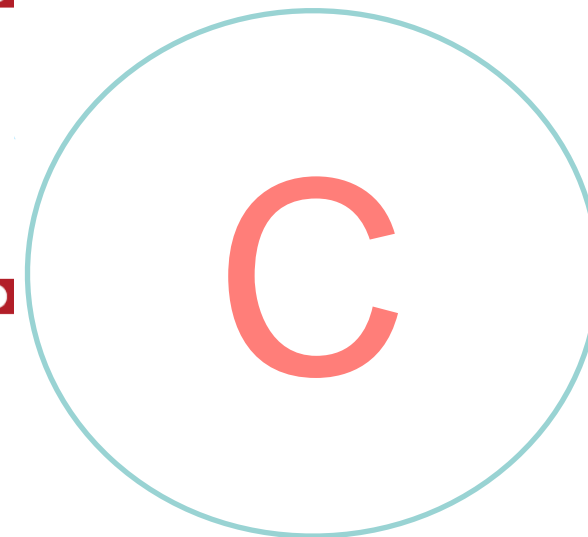
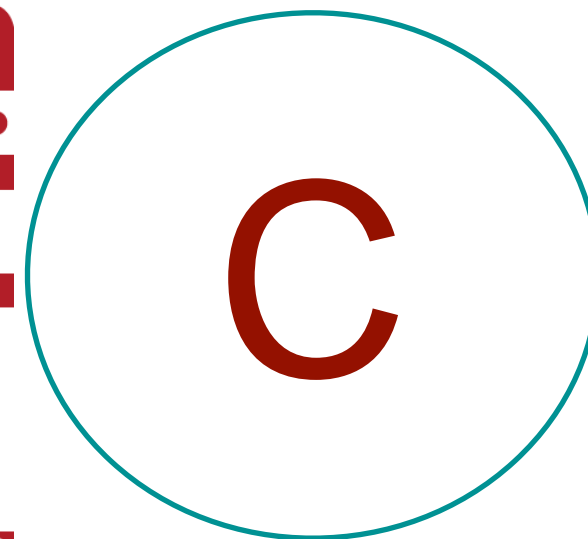
I examined you on:  for injury(s)/condition(s) you stated occurred/developed on:   
The stated cause was:   
The injury(s)/condition(s) you presented with is/are consistent with your stated cause(s):  Yes  No  
 New condition  Recurrence of pre-existing condition  
My clinical diagnosis/es based on my examination of you and other available information is:  
  
Other comments/clinical findings:

### C. Certification i

In my opinion, you: (please tick whichever apply)  
 have recovered from your injury/condition and are fit to return to your normal duties and hours on:   
 some further treatment may be required  
 are fit to perform suitable duties that accommodate your functional abilities from:  to   
 are medically unfit to undertake suitable duties while recovering from your injury for the period:  to   
**Note: Certification based on functional capacity, not available duties.**  
Reason:   
 I estimate you should have functional capacity to return to work in  days  weeks **OR**  uncertain at this stage  
(estimated timeframe will assist with planning for return to safe work)  
I would like to review your progress on:  or  at your next medical consultation  
Comments:

### D. Treatment plan i

The following treatment plan is aimed at assisting your recovery and return to work:  
  
I have referred you for the following clinical treatment:  
 Medical specialist (Name & specialty)   
 Psychologist (Name)   
 Physiotherapist (Name)   
 Other (Name & discipline)



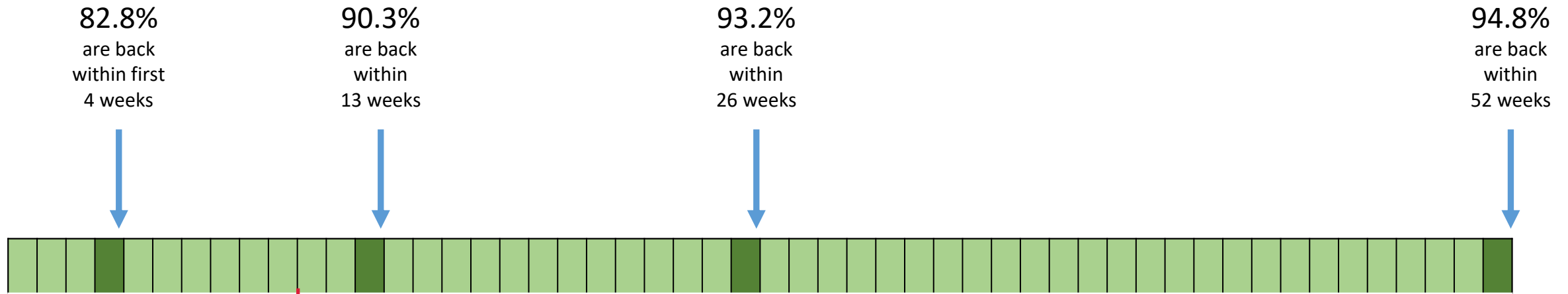
**Early RTW**

**The Evidence**

**[Then the Practical]**



# Early Intervention and RTW – Why is it important?



People at this stage only have 35% chance of ever returning to work

Time off work	Chance of ever returning
20 days	70%
45 days	50%
70 days	35%

# Health Impacts of Absence from Work: Patient

Work absence,  
Work disability  
and  
Unemployment,  
Underemployment

**causes, contributes and accentuates**

Negative physical and mental  
health impacts  
and increases mortality rates

↓ emotional & mental wellbeing  
↓ chance to gain employment  
↑ rates of risk factors for other  
psychological and physical health  
disorders

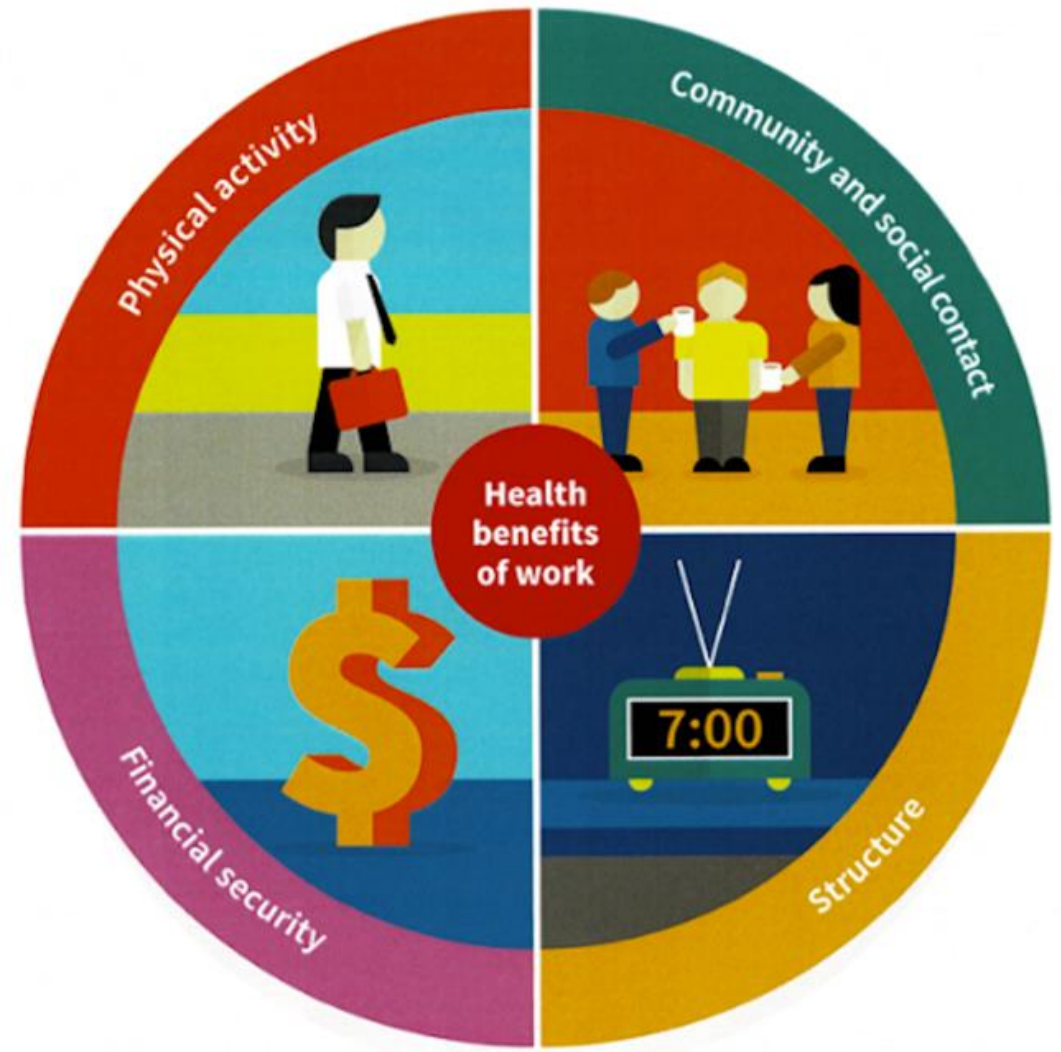
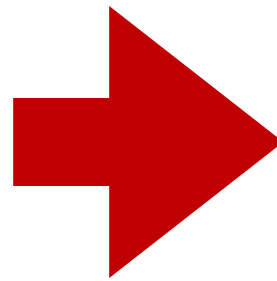
**direct relationship to**

Poverty and restricts choices  
including the ability to plan ahead  
and the feeling of control

# The Health Benefits of

'Work is generally good for health and well-being'

'Being engaged in good work offers economic advantages, psychosocial benefits, sense of belonging, social identity and status, self-fulfilment, social interactions and networks



# The Role of the GP

## E. Functional ability

Your ability to work is affected by **this** injury(s)/condition(s) as follows:  
(please select applicable functions – blank fields indicate that limitations don't apply)

No restrictions - go to section G (Doctor's details)

### Physical function

	Can	With modifications	Cannot
Sitting:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing/walking:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kneeling/squatting:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carrying/holding/lifting:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reaching above shoulder:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bending:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use of affected body part:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neck movement:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climbing steps/stairs/ladders:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Driving:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Mental health function

	Not affected	Partially affected	Affected
Attention/concentration:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memory (short term and/or long term):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgement (ability to make decisions):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Other functional considerations** - not listed above

ADL

Value

**Sitting:**

**Standing:**

**Walking:**

**Carrying/  
holding/  
lifting:**

# The Role of the GP: Certifying Capacity

## Aim to promote active strategies

- ‘Self-paced’
- Regular, scheduled posture changes
- Intersperse Gentle Walking / Movement
- Avoid repetitive, sustained movements
- Allow short breaks, Consider ‘stopping’ for breaks if feasible
- Encourage ‘Active Rest Breaks’ - stretches, exercises, ice, elevation etc

**Work and physical activity can be a part of a recovery plan for psychological as well as physical injuries**

# The Role of the GP: Certifying Capacity

## C. Certification

In my opinion, you: (please tick whichever apply)

have recovered from your injury/condition and are fit to return to your

are fit to perform suitable duties that accommodate your functional ability

are medically unfit to undertake suitable duties while recovering from your

Reason:

**Note: Certification based on your functional ability, not available duties.**

I estimate you should have functional capacity to return to work in  
(estimated timeframe will assist with planning for return to safe work)

I would like to review your progress on:  or  at your

Comments:

## D. Treatment plan

The following treatment plan is aimed at assisting your recovery and return

How long can the patient do these duties for?

- in a shift
- hours a day
- days in a week


Set a REVIEW DATE

Think of the WCC as a

- 'Prescription'
- 'Communication Tool'

# Common Obstacles

# Common Obstacles



People are talking  
about me at work



I want to get  
better first



There are no light  
duties at work



It hurts when  
I'm at work



# **Co-ordinating the Multidisciplinary Team and Optimising relationships**

# The RTWC – Doctor Relationship

How can you optimize the RTWC – Doctor relationship?

- The first consult is the most important – First Impressions count!
- Mutual Respect
- Consent

3 components:

- Before the consult
- In the consult
- After the consult

# The RTWC – Doctor Relationship

How can you optimize the RTWC – Doctor relationship continued ...

- **Before the consult**

- What is the usual protocol?

- Call the clinic before the appointment – check how the GP usually likes RTWC engagement – can the practice suggest the best way? (this gives the practice autonomy, shows respect and is consultative)

- Introduce yourself / your role

- Request if you can send an introductory email – your role, company's commitment with RTW, availability of light duties, supporting the injured worker
    - Request a longer consult and let them know they can CHARGE for their extra time! (in the email)

- Collate as much collateral information as you can – e.g. WSV, Job descriptions, photos are excellent, SHORT videos are OK

# The RTWC – Doctor Relationship

How can you optimize the RTWC – Doctor relationship continued ...

- **At the consult**

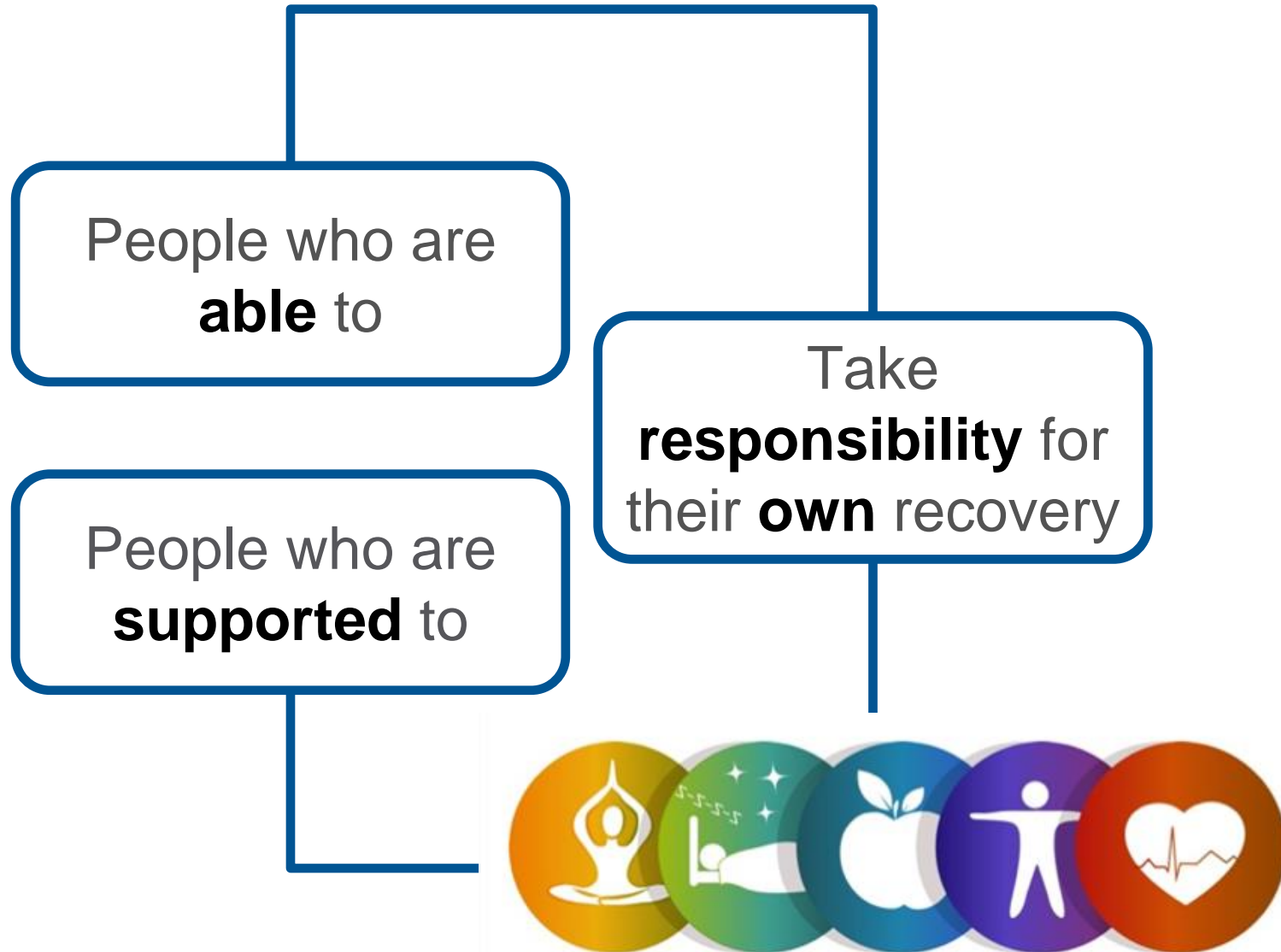
- Know your worker's injury
- Present the collateral information – WSV, Job descriptions, photos, SHORT videos
- Prepare a light duties summary page – adapt duties with patient's injury
- Find a segway – get in between the 'assessment' and 'management' part BEFORE the doctor hands out his/her recommendations
- Actions – let the GP what what your actions will be, and that you will draw up a GRTWP

- **After the consult**

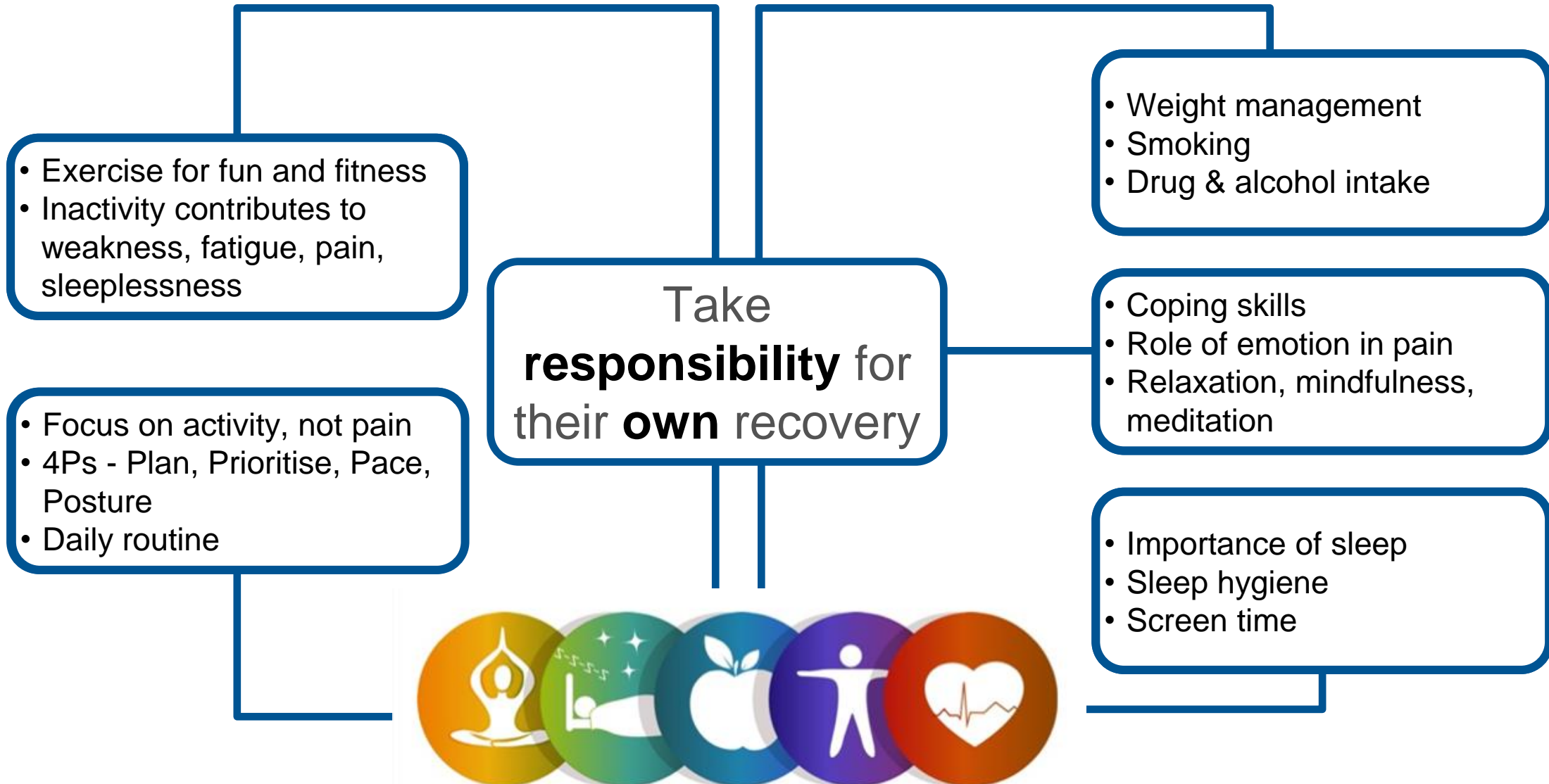
- Summary email – this shows the Doctor your value, that you can be helpful, sets you up nicely for the follow-up appointment
- Attach the GRTWP, ask for feedback, changes if necessary, and their endorsement

# **Supporting BioPsychoSocial Self-Management**

# Role of GP : Support



# Role of GP: Support





Thank you.

 **ReturntoWorkSA**





# Questions



We'd love your feedback





NEXT WORKSHOP

Mon 21<sup>st</sup> October

Preventing Musculoskeletal &

Mental Health Disorders

