



Safe Work and Return to Work Awards 2019

Shane Webcke Safety Ambassador

Safe Work and Return to Work Awards example entry

Category 10 – Best individual contribution to rehabilitation and return to work

1. Explain how you demonstrate excellence in service delivery and improved return to work outcomes for injured workers and employers.

The worker described in his own words how he sustained a sharp pain in his left shoulder when he reached to pull down a hose from a work truck on 11 June, and again later that day when he correctly used three-points-of contact to pull himself up into the truck cab.

Due to proactive engagement with both the worker, his medical practitioners, workplace supervisors and co-workers, and even our General Manager (refer photo attached) we're proud that our can-do approach has kept the worker productively engaged in our civil construction workplace.

A passive, in-ability focused direction would easily have left him isolated at home on a lost time injury, disengaged from his workplace, and denying us all the benefits of the workers other (I.T.) skills which he doesn't usually apply in our workplace.

I decided to revise our usual approach - as previously we'd passively let an injured employee be treated by general practitioners that were unfamiliar with the physically demanding roles staff do in our civil construction work.

Where GP's were used to mainly treat the general public for illnesses, I noticed that Queensland Workers' Compensation medical certificates were not used (creating double handing for WorkCover Queensland and I), or an injured employee was often not asked by the GP about what duties they were capable of performing.

As a result I noticed they were unnecessarily 'written off' to languish at home without the benefits of remaining engaged in suitable duties in our workplace.

To address this challenge, I approached my company directors for approval to engage a specialist occupational health medical practice slightly further away from our workplace, but with a genuine focus on workplace health and ability (rather than inability).

I received approval from my directors to invest a significant sum (for a small employer) into an occupational physiotherapist attending our workplace and assessing the movements and weights required in each task done by our operators.

This report was then applied to an expensive pre-employment medical process, so I could accurately enable medical practitioners across all the states we operate in to medically assess candidates for employment even before I offered them suitable employment (my main role is human resource management).

I engaged supervisors and employees in the occupational physiotherapist visit to our depot. This increased their awareness of the weight and potential strain various work tasks require - which they do with such gusto on 'auto-pilot' day to day.

I even altered my online recruitment advertising to mention the detailed pre-employment medical process to all candidates. This way even before people apply to work with us, they know to expect a thorough assessment, and understand that we're investing in their safety and success even before they're hired.

As well as amending my advertising content, I also inserted a section covering this in our Internal Interview Guides used by supervisors in each state. Before introducing the interview changes, I met with the supervisors, and demonstrated in real interviews how to describe the pre-employment medicals to candidates they were interviewing, and developed the supervisor's confidence in responding to questions, and answered their concerns about the added up-front cost that was incurring to our business.

To increase awareness of the negative impact that Lost Time Injuries can have, I started to include a column in the company-wide internal newsletter which compared the performance of the various States we operate in - to generate a little friendly positive competition. I wanted to encourage awareness and genuine reporting, rather than unintentionally driving under-reporting of issues which can be the unfortunate outcome of 'X Days since last LTI' campaigns in our industry.

To assist the treating doctors, I customised a suitable duties list in collaboration with our supervisors and staff. This engaged the stakeholders, and enables any doctor to select from a 'menu' of various duties we can offer for various types of restrictions. That way, even when an injured worker elects to attend a treating doctor alone without my support, they can still offer this 'menu' of suitable duties to the doctor, rather than being at risk of being limited by the understanding that the doctor hasn't been provided of the options available in our supportive workplace.

To ensure this information was available across our various states of operation, I created durable plastic folders containing my customized 'Return to Work Packs' that each supervisor keeps under the seat of their onsite work utes, and can pull out (and dust off) at a moment's notice if they need to pick up an injured worker from a client construction site and take them to a nearby medical centre.

I have also saved this information on our internal Integrated Management System (IMS), so any employee can access it if necessary.

To ensure all employees are aware of the support available to them, I changed our day one induction to include this topic. This way they understand how they'll be proactively supported should they ever be injured. This knowledge also increases employee and supervisor understanding that our newly proactive approach is to reduce an employee's potential exposure to becoming disengaged from the workplace.

I demonstrated to each supervisor how to explain this new topic in our day one induction, and backed this up by developing a simple-to-follow flow chart. I was happy to notice last week that two recently promoted operations supervisors had this flowchart laminated on their office wall. They see it there daily, and should an emergency create 'brain freeze' then they have it ready to grab off the wall and take with them to collect onsite, as a backup reminder of our injured worker support processes.

For example, when our employee who I mentioned earlier was injured a fortnight ago, I asked for his permission to escort him to the occupational medical centre we're now using, and explained that they had been trained in the specific workplace duties he does.

With his written consent, I attended the treating doctor (after the employee had completed an initial assessment in private). Then the three of us went through the Qld Workers Compensation Medical Certificate options for suitable duties restrictions, and planned a weekly follow-up appointment recurrence.

I outlined the various suitable duties 'menu' items for the treating doctor and the employee to consider, and they reached agreement on tasks that would enable the worker to use his I.T. skills and get to know another part of our business operations that tracks information gathered onsite.

I was inspired to hear the employee telling a co-worker last week that he never knew the impact that the quality of the information they gather onsite has on this other part of our business. We've had limited success motivating this improvement by Toolbox meetings - and this hands-on exposure to alternative duties has finally had a breakthrough. This is a great outcome for both the injured worker, his team mates' awareness of their workflow impact, and for those co-workers on the receiving end of their onsite information gathered.

2. What strategies or initiatives have you implemented to improve services or outcomes to injured workers, employers or the industry?

As outlined above, I have developed the attached tools to assist stakeholders understanding and risk mitigation at various stages in the recruitment, selection and injury management process.

I am proud that my preventative approach to pre-employment medicals (preventing return to work issues before they develop) have even been adopted overseas in our New Zealand business unit - and I have developed a warm collaboration with the medical practitioners we engage over there.

This example enabled me to explain to a NZ labour hire worker on the phone why we were disappointed not to be able to employ him directly (he was a great worker) - and he was surprised his labour hire employer didn't have similar thorough proactive medical processes to identify they were potentially putting him at risk for exposure to workplace injury management in our physically demanding roles.

3. How do you lead and influence your organisation, colleagues and industry to continuously improve their rehabilitation and return to work strategies, outcomes and culture?

I've found that personally engaging people in the different parts of the process works much better than me simply trying to do it or communicate about the benefits of proactive return to work and injury management.

As outlined above, I've obtained approval from our company directors to change the medical practice we use to a specialist occupational health centre, and obtained their approval to invest significant cost to engage an occupational physiotherapist to professionally assess our most high-risk physically demanding role.

It has been inspiring to personally meet with the treating doctors we now use, and explain how our focusing on ability and the health benefits of work alongside an injured worker at the

radiology practices, physiotherapists, and specialists we're using for better return to work outcomes.

I've engaged our supervisors in changing our interview guides to include pre-employment medical assessment content, and coached them through role-plays and actual live employment interviews on how to proactively reduce exposure to workplace injuries by legally engaging professionals to prevent injuries before they develop.

It has been fun engaging though Toolbox meetings and coaching supervisors in the procedure, flowchart and handing out the new Injured Worker Packs that they now have in their civil construction work utes.

I've taken a new supervisor (with injured worker permission) to attend a medical appointment with the worker and treating doctor, so the supervisor could see me modelling appropriate engagement in the medical meeting.

Championing each state's return to work monthly achievements while simultaneously encouraging honest incident reporting has been inspiring.

Communicating via national Toolbox meetings changes I've driven to our Safe Work Method Statements (SWMS) to include learnings from injured worker experiences (such as stipulating that truck drivers safely use the 'three-points-of-contact' when entering and exiting the high truck cabs).

Being one of the top five nominations and invited to attend the 2010 Return to Work Awards was a highlight of my career to date.

It was amazing to attend the awards ceremony (though I wasn't a finalist!) meet Mal Meninga and take three of our company directors along, which really raised awareness of the importance of this RTW aspect to my role as their busy human resources manager!

I was also touched when a WorkCover Queensland Senior Advisor encouraged me to apply this year, because she knows my proactive approach after developing a good working relationship with her and her WorkCover Qld colleagues.