## BSBWHS407 Assist with claims management and return to work programs

Assessment Task 4		
Student name:		
This task requires you to assist with planning for and implementing a successful rehabilitation or return-to-work program		
• Read the following case study from a real work incident:  An employee had a fall on a construction site resulting in a shoulder injury. Initial assessments as to his likely recovery were estimated at over 12 months. The initial estimate for the injury placed by the insurer was \$150,000.  The insurer approved the immediate use of a respected orthopaedic surgeon resulting in an operation being performed within 10 days. After a Return to Work program was put in place the employee resumed suitable duties within 3 months.		
<ul> <li>Assume that you were assisting the RTW Coordinator in the case study by gathering information they need so as to develop the RTW program.</li> <li>Consult with relevant personnel who have knowledge of planning return to work and identify what you would need to do in order to assist in planning the RTW program for this injured worker.</li> <li>Describe your actions in the following table.</li> </ul>		
NB: you can refer to your Support Materials, found in the online course or information provided by your Insurer or Regulator.		
1. What information do you need to gather from the treating doctor and/or other health professionals who are treating the injured worker?		



**Assessor Comments:** 

2.	What information do you need to gather from the injured worker? This includes information about the worker that may help you find them suitable duties.	
Assessor	Comments:	
3.	What information do you need to gather from the manager who usually supervises the injured worker?	
Assessor	Comments:	
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4. What information might you need to gather from other managers within the organisation?		
Assessor	Comments:	



5. What options should return to work?	I you explore in relation to facilitating the injured worker's early		
Assessor Comments:			
How promptly should the RTW Program be implemented and what will need to be confirmed before it can be implemented.			
Assessor Comments:			
Completed on (enter date):			
Satisfactory (Y/N):			
Assessor Name:			
Assessment Date:			
7.55C55IIICIIL Date.			

