Rehabilitation and return to work

Daleen Schoombee
AngloGold Ashanti Health
Thoughts to ponder

1. Living our company values: extending the message of care to action

2. Legislative framework for rehabilitation

3. Considering the impact of an imbalance between human safety factors (physical fitness levels, age, anthropometrics etc.) and actual job requirements / hazards in the work environment

4. The way forward (effective recruitment and placement of employees, health promotion of in-service employees, medical incapacity management processes)
A key component which underpins successful early return to work and occupational rehabilitation requires employers to take effective injury prevention action.

This reduces the incidence of workplace injury and illness and is best achieved by the implementation of a systematic approach to the identification, assessment and control of hazards which may cause injuries and illnesses.

Occupational Health and Safety is an important part of disability management and essentially acts as the first component of disability management.¹

¹(Williams, RM and Westmorland, M. Perspectives on workplace disability management: A review of literature, 2002 Work,1987; Paragraph 20 (p 306) of the Main Reports 48 of the Executive Summary)
Hierarchy of controls

Elimination (pro-active approach)
Instituting controls to minimise the risk of impairment / disability occurring

Medical & rehabilitative intervention

Alternative placement / incapacitation
Proper selection and matching worker capabilities with job requirements from the onset minimises risk to a large extent.
Health and safety however does not come without challenges...

“We’ll know more once we do an MRI, but, yes, this could be a career-ending injury.”
Health promotion, disability prevention, effective return to work programs

Safe, productive, healthy work-life years

Improved sustainability of RTW

Sustainability (economically, quality of life)

Adapted from: Position Paper 3
Health, demographic change and wellbeing: Occupational safety and health in the context of demographic change
THE ROLE OF REHABILITATION
Fundamental core components and critical elements of RTW programmes in South Africa

Employers have significant scope to facilitate an employee's early return from sickness absence and to play a positive role in their rehabilitation. Occupational rehabilitation must begin with accurate diagnosis and early effective medical and occupational treatment, with priority given to an early, safe return to suitable duties following injury or illness.

A coordinated, multi- and inter-disciplinary team approach to early RTW strategies with shared responsibility between stakeholders is essential. Effective injury prevention action is a further key component which underpins a successful RTW strategy.
The "rehabilitation" contemplated for South African society is that which combines and coordinates the use of medical, social, educational and vocational measures for training or retraining the individual to the highest possible level of functional ability. Its focus is on furthering integration or reintegration into society, and for this reason it requires a multidisciplinary and multi-tiered approach.
Alternative employment and self-employment

RTW initiatives should be flexibly designed and developed to provide a range of services and opportunities for affected employees, with a case management approach addressing this.

Alternative employment should only be considered once an attempt to return workers to their former jobs, or to a different job in the same organisation, has failed, with self-employment possibilities needing to be carefully considered in the South African context.
Guideline for a mandatory Code of Practice for the management of medical incapacity due to ill-health and injury

PART A: THE GUIDELINE

1. INTRODUCTION

1.1 This guideline has been drafted to assist Occupational Medical Practitioners (OMP’s), Safety Health & Environment consultants (SHE) and Human Resource Consultants in managing employees with medical incapacity in mining.

1.2 This guideline does not deal with individual medical conditions, but rather aims to formalise the basic principles of management of employees with medical incapacity in order to ensure that a fair and consistent approach is followed.

1.3 An employee’s medical condition requires a program for effective management of such an employee. This should be interpreted in functional terms and in the context of the specific job requirements and/or specific job requirements of adjusted or alternative jobs considered during the management of such an employee. The outcome of the process followed must pose no additional risk to the health or safety of such an employee or of co-workers, where relevant.
Importance of a measure of work capacity

1.4 In instances of reasonable accommodation or alternative job placements, the employer is always entitled to expect full productivity of the accommodated employee.

WORK CAPACITY EVALUATION means a comprehensive evaluation and description of what the employee can and cannot do, a thorough understanding of the duties, working conditions, work processes, job tasks, job requirements and stressors and facilities of the workplace.
Guideline for a mandatory Code of Practice for the management of medical incapacity due to ill-health and injury

3. OBJECTIVE OF THIS GUIDELINE

3.1 The objective of this guideline is to ensure procedural and substantive fairness with employment decisions in respect of applicants or existing employees with medical incapacity and those qualifying as persons with disabilities under EEA.

3.2 Collateral objective is to assist the OMP and Human Resource Consultants charged with the task of preparing a COP which, if implemented and complied with, would:

a) Ensure that employees suffering from medical incapacity, where possible, would be returned to their normal, adjusted or alternative work by making early return to work recommendations.

b) Ensure that employees suffering from medical incapacity, where such employees cannot be accommodated in their normal, adjusted or alternative work, would be managed in a consistent and fair manner.

c) Ensure that employees suffering from medical incapacity are fit to continue performing productively and safely in the normal, adjusted, or alternative work at the mine.

d) Ensure that the affected employee will be able to perform work without an unacceptable health or safety risk to that employee or any other person.
Guideline for a mandatory Code of Practice for the management of medical incapacity due to ill-health and injury

8.1.1 Objectives

The COP must address the following:

8.1.1.1 The early identification of employees in need of incapacity management.

8.1.1.2 A medical- and/or health risk assessment in order to determine:

a) The potential for returning such employee to his own, adjusted or alternative job (work capacity evaluation).

b) The potential health and safety risks to continue with his own, adjusted- or alternative work

c) The potential to make structured early return to work recommendations, which may include ongoing physical or psychological treatment and vocational rehabilitation.

d) Making early return to work recommendations to, amongst others, prevent such employee to develop a disability mind set.

e) To establish if and when an employee with a medical incapacity will qualify as a person with a disability so that the employer can introduce the necessary interventions as required under EEA.
Guideline for a mandatory Code of Practice for the management of medical incapacity due to ill-health and injury

- Occupational therapy evaluation and determining rehabilitation prospects

Medical impairment ratings depend on maximal medical improvement of specific medical conditions. The possibility of further medical treatment available and the expected response to such treatment has to be taken into account to evaluate an employee’s ability to improve on the existing functional- and work capacity assessment results.
Guideline for a mandatory Code of Practice for the management of medical incapacity due to ill-health and injury

8.1.5 The COP must address return to work recommendations

8.1.5.1 Where it is possible to return an employee to his own, adjusted or alternative work, but the employee requires further and/or ongoing medical treatment and/or physical, mental, or vocational rehabilitation, the occupational medical practitioner should include such recommendations when referring the employee to the Medical Incapacity Management Committee.

8.1.5.2 As the early return to work placement of such employees usually involves a multidisciplinary team of experts (e.g. safety specialist, occupational hygienist, occupational therapist, treating specialists, clinical psychologist, etc.), the occupational medicine practitioner should liaise with the appropriate specialists before making such recommendations.
TEAM APPROACH

Medical professionals should liaise with each other during the rehabilitation process to find the best collaborative ways of reaching maximal medical improvement

Be creative and adapt
Family involvement

Family members may also need help learning how to adjust to the employee’s disability and how to provide support.
8.1.5.3 An early return to work recommendation should contain the following information:
   
a) Expected duration of treatment, rehabilitation and training required;
b) Expected work capacity against predicted progress;
c) The recommended periods for doing re-assessments to determine progress employee against expected parameters,
d) Special reasonable accommodation measures to be implemented such as not working on heights or other relevant to the specific case and;
e) The proposed early return to work recommendations is then discussed at the appropriate medical incapacity management committee.
Guideline for a mandatory COP on the minimum standards of fitness to perform work on a mine

8.7 Medically affected employee policy and procedures

The COP must address a formalized policy and procedure in place, which will effect fair assessment and encourage optimal placement of employees found unfit for their usual category of work.
Procedures guiding rehabilitation and medical incapacitation & team work

- Identification, examination and diagnosis
- Acute medical intervention (general specialist care)
- Rehabilitation
- Psychological intervention
- Dietetic care
- Speech therapy
- Early referral
- Occupational Health
- Baseline Work Capacity Assessment
- Maximal medical improvement
- Fitness to work RTW or medical incapacitation
- Continued medical care
- Monitoring of work capacity
- Continuing grading of vocational rehabilitation
- Continued medical care
- Effective planning of vocational rehabilitation & other intervention
- Medical incapacity management committee
Factors to consider during the rehabilitation process

- Time off work (impacts on the recovery if not treated effectively, but also on productivity and business process efficacy)

- Difficulty in coping with daily activities (at home / at work)

- Sustainability of return to work

- Future health risks

- Risk of early retirement

- Health and safety risks in case of jobs demands exceeding physical capability
Body Functions & Structures

Performance skills

Performance areas
Work, sport etc.

REHABILITATION
Methods of Assessment

Fitness to work

Performance area: Work

Performance skills

Body Functions & Structures
WHY SHOULD WE DO WORK CAPACITY ASSESSMENT?
International Classification of Function

Applications of ICF Framework

At individual level
At institutional level
At social level

Body functions and structures (Impairment)
Activities (Limitation)
Participation (Restriction)

Environmental factors

CONTEXTUAL FACTORS

Personal factors

Bio-psycho-social-spiritual approach
in the context of ethics, human rights and legal framework
Work Capacity Assessments

- Risk assessment tool
- It quantifies the impact of medical risk into functional terms and in relation to job requirements
- Establish a baseline of physical and functional fitness to measure any future changes in fitness levels
- Monitors progress and effectiveness of vocational rehabilitation / return to work strategy
- It assist the OMP to make a more informed decision on fitness to work
The National Institute of Occupational Safety and Health (NIOSH) standards for the development and selection of work related assessments indicate five key attributes of an assessment.


<table>
<thead>
<tr>
<th>Attribute</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability</td>
<td>The test score must be dependable across evaluators, candidates assessed, and the date or time of test administration</td>
</tr>
<tr>
<td>Validity</td>
<td>The test score must measure what is intended to be measured, and must predict or reflect performance in a target task</td>
</tr>
<tr>
<td>Safety</td>
<td>When used properly, the test must not be expected to lead to injury</td>
</tr>
<tr>
<td>Practicality</td>
<td>The ease of use of test procedures</td>
</tr>
<tr>
<td>Utility</td>
<td>Usefulness in terms of assessing physical and functional ability</td>
</tr>
</tbody>
</table>
# RFA Assessment

## Objective Assessment of Work Capacity

<table>
<thead>
<tr>
<th>Physical Work Capacity Test</th>
<th>Functional Work Capacity Test</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim:</strong> To determine the inherent aerobic capacity to cope with physical aspects of the work.</td>
<td><strong>Aim:</strong> To assess functional abilities necessary to perform a specific task</td>
</tr>
</tbody>
</table>

**DMR Guidelines**
Multi-level Application
Functional Work Capacity Assessments

In-service employees → Level 1 → Job allocation / re-allocation

Level 2 (screening)

Prospective employees → Level 2

Functional Ability → Level 3

Rehabilitation

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To initiate formal rehabilitation therapy, a physician must write a referral.

The referral should clearly state the diagnosis and goal of therapy.

Clear and comprehensive reporting and communication between specialists, the OMP, and the rehabilitation team is of the essence to ensure that the rehabilitation process remains goal directed based on the employee’s individual profile.
Disability Management

- Involve all relevant role players, including Human Resources and Organised Labour
- Document the rehabilitation procedure - avoid too much detail, other disciplines should have their own procedures with more detail
- Re-evaluate the process and make the necessary changes
- Facilitate change management - information and education
- Early referral is of the essence
Disability Management

• Clear goal setting, based on the individual case
• Plan and document the rehabilitation program
• Holistic approach with referral to multi-disciplinary team
• Objective work capacity assessment to identify areas requiring attention
• Vocational rehabilitation focusing on inherent job requirements
• Regular monitoring, grading and adaptation of the rehabilitation program
• Ensure that all efforts are made to assist the employee in reaching maximal medical improvement
• Alternative placement / reasonable accommodation should be done with a clear understanding of an employee’s residual capabilities, rather than focusing on limitations
Reasonable accommodation

High Risk Employee

Caring for your health and safety

- Education / information on lifestyle changes
- Occupational rehabilitation / fitness programs
- Continued medical management
- Accommodation in the workplace; assistive devices
- Skills retraining
- Self employment, entrepreneurship
# JOB PLACEMENT GUIDELINES

**Name of employee:** ____________________________  **Company number:** __________________________

<table>
<thead>
<tr>
<th>Recommended physical job category</th>
<th>Very heavy</th>
<th>Heavy</th>
<th>Moderate</th>
<th>Light</th>
<th>Sedentary</th>
</tr>
</thead>
</table>

**The employee may work in the following environment:**

**A) General**
1) Wet conditions  Yes ☐  No ☐
2) Vibration Yes ☐  No ☐
3) Other Yes ☐  No ☐

**Comments:**

**B) Underground**
1) Stopes Yes ☐  No ☐
2) Haulages Yes ☐  No ☐
3) Boxholes Yes ☐  No ☐
4) Raises Yes ☐  No ☐
5) Incline shafts Yes ☐  No ☐
6) Stairs/Ladders Yes ☐  No ☐

**Comments:**

**C) Surface**
1) Unrestricted work area Yes ☐  No ☐
2) Restricted work area (goldplant - mills/ventilation pipes/inside roofs of buildings etc.) Yes ☐  No ☐
3) Even surfaces Yes ☐  No ☐
4) Uneven surfaces Yes ☐  No ☐
5) Stairs Yes ☐  No ☐

**Comments:**

**The employee may perform the following:**

**D) Work tasks**
1) Barrelling Yes ☐  No ☐
2) Handling loads - pushing Yes ☐  No ☐
3) Handling loads - lifting/lowering Yes ☐  No ☐
4) Load handling - restricted environments Yes ☐  No ☐
5) Work with a hammer Yes ☐  No ☐
6) Work with a spanner to loose or to fasten nuts/bolts Yes ☐  No ☐
7) Lashing Yes ☐  No ☐

**Comments:**

**E) Work positions**
1) Squat Yes ☐  No ☐
2) Stand Yes ☐  No ☐
3) Stoop Yes ☐  No ☐
4) Work above head Yes ☐  No ☐
5) Standing on a ladder or scaffold Yes ☐  No ☐

**Comments:**
THE ROAD TO RECOVERY
Making a Difference

A Fresh Start
Tips to Healthy Living
HEALTH PROMOTION

WOMEN-IN-MINING
General exercise plan aimed at improving fitness for sedentary individuals

<table>
<thead>
<tr>
<th>CARDIOVASCULAR</th>
<th>MUSCLE STRENGTH AND ENDURANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency</td>
<td>Frequency</td>
</tr>
<tr>
<td>3-5 days per week</td>
<td>2-3 days per week</td>
</tr>
<tr>
<td>Intensity</td>
<td>Type</td>
</tr>
<tr>
<td>57-67% of age predicted HR max</td>
<td>Multi joint exercises</td>
</tr>
<tr>
<td>Time</td>
<td>Volume</td>
</tr>
<tr>
<td>20-30 minutes per session</td>
<td>Sets: 2-4</td>
</tr>
<tr>
<td>Type</td>
<td>Intensity</td>
</tr>
<tr>
<td>Stepping/walking/cycling/elliptical</td>
<td>Body weight/elastic/Listing weights</td>
</tr>
</tbody>
</table>

EXERCISES IN THIS CATEGORY INCLUDE:
- Wall squats
- Hip stabilisation exercises
- Core stability exercises
- Arm and shoulder strengthening exercises

RFA EXERCISE PROGRAM

- Push ups
- Calf Raises
- Lunges
- Bicep Curls
- Shoulder Press
- Hip Abductors
- Squat
- Abdominal Crunches
Preventative action
Caring for the community

Wellness programs may also be extended to local clinics and schools.

By means of spreading information regarding the importance of a healthy lifestyle, we are investing in the health of our future workforce.
REHABILITATION
Early return to work
KEEP CALM AND TRUST AN OCCUPATIONAL THERAPIST
Rehabilitation and Return to Work (RTW)

Policy created in April 2011 for the Compensation Fund of South Africa

‘Rehabilitation, Reintegration and Return-to-Work of Workers Who Have Suffered Occupational Injuries or Diseases’