

ACCIDENT COMPENSATION CORPORATION

MANUAL OF OPERATIONS

SAFETY PROMOTION AND REHABILITATION DIVISION

8/1/2010

This is the guiding document for the daily operational work of the Division, in implementing the mandated functions and duties that are relating to safety promotion and rehabilitation. It explains the processes and procedures to comply with and follow by the divisional and other corporation's staff.

TABLE OF CONTENT

INTRODUCTION	2
SECTION 1: SAFETY PROMOTION	2
1.1 Definition	2
1.2 Purpose	2
1.3 Legislative Framework	3
1.4 Responsibility	4
1.5 Accident Reports	4
1.6 Accident Investigation	5
1.7 Risk Management	6
1.8 Identifying Hazards	7
1.9 Assessing Hazards	8
1.10 Eliminating and Controlling Hazards	8
1.11 Safety Promotion Training	9
1.12 Data Entry	9
1.13 Files and Filing System	10
1.14 Specific Responsibilities	11
SECTION 2: REHABILITATION	14
2.1 Definition	14
2.2 Purpose	14
2.3 Legislative Framework	14
2.4 Responsibility	14
2.5 Referrals for Rehabilitation from Investigation Division	15
2.6 Referrals for Examination towards Rehabilitation	15
2.7 Consent of Injured Person	16
2.8 Rehabilitation Officers and Investigating Officers to work cooperatively	16
2.9 Injury Management/Rehabilitation Program	17
2.10 Overseas Treatment	18
2.11 Closure of Rehabilitation Cases	19
2.12 Rehabilitation Services and Artificial Aids	19
2.13 Specific Responsibilities	19
ATTACHMENTS	
Form SP2 Hazard Report Form	
Form SP3a Motor Vehicle Accident Investigation Form	
Form SP3b Worker's Work Related Accident Investigation Form	
Form SP3c Worker's Non-Work Related Accident Investigation Form	
Form RH1 Rehabilitation Referral Form	
Form RH2 Initial Interview with Injured Person	
Form RH3 Rehabilitation Record Form	
Form RH4 Rehabilitation Case File Notes	
Form RH5 Medical Clearance Certificate	
Form RH6 Injury Management/Rehabilitation Program	
Form RH 12b Summary of Entitlement and Payment	

INTRODUCTION

This manual will introduce you to the work of the Safety Promotion and Rehabilitation Division of the Accident Compensation Corporation. It is designed for use by the staff of the division and other corporation staff members for the execution of their duties in implementing the statutory functions of the Corporation with regards to safety promotion and rehabilitation. It can also be used as a useful tool to inform and guide the general public and relevant stakeholders, particularly those who will become injured by accidents covered under the mandate of the Accident Compensation Corporation, so to understand how to interact with the corporation in terms of safety and rehabilitation issues affecting them.

As dictated by its name, the manual is divided into two main sections namely, 1) safety promotion and 2) rehabilitation.

SECTION 1: SAFETY PROMOTION

- 1.1 **Definition:** Safety Promotion is a process of action implemented by the Corporation in close collaboration with individuals, employees and employers, village communities, public and private organizations, government and any other stakeholder to modify structures, environment as well as people attitude and behavior towards developing and sustaining safety in the use of specified conveyance by the whole population, and health and safety for employees in workplaces and other environmental settings, such as at home, in sports fields and complexes, at recreational facilities and etc. In brief, safety promotion is a responsibility shared by ACC and other government and non-government organizations and the public as a whole.

- 1.2 **Purpose:** This manual is to inform divisional staff and all people concerned of the legislative framework and responsibilities relating to safety promotion and to explain how safety promotion is managed by the Corporation. It reflects the Corporation's commitment to integrating safety promotion with existing management systems and practices so that preventing specified conveyance accidents and personal injury and illness involving workers in the workplace and other environmental settings become an integral part of the Corporation's corporate objectives, culture and values.

1.3 **Legislative Framework:** The legislative framework relating to safety promotion is provided for in the Accident Compensation Principal Act 1989, the Amendment Act 2003 and the Amendment Act 2009 based on the following principles:

- Promoting safety in the use of specified conveyance.
Specified conveyance pursuant to Section 2 (1) of the Accident Compensation Principal Act 1989 and Section 2 (3) (a) and (b) of the Amendment Act 2003 means: (a) a motor vehicle (including a motor cycle or other means of conveyance on land which is propelled by means of a motor or engine); or (b) a sea going vessel which is propelled by means of a motor or engine where such vessel is traveling between two or more points in Samoa or which is intended to return to its point of departure in Samoa without calling at any point or place outside Samoa during the course of its journey.
- Preventing, as far as possible, work related injury and illness by systematically identifying, assessing and controlling workplace risks.
- Consulting with employees and employers and other relevant stakeholders and individuals on issues affecting the health and safety of employees at workplace and other environmental settings.

The foregoing legislations require that the Corporation shall seek to establish a close and harmonious working relationship with industry, commerce, Government Ministries, public corporations, and other bodies, organizations and persons in promoting safety and preventing specified conveyance accidents; work related accidents, personal injuries and occupational diseases.

Without limiting the generality of the foregoing requirements, duties and functions of the Corporation regarding safety promotion include:

- *Stimulating and maintaining interest in safety and the prevention of accidents, personal injuries and occupational diseases by means of education and publicity through communications media;*
- *Publishing and disseminating safety information;*
- *Sponsoring, assisting and conducting safety campaigns and safety courses;*
- *Sponsoring and fostering organizations and groups concerned with safety and the prevention of accidents, personal injuries and occupational diseases;*

- *Research into and investigation of ways to reduce the number and severity of accidents and personal injuries and the incidence of occupational diseases.*

1.4 **Responsibility:** The legislative framework places the primary responsibility on the Corporation; however, specific responsibilities are delegated administratively to the Manager of the Safety Promotion and Rehabilitation Division and his staff for Safety Promotion.

To the fact the Corporation's database was claims driven when data was solely collected by Investigating Officers of the Investigation Division, it was considered, agreed and adopted as a procedural policy for data improvement that, the staff of the Investigation Division and the Safety Promotion and Rehabilitation Division be required to work closely and cooperatively in undertaking investigation of all accidents reported to ensure both claims driven and safety driven data are completely and accurately collected, and at minimal cost to the Corporation. However, difficulties occurred from time to time for several reasons which prevented full realization of data improvements expected. And with the implementation of this manual and that of the Investigation Division, especially the stipulation of specific responsibility and accountability for certain staff members, it is anticipated that the weaknesses noted in the system will be eliminated.

Hence, the Manager of the Investigation Division and his staff also has administrative responsibilities in the implementation of this manual, as will be dealt with elsewhere hereunder.

1.5 **Accident Reports:** All accident reports are received by the Manager of the Investigation Division or his nominee, who will register the case in the Claims Register and enter the relevant initial information into the database; and then make a copy of the accident report and refer it to the Manager Safety Promotion and Rehabilitation, who will allocate it to the appropriate Safety Promotion Officer. The Safety Promotion Officer and Investigating Officer allocated with the case shall together arrange for investigating the case in which both officers shall attend, to ensure data collection are done completely, accurately and at minimal cost to the Corporation. The practice that used to exist in the past of largely doing investigations on telephone without undertaking site inspection and investigation in the field is

strongly not recommended and should not be re-surfaced. It is the duty of both the Manager Safety Promotion and Rehabilitation and the Manager Investigation to ensure regular follow-up of this for monitoring purposes.

- 1.6 **Accident Investigation:** The best way to stop an accident from occurring again is to objectively investigate why it happened and determine if it was preventable. It is important that the tone and approach in the investigation is a supportive one that acknowledges the experience and rights of the accident victim and others involved in the incident. Harsh, judgmental and fault-finding attitudes in investigations can cause additional levels of distress and may hinder disclosure of relevant important information we need.

The six questions What?, Who?, Where?, When?, How? and Why? will greatly assist to establish the facts or define the problem. There will often be interplay of causes, not one cause, of an incident.

Information should be collected through, for example, accident report forms, a site inspection, interviewing witnesses and by consulting and obtaining expert advice from relevant sources.

Witnesses and others should be interviewed at the *accident scene* if possible and *as soon as possible* after the incident was reported to the Corporation. This will assist in disclosing more factual information rather than delaying it for a prolonged period. Systems breakdowns that may contribute to an accident, of which the Safety Promotion Officer needs to look at, include the following:

- Product failure(*e.g. specified conveyance, a processing plant, equipment etc*)
- Road condition and its environment.
- Human error (e.g. drunk-driving, making jokes and skylarking)
- Safe systems of work not in place
- Non-compliance with safe work procedures or safe systems of work
- Inadequate supervision of work systems
- Inadequate or poor compliance with maintenance programs
- Inadequate job induction

- Workplace design deficiencies
- Unfamiliarity with work environment
- Lack of training in equipment use or work systems
- Non-provision of, or non-compliance with the use of personal protective equipment (PPE).

In the end of the interview, seek advice from the interviewees concerning what could be done to prevent similar incidents occurring in future. Although it may possibly not be the exact and effective control measure, it may probably give you a good hint. It is the responsibility of the Safety Promotion Officer at the conclusion of investigation, to ensure that the following questions have been answered.

- Are all the facts and details known regarding the causes of the incident?
- Who was or should have been involved in the management of the incident?
- Were systems already in place to minimize the occurrence of the incident?
- What were the identified system failures?
- How could this or similar incidents be prevented?
- What are the recommendations for changes to procedures, equipments, environment, staffing or competencies etc?
- Are recommendations arising from investigation clearly recorded and set out in terms of who is responsible for implementation, for what and by when?
- Have recommendations been already communicated to those people and agencies responsible?
- Is there a plan to follow-up recommendations for evaluation and monitoring?

1.7 **Risk Management:** Managing risk is about assessing whether a hazard has the potential to cause harm or injury, and identifying, eliminating or controlling the hazards that exist. In order to undertake risk management systematically, the Safety Promotion Officer will need to:

- Identify hazards first
- Assess how dangerous the hazards are
- Eliminate or control the hazards

1.8 **Identifying hazards:** A hazard is anything that has the potential to cause harm or injury. Hazards may arise from interactions between people or physical resources. Identifying hazards is the first step in risk management. The Safety Promotion Officer during investigation is required to take reasonable care to identify hazards in:

- The specified conveyance involved (*e.g. its mechanical and body condition*);
- The environment the specified conveyance was exposed to (*e.g. road condition, road signs and road markings*);
- The age, experience, skills and level of training of the specified conveyance operator or driver;
- New or existing work premises, materials, equipment and facilities such as sporting and recreational facilities and at home;
- New or existing work practices and systems (*including shift work arrangements, hazardous work processes and fatigue related hazards*);
- Manual handling;
- The layout and condition of a place of work (*including lighting, ventilation and workstation design*);
- The physical working environment including the potential for people slipping, tripping or falling; exposure to noise, heat, cold, vibration, radiation or a contaminated atmosphere; electrocution; contact with moving or stationary objects and fire;
- Hazardous substances including handling, use, storage, transport and disposal.

The three main methods to identify hazards are:

- Site Inspection and Monitoring. This will often expose immediate hazards that can be quickly fixed such as boxes obstructing passageways.
- Task Analysis. This is an effective way of identifying hazards because many hazards are associated with work practices. It consists of breaking a work process down into its components and assessing the risks associated with each one.
- Hazards Reports. This can provide a useful source of information about risks that is not available by conducting site inspections.

1.9 **Assessing Hazards:** Once hazards are identified, the Safety Promotion Officer is required to assess the potential risk arising from identified hazards and to prioritize those risks. In doing this, the following factors will be taken into account:

- The probability or likelihood of an injury or illness occurring as a result of the hazard by determining whether the chances of harm occurring are very unlikely, unlikely, likely or very likely;
- The severity of consequences as a result of that injury or illness occurring. This involves judging the severity of any harm that could be caused by that hazard in terms of whether it may cause death, permanent disability, long term illness, time off requiring medical attention or the need to administer first aid;
- The frequency of exposure to the identified hazard whether regularly (every day), often (three times a week), rarely (once a fortnight) and very seldom (once a month).
- A Hazard Report Form identifying and assessing hazards and giving the recommended control measure should be completed by the Safety Promotion Officer. It contains a hazard assessment matrix that helps to prioritize hazards so that corrective action can be taken in a systematic and effective way (*refer Form SP2*).

1.10 **Eliminating and Controlling Hazards:** The following hierarchy of controls is used in selecting the best way to eliminate or control hazards:

	Hierarchy of Control	Examples
1	Elimination	<ul style="list-style-type: none"> • Redesigning a job to remove an unsafe work practice • Setting up a workstation in an ergonomic manner prior to it being used
2	Substitution	<ul style="list-style-type: none"> • Replacing a noisy piece of equipment with a less noisy product • Replacing a temporary guard of a machinery pulley with a permanent one
3	Isolation	<ul style="list-style-type: none"> • Using ropes to fence off uncontrolled access to dangerous machineries and/or work areas • Relocating noisy machinery such as photocopiers into a

		separate room
4	Engineering	<ul style="list-style-type: none"> • Erecting blinds in very bright areas to reduce brightness • Raising seat height for computer to avoid neck strains.
5	Administration	<ul style="list-style-type: none"> • Purchasing products that are safer • Taking regular breaks from repetitive tasks to prevent overuse injuries
6.	Use Personal Protective Equipment (PPE)	<ul style="list-style-type: none"> • Providing phone headsets for telephone service staff to reduce strain • Providing safety helmets for motor cyclists to prevent head injuries • Providing safety boots to prevent slipping and foot punctured wounds

If the hazard cannot be eliminated in an appropriate manner, an alternative method of control must be selected according to the hierarchy of control. Often a combination of the above control measures is required to appropriately control an identified risk.

1.11 **Safety Promotion Training:** It is one of the statutory roles of the Corporation to work in close collaboration with all organizations, private or public, which have interests in safety to establish close working relationships towards the promotion of safety in workplaces and in the use of specified conveyances. In meeting this requirement from the past, the Corporation has been working in partnership with government agencies such as the Police, Land Transport Authority, Ministry of Education, Ministry of Works, Transport and Infrastructure in carrying out safety workshops in road safety.

Safety in the workplaces had been delivered mostly through trainings provided to workers and employers during induction programs by employers or through special requests either through initiative by the Corporation or the employers.

1.12 **Data Entry:** Our database through data analysis is a very important tool in providing safety information for safety promotion programs. Each Safety Promotion Officer and Investigating Officer on completion of investigation are required to enter all relevant

data collected into the database system. Given that some claims driven data can also be useful in making analysis for safety promotion programs, it is imperative for the Investigating Officers to ensure that after obtaining any subsequent approval in any case, any resultant information must be updated *immediately* into the database system. The Safety Promotion Officers and Investigating Officers under the supervision of their respective Managers are responsible for data entry, data cleansing and reporting of any deficiency for appropriate remedial action.

- 1.13 **Files and Filing System:** It is recommended that separate files be made and kept for each case by the Safety Promotion Officers and Investigating Officers, both of whom will be responsible for management of the respective files. Portable 3-draw stainless steel filing cabinets are recommended for each officer for this purpose. This will avoid misplacement or loss of file documents or the whole file due to frequent mobilization of most case files, as in those on weekly compensation which require more frequent handlings on a weekly basis. At closure of a case, the Investigating Officer shall ensure all relevant information are entered into the database before transferring the file to the Safety Promotion Officer who will unite the two files into one. The Safety Promotion Officer shall record down the date of transferring the file and check with the Rehabilitation Officer whether or not the case transferred is under rehabilitation. If the case is under rehabilitation, the case file shall rest with the Rehabilitation Officer who will be responsible for filing away when the case exits the rehabilitation scheme. If not, the Safety Promotion Officer concerned is responsible for filing away the file into its appropriate closing box file in strong room or on the wooden shelves.

The respective Safety Promotion Officers, Investigating Officers and Rehabilitation Officers for each case, under the supervision of their respective Managers, are responsible for implementing this filing system which is operated in two components. First, is for cases which are current in which 3-shelf filing cabinets are used and the other one is, for closing cases removed from the scheme in which permanent box files stored on wooden shelves or the strong room are used. The Safety Promotion Officers and Rehabilitation Officer are responsible for reporting closing files to the Manager Safety Promotion and Rehabilitation on a weekly basis.

1.14 **Specific Responsibilities:** Specific responsibilities are set out below:

Who	Is responsible for
General Manager	<ul style="list-style-type: none"> • Providing leadership and support to Safety Promotion role of the Division.
Manager Investigation	<ul style="list-style-type: none"> • Receiving accident report and registering it in Book Register; • Entering initial/personal information into database; • Making copy of accident report and referring it to the Manager Safety Promotion and Rehabilitation noting on top right hand corner the name or initials of Investigating Officer allocated with the case; • Ensuring that the Investigating Officer allocated with case has communicated with his/her counterpart Safety Promotion Officer in undertaking investigation of the accident to ascertain all relevant data are collected; • Following up with Investigating Officer to ensure entry of data entailed following <i>each</i> subsequent approval are updated into the book register and database as case progresses; • Consulting regularly with the Manager and staff of the Safety Promotion and Rehabilitation Division on issues affecting progress of data collection, data entry and data analysis.
Manager Safety Promotion and Rehabilitation	<ul style="list-style-type: none"> • Receiving copy of accident report from Manager Investigation or his nominee; • Ensuring that initial/personal information are duly entered by Manager Investigation or his nominee; • Allocating case to appropriate Safety Promotion Officer and ensuring that arrangement are made with counterpart Investigating Officer for conducting investigation of the accident; • Ensuring data collected by Safety Promotion Officers and Investigating Officers are duly and correctly entered;

	<ul style="list-style-type: none"> • Ensuring that Safety Promotion Officers during investigation have conducted Risk Management which includes hazard identification, hazard assessment and eliminating or controlling hazards for all cases to help prevent future recurrence; • Following up with Safety Promotion Officers the outcome of Risk Management and any recommendations issued as result of investigation; • Analysing database and producing output reports for management and Board consideration and upon request by outside stakeholders; • Ensuring weekly progress reports from Safety Promotion Officers regarding accident investigation, Risk Management and any relevant information are produced for perusal and following up on unresolved issues; • Consulting with government ministries and public corporations, private organizations, employers, employees and village communities regarding safety campaigns and safety courses; • Publishing and disseminating of safety information; • Researching and investigating ways to reduce the number and severity of accidents and personal injuries and the incidence of occupational diseases; • Supervising and monitoring the implementation of the division manual; • Overseeing overall administration of the Division.
Safety Promotion Officers	<ul style="list-style-type: none"> • Receiving copy of accident report from Manager Safety Promotion, consulting and arranging with Investigating Officer assigned with case for joint undertaking of accident investigation; • Making separate file for case from that of the Investigating Officer. This file will be united together with that of the Investigating Officer <u>only</u> when case is approved for closure

	<p>and ready to file away (<i>refer part 1.13 above</i>).</p> <ul style="list-style-type: none"> • Ensuring all relevant safety driven data are completely and accurately collected; • Conducting Risk Management on accident site through identifying and assessing hazards; • Recommending control measures to eliminate and control hazards on accident site to employers and other people and agencies concerned to prevent future accidents and following up on such; • Consulting with accident victim about current condition of injury and providing relevant advice to avoid deterioration of injury; • Ensuring that all findings, statements, evidence etc taken during investigation or subsequent visits are duly signed and dated for future reference; • Ensuring all data collected are entered into the database; • Making follow-ups for evaluation and monitoring of safety promotion.
Investigating Officer (IO)	<ul style="list-style-type: none"> • Communicating and arranging with the Safety Promotion Officer a joint investigation of each case assigned to them; • Entering all data collected from accident investigation; • Keeping separate file for each case assigned from that kept by the Safety Promotion Officer; • Updating the database from time to time of any resultant data entailed after subsequent approvals as case progresses; • Referring file upon closure and after final update of database, to the Safety Promotion Officer who will unite the two files and decide whether to file away immediately or to refer to the Rehabilitation Officer if the case is under rehabilitation.

2. **SECTION 2: REHABILITATION**

2.1 **Definition:** For the purposes of this manual, rehabilitation means a process of active change and support with the goal of restoring the claimant's health, independence and participation to the maximum extent practicable. It comprises medical and surgical treatments and vocational training.

2.2 **Purpose:** This manual is to inform divisional staff and all people concerned of the legislative framework and responsibilities relating to rehabilitation and to explain how rehabilitation is managed by the Corporation. It reflects the ACC's commitment to integrating rehabilitation with existing management systems and practices so that rehabilitation of accident victims becomes an integral part of the Corporation's corporate objectives, culture and values.

2.3 **Legislative Framework:** The legislative framework relating to rehabilitation is provided for in the Accident Compensation Principal Act 1989, the Amendment Act 2003 and the Amendment Act 2009 based on the following principle:

- Promoting a well co-ordinated and vigorous program for medical and vocational rehabilitation of persons who become incapacitated as a result of personal injury by accident covered under the accident compensation scheme.

Without limiting the generality of the foregoing requirement, duties and functions of the Corporation regarding rehabilitation include:

- *Supporting, stimulating and fostering the interests of all persons concerned with the healing or rehabilitation of accident victims.*
- *Assisting the re-establishment in their previous employment where possible of incapacitated victims of accidents covered in the compensation scheme.*
- *Assisting the training or re-training of incapacitated victims of accidents covered by the scheme so that they may secure other employment suited to their maximum capacity.*

2.4 **Responsibility:** The legislative framework places the primary responsibility on the Corporation, however, specific responsibility are delegated administratively to the

Manager of the Safety Promotion and Rehabilitation Division and his staff. The Manager of the Investigation Division and his staff are also responsible in terms of injury management to speed up recovery and early return-to-work or to the pre-accident condition and providing substantive test to avoid people taking advantage of the scheme in terms of unnecessary prolonged incapacity.

2.5 **Referrals for Rehabilitation from Investigation Division:** Where an injury is significant, and depending on the circumstances and merits of each case, the Investigating Officers assigned with each case in consultation with the Manager Investigation and the Manager Safety Promotion and Rehabilitation shall decide on whether or not to refer a case for rehabilitation. A significant injury by definition, is an injury that is likely to result in a person being totally or partially incapacitated for a continuous period of *twenty-one (21) days or more*. It is the duty of the Investigating Officers with cases to refer for rehabilitation, to complete and sign the Rehabilitation Referral Form (*No. Rehab 1*), and refer it together with the case file to the Rehabilitation Officer who will register the case on book register and make a separate file for implementing the rehabilitation process. Thereafter, the Investigating Officer and Rehabilitation Officer shall consult each other from time to time regarding any requirement relevant to rehabilitation as case progresses. It is here noted that not all cases referred will continue to require rehabilitation after the injury is healed, even if a permanent disability exists. Good examples of these are the amputation of the thumb or other digits of the hand or the shortening of a leg. Referral of such cases for rehabilitation is done solely for the purpose of close monitoring of the treatment and injury healing process. Once healed, no further rehabilitation assistance is required, but to file away the case.

2.6 **Referrals for Examination towards Rehabilitation:** The Rehabilitation Officer on receipt of a case referred for rehabilitation shall visit the injured person as soon as possible for an initial interview using *Form Rehab 2* to gather relevant information for consultation with appropriate authorities and parties for formulating a rehabilitation plan for that particular injured person. This process includes referring the injured person to the nominated attending doctor and/or a qualified rehabilitation service provider for examination and advice as to the proper and effective treatments conducive to his rehabilitation. It is here noted that under no circumstances, a person

is referred to any form of rehabilitation treatment without following this procedure. The Corporation reserves the right to act accordingly with what it considers best for the victim after giving due consideration to the reports and advices received regarding the victim's rehabilitation. This is very important not only to secure the safest and most effective means of rehabilitation treatment, but to protect the Corporation from any proceeding in a Court of Law as result of an adverse effect arising from a direct referral without complying with this procedural policy.

The Rehabilitation Officer in referring the injured person to the nominated treating doctor or a qualified rehabilitation service provider shall complete *Form Rehab 3*, and write to that authority attaching to it a copy of the initial interview with the injured person (*Form Rehab 2*), and make arrangement to discuss the issue for realization of this requirement. On receipt of recommendation, the Rehabilitation Officer shall then discuss with the recommended rehabilitation service provider or otherwise the formulation of an injury management or rehabilitation program and inform the injured person accordingly to secure support for implementing the program. All actions taken under this part are to be documented properly by the Rehabilitation Officer for implementation, evaluation and monitoring of the rehabilitation program for each injured person.

2.7 **Consent of Injured Person:** Before commencement of the rehabilitation program on the injured person, it is recommended that, that person shall be thoroughly informed of the rehabilitation treatment involved and the outcomes expected, and that his *prior consent* be obtained. Such consent can be verbal or in writing. If verbal, the Rehabilitation Officer shall make note of it on the case file notes and sign accordingly by him/her and the injured person on *Form Rehab 4* for future reference. This is crucial not only for any future complaint by the injured person or his representative, but to protect the Corporation from a civil proceeding in a Court of Law in the event of a mishap occurring.

2.8 **Rehabilitation Officers and Investigation Officers to work co-operatively:** Given that the primary aim of rehabilitation is to speed up the injury recovery and healing process to ensure early return-to-work and fast restoration to self-dependence, participation and possible maximum capacity of the injured person, it is a must that

the Rehabilitation Officers shall work closely and co-operatively with all Investigating Officers in monitoring the injury healing process for all cases qualified for rehabilitation as per paragraph 2.5 of this section. This will effectively provide a substantive test against any fraudulent dealing by those persons who may be tempted to shop around for medical certificates and reports with the intent to defraud the Corporation of its fund. In facilitating this test, the Rehabilitation Officer in consultation with the Investigating Officer shall closely monitor the progress of the healing process and to ensure that the injured person is regularly attending for follow-up medical treatments.

With the exception of those cases known with very severe injuries far from healing, other less severe cases with lengthy certified duration of 4 or more weeks in one certificate shall be closely followed-up and monitored, preferably every week. And if the Rehabilitation Officers and Investigating Officers, as result of follow-up visitations, have sufficient cause to believe the injured person was able to return to work or perform normal duties, they shall write to the treating doctor relating that information and request to re-examine that person, attaching to it the Corporation's Medical Clearance Certificate Form *Rehab 5*. If the medical examination upholds the report of the Rehabilitation Officer / Investigating Officer, the treating doctor shall then complete and sign Form *Rehab 5*. If not, the Rehabilitation Officer/Investigating Officer after consulting the General Manager through their Divisional Managers may seek a second opinion by repeating the said procedure.

Any case where there is sufficient cause to suspect any fraudulent dealings shall be immediately reported to both the Manager Investigation and Manager Safety Promotion and Rehabilitation for appropriate action. The Accident Compensation Corporation reserves the right to refer any injured person in question for re-examination by a medical practitioner nominated by the Corporation for a second opinion.

- 2.9 **Injury Management / Rehabilitation Program:** Is a co-ordinated and managed program that integrates all aspects of injury management (*including medical and surgical treatments, rehabilitation services, claims and employment management*)

practices) to achieve the best results for a timely and safe return of injured persons to their pre-accident status or to their possible maximum capacity.

It must be appreciated; however, some injured persons are permanently unable to return to a level of fitness appropriate to their pre-accident status. The most realistic option for these people is to seek new occupations which are suitable to their current capacity. The fact that a person is injured does not always mean they cannot work at all. Of course there are suitable or light duties they can perform.

In that regard, consideration of suitable or light duties is important in implementing an injury management/rehabilitation program. These are intended to provide meaningful, productive work for a person who would otherwise remain away from work or performing normal duties until completely fit. However, no suitable or light duties should be offered by the Corporation without consulting and obtaining approval from the victim's attending doctor and after consultation with all parties concerned.

It is the duty of the Rehabilitation Officer under supervision of the Manager Safety Promotion and Rehabilitation, to initiate and plan an injury management/rehabilitation program for each injured person referred for rehabilitation in consultation with the treating doctor. This program may consist of clearly defined steps to be followed through to full recovery of the person so rehabilitated. The program must be documented on Form *Rehab 6* to be kept in the case file.

- 2.10 **Overseas Treatment:** The Corporation is permitted by law to refer any injured person overseas for medical, surgical or rehabilitation treatment if the Corporation is of the opinion that the treatment is not available in Samoa but which is available outside Samoa and such would be of substantiated benefit to the injured person. The Corporation under this program may pay for or contribute to the costs (including cost of treatments and travel) of that person in obtaining that treatment or rehabilitation outside Samoa having regard to several considerations. An important example of this is the existence of a recommendation from the Health authority such as the treating medical practitioner. All actions and decisions in regard to this must be noted and signed on Form *Rehab 4*.

2.11 **Closure of Rehabilitation Cases:** Approval for closure of all cases under rehabilitation shall be submitted to the General Manager through the Manager Safety Promotion and Rehabilitation for consideration.

2.12 **Rehabilitation Services and Artificial Aids:** The Rehabilitation Officers under supervision of the Divisional Manager is responsible for procuring all rehabilitation assistance and artificial aids needed from time to time, and to ensure there is sufficient supply in stock to respond to the needs of the accident victims. He/she is also responsible to keep records for such and do regular reconciliation of such stock for information of the Management and the Board. All stock purchases must be approved by the General Manager by submissions through the Divisional Manager.

2.13 **Specific Responsibilities:** Specific responsibilities in Rehabilitation refer:

Who	Is Responsible for
General Manager	<ul style="list-style-type: none"> • Providing leadership and support to the Rehabilitation role of the Division
Manager Investigation	<ul style="list-style-type: none"> • Assisting and Monitoring case referrals for rehabilitation by his staff (Investigating Officers) • Taking appropriate action for any fraudulent dealing Reported
Manager Safety Promotion & Rehabilitation	<ul style="list-style-type: none"> • Implementing, evaluating and monitoring all cases under rehabilitation • Consulting and following up with all local parties concerned including rehabilitation service providers involved with rehabilitation of injured persons • Consulting and following up with overseas rehabilitation providers regarding overseas referrals • Arranging overseas travel requirements for persons recommended for overseas rehabilitation treatments • Following up with overseas service providers about the progress of cases referred overseas
Investigating Officers	<ul style="list-style-type: none"> • Filling the rehabilitation referral Form <i>Rehab 1</i> for any case requiring rehabilitation and referred together with case file

	<p>to the Rehabilitation Officer (<i>read part 2.5 under Rehabilitation</i>)</p> <ul style="list-style-type: none"> • Maintaining constant and regular consultation with the Rehabilitation Officer in the full course of case progress
Rehabilitation Officer	<ul style="list-style-type: none"> • Receiving case referred for rehabilitation and initial discussion with Investigating Officer • Initiating visit for initial interview with the injured person using Initial Interview Form Rehab 2 (<i>this, depending on circumstance, could be done at the same time the Investigating Officer and SPO goes out for investigation</i>) • Filling Rehabilitation Referral Form <i>Rehab 3</i> and writing to Treating Medical Doctor and/or qualified rehabilitation service provider seeking recommendation for appropriate rehabilitation treatment, attaching Initial Interview Form with the injured person for authority's information, to the letter. • Taking notes on all communication, visitations, actions and decisions, and the reactions for those decisions on the Rehabilitation case file notes Form Rehab 4, ensuring these are securely protected in the file. • Referring any person found during visitations that he/she believes has been able to return to work or perform duties for re-examination by the treating medical doctor attaching ACC's medical clearance Form Rehab 5 to the letter for appropriate action by the treating medical doctor. • Consulting, planning and implementing the injured person's injury management or rehabilitation program using Form <i>Rehab 6</i>. • Reporting and advising the Divisional Manager on all cases needing overseas treatment. • Arranging in consultation with the Divisional Manager overseas travel for injured person. • Weekly and monthly reporting to the Manager on the

	<p>progress of cases under rehabilitation</p> <ul style="list-style-type: none">• Recommending, Purchasing and keeping appropriate records for all rehabilitation services and artificial aids for rehabilitation• Recommending closure and removal of cases from rehabilitation scheme.
--	---



HAZARD REPORT FORM

ACCIDENT COMPENSATION CORPORATION

Form: SP 2

To be completed by the Safety Promotion Officer during investigation

Claim No:

1. INJURED PERSON DETAILS					
First Name:	Last Name:	Classification:	<input type="checkbox"/> Worker: <input type="checkbox"/> Non-Worker:		
Residential Address:		Employer (if worker):			
DOB:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Employment Address:	
		Contact Phone: WH:		AH:	
2. ACCIDENT DETAILS					
<input type="checkbox"/> Specified Conveyance <input type="checkbox"/> Work Accident <input type="checkbox"/> After Hours (Worker) <input type="checkbox"/> Other/Special Accident					
If specified conveyance, please show type involved, place of accident, exact location and brief summary of accident:					
If work accident, please indicate type of plant, equipment, work system/process involved and brief summary of accident:					
If after hours, show place and location where accident occurred whether at home, during sports, recreation and summary of accident:					
If its an accident other than those covered under the scheme please specify clearly:					
Date of Accident:		Time of Accident:		Place of Accident:	

3. HAZARD IDENTIFICATION

Category (<i>refer page 6</i>)	Identified Hazards (<i>refer page 6</i>)	Comments / Additional Notes

4. HAZARD/RISK ASSESSMENT

<i>No.</i>	<i>Description of Hazard (condition/circumstance)</i>	<i>Probability (rating 1 – 4) refer page 7</i>	<i>Severity (rating 1 – 4) refer page 7</i>	<i>Exposure (rating 1 – 4) refer page 7</i>	<i>Total</i>	<i>Rating (Low, Med, High) refer page 7</i>	<i>Control/s</i>

5. HAZARD/RISK CONTROL

List any short term actions that have been implemented to control the risk.

What further actions need to be taken to control the risk?

Note: When identifying appropriate actions, you should start at the top of the hierarchy (try to **eliminate** the risk first). If that is not possible, then one of the other control measures or a combination of them will be necessary.

(Note: If risk control not relevant please indicate N/A in relevant box)

Risk Control/s		Proposed action/s to be taken	By whom	By when
<p style="text-align: center;">Most effective</p> 	<p>Elimination e.g. Redesigning a job to remove an unsafe work practice; discontinue use of product, equipment, or cease work process.</p>			
	<p>Substitution e.g. Replace with a similar item that does the same job but with a lower hazard level.</p>			
	<p>Isolation e.g. Put a barrier between the person and the hazard.</p>			
	<p>Engineering Controls e.g. Change the process, equipment or tools so the risk is reduced</p>			

 Least Effective	Administration control e.g. Guidelines, procedures, rosters, training, purchasing safer product to minimize the risk.			
	Personal Protective Equipment (PPE) e.g. Equipment or clothing or gears worn to provide a temporary barrier.			

Recommendation:

Based on the foregoing findings of hazard identification and assessment, and risk analysis conducted by this Office, we respectfully seek your ministry's, corporation's, authority's, organization's, company's (*circle what is applicable*) support for consideration and approval of implementing the recommended actions to be taken as given in part 5 above, for risk management to minimize the risks and to avoid future accidents occurring at the site of the accident reported. ACC in assisting you will follow-up on this recommendation at a later date, so please feel free to contact our Office should you need further clarification on the matter.

Name of Investigating/
Recommending Officer: _____

Endorsed by: _____

Signature: _____

Position Title: _____

Date: ____ / ____ / ____

Signature: _____

Date: ____ / ____ / ____

Document Distribution (Where appropriate):

- | | | |
|--|---|---|
| <input type="checkbox"/> Employer or agent | <input type="checkbox"/> Ministry of Police | <input type="checkbox"/> Land Transport Authority |
| <input type="checkbox"/> MCIL | <input type="checkbox"/> Fire Service | <input type="checkbox"/> MWIT |

HAZARD IDENTIFICATION

Four categories are used for classifying hazards as given below:

Physical Hazards such as: *Tick where applicable*

	Lifting and handling loads e.g. manual materials handling
	Repetitive motions
	Slipping and tripping hazards e.g. poorly maintained floors; electric cords lying around
	Moving parts of machinery
	Working at heights e.g. elevated platforms and roofs
	Pressurized systems e.g. piping, vessels, boilers
	Condition of Specified conveyance or Motor Vehicle e.g. mechanical and body condition
	Road environment e.g. gravel, pot-holes, lack of road signs and markings and street lights
	Fire
	Electricity e.g. poor wiring, frayed cords
	Excessive noise e.g. portable hand held tools, engines
	Inadequate lighting
	Extreme temperature e.g. heat and cold
	Vibration
	Radiation
	Workplace violence
	Other: Please specify:

Chemical Hazards such as: *Tick where applicable*

	Chemicals e.g. battery acids, solvents, pesticides, fungicides and etc
	Dusts e.g. from grinding, asbestos removal, sandblasting and etc
	Fumes e.g. welding
	Mists and vapours
	Gases
	Other: Please specify:

Biological Hazards such as: *Tick where applicable*

	Viruses, fungi, bacteria
	Moulds
	Blood and body fluids
	Sewage
	Other: Please specify:

Psychological Hazards such as: *Tick where applicable*

	Working conditions
	Stress
	Fatigue
	Other: Please specify:

HAZARD/RISK ASSESSMENT

A hazard is any unsafe product, condition or practice that has the potential to cause any harm such as an injury or illness. Hazard assessment involves the identification and evaluation of hazards so they can be eliminated or controlled. By following these steps, we will be able to identify and control the majority of hazards.

PROBABILITY (P) : Is the likelihood of an accident caused by the hazard. The following matrix is used.

- 4 = Very likely
- 3 = Likely
- 2 = Unlikely
- 1 = Very unlikely

SEVERITY (S): Is how severe the consequences as result of the injury occurring from the identified hazards. The following matrix is used.

- 4 = Fatality or likely to cause fatality or major property damage
- 3 = Permanent disability or likely to result in a permanent disability
- 2 = Long term injury/illness but no likelihood of permanent disability
- 1 = Requiring first aid treatments or time off to seek medical treatments

EXPOSURE (E): Is the frequency of exposing to the identified hazards. The following matrix is used.

- 4 = Regularly (i.e. every day)
- 3 = Often (at least 3 times a week)
- 2 = Rarely (once a fortnight)
- 1 = Very seldom (once a month)

IN MAKING THE FINAL ASSESSMENT, ADD THE VALUES OF EACH COMPONENT: $P + S + E = \text{Total}$

Example:

P	Very Likely	4
S	Fatality/likely to cause fatality or major property damage	4
E	Often (at least 3 times a week)	3
Total (transfer to column 6 on page 3 above)		11

HAZARD RATING: *Transfer to column 7 on page 3 above.*

- (L) Low Hazard** (requires monitoring) - **Total of 4 to 6**
- (M) Moderate Hazard** (requires attention but not urgent) - **Total of 7 to 9**
- (H) High Hazard** (requires urgent and immediate attention) - **Total of 10 to 12**

HAZARD/RISK CONTROLS

Depending on the risk rating, if the hazard cannot be eliminated, controls must be implemented to reduce the risk.

There are five types of controls: substitution, isolation, engineering, administrative and personal protective equipment (PPE). In some cases, a combination of controls may be needed for control to be effective. Examples of the controls are as follows.

Substitution:

- Replacing a noisy piece of equipment with a less noisy product
- Substituting a toxic product with a less toxic one
- Replacing an unsafe work practice with a safe one

Isolation:

- Installing a safety guard to isolate the operator from a pulley of a machinery
- Using ropes to isolate people from dangerous area
- Relocating noisy machinery like photocopiers into a separate room
- Enclosure of dangerous or faulty machineries/plants and equipment.

Engineering:

- Design of a workplace
- Automation/material handling devices
- Machine guard, warning devices
- Storage/housekeeping
- Air monitoring devices
- Communicating devices
- Ventilation
- Lighting

Administrative controls:

- Purchasing safe products (tools, equipment, chairs, etc)
- Policies and procedures
- Organizing and planning work
- Training
- Rotation of Workers
- Safety plan/procedure

Personal Protective Equipment (PPE)

- Hard hat
- Goggles
- Hearing protection devices
- Safety boots
- Respiratory protective equipment
- Fall protection

Name: _____
 DOA: _____
 DAR: _____
 TOA: _____
 POA: _____
 P/Body: _____
 V/Type: _____



ACCIDENT COMPENSATION CORPORATION

Form: SP 3a

MOTORVEHICLE ACCIDENT INVESTIGATION FORM

Claim No.: _____

CAUSE OF ACCIDENT			TICK WHERE APPROPRIATE
FIELD	CODE	DESCRIPTION	
1. Vehicle Factor	VFP	Vehicle Faulty Parts	
		1. Brakes	
		2. Engine Stalled	
		3. Gear	
		4. Horn	
		5. Lights	
		6. Tyres	
		7. Steering Wheel	
		8. Wipers	
	VO	Vehicle Overtaking	
		1. Traffic Ahead	
		2. In face Oncoming Traffic	
		3. At No Passing Line	
		4. At Intersection	
		5. At Pedestrian Crossing	
		6. Stationary Vehicle	
		7. At Curve/Bend	
	VC	Vehicle Colliding	
		1. Head On with another Vehicle	
		2. With Obstruction e.g. with a parked car	
		3. During Cornering (other than overtaking)	
		4. Multiple	
		5. Other	
2. Road Factor	RA	Road Alignment	
		1. Curve/Bend	
		2. Intersection	
		3. Roundabout	
		4. Straight	
		5. Other	
	RS	Road Surface	
		1. Potholed	
		2. Gravel	
		3. Tarsealed	

		4. Edge Badly Defined	
		5. Slippery	
		6. Multiple	
3. Driver Factor	DFGW	Driver Factor Give Way	
		1. To Pedestrians	
		2. At Stop Sign	
		3. At Give Way Sign	
		4. At Pedestrian Crossing	
		5. To Turning Traffic	
		6. Multiple	
		7. Other	
	DFTS	Driver Failed to Stop	
		1. At Stop Sign	
		2. At Red Light	
		3. At Amber Light	
		4. At Green light	
		5. At Pedestrian Crossing	
		6. For School Patrol	
		7. For Police Duty Officer	
		8. Other	
4. Passenger Factor	PB	Passenger Boarding	
		1. Moving Vehicle	
		2. Stationary Vehicle	
	PL	Passenger Leaving	
		1. Moving Vehicle	
		2. Stationary Vehicle	
	POV	Passenger Occupying Vehicle	
		1. By Riding on Side Rails	
		2. By Standing in Bus Entrance	
		3. Overloaded	
		4. Multiple	
		5. Other	

ANY OTHER IMPORTANT INFORMATION

SAFETY PROMOTIONAL OFFICER

Name: _____
 DOA: _____
 DAR: _____
 TOA: _____
 POA: _____
 P/Body: _____



ACCIDENT COMPENSATION CORPORATION

Form: SP 3b

WORKER'S ACCIDENT INVESTIGATION FORM
 (Work Related Accident)

Claim No.: _____

CAUSE OF ACCIDENT			TICK WHERE APPROPRIATE
FIELD	CODE	DESCRIPTION	
1. Industry	INDUS		
		1. Construction (<i>incl. Road & Building Const</i>)	
		2. Manufacturing	
		3. Agriculture (<i>incl. all types of farming</i>)	
		4. Fishing	
		5. Logging / Saw Milling	
		6. Wholesaling / Retailing	
		7. Service (<i>incl. all services by Govt bodies</i>)	
		8. Others	
2. Employer Factor	E	Employer provided	
		1. No Training (<i>i.e. worker was not trained with work or tool used in doing work</i>)	
		2. Training but Insufficient	
		3. No Supervision	
		4. Supervision but Inadequate	
		5. No Protective Equipment / Gears	
		6. Protective Equipment not in use	
		7. Multiple	
		8. Other	
3. Worker Factor	W	Worker	
		1. Lack/Insufficient Training	
		2. No wearing Protective Equipment / Gears	
		3. Poor Handling Methods	
		4. Influence of Drugs / Alcohol	
		5. Fooling Around and Practical Jokes	
		6. Multiple	
		7. Other	
4. Workplace Factor	WPF		
		1. Poor Lighting	
		2. Poor Ventilation	

		3. Floor Hazards (<i>e.g. slippery</i>)	
		4. Pollution (<i>e.g. dust, fumes, etc</i>)	
		5. Lack/Inadequate Signs for Warnings or Directions	
		6. Emergency exits lacking/poor positioning	
		7. Overcrowded / Cramped	
		8. Defective Tools / Equipment	
		9. Excessive Noise	
		10. Multiple	
		11. Other	
5. Tools Factor	MTF	Manual Tools Factor	
		1. Knife	
		2. Axe	
		3. Hammer	
		4.	
		5. Saw	
		6. Shovel	
		7. Spade	
		8. Multiple	
		9. Other	
	PTF	Power Tools Factor	
		1. Drill	
		2. Saw	
		3. Planer	
		4. Grinder / Puffer	
		5. Mixer	
		6. Other	
6. Machinery Factor	MF		
		1. Roading (<i>e.g. graders, loaders, bulldozers, etc</i>)	
		2. Farming (<i>e.g. chainsaw, mist blower, etc</i>)	
		3. Fishing (<i>e.g. outboard motor, fishing boat, etc</i>)	
		4. Manufacturing (<i>e.g. sewing machine</i>)	
		5. Conveyors (<i>incl. all types of conveying machines such as sawmilling and in manufacturing</i>)	
		6. Other	

ANY OTHER IMPORTANT INFORMATION

--

SAFETY PROMOTIONAL OFFICER

Name: _____
 DOA: _____
 DAR: _____
 TOA: _____
 POA: _____



ACCIDENT COMPENSATION CORPORATION

Form: SP 3c

WORKER'S ACCIDENT INVESTIGATION FORM
 (Non-Work Related Accident)

Claim No.: _____

CAUSE OF ACCIDENT			TICK WHERE APPROPRIATE
FIELD	CODE	DESCRIPTION	
1. Home	H		
		1. Cooking	
		2. Washing (<i>linen, dishes, etc</i>)	
		3. Cleaning (<i>house, rubbish, etc</i>)	
		4. Cutting / Lawn Mowing etc	
		5. Falling (<i>from height of any sort</i>)	
		6. Slipping (<i>on slippery surface</i>)	
		7. Arguing	
		8. Fighting	
		9. Assaulting	
		10. Sharp Object	
		11. Blunt Object	
		12. Shotgun	
		13. Bathing / Swimming	
		14. Alcohol	
		15. Drugs	
		16. Self-inflicted	
		17. Suicide	
		18. Criminal Offence	
		19. Other (<i>please indicate above</i>)	
2. Sports	S		
		1. Name of Sports (<i>please indicate</i>)	
		2. Tackling	
		3. Foul Playing	
		4. Falling	
		5. Slipping	
		6. Skylarking / Practical Joking	
		7. Fighting	
		8. Assaulting	
		9. Alcohol	
		10. Drugs	
		11. Self-inflicted	

		12. Criminal Offence	
		13. Multiple	
		14. Other <i>(please specify)</i>	
3. Recreation	R		
		1. Name of Recreation <i>(please indicate)</i>	
		2. Alcohol	
		3. Assaulting	
		4. Fighting	
		5. Sharp Object	
		6. Blunt Object	
		7. Slipping	
		8. Falling	
		9. Drugs	
		10. Skylarking / Practical Jokes	
		11. Bathing / Swimming	
		12. Shotgun	
		13. Arguing	
		14. Self-inflicted	
		15. Suicide	
		16. Criminal Offence	
		17. Multiple <i>(please indicate)</i>	
		18. Others <i>(please specify)</i>	

ANY OTHER IMPORTANT INFORMATION

SAFETY PROMOTIONAL OFFICER



ACCIDENT COMPENSATION CORPORATION

Form: Rehab 1

Rehabilitation Referral Form

(To be filled in by the responsible Investigating Officer (IO))

Claimant's First Name		Claim No.	
Claimant's Middle Name		Claimant's Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Claimant's Last Name		Claimant's Date of Birth	____/____/____ <i>(dd/mm/yy)</i>
Claimant's Residential Address			
Claimant's Email Address			
Claimant's Phone Number			
Employer's name <i>(if worker)</i>			

Claimant's Nature of Injury	
Current Condition of Injury	
Referral Source / Investigating Officer	
Date of Referral	
Relief Sought	
Current Case Status <i>(if on weekly compensation, etc)</i>	

Additional Comment:

Referred by **(IO)**: _____

Received by **(RO)**: _____

Date: ____/____/20____

Date: ____/____/20____



ACCIDENT COMPENSATION CORPORATION

Form: Rehab 2

Initial Interview with Injured Person

To be completed by the Rehabilitation Officer during an initial interview with an injured person to ensure major issues are discussed at this time.

1. INJURED PERSON DETAILS

Full Name:		Claim No.:	
Address:		Employment Status:	<input type="checkbox"/> Worker <input type="checkbox"/> Non Worker
Interview Date:		Position Title: <i>(if worker)</i>	
Duties before injury/illness:			

2. INJURY / ILLNESS DETAILS

Name of Treating Doctor:
Diagnosis:
History of Injury / Illness:
Treatment:
Impact of Injury / Illness upon Ability to Work or Perform Duties <i>(including limitations, restrictions or barriers)</i>
Other Information / Comments:

3. ACC COMPENSATION COVER

<input type="checkbox"/> Rehabilitation Assistance / Benefits Discussed <i>(if appropriate)</i>
<input type="checkbox"/> Other Compensation Benefits <i>(if appropriate)</i>
Other Information / Comments:

4. RETURN TO WORK / NORMAL DUTIES DETAILS

Rehabilitation Goal:
Return to Work / Normal Duties Options Discussed:
Actions to Achieve Rehabilitation Goal:
Other Information / Comments:
<input type="checkbox"/> Injury Management / Rehabilitation Program Developed <i>(if already in place)</i>

5. ACTIONS ARISING OUT OF INITIAL INTERVIEW

Actions for Injured Person following Interview:
Actions for Rehabilitation Officer / ACC following Interview:

Other Notes / Comments:

6. SIGNATURES

Name of Injured Person:	
Signature (<i>representative if required</i>):	

Name of Rehabilitation Officer:	
Signature:	
Date:	____/____/20____



ACCIDENT COMPENSATION CORPORATION

Form: Rehab 3

Rehabilitation Record Form

(To be filled in by the responsible Rehabilitation Officer and Medical Officer or Approved/Accredited Rehabilitation Service Provider)

Claimant's First Name		Claim No.	
Claimant's Middle Name		Claimant's Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Claimant's Last Name		Claimant's Date of Birth	
Claimant's Residential Address			
Claimant's Email Address			
Claimant's Phone Number			
Employer's name <i>(if worker)</i>			
Claimant's Nature of Injury			
Current Condition of Injury			
Referral Source	Accident Compensation Corporation		
Date of Referral			
Relief Sought	Medical examination / recommendation for proper treatments conducive to rehabilitation		
Comment / Recommendation by MO or Approved / Accredited RSP			

Referred by **(IO)**: _____ Received by **(RO)**: _____

Date: _____ Date: _____



ACCIDENT COMPENSATION CORPORATION

Form: Rehab 4

Rehabilitation Case File Notes

Action: Case Notes should record all communication, actions and decisions, and the reactions for those decisions. Each entry must be initiated and each page signed and dated upon completion for future reference.

Claim No: _____

Date	Contact Person	Action / Notes

Name:	Signature:	Date: ___/___/20___	Page: ___
-------	------------	---------------------	-----------



ACCIDENT COMPENSATION CORPORATION

Form: Rehab 5

Medical Clearance Certificate

Action Required: To be completed by the treating medical practitioner on request and in consultation with the ACC Rehabilitation Officer, at the completion of treatment/stabilisation of injury and at the end of the rehabilitation process.

Claim No.: _____

1. INJURED PERSON DETAILS

Full Name:		Date of Birth:	____/____/____
Injury Diagnosis:			

2. TYPE OF CLEARANCE

<input type="checkbox"/>	Injured Person is fully cleared to return to work, performing his or her usual duties from ____/____/20____.
<input type="checkbox"/>	Injured Person is cleared to return to work, performing his or her normal duties from ____/____/20____. No permanent disability exists as a result of the injury or illness, however, the following restrictions, modifications or support should be considered to prevent a further injury / illness:
<input type="checkbox"/>	Injured Person is cleared to return to work, performing normal duties from ____/____/20____. The injured person now has a permanent disability as a result of injury / illness. The impact of this disability on work, performing normal duties is: The following permanent restrictions, modifications or supports are required to assist this person to perform duties and to prevent a further injury:

3. COMMENTS

--

4. TREATING MEDICAL PRACTITIONER DETAILS

Name:	
Signature:	
Date:	____/____/20____



ACCIDENT COMPENSATION CORPORATION

Form: Rehab 6

Injury Management / Rehabilitation Program

Claim No.:	
Name:	
Address:	
Rehabilitation Goal:	
Review Date:	

OBJECTIVE / ACTION	RESPONSIBILITY	TIMEFRAME	COMPLETED

INFORMATION PROVIDED / DISCUSSED	OTHER INFORMATION / COMMENT
RESPONSIBILITY	
Injured Person: <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Phone Contact Rehabilitation Officer: <input type="checkbox"/> Treating Doctor Contact <input type="checkbox"/> Injured Person Contact	
Injured Person Signature: _____ Date: ____/____/20____	Rehab Officer _____ Signature: _____ Date: ____/____/20____

