Surf Life Saving Australia Policy

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>Rehabilitation and Return to Duties</th>
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<tbody>
<tr>
<td>Policy Number:</td>
<td>2.04</td>
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<td>Issued:</td>
<td>July 2006</td>
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OVERVIEW

Surf Life Saving Australia is committed to preventing illness and injuries within the organisation by providing a healthy and safe operational environment for all members/employees. It is recognised that injury or illness may still occur and therefore all incidents will be reviewed and steps will be taken to prevent recurrence.

POLICY OBJECTIVES

For SLSA Members/Employees:

I. To assist an early, safe return to suitable lifesaving duties and activities following illness or injury;

II. To actively participate in and / or support any rehabilitation program commenced by the member/employee;

III. To ensure that specialist assistance is fully utilised by providing support to the role of the treating medical practitioner;

IV. To integrate the injured or ill person successfully back into surf lifesaving duties and activities at their normal / previous level;

V. To provide suitable selected duties and a grading of identified tasks as recommended by the treating Medical Practitioner in terms of physical demands, intensity, duration and frequency where any member suffering from injury or illness is unable to return to his/her previous duties.

Surf Life Saving Australia's Policy is to encourage people to return to lifesaving duties and activities, as soon as practicable after illness or injury. By supporting an effective rehabilitation program we can provide support to individuals, and minimise disruption to their lifestyle.

LIAISON

Surf Life Saving Australia via the lifesaving service or state centre shall where possible liaise with the individual involved, and where appropriate the treating medical practitioner and/or therapist and any other appropriate group(s) to establish suitable individual rehabilitation programs with short and long term goals.

RESPONSIBILITIES AND RIGHTS

Responsibilities of the injured member/employee are:

I. To participate in rehabilitation and minimise risk of further injury.

II. To provide information relevant to the injury / illness that will assist in rehabilitation and reduce the risk of further injury in a timely and accurate fashion.

III. To fully inform their treating Medical Practitioner of their participation in lifesaving duties and activities (including competition).

IV. Provide copies of any medical clearances that clearly identify a return to lifesaving duties and activities, this should clearly identify any return to competition.
Rights:
   I. To support and confidentiality.
   II. To treatment of their injury.
   III. To suitable duties.
   IV. To a fair review of decisions.

The role of management is to show support and commitment to the rehabilitation policy and assist members/employees to reduce the risk of further injury.

**SUITABLE DUTIES**

Where appropriate, and where practicable, all reasonable effort will be made to have selected duties made available to members/employees who have suffered illness or injury, unrelated to lifesaving duties.

Selected suitable duties will be utilised where possible. The guidelines for their use are outlined below:

These suitable duties:
   I. Are not a permanent job change;
   II. Are reviewed regularly by an appropriate SLSA officer with a view to upgrading;
   III. Must be meaningful;
   IV. Offer a graded return to normal duties;
   V. Are utilised with the agreement of the treating medical practitioner;
   VI. Require adequate training to be provided for the selected suitable duties.

Once a stage is reached where no progress is anticipated, then the rehabilitation program is at an end. A decision must then be made as to whether the person can permanently participate in other (suitable) duties taking into account his/her ability and limitations. This applies only if the treating doctor agrees that the duties are within the physical limitations that they have specified.

Surf Life Saving Australia accepts its primary responsibility is to prevent injury and illness to its members/employees.

The implementation of the rehabilitation processes is a club management responsibility for members and state responsibility for employees.

**RETURN TO DUTIES**

I. **Injured through lifesaving duties**

Any member/employee, whose injury has been caused by a surf life saving activity or club/service duty, should first consult with a General Practitioner (GP) for advice on referral services. If a member has received treatment to an injury caused within surf lifesaving and that injury affects the performance of the member to carry out normal duties then, they will need to have a “Fit to Return to Duties” declaration form signed by their GP prior to recommencing duties as an active lifesaver/lifeguard, competitor or other strenuous activities. A copy of such declaration should be provided to the Club Captain/Lifeguard Supervisor or other appropriate officer.

II. **Injuries outside surf lifesaving**

It is the responsibility of every member/employee who is on any medical restriction that they feel may impinge on their ability to carry out their duties to advise a senior club official. It is the club’s responsibility to liaise with the member regarding strategies for alternative duties if applicable. The club reserves the right to ask for a “Fit to return to duties” form to be completed by the member if they feel that the required duties may result in further injury or aggravate the injury or illness.
III. **Ongoing fitness and health**

If a member/employee suffers or has suffered from any disease or any physical or mental disability (e.g. epilepsy, diabetes or any permanent disability to a limb, eye, ear) likely to affect their efficiency as a lifesaver/lifeguard, it may affect their personal safety and the safety of the public. In such situations the member should consult their medical practitioner and club prior to commencing any surf lifesaving activity.

Each member/employee must declare upon annual application for membership that they are fit and must continue to be medically and physically fit and able to participate in any SLSA Activity. Members must immediately notify SLSA in writing through their Club of any change to their fitness level or ability to participate.
# Return to Surf Duties Form

<table>
<thead>
<tr>
<th>Claim Number (if applicable)</th>
<th>Date</th>
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## Privacy
These personal details are being collected by Surf Life Saving Australia for the purpose of assessing whether a member is fit to return to surf lifesaving duties following injury. The personal information will be disclosed to the members' general practitioner and/or the clubs safety officer for the purpose of determining whether the member should return to duties. You have the right to access the information held about you by Surf Life Saving Australia.

## Club Members Details

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Male / Female (please circle)</th>
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<table>
<thead>
<tr>
<th>Club Details</th>
<th>Club Name</th>
<th>Branch</th>
<th>State</th>
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<table>
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<tr>
<th>Members Occupation or Job Title</th>
<th></th>
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<table>
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<tr>
<th>Has the Surf Club Member returned to their pre-injury paid occupation? (Please circle)</th>
<th>Yes</th>
<th>No</th>
</tr>
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</table>

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<tr>
<th>If Yes, have you attached a Work Cover authority to return to Work Form?</th>
<th>Yes</th>
<th>No</th>
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## Surf Lifesaving Details

Please tick the duties below that the injured member is involved in:

- [ ] Administrative / Surf Club Management Committee
- [ ] Fundraising / Social / Carnival volunteer
- [ ] Surf Club building maintenance and extensions
- [ ] Surf Patrol Duties (including Water Safety for Carnivals and Junior Activities)
- [ ] Surf Sports Competitor
- [ ] Surf Sports Official
- [ ] Instructional (including Junior Activities Age Manager, Cadets Instructor, Chief Instructor)
- [ ] Surf Sports Coach
- [ ] Other
Surf lifesaving duties summary (to be completed by a general practitioner)

Please identify the date on which each of these tasks was completed

<table>
<thead>
<tr>
<th>Date of Satisfactory Completion</th>
<th>General Physical Restrictions</th>
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<tbody>
<tr>
<td></td>
<td>(For other restrictions refer to WorkCover Return to Work Form and Medical Certificates)</td>
</tr>
<tr>
<td>Manual Handling &lt; 5kg / &lt; 10kg / &lt; 15kg / &lt; 20kg</td>
<td>Write the appropriate weight in space provided</td>
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<tr>
<td>Reassess Proficiency Test: Run 200m / Swim 400m / Run 200m</td>
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**Surf Patrolling Members including Water Safety**

- Length of Surf Patrol (average patrol length is 4 hours), (Write time in space provided)
- Please take into account the lifesaver’s paid work commitments.
- Surveillance duty (walking/sitting on beach or tower or equivalent)
- Use of Radio
- Light First Aid duties (for example bluebottles, stings, dressings, ice packs)
- Drive quad bike (Could be fully laden with trailer and equipment)
- Emergency Care / First Aid / Resuscitation
- Rescue Board / Tube rescues - paddle rescue board or swim with tube for 400m out surf break, pick up patient and return to shore
- Inflatable Rescue Boat (IRB) Driver – drive and steer an inflatable boat (weight 200kg+) using out board motor in/out surf break ~400m, assist crewperson with lifting persons (up to 110kg+) into craft
- IRB Crewperson – crew inflatable boat whilst crouching in bow of craft going in/out surf break, adjust weight back and forth and keep balance while negotiating waves, lift/assist persons into craft (up to 110kg+) from surf by kneeling/wedging knees into pontoon, and bending over pontoon
- IRB Maintenance – deflate and dismantle craft by removing floor boards, etc and hose down, re-inflate and make the craft ready for use
- Other

**Surf Sports / Carnivals / Competition**

- Beach Sprint – run 50m on soft sand
- Beach Flags – jump up, turn and run 20m on soft sand and dive for baton
- March Past – march in squad/ carry reel while marching in squad
- Competitor in Resuscitation / First Aid
- Surf Swim 400m in/out surf break, catch a wave/s on way in to shore
- Rescue Board - Paddle 400m in/out surf break, catch a wave/s on way in to shore
- Wave / Surf Ski Paddler – paddle wave/surf ski (weight ~18kg) for 350m
- Surf Boat Rower – carry, jump into surfboat at shore and row surfboat (weight ~250kg) with three other crew for 400m in/out surf break and varying surf, wind and weather conditions
- Surf Boat Sweep – steer surfboat using large wooden oar (weight 20kg+) for 400m in/out surf break
- IRB Driver - See above
- IRB Crewperson – See above
- IRB Patient – swim 400m out to sea and tread water for approx 10 minutes wearing wetsuit, be pulled into IRB by crew and travel back to shore in IRB
- Other
Letter to Treating Medical Practitioner: Return to Surf Duties

Dear Doctor ____________________________________________

RE: Return to Surf Duties

| Members Name | ______________________________ |
| Members Club | ______________________________ |
| Club Position(s) (if applicable) | ______________________________ |
| Members Paid Employer | ______________________________ |
| Members Paid Occupation | ______________________________ |

Surf Life Saving Australia Policy is to encourage early and safe return to surf duties as soon as practicable following injury or illness. This is ideally performed in conjunction with any paid employment that the Surf Club member is also performing.

We would appreciate your advice as to the surf duties that ____________________________ is fit to return to at this stage of their rehabilitation. Please complete the attached Return to Surf Duties Form. Additional information or details about the surf duties will be provided if required.

Thank you for your assistance and professional advice for ____________________________.

Yours sincerely,

______________________________ (Name)

Club Safety Officer

______________ SLSC
Letter to Employer:
Injured Volunteer Surf Lifesaver and Return to Duties

Dear Mr/Ms __________________________

RE: Injury during volunteer surf lifesaving

<table>
<thead>
<tr>
<th>Members Name</th>
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<td>____________________________</td>
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<table>
<thead>
<tr>
<th>Members Club</th>
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<td>____________________________</td>
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<tr>
<th>Club Position(s)</th>
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<tr>
<td>(if applicable)</td>
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<td>____________________________</td>
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<tr>
<th>Members Paid Employer</th>
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<td>____________________________</td>
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<table>
<thead>
<tr>
<th>Members Paid Occupation</th>
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<td>____________________________</td>
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We regret to inform you that ____________________________ has been injured whilst performing official surf lifesaving duty. This may result or may have resulted in lost time from paid employment.

SLSA Policy is to encourage early and safe return to surf duties as soon as practicable following injury or illness. This is ideally performed in conjunction with any paid employment that the Surf Club member is also performing.

If you need to contact our insurer, ____________________________ with respect to rehabilitation coordination and assistance please contact them on ____________________________.

Thank you for your assistance and understanding in this matter.

Yours sincerely,

______________________________
(Name)

Honorary Secretary

SLSC
Surf Club Member Authorisation Form

I, ________________________________ hereby give consent for my doctor:

Doctors Name

__________________________________________________

Doctors Address

__________________________________________________

Doctors Phone No. ________________________________

to discuss with the Surf Club Safety Officer ____________________________, specific injury/illness information that will assist with my (graduated) Return to Surf Duties.

The Surf Club Safety Officer is bound by strict confidentiality and may not discuss information with any third party unless previously authorized by the injured member.

I understand that this consent is required to assist with my Return to Surf Duties and that all information obtained is treated in strict confidence.

___________________________ Date _________________

Signature

Witness: ____________________________ Date _________________

Name ____________________________

Position ____________________________

Signature ____________________________