WORKERS COMPENSATION AND RETURN TO WORK POLICY

Document No. SOP2014-014
File No. 13/177 (D14/15372)
Date issued 24 September 2014
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Author Branch Risk & Workplace Safety
Branch Contact 9320 7674
Division Operational Support
Summary This policy specifies the process and principles to be adhered to for staff when injured and for those managing injured staff at NSW Ambulance.
Applies to This policy applies to all NSW Ambulance staff including paramedics, patient transport officers, doctors, nurses, control centre staff, volunteers, and corporate staff.
Review Date 1 September 2016
Previous Reference SOP2009-017 Workers compensation and injury management policy and Procedures
Status Active
Approved by Chief Executive
Related Documents WorkCover Guidelines for workplace return to work programs

Revision History

<table>
<thead>
<tr>
<th>Version (Circular #)</th>
<th>Amendment notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>24 September 2014 (SOP2014-014)</td>
<td>Endorsed by Chief Executive. Amendments to legislation and processes within NSW Ambulance required an update of the policy. Adoption of the principles of the NSW Health PD2013_006 was also incorporated.</td>
</tr>
<tr>
<td>11 May 2009 (SOP2009-017)</td>
<td>Endorsed by Chief Executive Replaced SOP2007-088 and Instructional Circular IC02/24</td>
</tr>
<tr>
<td>28 September 2007 (SOP2007-088)</td>
<td>New SOP coversheet applied in line with introduction of new Intranet. SOP content was not updated.</td>
</tr>
<tr>
<td>30 July 1999 (SOPP 6.52 (ER) )</td>
<td>Issued by Chief Executive Officer</td>
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</table>

Compliance with this policy directive is mandatory
Workers Compensation and Return to Work Policy Statement

NSW Ambulance is committed to providing a consistent response to workplace injuries and will provide prompt support, for a safe and durable return to work.

NSW Ambulance has adopted the Ministry of Health’s Policy Directive PD2013_006, *Injury Management and Return to Work* however a NSW Ambulance specific appendix containing NSW Ambulance specific forms to be used for Injury Management is attached which is to be utilised in place of the Ministry of Health appendix attached to PD2013_006. The key points of that policy are set out below.

Injury Management incorporates the treatment of an injury, structured rehabilitation back to work, retraining in a new skill or into a job, management of the workers compensation claim and the possible redeployment of workers where they are unable to return to their pre-injury duties.

Following an injury to a worker, the line manager must ensure first aid is provided and, should further medical assistance be required, provide the worker with an *injury management worker kit* (appendix 13). Early return to work is a vital component of the injury management process requiring the cooperation and participation of the Fund Claims Manager, NSW Ambulance, the injured worker, treating doctor and others involved in the claim. The NSW Ambulance Injury Management Coordinator (IMC) will assist in the facilitation of this process. Early and sustainable return to work is dependent on the timely notification of injuries by workers and immediate action of line managers in managing the injury in accordance with these procedures.

An injured worker with a current work capacity has an obligation to make reasonable efforts to return to work. NSW Ambulance has an obligation to provide sustainable employment wherever practicable. When an injured worker is to return to work on suitable duties with restrictions, NSW Ambulance will develop a return to work plan in consultation with the injured worker, line manager, treating doctor, and other persons involved in the rehabilitation process (appendix 3).

Injured workers who are permanently unable to return to a level of fitness required to safely perform their pre-injury job should be considered for alternative vocational options. Prior to opening a position to competitive recruitment, the possibility of either of placing injured staff temporarily or permanently to vacant positions within NSW Ambulance shall be explored.

Where a dispute about non-medical matters cannot be resolved by the line manager and the Injury Management Coordinator it will be dealt with in accordance with SOP2012-014 *Promoting a Respectful Workplace - Preventing and managing workplace bullying*.

Confidentiality of all injury management information shall be maintained with access confined to those persons with a legitimate requirement for information. Injury management records will be maintained separately from other personnel files.

For further information contact the Injury Management Coordinators within Risk & Workplace Safety through IMC@ambulance.nsw.gov.au or refer to NSW Health Injury Management and Return to Work Policy (PD2013_006)
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<td>13</td>
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</tbody>
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Injury Management Commitment Statement

NSW Ambulance is committed to ensuring that any worker who sustains a work-related injury/illness receives the required treatment, rehabilitation and injury management. In addition to this, so far as reasonably practicable, NSW Ambulance will provide assistance to workers who sustain a non-work related injury/illness and have a capacity to undertake suitable duties. It is recognised that the provision of suitable duties and a focus on early intervention has a primary impact on successful rehabilitation. As such NSW Ambulance is focused on providing this to all staff with the support of the Risk and Workplace Safety directorate.

Effective injury management relies on coordinated communication and agreement amongst several parties including the injured worker, their manager, treating physician/s and the injury management coordinator. This can only occur when key injury management principles are formed and followed throughout the process. These key principles include having a robust injury management system, early reporting of injuries, early intervention, the provision of suitable duties and cooperation amongst all parties to ensure the safe and durable early return to work of all injured workers.

As the Chief Executive of NSW Ambulance it is my commitment to all workers that these systems are in place and will be reviewed and amended as needed to ensure quality management and treatment of injured workers happens all the time, every time. In order to achieve this I have also allocated specific responsibilities to others as follows:

**Workers**
- Immediately advise their line manager of any workplace injury/illness or near miss and complete an incident report through IIMS;
- Seek timely medical treatment if required and obtain a WorkCover NSW Certificate of Capacity;
- Where possible attend to medical appointments outside of work hours;
- Continue to provide current WorkCover NSW Certificate of Capacity during the return to work process;
- Keep in regular contact with their line manager and the Injury Management Coordinator (IMC);
- Actively participate in the development and implementation of their return to work plan and adhere to the conditions of that plan (including compliance with medical restrictions outside work hours); and
- Advise the IMC or line manager of any issues or changes to your injury/illness in a timely manner.

**Managers**
- Complete all incident and injury/illness reporting forms within 48 hours of notification of the incident;
- Ensure the incident that caused the injury/illness is systemically investigated within 48 hours;
- Promote an early, safe and durable return to meaningful and productive work for all workers;
- Where reasonably practicable and in consultation with the IMC identify suitable duties for injured worker;
- Make reasonable adjustments to the workplace and procedures to accommodate the injured worker;
- Preserve the confidentiality of all workers compensation and injury management information; and
- Undertake regular checks with injured workers ensuring their ongoing recovery.

**Injury Management Coordinators**
- Prepare a return to work plan in consultation with the injured worker, nominated treating doctor (NTD), line manager and insurer;
- Where an accredited rehabilitation provider has been allocated the IMC will coordinate services;
- Secure confidential information relating to the injured worker’s injury/illness;
- Facilitate the injured workers timely return to work by assisting managers in identifying suitable duties; and
- Proactively manage all workplace rehabilitation of injured workers including ensuring regular contact is maintained.

**Insurer**
- Contact the injured worker, IMC and NTD within three days of notification of a significant injury;
- Commence provisional liability within seven days of notification unless ‘reasonably excused’;
- Provide or arrange vocational retraining of an injured worker where return to pre-injury duties and/or suitable duties is no longer possible;
- Pay for reasonably necessary medical treatment; and
- Provide reimbursement for any workers compensation wage entitlements.
App

endix

2 - FL1 – Line Manager

Notes for Users

• All Work Capacity Certificates must be fully completed by the treating Doctor and staff member before submitting
• Forward all relevant paperwork to IMC to ensure that all processes can be conducted in a timely manner
• Employee has two months in which to report an injury
• Even if there is no time lost but the injured worker saw a Doctor, a WorkCover Work Capacity Certificate must be produced to enable payment for the consultation to be considered

Injury
(New or Recurrent)

No time lost & no treatment sought

Ensure employee seeks medical attention or First Aid if required

Time lost and/or treatment sought

Register on IIMS & have employee complete Forms 135 & 136 and provide Witness Statement if applicable

Paperwork must be sent immediately as NSW Ambulance only has 48 hrs, in which to submit the claim

Ensure that injured employee obtains WorkCover Work Capacity Certificate & with completed forms 135 & 136 email to IMC@ambulance.nsw.gov.au

Employee requires further time off work

Yes

Ensure employee obtains progress WorkCover Work Capacity Certificate/s

Liaise with Injury Management Coordinator & injured worker to assist with return to work on suitable duties if available. Assist in any rehabilitation programs until fit to return to pre-Injury duties. Maintain contact with injured worker throughout recovery process.

No

Prior to employee returning to work ensure employee obtains Final WorkCover Work Capacity Certificate to return to pre-Injury duties without restriction.

Employee to complete IIMS within 48 hours
Notes for Users

If you are returning to work on suitable duties you must ensure that your Doctor has fully completed the Workcover Certificate to facilitate this and what he/she deems to be suitable duties.

Original medical accounts for costs incurred as a result of seeking treatment for a workplace injury are to be scanned and emailed to: IMC@ambulance.nsw.gov.au

All general enquiries to IMC@ambulance.nsw.gov.au

*In cases where a worker is unable to complete an IIMS due to injury the IIMS may be completed by the Line Manager.
Employee: 
Job Title: 
Nature of Injury: 
Date of Injury: 

Plan No: 
Claim Number: 
Location: 
RTW Goal: 
Interim Goal: 

Summary of Substantive Pre-injury Duties

Location: 
Supervisor: 
Hours Per Week: 
Duties: 

Stage 1

Dates of RTW Plan: To: 

Suitable Duties

Location: 
Supervisor: 
Current Medical Restrictions: 
Duties: 

ROSTERED HOURS OF WORK

Supervisor and Employee to negotiate work days and times and complete in the boxes below

<table>
<thead>
<tr>
<th>Week Commencing</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
<th>Total</th>
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<tbody>
<tr>
<td>Week 1 ()</td>
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<td>Week 3 ()</td>
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<td>Week 4 ()</td>
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ACTIONS/RESPONSIBILITIES & ADDITIONAL COMMENTS:

Employee to adhere to advised medical restrictions at all times and perform all duties within those restrictions.

Employee to seek assistance with any tasks outside of restrictions, and report any difficulties to the Manager.

Employee is to liaise with their Treating Doctor, Treating Providers, IMC and Manager regarding Return to Work.

Employee to attend treatment outside working hours where possible.

Employee to report any increases in pain or discomfort to their Manager and IMC.

If working reduced hours, a Weekly Suitable Duties Schedule must be completed on a daily basis (including signatures) and emailed WEEKLY to your IMC on IMC@ambulance.nsw.gov.au each Friday by 12pm before pay cut-off. Non-receipt may delay payment.
This plan will be reviewed regularly in consultation with the Employee.

Any changes to work pattern must be approved by your immediate supervisor.

Contact must be made to your substantive manager for unexpected absences from the workplace as soon as practicable.

Suitable duties does not attract TOIL or overtime.

This offer of suitable or modified duties is made on a temporary basis for the purpose of workplace rehabilitation only and is subject to review as required. The final aim is for the employee to return to work as per the above RTW Goal.

**AGREEMENT: (Please sign)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td></td>
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<tr>
<td>Substantive Manager</td>
<td></td>
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<tr>
<td>Suitable Duties</td>
<td></td>
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<tr>
<td>Supervisor</td>
<td></td>
<td></td>
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<tr>
<td>Injury Management</td>
<td></td>
<td></td>
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<tr>
<td>Coordinator (IMC)</td>
<td></td>
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<tr>
<td>Treating Doctor</td>
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* Please fax your agreement or comments to this RTW Plan to Fax: (02) 9320 7816 or Email: IMC@ambulance.nsw.gov.au*
# LINE MANAGER WORKERS’ COMPENSATION CHECKLIST

<table>
<thead>
<tr>
<th>NAME</th>
<th>WORKPLACE</th>
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</table>

(Attach this Checklist as cover page to each claim forwarded. Tick to indicate that form is attached)

## 1. IIMS notification

<table>
<thead>
<tr>
<th>IIMS Notification Completed</th>
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</tr>
</thead>
<tbody>
<tr>
<td>IIMS Number</td>
<td></td>
</tr>
</tbody>
</table>

When: Immediately  
Who: Injured worker or Line Manager

### TIME LOST FROM WORK OR TREATMENT

- **Form 135**: Notification of Injury or Illness (must be submitted)  
  - Line Manager must email/fax to relevant IMC within 48 hours & note this on form
- **Form 136**: Authority to Release Information (must be submitted)

And, if applicable:
- **Form 137**: Recurrence of Injury
- **Form 119**: Statement of Witness to an Injury

When: As soon as possible  
Who: Injured worker and Line Manager  
Forward to: Second Tier Manager and Injury Management Coordinator

## 3. WORKCOVER WORK CAPACITY CERTIFICATE

- **WorkCover Work Capacity Certificate** (must be submitted for all medical treatment)

A QBE Claim MUST have a WorkCover Work Capacity Certificate at time of the injury and be submitted with the above documentation.

## 4. WORKCOVER NOTIFICATION

WorkCover and the NSW Ambulance WHS Manager must be notified if there is:
- A serious incident

When: Immediately  
Who: Second Tier Manager  
Forward to: By phone 13 10 50

## 5. CLAIMS FOR MEDICAL EXPENSES

Original documentation to be sent to relevant managers office* as they occur  
*Manager will forward to the Injury Management Coordinator (IMC)

A copy of all documentation is held by Sector Office & it is recommended injured workers keep their own copy

### SUMMARY OF PROCEDURES:

- Ensure IIMS notification form is completed within 48 hours.  
- Form 135 is only completed when medical treatment is sought.  
- Injured worker to advise Line Manager of injury. They will then provide notification to the relevant IMC.  
- Ensure Form 135 (Notifications of Injury), Form 136 (Authority to Release Information), Workcover Work Capacity Certificate and any other applicable forms are emailed to IMC@ambulance.nsw.gov.au and to the relevant Second Tier Manager within 48 hours of the injury notification.  
- Please note that the QBE TMF Claim Form is not required and should not be completed or submitted.  
- Any questions regarding Workers Compensation can be directed to your Line Manager in the first instance. If further assistance is required email IMC@ambulance.nsw.gov.au.
INJURED WORKER CHECKLIST

This checklist is to assist the injured worker in ensuring all relevant documents are completed. It is not mandatory and does not need to be sent with other documents.

NAME ______________________________

(For all workplace incidents resulting in the need for treatment, medical expenses &/or time lost from work)

1. IIMS notification

<table>
<thead>
<tr>
<th>IIMS Notification Completed</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>IIMS Number</td>
<td>____________</td>
</tr>
</tbody>
</table>

When: Immediately
Who: Injured worker or Line Manager

2. TIME LOST FROM WORK OR TREATMENT

<table>
<thead>
<tr>
<th>Form 135: Notification of Injury or Illness (must be submitted to Line Manager)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Line Manager will email/fax to relevant IMC within 48 hours &amp; note this on form</td>
<td>☐</td>
</tr>
</tbody>
</table>

| Form 136: Authority to Release Information (must be submitted) | ☐ |

And, if applicable:

| Form 137: Recurrence of Injury | ☐ |
| Form 119: Statement of Witness to an Injury | ☐ |

When: As soon as possible
Who: Injured worker and/or Line Manager
Forward to: Line Manager

3. WORKCOVER WORK CAPACITY CERTIFICATE

| WorkCover Work Capacity Certificate (must be submitted for all medical treatment) | ☐ |

A QBE Claim MUST have a WorkCover Work Capacity Certificate at time of the injury and be submitted with the above documentation.

4. CLAIMS FOR MEDICAL EXPENSES

Original documentation to be sent to managers office/relevant Corporate Head Office* as they occur

*Documents will be forward to the Injury Management Coordinator (IMC)

(A copy of all documentation is held by Sector/relevant corporate office & it is recommended injured workers keep their own copy)

5. LETTER TO NOMINATED TREATING DOCTOR

Must be given to your doctor to explain that NSW Ambulance is committed to workplace injury management and to give the doctor relevant contact details. ☐

SUMMARY OF PROCEDURES:

- Ensure IIMS notification is completed within 48 hours.
- Form 135 is only completed when medical treatment is sought.
- Injured worker to advise Line Manager of injury. They will then provide notification to the relevant IMC.
- Ensure Form 135 (Notifications of Injury), Form 136 (Authority to Release Information), Workcover Work Capacity Certificate and any other applicable forms are emailed to IMC@ambulance.nsw.gov.au and to the relevant Line Manager within 48 hours of the injury notification.
- Please note that the QBE TMF Claim Form is not required and should not be completed or submitted.
- Any questions regarding Workers Compensation can be directed to your Line Manager in the first instance. If further assistance is required email IMC@ambulance.nsw.gov.au.
Actions for Incidents involving Injury or Illness to Non Workers

Once completed this form must be given to the direct manager of the non-worker and forwarded to the injured person/s employer.

The direct manager must trim this document and ensure a copy is retained in the trim file.

Date of incident

<table>
<thead>
<tr>
<th>Activity</th>
<th>Actioned</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury or Illness reported to supervisor or manager.</td>
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<tr>
<td>Arrange first aid or emergency medical attention. Provide support to the person.</td>
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<tr>
<td>Ensure own safety and safety of other people in immediate area.</td>
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<tr>
<td>Ensure emergency contact person/s (usually a family member) have been contacted by senior management to offer practical support, if necessary.</td>
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<tr>
<td>Record the Incident on the Agency’s Register of Injuries.</td>
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<tr>
<td>Notify: a) Claims Manager of all injuries to non-workers as they result in a claim for compensation. b) Director Risk and Workplace Safety and WHS Manager if the incident is notifiable to WorkCover NSW.</td>
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</tr>
<tr>
<td>When a notifiable serious injury or illness occurs (refer WHS Act 2011 Part 3):</td>
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<tr>
<td>• Contact the Director Risk and Workplace Safety and WHS Manager as WorkCover must be phoned immediately on 13 10 50 and, in the case of death, the police.</td>
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<tr>
<td>• Ensure that the incident area is not disturbed until released by the WorkCover inspector, except to assist injured or release trapped people.</td>
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<tr>
<td>• Alert all workers and others of the location and that it is not to be disturbed.</td>
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<tr>
<td>Eliminate or minimise the risk: Risk assessment (form 141) in consultation with injured person and key stakeholders to eliminate the risk or implement control measures to minimise the risk.</td>
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<tr>
<td>Contribute to NSW Ambulance incident investigation using Appendix 6 of SOP2014-014 Workers compensation and Return to Work Policy.</td>
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<tr>
<td>Ensure relevant senior manager contacts the person/s involved in the incident to provide necessary support (PD2005_234 Effective Incident Response Framework for Prevention and Management in the Health Workplace.)</td>
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</tbody>
</table>
INCIDENT INVESTIGATION FORM 262

INSTRUCTIONS FOR USE

If a worker, patient or visitor is involved in an incident – accident, dangerous occurrence or near miss – while on NSW Ambulance property or while carrying out the undertakings of NSW Ambulance, it is essential that the incident is reported in IIMS and to the worker’s first line manager. A report must be made regardless of the outcome of that incident. If the worker is unable to complete the IIMS the first line manager should complete the report on the worker’s behalf.

Once the incident has been reported in IIMS and to the first line manager, an investigation should be underway as soon as reasonably practicable. Incident investigations provide us with the opportunity to learn from workplace mishaps, failures and mistakes and in turn minimise the risk of recurrence.

The objectives of an incident investigation are to:

- Gather information to identify what happened, scale of potential loss/injury and the cause;
- Determine why standards were not met;
- Identify necessary control actions; and
- Demonstrate management’s concern and commitment to ensuring a safe work place.

When carrying out an investigation it is vital that we do not lay blame on any particular person or group, the focus of the investigation is to ensure we find out what went wrong and how we can fix it to prevent any further occurrences.

Ideally an initial investigation should be carried out within 72 hours of the event. This will ensure that the event is still fresh in people’s minds. If a further investigation is required it should be carried out within 48 hours of the initial investigation.

The investigation process should include:

- Isolating and/or controlling the scene;
- Collecting evidence, i.e. witness statements, documents, equipment involved;
- Analysing the evidence;
- Deciding on the significant causes;
- Identifying suitable actions/recommendations;
- Reporting the outcome of the investigation;
- Implementing the actions/recommendations of the investigation; and
- Reviewing any actions or recommendations to ensure the accident will not recur.

When interviewing witnesses we must:

- Keep an open mind;
- Find a suitable place to carry out the investigation;
- Put the witness at ease;
- Get information in their own words – take notes;
- Encourage the witness by being fair and impartial; and
- Verify with the witness the comments/statement they have made.
Accidents/incidents may be investigated on two levels – internal and external:

1. **Internal Investigations**

   This process is to determine what happened, find or confirm the cause and to follow NSW Ambulance risk management processes to eliminate or minimise the risk of further incidents.

   The first line manager may conduct an investigation in consultation with the local Health and Safety Representative (HSR) or their representative/delegate depending on the level of investigation required or at the request of the first line manager.

   The scope of the investigation should be in line with the severity of the incident. For example, a slip, trip or fall with no injury may just require an interview with the worker involved and an inspection of the work area to put in place any action that may be required to prevent the incident from recurring. An incident that resulted in serious injury or had the possibility of a dangerous outcome needs to be investigated in detail.

   Following the investigation a report is to be prepared for senior management.

   When conducting an internal investigation the following needs to be included in the investigation report:

   - Date
   - Time
   - Exact location
   - Worker/s involved, including age, gender, job title
   - Event that led up to the incident
   - The work that was being carried out at the time
   - A report of any injuries that occurred
   - The equipment that was being used
   - The condition of the equipment being used
   - Damage to equipment
   - The environment at the time of the incident (e.g. night, day, raining, spills, etc)
   - Whether SOPs were being followed
   - Whether the worker/s had received and signed off on any training relating to the task being carried out
   - Personal factors relating to the worker/s (e.g. age, experience, health)
   - Level of supervision at the time
   - Parties convening investigation (i.e. manager, HSR/delegate)

   To ensure the investigation process is consistent across NSW Ambulance, a standard Investigation document has been developed for internal investigations depending on the severity of the incident.
2. **External Investigations**

If a serious injury or death occurs following a workplace incident, the workplace will be the subject of an external investigation by a WorkCover inspector.

A WorkCover inspector has the power to:

- Make enquiries
- Conduct interviews
- Take photographs
- Take video or audio recordings
- Take possession of any substance or property for sample
- Order the photocopying of documents
- Issue direction to allow them to carry out their functions

All NSW Ambulance staff must assist a WorkCover Inspector by answering questions and supplying documents relevant to the investigation. Any enquiries from WorkCover should be forwarded to the WHS Manager immediately.
## INCIDENT IDENTIFICATION

<table>
<thead>
<tr>
<th>IIMS No.</th>
<th>Type of Incident (Please circle)</th>
<th>Location of Incident</th>
<th>Date of Incident</th>
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<tbody>
<tr>
<td></td>
<td>Accident</td>
<td>Near Miss</td>
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## INVESTIGATING STAFF

<table>
<thead>
<tr>
<th>Name of First Line Manager</th>
<th>Name of Health and Safety Representative</th>
<th>Name/s of other investigating staff</th>
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## INVESTIGATION SUMMARY

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<thead>
<tr>
<th>Commencement date of investigation</th>
<th>SOPs applicable</th>
<th>Skill sheet/work instruction documentation</th>
<th>Completion date of investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Please note: photographs are to be taken of the area/equipment from various angles to ensure visual documentation of the scene is as accurate as possible.

Any site where an incident has resulted in the death or serious injury of a person or major damage to a building, vehicle or equipment is to be left undisturbed. Exceptions to this include:

- To help or remove a trapped person or to remove a body
- To avoid further injury to a person or damage to machinery
- For the purpose of a police investigation
- In accordance with direction or permission of a WorkCover inspector

Registration numbers or serial numbers of all vehicles and/or equipment involved in the incident are to be recorded.

A sketch of the location is to be included in this report. The following page has been left blank for that purpose.

All notifiable incidents must be reported to the WHS Manager immediately
LOCATION SKETCH

(Please include distances, relative locations, movement direction, etc)
### PERSONAL INJURY

1. Name of injured person: .................................................................

2. Employee/Bundy Number: ............................................................... 

3. Address: ......................................................................................

4. Phone No.: ......................... Date of Birth ........................................

5. Employment status: Full time / Part time / Temporary / Casual / Volunteer / Contractor: ................................................................. 

6. Did the incident result in serious injury or fatality? Yes / No

7. Treatment required following accident/incident: Nil / First Aid Only / Own Doctor / Hospital ................................................................. 

8. Following treatment did worker: Return to Work / Go Home / Go to Hospital / Other. (If other, please explain): .................................................................

9. Was a Workers Compensation Claim Lodged? Yes / No

10. Witnesses:
    - Name: .......................... Contact no. and email: .................................
    - Name: .......................... Contact no. and email: .................................
    - Name: .......................... Contact no. and email: .................................

### FULL DETAILS OF INJURY/INCIDENT

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*If the space to write is insufficient, please continue on another sheet of paper*
FACT FINDING
(to be completed at the scene of the incident)

<table>
<thead>
<tr>
<th>Question</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who was involved in the incident?</td>
<td>Name: ...................................................................................................</td>
</tr>
<tr>
<td></td>
<td>Contact no. and email: ......................................................................</td>
</tr>
<tr>
<td>Who saw the incident?</td>
<td>Name: ...................................................................................................</td>
</tr>
<tr>
<td></td>
<td>Contact no. and email: ......................................................................</td>
</tr>
<tr>
<td>Who was working with the person involved?</td>
<td>Name: ...................................................................................................</td>
</tr>
<tr>
<td></td>
<td>Contact no. and email: ......................................................................</td>
</tr>
<tr>
<td>Was the person involved in work of standard practice or was there a variation to standard practice?</td>
<td></td>
</tr>
<tr>
<td>Who else was involved?</td>
<td></td>
</tr>
<tr>
<td>Who has information on events prior to the incident?</td>
<td></td>
</tr>
<tr>
<td>Who assessed the risks involved in carrying out the job?</td>
<td></td>
</tr>
<tr>
<td>Who was responsible for implementing risk controls?</td>
<td></td>
</tr>
<tr>
<td>Who checked safety of plant/equipment prior to commencing work (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Where did the incident occur?</td>
<td></td>
</tr>
<tr>
<td>Where was the manager at the time of the incident?</td>
<td></td>
</tr>
<tr>
<td>Where were the witnesses at the time of the incident (if any)</td>
<td></td>
</tr>
</tbody>
</table>
If the space to write is insufficient, please continue on another sheet of paper
<table>
<thead>
<tr>
<th>Step 1</th>
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</table>

<table>
<thead>
<tr>
<th>Step 2</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Step 3</th>
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<table>
<thead>
<tr>
<th>Step 4</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Step 5</th>
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<table>
<thead>
<tr>
<th>Step 6</th>
</tr>
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<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Step 7</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*If the space to write is insufficient, please continue on another sheet of paper*
IDENTIFY ESSENTIAL CONTRIBUTING FACTORS
(refer to the following table of potential contributing factors)

List contributing factors.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
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<tr>
<td>2</td>
<td></td>
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<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

**CONTRIBUTING FACTORS**

<table>
<thead>
<tr>
<th>Environment</th>
<th>Design</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slippery surface</td>
<td>Wet/Rain</td>
</tr>
<tr>
<td>Rough surface</td>
<td>Inadequate lighting</td>
</tr>
<tr>
<td>Noise</td>
<td>Radiation</td>
</tr>
<tr>
<td>Heat</td>
<td>Cold</td>
</tr>
<tr>
<td>Chemical</td>
<td>Fumes</td>
</tr>
<tr>
<td>Bacteria</td>
<td>Dust</td>
</tr>
<tr>
<td>Systems</td>
<td>Human</td>
</tr>
<tr>
<td>Written procedures</td>
<td>Hazard detection</td>
</tr>
<tr>
<td>Adequate training</td>
<td>Inexperience</td>
</tr>
<tr>
<td>Movement</td>
<td>Repetition</td>
</tr>
<tr>
<td>Equipment used</td>
<td>Inattentive</td>
</tr>
<tr>
<td>Work hours</td>
<td>Followed SOPs</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>Understanding</td>
</tr>
<tr>
<td>Supervision</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Other External Factors</td>
<td>Other External Factors</td>
</tr>
</tbody>
</table>

**Root Cause:**
List the fundamental reason the person was injured or the incident occurred.

If the space to write is insufficient, please continue on another sheet of paper
Recommendations Sign off of Investigation
As part of the investigation process a risk assessment must be carried out on NSW Ambulance Risk Assessment Form 141 and associated SOP.

Corrective Actions in relation to Investigation for IIMS No: ………………..

Please list corrective actions in order of importance

<table>
<thead>
<tr>
<th>Number</th>
<th>Corrective Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
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<td>5</td>
<td></td>
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<tr>
<td>6</td>
<td></td>
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<td>7</td>
<td></td>
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<tr>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

*If the space to write is insufficient, please continue on another sheet of paper*

This investigation was completed on …………………………………………………………………………..

Further investigation is required YES / NO. If yes, further investigation will be carried out on:

………………………………………………………………………………………………………………………..

Is there any evidence to suggest this incident was not work related? YES / NO.
If yes please explain:

………………………………………………………………………………………………………………………..

………………………………………………………………………………………………………………………..

Date included in Risk Register …………………………………………………………………………………

Signed:

……………………………  …………………………  …………………………

Supervisor   Health and Safety Rep   Investigating Staff Member
Dear salutation and surname

###Put in name of Injured Worker###

NSW Ambulance is committed to ensuring that employees who sustain a work or non-work related injury/illness receive the required treatment, rehabilitation and injury management. NSW Ambulance promotes effective rehabilitation through a safe and durable early return to work.

As the Injury Management Coordinator for the abovementioned worker I am, committed to providing suitable duties, where available, to promote effective rehabilitation. There is a wide range of suitable duties available to injured workers including administration tasks, control centre duties (telephone calls/desk based work), patient transport duties, warehouse dispatch duties and others which may be deemed suitable and within the injured workers medical capacity. These duties are available in metropolitan and regional areas throughout NSW.

Your assistance in providing clear recommendations regarding capacity and treatment requirements will allow us to assist in providing appropriate suitable duties and enable a timely return to work.

I can be contacted to discuss suitable duties or any aspect of the injured worker’s working environment. Please contact me on the following;

Phone: (02) 9320 ####
Email: IMC@ambulance.nsw.gov.au

Yours sincerely

###Full name###
Injury Management Coordinator
### STATEMENT OF WITNESS TO AN INJURY

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injured Person:</td>
<td></td>
</tr>
<tr>
<td>Employed by:</td>
<td></td>
</tr>
<tr>
<td>Workers Compensation Claim No. (if known):</td>
<td>(Please quote on all communications)</td>
</tr>
</tbody>
</table>

### DETAILS OF WITNESS MAKING THIS STATEMENT

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Witness:</td>
<td></td>
</tr>
<tr>
<td>Residential Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone Number: Home:</td>
<td></td>
</tr>
<tr>
<td>Work:</td>
<td></td>
</tr>
<tr>
<td>Current Employer:</td>
<td></td>
</tr>
<tr>
<td>(Name and Address):</td>
<td></td>
</tr>
<tr>
<td>Name of your foreman or supervisor:</td>
<td></td>
</tr>
</tbody>
</table>

### ACCIDENT DETAILS

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you actually see the accident?:</td>
<td></td>
</tr>
<tr>
<td>Were there any other persons present at the time?:</td>
<td></td>
</tr>
<tr>
<td>If other persons present what were their names?:</td>
<td></td>
</tr>
<tr>
<td>How did injured person say the accident occurred?:</td>
<td></td>
</tr>
<tr>
<td>When did it happen? Day of week:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td></td>
</tr>
<tr>
<td>a.m./p.m.</td>
<td></td>
</tr>
<tr>
<td>Where did it happen? Address and location:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>How did it happen? (Full description of events leading to accident and actually occurring at time of accident)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>What was injured person doing at time of accident?:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>What did you notice about the injured person? (Such as bleeding, vomiting, limping, etc.):</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>What complaints did the injured person make? (Such as where was the pain?):</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the injured person continue to work? (If yes, for how long and in what manner?):</td>
<td></td>
</tr>
</tbody>
</table>

Form 119
Issued by: Risk and Workplace Safety
Issue Date: 24 September 2014
DECLARATION

By signing this application, I agree to QBE collecting, using and disclosing my personal information, including sensitive and health information if applicable.

I _______________________________ declare the truth of the above statement.

______________________________  ______________________________
(Date)  (Signature)

DECLARATION

THIS DECLARATION TO BE COMPLETED WHERE WITNESS DOES NOT UNDERSTAND WRITTEN ENGLISH

(a) I have had the questions on this form and my answers to those questions, together with this declaration read and explained to me in my native language which is ________________________________ by ________________________________ (name of interpreter) and I confirm that my answers as interpreted to me are correct and that I understand the meaning of the declarations made by me,

______________________________
Signature of witness

(b) Declaration of interpreter

I ________________________________

(name, address and occupation) certify that I translated the questions on this form and the declarations on this form to ________________________________ (witness's name) from the English language into ________________________________ language and the ________________________________ language into the English language to the best of my skill and ability.

I am satisfied that ________________________________ (witness's name) understood the questions on the form and the declarations on the form.

I certify that the answers as translated by me are correct translations of the witness answers to those questions.

______________________________
Signature of interpreter

______________________________
Signature of witness

I declare that the person making this statement is known to me and signed in my presence.

Declared at ________________________________ on the ________________________________ day of _____________ 20___ before me

______________________________
Justice of Peace

______________________________
(Print name)
# Notification of an Injury or Illness

ONLY TO BE COMPLETED IF THERE IS MEDICAL EXPENSES, TREATMENT &/OR TIME LOST FROM WORK

## 1. Injured Employee’s Details

<table>
<thead>
<tr>
<th>First Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Surname</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>Work Location</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td></td>
</tr>
<tr>
<td>Emp. Number</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Mobile Phone</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Incident Details

- **Date of Injury**: 
- **Time of Injury**: 
- **Address and location where incident occurred**: 
- **IIMS Number**: 
- **Doctor’s Name**: 
- **Doctor’s Address**: 
- **Doctor’s Phone**: 

Describe how the incident happened:

## 3. Policy Details

- **Division**
- **Sector**
- **Zone**
- **Location/Station**
- **Cost Centre No.**

Was the Employee included on the operational roster at the time of the incident? (yes/no)

**Supervisor**

Date completed:

Comments:

Employee Signature Date

---

THIS WILL BE LODGED FOR A WORKERS COMPENSATION CLAIM WITH QBE INSURANCE

Email the completed form to: IMC@ambulance.nsw.gov.au and Sector DOM.

SOP2014-014 Appendix 9 – Page 1 of 1
Authority to Release Information

I _____________________________(print name) give consent to NSW Ambulance, the Insurer, nominated treating doctor, other treating practitioners, rehabilitation providers, WorkCover NSW appointed Injury Management Consultants and WorkCover NSW to exchange information for the purposes of managing my injury and workers compensation claim.

I understand this information may be used by NSW Ambulance, WorkCover NSW and the Insurer to fulfil their functions under the workers compensation legislation.

Further I authorise the aforementioned parties to release and discuss information concerning relevant aspects of my injury management with representatives of other aforementioned parties. I understand the information relating to my injury may be disclosed to other areas/units/sections within NSW Ambulance where appropriate in relation to my current workers compensation claim.

I understand that I may change or cancel this authority at any time, however, my injury management and/or workers compensation benefits may be affected.

I acknowledge that this document will be placed on my rehabilitation file.

Signed _______________________________________ Date ___/___/___

Name______________________________ Bundy: ___________
(Print in block letters)

Email the completed form to: IMC@ambulance.nsw.gov.au and Line Manager.
RECURRENT OF INJURY
Injured workers recurrence report of injury following return to normal duties:
This form is to be completed by the injured worker for a recurrence of an original injury/illness

INJURED WORKER DETAILS:

Name: ____________________________ Claim No: ____________________________

Address: ________________________________________________________________

Postcode: _________________________ Phone No: ______________________________

Date of original injury: ___________ Employer at date of original injury: ___________

Date returned to duties: ______________ Date of recurrence: ______________

TREATMENT DETAILS:

Current nominated treating doctor

Name: ____________________________

Address: ________________________________________________________________

Postcode: _______________ Phone No: _______________ Fax No: _______________

Other doctors currently involved in your treatment: ______________________________

Current treatment: (circle appropriate responses)

**Physiotherapy**

→ Frequency of treatment: weekly __________ fortnightly __________ monthly __________

**Hydrotherapy**

→ Frequency of treatment: weekly __________ fortnightly __________ monthly __________

**Chiropractor**

→ Frequency of treatment: weekly __________ fortnightly __________ monthly __________

**Gym Program**

→ Frequency of treatment: weekly __________ fortnightly __________ monthly __________

**Home Exercises**

→ Frequency of treatment: weekly __________ fortnightly __________ monthly __________

**Other**

→ Frequency of treatment: weekly __________ fortnightly __________ monthly __________

Has any of the above treatment been regular since your return to normal duties? Yes / No

Please comment on reasons for treatment needed:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
RECURRENT DETAILS:

1. How does this recurrence relate to your original injury/illness?

__________________________________________________________________________
__________________________________________________________________________

2. Is this recurrence in the same part of the body as your original injury/illness? Circle: yes / no
   Please specify: ____________________________________________________________
   ________________________________________________________________________

3. a) When you returned to your normal duties, did you experience any discomfort or symptoms
    underatking those duties? Circle: yes / no    If yes, please specify:
    ________________________________________________________________________
    b) Has your discomfort/symptoms continued? Circle: yes / no    If yes, please specify:
    ________________________________________________________________________

4. In your own words, how did this recurrence occur? (eg. specific incident / gradual onset of pain)
    ________________________________________________________________________
    ________________________________________________________________________
    ________________________________________________________________________

5. Have you returned to work on pre-injury duties? Circle: yes / no    If not, are you unfit
   or on suitable duties? _____________________________________________________
   ________________________________________________________________________

EMPLOYER CONSENT DECLARATION

Injured Worker signature ___________________________ Date: _______________________

Employer signature: _________________________________ Date: ____________________

INJURED WORKER PLEASE NOTE:
A current WorkCover NSW Certificate of Capacity must be attached to this form. This form is to be submitted to and signed off by your employer.
Injury Management & Return to Work
Frequently Asked Questions

NSW Ambulance is committed to providing a safe and healthy working environment. If workplace injury/illness does occur, NSW Ambulance will ensure a safe and durable return to work for any injured/ill worker as normal practice and an expectation. NSW Ambulance SOP2014-014 Workers Compensation and Return to Work supports that process.

Who do I need to inform following a workplace incident?
All workplace incidents must be reported to your line manager immediately and recorded on IIMS within 48 hours. This includes incidents that don’t result in injury or illness.

How do I arrange medical treatment following a workplace injury?
Your line manager will help you seek medical attention if required (usually at a local medical practice or medical centre). They will give you advice on your NSW Ambulance Return to Work Program if necessary. You have a right to nominate your treating doctor (NTD).

What information will be given to my NTD?
NSW Ambulance will provide your doctor with a letter providing all relevant contact details and processes with regard to the provision of suitable duties for your return to work.

What does an Injury Management Coordinator (IMC) do?
An IMC will help you, your line manager and NTD by coordinating the return to work plan. For more information on the responsibilities of yourself, your manager and the IMC refer to SOP2014-014, Appendix 1 – Injury management Commitment Statement.

Can I nominate to have an external rehabilitation provider manage my return to work?
NSW Ambulance has suitably qualified IMC’s that can provide the assistance needed. However, the nomination of an external approved workplace rehabilitation provider by the injured worker, NTD, QBE Claims Manager or IMC can be part of the Return to Work Plan. The QBE Claims Manager will have to approve the involvement of the rehabilitation provider prior to appointment.

Will my case be managed differently with an external provider?
No the external provider must follow the guidance in NSW Ambulance SOP2014-014 Workers Compensation and Return to Work.

What are my obligations with a return to work plan?
There is a legal requirement for you to cooperate with the return to work plans developed for your return to work. Your NTD may talk to your IMC and line manager about suitable duties.

Will my IMC speak with or visit my NTD?
Yes. Your IMC may speak to your NTD and may visit with you to discuss the return to work plan and your progress. They will not stay with you during any examination.

What are my obligations?
You are required to keep your line manager informed of your progress and provide, after each medical appointment, a WorkCover NSW certificate of capacity for all periods of workers compensation.

What information will NSW Ambulance keep?
NSW Ambulance must observe the Privacy and Personal Information Protection Act 1998 and NSW Health Records and information Privacy Act 2002 and will receive and release only the information that allows them to manage workplace injuries and workers compensation claims.

For more information email IMC@ambulance.nsw.gov.au or contact WorkCover on 13 10 50.
Notes for Users

If you are returning to work on suitable duties you must ensure that your Doctor has fully completed the Workcover Certificate to facilitate this and what he/she deems to be suitable duties.

Original medical accounts for costs incurred as a result of seeking treatment for a workplace injury are to be scanned and emailed to: IMC@ambulance.nsw.gov.au

All general enquiries to IMC@ambulance.nsw.gov.au

*In cases where a worker is unable to complete an IIMS due to injury the IIMS may be completed by the Line Manager

---

Employee Injury

Seek Medical Attention or First Aid

**No time lost or treatment sought**

- Report to Supervisor and complete IIMS within 48 hours

**Time lost and/or treatment sought**

- Immediately report to line manager and register on IIMS within 48 hours*

- Obtain Initial WorkCover Work Capacity Certificate, complete forms: 135 & 136 and email to: IMC@ambulance.nsw.gov.au

- Employee requires further time off

  - Yes: Attend follow up appointments – Obtain Progress WorkCover Work Capacity Certificates and participate in any Rehabilitation Programs
  - No: Obtain Final WorkCover Work Capacity Certificate for clearance to return to work email to: IMC@ambulance.nsw.gov.au

- Liaise with IMC to return to work on suitable duties if available until fit to resume pre injury duties

- Liaise with supervisor to return to pre injury duties

---

*Forms must be fully completed by both Doctor and injured worker before submitting*
### INJURED WORKER CHECKLIST

This checklist is to assist the injured worker in ensuring all relevant documents are completed. It is not mandatory and does not need to be sent with other documents.

<table>
<thead>
<tr>
<th>NAME</th>
<th>WORKPLACE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(For all workplace incidents resulting in the need for treatment, medical expenses &amp;/or time lost from work)</td>
</tr>
</tbody>
</table>

1. **IIMS notification**
   - **IIMS Notification Completed**
   - **IIMS Number:**
     - **When:** Immediately
     - **Who:** Injured worker or Line Manager

2. **TIME LOST FROM WORK OR TREATMENT**
   - **Form 135:** Notification of Injury or Illness (must be submitted to Line Manager)
     - **Line Manager will email/fax to relevant IMC within 48 hours & note this on form**
   - **Form 136:** Authority to Release Information (must be submitted)
     - **And, if applicable:**
       - **Form 137:** Recurrence of Injury
       - **Form 119:** Statement of Witness to an Injury
     - **When:** As soon as possible
     - **Who:** Injured worker and/or Line Manager
     - **Forward to:** Line Manager

3. **WORKCOVER WORK CAPACITY CERTIFICATE**
   - **WorkCover Work Capacity Certificate** (must be submitted for all medical treatment)
     - A QBE Claim MUST have a WorkCover Work Capacity Certificate at time of the injury and be submitted with the above documentation.

4. **CLAIMS FOR MEDICAL EXPENSES**
   - Original documentation to be sent to managers office/relevant Corporate Head Office* as they occur
   - *Documents will be forward to the Injury Management Coordinator (IMC)

   **A copy of all documentation is held by Sector/relevant corporate office & it is recommended injured workers keep their own copy**

5. **LETTER TO NOMINATED TREATING DOCTOR**
   - Must be given to your doctor to explain that NSW Ambulance is committed to workplace injury management and to give the doctor relevant contact details.

### SUMMARY OF PROCEDURES:
- Ensure IIMS notification is completed within 48 hours.
- Form 135 is only completed when medical treatment is sought.
- Injured worker to advise Line Manager of injury. They will then provide notification to the relevant IMC.
- Ensure Form 135 (Notifications of Injury), Form 136 (Authority to Release Information), Workcover Work Capacity Certificate and any other applicable forms are emailed to IMC@ambulance.nsw.gov.au and to the relevant Line Manager within 48 hours of the injury notification.
- **Please note that the QBE TMF Claim Form is not required and should not be completed or submitted.**
- Any questions regarding Workers Compensation can be directed to your Line Manager in the first instance. If further assistance is required email IMC@ambulance.nsw.gov.au.
Injury Management & Return to Work
Frequently Asked Questions

NSW Ambulance is committed to providing a safe and healthy working environment. If workplace injury/illness does occur, NSW Ambulance will ensure a safe and durable return to work for any injured/ill worker as normal practice and an expectation. NSW Ambulance SOP2014-014 Workers Compensation and Return to Work supports that process.

Who do I need to inform following a workplace incident?
All workplace incidents must be reported to your line manager immediately and recorded on IIMS within 48 hours. This includes incidents that don’t result in injury or illness.

How do I arrange medical treatment following a workplace injury?
Your line manager will help you seek medical attention if required (usually at a local medical practice or medical centre). They will give you advice on your NSW Ambulance Return to Work Program if necessary. You have a right to nominate your treating doctor (NTD).

What information will be given to my NTD?
NSW Ambulance will provide your doctor with a letter providing all relevant contact details and processes with regard to the provision of suitable duties for your return to work.

What does an Injury Management Coordinator (IMC) do?
An IMC will help you, your line manager and NTD by coordinating the return to work plan. For more information on the responsibilities of yourself, your manager and the IMC refer to SOP2014-014, Appendix 1 – Injury management Commitment Statement.

Can I nominate to have an external rehabilitation provider manage my return to work?
NSW Ambulance has suitably qualified IMC’s that can provide the assistance needed. However, the nomination of an external approved workplace rehabilitation provider by the injured worker, NTD, QBE Claims Manager or IMC can be part of the Return to Work Plan. The QBE Claims Manager will have to approve the involvement of the rehabilitation provider prior to appointment.

Will my case be managed differently with an external provider?
No the external provider must follow the guidance in NSW Ambulance SOP2014-014 Workers Compensation and Return to Work.

What are my obligations with a return to work plan?
There is a legal requirement for you to cooperate with the return to work plans developed for your return to work. Your NTD may talk to your IMC and line manager about suitable duties.

Will my IMC speak with or visit my NTD?
Yes. Your IMC may speak to your NTD and may visit with you to discuss the return to work plan and your progress. They will not stay with you during any examination.

What are my obligations?
You are required to keep your line manager informed of your progress and provide, after each medical appointment, a WorkCover NSW certificate of capacity for all periods of workers compensation.

What information will NSW Ambulance keep?
NSW Ambulance must observe the Privacy and Personal Information Protection Act 1998 and NSW Health Records and Information Privacy Act 2002 and will receive and release only the information that allows them to manage workplace injuries and workers compensation claims.

For more information email IMC@ambulance.nsw.gov.au or contact WorkCover on 13 10 50.
Injury Management and Return to Work

Document Number  PD2013_006
Publication date  08-Apr-2013
Functional Sub group  Personnel/Workforce - Occupational Health & Safety
                      Personnel/Workforce - Conditions of employment
Summary  To assist managers and supervisors in NSW Health to fulfil their legal obligations for the management of an employee's work-related injury or illness and their return to work.
Author Branch  Workplace Relations
Branch contact  Angie Stanojevic 9391 9850
Audience  Managers who have injured staff
Distributed to  Public Health System, Health Associations Unions, NSW Ambulance Service, Ministry of Health
Review date  08-Apr-2018
Policy Manual  Not applicable
File No.  10/1336-2
Status  Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
INJURY MANAGEMENT AND RETURN TO WORK

PURPOSE

The purpose of this policy and procedure is to supply NSW Health Agencies with the necessary information and tools, in conjunction with the Work Health & Safety – Better Practice Procedures (http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_005.html), to comply with their legal responsibilities:

a) In the event of a workplace injury or illness so as to provide the best opportunity to employees in returning to suitable employment as soon as possible.

b) In notifying incidents of employee injury to WorkCover as required under the Work Health and Safety Act 2011 (WHS Act 2011).

MANDATORY REQUIREMENTS

This policy applies to all Public Health Organisations and all other bodies and organisations under the control and direction of the Minister for Health or the Director General of NSW Health. Throughout the attached Injury Management and Return to Work procedures these bodies and organisations are referred to as ‘Agencies’.

Agencies through their officers, managers and supervisors must:

- Demonstrate commitment to the Agency’s Work Health and Safety (‘WHS’) management system by promoting a positive health and safety culture, which includes the timely, safe and durable return to work of an employee with a workplace injury or illness.
- Adequately resource injury prevention and injury management systems.
- Ensure requirements as set out in the WHS Act 2011 in conjunction with the Work Health and Safety Better Practice Procedures are understood and complied with.
- Ensure that training is provided to all Agency parties involved in workers compensation in order that their obligations under the Workers Compensation legislation are understood.

IMPLEMENTATION

Successful return to work strategies require collaboration between the parties to an injured worker’s individualised Injury Management Plan. Roles and responsibilities of the parties are documented within the NSW WorkCover Guidelines for Workplace Return to Work Programs (www.workcover.nsw.gov.au), and in the NSW Health’s Return to Work and Injury Management Procedure, which is attached.
REVISION HISTORY

<table>
<thead>
<tr>
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<tr>
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<td>Updated to comply with new legislative requirements. (Replaces PD2011_054)</td>
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<td>Emphasis on rehabilitation and suitable duties.</td>
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1 INTRODUCTION

1.1 About this Document

These procedures have been developed so that managers know what actions they must take under the law in the event of a worker sustaining a work-related injury or illness. When these procedures refer to workplace injuries it also means work-related illness.

The procedure aims to encourage a standard and consistent response to workplace injuries across NSW Health, including from immediately after the injury happens, to the ongoing management of the worker's injury, and an investigation into why the injury occurred.

The procedures are supported by a range of checklists, forms, standard letters and brochures to assist managers to respond appropriately when a worker is injured.

1.2 What is Injury Management and Return to Work?

TIP: Injury management and return to work activities should be applied even if there is a dispute concerning workers compensation liability.

TIP: If a worker's compensation claim is denied see the Public Service Commission’s document Procedures for Managing Non-Work Related Injuries or Health Conditions (http://www.dpc.nsw.gov.au/public_employment/policy_directory/policy_statement?metadata=109897). This document advises how to assess non-work related injuries and conditions where they may impact on the worker's ability to safely perform the inherent requirements and demands of their position.

Injury management is about ensuring the prompt, safe and durable return to work of an injured worker. It includes treatment of the injury, rehabilitation back to work, retraining in a new skill or into a new job, management of the workers compensation claim and the employment practices of the Agency. It may also involve the redeployment of a worker where they are unable to return to their pre-injury duties.

Everyone involved is required to co-operate and participate in injury management, including the Fund Claims Manager, Agency, injured worker, the nominated treating doctor and all other treating practitioners.

1.3 Legal Framework


Together with the Workers Compensation Regulation 2010, they form a scheme for the management of work related injuries.
2 KEY DEFINITIONS

Fund Claims Manager: Day to day responsibility for managing workers compensation claims in Agencies is undertaken by a number of Treasury Managed Fund-appointed insurers called ‘Fund Claims Managers’. Agencies have employees (workers compensation managers) that work in consultation with the Fund Claims Manager to oversee the management of the claim.

Workplace Injury (under the WIM&WCA 1998 s42): means an injury to a worker for which workers compensation is, or may be payable under WIM&WCA 1998.

Injury: In practice, injuries fall into three broad categories:

1. Physical injury
2. Disease
3. Psychiatric injury

Under WCA 1987 s4, Injury is defined as:

a) personal injury arising out of or in the course of employment;

b) includes a disease injury, which means:

i. a disease that is contracted by a worker in the course of employment but only if the employment was the main contributing factor to contracting the disease, and

ii. the aggravation, acceleration, exacerbation or deterioration in the course of employment of any disease, but only if the employment was the main contributing factor to the aggravation, acceleration, exacerbation or deterioration of the disease, and


The definition of disease injury does not apply to police officers, fire fighters and paramedics. For these classes of workers refer to the definition of injury in the historical version of the WCA 1987 as at 26 June 2012.

A psychological or psychiatric disorder which has arisen out of or in the course of employment. See section 9 of this policy directive for more information on psychological/psychiatric disorder.

No compensation is payable under the WCA 1987 s9A in respect of an injury (other than a disease injury) unless the employment concerned was a substantial contributing factor to the injury. Note. In the case of a disease injury, the worker’s employment must be the main contributing factor.

Significant Injury (as defined in WIM&WCA 1998 s42) a workplace injury that is likely to result in the employee being unfit for work, totally or partially or a combination of both, for a continuous period of more than 7 calendar days.

Worker (as defined under the Work Health and Safety Act 2011 (WHS Act 2011) s7): a person carrying out work in any capacity for a person conducting a business or undertaking (Agency), including work as an employee, contractor or subcontractor, an employee of a subcontractor, labour hire employee, outworker, apprentice, trainee, student gaining work experience or volunteer.

The above definition of worker is to be used for any Work Health & Safety Matters such as reporting notifiable incidents to WorkCover.

Worker (as defined under the WIM&WCA 1998): a person who has entered into or works under a contract of service or a training contract with an employer (whether by way of manual labour,
clerical work or otherwise, and whether the contract is expressed or implied, and whether the contract is oral or in writing). However, it does not include:

(a) a member of the NSW Police Force who is a contributor to the Police Superannuation Fund under the Police Regulation (Superannuation) Act 1906, or
(b) a person whose employment is casual (that is for 1 period only of not more than 5 working days) and who is employed otherwise than for the purposes of the employer’s trade or business, or
(c) an officer of a religious or other voluntary association who is employed upon duties for the association outside the officer’s ordinary working hours, so far as the employment on those duties is concerned, if the officer’s remuneration from the association does not exceed $700 per year, or
(d) except as provided by Schedule 1 of that Act, a registered participant of a sporting organisation (within the meaning of the Sporting Injuries Insurance Act 1978) while:

(i) participating in an authorised activity (within the meaning of that Act) of that organisation, or
(ii) engaged in training or preparing himself or herself with a view to so participating, or
(iii) engaged on any daily or periodic journey or other journey in connection with the registered participant so participating or the registered participant being so engaged, if, under the contract pursuant to which the registered participant does any of the things referred to above in this paragraph, the registered participant is not entitled to remuneration other than for the doing of those things.

The above definition of a Worker is to be used for all Workers Compensation and Injury Management matters.

**Workers Compensation Manager:** employees of the public health Agency (sometimes called claims managers) that work in consultation with the Fund Claims Manager to oversee the management of the claim.

**Return to Work Co-ordinators:** employees of the public health Agency whose key roles are: identifying the needs of the injured worker, understanding any constraints on the Agency and facilitating teamwork between the worker, Agency, Fund Claims Manager and treating health professionals to develop and implement a return to work plan.

**Current Work Capacity** (*WCA 1987 s32A*): in relation to a worker means a present inability arising from an injury such that the worker is not able to return to his or her pre-injury employment but is able to return to work in suitable employment.
Notifiable Incident (Under WHS Act 2011 Part 3, s35): means the death of a person, a serious injury or illness of a person or a dangerous incident

Serious injury or illness (Under WHS Act 2011 Part 3, s36): means an injury or illness requiring the person to have for example:

a) immediate treatment as an in-patient in a hospital, or

b) immediate treatment for: the amputation of any part of the body, serious head, eye or burn injury, separation of skin from an underlying tissue, spinal injury, loss of a bodily function, or serious lacerations.

c) medical treatment within 48 hours of exposure to a substance.

Dangerous Incident (Under WHS Act 2011 Part 3 s37): means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person’s health or safety. Whilst this legislative requirement is not within the scope of Injury Management and Return to Work, it has been included for completeness of all incidents that are notifiable to WorkCover as per that Act.
3 GUIDING PRINCIPLES: INJURY MANAGEMENT AND RETURN TO WORK

3.1 Work Health & Safety (WHS) Management System

Injury management and return to work are components of a Work Health and Safety management system. Work Health and Safety management systems are designed to reduce workplace injuries and disease by systematically eliminating or minimising risk so far as reasonably practicable, risks in relation to all persons affected by the Agency’s activities and services (refer to the current NSW Health policy on Work Health and Safety: Better Practice Procedures http://www0.health.nsw.gov.au/policies/pd/2013/PD2013_005.html).

3.2 Workplace as a Therapeutic Environment

Early return to work is a vital component of the Work Health and Safety management system and is also a central feature of the workers compensation system in NSW. It promotes a timely and sustainable recovery and has been proven to be more therapeutic than prolonged rest and treatment. The recovery period away from the workplace should be as short as possible.

3.3 A Co-ordinated Process

Injury management is a process requiring the cooperation and participation of everyone involved, including the Fund Claims Manager, Agency, injured worker, nominated treating doctor or other practitioner, and where necessary the rehabilitation provider, and in some cases the relevant union. The process is coordinated by the Agency's Return to Work Co-ordinator.

3.4 Early Return to Work

Early and sustainable return to work is dependent on the timely actions of managers and supervisors, and the nominated treating doctor, in managing a workplace injury in accordance with these procedures.

3.5 Return to Work not to Disadvantage Injured Workers

Workers are not to be dismissed within six months of becoming certified as unfit for employment (plus the time on any accident pay specified in the award) as a result of a work-related injury, except for limited circumstances provided by WCA 1987 s248.
4 INJURY MANAGEMENT/RETURN TO WORK PLANS AND PROGRAMS

The following must be developed to assist injured workers to return to work after injury:

4.1 Injury Management Program

The Fund Claims Manager is required to establish and maintain an Injury Management Program which must be approved by, and lodged with, WorkCover NSW (WIM&WCA 1998 s43).

An Injury Management Program is a coordinated and managed program that integrates all aspects of injury management including treatment, rehabilitation, retraining, claims management and employment management practices.

The Fund Claims Manager must ensure that each Agency is aware of this program and the Agency’s obligations under the program.

4.2 Return to Work Program

The WIM&WCA 1988 requires agencies to establish a Return to Work Program that consists of policies and procedures for the rehabilitation (and if necessary, vocational re-education) of any injured worker of the Agency.

The Agency’s Return to Work Program must be consistent with the Fund Claims Manager’s policies and procedures for managing workplace injuries, i.e. the Fund Claims Manager’s Injury Management Program, as outlined in 4.1 above. They must also comply with the NSW WorkCover Guidelines for Workplace Return to Work Programs.

The Return to Work Program outlines the Agency’s commitment to assist injured workers with accessing required treatment and rehabilitation, and specifies the steps needed to be taken to achieve a safe, timely and durable return to work. The program outlines how the injury will be managed from the early notification of an injury through to return to pre-injury duties, redeployment, retraining or assistance to obtain employment with a new employer.

At a minimum, as per legislative requirements, a summary of the Return to Work Program (see Appendix 1) needs to be displayed and provided to workers. However the full Return to Work Program must be made available to workers upon request.

Return to Work Programs are developed in consultation with workers and any union representing those workers.

4.3 Injury Management Plan

When notification by an injured worker has been received (Please refer to Appendix 2 on giving notice of an injury) and the injury to the worker is significant (requiring more than 7 continuous calendar days away from the workplace), the Fund Claims Manager must develop an Injury Management Plan customised for the injured worker. The injury must also be reported to WorkCover where it is a notifiable incident as defined under WHS Act 2011 s35, which is summarised in this document under Section 2 Key Definitions – Notifiable Incidents.

The injury management plan outlines all the services required to return the injured worker to the workplace. It includes details about the worker and employer, information about the injury, the rehabilitation goal, and the actions required by the worker, Agency, nominated treating doctor, rehabilitation provider, and the Treasury Managed Fund (TMF) appointed Fund Claims Managers.
Within 3 days of notification of a significant injury, the Fund Claims Manager must consult with the worker, the Agency (manager/supervisor) and, (if necessary) the worker’s Nominated Treating Doctor. The purpose of this contact is to gather and provide information to all parties, identify needs, implement appropriate strategies and commence injury management planning.

The Fund Claims Manager is required under the TMF Service Level Agreement to complete the injury management plan no more than 15 business days after notification, compared to regulatory requirements of no more than 20 business days after notification.

The manager, injured worker and return to work coordinator must participate and cooperate in the establishment of the Injury Management Plan and comply with the Plan.

4.4 Return to Work Plan

When an injured worker is to return to work on suitable duties with restrictions, the Agency/Return to Work Co-ordinator or Rehabilitation Provider (if applicable) must develop and document a Return to Work Plan in consultation with all parties. The parties include: the injured worker, manager/supervisor, Nominated Treating Doctor, Return to Work Co-ordinator, worker representative (if appropriate), and Rehabilitation Provider (if applicable).

Where a significant injury has occurred, the Return to Work Plan becomes a component of the Injury Management Plan.

The Return to Work Plan must be regularly monitored and reviewed by the Return to Work Co-ordinator or Rehabilitation Provider. Medical restrictions, suitable duties, hours worked, supervision arrangements, treatment times and review dates must be clearly outlined in the Return to Work Plan.

The Return to Work Plan is written by the Return to Work Co-ordinator or Rehabilitation Provider (if appropriate). An example Model Return to Work Plan is provided in Appendix 3.
5 ROLE OF THE PARTIES IN INJURY MANAGEMENT AND RETURN TO WORK

5.1 Manager Responsibilities

Appendices 4 and 5 outline all the necessary actions to be undertaken by a manager where an injury occurs in relation to workers or non workers respectively. Appendix 6 outlines the actions to be taken where it is determined that compensation may be payable.

Completed checklists should be retained in the relevant files as a record of actions taken.

5.1.1 Before an Injury Occurs

In order to reduce workplace injury and illness, an emphasis on injury prevention in the workplace should be established. Managers and supervisors should:

- Maintain a Register of Injuries that is readily accessible to workers and records the particulars of any injury. It may be a computerised register.
- Display a Summary of the Injury Management and Return to Work Program in the workplace (Refer Appendix 1) in a position where workers can see it.
- Know who the Agency’s Return to Work Co-ordinator is.
- Know who the Agency’s Workers Compensation Manager is and how workers report an injury.
- Ensure that workers understand and follow procedures relating to injury reporting and notification, and the return to work process for an injured colleague.

5.1.2 When an Injury Occurs

Please note that:

- Liability for the injury is the decision of the Fund Claims Manager.
- Receipts and accounts are the responsibility of the injured worker - who must send these to the Fund Claims Manager directly.
- WorkCover NSW – certificate of capacity is provided to the manager by the injured worker. These are forwarded firstly to the Agency’s claims management or risk management unit as they relate to salary payments. They are then sent to the Fund Claims Manager by Agency staff.
- Ensure the Incident is investigated. (Please refer to Appendix 7 for an example of an Accident Investigation form.)
- Actively participate in the injured worker’s rehabilitation and return to work.
5.2 Injured Workers Responsibilities

- Notify their supervisor or manager of a workplace injury as soon as possible and advise how long they will be off work. Preferably they should notify their supervisor or manager before leaving the workplace and ideally notification should occur **within 24 hours**.

- Complete particulars of the injury in the Register of Injuries as soon as possible after the injury has happened, if able. Their representative can complete the Register of Injuries, if necessary.

- Submit *WorkCover NSW – certificate of capacity* for the duration of the injury or illness to the Agency as soon as possible and promptly submit claim forms if requested.

- Nominate a treating doctor who will agree to participate in the development of their Injury Management Plan.

- Provide consent for the Nominated Treating Doctor to give information to the Agency and Fund Claims Manager for the purposes of an Injury Management Plan. This is achieved by signing the WorkCover NSW - certificate of capacity.

- Be actively involved in the development of an Injury Management Plan and Return to Work Plan written for them.

- Comply and co-operate with their Injury Management Plan and Return to Work Plan.

- Report any difficulties they are experiencing with the Injury Management Plan and Return to Work Plan to the Return to Work Coordinator and their manager or supervisor as soon as possible.

- Make all reasonable efforts to return to work with the pre-injury employer as soon as possible (*WIM&WCA 1998 s48*).

- Attend medical examinations arranged by the Agency and Fund Claims Manager.

- Notify the Agency of any change in circumstances (relating to incapacity, income, contact details, address, other places of work) as soon as possible. Notify the Agency of any change in circumstances (relating to incapacity, income, contact details, address, other places of work) as soon as possible.

- Comply with Appendix 8 – Fact Sheet: Injury Management & Return to Work which is part of the injured workers package and will assist the injured worker in carrying out the required activities.

5.3 Return to Work Co-ordinator Responsibilities

The Return to Work Co-ordinator is responsible for initiating; co-ordinating and monitoring the return to work process in conjunction with the Fund Claims Manager.

The Return to Work Co-ordinator will:

- Ensure that contact with the injured worker is made **within 3 working days of** being notified of the injury/illness and workplace rehabilitation is initiated in accordance with the worker’s Nominated Treating Doctor’s advice.

- Produce a letter to the Nominated Treating Doctor. (Refer to Appendix 9 for example).
• Work with the Fund Claims Manager as the Fund Claims Manager develops an Injury Management Plan for the injured worker.

• Develop the Return to Work Plan in conjunction with the worker, their manager or supervisor, the Nominated Treating Doctor and other treating professionals, the Fund Claims Manager, and union where appropriate.

• Liaise and maintain communication with all parties e.g. worker, manager or supervisor, Nominated Treating Doctor and other treating professionals, Fund Claims Manager, Workplace Rehabilitation Provider, and union representative where appropriate.

• Ensure the Return to Work Plan is written as soon as possible after receiving notice of a significant injury.

• Liaise and participate with the Fund Claims Manager, worker and Nominated Treating Doctor in the Return to Work Plan.

• Ensure all parties understand their role in the return to work process and decisions and responsibilities which may affect them.

• Provide information to injured workers and managers and supervisors on the injury management process, legislative entitlements and responsibilities in relation to workers compensation and return to work.

• Where appropriate refer the injured worker to a Workplace Rehabilitation Provider, and continue to co-ordinate the activities of the Workplace Rehabilitation Provider (the worker has the right to nominate a Workplace Rehabilitation Provider of their choice).

• Monitor and evaluate progress and effectiveness of all Return to Work Plans, including Workplace Rehabilitation Provider services.

• Maintain case management files in accordance with WorkCover NSW’s Guidelines for Confidentiality of Injury Management Information (an appendix to the WorkCover Guidelines).

• Seek assistance, if required, from a Rehabilitation Provider (preferred provider) in the return to work process when the Injury Management Plan or Return to Work Plan is complex/not straightforward.

5.4 Fund Claims Manager

The Fund Claims Manager is responsible for:

• Determining whether liability will be accepted for workers compensation claims.

• Ensuring that the Agency is made aware of its legislative obligations in relation to the Fund Claims Manager’s Injury Management Program.

• Contacting the injured worker and treating doctor within 3 days of being notified by the employer (or the worker, or another person) that a worker has sustained a significant injury (an injury requiring more than 7 continuous days of absence from work) (NB the Return to Work Co-ordinator generally makes the required initial contact).

• Developing and monitoring an Injury Management Plan for the injured worker (WIM&WCA 1998 s45) in consultation with the Agency and the injured worker.

• Managing the injured worker’s Injury Management Plan, including co-ordinating other service providers.

• Ensuring timely consideration and processing of requests for treatment and tests.
• Deciding **within 7 days of initial notification** of injury, or receipt of a worker’s compensation claim, whether to commence provisional weekly compensation payments.

• Informing the worker that the entitlement to weekly benefits can be suspended if the worker does not reasonably comply with the Injury Management Plan.

• Having procedures in place for when an injured worker chooses to change their Nominated Treating Doctor or Rehabilitation Provider and informing the injured worker of these procedures.

• Informing the worker of changes to, or actions taken under the Injury Management Plan.

• Ensuring that vocational retraining is arranged for an injured worker where appropriate.

• Providing medical reports relating to the injured worker’s fitness for work to the Agency’s nominated person (for confidentiality reasons there is a nominated person).

• Reviewing the progress of recovery of the injured worker.

• Arranging referral to a Workplace Rehabilitation Provider, if required, and if not already requested by the employer.

5.5 **Nominated Treating Doctor**

Co-ordinates all aspects of the worker’s treatment and return to work management by:

• Providing medical certification of capacity by completing a WorkCover Medical Certificate and clearly defining the injury sustained by the worker, either physical or psychological.

• Arranging appropriate treatment.

• Participating in the Injury Management Plan.

• Specifying work capabilities and advising on the suitability of duties offered by the Agency.

• Being available to, and discussing with the Agency, issues relating to the injury management of the injured worker.

5.6 **Rehabilitation Providers**

**Activities of Rehabilitation Providers should include:**

• Identifying barriers to the injured worker’s return to work and develop strategies to address these.

• Identifying and designing suitable duties for the worker to assist the employer to meet their obligations in providing suitable employment.

• Conducting workplace assessments prior to the worker returning to selected / alternative duties.

• Focusing initially on return to work in the worker’s pre-injury employment or, if that is not possible, on other employment in line with the hierarchy of return to work.

• Liaising with, and acting as a consultative body to, other medical and treating professionals, the Return to Work Co-ordinator and the Agency, workers and relevant unions to ensure progress towards the return to work goal.

• Provision of equipment, education and advice regarding management of the injury, risk management and preventative advice.
• Provision of psycho-social counselling on management of psychological issues related to the injury and rehabilitation and vocational counselling for return to work.
• Assisting in the redeployment, retraining and job seeking efforts when the worker is unable to return to pre-injury duties.
• Assisting the Return to Work Co-ordinator with complex return to work plans when required.
• Considering workplace industrial relations and human resource matters that may affect the worker's return to work.

5.7 Injury Management Consultant

An Injury Management Consultant is a medical practitioner appointed to promote successful injury management for workers who are experiencing difficulty in returning to work. A list of Injury Management Consultants is available from WorkCover NSW.

An Injury Management Consultant is required to assess:

• A worker’s fitness for work, to discuss return to work with the Nominated Treating Doctor, the employer and other parties involved in the return to work process in order to broker an agreement about the Return to Work Plan for the injured worker.

• The duties of the Injury Management Consultant will include some or all of the following:
  • File review.
  • Assessment of worker.
  • Assessment of workplace, including discussion with employer.
  • Discussion with Nominated Treating Doctor (compulsory) and specialists (if involved).
  • Discussion with other parties such as treatment and rehabilitation providers and Fund Claims Manager.
  • Obtaining agreement of parties on duties, restrictions and time frames for the Return to Work Plan.
  • Provision of a report summarizing the actions and agreements or alternative recommendations in the event of non-agreement.
  • Undertaking a workplace assessment and report to the Workers Compensation Commission, as required by s. 306 (b) of the WIM&WCA 1998.

5.8 Union

• Provides support and advice to members who are injured.
• Assists in the negotiation of any changes to the Return to Work Plan, if required.

5.9 Worker (colleagues) Obligations

While the role of colleagues is not prescribed by legislation, it is expected that they will:

• Co-operate with a Return to Work Plan of a fellow worker with a workplace injury, if required.
• Assist in the identification, assessment, elimination or minimisation of hazards/risks to prevent further injury.
• Co-operate in worksite changes designed to assist the return to work of a fellow worker with a workplace injury so that the changes do not transfer the risk of illness of injury to other workers.
6 RESPONDING TO WORKPLACE INJURY

6.1 Initial Medical Treatment

First Aid or Medical Treatment must be provided immediately to improve the worker’s recovery rate. An untreated minor injury could lead to serious health ramifications for the worker and serious risk for the Agency.

First Aid

In the event that an injury does occur at work, all agencies must have in place first aid facilities that are adequate for immediate treatment, and trained first aid personnel. The following ratios are recommended in the First Aid in the Workplace Code of Practice and should be taken into consideration as part of the workplace risk assessments:

- Low risk workplaces – one first aider for every 50 workers
- High risk workplaces – one first aider for every 25 workers.

The NSW Health Information Sheet on the Provision of First Aid Facilities and Personnel (http://internal.health.nsw.gov.au/jobs/safety/ohsleg.html) provides guidance on:

- the number, type and location of first aid facilities, and
- any additional first aid personnel most appropriate to the needs of the particular workplace.

Medical Treatment

A local medical practitioner can provide initial medical treatment for a work-related injury or illness unless the injury is life threatening and requires admission to the emergency department of a hospital. Other treatments, such as physiotherapy, may also be provided by a local practitioner.

Injured workers have the right to seek treatment from a medical practitioner of their choice who is prepared to participate in the establishment and implementation of the Return to Work Plan, if needed (see Section 4.4). These medical practitioners become the injured worker’s ‘Nominated Treating Doctor’. The Nominating Treating Doctor should not be a medical practitioner working in a hospital emergency department.

6.2 Reporting an Injury

6.2.1 The Worker

TIP: If the worker cannot report the injury due to the serious nature of the injury (or death), a report of the injury can be made by anyone. The manager or supervisor must address the risk. The name of the person making the initial notification, contact details, and relationship to the worker should be provided to the Fund Claims Manager when notifying the injury.

All accident, incidents and near misses must be reported by the worker involved as soon as possible after the event, preferably before they leave the workplace/facility either to attend a doctor, if appropriate, or before finishing their normal period of work.

The notice can be given to their supervisor or somebody designated at the workplace and can be given verbally or in writing. Notice must include the:

a) name and address of the person injured,
b) cause of the injury (in ordinary language),
c) nature of the injury,
d) date on which the injury happened,
e) treating doctor’s name or, if the worker is in hospital, name of the hospital.
This information must be provided in the Register of Injuries (see 6.2.2 below).

6.2.2 Register of Injuries - Notations
Details of the injury should be entered in the Agency's Register of Injuries by the injured worker, or their representative, as soon as possible after the injury has happened (please refer WIM&WCA 1998 s256).

6.2.3 The Manager/Supervisor
Upon notification of an injury by a worker, the Manager/Supervisor should:

• Ensure an investigation is carried out as per section 6.7 of this procedure.
• Co-operate with union officials if a worker requests their assistance and advice. Please refer section 6.8 When Staff Request the Support of their Union.
• Advise your Workers Compensation Manager/Claims Management or Risk Management Unit of all injuries to non-workers.

Once a report has been received, both the Agency and worker have obligations. These obligations are listed on Appendix 4 'Checklist - Actions When a Serious Incident or Significant Injury Occurs to a Worker'. Near misses must be investigated.

6.3 Releasing Workers for Further Treatment
The times at which the worker will attend for treatment will be included in Return to Work Plans and will be negotiated between the worker and the Agency. Consideration needs to be given to, for example, the location of work and treatment, work routines, productivity and worker responsibilities while at work and at home.

It is recommended that workers who are fit for reduced hours are encouraged to obtain treatment outside of these reduced work hours.

Workers who are fit for pre-injury hours should also be encouraged to obtain treatment outside of work hours where their circumstances allow.

6.4 Nominated Treating Doctor
The obligations of the Nominated Treating Doctor are outlined in section 5.5 of this document.

If there is evidence that the Nominated Treating Doctor is not particularly effective in the return to work process, it is likely that the Fund Claims Manager will:

• Ask an expert doctor (Injury Management Consultant – also see section 5.7) to talk with the doctor and Agency to reach an agreement on the best way forward to progress the return to work, or
• Ask the worker to nominate another treating doctor who is able to assist.

The WorkCover brochure Doctors and WorkCover — Your Nominated Treating Doctor (located at http://www.workcover.nsw.gov.au/Formspublications/Pages/Default.aspx) is part of THE PACKAGE provided to injured workers, please refer section 6.6 below.
6.5 Interpreter Services

Contact the Fund Claims Manager if your worker requires an interpreter to explain the injury management and return to work procedure and their Return to Work Plan to them.

Notate the worker’s Return to Work file where an interpreter is required or used.

The Fund Claims Manager provides a list of preferred interpreters that is available to all government agencies and lists the name of the interpreter/translator organisation, address and location.


6.6 THE PACKAGE for Injured Workers

THE PACKAGE, as outlined in section 14 below, provides a range of NSW Health fact sheets and information on WorkCover NSW brochures and forms that contain advice concerning injury management, workers compensation and rehabilitation/return to work. Managers and Supervisors should provide THE PACKAGE to injured workers immediately after an injury occurs. It assists agencies in providing workers with information about the injury management and return to work process and how to claim for workers compensation benefits.

6.7 Investigate the Injury/Illness

The WHS Act 2011 s49 requires consultation with workers when identifying hazards and assessing risks to health and safety arising from work carried out or to be carried out and when making decisions about ways to eliminate or minimise the risks. If an injury/illness occurs it must be investigated in a spirit of ‘no blame’. This is an important factor in the development of incident prevention programs.

As a minimum standard, Appendix 7 can be used to investigate all work-related injuries and illnesses so that safety improvements can be made. It should be used in conjunction with:


When eliminating or minimising a hazard/risk consultation with workers should occur through the consultation arrangement as outlined in the WHS Act 2011 Part 5 with reference to the Work Health & Safety – Better Practice Procedures. An example of consultation would be with the Work Health and Safety Representative, who would be in the best position to provide recommendations for improvement.
6.7.1 External Investigation by WorkCover

**TIP:** Note that any statement made, or document provided, to a WorkCover Inspector or union representative regarding a serious incident may be used in subsequent prosecution proceedings.

Guidance, when a notifiable incident occurs and a WorkCover Inspector visits the workplace to investigate, is provided in the NSW Health Work Health & Safety - Better Practice Procedures.

Consideration should be given to other parties that require notification when WorkCover visits, for e.g. HealthShare Risk Manager if the visit is related to food or linen services.

6.8 When Staff Request the Support of their Union

A union representative can provide support and advice to injured workers and assist in negotiating any changes to the Return to Work Plan, if sought.

7 WORKERS COMPENSATION CLAIMS AND PROVISIONAL LIABILITY

7.1 When Injury/Illness is Work-Related and Compensable

Workers compensation benefits are payable to a worker when;

- their injury arises out of or in the course of their employment and the employment is the main contributing factor as defined in the relevant legislation, and
- the Fund Claims Manager has determined liability.

7.2 Provisional Liability

After the injury has been reported to the Fund Claims Manager, provisions apply under the WIM&WCA 1998 (s267) for the payment of weekly compensation and medical benefits on a 'provisional' basis i.e. without admitting liability.

This is to enable an injured worker to commence rehabilitation without the delay of waiting for a formal claim to be processed. Provisional weekly payments can be paid up to a maximum of 12 weeks, as determined by the Fund Claims Manager.

7.3 Determining the Claim

The Fund Claims Manager will gather supporting medical information to verify that a worker has suffered a workplace injury and to determine the expected period of injury. This information may be in any form e.g. the treating hospital’s medical records obtained subject to the authority completed by the worker on a WorkCover NSW – certificate of capacity.

A WorkCover NSW – certificate of capacity must be obtained from the Nominated Treating Doctor and given to the Agency to certify the period of incapacity when weekly payments have commenced.

If the Agency believes that the injury is not work related, evidence must be provided to support this e.g. medical evidence that the medical condition already existed and has not been aggravated by work, or factual evidence that the injury occurred in circumstances not arising out of or in the course of employment.
7.4 Workers Compensation Claim Form
In most cases, there is no need to submit a claim form to receive workers compensation. An Agency has a legal requirement to notify the Fund Claims Manager within 48 hours of an injury being reported. Reporting includes a verbal report.

7.5 Reporting Fraud
If fraud is suspected, managers should contact their Risk or Claims Manager. All suspected cases of fraud should be referred to the Fund Claims Manager who, following investigation may report it to the WorkCover NSW Fraud Investigation Branch. For more information on fraud see [http://www.workcover.nsw.gov.au/lawpolicy/Fraud/Pages/Penaltiesforfraud.aspx](http://www.workcover.nsw.gov.au/lawpolicy/Fraud/Pages/Penaltiesforfraud.aspx)

8 RETURN TO WORK

8.1 Begin the Return to Work Process

8.1.1 Who Initiates Return to Work and When (including medical clearances)
Any party involved in the injury management process may initiate the injured worker’s return to work by referring them to the Return to Work Co-ordinator.

Injured workers with significant injuries must not resume any duties without a negotiated Return to Work Plan.

All injured workers require clearance from a Nominated Treating Doctor prior to commencing their reduced hours or pre-injury hours return to work plan.

8.1.2 Early Assessment
The Return to Work Co-ordinator should commence the workplace injury management and return to work process as soon as possible after an injury, and according to medical recommendations.

An early assessment of the worker’s needs, ideally within 24 hours, must be done to determine if workplace rehabilitation will be required.

The Fund Claims Manager must also initiate action within 3 days of being notified of the injury by contacting the injured worker, the Agency and, if appropriate and practicable, the worker’s Nominated Treating Doctor.

8.2 Return to Work Plan
A workplace visit may be required by the Return to Work Co-ordinator prior to developing the Return to Work Plan. Copies of the agreed Return to Work Plan should be given to the injured worker, their manager and the Nominated Treating Doctor.

Return to Work Plans should, firstly, aim to return the worker to the same job, or secondly, similar job with the same Agency or lastly, a new job with the same Agency.

The Agency may contact the Funds Claim Manager in order to seek clarification on what action can be taken where there is concern over the suitability of the return to work plan.

8.3 Suitable Employment/Suitable Duties
TIP: When a manager/supervisor is required to provide suitable employment for an injured worker they must consider the usual work being done and the stated medical restrictions.
TIP: See the Public Service Commission’s document Procedures for Managing Non-Work Related Injuries or Health Conditions (http://www.dpc.nsw.gov.au/public_employment/policy_directory/policy_statement?metadata=109897) for how to assess non-work related injuries and conditions where they may impact on the staff member’s ability to safely perform the inherent requirements and demands of their position.

8.3.1 What is suitable employment?

Both workers and the Agency must ensure they meet their obligations for suitable employment as defined in WCA 1987 s232A.

An injured worker who has current work capacity has an obligation, in co-operation with the Agency or Fund Claims Manager, to make reasonable efforts to return to work in suitable employment.

The Agency has an obligation to provide, when requested, suitable employment to an injured worker who has current work capacity.

Suitable employment under the WCA1987 takes into account:

- the nature of the worker’s incapacity
- the worker’s age, education, skills and work experience
- any injury management plan
- any occupational rehabilitation services available to the worker.

The obligations for suitable employment do not take into account:

- whether the work or the employment is available
- whether the work or employment is of a type or nature generally available in the employment market
- the nature of the worker’s pre-injury employment
- the worker’s place of residence.

Suitable employment does not include:

- employment that is merely of a token nature and does not involve useful work having regard to the employer’s trade or business
- employment that is demeaning in nature, having regard to the nature of the worker’s incapacity and pre injury employment; the worker’s age, education, skills and work experience; and the worker’s other employment prospects.

Agency obligations for suitable employment

The Agency must provide suitable employment for an injured worker unless:

- it is not reasonably practicable to do so;
- the worker voluntarily left employment, either before or after the commencement of the incapacity for work;
- the Agency terminated the worker’s employment after the injury, other than for the reason that the worker was not fit for employment as a result of the injury.

Agencies must notify their Fund Claims Manager if they are unable to offer suitable employment to workers who have the capacity for work and who request it. Not offering an injured worker suitable employment may impact on the cost of an Agency’s workers compensation premium. Breach of an Agency’s obligation to provide suitable employment may result in the Agency receiving a financial penalty.
Worker obligations for suitable employment

An injured worker is required to make all reasonable efforts to return to work. If they refuse a reasonable offer of suitable employment, their workers compensation benefits may be suspended or reduced.

The worker should contact their Fund Claims Manager and tell them if their employer has indicated they are unable to offer suitable employment. A weekly payment will be paid while the worker is actively seeking work, is waiting to commence or undergoing approved workplace rehabilitation services.

The Fund Claims Manager should tell them what they are expected to do during this time and this will be documented in an injury management plan.

A worker who is not offered suitable employment with the relevant Agency must:

- take reasonable steps to find suitable work with some other employer and if they find suitable work they must accept it or their weekly payments will be stopped
- be willing to accept work that is within their abilities and circumstances, or
- undertake rehabilitation and/or retraining needed to improve their chances of getting suitable work.

Suitable duties are distinct from suitable employment and are defined in section 8.3.2 below.

8.3.2 What are suitable duties?

Suitable duties are any duties identified that may be provided by the relevant Agency for the purposes of facilitating recovery from a workplace injury with the aim of providing suitable employment once the worker has current work capacity.

Suitable employment has a broader definition and requires the employment to be transferable to other workplaces. Suitable duties must be:

- in line with the worker’s capacity for work
- meaningful
- provided for the purpose of increasing a worker’s capacity for work.

Suitable duties assist with the worker’s recovery process and return to work. Suitable duties form part of a rehabilitation strategy used to achieve a return to work outcome.

An Agency’s commitment to provide suitable duties is a fundamental part of any return to work strategy. Suitable duties need to be provided when a worker is unable to return to their normal duties after an injury.

All offers of suitable duties must be in writing and the return to work plan must outline the duties made available to an individual worker in line with their capacity for employment.

8.3.3 The Hierarchy of Suitable Duties/Employment

The hierarchy of suitable duties/employment, beginning with the most desirable, is:

- same duties/same Agency
- similar duties/same Agency
- different duties/same Agency
- same duties/different Agency/Employer
- similar duties/different Agency/Employer
- different duties/different Agency/Employer
Once the injured worker has resumed normal pre-injury duties, the Return to Work Co-ordinator should continue to monitor their capacity for one month prior to closing the case to ensure the durability of the return to work. See also WorkCover Guidelines for Workplace Return to Work Programs for further information on suitable duties.

8.3.4 Alternative Employment

TIP: The possibility of placing injured staff to vacant positions within the Agency, either temporarily or permanently should be explored prior to opening the position to competitive recruitment. See the NSW policy on Recruitment and Selection of Staff of the NSW Health Service.

8.4 Vocational Retraining

Some injured workers are permanently unable to return to a level of fitness required to do their pre-injury job. The most realistic option for these workers is to seek employment which is suitable to their work capacity, either within their original Agency or elsewhere.

The focus of injury management in these cases is to quickly identify the need for vocational options and the redirection of the injured worker.

If the injured worker has difficulty obtaining suitable employment without upgrading existing skills or acquiring new skills, vocational retraining may be an option.

8.5 Resolving Problems and Disputes

8.5.1 How to avoid disputes

To avoid disputes about return to work:

• Provide THE PACKAGE (see Section 14 List of Required Documentation) which advises the worker in writing (which must be translated when necessary) of the injury management process.

• Ensure that the rights of workers under relevant industrial awards/agreements and statutes are met throughout the return to work process.

• Consult with the worker, Fund Claims Manager and treating doctor when changes to suitable duties and employment are being proposed.

When a dispute about non-medical matters cannot be resolved by the manager and Return to Work Co-ordinator, the Agency should have protocols in place to refer the matter to senior officers for mediation. The Risk Manager and Fund Claims Manager would also be consulted during this process.

8.5.2 WorkCover NSW Claims Assistance Service

The WorkCover NSW Claims Assistance Service is a telephone service (ph 13 10 50) which provides injured workers and employers with assistance about the payment of benefits, delays concerning treatment and medical expenses, and return to work issues.

WorkCover NSW’s Information Centre is the first point of contact and staff of the Centre will establish the facts and refer cases, when necessary, to the Claims Assistance Service for intervention.
9 PSYCHOLOGICAL AND PSYCHIATRIC INJURY

9.1 Claiming for Psychological Injuries

TIP: A medical certificate with the term “stress” or “stress condition” is not enough for compensation purposes. The certificate must contain acceptable medical terminology.

Workers compensation also applies to psychological injuries, defined under the law as a psychological or psychiatric disorder.

A claim for psychological injury will only be accepted if there is medical evidence to prove that, as a result of their employment, a worker suffered from a psychological or psychiatric disorder. The word “stress” is insufficient as a diagnosis of a condition for the purposes of making a claim for workers compensation.

No compensation is payable for a psychological injury if the injury was wholly or mainly caused by reasonable actions taken, or proposed to be taken, by managers. Such actions may include, for example, transfer, demotion, promotion, performance appraisal, discipline, retrenchment or dismissal of workers or provision of employment benefits.

Any psychological injury claims by workers should be investigated by the Human Resources Unit separately from any Workers Compensation Claim and irrespective of any decision made by the Fund Claims Manager.

9.2 Prevention: Managing Workplace Relationships Properly

Claims for psychological injury may be accepted merely on the basis that the manager has not followed the correct human resource procedures – the claimant may have a case against the Agency where this occurs.

Prevention of psychological injuries or claims for psychological injuries can be achieved by managers:

- Handling workplace issues, including human resource issues, appropriately and according to NSW Health policies.
- Systematically assessing the workplace for risks.

Traumatic incidents or threatening acts involving clients can be the cause of psychological injury, particularly if the worker is not provided with appropriate support after the incident. For advice on appropriate support see NSW Health policy on Effective Incident Response: A Framework for Prevention and Management in the Health Workforce.

Applying the following values will assist in recovery:

- Appropriate, timely and effective response.
- Respect and dignity.
- Empathy & recognition of the person’s experience.
- Access to support and care as needed.
- Support for rapid and effective rehabilitation.

You can offer and refer workers to workplace Employee Assistance Programs (EAP), which provide free confidential counselling for a period (see NSW Health policy on Employee Assistance Programs: NSW Health Policy and Standards).
10 JOURNEY AND RECESS CLAIMS

Clauses 10.1 and 10.2 below respectively outline the circumstances as to when a journey claim can be made.

The difference between the two clauses relates to s10 (3A) of the WCA 1987 whereby journey claims can only be applied where there is a real and substantial connection between the employment and the accident or incident out of which the personal injury arose. This part of the Act does not apply to paramedics and the difference is outlined in clause 10.2 below.

A worker will not be able to receive compensation for a journey claim that can be claimed, as defined in these clauses, if there is 'serious and wilful misconduct' by the worker. For example, if a worker is involved in a motor vehicle accident on the way home from work and is found to be under the influence of alcohol or other drugs which contributed to an injury sustained in the motor vehicle accident.

With motor vehicle accidents, the worker may have the option of claiming either workers compensation for personal injury or through compulsory third party (CTP) if another driver is found to be at fault.

Only personal injury to the worker can be claimed on a workers' compensation journey claim, no vehicle or property damage can be claimed.

10.1 Injuries while Travelling To and From Work (Journey Claims) – Excluding Paramedics

Workers compensation benefits are available for injuries suffered in the course of journeys but only where there is a substantial connection between the person's employment and the incident out of which the injury arose. For example, if a nurse en route to work stops to provide medical assistance at a car accident, and is subsequently injured on the way to work, he or she would be covered by workers compensation insurance from the time of stopping for assistance to reaching place of employment.

In addition to the above, injuries sustained under the following circumstances may be claimed:

a) The daily or other periodic journeys between the worker's place of abode or place of employment and any trade, technical or other training schools, universities or colleges which the worker is required by the terms of the worker's employment, or is expected by the worker's employer, to attend.

b) A journey, in connection with any injury for which the worker is entitled to receive compensation, between the worker's place of abode or place of employment and any other place for the purpose of:

- obtaining a medical certificate;
- receiving medical, surgical or hospital advice, attention or treatment;
- receiving payment of compensation in connection with any injury for which the worker is entitled to receive compensation;
- having, undergoing or obtaining any consultation, examination or prescription where there has been damage to artificial limbs, eyes, teeth or other artificial aids or spectacles as a result of an accident arising out of or in the course of the worker's employment.

c) A journey between any place and:

- Where the worker is required by the terms of the worker's employment, or is expected by the worker's employer, to reside temporarily, or
• Where it is reasonably necessary or convenient that the worker reside temporarily for any purpose of the worker’s employment, and the place of abode when not residing there.

d) A journey between the worker’s place of abode and place of employment, where the journey is made for the purpose of receiving payment of any wages or other money;

• Due to the terms of his or her employment, and
• Which pursuant to the terms of his or her employment or any agreement or arrangement between the worker and his or her employer, are available or are reasonable expected by the worker to be available for collection by the worker at the place of employment.

10.2 Injuries while Travelling To and From Work (Journey Claims) – Paramedics

A paramedic may be able to make a claim, using the NSW WorkCover Other Work Related Injuries Claim form, for injuries suffered in the course of most journeys (without significant interruption or diversion) as per their exemption in relation to s10 (3A) of WCA 1987.

This means that there does not have to be a substantial connection between employment and the incident out of which the injury arose as required with workers that have not been exempted in relation to this section of the Act.

All other injury claims as outlined in 10.1 a) to d) above can be claimed by paramedics.

10.3 Recess Claims (Injuries during Authorised Absences and Breaks)

If a worker has attended work and injures themselves during an ordinary work break (eg morning tea or lunch, or temporary and authorised absence), the injury is compensable. The WorkCover Other Work Related Injuries Claim Form, located at the WorkCover site may be used for this type of claim.

The worker must not have voluntarily subjected themselves to any abnormal risk of injury during the absence.

Recess claims only apply to personal injury and not disease.
11 RECORD KEEPING

11.1 Keep Records and Information Confidential

All injury management information concerning an injured worker is confidential. This includes, for example, file notes, letters, faxes, return to work plans completed by the Return to Work Co-ordinator, and nominated treating doctor assessment reports. It should not be discussed with or shown or read to anyone who is not directly involved in the injured worker’s return to work. Examples of people with a legitimate need to know may therefore include the:

- Return to Work Co-ordinator
- worker’s immediate manager or supervisor
- manager or supervisor of the area in which suitable duties have been identified
- occupational physician/workplace medical officer
- occupational health nurse
- Workers Compensation Manager or personnel officer handling workers compensation claims.

An Agency must keep workers’ return to work files separate from other personnel records, as personnel records are often accessed by people other than those listed above who have a legitimate need to know.

The WorkCover Guidelines for Workplace Return-to Work Programs provides detailed requirements on confidentiality of injury management information, including procedures for access to the return to work file, obtaining or releasing injury management information and management of record. The Guidelines recommend that closed/completed cases be properly stored, secured and retained for a minimum period of 7 years from completion.

11.1.1 The WorkCover NSW – certificate of capacity

The WorkCover certificate of capacity is in three parts:

(i) Part A: Contains patient’s personal details and can be completed by patient and provides consent for the sharing of information between relevant parties once authorised by the patient

(ii) Part B: Treating Doctor or Treating Specialist Medical Practitioner to complete with patient diagnosis, management plan and capacity for employment information as well as their medical practitioner details.

(iii) Part C: Worker Declaration as to paid employment status to be completed by the worker prior to sending to Agency’s claims manager.

11.1.2 Information Consent form

In addition to the injured worker providing consent to share information through the certificate of capacity, it is appropriate to review and discuss the relevance and nature of information to be exchanged in the context of the workplace. This will facilitate communication and ensure a clear understanding by all parties.

To make sure the informed consent of the injured worker and all other relevant parties who are involved in the return to work are included, consent should be obtained by having the injured worker sign an ‘Information Consent Form’ (refer Appendix 10).

The worker’s consent may be withdrawn at any time. However, workers should be advised that, if consent is withdrawn, return to work may not proceed and it may affect the worker’s entitlements to workers compensation benefits.
11.2 Medical Records are Private

Managers from time to time may be provided with a WorkCover certificate of capacity from a worker; this does not entitle access to further medical records. Accessing a worker’s medical records which may be held at a facility is against the law.

11.3 Injured Workers should be Interviewed in Private

Discussions concerning suitable duties should be held in a private location. Similarly the Return to Work Co-ordinator should have access to a private room to meet with injured workers as required.

12 ADDITIONAL REFERENCES

12.1 Related NSW Health Policies


*Work Health and Safety: Better Practice Procedures*

*Standard Procedures for Working with Health Care Interpreters*

*Employee Assistance Programs: NSW Health Policy and Standards*

12.2 Additional Resources

Website Address:

Taking Safety Seriously – A systematic approach to managing workplace risks in the NSW Public Sector – Policy and Guidelines.

NSW Health

WorkCover NSW

Workers Compensation Commission

Ph 1300 368 040
13 LIST OF REQUIRED DOCUMENTATION

For Display in the Workplace i.e. worker common areas
Appendix 1 Model Summary of the Return to Work Program

The ‘WorkCover If you get injured at work’ poster [available from WorkCover NSW (phone 13 10 50) in a broad range of community languages] and the WorkCover site

Information for Supervisors/Managers
Appendix 2 Fact Sheet: Giving Notice of an Injury – Making a Claim
Appendix 3 Model Return to Work Plan
Appendix 4 Checklist: Actions When a Serious Incident or Significant Injury Occurs to a Worker
Appendix 5 Checklist: Actions for Incidents involving Injury or Illness to Non Workers
Appendix 6 Checklist: Actions for Injuries Where Workers Compensation may be Payable
Appendix 7 Accident investigation Form

THE PACKAGE for Injured Workers
Appendix 8 Facts Sheet: Injury Management and Return to Work
Appendix 9 Letter to Nominated Treating Doctor: Workplace Information for Nominated Treating Doctor (manager to complete)
Appendix 10 Information Consent Form

Brochure: Doctors and WorkCover — Your Nominated Treating Doctor
Brochure: What WorkCover Means for Injured Workers
Brochure: Doctors and WorkCover Injury Management Consultants

Please note that all brochures can be located through http://www.workcover.nsw.gov.au/formspublications/publications/Pages/Workersinjuryclaimform.aspx

New tools may be added from time to time.
Appendix 1 – Model Summary of the Return to Work Program

Issue date: _______

The ………..(insert Agency name) is committed to preventing injury and disease through providing a safe and healthy working environment. If workplace injury/disease does occur, the … (insert Agency name) will ensure a safe and durable return to work for any worker with a workplace injury/disease as normal practice and an expectation. Health procedure on Injury Management and Return to Work supports that process.

1. This Summary of the Return to Work Program must be displayed prominently in each workplace and workers must be provided with information on injury management and workers compensation.

2. This Summary of the Return to Work Program has been developed in consultation with unions representing workers.

3. Workers are required to notify their supervisor or manager of any work related disease or injury as soon as possible after an injury. Ideally prior to leaving work and at least within 24 hours of the disease or injury occurring.

4. Workers with a workplace injury/disease, or their representative, must complete particulars in the Register of Injuries as soon as possible after the injury has happened.

5. Where workers may require time off work and workplace rehabilitation, they are required to cooperate with and participate in the establishment of any Return to Work Plan.

6. A Return to Work Plan will be developed by the Return to Work Co-ordinator in consultation with the worker, his or her Nominated Treating Doctor, his or her manager and the approved workplace rehabilitation provider, if required. The rehabilitation goal will be a return to pre-injury duties unless medical evidence suggests otherwise.

7. Suitable duties will be identified in line with medical advice.

8. Suitable duties are to take into account the nature of the injury and must be meaningful activities for the worker and the workplace.

9. If workers cannot return to their pre-injury position following the completion of the return to work process, the …. (insert Agency name) will seek to redeploy them internally to a suitable, available, alternative position in line with their permanent medical restrictions.

10. If suitable alternative employment, consistent with medical restrictions, is not available then support will be provided by the … (insert Agency name) and approved rehabilitation provider to obtain suitable employment external to the … (Agency name). This process may initially involve work trials and job seeking activities.

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CHIEF EXECUTIVE OFFICER
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(AGENCY NAME)
Appendix 2 – Fact Sheet – Giving Notice of an Injury – Making a Claim

Where injuries are mentioned within this document, the procedures and benefits also apply to diseases

1. Workers are required by law to notify their supervisor or manager of any work related injuries as soon as possible after the injury has occurred. Injured workers or their representative should enter particulars of the injury in the workplace Register of Injuries as soon as possible after the injury has happened.

2. Injuries include aggravations to pre-existing workplace injuries, or acceleration or deterioration of a workplace disease and should be recorded in the Register of Injuries.

3. The Register of Injuries may be in an electronic format and must be kept in a place which is readily accessible to workers.

4. Workers compensation benefits, as determined by the Fund Claims Manager, are payable when workers suffer a loss related to an injury which arises out of or in the course of their employment where the employment is a substantial contributing factor.

5. Benefits include, for example, weekly benefits, medical, hospital and rehabilitation expenses.

6. Your Agency has a legal requirement to notify the Fund Claims Manager within 48 hours of your injury being reported.

7. Injured workers should see a Nominated Treating Doctor and have the doctor complete a WorkCover NSW – certificate of capacity.

8. Injured workers should sign the WorkCover NSW -certificate of capacity to:

   (a) indicate the doctor has been chosen as their Nominated Treating Doctor, and

   (b) permit the Nominated Treating Doctor to release information to the Fund Claims Manager and the Agency to help with a Return to Work Plan, where necessary.

   (c) Provide declaration of paid employment status.

9. Injured workers should give the completed certificate of capacity to their manager or supervisor promptly. Bills or receipts for treatment should be provided promptly to the Fund Claims Manager. Certificate of capacity must be provided for all periods for which workers compensation is claimed.

10. If workers are absent from work due to the injury, the Fund Claims Manager must pay income support within 7 days of being notified of the injury (unless the Fund Claims Manager has a reasonable excuse not to), without determining liability. This is called provisional liability. Any provisional payments made are not an acceptance of the claim.

The WorkCover brochures *Information for Injured Workers and Your Recovery and Return to Work after a Workplace Injury* are also available from http://www.workcover.nsw.gov.au

Your Fund Claims Manager is……….
## Appendix 3 – Model Return to Work Plan

The following Return to Work (RTW) Plan has been developed for:

<table>
<thead>
<tr>
<th>Date</th>
<th>RTW Plan Prepared:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Name</td>
<td></td>
</tr>
<tr>
<td>2. Job title</td>
<td></td>
</tr>
<tr>
<td>3. Work location/department</td>
<td></td>
</tr>
<tr>
<td>4. Manager</td>
<td></td>
</tr>
<tr>
<td>5. Return to Work goal</td>
<td></td>
</tr>
<tr>
<td>6. Duties:</td>
<td>Considerations/Constraints</td>
</tr>
<tr>
<td>7. Specific duties to be avoided</td>
<td></td>
</tr>
<tr>
<td>8. Commencement date of RTW</td>
<td></td>
</tr>
<tr>
<td>9. Review date of RTW Plan</td>
<td></td>
</tr>
<tr>
<td>10. RTW Schedule</td>
<td></td>
</tr>
<tr>
<td>Hours/ days of work/ shifts</td>
<td></td>
</tr>
<tr>
<td>11. Treatment Arrangements</td>
<td></td>
</tr>
<tr>
<td>Treatment Required</td>
<td>Date of service</td>
</tr>
<tr>
<td>Time</td>
<td></td>
</tr>
<tr>
<td>12. Conditions</td>
<td></td>
</tr>
<tr>
<td>i) The injured worker must perform only duties listed within the Plan, always maintaining safe work practices</td>
<td></td>
</tr>
<tr>
<td>ii) The injured worker’s progress will be reviewed regularly. This review will be in the form of an informal discussion between the injured worker and their manager, and a regular review (teleconference where necessary) involving the employee, manager and RTW Co-ordinator</td>
<td></td>
</tr>
<tr>
<td>iii) The injured worker must cease any task immediately if symptoms are aggravated and report these problems to their manager, before leaving work, RTW Co-ordinator and Nominated Treating Doctor</td>
<td></td>
</tr>
<tr>
<td>iv) The plan as outlined will be subject to alteration as required; however, this will be based on consultation between parties to the RTW Plan.</td>
<td></td>
</tr>
<tr>
<td>13. Agreement</td>
<td></td>
</tr>
<tr>
<td>The following parties have agreed to the above plan for suitable duties:</td>
<td></td>
</tr>
<tr>
<td>Worker Name &amp; Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Manager Name &amp; Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>RTW Co-ordinator Name &amp; Signature:</td>
<td>Date:</td>
</tr>
<tr>
<td>Nominated Treating Doctor Name &amp; Signature:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
### Appendix 4 – Checklist: Actions When a Serious Incident or Significant Injury Occurs to a Worker

<table>
<thead>
<tr>
<th>Manager’s Activity (in approximate chronological order)</th>
<th>Actioned</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Need for medical attention is identified and arranged.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Worker is released from duties to seek medical treatment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Control or remove the immediate hazard/danger in consultation with staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ensure own safety and safety of other people in immediate area.</td>
<td></td>
</tr>
<tr>
<td>When a notifiable serious injury or illness occurs (refer WH&amp;S Act 2011 Part 3):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Contact your Risk Manager or Work Health and Safety personnel, or the most senior manager on duty as WorkCover must be phoned immediately on 13 10 50 (WorkCover/ police may investigate) and, in the case of death, the police.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ensure that the incident area is not disturbed until released by the WorkCover inspector, except to assist injured or release trapped people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Alert security and staff so that they are advised of the area location which is not to be disturbed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Where a significant injury (requiring a continuous period of 7 days off work) occurs:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Notify Agency’s Workers Compensation Manager immediately who will:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>o contact, where appropriate, the Return to Work (RTW) Co-ordinator within 24 hours so that injury management can commence</td>
<td></td>
</tr>
<tr>
<td></td>
<td>o notify the Fund Claims Manager within 48 hours of the injury/incident and record the claim number.</td>
<td></td>
</tr>
<tr>
<td>Check that the injured worker or someone on their behalf has entered details in the Register of Injuries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact injured worker’s emergency contact number if appropriate (usually a family member) and provide support/comfort.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact the injured worker within 3 working days to provide support and confirm that a RTW Plan (offer of suitable duties) will be established, if required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explain the injury management process to the injured worker and provide THE PACKAGE FOR INJURED WORKERS (see Section 14 of the Injury Management and Return to Work Procedures).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manager's Activity (in approximate chronological order)</td>
<td>Actioned</td>
<td>Notes</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>----------</td>
<td>-------</td>
</tr>
<tr>
<td>Organise with the RTW Co-ordinator to complete and provide letter to Nominated Treating Doctor (Appendix 9 of the <em>Injury Management and Return to Work Procedures</em>) concerning return to work.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promptly deliver worker's certificate of capacity to the Agency's claims management unit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investigate the injury/incident to identify system breakdown and fix problems: see Section 6.7 and Appendix 7 Work Health and Safety Accident Investigation form.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Undertake a risk assessment with worker input, and eliminate the risk or implement control measures to reduce the risk. Consult with your Work Health and Safety Representative or Committee.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintain confidential records and information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operate with the injured worker's union where the worker has requested the union's involvement in a Return to Work (RTW) Plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide input to the RTW Plan developed by the RTW Co-ordinator, including suitable duties and review processes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Explore alternative duties in another area if the injured worker's work area cannot find suitable duties.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If suitable duties not available, the reason is provided in writing to the RTW Co-ordinator.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liaise with the RTW Co-ordinator who will arrange, where necessary, reasonable adjustments to the workplace to accommodate the injured worker.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify the RTW Co-ordinator if:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the injured worker is experiencing any difficulties with the RTW Plan or Injury Management Plan.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• prior to any changes being made to the duties or hours worked, in line with medical advice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advise the RTW Co-ordinator immediately when:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A worker returns to work after a lost time injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• A worker aggravates the injury and takes additional time off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• An injured worker resigns from their job, for whatever reason</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribute to the RTW Co-ordinator's regular review of the worker's progress in returning to pre-injury duties.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NB:</strong> The Human Resource Manager and RTW Co-ordinator will make decisions about alternatives (redeployment, retrain, etc) if unable to return to pre-injury duties.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appendix 5 – Actions for Incidents Involving Injury or Illness to Non Workers

<table>
<thead>
<tr>
<th>Activity</th>
<th>Actioned</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Injury or illness reported to supervisor or manager.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arrange first aid or emergency medical attention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide support to the person.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure own safety and safety of other people in immediate area.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure emergency contact person(s) (usually a family member) have been contacted by senior management to offer practical support, if necessary.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record the Incident on the Agency’s Register of Injuries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify your Agency’s:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Claims management unit of all injuries to non-workers as they may result in a claim for compensation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Risk Manager, Work Health and Safety personnel or senior management if the incident is notifiable to WorkCover NSW.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>When a notifiable serious injury or illness occurs (refer <em>WHS Act 2011 Part 3</em>):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Contact your Risk Manager or Work Health and Safety personnel, or the most senior manager on duty as WorkCover must be phoned immediately on 13 10 50 (WorkCover/ police may investigate) and, in the case of death, the police.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ensure that the incident area is not disturbed until released by the WorkCover inspector, except to assist injured or release trapped people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Alert security and staff so that they are advised of the area location which is not to be disturbed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eliminate or minimise the risk: risk assess in consultation with injured person and key stakeholders to eliminate the risk or implement control measures to minimise the risk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contribute to the Agency’s investigation of the incident using NSW Policy Incident Management or Appendix 8 of Injury Management and Return to Work.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ensure senior management contact the person involved in an incident to provide necessary support (NSW Policy <em>Effective Incident Response Framework for Prevention and Management in the Health Workplace.</em>)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix 6 – Checklist: Actions for Injuries Where Workers Compensation may be Payable

<table>
<thead>
<tr>
<th>Manager’s Activity (in approximate chronological order)</th>
<th>Actioned</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where the worker is fit to continue work, or where they will be incapacitated for work for less than 7 continuous days:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Identify the need for and arrange first aid or medical attention.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide support.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Release worker from duties to seek medical attention, if required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide THE PACKAGE; information on workers compensation, injury management and return to work (see Section 14, Injury Management and Return to Work Procedures).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control or remove the immediate hazard/danger in consultation with staff.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Check that worker or someone on their behalf has entered details in the Register of Injuries.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notify Agency’s Workers Compensation Manager immediately. He or she will notify the Fund Claims Manager within 48 hours of the injury/incident and record the claim number.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If off work, contact the:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• RTW Co-ordinator within 24 hours of the injury so that injury management can commence, if required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• injured worker within 3 days to provide support and confirm that a RTW Plan (including offer of suitable duties) will be developed if required.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Provide input to the development of any RTW Plan developed by the RTW Co-ordinator for the injured worker.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Participate in the regular review of the worker’s progress in returning to pre-injury duties.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 7 – Accident Investigation Form

This tool offers a minimum standard for the investigation of workplace incidents to identify what went wrong in a spirit of 'no blame' to prevent the incident from reoccurring. It does not replace NSW policy Incident Management which includes reporting incidents in the Incident Information Management System (IIMS) and using the Severity Assessment Code (SAC) Matrix. In complex situations (under policy Incident Management a SAC Rating of 1 or 2) Work Health and Safety personnel should be involved.

<table>
<thead>
<tr>
<th>Hospital/Facility:</th>
<th>Date:</th>
<th>Investigation of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Department:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Staff completing this Investigation:

<table>
<thead>
<tr>
<th>Is this a:</th>
<th>First time occurrence</th>
<th>Repeat incident/injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>(please tick)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If it is a repeat incident/injury how many times has it occurred in the past?

Incident Summary - brief description of the event and its outcomes (injuries/damage).

What was the task being performed at the time of the injury?

Section 1—Task

<table>
<thead>
<tr>
<th>Areas to Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Did this contribute to the accident?</th>
<th>Was it a cause?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Was there a safe work procedure for this task?
- Was the safe work procedure followed?
- Was the procedure carried out under normal/usual conditions?
- Were the appropriate tools and materials available?
- Were the appropriate tools and materials used?
- Was the equipment involved designed for the task?
- Was the type of equipment used the best type for the task performed?
- Were safety devices working properly? E.g. Locks, breaks, guards, etc
- Was the 'lock out system' or 'out of service tag' system used (if required)?

Section 2—Equipment and Material

<table>
<thead>
<tr>
<th>Areas to Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Did this contribute to the accident?</th>
<th>Was it a cause?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

- Did the equipment perform as expected?
- Did the equipment perform without failure?
- Was the machinery properly designed?
- Is this equipment equipped with guards?
- Are the guards functioning properly?
- Has the machine been maintained?
- Were any/all hazardous substances properly contained?
- Were any/all hazardous substances clearly identified?
- Was the prescribed personal protective equipment (PPE) used?
### Section 3—Environment

<table>
<thead>
<tr>
<th>Areas to Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Did this contribute to the accident?</th>
<th>Was it a cause?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Were the weather conditions fine?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was housekeeping adequate?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was the temperature correct?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was noise controlled?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was there adequate light?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were toxic or hazardous gases, dusts, or fumes controlled?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was the floor surface in good condition?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Section 4—Skills and Training

<table>
<thead>
<tr>
<th>Areas to Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Did this contribute to the accident?</th>
<th>Was it a cause?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Was the injured worker/person experienced in the work being done?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Had they been adequately trained?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Where there enough workers/personnel for the task?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If a new worker/person was involved had they been trained and supervised in the task?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### Section 5—Human Behaviour

<table>
<thead>
<tr>
<th>Areas to Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Did this contribute to the accident?</th>
<th>Was it a cause?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Was the injured worker/person the only worker/person involved?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did everyone involved follow instructions?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Had a plan for the task been discussed and agreed to by all involved?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Had the worker/person’s symptoms been adequately assessed for possible contribution to the accident?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Had the worker/persons symptoms been adequately controlled to prevent contribution to the accident?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was a client management plan in place for the client?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>If in place was a management plan followed?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Had all involved been clearly informed of the procedure or actions to be taken?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Had the management plan and/or procedure been agreed?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Section 6—Safety Management

<table>
<thead>
<tr>
<th>Areas to Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Did this contribute to the accident?</th>
<th>Was it a cause?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were safety rules communicated to and understood by all workers/persons?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were written procedures readily available?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were they being enforced?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Was there adequate supervision?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Had hazards been previously identified?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Had procedures been developed to overcome hazard risks?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were unsafe conditions corrected?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Were regular safety inspections carried out?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the supervisor see/hear the incident?</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Cause Summary - brief description of the cause/s found during the investigation and how they contributed to the accidents final outcome. In your opinion, what caused the accident?

Causal categories at least one (1) of which must be defined in the summary:
- Tasks
- Equipment
- Environment
- Skills and Training
- Human Behaviour
- Safety Management

Cause contribution – are any of the above a:
- Primary cause
- Secondary cause

Comment on your rationale as to why a suspect cause is likely to be the main reason (Primary cause) the accident occurred and if addressed how it would prevent the subject accident from re-occurring.

Organisation wide Risk Assessment - Potential impact on other staff/services
Please outline whether this event could have an impact on any other staff outside your own department/service and the rational as to why you have made this conclusion.
**Outline Temporary Immediate Action** where it is applicable (e.g. cordon off area where a spill has occurred until it is cleaned up)

**Corrective/ Preventive actions to be taken –**

<table>
<thead>
<tr>
<th>Lessons Learned – What are the key issues – <em>make a Simple statement about the incident, the injury caused and how it could have been prevented.</em></th>
</tr>
</thead>
</table>

**Hazard Alert Required –** has your investigation identified a previously unrealised or unidentified hazard or a hazard you feel other staff should be reminded/made aware of? If your answer is yes please describe the hazard below.

<table>
<thead>
<tr>
<th>Staff member(s) who reported injury or were consulted during investigation</th>
<th>Name</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manager</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date:</th>
</tr>
</thead>
</table>

**Circulation:**
- Department staff – Risk assessment and controls.
- Service manager – Investigation and Risk Assessment
- Site WHS/Health and Safety Representative or Committee – Incident summary – Lesson Learned
- WHS/Health & Safety Personnel – Investigation and Risk Assessment
- Risk Manager/Health Safety and Wellbeing – Lesson Learned and Hazard Alerts
Appendix 8 – Fact Sheet: Injury Management & Return to Work

NSW Health is committed to providing a safe and healthy working environment. If workplace injury/illness does occur, NSW Health will ensure a safe and durable return to work for any injured/ill worker as normal practice and an expectation. NSW Health procedure on Injury Management and Return to Work supports that process.

1. All workplace incidents must be reported to your supervisor/manager, Work Health and Safety personnel (telephone ……………………………….) and noted in the Register of Injuries as soon as possible.

2. Your supervisor/manager will help you seek medical attention if required (usually at a local medical practice or medical centre) and will give you advice on your ... (name Agency) Return to Work Program if necessary. You have a right to your own Nominated Treating Doctor.

3. The ......................... (name Agency) will provide your doctor with a letter called Workplace Information for Treating Doctor which will assist your doctor when identifying suitable duties for your return to work.

4. A Return to Work Co-ordinator will help you and your supervisor/manager by coordinating the Return to Work Plan.

5. The ... (name Agency) has suitably qualified Return to Work Co-ordinators that can provide the needed assistance. However the nomination of an external approved workplace rehabilitation provider by the injured a worker, nominated treating doctor, Fund Claims Manager or Return to Work Coordinators can be part of the Return to Work Plan.

6. The Fund Claims Manager will need to approve the involvement of a Rehabilitation Provider.

7. The engagement of a Rehabilitation Provider must follow the guidance in NSW Health procedure Injury Management and Return-to-work Procedures.

8. There is a legal requirement for you to cooperate with Return to Work Plans developed for your return to work.

9. Your Nominated Treating Doctor may talk to your Return to Work Co-ordinator and supervisor/manager about suitable duties. Your Return to Work Co-ordinator or Workplace Rehabilitation Provider may visit your Nominated Treating Doctor with you to discuss the Return to Work Plan and your progress. They will not stay with you during your examination.

10. You are required to keep your supervisor/manager informed of your progress and provide, after each medical appointment, WorkCover NSW certificate of capacity for all periods of workers compensation.

11. The ......................... (name Agency) must observe the Privacy and Personal Information Protection Act 1998 and will receive and release only the information that allows them to manage workplace injuries and workers compensation claims.

12. The WorkCover Assistance Service can provide additional help and advice – Telephone 13 10 50.
Appendix 9 – Example Letter to Nominated Treating Doctor

Name of Worker:

Role: (e.g. Registered Nurse ICU)

The above worker presented at work today with the following symptoms:

The ……………….(insert name of Agency) has in place a Return to Work Program for injured or occupationally ill workers, which includes workplace rehabilitation, and seeks to encourage the early commencement of injury management and a safe and durable return to work.

As part of the Return to Work Program the ………(insert name of Agency) is able to provide suitable duties. These suitable duties are based on the certificate of capacity that you certify, for our injured worker. It is the responsibility of the (insert name of Agency) to offer work that matches the worker’s fitness.

Your assistance in providing clear guidelines for restrictions/limitations and treatment requirements will allow the ………… (insert name of Agency) to develop a safe Return to Work Program by matching any medical restrictions with suitable duties.

The worker’s Manager or Return to Work Co-ordinator can be contacted to discuss suitable duties or any aspect of the injured worker’s working environment. Their contact details are attached (Attachment A). You are able to bill for the time spent communicating with them in relation to the worker's claim and the Return to Work Program.

NOTE: The…………… (insert name of Agency) is bound by the provisions of the NSW Privacy and Personal Information Protection Act 1998. The information provided by you will only be used for the Injury Management and Return to Work Program for your patient and will be kept confidential.

Yours sincerely

Manager

………………

(insert name of Agency)
WORKPLACE INFORMATION FOR TREATING DOCTORS

<table>
<thead>
<tr>
<th>Return to Work Co-ordinator:</th>
<th>Supervisor/Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Facility/Location:</td>
<td>Facility/Location:</td>
</tr>
<tr>
<td>Telephone:</td>
<td>Telephone:</td>
</tr>
<tr>
<td>Mobile:</td>
<td>Mobile:</td>
</tr>
<tr>
<td>Facsimile:</td>
<td>Facsimile:</td>
</tr>
</tbody>
</table>

Mailing address for accounts:
(Insert Fund Claims Manager and Address)

USUAL DUTIES AND PHYSICAL DEMANDS

AVAILABLE DUTIES

The ..... (insert name of Agency) will accommodate the abilities of your patient wherever possible. Other roles being undertaken in the facility which suitable duties can be drawn from these include:

....
....
....
### INFORMATION CONSENT FORM

Claim No: ________________________________________

I, ________________________________________ (name of injured worker)

Authorise ________________________________________ (name) __________________________ (title)
of ________________________________________ (name of employer/provider) to

**OBTAIN** information either verbal or written, in relation to my injury management from:

a) Doctor: ________________________________________

b) Hospital: ________________________________________

c) Rehabilitation Provider: __________________________

d) Employer: ________________________________________

e) Other: ________________________________________

I, ________________________________________ (name of injured worker)

Authorise ________________________________________ (name) __________________________ (title)
of ________________________________________ (name of employer/provider) to

**RELEASE** information concerning relevant aspects of my injury management to, and discuss that
information with representatives of the Agencies nominated below:

a) Rehabilitation Provider: __________________________

b) Employer: ________________________________________

c) Doctor: ________________________________________

d) Worker’s Solicitor: __________________________

e) Employment Service: __________________________

f) Other: ________________________________________

The information provided will be of a factual nature concerning injury management.

I understand that I may change or cancel this authority at any time, however, my injury management and/or worker’s compensation benefits could be affected.

Signature ________________________________________ Date: __________________

Signature of Interpreter ________________________________________