WORKERS COMPENSATION AND INJURY MANAGEMENT POLICY AND PROCEDURES

Document Number: SOP2009-017

File No.: 99/137 (D09/4182)

Date issued: 11 May 2009

Author Branch: Risk Management Workforce Unit

Branch contact: Risk Manager

Division: Corporate Services

Summary: The policy outlines the responsibility of the Ambulance Service in relation to the Workers Compensation and Injury Management policy and procedures.

Applies to (bold indicates selection):
- All Ambulance Service of NSW staff
- All Operational Staff
- All Administration staff
- All Headquarters staff
- Division staff (Aero medical, Northern, Southern, Sydney, Western)
- Operations Centres (Aero medical, Northern, Southern, Sydney, Western)

Review date: April 2011

Previous reference: SOP2007-088 and Instructional Circular IC02/24

Status: Active

Approved by: Chief Executive

Compliance with this policy directive is mandatory.
Index to Workers Compensation and Injury Management Policy and Procedures

Scope.................................................................................................................................................4

1. Policy Statement .................................................................................................................................4

2. Objectives ...........................................................................................................................................4
2a. Legislation.........................................................................................................................................5
2b. Definition of “Injury” ..........................................................................................................................5
2c. Employment as a Substantial Contributing Factor to Injury .........................................................5
2d. Workers Compensation Claims ........................................................................................................6
2e. Non-Work Related Injury/Illness .......................................................................................................6
2f. Ambulance Officers Death and Disability (State) Award Applications .........................................6

3. Workers Compensation Procedures ................................................................................................6
3a. Employee's Responsibility ................................................................................................................6
3b. Manager's Responsibility or His/Her Nominee ..............................................................................7
3c. Injury Management (IM) Coordinators Responsibility ..................................................................7
3d. Insurer Responsibility .....................................................................................................................7

4. Return to Work Processes ................................................................................................................8
4a. Injury/Illness Notification ................................................................................................................8
4b. Initial Assessment.............................................................................................................................8
4c. Injury Management Plan .................................................................................................................9
4d. Priority in Accommodating Injured Employee's ..........................................................................9

5. Return to Work ..................................................................................................................................9
5a. Provision of Suitable Duties ..........................................................................................................10
5b. Alternate Employer .........................................................................................................................10
5c. Rehabilitation Providers ................................................................................................................10
5d. Pre Injury Duties ...........................................................................................................................11
5e. Permanent Modified Duties ...........................................................................................................11

6. Payments under Workers Compensation .........................................................................................11
6a. Provisional Compensation Payments ............................................................................................11
6b. Provisional Compensation Payments Not Commenced ...............................................................12

7. Key Medical Personnel and their Responsibilities ........................................................................12
7a. Nominated Treating Doctor (NTD) .................................................................................................12
7b. Independent Medical Opinions .....................................................................................................12

8. Confidentiality ..................................................................................................................................13
8a. Obtain/Release Injury Management Information .........................................................................13
8b. Records .........................................................................................................................................13

9. Dispute Resolution ............................................................................................................................14
9a. Consultation with Injured Employee’s and Union ......................................................................14
9b. Disputes Regarding Provision of Suitable Duties .........................................................................14
9c. Disputes Regarding Medical Treatment .......................................................................................14
9d. Disputes Regarding Workers Compensation Payments ..............................................................14
10. Definitions and Table……………………………………………………………………...14
10a. Documentation Definitions……………………………..……………………………..17
   (i) Notification of Injury/Illness, Form 135 (Appendix 1)…………………………..17
   (ii) Workers Compensation Claim Form/s (Appendix 2)………………………….17
   (iii) WorkCover and General Medical Certificates (Appendix 3)…………………..17
   (iv) Recurrence Forms, Claims for Further Incapacity (Appendix 4, 5, 6)……….17
   (v) Authority to Obtain/Release Medical Information (Appendix 7)…………….18
   (vi) Return to Work Plan (Appendix 8)………………………………………………..18

11. Endorsement………………………………………………………………………………….18

12. Appendixes
   (i) Appendix 1……………………………………………………………………………….19
   (ii) Appendix 2……………………………………………………………………………….20
   (iii) Appendix 3……………………………………………………………………………….21
   (iv) Appendix 4……………………………………………………………………………….22
   (v) Appendix 5……………………………………………………………………………….23
   (vi) Appendix 6……………………………………………………………………………….24
   (vii) Appendix 7…………………………………………………………………………….25
   (viii) Appendix 8……………………………………………………………………………..26
   (ix) Appendix 9……………………………………………………………………………..27
   (x) Appendix 10………………………………………………………………………………28
This document is to provide instruction for all Ambulance Service of NSW (Ambulance) employee’s regarding the management of work and non-work related injury/illness, incorporating:

- Workers Compensation claims;
- Injury management of these employee’s;
- Ambulance Officers Death and Disability (State) Award injury management; and
- Medical restriction intervention for non-work related injury/illness.

1. Policy Statement

Work related injury/illness, non-work related injury/illness, as well as any medical restrictions, can adversely impact upon the well being of Ambulance employee’s. Ambulance has developed a Workers Compensation and Injury Management Policy and Procedures in consultation with the;

- Treasury Managed Fund (TMF) incorporating a Fund Manager;
- Self Insurance Corporation (SiCorp);
- Insurer: Government Insurance Office (GIO); and
- The union and employee representatives of Ambulance.

The goal of this Policy and Procedures is to prevent work related injury/illness from occurring by the provision of an effective Occupational Health and Safety (OHS) Policy across Ambulance. The objective of workplace based injury management is to assist injured employees in their return to pre injury duties in a safe, timely and durable manner.

Workplace injury management makes every effort to restore an injured employee to their fullest physical, psychological, social, vocational and economic usefulness, consistent with their medical condition and restrictions.


2. Objectives of the Policy

The objectives of Ambulance’s Workers Compensation and Injury Management Policy and Procedures is to promote OHS strategies as the most effective system of providing a safe and healthy working environment.

In cases where injury/illness does occur, Ambulance will endeavour to mitigate the impact of these injuries and illnesses through the provision of workplace based return to work programs.

Where the employee’s medical condition or the availability of suitable duties precludes a return to pre injury duties, other suitable duties within Ambulance need be considered. If this is not reasonably practicable, then suitable duties with another employer will need to be considered. Hence, the return to work options can be summaries as follows:

1. Same job/same employer (i.e. Ambulance Service);
2. Similar job/same employer;
3. Different job/same employer;
4. Same job/different employer (e.g. other government employer);
5. Similar job/different employer; and
6. Different job/different employer.
The Ambulance Service's Workers Compensation and Injury Management Policy and Procedures will provide a framework for resources to facilitate a return to work of injured employee's through consultation, review and implementation of injury management processes.

2a. Legislation

The NSW WorkCover Authority is the governing body responsible for the implementation of legislation covering injury prevention and injury management. The prevailing legislation is:

- Workers Compensation Act 1987;
- Workplace Injury Management and Workers Compensation Act 1998;
- WorkCover Guidelines for Employers Return to Work Programmes April 2003;
- Occupational Health and Safety Act 2000;
- Occupational Health & Safety Regulation 2001;
- Workers Compensation Regulation 2003;
- Workers Compensation (Dust Disease) Act 1942; and
- Industrial Relations Act 1996.

The Workers Compensation legislation provides financial and other benefits, such as workplace based rehabilitation and vocational retraining to employee’s, if they sustain an injury/illness at work or away from their place of employment.

2b. Definition of “Injury”

In the Workers Compensation Act 1987, injury:

(a) means personal injury arising out of or in the course of employment;
(b) includes:
   (i) a disease which is contracted by a worker in the course of employment, and to which employment was a contributing factor; and
   (ii) the aggravation, acceleration, exacerbation or deterioration of any disease, where the employment was a contributing factor to the aggravation, acceleration or deterioration; and
(c) does not include a dust disease, as defined by the Workers Compensation (Dust Disease) Act, or the aggravation, acceleration, exacerbation or deterioration of a dust disease, as so defined in this Act.

2c. Employment as a Substantial Contributing Factor to Injury

The insurer takes into account the following when determining liability on a claim:

1. the time and place of injury;
2. the nature of the work performed and the particular tasks of that work;
3. the duration of the employment;
4. the probability that the injury or a similar injury would have happened anyway, at about the same time or at the stage of the employee’s life, if they had not been at work or had not worked in that employment;
5. the employee’s state of health before the injury and the existence of any hereditary risks; and
6. the employee’s lifestyle and their activities outside the workplace.
An employee’s employment is not to be regarded as a substantial contributing factor to an employee’s injury merely because of either or both of the following:

1. the injury arose out of or in the course of, or arose both out of and in the course of, the employee’s employment; and
2. the employee’s incapacity for work, need for medical or related treatment, hospital treatment, ambulance service or occupational rehabilitation service, or the employee’s death, resulted from the injury.

2d. Workers Compensation Claims

Employee’s have the right to lodge a Workers Compensation claim and receive return to work assistance according to the Legislation when an injury/illness occurs under the following circumstances:

- A employee sustains an injury/illness that is work related;
- A employee is injured during a work related journey;
- A employee is injured on a journey between the boundary of their residence and the boundary of the workplace, except cases where the injury is attributed to the employee’s serious and wilful misconduct; and
- An employee is injured during a recess break (i.e. lunch).

2e. Non-Work Related Injury/Illness

Any employee of Ambulance suffering a non-work related injury, which could result in an extended period of sick leave absence from the workplace, may be subject to the availability of suitable duties consistent with the nature of the injury/illness, and seek to participate in an injury management program.

2f. Ambulance Officers Death and Disability (State) Award Applications

Under the Ambulance Officers Death and Disability (State) Award 2008 (D&D), an ambulance officer (paramedic) who suffers an on duty or off duty injury shall receive rehabilitation and retraining assistance consistent with agreed policies, leading to a return to pre injury duties wherever possible. No direct medical or rehabilitation costs will be met by Ambulance under the Award for these injuries or illnesses.

Further information can be obtained from the Ambulance Officers Death and Disability (State) Award 2008.
3. Workers Compensation Procedures

The procedures cover all medical restrictions that are accommodated by Ambulance; Workers Compensation, Death and Disability applications, or any medical restrictions impacting upon the workplace.

3a. Employee’s Responsibility

- To take reasonable care in the workplace to prevent work related injury/illness.
- To notify Ambulance of any workplace injury/illness as soon as possible. If it is appropriate, the notification must be before leaving the workplace.
- To complete and submit relevant Workers Compensation documentation (i.e. IIMS notification, WorkCover medical certificates).
- The injured employee seeking compensation must nominate a treating doctor to provide a WorkCover medical certificate.
- The injured employee is responsible for submitting ongoing WorkCover medical certificates to their manager, Injury Management Coordinator and insurer for the duration of their work related injury/illness or until a clearance for pre injury duties is obtained.
- An injured employee must make all reasonable efforts to return to work in their substantive position in a timely manner based on their medical status and work capacity as outlined by their nominated treating doctor on a WorkCover medical certificate.
- An injured employee must cooperate in the development of a Return to Work Plan.

3b. Manager’s Responsibility or His/Her Nominee

- The manager is to ensure that an IIMS Notification has been completed if an employee reports a work related injury/illness.
- The manager is to notify the Divisional Injury Management (IM) Coordinator immediately if a employee has sustained a work related injury/illness that:
  - requires medical attention or;
  - involves time lost from the workplace or; and
  - will require suitable duties to be provided.
- If medical attention is required or requested in relation to a work related injury/illness, the manager must release the injured employee from their duties to seek treatment.
- Investigate the injury/illness according to the Ambulance OHS Policy.
- If documentation is received in relation to the workplace injury/illness, originals need to be forwarded to the IM Coordinator immediately.
- Immediate notification by the manager to the IM Coordinator is necessary to enable Ambulance to inform the insurer or WorkCover within a 48 hour timeframe.
- The manager is to participate and be active in monitoring the day to day compliance with any Return to Work Plans developed for an injured employee under their supervision.
3c. Injury Management (IM) Coordinator Responsibility

The IM Coordinator should ensure equitable management of all injury/illness and is responsible for:

- Coordinating the return to work process for injured employee’s;
- Contacting the injured employee, manager, nominated treating doctor, insurer and other key stakeholders to obtain further relevant information and documentation relating to the injured or ill employee. This may involve an initial notification being made to the insurer for a Workers Compensation claim;
- The IM Coordinator will instigate and facilitate the rehabilitation of an injured or ill employee;
- Advise key stakeholders on the progress of individual return to work programs;
- Managing Section 38 workers compensation claims (where Ambulance is not able to accommodate medical restrictions) requirements; including meeting with the injured employee, rehabilitation provider, Workforce Unit and relevant Divisional personnel;
- Take part in claims reviews by advising of injury management intervention and ensure recommendations for further intervention are followed up by the insurer (GIO) and Ambulance; and
- Maintain confidential injury management files.

3d. Insurer Responsibility

The Treasury Managed Fund, incorporating the insurer (GIO), is responsible for registering notifications of workplace injury/illness and commencement of provisional payments of compensation on the basis of the nature of the injury/illness, period of incapacity and implementing the injury management process. The insurer is also responsible for notifying the injured employee and Ambulance regarding commencement of provisional payments or reasons for non-commencement of provisional payments (reasonable excuse to not commence payments includes an injured employee’s notification of an injury/illness is more than 8 weeks from the date of injury).

Provisional liability allows an insurer to make weekly payments and medical expense payments without admitting liability. This enables the insurer to make payments to the injured employee without delay.

The insurer is responsible, once receiving a duly made claim, to determine liability within 21 days of receipt. If any disputes arise from a liability decision, the insurer coordinates the dispute resolution procedures, including referral to the Workers Compensation Commission, in consultation with Ambulance.

4. Return to Work Processes

The Return to Work process aims at returning injured employee’s to suitable employment within Ambulance. It involves early intervention with the provision of appropriate, adequate and timely services based on assessment of the injured employee’s needs.

4a. Injury/Illness Notification

All injured employees should ensure appropriate notification of an injury/illness to their manager by completion of the online IIMS notification within 24 hours of the injury/illness, if practicable. This will notify the manager and ensure they follow up the incident with preventative measures and reporting to the Risk Management team if required for return to work intervention.
4b. Initial Assessment

When an Incident Information Management System (IIMS) notification is complete and there is time lost as a result of a work related injury/illness, the Injury Management (IM) Coordinator needs to be contacted to commence the injury management process with the injured employee. To facilitate this early intervention, the IM Coordinator will contact the injured employee, the workplace manager and in some cases the treating doctor to assist in the injury management process commencing.

Following contact, the IM Coordinator will determine if further return to work initiatives are required. If the employee remains unfit for pre injury duties or suitable duties, the IM Coordinator will continue to be involved. If the employee has already returned to pre injury duties, the IM Coordinator will finalise the referral. The IM Coordinator will consult with the Divisional personnel throughout all phases to ensure all parties involved are aware of progress.

The initial assessment will identify:

- Appropriate suitable duties through consultation and negotiation with the injured employee, manager and the nominated treating doctor with the aim of returning the injured employee to work as soon as practicable;
- Identification of potential obstacles to a successful return to pre injury duties;
- Contact with the insurer (where applicable) to provide relevant information to be included in the employee’s Injury Management Plan (The Injury Management Plan is created by the insurer and will coordinate and manage the treatment, rehabilitation and retraining of an injured employee. Open communication between the employee, IM Coordinator and the insurer will facilitate early intervention processes and assist in reducing claims duration); and
- Provision of information to the injured employee and manager on the return to work process and contact details in regards to workers compensation process and benefits payable where applicable.

The injured employee will be requested to sign an Authority to Obtain/Release Medical Information Form.

4c. Injury Management Plan

The Injury Management Plan sets objectives and goals consistent with the injured employee’s medical condition in order to achieve a timely, safe and durable return to work.

Within 3 working days of being notified of a significant injury (i.e. Workers Compensation) the insurer must initiate action under the insurer’s Injury Management Plan and must contact the injured employee, Ambulance representatives dealing with the particular injured employee and the employee’s nominated treating doctor.

The Injury Management Plan is developed by the insurer in consultation with the injured employee, IM Coordinator, the nominated treating doctor and other key health professionals. The Injury Management Plan must be developed by the insurer for all significant injuries within 5 working days of them being notified of an injury/illness. A significant injury is defined as more than 7 working days absent from the workplace.
4d. Priority in Accommodating Injured Employee’s

The Ambulance Service, due to its large operational function and limited workplace options, has classified in order of priority injured employee’s categories and how they are to be accommodated. This order is as follows:

1. Workers Compensation injured employee’s;
2. Death and Disability Award applications;
3. Medical restrictions (eg. Pregnancy);
4. Non-Work related injury/illness not under the D&D Award; and
5. Workforce related issues (i.e. Staff to be relocated as a result of performance, policy or disciplinary outcomes).

The Ambulance Service will endeavour to accommodate all of its injured employee’s, those with medical restrictions or Workforce related issues as far as is practicable and in order of priority.

5. Return to Work

The Return to Work Plan specifies duties to be undertaken by the injured employee against their medical restrictions. The Plan is to be developed by the IM Coordinator in consultation with the injured employee, nominated treating doctor, workplace manager and union (where appropriate). All Return to Work Plans must be accompanied by a supporting medical certificate.

The Return to Work Plan will:

- Be based on medical advice from the nominated treating doctor and other health professionals;
- Document suitable duties of work in line with medical restrictions;
- Be endorsed by signatures from the injured employee, manager, nominated treating doctor, IM Coordinator and union (where appropriate);
- Be distributed to all parties in order to facilitate an informed and managed return to work process; and
- Be incorporated in the insurer’s Injury Management Plan for the employee.

Divisional Managers are required to participate in the development of Return to Work Plans and assist in identifying suitable duties for the injured employee to undertake during their recovery. It is the responsibility of all involved that the injured employee remains within the restrictions and duties of the Return to Work Plan so as not to exacerbate their injury/illness.

The injured employee must work the hours designated in the Return to Work Plan. Treatment, such as physiotherapy, chiropractic and other medical consultations, are to be made outside of the nominated hours, or as negotiated with their manager. Rosters should be flexible to allow an injured employee to attend their treatment, where possible.

5a. Provision of Suitable Duties

Suitable duties are duties that an injured employee is still able to undertake and comprise components of their substantive position. These duties may also be provided when the injured employee medical restrictions do not permit them to undertake duties within their substantive position and they are found duties to accommodate their medical restrictions within Ambulance or externally with another employer.

Suitable duties are agreed to by all parties, including the injured employee, manager, IM Coordinator and union (if appropriate). Suitable duties are not a transfer from the injured employee’s substantive position.
but a specified period on the Return to Work Plan to accommodate medical restrictions until the injured employee is able to return to their substantive position and workplace. Each period of suitable duties shall not exceed a 12 week placement without review.

5b. Alternate Employer

In some circumstances it is not possible for an injured employee’s medical restrictions to be accommodated within Ambulance. In this case another employer may become involved in accommodating these restrictions on a temporary basis.

For Workers Compensation claims the insurer may also support the vocational and functional assessments through external rehabilitation providers to ensure an injured employee has the appropriate assistance to source alternate employment.

5c. Rehabilitation Providers

In some circumstances the IM Coordinator or injured employee may request the services of a rehabilitation provider to assist with a return to work program. The rehabilitation provider can be chosen by the insurer or be nominated by the injured employee. If return to work intervention is being managed internally by the IM Coordinator and the injured employee seeks external assistance from a rehabilitation provider they must consult and inform the insurer of their reasons and obtain consent for that provider to be involved in their case management.

Accredited rehabilitation providers are multi disciplinary health and allied health providers and may include expertise in:

- Occupational Therapy;
- Physiotherapy;
- Psychology;
- Social Work; and
- Rehabilitation Counselling.

Other services a rehabilitation provider can provide include:

- Worksite and ergonomic assessments;
- Functional assessments;
- Vocational assessments and job seeking; and
- Activities of daily living assessments.

Ambulance and their insurer maintain a list of accredited Rehabilitation Providers to whom they may refer injured employees. If an injured employee seeks to change a Rehabilitation Provider during the course of a return to work program, they need to provide justification for this to the insurer.

5d. Pre Injury Duties

When an injured employee has completed their return to work program and is deemed fit for pre injury duties by their nominated treating doctor, they will be supplied with a Final WorkCover medical certificate with the commencement date of pre injury duties. To be fit for pre injury duties, the employee must not have any work restrictions. Pre injury duties refer to the employee performing their substantive duties with no restrictions or pre injury duties where adjustments have been made to the substantive position in accordance with their restrictions.
5e. Permanent Modified Duties

There are circumstances when an injured employee is unable to return to their substantive position due to a physical or psychological condition. Once a final medical certificate is received indicating the injured employee has ‘reached maximum medical improvement’ or fit for ‘permanently modified duties’ then the IM Coordinator must ensure the medical restrictions for the employee are in line with independent medical advice.

The employee may be required to attend a functional capacity assessment or an independent medical assessment to verify the proposed permanent medical restrictions. The IM Coordinator along with the Divisional Manager will then review if there are alternative positions within Ambulance which may be able to accommodate the employee in regards to their restrictions.

6. Payments under Workers Compensation

Once an injured employee has submitted an initial notification of work related injury/illness and a WorkCover medical certificate for any time lost then the following arrangements will apply:

6a. Provisional Compensation Payments

The insurer will decide within 7 days of initial notification whether to commence provisional weekly payments of compensation without admission of liability. This decision is made on the basis of the nature of the injury/illness, period of incapacity and expected period of further incapacity and in consultation with Ambulance.

Provisional compensation payments may be made for up to 12 weeks cumulatively; however following 8 weeks of provisional payments (i.e. Normal salary, payment equivalent to projected roster) the insurer may request a formal Workers Compensation Claim Form from the injured employee. Once a claim is duly made the insurer must decide liability within 21 days.

The insurer must notify the injured employee and Ambulance regarding the commencement of provisional payments or reasonable excuse for non-commencement of provisional payments.

If payments by the insurer are delayed, any accrued Sick Leave will be paid to the injured employee. If and when liability has been accepted sick leave will be re-credited.

Should all Sick Leave accruals be exhausted, Annual Leave or Long Service Leave may be paid up to the value accrued. It is the responsibility of the injured employee to apply for these leave entitlements in writing, which will be re-credited if the Workers Compensation claim is accepted.

Where the injured employee has been receiving provisional compensation payments and their Workers Compensation claim is later declined, the employee is not required to repay the provisional payments already received to date. But, injured employee’s are required to repay any payments they have received when they have been found to have made a false statement of claim regarding Workers Compensation, they may also face other penalties such as fines or gaol terms.
6b. Provisional Compensation Payments Not Commenced

Where the insurer has deemed there is a reasonable excuse for non-commencement of provisional payments, Sick Leave will be utilised or the injured employee may elect to take accrued Annual Leave or Long Service Leave in lieu of Workers Compensation.

If the insurer has used reasonable excuse not to commence payments of provisional liability, and the Workers Compensation claim is declined then any leave entitlements that has been used, cannot be re-credited to the injured employee.

7. Key Medical Personnel and their Responsibilities

7a. Nominated Treating Doctor (NTD)

All injured employees who have had time off work or require treatment are required to nominate a treating doctor. The NTD coordinates all aspects of the employee’s treatment and return to work. They are responsible for certifying an employee’s fitness, and their capabilities relating to the injury/illness, assisting in the development of the Injury Management and Return to Work Plans and providing medical advice relating to treatment and diagnosis.

The NTD may refer an injured employee to a specialist doctor for expert advice/opinion on diagnosis and treatment (i.e. psychiatrist, orthopaedic specialist or neurologist). The NTD will continue to supply medical certificates on advice from the treating specialist.

7b. Independent Medical Opinions

Injury Management Consultants (IMC) are doctors who have been approved by WorkCover to assist the insurer, employers and treating doctor’s when there is a disagreement over medical diagnosis or treatment. They examine the injured employee and/or initiate discussion with the NTD in order to facilitate the injury management and return to work process.

An independent medical assessment may also be considered if the following situations arise:

- Confusion over a clear return to work goal;
- Conflict between the NTD recommendations, restrictions and the workplace requirements; or
- Disagreement about the suitability of duties offered to an injured employee.

It is normal practice for the insurer to routinely request partially or fully incapacitated injured employee’s to attend medical reviews to assist with the management of their Workers Compensation claim.

An Independent Medical Examiner (IME) may also be used as a second opinion for information regarding the medical condition and treatment of an injured employee. The IME is a specialist related to the specific injury. An IME may also assist in determining liability on a Workers Compensation claim.

An Approved Medical Specialist (AMS) is appointed to review medical disputes. An AMS may assess an injured employee’s medical condition, fitness for employment and/or permanent impairment. The AMS may examine the employee, consult with the nominated treating doctor or other health professionals who have treated the injured employee and review or call for medical records and investigations.
An independent health review provider may be engaged to provide an independent medical review for Ambulance in determining the health status of its employee’s. Ambulance may request an assessment and review by this provider of an injured employee status. The purpose of this consultation is to provide Ambulance with an assessment of the employee’s ability to resume full pre-injury duties or their fitness to continue employment in the case of a permanent disability. Employee’s may be referred to this provider by their Divisional Manager or Workforce Unit personnel, including the Death & Disability team. The Ambulance Service meets the cost of these consultations and attendance costs to this assessment are at the discretion of each Division’s management.

8. Confidentiality

The Injury Management Coordinator is to maintain confidential records of return to work cases in line with ‘Confidential Guidelines’ published by the WorkCover Authority of NSW.

The IM Coordinator will ensure that access to an injured employee’s Injury Management file by people within Ambulance is restricted to those with a legitimate need to know. Access should be confined to relevant documents on the file and limited to:

- Those with a direct responsibility in coordinating, monitoring or providing injury management services to the employee; and
- Those involved in processing administrative support in relation to these employee’s.

8a. Obtain/Release Injury Management Information

The Ambulance Service does not require the employee’s consent to release information to their insurer, legal representatives acting on behalf of Ambulance or the WorkCover Authority.

Ambulance will ensure that written consent from the injured employee has been received, for an external party to obtain information concerning them. The consent to release information may at any time be withdrawn by the employee. If the injured employee withdraws consent, they should be aware that return to work programs may not be able to proceed and payments of compensation benefits from the insurer may be delayed due to the withdrawal of access to medical information.

8b. Records

The Ambulance Service will endeavour to protect all Injury Management files, including electronically stored information from unauthorised access, interference, misuse, loss or theft.

All injured employee’s files will be kept separate from other personal records to improve case management. Closed Injury Management files will be retained by Ambulance till the injured employee reaches 80 years of age.

This file constitutes an ongoing account of the injured employee’s progress and return to work history that can be consulted as required. In addition, an injured employee’s file may be required as evidence in court.

File notes will be used by the Injury Management Coordinator to document progress during the structured Injury Management process and other events that occur during the return to work process.
9. Dispute Resolution

The Ambulance Service Workers Compensation and Injury Management Policy and Procedures incorporate various mechanisms in the form of structured reviews which should mitigate the likelihood of disputes arising.

If a dispute does arise, strategies involving disputes avoidance and dispute handling procedures should be adopted and mediation initiated with the conflicting parties to the dispute for a timely resolution.

9a. Consultation with Injured Workers and Union

The Ambulance Service will regularly inform employees of their rights and responsibilities regarding Workers Compensation and Death and Disability Policy and Procedures through the following mechanisms:

- Display of Workers Compensation and Injury Management Policy and Procedures throughout the workplace;
- Explanation of the Workers Compensation and Injury Management Policy and Procedures to injured employee’s referred for return to work assistance;
- A summary of the Workers Compensation and Injury Management Policy and Procedures will be included in the staff orientation handout issues to new employee’s;
- Ongoing induction and in-service training in Workers Compensation and Injury Management Policy and Procedures to managers; and
- Discussion with union representatives, delegates and employee representatives as required.

9b. Disputes Regarding Provision of Suitable Duties

The IM Coordinator will convene workplace discussion between the injured employee, manager and any union representing the injured employee with the emphasis on reaching agreement. This process may involve consultation with the nominated treating doctor, other treating professionals and Rehabilitation Provider (where applicable). If a matter remains unresolved it will be referred to the WorkCover Authority Claims Assistance Service for further negotiation. If the matter is still not resolved it will be referred to the Workers Compensation Commission.

9c. Disputes Regarding Medical Treatment

The insurer may arrange reviews by medical specialists to attempt to resolve a medical dispute. If the dispute remains unresolved it may be referred to the WorkCover Authority Claims Assistance Service for further negotiation, an Accredited Medical Specialist or the Workers Compensation Commission.

9d. Disputes Regarding Workers Compensation Payments

If a financial dispute occurs regarding payments, the insurer will facilitate the process in consultation with Ambulance. If it remains unresolved it will follow the process of external intervention as other disputes previously mentioned.
### 10. Definitions

Below is a table with a summarised, quick reference list of terms and definitions relating to Workers Compensation and injury management and to this policy and procedures document.

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act</td>
<td>Unless otherwise state “the Act” refers to the <em>Workers’ Compensation Act 1987</em> and the <em>Workplace Injury Management and Workers Compensation Act 1998</em> (as amended).</td>
</tr>
<tr>
<td>Authority</td>
<td>Means the WorkCover Authority of NSW.</td>
</tr>
<tr>
<td>Initial Notification of Injury/Illness</td>
<td>As initial notification means the first notification of the workplace injury/illness or non-work related injury/illness that is given to the workplace. This can be verbal or in written form.</td>
</tr>
<tr>
<td>Injured Employee</td>
<td>Means an employee who has sustained a work related or non-work related injury/illness.</td>
</tr>
<tr>
<td>Injury Management</td>
<td>Means the process that comprises of activities and procedures that are undertaken or established for the purpose of achieving a timely, safe and durable return to work for the injured employee.</td>
</tr>
<tr>
<td>Injury Management Coordinator (IMC)</td>
<td>Means Ambulance staff member who implements and coordinates, in conjunction with the insurer and the employee’s nominated treating doctor, the Ambulance Service Injury Management Program and return to work programs. All Ambulance IMC’s are accredited by the WorkCover Authority as a Return to Work Coordinator.</td>
</tr>
<tr>
<td>Injury Management Consultants</td>
<td>Injury Management Consultant is a medical practitioner appointed by WorkCover to facilitate agreement between the nominated treating doctor, the injured employee and Ambulance about the suitability of duties. The Consultant is not involved in the treatment of an injured employee.</td>
</tr>
<tr>
<td>Grievance</td>
<td>Grievances in the context of this document are related to the return to work process and may include for example, suitable duties not being provided in accordance with the Return to Work Plan the injured employee agreed to or if, the injured employee is not satisfied with the Rehabilitation Provider etc.</td>
</tr>
<tr>
<td>Injury Management Plan</td>
<td>Means an individual plan developed by the Ambulance Service’s insurer, that encompasses all aspects of injury management which includes treatment, rehabilitation and retraining of an injured employee for the purpose of achieving a timely, safe and durable return to work for the employee.</td>
</tr>
<tr>
<td>Insurer</td>
<td>Means the GIO.</td>
</tr>
<tr>
<td>Provisional Liability</td>
<td>Provisional liability allows an insurer to make weekly payments and medical expense payments without admitting liability. This enables GIO to make payments to the injured employee without delay.</td>
</tr>
</tbody>
</table>
### Nominated Treating Doctor (NTD)

Means the treating doctor nominated by the injured employee to manage all aspects of their injury or illness, including medical restrictions and treatment. If an injured employee wishes to change their nominated treating doctor they need to seek approval from the insurer prior to this stating the reasons they are seeking a change.

### Reasonable Excuse

Means the insurer has a reason for not making provisional liability payments as defined in Part 1 Clause 7.1 to 7.7 of the WorkCover Guidelines for Claiming Compensation Benefits referred to in Section 267(2) of the Workplace Injury Management and Workers Compensation Act 1998 (as amended). Reasonable excuse exists where:

- there is insufficient medical information;
- There are doubts as to whether an employee is an employee;
- It has not been possible to contact the employee;
- The employee refuses access to information i.e. personal and health information in relation to their workplace injury/illness; the injury/illness is not work related and satisfactory evidence has been provided in accordance with the Act; and
- The injury is not significant.

### Significant Injury

Means a workplace injury that is likely to result in the employee being incapacitated for a continuous period of more than 7 days, whether or not any of those days are work days and whether or not the incapacity is total or partial or a combination of both.

### Suitable Duties

For the purpose of sections 38, 38A and 40 of the Workers' Compensation Act 1987 “suitable employment” in relation to a employee, means:

1. Employment in work for which the employee is suited, having regard to the following:
   (a) The nature of the employee’s incapacity and pre injury employment;
   (b) The employee’s age, education, skills and work experience;
   (c) The employee’s place of residence;
   (d) The details given in the medical certificate supplied by the employee;
   (e) The provisions of any injury management plan for the employee;
   (f) Any suitable employment for which the employee has received rehabilitation training;
   (g) The length of time the employee has been seeking suitable employment; and
   (h) Any other relevant circumstances.

2. In the case of employment provided by the employee’s employer, “suitable employment” includes:
   (a) Employment in respect of which:
      (i) The number of hours each day or week that the employee performs work, or
      (ii) The range of duties the employee performs.
   (a) is suitable increased in stages (in accordance with a rehabilitation plan or return to work plan or otherwise), and
   (b) if the employer does not provide employment involving the performance of work duties – suitable training of a vocationally useful kind provided:
      (i) by the employer at the workplace or elsewhere; or
(ii) by any other person or body under arrangement made with the employer.
(c) But only if the employer pays an appropriate wage or salary to the employee in respect of the time the employee attends the training concerned.

3. However, in any such case, suitable employment does not include:
(a) Employment that is merely of a token nature and does not involve useful work having regard to the employer’s trade or business; or
(b) Employment that is demeaning in nature, having regards to subsection (1) (a) and (b) and to the employee’s other employment prospects.

4. A employee is to be regarded as suitably employed if:
(a) The employee’s employer provides the employee with, or the employee obtains, suitable employment, or
(b) The employee has been reinstated to the employee’s former employment under Part 7 of Chapter 2 of the Industrial Relations Act 1996.

| Workplace Injury/Illness | Means an injury/illness to an employee in respect of which compensation is or may be payable under the Act. |

10a. Documentation

(i) Notification of Injury/Illness, Form 135 (Appendix 1)

This form is completed by the injured employee or their manager, to provide Ambulance with details of the work related injury/illness. This form may be submitted with a WorkCover medical certificate if there is any time lost.

For serious incidents such as loss of consciousness, amputation, death, electrocution or other immediate threat to life (i.e. workplace violence) WorkCover Emergency Response Service needs to be notified immediately on 0411 266 320.

(ii) Workers Compensation Claim Form/s (Appendix 2)

A Workers Compensation Claim Form only needs to be completed if the injury/illness is related to a Journey claim or Industrial Deafness claim in the initial notification of an injury/illness.

If the insurer sends out a general claim form for completion post injury, then it is the responsibility of the injured employee to complete and submit this completed claim form back to the insurer. Once a request has been made by the insurer, benefits may not be paid until the request has been complied with.

(iii) WorkCover and General Medical Certificates (Appendix 3)

It is the responsibility of the injured employee wishing to claim workers compensation benefits to provide a WorkCover medical certificate. This is also the case when an employee with non-work related medical restrictions seeks to have Ambulance accommodate those restrictions.

It is the injured employee’s responsibility to provide ongoing and updated WorkCover medical certificates to cover any periods they are not fit for pre injury duties. It is the responsibility of the manager to immediately fax the medical restrictions certificate and mail the original to the IM Coordinator. Ambulance’s Payroll Units needs to receive a copy of the medical certificate for payments of any time lost or variation to work hours.
A medical certificate needs to be sighted stating the injured employee has clearance to resume pre injury duties following any period of partial or total incapacity. It is the responsibility of the injured employee to provide a clearance medical certificate before they commence full duties.

(iv) Recurrence Forms, Claim for Further Incapacity (Appendix 4, 5, 6)

When an injured employee has returned to work performing either suitable duties or their pre injury duties, and a recurrence of the original injury occurs which requires time off work or medical attention, recurrence forms are required from both the injured employee and their manager. These forms will be requested by the insurer and IM Coordinator and when completed, must be forwarded to the IM Coordinator and insurer.

Recurrence forms may include:
- Employee’s Recurrence Form Following Return to Suitable Duties
- Employer’s Recurrence Form
- Employee’s Recurrence Form Following Return to Normal Duties

(v) Authority to Obtain/Release Medical Information (Appendix 7)

The injured employee will be requested to provide written authority to the IM Coordinator to be able to liaise with the nominated treating doctor, other treating professionals and key parties involved in their injury management and return to work programs.

(vi) Return to Work Plan (Appendix 8)

If a nominated treating doctor provides an injured employee with a medical certificate outlining a list of medical restrictions that need to be accommodated in the workplace, then a Return to Work Plan will be developed to accommodate these restrictions.

11. Endorsement

This Workers Compensation and Injury Management Policy and Procedures came into effect as of April 2009.

The policies and procedures will be reviewed bi-annually from the initial date of approval.

The policies and procedures may be reviewed and amended before and after this date subject to discussion and agreement by the ASNSW and the Union.
### Injured Employee Details

<table>
<thead>
<tr>
<th>Claim Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name: FIRST NAME:</th>
<th>SURNAME:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Gender:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Occupation/ Position:</th>
<th>Division/Location:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Manager/Supervisor:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employee Number:</th>
<th>Contracted hours:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Roster Details:</th>
<th>Perm F/T</th>
<th>Perm P/T</th>
<th>Casual</th>
<th>Penalties</th>
</tr>
</thead>
</table>

### Injury Details

<table>
<thead>
<tr>
<th>Date of injury / illness:</th>
<th>Time:</th>
<th>Date ceased work:</th>
<th>Time:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nature of injury / illness:</th>
<th>Where did it occur:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Describe how injury / illness happened:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Details of any similar previous injury / illness:</th>
</tr>
</thead>
</table>

### Current Return to Work Status

<table>
<thead>
<tr>
<th>Referred to Injury Management Coordinator:</th>
<th>Date Referred:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Currently performing normal pre injury duties</th>
<th>R.T.W Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Anticipate return to normal pre injury duties on next review with treating doctor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medically unfit until:</th>
<th>Proposed R.T.W Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Currently performing suitable duties (reduced hours)</th>
<th>hours / week</th>
<th>R.T.W Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Currently performing suitable duties (normal hours)</th>
<th>hours / week</th>
<th>R.T.W Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Medically unfit awaiting surgery or currently hospitalised</th>
</tr>
</thead>
</table>

### Treatment Details

<table>
<thead>
<tr>
<th>Drs Name:</th>
<th>Hospital (if admitted):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>Fax:</th>
</tr>
</thead>
</table>

### Employer Details

<table>
<thead>
<tr>
<th>Business name (as per policy):</th>
<th>AMBULANCE SERVICE OF NSW</th>
</tr>
</thead>
</table>

| Policy Number: | |
|----------------||

<table>
<thead>
<tr>
<th>Address:</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Employer Fax:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer Contact:</th>
<th>Contact Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Date employee notified employer of injury / illness:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Cost Centre:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Person Notifying: (Name)</th>
<th>Relationship to Employee:</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer Name:</td>
</tr>
<tr>
<td>---------------</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Complete all questions fully and accurately, to ensure accurate decisions can be made about your claim.

### 1. Worker's particulars

<table>
<thead>
<tr>
<th>Family name</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Given (or first) name(s)</th>
<th>Date of birth</th>
<th>Telephone contact number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Telephone</th>
<th>Mobile</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Residential address</th>
<th>State</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpreter required?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Language</th>
<th>What is your country of birth?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dependants</th>
<th>Is spouse or de facto working?</th>
<th>Relationship to worker</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

### 2. Injury details

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Full-time student?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residing at home?</th>
<th>Full name of dependant 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Full-time student?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residing at home?</th>
<th>Full name of dependant 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How did the injury occur, and what were you doing when the injury happened? (eg stepped when climbing a ladder)

What part/s of your body is/are injured?
**CLAIM FORM FOR INJURY ON THE JOURNEY**

**ABOUT THE WORKER**

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Date of Birth</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employer's Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date and Time of Accident?</th>
<th>Date</th>
<th>/</th>
<th>/</th>
<th>Time</th>
<th>am/pm.</th>
</tr>
</thead>
</table>

**ABOUT THE JOURNEY**

- **Time of leaving home or work**: am/pm
- **What mode of transport were you using?**
- **Where exactly did the accident occur?** Street/Road Suburb/Town
- **Were you travelling to or from work?** Following your usual route?
- **Were you travelling to or from a trade or technical school?** Following your usual route?
- **Did you deviate from your usual route?** Was the journey blocked for any reason?
- **If so, what reason?**
- **Had you consumed any alcohol or drugs?** YES □ NO □  
  - If "YES", how much?

**WHAT HAPPENED**  

How did the accident occur?  

Name and address of witness:

In your opinion, who was responsible for the accident, and why?

N.B. IF YOU WERE INJURED IN A TRAFFIC ACCIDENT PLEASE ALSO COMPLETE THE QUESTIONS OVERLEAF

GIO General Limited ABN 22 002 961 883
INJURED EMPLOYEE

RECURRENCE REPORT OF INJURY WHILE ON A RETURN TO WORK PLAN

This form is to be completed by the injured employee for a recurrence of their injury/illness whilst on a Return to Work Plan

INJURED EMPLOYEE DETAILS:

Name: 
Claim No: 

Address: 

Post code: 
Phone No: 

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

Date of recurrence: 
Date returned to duties: 

RECURRENT DETAILS:

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

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

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

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

3. a) When you returned to work, did you experience any discomfort or symptoms undertaking your duties? Circle: yes / no ➔ If yes, please give specify:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

b) Has your discomfort/symptoms continued? Circle: yes / no ➔ If yes, please give details:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

c) Briefly describe details of any current treatment you are having:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

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

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

INJURED EMPLOYEE CONSENT DECLARATION:

Injured Employee signature: __________________________________  Date: __________

Manager/supervisor name: ___________________________________  Date: __________

Injured Employee please note: A current WorkCover medical certificate must be attached to this form for the recurrence period. This form must be submitted to your Injury Management Coordinator and Insurer.
MANAGER/SUPERVISOR’S
RECURRENCE REPORT OF EMPLOYEE’s INJURY NOTIFICATION FORM:
This form is to be completed by the manager/supervisor for a recurrence of an injury/illness by an injured employee involved in a Return to Work Plan.

INJURED EMPLOYEE DETAILS:
Name: 
Claim No: 
Date of original injury: 
Employer at date of original injury: 
Date of recurrence: 
Date returned to duties: 

RECURRANCE DETAILS:

1. Are you aware of any treatment the injured employee has been receiving whilst on a Return to Work Plan? 
Circle: yes / no ➔ If Yes, please specify:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. When the injured employee was at work, were you aware that they were experiencing any discomfort or symptoms undertaking their suitable duties. Circle: yes / no ➔ If Yes, please specify:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

3. In your opinion, how does this recurrence relate to the injured employees injury? ______________ 
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

4. Were you informed by the injured employee that the discomfort or symptoms were in the same part of their body as their injury? Circle yes / no ➔ If Yes, please specify:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

5. Do you think there any other factors or issues that should be taken into consideration when reviewing this recurrence? Circle: yes / no ➔ If Yes, please specify:
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

MANAGER/SUPERVISOR DECLARATION

Manager/supervisor name and position: 
________________________________________________________________________________

Manager/supervisor signature: ________________ Date: ________________

Manager/Supervisor’s please note:
INJURED EMPLOYEE’S
RECURRENCE REPORT OF INJURY WHEN NORMAL DUTIES WERE BEING UNDERTAKEN

This Form is to be completed by the injured employee for a recurrence of an original injury/illness, when normal duties or pre injury duties were being undertaken or resumed after an injury/illness.

INJURED EMPLOYEE DETAILS:

Name:          Claim No: 
Address: 
Post code:         Phone No: 
Date of original injury:     Employer at date of original injury:
Date of recurrence:      Date returned to duties:

TREATMENT DETAILS:

Current nominated treating doctor

Name: ____________________________________________
Address: ______________________________________________________________________________
Post code: __________________________  Phone No: ______________Fax No:____________________

Other doctors currently involved in your treatment:_________________________________________

Current treatment: (tick or 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 you have been undertaking normal duties? 

Please circle: yes / no

Please comment on reasons for treatment needed:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

continued over page……………………
RECURRENCE DETAILS:

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

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

3. a) When you were undertaking your normal duties, did you experience any discomfort or symptoms
   undertaking those duties? Circle: yes / no  If yes, please give specify:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   ______________________________________
   b) Has your discomfort/symptoms continued? Circle: yes / no  If yes, please give details:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

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

INJURED WORKER CONSENT DECLARATION:

Injured worker signature: ____________________________ Date: ______________
Manager/supervisor name: ____________________________ Date: ______________
Manager/supervisor signature: __________________________

Injured workers please note:
A current WorkCover medical certificate must be attached to this Form as well as a
"Manager/Supervisor’s Recurrence Report of Workers Injury Notification" Form completed by your
manager/supervisor. These Forms must be submitted to your Division’s Injury Management
Coordinator for processing and submission to the Insurer.
AUTHORITY TO OBTAIN/RELEASE MEDICAL INFORMATION

I hereby give permission for the Ambulance Service of NSW to obtain/release information regarding the diagnosis, treatment and prognosis of my injury/illness to/from my nominated treating doctor, my employer, the Insurer, other treating professionals, rehabilitation providers, WorkCover NSW and the Risk Management Unit (including workers compensation, injury management and the Death & Disability team) for the purposes of managing my injury/illness, Return to Work, Workers Compensation or Death & Disability application.

Treating Doctor: __________________________________ Phone: ________________
Specialist: __________________________________ Phone: ________________
Physiotherapist: __________________________________ Phone: ________________
Other (please specify): ____________________________ Phone: ________________

This information will assist the Injury Management Coordinator in developing an appropriate Return to Work Plan to fulfil their obligation under Workers Compensation legislation or the Death & Disability (State) Award. The Service recognises that this information is confidential and will not release this information to any person or organisation not involved in the management of my injury/illness without my permission.

Name: ________________________________________________________________

Claim Number (if applicable): ____________________________

Signature: __________________________________
Date: __________________________________

Please return this form to your Injury Management Coordinator:
Fax: ____________________________

Or fax to the Risk Management Unit on (02) 9320 7816
# Appendix 8

## RETURN TO WORK PLAN

<table>
<thead>
<tr>
<th>EMPLOYEE’S NAME:</th>
<th>DUTIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLAIM NO.</td>
<td>D.O.I:</td>
</tr>
<tr>
<td>DIVISION:</td>
<td>LOCATION:</td>
</tr>
<tr>
<td>NORMAL POSITION:</td>
<td>RTW POSITION:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NORMAL HOURS /DAYS OF WORK:</th>
<th>MEDICAL RESTRICTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>RETURN TO WORK PLAN - HOURS/DAYS:</td>
<td>- Injured employee to review and sign</td>
</tr>
<tr>
<td>REST/MEAL BREAKS:</td>
<td>- Manager/supervisor to review and sign</td>
</tr>
<tr>
<td>APPOINTMENTS:</td>
<td>- Copy made for injured employee</td>
</tr>
<tr>
<td>RETURN TO WORK GOAL:</td>
<td>- Copy made for manager/supervisor</td>
</tr>
<tr>
<td></td>
<td>- Send Original to: IM Coordinator</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMENCEMENT DATE:</th>
<th>END DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>REVIEW:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee:</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Managers/Supervisor:</td>
<td>Signature:</td>
</tr>
<tr>
<td>IM Coordinator:</td>
<td>Signature:</td>
</tr>
<tr>
<td>Treating Doctor:</td>
<td>Date sent:</td>
</tr>
</tbody>
</table>

The above parties have agreed to follow the RETURN TO WORK PLAN outlined. The injured employee must endeavour to make their treatment appointments with minimal disruption to the workplace and will try to arrange them outside work hours where possible or at the beginning or end of their working hours or shift. Where work time is required to attend an appointment, the injured employee must advise their manager/supervisor at least 24 hours before the appointment. It is the responsibility of the injured employee and manager/supervisor to report any difficulties with the duties outlined to the IM Coordinator immediately. The expectation of the Return to Work Plan is to return the injured employee to pre injury duties. A copy of this Return to Work Plan will be given to the employee, manager/supervisor, IM Coordinator, nominated treating doctor and insurer.
INJURED EMPLOYEE

Notify manager/supervisor of injury/illness
Complete IMS Incident Notification
Contact IM Coordinator if injury/illness is compensable
Complete claim forms if requested (e.g. MVA)
Submit time lost details if any to Payroll
Submit updated WorkCover medical certificates to IM Coordinator
Communicate with IM Coordinator and manager/supervisor

MANAGER / SUPERVISOR

Complete IMS Incident Form of injury/illness immediately and notify IM Coordinator
Allow injured employee to seek medical treatment if required
If documentation is given to Manager ensure immediate dispatch to IM Coordinator or Risk Management
Any time lost needs to be documented and forwarded to Payroll
Communicate with the IM Coordinator

INJURY MANAGEMENT (IM) COORDINATOR

Contact all relevant parties upon notification of work related injury/illness
Ensure relevant documents completed & forwarded to Insurer
Develop RTW Plan if required
Obtain authorisation documents from the injured employee
Contact Treating Doctor
Monitor Return to Work Plan

eg. Injured Employee
- Manager/Supervisor
- Nominated Treating Doctor
- Insurer

Communicate with Monitor & maintain contact with all parties

ASNSW WORKERS COMPENSATION / INJURY MANAGEMENT FLOWCHART
WORKERS COMPENSATION & INJURY MANAGEMENT
FOR THE AMBULANCE SERVICE OF NSW

**POLICY STATEMENT**

The Service is committed to:

- The prevention of work related injury/illness, through the implementation of preventative occupational health and safety strategies to provide a safe and healthy work environment.
- Ensuring employee’s are advised of their rights to lodge a Workers Compensation claim and receive Injury Management assistance, if required.
- Ensuring that a return to work program is commenced as soon as possible consistent with medical advice and in accordance with the *Workers Compensation Act 1987* and *Workplace Injury Management and Workers Compensation Act 1998*.
- Ensuring the return of an injured employee as soon as possible in accordance with their medical status is a normal practice and expectation.
- Providing Suitable Duties as an integral part of the injury management process, where practicable.
- Consulting with injured employee’s (including the union/association representatives if required), the nominated treating doctor and the manager/supervisor regarding injury management and Return to Work Plans.
- Ensuring participation in injury management and return to work programs will not prejudice a employee.
- Complying with WorkCover guidelines and directions as required.

**PROCEDURES**

The procedures to be undertaken in the event of a work related injury/illness are as follows:

**Employee’s Responsibility**

- To take reasonable care in the workplace to prevent a work related injury/illness to self and others.
- To notify the Service of any workplace injury/illness as soon as possible.
- To complete relevant Workers Compensation documentation i.e. IIMS Notification and (if applicable) and if requested by insurer a Claim form and time lost documentation.
- If seeking medical treatment nominate a treating doctor to provide a WorkCover medical certificate and assist in the development of a return to work program, if required.
- Make all reasonable efforts to participate, cooperate and return to work in their substantive position as soon as possible and in accordance with medical status and work capacity as outlined by nominated treating doctor.

**Manager’s/Supervisor’s Responsibility**

- Ensure IIMS Notification form is completed and entered onto the system.
- Release injured employee from their duties if medical treatment is sought or requested by them.
- Liaise with the Divisional Injury Management Coordinator within 48 hours if medical attention is required, time lost from the workplace or suitable duties need to be provided.
- Ensure all documentation is processed in a timely manner.

**Injury Management Coordinator’s Responsibility**

- Make contact with all parties immediately involved to obtain further relevant information.
- Develop return to work programs with the injured employee, manager/supervisor and forward to the nominated treating doctor and insurer.
- Ensuring all relevant documentation is completed and forwarded to the insurer.
- The IM Coordinator will facilitate the return to work process with the injured worker, manager/supervisor, nominated treating doctor, union/association or other treating professionals in accordance with Workers Compensation Act and Workers Injury Management and Workers Compensation Act.

Greg Rochford
Chief Executive

Revised March 2009