

Injury Management and Return-to-Work (NSW Health Policy and Procedures for)

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Functional Sub group Personnel/Workforce - Occupational Health & Safety
Personnel/Workforce - Conditions of employment

Summary Directions re obligations for management of employee injuries and return to work in public health organisations and the Ambulance Service.

Erratum: The flow diagram in Appendix D entitled "What, Who and When to Notify" currently incorrectly reads that for serious incidents involving workers you must notify your workers compensation insurer within 48 days. Please note that the correct timeframe for notifying your insurer of any injury to a worker is 48 hours.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, NSW Ambulance Service

Distributed to Public Health System, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health

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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This Policy Directive may be varied, withdrawn or replaced at any time.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.

CIRCULAR

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NSW Health Policy and Procedures for Injury Management and Return-to-Work

This circular supersedes circular 97/89 "Policy and Guidelines for the Management of Occupational Rehabilitation in NSW Public Health Care Facilities."

The policy applies to all Area Health Services, all statutory health corporations and affiliated health organisations and the Ambulance Service of NSW.

The Workplace Injury Management and Workers Compensation Act 1998 outlines obligations of employers, injured workers and workers compensation insurers to achieve a timely, safe and durable return-to-work of the occupationally ill or injured.

Health Services are required to develop, implement and regularly review a Return-to-Work Program and related procedures that comply with the above legislation and the WorkCover NSW document *Guidelines for Employers' Return-to-Work Programs*. The Program and procedures must also be consistent with the NSW Treasury Managed Fund's Injury Management Program.

The purpose of the attached policy and procedures is to assist Health Services to develop local programs and procedures, consistent with the relevant legislation, that ensure appropriate action is taken in the event of workplace illness or injury. This includes ensuring early notification and prompt management of the illness or injury, and early and safe return to meaningful work of affected health service staff. The document also outlines the responsibilities of all the key parties in the return-to-work process, including managers and supervisors, workers, the Treasury Managed Fund and service providers.

The policy and procedures have also been updated to include the wide range of legislative changes implemented since 1997, including provisional liability workers compensation payments and new requirements for notification of work-related incidents to WorkCover NSW and the Treasury Managed Fund.

Copies of the document can be obtained from the NSW Health intranet at <http://internal.health.nsw.gov.au/jobs/safety/ohspol.html>

Robyn Kruk
Director-General

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In accordance with the provisions incorporated in the Accounts and Audit Determination, the Board of Directors, Chief Executive Officers and their equivalents, within a public health organisation, shall be held responsible for ensuring the observance of Departmental policy (including circulars and procedure manuals) as issued by the Minister and the Director-General of the Department of Health.

NSW Health

Policy and Procedures
for
Injury Management and Return-to-Work



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1.0 ABOUT THIS DOCUMENT

- 1.1 Injury Management and Return-to-Work** Policy and Procedures for Injury Management and Return-to-Work
Copies may be obtained at
<http://internal.health.nsw.gov.au/jobs/safety/ohspol.html>
- 1.2 Responsibility** Employee Relations Division, NSW Department of Health

1.3 Version	September 2003
1.4 Updates and Feedback	Feedback is welcomed and should be addressed to the Director, Employee Relations Division, NSW Department of Health.
1.5 Rescinds	<i>This circular rescinds Circular 97/89 Policy and Guidelines for the Management of Occupational Rehabilitation in NSW Public Health Care Facilities.</i>
1.6 Authority	It is a condition of subsidy under the Accounts and Audit determination that Health Services comply with all Department of Health Circulars and Policies.
1.7 Related NSW Health Policies	<ul style="list-style-type: none"> • Better Practice Guidelines for Including Health and Safety in the Engagement, Management and Evaluation of Contractors in Health Services (Circular 2001/119) • Effective Incident Response: A Framework for Prevention and Management in the Health Workplace (Circular 2002/19) • Incidents Reportable to the Department (Circular 97/58 - under review) • NSW Health Electronic Information Security Policy (Circular 2003/47) • NSW Health Occupational Health, Safety and Rehabilitation Guide (Grey Guide – under review) • Protecting People and Property: NSW Health Policy and Guidelines for Security Risk Management in Health Facilities (draft) • Standard Procedures for the Use of the Health Care Interpreters (Circular 94/10) • Workplace Health and Safety: a Better Practice Guide (Circular No 2001/22) (Under review)

1.8 Additional References/ Resources

- Guidelines for Employers' Return-to-Work Programs. WorkCover NSW (Rev. ed. March 2003) (Catalogue No. 506). These guidelines are referred to throughout this document as the *WorkCover Guidelines*.
- The New Simple Way to Notify Work-Related Incidents, effective 1 September 2003 (brochure) WorkCover NSW (Catalogue No. 1287)
- Notification of Work-Related Incidents – Frequently Asked Questions (FAQs) WorkCover NSW website (www.workcover.nsw.gov.au)
- Occupational Health and Safety Improvement Standard – a tool for measuring OHS performance within NSW Government Agencies. Premiers Department, October 2002 <http://www.premiers.nsw.gov.au>
- Rehabilitation Providers – Standards and Conditions of Accreditation. WorkCover NSW (Catalogue No. 518).
- Taking Safety Seriously – A systematic approach to managing workplace risks in the NSW Public Sector – Policy and Guidelines. 2nd ed. 2002 <http://www.premiers.nsw.gov.au>
- WorkCover Provisional Liability and Claims Guidelines. WorkCover NSW, 2001.
- WorkCover Medical Assessment Guidelines. WorkCover NSW, December 2001 (Publication no. 4132) Available on the WorkCover NSW website.
- Workplace Injury Management and Workers Compensation Service Level Agreement. Treasury Managed Fund and Health Service
- WorkCover NSW Claims Assistance Service
Phone 13 10 50
- WorkCover NSW publications cited throughout this document are either available on WorkCover NSW's website or from its Publications Hotline ph 1300 799 003

Website Address:

- NSW Health
<http://www.health.nsw.gov.au> (external users)
- WorkCover NSW
<http://www.workcover.nsw.gov.au>
Workers Compensation Commission
<http://www.wcc.nsw.gov.au>
Ph 1300 368 040

2.0 INTRODUCTION

2.1 Purpose and Scope

The purpose of this policy and guidelines is to ensure that in the event of workplace illnesses and injuries, suitable action is consistently taken to ensure early notification and prompt management of injuries and illnesses, and early and safe return to meaningful work of injured health service staff.

Managers, supervisors, workers, injury management staff, the Fund Manager, treating doctors and injury management service providers all have roles and responsibilities in early return to work and injury management. Workplace illnesses and injuries result in social and economic cost to injured staff, their families and health services.

The policy and guidelines apply to all Health Services and should be used to develop local procedures and implementation strategies that reflect the intent of the document. They are based on the legislation listed in Appendix A and reflect the requirements of the *WorkCover NSW Guidelines for Employers' Return-to-Work Programs* ("*WorkCover Guidelines*").

It is a requirement of s13 of the *Workplace Injury Management and Workers Compensation Regulation 2002* that employers (Health Services) comply with the *WorkCover Guidelines*.

This document should be read in conjunction with Workplace Health and Safety: A Better Practice Guide (C2001/22), the *WorkCover Guidelines* and the Treasury Managed Fund Service Level Agreement.

The provisions of this document apply even if there is a dispute concerning liability for the incident (s41A *Workplace Injury Management and Workers Compensation Act 1998*).

Where injuries are mentioned within the body of the document, protocols and procedures also apply to occupational diseases.

2.2 Legislative Arrangements

The *Workplace Injury Management and Workers Compensation Act 1998* (WIM&WC Act 1998) introduced the concept of injury management which includes treatment, workplace rehabilitation, retraining, claims management and employment management practices.

The WIM&WC Act 1998 includes the obligation placed on employers, injured workers and insurers to achieve a timely, safe and durable return-to-work of the occupationally ill or injured worker.

There are three legislative arrangements in the WIM&WC Act 1998 to assist injured workers to return-to-work after injury or illness:

1. Injury Management Program
2. Return-to-Work Program
3. Injury Management Plan

2.3 Policy

It is NSW Health policy that Health Services are required to develop, implement and regularly review a Return-to-Work Program and associated procedures that complies with WorkCover NSW's *Guidelines for Employers Return-to-Work Programs* ("*WorkCover Guidelines*") and be consistent with the Fund Manager's Injury Management Program.

Health Services must also develop individualised injury management plans for injured workers when the injury or occupational illness is significant (requiring more than 7 continuous days of absence from work).

Health Service program and procedures documentation should clearly outline roles and responsibilities of all relevant parties in the return-to-work process. Procedures should include timeframes for regular injured worker case management reviews so that both prompt injury management and a timely return to work occurs.

2.4 Treasury Managed Fund Service Level Agreement

The *Workplace Injury Management and Workers Compensation Service Level Agreement* between NSW Health and NSW Treasury Managed Fund is also cited in this document (see Chapter 3 definitions “TMF Service Level Agreement”).

2.5 Business Profile

The Business Profile is linked to the TMF Service Level Agreement and is a document that contains a Health Service’s operational injury management standards. The Business profile is cited in this document (see Chapter 3 definitions).

3.0 DEFINITIONS

Accredited Rehabilitation Provider

A person or company accredited by WorkCover NSW to provide injured workers with workplace rehabilitation services to assist them in their return-to-work.

Business Profile

A document that contains a Health Service’s current and agreed operational injury management standards. These standards are essential to both the Treasury Managed Fund and Health Service staff in supporting the Service Level Agreement. They include, for example:

- general claims management (processing)
- local injury management processes
- nominated contacts between TMF and the Health Service
- preferred nominated providers
- management of legal matters (investigators and solicitors)
- local payment protocols.

Fund Manager

The NSW Government operates an insurance and risk management scheme known as the Treasury Managed Fund. The Fund Manager has the day to day responsibility of managing the Fund.

Health Service

For the purpose of this policy, the term Health Service refers individually to all Area Health Services, all statutory health corporations, all affiliated health organisations and the Ambulance Service of NSW.

Injury Management

The early coordination of activities (ie treatment, rehabilitation, retraining, claims management and employment management practices) for the purpose of achieving a timely, safe and durable return-to-work for the worker.

Injury Management Consultant	Registered medical practitioners who are experienced in occupational injury and workplace based rehabilitation. They are facilitators who assist the Fund Manager, employers, workers and treating doctors to find solutions to the problems in complex injury management plans.
Injury Management Plan	A plan developed for the individual injured worker (when the illness / injury is significant) which outlines activities and strategies for coordinating and managing the treatment, rehabilitation and retraining of that injured worker in order to achieve a timely, safe and durable return-to-work.
Injury Management Program	An Injury Management Program, developed by the Fund Manager, is a coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, re-training, claims management and employment management practices). The purpose of the Injury Management Program is to achieve a timely, safe and durable return-to-work for injured workers.
Nominated Treating Doctor	The doctor nominated from time to time by a worker for the purposes of an injury management plan for the worker.
NSW Health	For the purposes of this policy, NSW Health refers <u>collectively</u> to all Area Health Services, all statutory health corporations, all affiliated health organisations and the Ambulance Service of NSW.
Performance Indicator	This is a measure of the performance of a particular activity or program. It should be related to the activity or program objectives.
Return-to-Work Coordinator	This is an officer designated within each Health Service who is responsible for the coordination and management of injury management plans for occupationally ill or injured workers. The Return-to-Work Coordinator is the focal point for all contact, liaison and review, particularly with the injured worker, their supervisor and treating doctor, their union where appropriate, and accredited rehabilitation provider if necessary.
Return-to-Work Program	Developed by the Health Service, the Return-to-Work Program outlines the policies and procedures in relation to injured workers' rehabilitation and rights, and must be consistent with the Fund Manager's Injury Management Program and the <i>WorkCover Guidelines</i> .
Risk Manager	This is an officer who manages occupational health and safety and insurance risk within each Health Service and is responsible for communication with the Fund Manager.
Significant Injury	Significant Injury is a workplace injury or illness that is likely to result in the worker being incapacitated for work, totally or partially or a combination of both, for a continuous period of more than 7 days, whether or not any of those days are work days (s42, WIM&WC Act 1998).
Suitable Duties	Duties for which an injured worker is suited while recovering from an injury. Suitable duties may include alternative duties.

TMF Service Level Agreement

The *Workplace Injury Management and Workers Compensation Service Level Agreement* (“*TMF Service Level Agreement*”) between the Treasury Managed Fund and the Health Service outlines injury management and return-to-work requirements, and is in line with injury management legislation. The Health Service’s Risk Manager is responsible for communication with the Fund Manager.

Vocational Retraining

Training provided to injured workers when assessments conducted by the accredited rehabilitation provider/Return-to-Work Coordinator have determined that the worker has no existing marketable or transferable skills with which to seek and secure suitable alternative employment.

Workplace Rehabilitation

A process which uses the workplace as a therapeutic environment in the recovery of the injured worker to the fullest physical, psychological, social, vocational and economic usefulness of which they are capable.

4.0 LEGISLATIVE ARRANGEMENTS TO ASSIST INJURED WORKERS

4.1 Workers Compensation Legislation

The workers compensation legislation provides benefits for workers injured during the course of their work.

The NSW Workers Compensation Act 1987 together with the Workplace Injury Management and Workers Compensation Act 1998 (WIM&WC Act 1998) outline the rights and obligations of insurers, employers and workers in relation to workers compensation and injury management. Together this legislation creates a single scheme for managing workers compensation in NSW.

Workers compensation legislation aims to get injured workers back to work as quickly and safely as possible.

Workers compensation legislation in NSW ensures that when someone is injured at work or has a work related illness, there is:

- prompt and effective treatment of their injury or illness
- medical and vocational rehabilitation
- income support to injured workers and their dependents during incapacity, through weekly benefits
- payment for reasonable medical treatment and other related expenses
- benefits if injury or illness results in a permanent impairment or death.

The longer an injured worker has to wait for assistance the less likely it is to be effective.

Early return-to-work is a central feature of the workers compensation system in NSW. The key principles underlying the safe and early return-to-work of injured workers include:

- the need to have systems in place to ensure everyone at the workplace agrees, understands and knows what to do in the event of an injury
- early reporting of injuries and early intervention
- the workplace being the most effective place for the majority of workers to recover from their injury
- workers and employers working in consultation.

4.2 Injury Management Program

The Fund Manager is required to establish and maintain an injury management program which must be approved by, and lodged with, WorkCover NSW (s43, WIM&WC Act 1998).

The Fund Manager establishes an Injury Management Program that coordinates all aspects of injury management.

An Injury Management Program is a coordinated and managed program that integrates all aspects of injury management including treatment, rehabilitation, re-training, claims management and employment management practices to achieve a timely, safe and durable return-to-work for injured workers.

Within 3 days of being notified that a worker has sustained a significant injury, the Fund Manager must contact the Health Service, worker and if appropriate, the treating doctor.

Under s43, WIM&WC Act 1998, the Fund Manager must, **within 3 working days** after being notified of a significant injury to a worker, initiate action (under the Injury Management Program) by contacting the injured worker, the Health Service and, if appropriate and practicable, the worker's treating doctor. The Injury Management Program includes procedures for the early assessment and treatment of injuries.

The TMF Service Level Agreement allows for Health Services to initiate contact with the injured worker.

Health Services may prefer to initiate contact with the injured or occupationally ill worker and the Treasury Managed Fund's *Workplace Injury Management and Workers Compensation Service Level Agreement* makes provision for this. The Agreement outlines injury management and return-to-work requirements between it and the Health Service and is in line with injury management legislation.

4.3 Return-to-Work Program

Health Services must establish a Return-to-Work Program.

Health Services are required to establish a return-to-work program which integrates procedures for the workplace rehabilitation (and if necessary, vocational re-education) of any of its occupationally ill or injured workers (s52, WIM&WC Act 1998).

The Return-to-Work Program outlines the rehabilitation process and workers' rights.

The Program must comply with the *WorkCover Guidelines*, be consistent with the Fund Manager's Injury Management Program and be reviewed at least every two years. It should be displayed or notified at places of work under the Health Service's control. The Fund Manager has developed a model return-to-work program which can be adapted/developed by Health Services.

The Return-to-Work Program will nominate the Health Service's Return-to-Work Coordinator, list the rehabilitation providers who will work with the Health Service and describe how suitable duties will be made available for workers who are certified fit for such duties.

Key components of the Return-to-Work Program include injury / illness prevention strategies, early program initiation, consultation and dispute resolution mechanisms, information, training and program evaluation.

The Return-to-Work Program should include, but not be limited to, the following key components:

- prevention of occupational injuries and illness through the provision of a safe and healthy working environment
- designation of appropriately trained, qualified and skilled injury management staff including nominated accredited rehabilitation providers
- initiation of the workplace injury management and return-to-work process as soon as possible after an injury in a manner consistent with medical opinion, including liaison with the Fund Manager within legislated timeframes
- return-to-work of the affected worker as soon as practicable, including where appropriate and practicable, the provision of suitable duties or employment consistent with medical opinion, and written injury management plans
- consultation with workers and health unions during the development, implementation and review of the program
- confidentiality of injury management records and related information
- appropriate mechanisms to manage disputes
- provision of appropriate information and training for all workers on their rights and responsibilities in relation to injury management and associated procedures
- ongoing monitoring of policy and program including the development of local injury management performance indicators as a basis for regular review and evaluation to ensure operational effectiveness.

4.4 Injury Management Plan

The purpose of the injury management plan is to achieve a timely, safe and durable return-to-work for the particular individual injured worker.

The Fund Manager is required to develop an injury management plan for an injured worker when the injury/occupational illness is significant (requiring more than 7 continuous days of absence from work) (s45, WIM&WC Act 1998) (see chapter 10).

A separate agreement may be made between the Fund Manager and Health Service that the Return-to-Work Coordinator develops injury management plans for approval of the Fund Manager (see Treasury Managed Fund's *Workplace Injury Management and Workers Compensation Service Level Agreement – Service Schedules*).

An injury management plan outlines activities required to promote prompt injury management, diagnosis, treatment and case resolution for the individual injured worker, as well as strategies to return that worker to work. It details the steps needed to assist the injured worker to return-to-work.

The injury management plan is to be developed within 5 working days of notification.

The injury management plan is developed **within 5 working days** of notification of injury (as stated in the TMF Service Level Agreement to 30 June 2005).

Appendix B provides a diagram outlining timeframes and what should happen when an occupational injury occurs.

4.4.1 Non Work-Related Injury and Illness

Due to the advantages of injury management plans, Health Services are encouraged to extend their plans, where practicable and where resources permit, to workers with significant non-work related injuries or illnesses.

5.0 PROVISIONAL LIABILITY

WorkCover Provisional Liability and Claims Guidelines (available on the WorkCover NSW web site) explain the operation of those sections of the WIM&WC Act 1998 relating to provisional liability and claims.

Among the major reforms to workers compensation in NSW that began on 1 January 2002 is the streamlined notification claims processing (s267, WIM&WC Act 1998). The Fund Manager must decide **within 7 days** of initial notification, or receipt of a Workers Compensation Claim, whether to commence provisional weekly compensation payments. Provisional weekly payments can be paid for up to 12 weeks **without admission of liability**.

Provisional liability is intended to reduce the impact of injury and illness by commencing payments promptly.

However after 8 weeks of provisional weekly payments, the Fund Manager must notify the worker that they must make a claim if weekly benefits compensation is likely to be paid for more than 12 weeks after the date of injury. If the worker chooses to not make a claim, weekly payments can still continue beyond 8 weeks to 12 weeks.

The Fund Manager must also decide **within 7 days** of initial notification of an injury (significant or not) whether to approve provisional medical treatment expenses of up to \$5,000.

Provisional liability allows the Fund Manager to make weekly and medical expense payments without admitting liability and without delay.

Termination of provisional liability payment (denial of liability) does not of itself create any obligation on the worker to refund workers compensation benefits paid. However, there are circumstances in the workers compensation legislation where the worker will have a liability to refund the payment. These are:

- fraud: workers compensation payments received because of deception (s235(a) and (d), WIM&WC Act 1998)
- false or misleading claims: receiving workers compensation payments as a result of having knowingly made false or misleading statements (s235(c) & (d), WIM&WC Act 1998)
- change in return-to-work status: if an overpayment of weekly compensation entitlements has been caused when the person has returned to work or by a change in their return to work status (s58, WC Act 1987).

If the worker returns to work and is then off work again, the Fund Manager may pay provisional weekly payments as long as the period does not exceed a total of 12 weeks. This would be considered an injury management intervention, is not mandatory, and would be determined on a case by case basis.

Reasonable excuse includes, for example, inadequate medical information or evidence that the worker's employment is not a substantial contributing factor to the injury.

The Fund Manager must notify the injured worker (s269, WIM&WC Act 1998) and Health Service (TMF Service Level Agreement) regarding commencement of provisional payments. If the Fund Manager has a reasonable excuse for not making provisional weekly payments, it must give written notice to the worker within 7 days after initial notification (s268, WIM&WC Act 1998).

6.0 MEDICAL TREATMENT AND WORKERS COMPENSATION

6.1 Treatment

Initial medical treatment for a work-related injury or illness may be provided by the Emergency Department of the appropriate facility or by local medical practitioners.

Other treatments, such as physiotherapy, can be provided by the Health Service or by a local practitioner.

The worker's nominated treating doctor provides ongoing medical treatment.

Injured workers retain the right to seek treatment from a medical practitioner of their choice who is prepared to participate in the establishment and implementation of the injury management plan (medical practitioners working in hospital emergency departments would therefore be unsuitable). These medical practitioners become the injured worker's Nominated Treating Doctor.

6.2 Workers Compensation Claim

When Injury/Illness is Work-Related and Compensable

Workplace injury means a personal injury arising out of, or in the course of, employment (s4, WC Act 1987).

Workers compensation benefits are payable when a worker suffers an injury or contracts a diseases (or suffers an aggravation, acceleration, exacerbation or deterioration of any disease) which arises out of or in the course of their employment **where the employment is a substantial contributing factor**.

For workers compensation to be paid, employment must be a substantial contributing factor or injuries must have been sustained for some defined work related journey claims.

Injuries also include those that have occurred:

- through a work-related journey or during a recess break or authorised absence from the workplace
- during a journey between the boundary of the worker's residence and the boundary of the workplace, except where the injury is attributed to the worker's serious and wilful misconduct (eg effects of alcohol or drugs contributed to the injury).

The *Workers Compensation (Dust Diseases) Act 1942* applies to dust diseases contracted through employment.

The Health Service must submit all claims for workers compensation to the Fund Manager within 7 days of receipt (s69, WIM&WC Act 1998), as well as any other documentation that may be required under the TMF Service Level Agreement.

6.3 Workers Compensation Claim Form

A workers compensation claim form must be completed when:

- the Fund Manager requests a claim to be made
- eight (8) weeks of provisional weekly payments have been made
- required benefits exceed provisional payments
- permanent impairment and work injury damages are sought.

6.4 Medical Information

Medical information about a worker's workplace injury can be obtained by the Fund Manager from a number of sources, including a WorkCover NSW Medical Certificate.

The Fund Manager will gather supporting medical information to verify that a worker has suffered a workplace injury and to determine the expected period of incapacity. The verification may be through, for example, confirmation from the treating doctor or hospital that the worker has been treated for a workplace injury. This information may be in any form, including a WorkCover NSW Medical Certificate.

A WorkCover NSW Medical Certificate must be obtained from the treating doctor and given to the Health Service to certify the period of incapacity when weekly payments have commenced.

The provision of a properly completed medical certificate will be sufficient evidence of the existence of a work related medical condition.

Workplace injuries, illnesses and incidents should be reported promptly to the supervisor or manager.

7.1 Reporting Within the Health Service of Injury or Disease

The injured worker or a delegate must report all workplace incidents, injuries and illness to their supervisor or department manager as soon as possible, preferably before the worker leaves the workplace, and ideally **within 24 hours** of sustaining the injury.

Workplace injuries should be reported promptly to the Return-to-Work Coordinator.

Similarly workplace injuries and illnesses must be reported to the Return-to-Work Coordinator as soon as possible to allow the injury management process to commence.

Where the worker sustains a work related injury away from the site, or becomes aware of a work related injury out of working hours, they must contact their supervisor as soon as possible. This is particularly important where medical treatment and/or lost time is likely.

Reporting procedures should link into local incident/injury reporting mechanisms. This will assist Health Services in implementing the injury management process as soon as possible and developing targeted OHS improvement strategies.

7.2 Notifications to WorkCover NSW and Fund Manager

Notifying about incidents in the workplace (including injury, illness or an event where there is a serious risk of injury or illness) is a legal requirement for employers under the WIM&WC Act 1998 and the OHS Act 2000.

Legislative changes made to the system for notification of work-related incidents take effect from 1 September 2003.

Employers and occupiers are required to report work-related incidents to WorkCover NSW and/or the workers compensation insurer, depending on the type of incident. For a complete outline of the notification responsibilities, see Appendix C.

Under changes to the OHS Act 2000 and the OHS Regulation 2001, new terms have been introduced to describe incidents that occur at the workplace. These include:

- Serious incidents: previously referred to as Non-disturbance occurrences
- Incidents: previously referred to as accidents and other matters.

The definition of Incidents now includes use or threatened use of a weapon that involves risk of serious injury or illness (see section 7.4).

7.3 Serious Incidents

Serious Incidents are fully defined under clause 344 of the OHS Regulation 2001.

Serious Incidents include any work related incident that causes death, results in amputation or being placed on life support, or any incident listed below that presents an immediate threat to life:

- the loss of consciousness of a person caused by the impact of physical force, exposure to hazardous substances, electric shock or lack of oxygen
- major damage to any plant, equipment, building or structure
- an uncontrolled explosion or fire
- an uncontrolled escape of gas, dangerous goods or steam
- imminent risk of explosion or fire
- imminent risk of an uncontrolled escape of gas, dangerous goods or steam
- a spill or incident resulting in exposure or potential exposure of a person to a notifiable or prohibited carcinogenic substance (as defined in Part 6.3 of the OHS Regulation 2001)
- entrapment of a person in a confined space
- collapse of an excavation
- entrapment of a person in machinery
- serious burns to a person.

Up to 36 hours after the serious incident has been reported, the immediate area around the incident must not be disturbed, except to assist any injured persons and to avoid further injuries and problems.

Incidents are fully defined under clause 341 of the OHS Regulation 2001.

7.4 Incidents

Incidents include any event listed below which occurs at or in relation to a place of work and that present a risk to health or safety but are **not immediately life-threatening**:

Incidents are those at or in relation to a place of work that present a risk to health or safety, but are not immediately life threatening.

- an injury to a person (supported by a medical certificate) that results in a person being unfit, for a continuous period of at least 7 days, to attend their usual place of work, perform their usual duties or, in the case of a non-employee, to carry out their usual activities
- an illness of a person (supported by a medical certificate) that is related to work processes and results in the person being unfit, for a continuous period of at least 7 days, to attend their usual place of work or perform their usual duties at that place of work
- damage to any plant, equipment, building or structure or other thing that impedes safe operation
- an uncontrolled explosion or fire
- an uncontrolled escape of gas, dangerous goods or steam
- a spill or incident resulting in exposure or potential exposure of a person to a notifiable or prohibited carcinogenic substance (as defined in Part 6.3 of the OHS Regulation 2001)

(*) As at September 2003, there are negotiations between the Department of Health and WorkCover NSW about possible aggregated reporting of data regarding this matter.

- removal of workers from lead risk work (as defined in Part 7.6 of the OHS Regulation 2001) due to excessive blood lead levels
- exposure to bodily fluids that presents a risk of transmission of blood-borne diseases (*)
- the use or threatened use of a weapon that involves a risk of serious injury to, or illness of, a person
- a robbery that involves a risk of serious injury to, or illness of, a person
- electric shock that involves a risk of serious injury to a person
- any other incident that involves a risk of:
 - explosion or fire, or
 - escape of gas, dangerous goods or steam, or
 - serious injury to, or illness of, a person, or
 - substantial property damage
- any incident of electric shock at a place of work that involves the risk of serious injury to a person.

7.5 Health Service Notification Responsibilities

Notifications to WorkCover NSW are made via an online form (www.workcover.nsw.gov.au) or by telephone 13 10 50.

However, it is recommended that Health Services use the templates developed by WorkCover NSW and Treasury for TMF agencies **when notifying WorkCover NSW** of the following incidents:

- Incidents without injury or illness to both workers and non-workers (see Appendix D)
- Incidents involving injury or illness to non-workers (see Appendix E).

An electronic copy of the templates was provide to Risk Managers on 3 September 2003 by the Finance and Business Management Division, Department of Health.

There is no distinction between injury and significant injury for the purposes of notifying the Fund Manager.

In summary the changes to the incident notification process mean that from 1 September 2003, Health Services are required to:

- within 48 hours, for incidents involving injury or illness to workers, notify the Fund Manager only (previously these incidents were notified to both TMF and WorkCover NSW)
- within 7 days, for incidents without injury or illness to either workers or non-workers, notify WorkCover NSW only via the email template (Appendix D), online form or by telephone 13 10 50
- within 7 days, for incidents involving injury or illness to non-workers, notify WorkCover NSW only via the email template (Appendix E), online form or by telephone 13 10 50
- notify serious incidents (refer to Appendix C for full notification details regarding serious incidents):
 - to WorkCover NSW immediately by telephone 13 10 50, to allow WorkCover NSW to respond urgently if required
 - if the 'incident involved an injury or illness to workers', also notify the Fund Manager within 48 hours
 - to WorkCover NSW within 7 days to make a full report using the email template, the online form or telephone where the 'incident involved injury or illness to non-workers' (Appendix E) or where the 'incident did not involve injury or illness to either workers and non-workers' (Appendix D).

Both templates in Appendices D and E can be modified to suit Health Services' individual systems, however, all mandatory details must be supplied. Mandatory fields are bolded.

Completed forms must be emailed to

Data.Management@workcover.nsw.gov.au

WorkCover NSW will not accept hand-written forms.

7.6 Worker Responsibilities

The involvement of workers in notifications has not changed in the new notification system.

The involvement of workers in notifications has not changed in the new notification system. Workers or their representatives can notify the Fund Manager of workplace injuries.

Appendix C is an extract of the WorkCover NSW brochure "The New Simple Way to Notify Work-Related Incidents", showing the responsibilities for notification of work-related incidents.

7.7 Confirmation of Notifications

When notifying WorkCover NSW or the Fund Manager, information about the notifier, employer, injured person and incident details may be requested.

Both WorkCover NSW and the Fund Manager will send written confirmations to the Health Service for notifications received.

Employers will receive a written confirmation of the notification from the Fund Manager after notifying about employee illness or injury. Employers will receive a written confirmation from WorkCover NSW after a notification to it about a Serious Incident and Incident, excluding those notified to the Fund Manager.

Employers must keep a record of any acknowledgement of notification given by WorkCover or the Fund Manager, for at least 5 years after the notification is given.

7.8 Register of Injuries

The injured worker or their representative should enter particulars of the injury in the Health Service's Register of Injuries as soon as possible after the injury has happened (s63, WIM&WC Act 1998). The Register of Injuries can be in electronic format.

Details required to be entered into the Register of Injuries are the particulars required to complete Form 2 Schedule 1 of the *Workers Compensation Regulation 2003*.

Details required to be entered into the Register of Injuries are particulars, name of injured worker, address, age, occupation, industry and operation in which the workers was engaged at the time of injury, date (or deemed date) and hour of injury, nature of injury, cause of injury and remarks. The entry should be signed and dated, and include the address of signatory.

8.0 RESPONSIBILITIES OF SPECIFIC PARTIES

8.1 Parties to Return-to-Work

There are a number of parties that contribute to the return-to-work of an injured worker. These include, but are not limited to, the worker, the worker's supervisor or manager, the Return-to-Work Coordinator, the accredited rehabilitation provider, the Fund Manager and the injured worker's nominated treating doctor. Their responsibilities are outlined below.

8.2 Worker Responsibilities Generally

Workers must take reasonable care and cooperate with the Health Service to prevent work related injuries to themselves and others.

Workers are responsible for:

- taking reasonable care in the performance of their work so that their acts and omissions will not affect the health and safety of people at the workplace
- cooperating with the Health Service to prevent work-related injuries to self and others
- cooperating in worksite changes designed to assist the return-to-work of fellow workers in so far as risk of illness or injury is not transferred to other workers
- participating and cooperating in the establishment of an injury management plan of an ill/injured worker (s47, WIM&WC Act 1998)
- reporting any work-related injury/illness to their manager/supervisor.

8.3 Worker Responsibilities When Injured

Workers have a number of obligations in the event of suffering a workplace injury / illness.

In the event of a work-related injury or illness, an injured or ill worker must:

Workers injured in the workplace should also register their injury in the Register of Injuries and, if appropriate, seek first aid / medical attention.

- notify their supervisor or manager of a workplace injury as soon as possible, preferably before leaving the workplace and ideally **within 24 hours**, and how long they will be off work
- notify the Health Service as soon as they become aware of an occupational illness
- enter particulars of the injury in the Health Service's Register of Injuries as soon as possible after the injury has happened (s63, WIM&WC Act 1998)
- complete and submit to the Health Service legally required workers compensation documents, for example, a claim form
- submit *WorkCover Medical Certificates* for the duration of the injury or illness to the Health Service when weekly compensation payments have commenced
- 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 Health Service and Fund Manager for the purposes of an injury management plan (s47, WIM&WC Act 1998)
- be actively involved in the development of an injury management plan written for them
- comply with their injury management plan

- report any difficulties they are experiencing with the injury management plan to the Return-to-Work Coordinator and manager/supervisor
- make all reasonable efforts to return-to-work with the pre-injury employer as soon as possible (s48, WIM&WC Act 1998)
- attend medical examinations arranged by the Health Service and Fund Manager
- notify the Health Service of any change in circumstances (relating to incapacity, income, contact details, address) as soon as possible.

A worker's refusal to cooperate with the Injury management plan may result in suspension of benefits.

Workers should be made aware that if they unreasonably refuse to cooperate with their Injury management plan, the Fund Manager can suspend weekly benefits. Before suspending benefits, the Fund Manager must write to the worker stating the reasons for suspension and what the worker must do to prevent the suspension (s57, WIM&WC Act 1998).

8.4 Managers and Supervisors – Responsibilities Generally

Managers are responsible for:

- implementing, promoting and supporting this policy in their areas of responsibility
- ensuring that staff under their control understand and follow associated procedures, including those relating to injury reporting and workers compensation
- ensuring that staff receive appropriate information, education and training in the injury reporting and workers compensation claims process, including recognising the role of industrial unions in those processes.

8.5 Managers and Supervisors – What to do When Staff are Injured

Managers and supervisors have a number of obligations when staff are injured.

In the event of a work-related injury or illness, managers and supervisors must:

- report workplace injuries promptly (**within 24 hours**) in accordance with local policy
- ensure an entry is made by, or on behalf of, a worker in the Register of Injuries
- ensure that the Health Service's Return-to-Work Coordinator is advised promptly (**within 24 hours** of becoming aware of the injury), when the worker may require workplace rehabilitation
- release the worker from duties to seek treatment
- cooperate and participate in the establishment of an injury management plan for the injured worker
- cooperate with and assist the Return-to-Work Coordinator in the workplace rehabilitation process, and provide suitable duties/modified hours where possible

- notify the Return-to-Work Coordinator if the injured worker is experiencing any difficulties with the Injury management plan
- notify the Return-to-Work Coordinator prior to any changes being made to the duties or hours worked by an injured worker on an Injury management plan
- investigate the injury/illness according to local OHS policy and procedures to identify system breakdown and rectify problems, and in complex situations, involve OHS personnel.

Section 99, Industrial Relations Act 1996 states that an employer will be guilty of an offence if:

- it dismisses an injured employee because the employee is not fit for employment as a result of the injury, and
- the employee is dismissed during the 6 months after the employee became unfit for employment.

8.6 Return-to-Work Coordinator

The Return-to-Work Coordinator is responsible for initiating, coordinating and monitoring the return-to-work process in conjunction with the Fund Manager (see Chapter 9).

8.7 Accredited Rehabilitation Provider

The role of the accredited rehabilitation provider (contractor) is to assist in the return-to-work process when the Injury management plan is complex (see Chapter 10).

8.8 Fund Manager

The responsibilities of the Fund Manager are outlined in the TMF Service Level agreement.

The Fund Manager is responsible for:

- deciding **within 7 days** of initial notification, or receipt of a Workers Compensation Claim, whether to commence provisional weekly compensation payments
- determining workers compensation claims
- ensuring that Health Services are made aware of their legislative obligations in relation to the Fund Manager's Injury Management Program
- contacting the injured worker and treating doctor **within 3 days** of being notified that a worker has sustained a significant injury (an injury requiring more than 7 continuous days of absence from work) noting that the Return-to-Work Coordinator generally makes the required initial contacts
- developing an Injury management plan for the injured worker (s45, WIM&WC Act 1998) in line with timeframes in the Fund Manager's Injury Management Program (**within 5 working days** of notification)
- providing the Health Service and the injured worker with information with respect to the Injury management plan
- informing the worker that entitlements 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 accredited 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 provided or arranged for an injured worker where appropriate.

It should be noted that a separate agreement may be made between the Fund Manager and a Health Service that the Return-to-Work Coordinator develops Injury management plans for approval of the Fund Manager.

Nominated Treating Doctors undertake a number of specific responsibilities in treating an injured worker under the Workers Compensation system.

Nominated Treating Doctors are authorised by the worker to provide to the Health Service and Fund Manager information relating to their injuries and fitness for work.

8.9 Nominated Treating Doctor

The role of the Nominated Treating Doctor is to co-ordinate all aspects of the worker's treatment and return-to-work management by:

- providing medical certification of incapacity and completing WorkCover Medical Certificates when required
- arranging appropriate treatment
- participating in the Injury management plan
- specifying work capabilities and advising on the suitability of duties offered by the Health Service
- making themselves available to, and discussing with the Health Service, Fund Manager and other service providers, the injured worker's injury management plan
- providing medical reports relating to the injured worker's fitness for work
- reviewing the progress of recovery of the injured worker
- arranging referral to an accredited rehabilitation provider, if required, and if not already initiated by the employer or Fund Manager.

9.0 RETURN-TO-WORK COORDINATORS

Each Health Service must have a Return-to-Work Coordinator.

9.1 Legislative Requirement

Each Health Service is required to have, in accordance with *WorkCover Guidelines*, designated Return-to-Work Coordinators who are responsible for the coordination and management of Injury management plans for injured workers.

The Return-to-Work Coordinator is the focal point for all contact, liaison and review, particularly with the injured worker, their supervisor and treating doctor, their union where appropriate, and accredited rehabilitation provider if necessary.

Return-to-Work Coordinators need access to the workplace and all staff / management levels to facilitate suitable duties.

The Return-to-Work Coordinator should be familiar with, and have regular access to, all areas of the workplace and to staff and supervisors with whom it may be necessary to discuss suitable duties.

9.2 Qualifications of Return-to-Work Coordinator

To undertake the duties of a Return-to-Work Coordinator, the person must, as a minimum, hold:

- a WorkCover Certificate certifying attendance at the WorkCover accredited 2 day course "Introduction to Return-To-Work Coordination"
- or
- a WorkCover Certificate certifying attendance at a 2 day WorkCover accredited training course for Rehabilitation Coordinators that was conducted prior to February 1995
- or
- a letter from WorkCover's Workplace Injury Management Branch agreeing to exempt the Return-to-Work Coordinator from the requirement to participate in WorkCover accredited training.

Only an experienced Return-to-Work Coordinator may apply to the Workplace Injury Management Branch of WorkCover NSW for exemption from the above training. Other relevant educational qualifications are also advisable.

9.3 Developing Links

Designated Return-to-Work Coordinators should be appropriately positioned within the organisation, and have access to senior management to enable effective workplace rehabilitation to occur.

Return-to-Work Coordinators should develop links with other relevant individuals and groups including statutory bodies and interpreter services.

9.4 Responsibilities of the Return-to-Work Coordinator

Responsibilities may vary between Health Services depending on agreed arrangements under the TMF Service Level Agreement and local organisational structures.

The Return-to-Work Coordinator plays a crucial role in the management of the rehabilitation process and acts as a link with all parties involved.

The Return-to-Work Coordinator will:

- ensure that contact with the injured worker is made **within 3 days** following injury/illness and workplace rehabilitation is initiated in accordance with the worker's nominated treating doctor's advice

This role is outlined more fully in the *WorkCover Guidelines*.

- liaise and maintain contact with all parties eg worker, manager/supervisor, nominated treating doctor and other treating professionals, Fund Manager, accredited rehabilitation provider and union representative where appropriate
- ensure the Injury management plan is written **within 5 days** of receiving notice of a significant injury
- liaise and participate with the Fund Manager, worker and treating doctor in the Injury management plan
- ensure all parties understand their role in the return-to-work process and decisions which may affect them
- provide information to injured workers and managers on the injury management process, legislative entitlements and responsibilities in relation to workers compensation and return-to-work
- where appropriate refer worker to an accredited rehabilitation provider, and continue to coordinate the activities of the accredited rehabilitation provider (the worker has the right to use the provider of their choice)
- monitor and evaluate progress and effectiveness of all Injury management plans, including 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*).

The Return-to-Work Coordinator or the Risk Manager must notify the Fund Manager if a workplace is unable to provide suitable employment when requested by a partially incapacitated worker.

It is essential that the Return-to-Work Coordinator is supported by management, workers and the appropriate health unions to enable effective workplace rehabilitation to occur.

9.5 Medical Clearances

Injured workers will require clearance from a Nominated Treating Doctor before they commence an Injury management plan or resume full usual duties.

A clearance is required from the Nominated Treating Doctor before the injured worker commences an Injury management plan or resumes full duties.

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 Coordinator. Injured workers with significant injuries should not resume any duties until an Injury management plan has been negotiated.

10.0 INJURY MANAGEMENT PLAN

The prospect of return-to-work is greatest when the process commences as soon as possible after the injury occurs.

10.1 Commencement

Initiation of the workplace injury management and return-to-work process should commence as soon as possible after an injury, in a manner consistent with medical recommendations. This must be a normal practice and expectation.

Local procedures should contain general case management principles including a mechanism for early assessment, to determine if workplace rehabilitation will be required.

It should be emphasised that not every injured worker will need an Injury management plan. However, it is imperative to make an early assessment of the worker's needs.

Such an assessment should occur as soon as is practical after notification by the worker of the injury or commencement of the occupational illness, ideally **within 24 hours**.

S45, WIM&WC Act 1998 states that the Fund Manager must establish an injury management plan for an injured worker.

Section 45, WIM&WC Act 1998 states that the Fund Manager must establish an injury management plan for an injured worker. However, a separate agreement may be made between the Fund Manager and Health Service that the Return-to-Work Coordinator develops injury management plans for approval of the Fund Manager (see Treasury Managed Fund's *Workplace Injury Management and Workers Compensation Service Level Agreement*). Health Services seeking to be proactive in managing the return to work of injured workers may choose this option.

If it is determined that an injured worker will require workplace rehabilitation, then a written Injury management plan for the injured worker is required to be developed.

The Health Service must establish and maintain a return-to-work case management file containing appropriate records for all workers participating in an Injury management plan.

Health Services should foster a workplace culture which promotes early return-to-work.

All parties need to recognise the benefits of workplace rehabilitation and promote and support associated activities. Disputes over claims should not prevent the Injury management plan from commencing.

Health care facilities need to ensure that appropriate assistance is given to their injured workers to return-to-work in pre-injury or alternate duties on a full time, part time or graduated basis, as directed by medical opinion.

The preferred option in the return-to-work hierarchy is return to the pre-injury job with the pre-injury employer.

Where appropriate, modification of the pre-injury position should be the initial stage in the plan. Injury management plans should in the first instance aim to return the worker to the same job, or secondly, similar job with the same Health Service or lastly, a new job with the same Health Service.

All options with the original Health Service should be considered before accredited rehabilitation providers or Return-to-Work Coordinators seek to place injured workers in outside employment. Placement with the original Health Service should be given priority.

10.2 Health Service Action

Following early assessment of the injured worker's needs regarding possible duties, the workplace, medical restrictions and the injured worker's functional capacity, a written Injury management plan should be developed for those workers who need assistance to return-to-work.

Copies of the Injury management plan should be given to the appropriate parties.

A workplace visit may be required prior to developing the Injury management plan. Copies of the agreed Injury management plan should be distributed to the injured worker, department manager and Nominated Treating Doctor.

Where an accredited rehabilitation provider is involved, their 'rehabilitation plan' is considered equivalent to an Injury management plan if it contains the same elements.

The worker's progress under the Injury management plan should be monitored regularly, at least every two weeks.

Workers who unreasonably refuse to co-operate with the Injury management plan may have their weekly compensation benefits suspended by the Fund Manager (see 8.3).

10.3 Suitable Duties

A crucial aspect of a Health Service's commitment to helping an injured worker to return to work in a timely and safe manner, is to provide suitable duties.

The fact that a worker is injured does not always mean they cannot work at all. Section 49, WIM&WC Act 1998 outlines that the employer must provide suitable work, and as far as is reasonably practicable, the same or equivalent to the employment in which the worker was at the time of the injury.

Suitable duties are negotiated and agreed upon between a number of key parties in the injury management process.

All appropriate parties should be consulted in the development of, or changes to, suitable duties. Consultation on suitable duties should include, where applicable, the worker, Return-to-Work Coordinator, the worker's usual and proposed supervisor, the nominated treating doctor, relevant union and the accredited rehabilitation provider, within the medical recommendations noted on the medical certificate.

Suitable duties should be documented in the Injury management plan and changes made only after consultation.

The suitable duties should be forwarded to the nominated treating doctor for approval prior to the commencement of duties to ensure that the worker will not suffer a recurrence or aggravation of injury while performing the suitable duties. All offers of suitable duties should be in writing and be documented in the Injury management plan.

Suitable duties should not be token or demeaning to the worker.

Suitable duties should be:

- productive
- meaningful
- time-limited
- monitored
- upgraded regularly.

Changes to the suitable duties should only be undertaken after consultation between the relevant parties.

A hierarchy of return to work goals exists, with the ultimate aim being to return on the same duties with the same employer.

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

- same duties/same employer
- similar duties/same employer
- different duties/same employer
- same duties/different employer
- similar duties/different employer
- different duties/different employer.

There should be a staged return to normal duties.

It is a normal expectation when a worker is performing suitable duties that the hours worked and the range of duties performed will be increased in stages. The Injury management plan may require an initial change in the hours/days worked and the duties performed. The suitable duties may even be conducted at a different workplace or with a different employer.

After resumption of normal duties, the injured worker's capacity should be monitored for 1 month prior to case closure.

Once the injured worker has resumed normal duties, the Return-to-Work Coordinator should continue to monitor their capacity for one month prior to closing the case to ensure the durability of the return-to-work.

10.4 Vocational Retraining

The goal of most injury management plans will be to return the injured worker to their pre-injury position in line with medical recommendations.

Vocational retraining is considered when the injured worker is unable to return to the same or similar job with either the same or a different employer.

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

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

10.5 Accredited Rehabilitation Providers

WorkCover NSW accredits rehabilitation providers.

WorkCover NSW produces a list of accredited rehabilitation providers annually who provide services to enable injured workers to return to the pre-injury employer and/or, return injured workers to a different employer.

(See *Rehabilitation Providers - Standards and Conditions of Accreditation, WorkCover NSW, Catalogue No. 518.*)

The Fund Manager can also provide advice in selecting an accredited rehabilitation provider.

It will not be necessary to refer all injured workers to an accredited rehabilitation provider. In many cases liaison with the nominated treating doctor and workplace supervisor may be all that is required to develop an appropriate Injury management plan for an injured worker.

Accredited rehabilitation providers can be used at any point in the return-to-work process.

Accredited rehabilitation providers can be used at any point in the return-to-work process, particularly when the Injury management plan is complex. It is not necessary for the injured worker to be deemed fit for suitable duties before referring to an accredited rehabilitation provider.

Injured workers can choose their own accredited rehabilitation provider, following consultation with the Health Service and the Fund Manager. A limit to a reasonable number of providers used by the injured worker may be placed. The Fund Manager must inform the injured worker of the process to be followed when changing a rehabilitation provider.

Accredited rehabilitation providers should have expertise appropriate to the particular workplace.

In selecting accredited rehabilitation providers, consideration should be given to the rehabilitation providers' areas of expertise. The preferred rehabilitation providers should become familiar with the facility, the main occupations within each facility and the workplace injury management processes.

Where the Return-to-Work Coordinator has made the referral, negotiation should occur to agree on services to be provided.

10.6 Referral Criteria

The Return-to-Work Coordinator may refer to an accredited rehabilitation provider when:

- all parties agree that an accredited rehabilitation provider should be used
- the nature of the injury will complicate the injured worker's return to their pre-injury duties
- there is a possibility that the injured worker may be absent for an extended period
- a significant injury occurs
- non-medical factors are impeding either recovery or return-to-work
- there may be a requirement for job seeking and/or vocational retraining.

Comments or complaints about the services of rehabilitation providers should be discussed initially with the provider and then with the WorkCover NSW Injury Management Branch.

10.7 Provider Activities

Accredited Rehabilitation Providers provide a number of key services with the aim of returning the injured worker to work.

Activities of accredited rehabilitation providers should include:

- a) liaising with, and acting as a consultative body to other medical and treating professionals, the Return-to-Work Coordinator and the Health Service, workers and relevant unions
- b) assisting with workplace analysis and job design, and assessment and modifications of home situations
- c) provision of equipment, education and advice regarding management of the injury, risk management and preventative advice
- d) provision of psycho-social counselling on management of stress related to the injury and rehabilitation, and vocational counselling and related activities and retraining if return-to-work is not immediately possible
- e) education regarding the nature of the injury, treatment alternatives available and any precautions, and education of the Return-to-Work Coordinator and management regarding the needs of the injured worker
- f) conducting workplace inspections prior to return to selected / alternate duties.

Medical, psychological, social and/or vocational problems can develop unless injury management is effective and prompt.

Accredited rehabilitation providers can prevent complications and difficulties.

Where health care facilities do not have the capacity to provide such services, the use of an accredited rehabilitation provider can frequently prevent complications and difficulties.

Any recommendations concerning work reorganisation or work practices need to be negotiated with the Return-to-Work Coordinator, discussed with all parties and put in writing prior to return-to-work.

Where it is intended that the initial rehabilitation interview will take place in the worker's home, the worker should be advised in advance and an appointment made. Any further home assessment should be made by appointment following the worker's consent.

The accredited rehabilitation provider must provide regular progress reports.

Accredited rehabilitation providers are required to provide to the Health Service, the Return-to-Work Coordinator, and the nominated treating doctor, regular progress reports relevant to the worker's work-related injury.

11.0 CONSULTATION

11.1 Legislative Requirements

Consultation is required in the development of the Return-to-Work Program.

Under the WIM&WC Act 1998, Health Services are required to consult with workers and health unions representing those workers in developing a Return-to-Work Program. The form of consultation should be noted on the Return-to-Work Program.

Consultation is specified under the *WorkCover Guidelines*.

11.2 Rights and Obligations

Successful return-to-work requires commitment from all parties, open communication and participation in the return-to-work process.

Workers should be informed of their rights and obligations regarding return-to-work and workers compensation. Commitment by all parties to Injury management plans is essential for successful outcomes. Consultation must occur when developing, implementing and monitoring Injury management plans.

It is in the Health Service's interest to provide workers with clear information to avoid misunderstandings and uncertainty and to gain commitment. Open communication encourages co-operation and participation in the return-to-work process.

11.3 Interpreters and Translators

The particular needs of workers who speak a language other than English should be considered.

A system for use of interpreters and translators for workers who speak languages other than English is to be established. Circular 94/10 *Standard Procedures for the Use of the Health Care Interpreters* provides advice concerning Health Service interpreters and translators (available in limited locations).

The Fund Manager (Claims Section) 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.

Consultation with workers can be facilitated through workplace OHS Committees, unions and other agreed consultative mechanisms.

11.4 Mechanisms for Consulting

Mechanisms for consulting workers can include:

- a formal consultation mechanism with workers and unions
- Workplace Occupational Health and Safety Committees, OHS representatives and other agreed mechanisms.

Worker induction programs, training courses, staff meetings, newsletters and notice boards could also be used to communicate the Health Service's requirements in relation to injury management and return-to-work processes.

12.0 CONFIDENTIALITY

12.1 Confidentiality of Records and Information

The *WorkCover Guidelines* should be consulted for further detailed information on how to manage confidential injury management information.

All injury management information that is directed at assisting the injured worker return-to-work is **confidential**. The *WorkCover Guidelines* 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 records.

When a worker with a work-related injury/illness is referred to a Return-to-Work Coordinator, the injury management file will be maintained in accordance with the *WorkCover Guidelines*.

12.2 Minimum Procedures

Staff with access to workers' injury management information are to be made aware that it is confidential and should not be discussed with, shown to or read by anyone who is not directly involved in the workers' return-to-work.

All documents supporting the injured worker's injury management plan will be kept on their injury management file. The file will be marked confidential and will have access restricted to those Health Service staff with a legitimate need to know.

Access should be confined to documents relevant to the staff member's area of responsibility and should be limited to staff who:

- are directly responsible for the coordination, monitoring and provision of return-to-work services to the injured worker
- provide clerical / administrative support in injury management.

Examples of people with a legitimate need to know may include the following:

- return-to-work coordinator
- worker's immediate supervisor
- supervisor of the area providing suitable duties
- occupational physician
- workers compensation claims officer.

Health Services, as state government organisations, are also subject to Freedom of Information legislation and this legislation should be read in conjunction with the *WorkCover Guidelines*.

The transfer of information about the injured worker outside the Health Service will always be with their written consent. The worker's consent is not required for the release of information to the Fund Manager or solicitors acting on behalf of the Health Service or Fund Manager or WorkCover NSW.

Health Services should consult the *WorkCover Guidelines* regarding documents to be excluded from the worker.

The Health Service should give the worker access to the return-to-work file upon request (in the presence of the Return-to-Work Coordinator) unless there is an exception outlined in the Privacy Act 1988. Health Services should consult the *WorkCover Guidelines* in relation to documents excluded from the worker.

Documents to be excluded from the worker, as cited in the *WorkCover Guidelines*, include those that:

- relate to existing or anticipated legal proceedings
- may reveal pertinent details regarding the Health Service's intentions regarding negotiations with the worker
- may prejudice an investigation of possible unlawful activity.

All files should be appropriately and safely secured. (See also C2003/47 "NSW Health Electronic Information Security Policy" and "NSW Health Security Manual 2003").

The Return-to-Work Coordinator should have access to a private room to interview injured workers as required.

13.0 DISPUTE RESOLUTION

13.1 Disputes about Return-to-Work

Consultation plays a key role in minimising the likelihood of disputes about workplace rehabilitation.

Every endeavour should be made to resolve disputes regarding workplace rehabilitation through consultation between all the parties to an Injury management plan, with the emphasis on reaching agreement.

The spirit of the legislation is one of worksite cooperation between all the parties on all aspects of injury management. The successful return to work of the injured worker should be the paramount concern of all parties at the worksite.

When a dispute about non-medical matters is unresolved, the Health Service should have protocols in place to refer the matter to senior officers for mediation. The Risk Manager and Fund Manager would also be consulted during this process.

To assist in preventing disputes, the worker should be advised in writing (and translated when necessary) of all aspects of the injury management process.

Consultation about proposed changes to duties and employment is required.

Consultation between the worker, Health Service, Fund Manager and treating doctors should be the normal course of action when changes to duties and employment are proposed.

Workers' rights under relevant awards / agreements are to be met.

It is also important to ensure that the rights of workers under relevant industrial awards/agreements and statutes are met throughout the return-to-work process.

The WorkCover NSW Claims Assistance Service provides assistance to injured workers and employers with questions about workers compensation and injury management.

13.2 WorkCover NSW Claims Assistance Service

While it is anticipated that the Health Service in consultation with the Fund Manager will manage the majority of disputes, the WorkCover NSW Claims Assistance Service can be utilised to clarify matters. WorkCover NSW's Information Centre is the first point of contact and staff of the Centre will help injured workers and employers resolve an issue by establishing the facts and referring cases to the Claims Assistance Service for intervention.

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

13.3 Disputes Over Suitable Duties

Injury Management Consultants are medical practitioners appointed by WorkCover NSW to facilitate the return-to-work of an injured worker.

If there are disputes about the suitability of duties, advice can be sought from an Injury Management Consultant. Lists of Injury Management Consultants are available from WorkCover NSW or the Fund Manager.

Injury Management Consultants are registered medical practitioners, appointed by WorkCover NSW, who are experienced in occupational injury and workplace based rehabilitation. They are facilitators who assist the Fund Manager, employers, workers and treating doctors to find solutions to the problems in complex injury management plans.

13.4 Disputes Concerning Treatment

Approved Medical Specialists can be consulted regarding medical disputes.

Disputes concerning treatment can be referred to an independent practitioner. However if no agreement can be reached an Approved Medical Specialist (AMS) can also be consulted to assess a worker when there is a medical dispute.

WorkCover Medical Assessment Guidelines set out the procedures for the referral and conduct of medical disputes for assessment or review of assessment. AMSs are listed on the WorkCover NSW website.

Further information is also available from the Workers Compensation Commission.

13.5 Workers Compensation Commission

The Workers Compensation Commission provides a single place to help parties come to agreement about a dispute (conciliation) or when needed, make a decision about a dispute (arbitration).

The Workers Compensation Commission hears and resolves disputes concerning workers compensation claims in NSW and can make decisions on Interim Payment Directions, weekly benefits paid, medical and related expenses, permanent impairment / pain and suffering, payment for damages to personal property and compensation for the death of a worker.

A President heads the Commission and members include Arbitrators who have the responsibility to try to bring the parties to an agreed resolution of their dispute. If this does not happen, the Arbitrator then determines the case.

Any person or party to a workers compensation dispute can make an application to the Commission except if the dispute concerns permanent impairment of a worker. In this case only the workers or their representative can apply.

A Guide to the types of applications the Commission can determine can be found at www.wcc.nsw.gov.au.

14.0 INFORMATION AND TRAINING

Information on the return-to-work and workers compensation processes should be clearly communicated to workers and reiterated to injured workers about to undergo workplace rehabilitation.

Health care facilities should ensure that workers are provided with adequate information on the return-to-work and workers compensation processes. This includes regularly informing workers of their rights and responsibilities, and of existing procedures regarding injury management. Ongoing worker education programs should prompt early reporting and return to work.

It is in the interest of the Health Service to provide workers with sufficient information to avoid misunderstandings and to enable the smooth flow of the return-to-work process. It is also most important that the injury management and return-to-work process is reiterated and clarified to injured workers about to undergo workplace rehabilitation.

The Return-to-Work Program must be in writing and on display in the workplace.

The Return-to-Work Program, outlining the rehabilitation process and the worker's rights, is required to be in writing and to be displayed or notified at the workplace.

Information concerning the return-to-work program should also be included in the induction program for all workers.

Ongoing training and education of managers and supervisors should be conducted to ensure they are aware of and fulfil all their responsibilities regarding early reporting of injuries and return to work of injured workers.

Ongoing professional development of Health Service specialist return-to-work staff and risk management staff is also advisable to ensure that they are aware of the current legislation and better practices.

15.0 EVALUATION

15.1 Program and Procedures

Formal evaluation of Health Service programs should include a review of the Return-to-Work Program and Injury management plans together with the services of any accredited rehabilitation provider.

The following points should be considered when evaluating the program and procedures:

- a) success rate of Injury management plans
- b) performance of the Return-to-Work Program in providing positive outcomes
- c) evaluation of individual provider performance
- d) statistical information on overall Injury management plan performance
- e) details of new or proposed initiatives that will enhance or improve program performance
- f) consumer satisfaction - how the injured worker perceived the delivery of rehabilitation services.

The *WorkCover Guidelines* includes a checklist for the employer's return-to-work program, and will assist Health Services in ensuring they are meeting their obligations under the WIM&WC Act 1998.

The TMF Service Level Agreement also requires the Fund Manager and Health Service to monitor the services provided against the performance indicators listed in the Agreement.

15.2 Evaluating Accredited Rehabilitation Providers

Health Services should evaluate the service provision of accredited rehabilitation providers.

As with employer-based injury management programs, it is important to evaluate workplace accredited rehabilitation provider performance on a regular basis. When evaluating this performance, it is useful to consider both Health Service criteria and the needs of the injured worker.

The WorkCover NSW document *Rehabilitation Providers – Standards and Conditions of Accreditation* sets the minimum standards for accrediting rehabilitation providers.

The following criteria should be considered when evaluating providers:

- a) percentage of specific objectives of the service which have been outlined and met
- b) number of return-to-work outcomes as a percentage of cases referred
- c) degree to which Injury management plans specified by the accredited rehabilitation provider have accurately reflected service provision and cost
- d) frequency and quality of reports
- e) degree to which communication between the accredited rehabilitation provider and the Health Service has been regular and effective
- f) degree to which the Return-to-Work Coordinator, and case team if appropriate, have been able to understand reports and recommendations made
- g) percentage of all services that are able to be justified in terms of provision and cost
- h) percentage of injured workers satisfied or otherwise with the provider's service
- i) time period between referral to the accredited rehabilitation provider and contact with the worker
- j) whether the provider allocates case managers whose qualifications are suited to the needs of the injured worker.

15.3 Performance Indicators

Performance indicators need to be identified as part of the evaluation process.

Other relevant workers compensation and local incident statistics can also be analysed to identify priorities for the identification and prevention of long duration claims and to assess performance of prevention and rehabilitation strategies. Examples of indicators which can be used include:

- number of return-to-work cases > 6 months as a percentage of open cases
- number of cases >1 month as a percentage of open cases
- average time delay from date unfit to return to suitable duties
- percentage of incidents investigated to root cause and appropriate action taken
- trend analyses to identify an increase in frequency of injury issues
- proportion of cases which meet 5 day timeframe from date of incapacity (partial or total) to development of the Injury management plan
- proportion of cases reviewed in accordance with the timeframes set out in Health Services' programs and procedures
- percentage of closed cases which return to work in the Health Service
- percentage of closed cases which return to work including external employment
- percentage of cases obtaining employment when on s38 weekly payments within 12 months.

Indicators that can be produced for a current period (for example the previous month), rather than time lag data, are also valuable in comparing current to previous performance and targets. Examples include:

- number of incidents reported, for current and previous months
- lost time injuries for current and previous months as a percentage of incidents reports
- lost time injuries for current and previous months, compared to same time last year and target
- lost time injuries greater than X hours (for example, 40), for current and previous months compared to same time last year and target
- number of claims for current and previous months, compared to same time last year and target
- net costs for current and previous months, compared to same time last year and target.

Reports provided by the Fund Manager in accordance with the TMF Service Level Agreement and the Business Profile will also assist in the evaluation of return-to-work outcomes and provider activities.

Appendix A: Legislation

Workplace Injury Management and Workers Compensation Act 1998 (No 86)

The NSW *Workplace Injury Management and Workers Compensation Act 1998* (WIM&WC Act 1998) introduced the injury management process which includes treatment, rehabilitation, retraining, claims management and employment management practices.

The WIM&WC Act 1998 includes the obligation placed on employers, injured workers and insurers to achieve a timely, safe and durable return-to-work of the injured worker.

Workers Compensation Act 1987 (No 70)

The NSW *Workers Compensation Act 1987* (WC Act 1987) outlines the rights and obligations of employers and workers in relation to the insurance and compensation of injured workers.

The WC Act 1987 co-exists with the *NSW Workplace Injury Management and Workers Compensation Act 1998*.

Workplace Injury Management and Workers Compensation Regulation 2002

This NSW Regulation reinforces the requirement to comply with guidelines such as the *Guidelines for Employers' Return-to-Work Programs* and outlines: offences; penalties and exemptions; the establishment of return-to-work programs; requirements concerning the engagement of Return-to-Work Coordinators; and employer categories. It also requires providers of rehabilitation services to be accredited with WorkCover NSW.

It is in force under the *Workplace Injury Management and Workers Compensation Act 1998*.

Workers Compensation Regulation 2003

This legislation was made under the *Workers Compensation Act 1987* and the *Workplace Injury Management and Workers Compensation Act 1998*. The Regulation deals with procedures for discontinuation of weekly payments of compensation, occupational rehabilitation services, notice of injuries and claims procedures, medical examinations and medical disputes and the Register of Injuries. Clause 36 of the Regulation requires that the particulars of the entries to be entered into the Register of Injuries be the same as those to complete Form 2, Schedule 1 of the Regulation.

Occupational Health and Safety Act 2000 (No. 40)

The *NSW Occupational Health and Safety Act 2000* (OHS Act) places a legal obligation on employers to provide a safe environment for all workers, contractors and workplace visitors. It requires employers to consult with employees on health, safety and welfare matters.

The Act requires workers to take reasonable care for the health and safety of persons who are at their place of work and who may be affected by their acts or omissions at work. It also requires that a worker cooperates with the employer in complying with occupational health and safety requirements.

Occupational Health and Safety Regulation 2001

The *Occupational Health and Safety Regulation 2001* (OHS Regulation) supports the OHS Act 2000. It requires workplaces to adopt systems to identify, assess, control and/or eliminate health or safety risks. It also expands upon the consultation requirements specified under the OHS Act 2000.

Appendix A: Legislation Continued

NSW Industrial Relations Act 1996 (No. 17)

Under the *NSW Industrial Relations Act 1996* (Part 7 Section 99 Protection of Injured Workers), an employer shall not dismiss an injured worker within six months of the worker becoming unfit for work as a result of a work-related injury.

Anti-Discrimination Legislation - Key legislation:

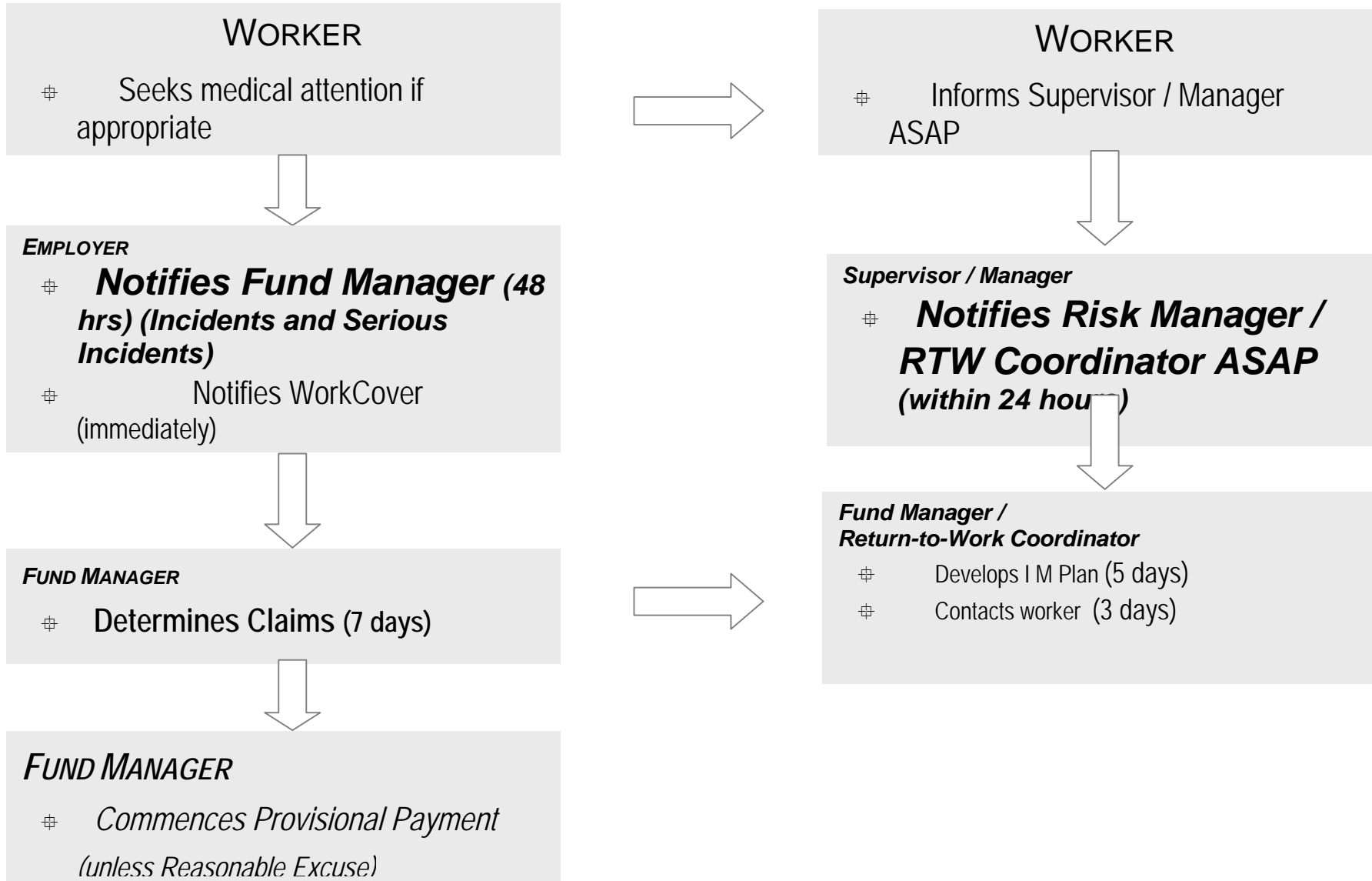
The Anti-Discrimination Act 1977 (No. 48) – NSW legislation

The Disability Discrimination Act 1992 – Commonwealth legislation

The Equal Employment Opportunity (Commonwealth Authorities) Act 1987 – Commonwealth legislation

In the context of OHS, anti-discrimination legislation makes it illegal to discriminate against a person because they have a physical or psychological disability, whether that impairment is pre-existing or whether it has come about through work, injury or disease.

WHAT HAPPENS WHEN A WORK-RELATED INJURY OCCURS



WHAT, WHO & WHEN TO NOTIFY

INCIDENTS involving injury or illness to WORKERS

SERIOUS INCIDENT

Involving a fatality or a serious injur



Notify WorkCover **IMMEDIATELY** on phone
13 10 50 PLUS notify your workers
compensation insurer within **48 days**

INCIDENT

Involving an injury or illness to workers,



Notify your workers compensation insurer within
48 hours

INCIDENTS involving injury or illness to NON-WORKERS (eg. visitor or customer) at your workplace

SERIOUS INCIDENT

Involving a fatality or a serious injury or
illness



Notify WorkCover **IMMEDIATELY** on phone
13 10 50 PLUS notify WorkCover within **7 days**
to make a full report using the online form at
www.workcover.nsw.gov.au
or phone **13 10 50**

INCIDENT

**Involving a non-worker where
the injury or illness results
in the person being off work
or unable to perform their**



Notify WorkCover within **7 days** using the online
form at **www.workcover.nsw.gov.au**
or phone **13 10 50**

INCIDENTS without injury or illness (**BOTH WORKERS and NON-WORKERS**)

SERIOUS INCIDENT

With no injury or illness but **IS** immediately
life threatening



Notify WorkCover **IMMEDIATELY** on phone
13 10 50 PLUS notify WorkCover within **7 days**
to make a full report using the online form at
www.workcover.nsw.gov.au
or phone **13 10 50**

INCIDENT

With no injury or illness, and **IS NOT**
immediately life threatening



Notify WorkCover within **7 days** using the online
form at **www.workcover.nsw.gov.au**
or phone **13 10 50**

**Template for Notification to WorkCover
Incidents without Injury or Illness (both Workers and Non-Workers)**

Company/Employer Details	
Company/Employer Name (of notifier)	
Trading As	
Employer Address – Number & Street	
Employer Address – Locality	
Employer Address – State	
Employer Address – Postcode	
Employer Industry Description	
Company/Employer ABN	
Notifier Details	
Last Name (Surname)	
First Name	
Notifier Telephone Number	
E-mail address of Notifier	
Role of Notifier (eg Safety Coordinator)	
Incident Details	
Date of Incident	
Address where the Incident occurred – Number & Street	
Address where the Incident occurred – Locality	
Address where the Incident occurred – State	
Address where the Incident occurred – Postcode	

Description of how the Incident happened (Narrative text description of the incident)	
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Notes for Notification to WorkCover of Incidents without Injury or Illness (both workers and non-workers)
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- Mandatory fields are bolded.
- This template can be modified to suit Health Services' internal systems, however all mandatory details must be notified to WorkCover.
- All notifications must be sent via email to WorkCover to:
Data.Management@workcover.nsw.gov.au
- The title of the email must be "Incident Notification re Incident without Injury or Illness"

Assistance for Completing Email Submissions

Any questions regarding email submissions, contact WorkCover on 13 10 50.

SECTION: Company / Employer Details

Complete the Area Health Service details in the Company / Employer Details section. Insert the full name of the Area Health Service in the Company/Employer name field.

SECTION: Incident Details

Complete the details of the specific health facility where the incident occurred in the Incident Details section.

Field: Employer Industry Description

Insert the phrase "State Government / Health Services" as well as any other words such hospital to clarify the description.

Field: Description of How the Incident Happened

This field is a textual description of the incident. The field's format is alphanumeric to a maximum length of 200 characters. The only acceptable abbreviation is MVA (motor vehicle accident).

The purpose of this field is to capture as much information as possible about what caused the incident. Enter the specific details about the ward or similar where the incident occurred.

Details required include:

- what work was being performed at the time of the incident, or just prior to the incident occurring, such as lifting a load on a crane, unloading stock from a truck
- unexpected events that contributed to the incident such as scaffold collapse, explosion, fire etc
- name, make or model of any plant, equipment or machinery involved in the incident
- brand or type of any chemical or hazardous substance involved in the incident
- specific location of the incident such as the machine shop, freezer room, retail store, mental ward in hospital etc.

Examples include:

APPENDIX D

A boiler at XYZ Hospital malfunctioned and became severely overheated. There was a risk of the boiler exploding prior to the fault being identified and repaired.

Vandals started a fire in a garbage bin outside Emergency Department at AB Hospital. Emergency evacuation procedures worked. All persons on site were quickly removed. No injury or illness sustained.

A forklift was unloading a pallet from a truck when one of the tines broke. The load fell from the forklift, almost striking the truck driver.

**Template for Notification to WorkCover
Incidents involving Injury or Illness to Non-Workers**

Company/Employer Details	
Company/Employer Name (of Notifier)	
Trading As	
Employer Address – Street	
Employer Address – Locality	
Employer Address – State	
Employer Address – Postcode	
Employer Industry Description	
Company/Employer ABN	
Notifier Details	
Last Name (Surname)	
First Name	
Notifier Telephone Number	
E-mail address of Notifier	
Role of Notifier (eg OHS Manager)	
Injured Party Details	
Last Name (Surname) of Injured Person	
First Name of Injured Person	
Non-Worker Category (contractor, self-employed, visitor, volunteer, customer, other)	
Date of Birth	
Home Telephone Number	
Residential address – Number & Street	
Residential address – Locality	
Residential address – Postcode	

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Template for Notification of Incidents involving Non-Workers cont
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Incident Details	
Date of Incident	
Address where the Incident occurred – Number & Street	
Address where the Incident occurred – Locality	
Address where the Incident occurred – State	
Address where the Incident occurred – Postcode	
Description of how the Incident happened (Narrative text description of the incident)	
Description of how the Injury/Illness happened (Narrative text description of the Injury/Illness)	

Continued next page

Notes for Template for Notification to WorkCover of Incidents involving Injury or Illness to Non-Workers

- Mandatory fields are bolded.
- This template can be modified to suit Health Services' internal systems, however all mandatory details must be notified to WorkCover.
- All notifications must be sent via email to WorkCover to:
Data.Management@workcover.nsw.gov.au
- The title of the email must be "Non-Worker Incident Notification"
- If the non-worker is a contractor, Health Services may also include the name and contact details of the non-worker's employer by simply adding an additional field(s) as required.

Assistance for Completing Email Submissions

Any questions regarding email submissions, contact WorkCover on 13 10 50.

SECTION: Company / Employer Details

Complete the Area Health Service details in the Company / Employer Details section. Insert the full name of the Area Health Service in the Company/Employer name field.

SECTION: Incident Details

Complete the details of the specific health facility where the incident occurred in the Incident Details section.

Field: Employer Industry Description

Insert the phrase "State Government / Health Services" as well as any other words such hospital to clarify the description.

Field: Description of Incident (Description of how the Incident Happened)

This field is a textual description of the incident. The format of the field is alphanumeric and its maximum length of 200 characters. The only acceptable abbreviation is MVA (motor vehicle accident).

The purpose of this field is to capture as much information as possible about what caused the incident. Details required include:

- what the non-worker was doing at the time of the incident, or just prior to the incident occurring, such as standing in bank queue, shopping at the grocery store etc
- unexpected events that contributed to the incident such as scaffold collapse, explosion, fire, armed hold-up, assault.
- name, make or model of any plant, equipment or machinery involved in the incident.
- brand or type of any chemical or hazardous substance involved in the incident
- specific location of the incident such as the machine shop, freezer room, retail store, mental ward in hospital etc

Examples include:

An electoral worker taking voting information was attacked by a patient in an aged care facility and suffered a broken arm.

Contractor working at the medical records section tripped over a box near his desk, fell heavily onto the floor, hitting his head on the desk as he fell.

Volunteer was assisting clients at an information desk when a piece of the roof caved in. A piece of debris hit her on the top of the head.

Continued next page

Notes for Template for Notification to WorkCover of Incidents involving Injury or Illness to Non-Workers (continued)

Description of Injury/Illness

This is a textual description of the injury/illness (disease) sustained by the claimant. The format of the field is alphanumeric and the maximum field length is 200 characters. Illness includes diseases for the purpose of these guidelines. Acceptable abbreviations for use in this description are:

Abbreviation	Full word
R	Right
L	Left
PTSD	Post traumatic stress disorder
OOS	Occupational overuse syndrome
RSI	Repetitive strain injury
NSI	Needle-stick injury

The purpose of this field is to capture as much information about the injury or illness as possible. As a minimum it must include the nature (or type) of the injury/illness and the bodily location of the injury/illness (including side of body, if relevant).

All injuries sustained as a result of a single incident must be included. For example: a person tripped over a gutter and sustained multiple injuries. The notification would include that the injuries were sustained as a fractured right wrist, sprained left ankle, grazed right hand and bruised right knee.

Examples of the nature of injury/illness include: fracture, strain, stroke, cancer, abdominal injury, heart attack, electric shock, needle stick injury or hernia, concussion, virus, measles, asthma, rash etc.

Examples of the bodily location of injury include: thigh, femur, spine, upper back, thoracic, lumbar, lower back, neck, right shoulder, stomach, kidney, heart, brain, circulatory system, digestive system, head, nose, eye, skin etc.

Spelling of terminology should be accurate, and if there is a choice between specifying a medical term or a more common description, choose the one that has the greatest likelihood of being spelt correctly.

Examples of the narrative text description of Injury / Illness include:

- Fractured femur of the right leg
- Strain to lower back
- Concussion, lacerated forehead, bruised chest and broken right arm
- Strained upper back, neck and left shoulder

- Amputation of little finger of the left hand
- Occupational Overuse Syndrome to the wrist of the right hand
- Psychological disorder, severe anxiety disorder
- Melanoma on the right arm
- Severe asthma attack
- Contact dermatitis on the right palm and fingers