

<b>POLICY:-</b>	
Policy Title:	Injury Management & Return to Work Policy & Procedure
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Resolution Number:	357/16
Next Policy Review Date:	2016

<b>PROCEDURES/GUIDELINES:-</b>	
Date procedure/guideline was developed;	
Procedure/guideline reference number:	

<b>RESPONSIBILITY:-</b>	
Draft Policy Developed by:	Human Resources Coordinator
Committee/s (if any) consulted in the development of this policy::	WHS Committee
Responsibility for implementation:	General Manager
Responsibility for review of Policy:	General Manager

## **Purpose**

Is to demonstrate Upper Lachlan Shire Council's commitment to meeting its moral and legislative obligations, to effectively and efficiently put in place an Injury Management system that will be practical, proactive and continuously reviewed.

Return to work culture is about developing quality business processes and practices to support managing return to work in the workplace. This can include developing workplace rehabilitation policy and procedures, educating workers about early reporting of injuries and allocating responsibility for managing return to work.

This Workplace Injury Management Protocol and Return to Work Program shall apply to all Upper Lachlan Shire Council employees.

## **Protocol statement**

Upper Lachlan Shire Council is responsible for ensuring that an effective, systematic and equitable approach to injury management is developed, implemented, communicated and reviewed.

Early injury reporting and notification, accident investigation, preventative WHS risk management strategies and an active participatory approach by all involved will ensure Council's principal goals and objectives are achieved.

Upper Lachlan Shire Council is committed to preventing occupational injury and illness through providing a safe and healthy working environment. Upper Lachlan Shire Council shall ensure, as far as is reasonably practical that commitment to effective Injury Management shall be demonstrated through;

- prevention of occupational injuries and illness through provision of a safe and healthy working environment
- provision of training for the prevention of workplace based injury and illness
- allocation of necessary resources to the management of injury
- through consultation with employee representatives, develop a Return to Work Program
- implementation of the Return to Work Program as a standard protocol
- ensuring early commencement of the injury management and return to work process with return to pre-injury duties the objective
- provision of suitable employment (duties) for injured employees
- ongoing consultation and support of injured employees to ensure effective return to work
- ensuring that the participation in Return to Work does not disadvantage an injured employee
- all workplace incidents are investigated with a 'no blame' philosophy
- communicate the Return to Work Program to all employees of the Upper Lachlan Shire Council

## **Legislative requirements**

- Work Health & Safety Act 2011
- Work Health and Safety Regulation 2011
- Workplace Injury Management and Workers Compensation Act 1998
- Workers Compensation Act 1987
- Workers Compensation (Dust Diseases) Act 1942

## **Return to Work Program**

Upper Lachlan Shire Council is committed to preventing injury and illness through the implementation of a systematic approach to the identification, assessment and control of hazards which may cause injuries and illness.

As a Category 1 employer, Upper Lachlan Shire Council has a legislative obligation to develop and implement a Return to Work Program.

This Return to Work Program has been developed in consultation with employees through their Work Health and Safety Committee as well as relevant unions of the organisation and is consistent with StateCover Mutual Limited (*Council's Specialised Workers Compensation insurer*) Injury Management Program.

Upper Lachlan Shire Council will ensure that the injury management process commences as soon as possible after an injury in a manner consistent with medical judgement and that early return to work by an injured worker is a normal practice and expectation. At no time shall any injured employee be disadvantaged as a result of their Return to Work management.

Council's aim is to return injured employees to work according to the following preferred hierarchy of injury management goals.

1. Pre-injury duties/ pre-injury employer
2. Modified or reasonably adjusted duties/ pre-injury employer
3. Different duties/ same employer
4. Pre-injury duties/ different employer
5. Modified or reasonably adjusted duties/ different employer
6. Different duties/ different employer

## **1. Roles and responsibilities objectives**

### **1.1 Management**

1. Demonstrate commitment to the injury management process
2. Develop a Return to Work Program and display summary copies of this program prominently in the workplace. The Return to Work Program will include injury management procedures to be followed to ensure prompt assessment of individual requirements following an injury.
3. Ensure suitably qualified, experienced and accredited persons are appointed to the role of Return to Work Coordinator.

4. Establish Management reviews of Injury Management with the Return to Work Coordinator.
5. Provide information and training to employees regarding the Upper Lachlan Shire Council Work Health and Safety Management Systems including the Injury Management Program principles and procedures.
6. Provide accredited Injury Management Providers (Rehabilitation Providers) involved with an injured employee's injury management reasonable access to the workplace, for effective facilitation of the injury management process.

### **1.2 Manager/Supervisor/Team Leader**

1. Ensure that the injured employee receives the necessary first aid and/ or medical treatment, as appropriate for the injury/ illness. If in doubt, err on the side of caution and refer the injured employee for medical assessment.
2. **Immediately** notify (verbal) the WH&S Coordinator and the Return to Work Coordinator of any employee who requires medical assessment or treatment (*as per definition*).
3. Ensure that employee completes all sections of the Accident/Incident/Near Miss Report Form WHS 002 as soon as possible following the incident or onset of a work related medical condition. Forward the WHS 002 form onto the Return to Work Coordinator within 12 hours of the injury.
4. All supervisors are to fill in the Accident/Incident/Near Miss Report Form for Supervisors WHS 003 form and forward onto the WHS Coordinator.
5. Ensure injured employee completes Workers Compensation claim forms if employee attends medical assessment or treatment and forward claim forms to the Return to Work Coordinator within 12 hours of the injury.
6. Conduct an Accident Investigation within 24 hours under direction from the WHS coordinator, the investigation team shall be determined by the WHS Coordinator. Councils WHS 004 Incident Investigation Report Form to be filled in.
7. Assist the Return to Work Coordinator (and Rehabilitation Provider if involved) with identification and assessment of potential suitable employment (duties) for consideration in the injured employee's return to work plan.
8. Ensure that any training and/ or workplace modifications as agreed to as part of an injured employee's return to work plan is completed.



9. Monitor and review the injured employee's return to work plan progress, in liaison with the Return to Work Coordinator (and Rehabilitation Provider if involved).

Ensure that their responsibilities in relation to injury management are adhered to at all times

### **1.3 Employee**

1. Take reasonable care and comply with Upper Lachlan Shire Council's Work Health and Safety Management System, so as to prevent workplace injuries to themselves and others.
2. Employees must report all hazards, incidents and injuries **immediately** or as soon as reasonably practical to their supervisor.
3. Seek first aid and/ or medical treatment as required following a work related injury. If seeking medical treatment, request that the examining medical practitioner supply a WorkCover medical certificate.
4. Complete Accident/Incident/Near Miss Report Form WHS 002 and give to immediate supervisor.
5. If a Workercover Medical Certificate is supplied by a medical practitioner, State Cover claim forms must be completed. Contact should be made with the return to work Coordinator to obtain these forms and must be done within 12 hours of the accident.
6. Present any ongoing documentation in relation to the injury to the Return to Work Coordinator within 24 hours.
7. If the injury/ illness results in the employee being unfit for pre-injury duties or modified duties the employee must nominate a treating doctor to manage/assess their injury of workers compensation claim.
8. Cooperate with Council to enable it to meet its Injury Management obligations.
9. Actively participate in any agreed individual return to work plan.
10. Cooperate with reasonable workplace changes designed to assist the injury management of fellow employees.
11. Attend any medical examination arranged by Council or its insurer for the purpose of assessing or reviewing their condition.
12. Ensure that the scheduling of any medical treatment appointments take into consideration the operational requirements of their department or work group and to liaise with their supervisor regarding this. This may include attending treatment times outside of designated work hours.
13. Ensure that their responsibilities in relation to injury management are adhered to at all times

### **1.3.1 Employee rights**

1. Upper Lachlan Shire Council acknowledges that employees undergoing injury management have the following rights.
2. To participate in consultations regarding all decisions and actions relating to their injury management.
3. To involve a union representative or other persons of their choice at any time during their injury management.
4. To be provided with appropriate and effective injury management program.
5. To be treated by the medical and/ or health professionals of their choice. At the initial medical consultation, the employee is required to nominate the doctor they wish to be their treating doctor for the purpose of development and review of their Injury Management Plan. The nominated treating doctor can only be changed following discussion with and agreement of Council's Injury Management Coordinator. Potential reasons for an employee requesting a change of nominated treating doctor include:
  - a) The treating doctor or the injured employee changes physical location
  - b) The nominated treating doctor recommends a change in medical practitioner
  - c) The injured employee expresses concerns regarding their medical treatment and/ or progress
  - d) Any other reasonable circumstances agreed to by both parties (injured employee and Return to Work Coordinator).

### **1.4 a) Return to Work Coordinator**

1. Notify insurer of any injury within 24 hours; (*once Council is made aware of injury*)
2. To facilitate the employee's return to work as soon as is practical and safe, consistent with medical information provided.
3. Provide information regarding the injury management process and associated workers compensation benefits to injured employees.
4. Immediately notify Council WHS Coordinator regarding incident investigation and corrective actions to prevent reoccurrence.
5. Abide by WorkCover NSW Confidentiality of Rehabilitation Information guidelines for employers in relation to access to injury management records and consent to obtain/ release information.
6. Liaise with the following stakeholders, as required, in assessing the needs of the injured employee, coordinating services, review and monitoring.
  - Injured employee

- Treating doctor/s
  - Manager/s and or supervisor/s
  - Accredited Rehabilitation Provider (where applicable)
  - Treating health professionals/ therapist
  - Injury Management Coordinator
  - Union representative (where applicable)
7. Contact is made with any injured employee on a regular basis and if returning to work on suitable duties an individual Return to Work Plan is developed. The Return to Work Plan should clearly identify the agreed upon Injury Management goal.
  8. For significant injuries whereby the injured employee cannot return to work an injury management plan is developed in consultation with the insurer.
  9. Follow all requests initiated by insurer's Injury Management Plan
  10. Monitor employee progress at regular intervals.
  11. Ensure that the requirements of Workers Compensation legislation, WorkCover NSW and Upper Lachlan Shire Council are met, in terms of reporting requirements and procedures for workers compensation claims.
  12. Review of Case Files with relevant stakeholder(s)

#### **1.4 b) Human Resources Coordinator**

1. Complete an Injury Management Performance Summary Report, which outlines new cases, status of active cases, cases approaching 3 month and 6 month duration and closed cases.
2. Report to Management on Injury Management claims status, prevention and premium reduction strategies. Regularly monitor and review accident/ incident/ injury reports and injury management statistics.

#### **1.5 c) Work Health & Safety Coordinator**

1. Report to Management on all new incidents/near miss/injury's at monthly MANEX meetings
2. Investigate all incidents with Councils WHS004 form and report to Workcover

#### **1.6 StateCover Mutual Limited**

When notified of an injury, the insurance company must:



1. contact the worker, the employer, and the treating doctor within three days, and consult with all relevant parties to ensure that the worker receives necessary assistance to recover and return to work,
2. commence provisional liability payments of weekly benefits and medical expenses within seven days (unless a reasonable excuse exists),
3. develop an injury management plan for a worker with a significant injury, and
4. co-operate with its obligations under the injury management plan.

The insurance company will have a 'reasonable excuse' to not start provisional liability payments if:

1. there is not enough medical information to make the decision,
2. the worker is unlikely to be considered a 'worker' under NSW workers compensation legislation,
3. the insurance company is unable to contact the worker, after repeated attempts,
4. the worker refuses access to information,
5. the injury is considered not work-related,
6. the injury is not a significant injury (in these cases, decisions must be made within 21 days), or
7. the injury was notified after two months of the date of injury

## 2 Procedures

### 2.1 When an injury occurs

1. **All** injuries must be reported by the employee to their supervisor **immediately**.
2. Depending on the severity of the injury, the injured employee is to seek first aid and/ or medical treatment without delay
3. The supervisor shall **immediately** notify (verbal) the Work Health & Safety Coordinator of any employee who requires medical assessment or treatment (other than first aid).
4. An Accident/Incident/Near Miss Report form WHS 002 must be completed and forwarded to the Return to Work Coordinator no later than the end of the shift that the injury occurred. (*within 12 hours*)
5. If the injured employee requires medical treatment the treating Doctor shall determine if the injured employee:
  - a) is fit for pre-injury duties
  - b) is fit to for suitable duties
  - c) is unfit to work



and will provide the injured employee with a WorkCover Medical Certificate.

6. The injured employee must present the WorkCover Medical Certificate and any other documentation to their supervisor / overseer.
7. The supervisor/ overseer will provide the injured employee with Workers Compensation Employee claim form for completion.
8. The WorkCover Medical Certificate and Employee claim forms and any other documentation are then to be forwarded to the Return to Work Coordinator within 12 hours of the injury.
9. In the case of an injured employee not being able to return to work to physically complete the forms, the supervisor must notify the Return to Work Coordinator immediately and arrangements shall be put in place by the Return to Work Coordinator to contact the employee.

## **2.2 Claims management**

1. The insurer must be notified by Council within 24 hours of injury or accident
2. The notification involves the lodgement of incident/ injury notification, WorkCover Medical Certificate and employee claim forms.
3. Within 48 hours State cover should be provided with all employee claim forms, employer claim forms and Workcover Medical Certificate.
4. If liability for the claim is denied, the injured employee can dispute the decision, refer to Claims in Dispute.
5. Any accounts, receipts, medical certificates that directly relate to the injury should be forwarded to the Return to Work Coordinator immediately, to enable efficient payment and/ or reimbursement from the insurer and/ or Council.

## **2.3 Following a work related injury – the return to work process**

1. The injured employee must nominate a Medical Treating Doctor if the injury results in the employee being unable to perform their pre-injury duties for a continuous period of 7 days or more.
2. If the injury is minor and as determined by the medical assessment the injured employee will return to “pre-injury duties”.
3. If the injury is not deemed as ‘significant’ and the employee classified as “fit for suitable duties”, the Return to Work Coordinator shall arrange a meeting with the injured employee, their supervisor and union representative (if applicable) to develop an individual Return to Work plan consistent with the medical limitations. This plan shall detail agreed outcome, duties, hours of work, restrictions, review dates and shall be signed by the injured employee, supervisor, Return to Work Coordinator and nominated Treating Doctor. No suitable duties shall commence until they have been agreed to by the Nominated Treating Doctor.

4. If the injury is 'significant' the commencement of the development of an Injury Management Plan must be started within 3 days of notification by Council. This Injury Management Plan will be developed by the insurer and contain specific requirements for the employer, insurer and injured employee.
5. Injury management may not be necessary in all cases of work related injury. However, early assessment of the need for injury management is imperative. Initial injury management contact will be made within 3 days by the Return to Work Coordinator for all workers compensation claims.
6. Support will be provided to the injured employee, to monitor, review and effectively case manage including the provision of information and legislative rights and obligations during the return to work process.
7. The return to work process will follow the legislative requirements determined by WorkCover NSW.

#### **2.4 Involving an accredited rehabilitation provider**

1. Rehabilitation Providers are multi-disciplined teams of health professionals whose services may be engaged to assist in the injury management of injured employees. Rehabilitation Providers need to be accredited by WorkCover NSW.
2. Rehabilitation Providers services shall be engaged when the workplace injury management of an injured employee is complex and referrals shall be made as early as possible.
3. A referral to a Rehabilitation Provider can be made by an insurer, injured employee, medical practitioner, and employer.
4. The injured employee has the right to choose the Rehabilitation Provider. (see *employee Rights – Roles and Responsibilities*)

#### **2.5 Council's Return to Work Coordinators**

Sandra Francis (Crookwell Office) Ph 4830 1000 Fax 48322066  
Natalie Pye (Gunning Office) Ph 48454100 Fax. 48451426

#### **2.6 Provision of suitable employment (duties)**

1. Provision of suitable duties (*refer Definitions*) is an integral part of Council's commitment to the Workplace Injury Management Program and an important aspect of helping the injured employee return to work in a safe and timely manner.
2. Section 49 of the Workers Compensation Act 1987 will be used as the definitive guide to establishing suitable employment. (*refer Attachment 4.6*)
3. Suitable duties shall always be offered in accordance with Section 49 of the Workers Compensation Act 1987

4. Return to pre-injury duties following injury shall always be the initial objective.
5. When the injured worker is, according to medical assessment, fit for suitable duties, the Return to Work Coordinator will consult with the nominated treating doctor, injured employee, management, the nominated Rehabilitation Provider and Union *(if applicable)* in finding suitable duties.
6. In the allocation of suitable duties, consideration will firstly be given to suitable duties within the worker's usual workgroup. Should there be no suitable duties within that workgroup, then suitable duties within the same Department will be considered, and then the wider organisation should none are available within the Department.
7. This provision includes outside employees undertaking duties within the office should there be no other suitable duties within their usual work groups.
8. Restricted hours, modification of a workplace, change in duties or a combination of factors will be considered when developing an employee's rehabilitation program.
9. Suitable duties shall be documented (Return to Work Plan), clearly listing the duties to be performed, working hours, physical/ medical restrictions, dates and times of medical treatment and Plan review.
10. Suitable duties shall be time limited, monitored closely (informal and formal) and regularly reviewed and upgraded.
11. Appropriate training must be given to injured employees on selected duties if they are working in a new area;
12. Duties may be changed as part of the rehabilitation process. This will occur in consultation with the worker, the treating doctor, the appropriate supervisor, the Return to work Coordinator and if required, the Rehabilitation Provider.
13. Where an employee is on reduced hours, attendance at medical appointments is to be outside the work period.
14. Where suitable duties cannot be identified at the workplace, WorkCover's Work Trial scheme may be utilised to provide suitable duties with another (host) employer.



## **2.7 Conclusion of injury management**

Workplace Injury Management will conclude when an injured employee;

- resumes all pre-injury duties and hours; or
- returns to full employment of pre- injury position, but with modified duties acceptable to the employee and their department; or
- is appointed to another established position within Council consistent with the employees work capabilities; or
- withdraws from their injury management program, in which case the appropriate parties will be notified; or
- is considered by a medical or injury management professional as unlikely to gain any further benefit from continued injury management; or
- ceases to be employed by Council, in this case the injured employees injury management needs will be assessed through the Workers Compensation Insurer, and an accredited rehabilitation provider if appropriate.

## **2.8 Consultation with employees**

Upper Lachlan Shire Council shall consult with employees and any Union Association of employees representing those employees in the development of the Injury Management Policy and Return to Work Program and subsequent review of mentioned Policy and Program.

Consultation with employees shall be facilitated through Work Health and Safety Committees, or other agreed consultative mechanisms.

Particular needs of workers who speak a language other than English shall be considered.

Employees will be informed of their rights and responsibilities with regards to Council's Injury Management and Return to Work Policy and Procedure through the following:

- a) Employee induction
- b) Ongoing development and training
- c) Awareness and information pamphlets
- d) Display summary of "Return to Work Program" on relevant noticeboards
- e) Full Workplace Injury Management Policy and Program available on Council's Electronic Document Management System 'TRIM F10/618'

## **2.9 Dispute resolution**

Any conflict of interest or dispute should be resolved as quickly as possible in order to ensure effective injury management for the injured employee. It should be noted that Upper Lachlan Shire Council is committed to making all reasonable efforts within its capability to resolve any dispute.

In the event of a dispute over an individual injury management case, the dispute shall be handled as follows:

- a) The WH&S Coordinator shall attempt to informally resolve the dispute by coordinating discussions with, as appropriate and where applicable, the relevant 'Return to Work Coordinator', injured employee, supervisor, manager, treating Doctor(s), Rehabilitation Provider, union.
- b) Should the dispute not be resolved, the matter may be referred to a WorkCover NSW Injury Management Consultant to facilitate resolution regarding fitness for work and the suitability of duties offered to the injured employee; or to a WorkCover NSW Approved Medical Specialist in relation to medical disputes regarding the employee's condition or fitness for employment.
- c) If the matter still remains unresolved, the issue should then be referred to the Workers Compensation Commission.

### **2.10 Claims in dispute**

If the insurer decides to deny liability, the injured employee can dispute the decision through the Workers Compensation Commission.

### **2.11 Confidentiality**

Upper Lachlan Shire Council shall ensure that the WorkCover NSW Confidentiality of Rehabilitation Information guidelines for employers are adhered to.

All injury management information concerning an injured worker is confidential.

All case management files shall be kept separate to personnel files and access shall be limited to those who have direct responsibility in coordinating, monitoring or providing return to work services to the injured worker, and those involved in providing clerical and administrative support. Access to information by relevant personnel shall be limited to information that is relevant to their area of responsibility for the injured employee.

All records will be properly stored, secured and retained in line with State Records requirements.

### 3 Definitions

***'Employee'*** - An individual who works under a contract of employment or apprenticeship.

*For the purpose of this Protocol does not include contractors, sub contractors, labour hire employees, volunteers, and employment schemes (work for dole, work experience, etc.).*

***'Employer'*** - Upper Lachlan Shire Council

***'First Aid'*** - Treatment given for a minor injury that does not require further treatment by a dedicated medical professional i.e. doctor, hospital, ambulance.

***'Injury'*** – (a) means a personal injury arising out of or in the course of employment, and

(b) includes:

(i) a disease contracted by an employee in the course of employment, where the employment was a contributing factor to the disease, or

(ii) the aggravation, acceleration, exacerbation or deterioration of any disease where the employment was a contributing factor to the aggravation, acceleration, exacerbation or deterioration, but

(c) does not include (except in the case of a worker employed in or about a mine to which the Coal Mines Regulation Act 1982 applies):

(i) a dust disease, or

(ii) the aggravation, acceleration, exacerbation or deterioration of a dust disease

(Section 41: Workplace Injury Management and Workers Compensation Act 1998 amended 2001)

*Note: Where a person suffers from a dust disease, compensation is provided in the Workers Compensation (Dust Diseases) Act 1942.*

***'Injury management'*** - "The purpose that comprises activities and procedures that are undertaken or established for the purpose of achieving a timely, safe and durable return to work for employees following workplace injuries"

(Section 42: Workplace Injury Management and Workers Compensation Act 1998 amended 2001)

***'Injury Management Plan - Insurer'*** - an injury Management Plan is a plan for coordinating and managing those aspects of injury management that concern the treatment, rehabilitation and retraining of an injured



*employee, for the purpose of achieving a timely, safe and durable return to work for injured employees. An Injury Management Plan is written for all employees with significant injuries.*

**'Insurer' -** StateCover Mutual Limited

**'Medical Assessment/ or Treatment'** - Treatment provided by a dedicated medical professional i.e. doctor, hospital, ambulance

**'Notifiable Incidents (serious incident)'** - an incident that has resulted in fatality, a person placed on life support, loses consciousness, is trapped in machinery or confined space, has serious burns or an incident where there is an immediate threat to life.

**'Return to Work Plan'** – a written, agreed and time limited plan stating “suitable duties, restrictions, hours worked, supervision arrangements, regular monitor and review dates” including steps that will be taken to help the injured employee return to work.

**'Return to Work Program'** - This is a series of return to work commitments and procedures developed by the employer, aimed at ensuring timely, safe and durable return to work of injured employees that must be consistent with the Insurer's Injury Management Program.  
(Section 52: Workplace Injury Management and Workers Compensation Act 1998 amended 2001)

**'Significant Injury'** - a significant injury is when an employee cannot undertake their usual duties for a continuous period of 7 or more days.

**'Suitable Employment (Duties)'** - suitable employment, in relation to a worker, means employment in work for which the worker is suited, having regard to the following:

- (a) the nature of the worker's incapacity and the pre-injury employment,
- (b) the worker's age, education, skills and work experience,
- (c) the workers place of residence,
- (d) the details given in the medical certificate supplied by the worker,
- (e) the provisions of any injury management plan for the worker,
- (f) any suitable employment for which the worker has received rehabilitation training
- (g) the length of time the worker has been seeking suitable employment,
- (h) any other relevant circumstances

*In the case of employment provided by the worker's employer, suitable employment includes:*

- (a) *Employment in respect of which:*
  - (i) *the number of hours each day or week that the worker performs work, or*
  - (ii) *the range of duties the worker performs, is suitably increased in stages (in accordance with a rehabilitation plan or return to work plan or likewise), and*
- (b) *If the employer does not provide employment involving the performance of work duties, suitable training of a vocationally useful kind provided:*
  - (i) *by the employer at the workplace or elsewhere, or*
  - (ii) *by any other person or body under arrangements made with the employer, but only if the employer pays an appropriate wage or salary to the worker in respect of the time the worker attends the training concerned. However, in any such case, suitable employment does not include:*
    - (a) *employment that is merely of a token nature and does not involve useful work having regard to the employer's trade or business, or*
    - (b) *employment that is demeaning in nature, having regard to subsection (1) (a) and (b) and to the worker's other employment prospects.*

*A worker is to be regarded as suitably employed if:*

- (a) *the worker's employer provides the worker with, or the worker obtains, suitable employment, or*
- (b) *the worker has been reinstated to the worker's former employment under Part 7 of Chapter 2 of the Industrial Relations Act 1996 .*

*(Section 43: Workers Compensation Act 1987)*

## **Reference Documents:**

### **Relevant Legislation**

The following Legislation affects the operation of this Plan:-

- Local Government Act 1993;
- Local Government (General) Regulations 2005;
- Local Government (State) Award 2010;
- Work Health and Safety Act 2011 and Regulations;
- Anti Discrimination Act 1977;
- Industrial Relations Act 1996;
- Independent Commission against Corruption Act 1988;
- Workplace Relations Act 2008;
- Fair Work Act 2009;
- Equal Employment Opportunity Act 1987;
- Government Information (Public Access) Act 2009
- Privacy and Personal Information Protection Act 1998;
- Civil Liabilities Act 2002;
- Environmental Planning and Assessment Act 1979;
- NSW State Records Act 1998;
- Trade Practices Act 1974;
- Public Interest Disclosures Act 1994; and
- Crimes Act 1900.

### **Related Council Policies and Procedures**

The following Council Policies and documents that are relevant to this Policy include:-

- Code of Conduct for Councillors, staff, contractors and delegates of Council;
- Council's Code of Meeting Practice;
- Upper Lachlan Shire Council Community Strategic Plan;
- Upper Lachlan Shire Council Resourcing Strategy documentation;
- Upper Lachlan Shire Council Delivery Program and Operational Plan;
- Human Resource Training Plan;
- Staff Training Policy;
- Human Resource Succession Plan;
- Equal Employment Opportunity (EEO) Management Plan;
- Public Interest Disclosures Policy;
- Recruitment and Selection Policy;
- Complaints Management Policy;
- Grievance Policy;
- Disciplinary Policy;
- Harassment Policy;
- Secondary Employment Policy;
- Service Delivery Policy;
- Interaction between Councillors and Staff Policy;
- Bribes, Gifts and Benefits Policy;
- Fraud and Corruption Prevention Policy;
- Purchasing and Acquisition of Goods Policy and Procedures;



- Drug and Alcohol Policy;
- Rehabilitation Procedure and Practice Policy;
- Time in Lieu of Overtime Policy;
- Manual Handling Policy;
- Child Protection Policy;
- Delegations of Authority Policy;
- Employee Assistance Program (EAP) Policy;
- Trauma Management Policy;
- Employment and Retention Policy;
- Higher Grade Pay Policy;
- Time in Lieu of Overtime Policy;
- First Aid Policy;
- Work Health and Safety Policy;
- Injury Incident Management Procedures;
- Protective Clothing and Equipment Policy;
- Mobile Telephone Policy;
- Smoking in the Workplace Policy;
- Salary Sacrificing Policy;
- Private Use of Council Motor Vehicles Policy;
- Sun Protection - Council Employees Policy;
- Volunteers Policy; and
- Payment of Expenses and Provision of Facilities Policy.

**Variation:**

Council reserves the right to vary or revoke this policy.

## **4 Attachments**

### **4.1 *Summary of Return to Work Program***

### **4.2 *Notification Guidelines***

### **4.3 *Injury Management Forms***

- 4.3.1.1 Hazard Report Form WHS 001
- 4.3.1.2 Accident/Incident/Near Miss Report Form WHS 002
- 4.3.1.3 Accident/Incident/Near Miss Report Form for Supervisor WHS 003
- 4.3.1.4 Accident/Incident Investigation Report Form WHS 004
- 4.3.1.5 Workers Compensation Employee Claim Form
- 4.3.1.6 Return to Work Plan template
- 4.3.1.7 Rehabilitation Provider Referral
- 4.3.1.8 StateCover Correspondence Fax Header
- 4.3.1.9 Wages Re-imbursement Schedule

### **4.4 *Section 49 Workplace Injury Management and Workers Compensation Act 1998***

## **Summary of Return to Work Program**

Upper Lachlan Shire Council is committed to preventing occupational injury and illness through providing a safe and healthy working environment. Upper Lachlan Shire Council shall ensure, as far as is reasonably practical that commitment to effective Injury Management shall be demonstrated through;

- prevention of occupational injuries and illness through provision of a safe and healthy working environment
- provision of training for the prevention of workplace based injury and illness
- allocation of necessary resources to the management of injury
- through consultation with employee representatives, develop a Return to Work Program
- implementation of the Return to Work Program as a standard protocol
- ensuring early commencement of the injury management and return to work process
- provision of suitable employment (duties) for injured employees
- ongoing consultation and support of injured employees to ensure effective return to work
- ensuring that the participation in Return to Work does not disadvantage an injured employee
- all workplace incidents are investigated with a 'no blame' philosophy
- communicate the Return to Work Program to all employees of the Upper Lachlan Shire Council

## **Return to Work Program**

### **When an injury occurs**

- Employees are required to notify their supervisor of all injuries immediately
- Appropriate first aid or medical treatment be provided immediately
- The injury (*other than simple first aid*) is notified by the supervisor to the Return to Work Coordinator (*on the first instance – verbally*).
- The Supervisor (*with assistance from relevant personnel*) shall at the direction of the WHS Coordinator conduct an accident/ incident investigation to prevent reoccurrence where reasonably practical.
- Council shall notify StateCover (insurer) of any injury within 24 hours

### **Following an injury**

- The injured employee must nominate a treating doctor
- The Return to Work Coordinator will assist in developing and complying with an individual injury management plan for an injured employee
- The Return to Work Coordinator will maintain a confidential case management file
- Appropriate assistance will be given to workers permanently unable to return to pre-injury duties

### **Finding suitable duties**

- When the injured employee is capable of returning to work based on medical advice, an individual return to work plan will be developed offering suitable duties that will be identified after consultation with relevant parties and will be specified in writing
- All individual return to work plans will be reviewed in a structured way as to accomplish the goal of return to work pre-injury duties.
- 

### **Council's Return to Work Coordinators**

Sandra Francis (Crookwell Office)	Ph. 4830 1000	Fax. 48322066
Natalie Pye (Gunning Office)	Ph. 4845 4100	Fax. 48451426
Backup Gunning Contact Officer: Andrew Bush (Gunning Depot) 48454122		
Backup Crookwell Contact Officer: Ben Churchill (Crookwell Depot) 48301030		

### **Dispute Resolution**

- The WHS Coordinator shall attempt to informally resolve the dispute by coordinating discussions with, as appropriate and where applicable, relevant stakeholders.
- Should the dispute not be resolved, the matter may be referred to a WorkCover NSW Injury Management Consultant; or to a WorkCover NSW Approved Medical Specialist
- If the matter still remains unresolved, the issue should then be referred to the Workers Compensation Commission.

A complete detailed copy of the Upper Lachlan Shire Council Workplace Injury Management and Return to Work Policy and Procedure may be accessed from the I Drive, your Departmental Manager and the Return to Work Coordinator.

Developed in consultation with the employees of Upper Lachlan Shire Council.



## Attachment 4.2

### Notification guidelines

#### **Injury occurs**

Ensure suitable medical treatment is provided and all personnel are safe  
If medical treatment involves referral to a doctor, hospital or ambulance notify Council Office immediately by ringing 48 301 000

#### **First aid treatment**

At worksite that does not involve any lost time, employee and immediate supervisor complete WHS003 form and forward to Council Office within 12 hours of initial injury.

#### **Doctor, hospital, ambulance treatment**

- (a) Injured employee **returns to work on same shift as injury**  
Complete WHS002, employee compensation claim form, and forward to WHS Coordinator with any other paperwork such as WorkCover Medical Certificate, invoice etc within 12 hours.
- (b) Injured employee **does not return to work** because of nature of injury  
Notify Council Office by ringing 48 301 000.

## **Injury Management Forms**

- 4.3.1.1 Hazard Report Form (WHS 001)
- 4.3.1.2 Accident/Incident/Near Miss Report Form (WHS 002)
- 4.3.1.3 Accident/Incident/Near Miss Report Form For Supervisor (WHS 003)
- 4.3.1.4 Accident/Incident Investigation Report Form (WHS 004)
- 4.3.1.5 Workers Compensation Employee Claim Form
- 4.3.1.6 Return to Work Plan
- 4.3.1.7 Rehabilitation Provider Referral
- 4.3.1.8 StateCover Correspondence Fax Header
- 4.3.1.9 Wages Re-imbursement Schedule

## **Attachment 4.4**

### **Section 49 Workplace Injury Management and Workers Compensation Act 1998**

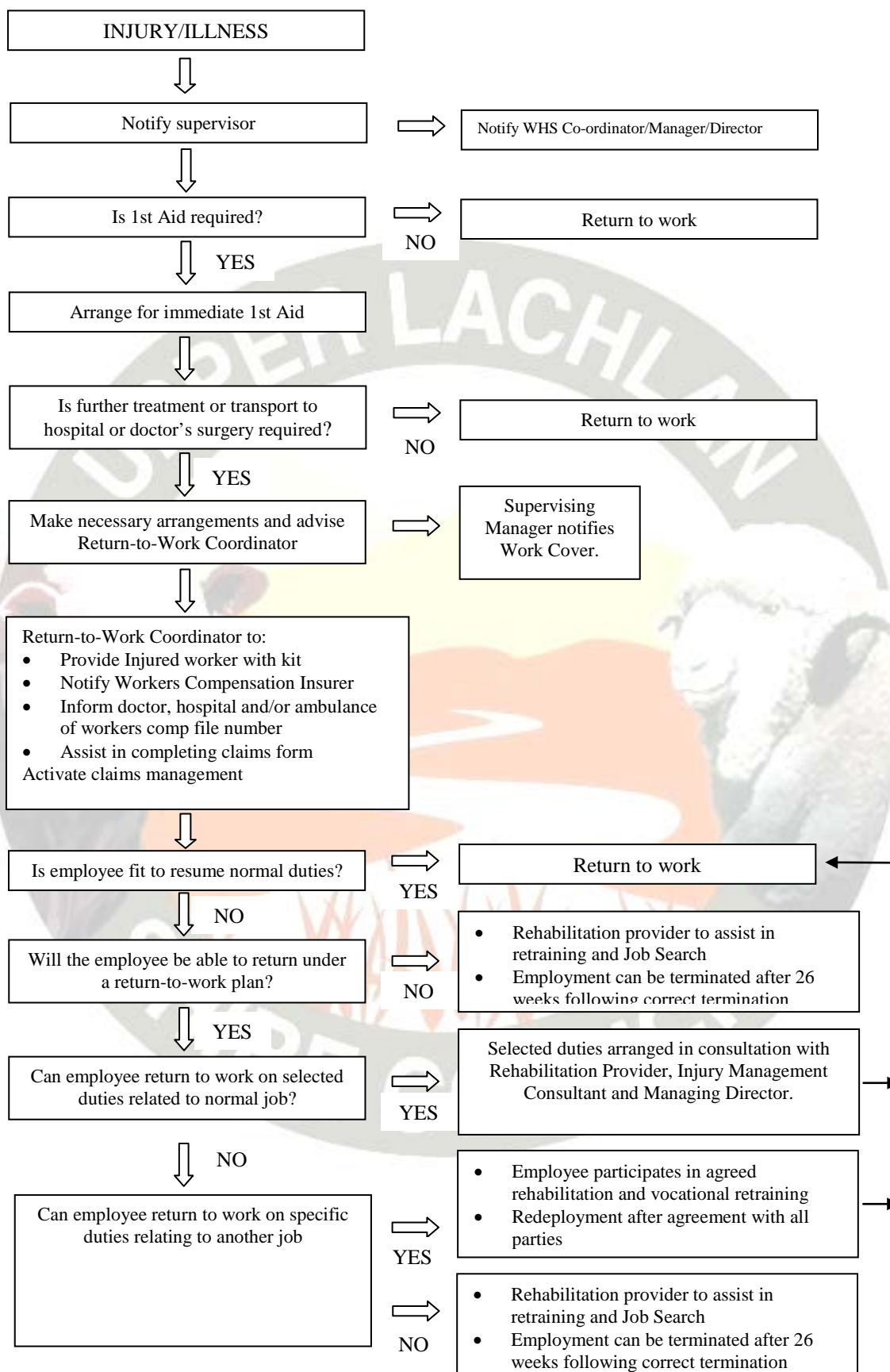
#### **Employer must provide suitable work**

- (1) If a worker who has been totally or partially incapacitated for work as a result of an injury is able to return to work (whether on a full-time or part-time basis and whether or not to his or her previous employment), the employer liable to pay compensation to the worker under this Act in respect of the injury must at the request of the worker provide suitable employment for the worker.
- (2) The employment that the employer must provide is employment that is both suitable employment (as defined in section 43A of the 1987 Act) and (subject to that qualification) so far as reasonably practicable the same as, or equivalent to, the employment in which the worker was at the time of the injury.
- (3) This section does not apply if:
  - (a) it is not reasonably practicable to provide employment in accordance with this section, or
  - (b) the worker voluntarily left the employment of that employer after the injury happened (whether before or after the commencement of the incapacity for work), or
  - (c) the employer terminated the worker's employment after the injury happened, other than for the reason that the worker was not fit for employment as a result of the injury.

**Note.** See also Part 7 Chapter 2 of the *Industrial Relations Act 1996* for provisions for protection of employment of injured workers.

## Rehabilitation Flowchart

## Attachment 4.5





4.3.1.1 Hazard Report Form (WHS 001)

WHS 001

Hazard Report Form



Hazard Registration Number:

**Instructions:**

- **Employee** observing hazard complete **PART A** and then report to supervisor
- **Supervisor** to complete **PART B** in conjunction with reporting employee and WHS rep for relevant
- **Then** forward to Departmental Manager for sign off and further action if required
- Upon **completion of above actions**, original to be forwarded to WHS Coordinator for registration and review.

**Part A – Hazard details**

Date hazard observed:	Time hazard observed:
Location of the hazard:	
Details of the hazard (please describe the hazard in full):	

**Hazard reported by**

Family name:	Given name(s):
Work location:	
Department: Position	
title:	

**Hazard reported to**

Family name:	Given name(s):
Position title (Supervisor or Divisional Manager):	
Date reported:	Time reported:

<p>How <b>severely</b> could it hurt someone?</p> <p>A. <b>Kill</b> or cause permanent disability or ill health              B. <b>Long term illness</b> or serious injury              C. <b>Medical attention</b> and several days off work              D. <b>First aid needed</b></p> <p>How <b>likely</b> is it to be that bad?</p> <p>E. <b>Very likely</b> – could happen any time              F. <b>Likely</b> – could happen sometime              G. <b>Unlikely</b> – could happen but very rarely              H. <b>Very unlikely</b> – could happen, but probably never will</p> <p>Take the risk</p> <ul style="list-style-type: none"> <li>Take step 1 rating and select the correct line</li> <li>Take step 2 rating and select the correct column</li> <li>Circle the risk score where the two ratings cross on the matrix</li> </ul>	<table border="1"> <tr> <th colspan="2">Likelihood</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> </tr> <tr> <th rowspan="4">Consequence</th> <th>A</th> <td>1</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <th>B</th> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <th>C</th> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <th>D</th> <td>3</td> <td>4</td> <td>5</td> <td>6</td> </tr> </table> <table border="1"> <tr> <td>1. <b>Extreme</b></td> <td rowspan="2">Immediate action and controls required.</td> </tr> <tr> <td>2. <b>Extreme</b></td> </tr> <tr> <td>3. <b>High</b></td> <td rowspan="2">Action in timely manner. Response time and measures specified. SWMS developed.</td> </tr> <tr> <td>4. <b>Medium</b></td> </tr> <tr> <td>5. <b>Low</b></td> <td rowspan="2">Manage by routine procedures and control.</td> </tr> <tr> <td>6. <b>Low</b></td> </tr> </table>	Likelihood		E	F	G	H	Consequence	A	1	1	2	3	B	1	2	3	4	C	2	3	4	5	D	3	4	5	6	1. <b>Extreme</b>	Immediate action and controls required.	2. <b>Extreme</b>	3. <b>High</b>	Action in timely manner. Response time and measures specified. SWMS developed.	4. <b>Medium</b>	5. <b>Low</b>	Manage by routine procedures and control.	6. <b>Low</b>
Likelihood		E	F	G	H																																
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4. <b>Medium</b>																																					
5. <b>Low</b>	Manage by routine procedures and control.																																				
6. <b>Low</b>																																					

*To be completed by supervisor in conjunction with employee reporting hazard*



### Remedial action (Part B continued)

[illegible]

## Action completion

Date completed :	
Any further comment regarding hazard:	
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Person reporting hazard	Date
Immediate Supervisor	
Department Director	Date
WHS Coordinator	

Office:

Phone: 48 301 000

Fax: 48 322 066

## Office Use Only

- ☐ Reporting employee notified  
☐ Hazard Register Updated  
☐ WHS Committee



**WHS 002 Accident/Incident/Near Miss Report Form****THIS FORM IS TO BE COMPLETED BY THE WORKER INVOLVED****REPORT NO:**

Name of worker involved:	Name of Immediate Supervisor:
--------------------------	-------------------------------

**Details of Incident**

Date of Incident		Time of Incident am/pm
Date Reported:	Time reported am/pm:	Name of person incident reported to:
Describe <b>precisely</b> the location where the incident occurred (e.g. MR54 Segment 10, Memorial Park, Works Office)		
Describe how the incident occurred including details of any plant, vehicles, equipment or substances involved?		
Describe injuries the worker suffered (e.g. Strain, sprain, laceration, none)		
What part(s) of the body was affected (e.g. right ankle, left shoulder)		
Was there damage to plant, vehicles or equipment YES / NO	Plant Number involved	
If yes, please describe the damage		
Names of witnesses to the incident		

**Details of treatment provided**

Was first aid treatment provided YES / NO	Name of person providing first aid	
Describe the first aid treatment provided		
Was the worker referred for further treatment YES / NO	If yes, where was the worker referred Doctor    Hospital    Other	
Did the worker stop work because of the injury YES / NO	If yes, date stopped work	Time stopped work am/pm
Workers Signature	Date signed	Time signed

***This form should be completed and handed to your supervisor on the day of the incident.***

**WHS 003 Accident/Incident/Near Miss Report Form****THIS FORM IS TO BE COMPLETED BY THE SUPERVISOR****REPORT NO:**

Name of injured worker:	Name of Supervisor:
-------------------------	---------------------

**Details of Incident**

Date of Incident		Time of Incident am/pm
Date Reported:	Time reported am/pm:	Name of person reported incident:
Was the accident/incident reported to the WHS Coordinator or Office?		YES NO
What was the accident /incident as reported to you?		
What personal protective equipment was the worker wearing at the time of the incident?		
Any other PPE that could have been used that may have prevented this injury		
What action can be taken to prevent a similar incident happening again?		
Names of witnesses to the incident		

**Details of treatment provided**

Describe the first aid treatment provided		
Have you previously undertaken a risk assessment of his activity?		
YES / NO		
Did the worker stop work because of the injury	If yes, date stopped work	Time stopped work am/pm
YES / NO		
Supervisor Signature	Date signed	Time signed

***This form must be completed and handed to the WHS Coordinator on the day the supervisor was notified of the incident.***

**WHS 004****Incident Investigation Report Form**

Incident Investigation Registration Number: \_\_\_\_\_

TRIM No \_\_\_\_\_

**Instructions:** The investigation team will be determined by the WHS Coordinator**Incident**

<input type="checkbox"/> Date of incident	<input type="checkbox"/> Near Miss/Incident/Injury report Registration Number:
<input type="checkbox"/> Date of investigation	<input type="checkbox"/> Location

**Personal details**

Names and contact details of person(s) involved in incident:

1.	<input type="checkbox"/> Injured	<input type="checkbox"/> Witness
2.	<input type="checkbox"/> Injured	<input type="checkbox"/> Witness
3.	<input type="checkbox"/> Injured	<input type="checkbox"/> Witness

**Plant or equipment**

What plant/ equipment was being used?	Plant number:
Was the plant/ equipment suitable for task?	
Was plant/ equipment being operated as per Safe Work Procedure?	
Were hazards/ risks of plant/ equipment assessed in Site Specific Induction?	
Was plant/ equipment in good working order?	
Are maintenance schedule/ pre start checks available?	
Is certification required to operate plant/ equipment?	
Was operator competent?	
Was a Traffic Control Plan required?	
Was TCP in place?	
Copies of TCP and Inspection reports available.	
Investigation team recommendations:	
Referred to for action:	
Date:	



### Materials

What materials were in use?
Was a risk assessment conducted for activity?
Where SWP and/or SWMS followed?
List relevant SWP and/or SWMS
Were Material Safety Data Sheets available to the user?
Investigation team recommendations:
Referred to for action: <span style="float: right;">Date:</span>

### Supervision

Who are the supervisor(s) of the person(s) involved?
1.
2.
3.
4.
What supervision was required for the task?
What supervision was provided for the task?
Investigation team recommendations:
Referred to for action: <span style="float: right;">Date:</span>

### Risk management

Was a risk assessment undertaken before commencing task?
If not, reason:
What hazards were identified in the risk assessment for this task?
What risk controls were recommended in the risk assessment?
Were risk controls applied? If not, reason.
Are Safe Work Procedures available for this task? Please list:

Are Safe Work Method Statements available for this task?

Please list:

Investigation team recommendations:

Referred to for action:

Date:

### Personal protective equipment

What PPE was in use?

What PPE should have been in use?

Was suitable PPE supplied/ provided?

If not, reason.

Was the PPE used correctly?

Investigation team recommendations:

Referred to for action:

Date:

### Induction and training

Had the person(s) involved received appropriate induction?

What training had the person(s) received for the task?

Copies of induction available?

What additional training is required?

Investigation team recommendations:

Referred to for action:

Date:

### Contributing factors

List the contributing factors that have been established from this investigation that may have had impact on incident.

1.

2.

3.

4.

Investigation team recommendations:

Referred to for action:	Date:

### Evidence log

Please list all evidence gathered

Statements	
Drawings	
Photographs	
Inductions	
Risk Assessments/ SWP/ SWMS	

### Corrective action report (CAR)

C.A.R Number	Required Action	By Whom	By When

### Safety alert

Safety Alert to be issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---------------------------	------------------------------	-----------------------------

### Investigation team

Name:	Position:	Signature:	Date:
Name:	Position:	Signature:	Date:
Name:	Position:	Signature:	Date:
Name:	Position:	Signature:	Date:
Name:	Position:	Signature:	Date:

### Distribution and sign off

Departmental Manager	Date:
WHS Coordinator	Date:
WHS Committee Chairperson	Date:

Office Contact:

☐ Reporting employee notified of outcome

Phone: 48 301 000

Fax: 48 322 066

Office Use Only

☐ WHS Committee

☐ Close/review