

Workers Compensation and Injury Management

Policy Number 3.170

Policy Function Human Resources

Issue Date 18 March 2014

Summary This policy provides injury management framework to improve the return-to-work rate following a staff injury.

Responsible Officer Executive Director Governance and Commercial Services

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Juvenile Justice Centres)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 3.170 (23 August 2010)

Change Summary

- Amended policy in accordance with new workers compensation reforms.
- New pay and employment conditions
- Updated links to related documents and policies

TRIM Reference POLJH/3170

Authorised by Chief Executive, Justice Health & Forensic Mental Health Network

1. Preface

Workplace Injury Management is an integral part of health service management. An effective and supportive injury management program will give staff confidence that Justice Health & Forensic Mental Health Network (JH&FMHN) values their contribution.

Injury management and rehabilitation involves the restoration of injured workers to the fullest physical, psychological, vocational and economic usefulness of which they are capable. It is a process that begins at the moment of injury or ill health and continues until the injured worker is as fully recovered as possible.

It should be emphasised that not every injured worker will need injury management and rehabilitation. The important point to be acknowledged is that early assessment of the need for injury management and rehabilitation is essential.

Occupational injury management and rehabilitation of injured workers is a central feature of the workers compensation system. Its significance is based on the following principles:

- Early intervention and workplace focus for injury management and rehabilitation are recognised as effective in reducing the economic and human costs associated with work related injury or illness;
- The workplace, in majority of cases, is the most appropriate and effective place to rehabilitate injured workers;
- Maintenance at work or an early and appropriate return to work, consistent with medical opinion is generally in the best interests of injured workers who have suffered a work related injury or illness; and
- JH&FMHN and the injured worker have a social economic interest in ensuring the worker can return to work safely and as soon as possible following a work related injury or illness.

Benefits for JH&FMHN include retention of experienced and skilled workers, increased employee morale and a reduction in compensation costs. Benefits to the injured worker include a decrease in loss of earnings and financial costs, in addition to a reduction in the psychological effects of work related injury.

Wherever possible, injury management and rehabilitation should be workplace based as this provides the most realistic environment to assess work capacity. It also assists the injured worker and JH&FMHN to maintain appropriate links, which might be otherwise compromised by the injury and compensation process.

2. Policy Content

The objectives of the Workplace Injury Management Program within JH&FMHN are as follows:

- Facilitate optimal physical and psychological recovery following injury.
- Reduce the human and economic cost of disability to workers and JH&FMHN.
- Satisfy legislative requirements.
- Ensure that return to work as soon as practicable by an injured worker is a normal as this practice and expectation.
- Provide where practicable, suitable duties/employment for injured worker is an integral part of the injury management and rehabilitation process. These duties should be as close to the pre-injury duties as possible, ideally in the same work environment and role, if practicable.
- Ensure that the Workplace Injury Management Program and individual Injury Management and Rehabilitation Plan (IMR Plan) will not, of itself, prejudice injured workers.
- Ensure that the manager and other staff in the workplace provide appropriate support to an injured worker on return to work post injury.

2.1 Mandatory Requirements

- The direct line Manager or Injury Management Coordinator must be notified of a compensable Injury when 'work is a substantial contributing factor'.
- The worker is responsible for providing JH&FMHN and insurer with a certified WorkCover Certificate of Capacity to be eligible for weekly payments.

- The Manager and worker are to adhere to the IMR plan once all parties have agreed and approved the plan.

2.2 Implementation - Roles & Responsibilities

- In accordance with the [Workplace Injury Management and Workers Compensation Act 1998](#) including [Workers Compensation Legislation Amendment \(Costs\) Bill 2012](#), JH&FMHN must maintain a Workplace Injury Management Program, incorporating policies and procedures for the rehabilitation and vocational re-training, if necessary, of the injured workers.
- JH&FMHN supports the commencement of the workplace based injury management and rehabilitation as soon as practicable following injury.
- When an injured worker has a significant workplace injury and JH&FMHN is or may be liable to pay compensation, an Injury Management Rehabilitation Plan (IMR plan) must be established for the injured worker.
- JH&FMHN recognises that injured workers have a responsibility to participate in the establishment of a workplace based IMR plan and then comply with the contents of the IMR Plan.
- JH&FMHN will provide suitable duties where appropriate and practicable.
- JH&FMHN is committed to employee welfare and, wherever possible, will support continued employment of injured workers.
- An injury management rehabilitation file containing reports and medical documents in relation to the injured employee's workers compensation claim must be maintained and updated regularly.

2.3 Responsibilities

2.3.1 Chief Executive

The Chief Executive (CE) is responsible for setting the vision and goals for achieving a healthy and safe workplace.

2.3.2 Executives Directors

Executive Directors and Service Directors are responsible for:

- Compliance with Workplace Injury Management and relevant legislation, including relevant regulations;
- Implementation of this policy;
- Actively promoting a safe workplace and assisting in the prevention of injury and illness;
- Ensuring Workplace Injury Management responsibilities and objectives are included in managers' position descriptions and annual performance agreements/business plans;
- Ensuring managers receive training in Workplace Injury Management; and
- Ensuring that all accidents / incidents / near misses are investigated.

2.3.3 Managers

Managers, team leaders and supervisors who have direct responsibility for staff are responsible for:

- Compliance with Injury Management and Rehabilitation Plan (IMR Plan) and relevant legislation, including relevant regulations;
- Implementation of this policy;
- Actively promoting a safe workplace and assisting in the prevention of injury and illness;
- Ensuring the health, safety and welfare of all employees and visitors in the workplace;
- Ensuring staff understand and follow associated procedures, including those relating to injury reporting and workers compensation;
- The provision of training to their staff in the process of reporting occupational injuries / illnesses and related procedures;
- Contacting the Injury Management Coordinator promptly when an employee is injured – within 24 hours of the injury or becoming aware of the injury;
- Assisting the Injury Management Coordinator in the rehabilitation process, and providing suitable duties / modified hours where possible;

- Notifying the Injury Management Coordinator if the injured employee is experiencing any difficulties with the return-to-work plan; and
- Notifying the Injury Management Coordinator prior to any changes being made to the duties or hours worked by an injured employee on a return-to-work plan.

2.3.4 Employees

Employees are responsible for:

- Compliance with this policy and the Workers Compensation legislation;
- Taking reasonable care for their own safety and for the health and safety of all persons at the workplace;
- Notifying their manager/supervisor of a workplace injury as soon as possible and within 24 hours of the incident occurring;
- Cooperating with managers and supervisors to enable them to meet their return-to-work obligations;
- Specifying one nominated treating doctor or medical practice who is prepared to participate in the development of, and arrangements under an injury management plan;
- Participating and cooperating in the establishment of an injury management plan;
- Authorising the nominated treating doctor to provide relevant information to JH&FMHN or QBE Insurance for the purposes of the injury management plan;
- Advising JH&FMHN regarding any change to another treating doctor;
- Attending medical examinations arranged by JH&FMHN and insurer;
- Complying with the injury management plan written for them;
- Making all reasonable efforts to return-to-work with their pre-injury employer as soon as possible;
- Notifying their manager and Injury Management Coordinator of any problems regarding their injury management plan;
- Cooperate and comply with shifts allocated while under an injury management plan; and
- Cooperating with injury management plans for other injured employees.

2.3.5 Injury Management Coordinator

Duties of the Injury Management Coordinator include:

- Developing and implementing the return-to-work program, educating the workforce, keeping injury and return-to-work statistics and developing policies to improve systems;
- Providing information on the return-to-work process and associated workers compensation benefits to injured workers;
- Obtaining the injured worker's consent before obtaining or releasing rehabilitation information about the worker;
- Determining the injured worker's needs by consultation with the worker, the nominated treating doctor and other treatment providers;
- Working with the insurer as they develop an injury management plan for the injured worker;
- Identifying appropriate suitable duties and assisting the injured worker to return to work as soon as possible;
- Preparing a return-to-work plan to document suitable duties and work restrictions so that all parties are informed and managing the return to work process;
- Referring to a rehabilitation provider as needed;
- Liaising between the injured worker, their nominated treating doctor, the manager / supervisor, the insurer and rehabilitation providers as necessary;
- Coordinating and monitoring progress in treatment, rehabilitation services and return-to-work plans; and
- Maintaining confidential case records in accordance with WorkCover's Confidentiality guidelines.

2.3.6 Insurer

The Insurer is responsible for:

- Ensuring that employers are made aware of their legislative obligations in relation to the insurer's injury management program;
- Contacting the employer, injured worker and nominated treating doctor within 3 days of being notified of a significant injury;
- Developing an injury management plan for the injured worker aligned to timeframes recommended by nominated treating doctor, treating specialists and/or rehabilitation provider;
- Informing the injured 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 and informing the worker of these requirements;
- Informing the injured worker of changes to, or actions taken under the injury management plan; and
- Ensuring that vocational retraining is provided or arranged for an injured worker where appropriate, that is, when a return to pre-injury duties and provision of suitable duties are no longer possible.

2.3.7 Nominated Treating Doctor

The nominated treating doctor is responsible for:

- Completing WorkCover Work Capacity Certificates;
- Arranging appropriate treatment;
- Specifying work restrictions and advising on the suitability of duties offered by the employer;
- Providing information to the insurer and employer in relation to injury management and return-to-work plans for injured workers; and
- Reviewing progress of recovery of the injured worker.

2.4 Injury Management & Rehabilitation Plan

The Injury Management Coordinator will develop a structured plan of suitable duties (IMR plan) if the injured worker is unable to return to their normal duties immediately upon their return to work. This temporary plan is developed in consultation with the injured worker, nominated treating doctor, manager / supervisor and Rehabilitation Provider (where applicable). The following principles will be considered in each case:

- Adherence to all restrictions indicated on the WorkCover medical certificate by the nominated treating doctor;
- The IMR plan must consider the preferred hierarchy for placement, such as:
 - same job / same employer
 - similar job / same employer
 - different job / same employer
 - same job / different employer
 - similar job / different employer
 - different job / different employer
- Acceptance by the injured employee of the IMR plan;
- Understanding by all parties that the duties in the IMR plan are not to be regarded as permanent;
- The appropriate unions will be consulted at the request of the injured employee, in those situations where suitable duties involve tasks not normally performed by members of that injured employee's union;
- Clearly defined time frames for each part of the IMR plan. The time frames will be both flexible and realistic;
- Monitoring of progress will be the responsibility of the Injury Management Coordinator and the treating practitioners;
- If it becomes evident that the IMR plan is no longer assisting the injured employee to develop their fitness for work and / or that they will not be able to return to their pre-injury position, the following options should be investigated:
 - retraining;
 - redeployment;

- advising the injured employee that as a result of their medical restrictions no suitable duties are available. In effect this means that the injured employee is unable to return to work until their medical condition changes; or
- termination of employment.

JH&FMHN has a commitment to providing suitable duties where appropriate and practicable.

The injured employee has a responsibility to participate in an IMR plan, similarly the injured employee's colleagues have a responsibility to support their return to work and create a positive, accepting environment. If applicable, arrangements for suitable duties will be made in consultation with other affected staff.

Injured worker participation in an IMR plan will not jeopardise their employment. Legislation ensures that the rate of pay of an injured worker will be maintained for a reasonable period while injury management and rehabilitation is underway. JH&FMHN is committed to employee welfare and wherever possible, to support the continued employment of injured employees.

An injury management and rehabilitation file containing reports of the injured employee's work related injury is maintained and updated regularly by the Injury Management Coordinator. The file is confidential and accessible to the injured employee on request, in the presence of the Injury Management Coordinator.

2.4.1 Use of an Accredited Rehabilitation Provider

The services of a rehabilitation provider may be obtained when:

- the Injury Management Coordinator has consulted with the injured worker and their nominated treating doctor to ascertain the nature and extent of the injury and it is identified that a provider's involvement is required to assist the injured employee return to full duties;
- the nature of the injury will complicate the injured worker's return to their pre-injury duties;
- there is a possibility that the injured employee may be absent for an extended period;
- complex injuries occur;
- it is evident retraining is required; or
- the Injury Management Coordinator is unable to provide adequate service to rural areas.

The injured worker retains the right to use an accredited provider of their choice. However, the Injury Management Coordinator must be kept informed of any such choice and any change of rehabilitation provider needs to be formally requested by the injured worker in writing based on justified, reasonable grounds.

2.4.2 Roles of the Rehabilitation Provider

The role of the rehabilitation provider is to:

- provide an assessment of the injured employee's physical capability and rehabilitation needs;
- assess the workplace including the requirements and physical demands of the job;
- liaise and work cooperatively with the nominated treating doctor;
- develop an individual IMR plan in consultation with the injured employee, the Injury Management Coordinator and the relevant manager;
- negotiate and specify suitable duties with all relevant parties – i.e. what is to be done and what is to be avoided;
- provide written reports on a regular basis;
- maintain confidentiality;
- respond quickly to referrals (contact the injured employee within 3-4 days of referral);
- work within the procedures established by JH&FMHN;
- be familiar within the workplace and work practices;
- report unsafe work practices and conditions to the Injury Management Coordinator; and
- ensure that the IMR plan is workplace based and emphasises early return to work.

2.4.3 Roles of the Nominated Treating Doctor

A nominated treating doctor should:

- provide a treatment plan for the injured worker including appropriate referrals;
- provide relevant information to the insurer and JH&FMHN in relation to the IMR plan;

- complete the prescribed WorkCover medical certificate covering key areas of diagnosis, prognosis, relationship with injured workers employment, fitness for work and comment on the suitability of duties including any restrictions; and
- be requested to approve the IMR plan and any subsequent changes to the plan.

2.4.4 Arrangements for the Provision of Suitable Duties

The aim of providing suitable duties is to return the injured worker to their pre-injury duties or optimal employment capacity. Suitable duties must be specifically “selected” for an individual with a particular injury at a particular point in time.

When an injured worker is, according to medical opinion, ready to return to work, the Injury Management Coordinator will discuss the availability of suitable duties with the injured worker’s manager. Suitable duties must be productive tasks which are useful for the injured workers injury management and rehabilitation and which ensure the dignity and job satisfaction of the injured worker.

The Injury Management Coordinator will liaise with the injured worker, the manager, the nominated treating doctor, and rehabilitation provider (if appointed).

Priority for Considering Suitable Duties

Suitable duties are considered in the following order of priority where practicable:

- return to pre-injury position performing specific / modified tasks and/or working for reduced periods;
- return to the same work area in a different position (with or without specific / modified tasks);
- return to a different work area in a different position (with or without specific / modified tasks); and
- return to a different work location in a different position.

Suitable Duties and IMR Plan

All suitable duties must be specified in the IMR plan and must address:

- where duties are to be performed;
- what is to be done;
- for what hours of the day / days of the week;
- over what time frame e.g. length of program;
- what activities are to be avoided; and
- overtime and shift penalties (if applicable).

When the provision of suitable duties is not possible, retraining and/or redeployment should be considered.

Where a dispute arises regarding the nature or extent of suitable duties, the injured worker may be referred to an Independent Medical Consultant for examination.

The injured worker should understand that if they unreasonably refuse an offer of suitable work, refuse an assessment of work prospects or refuse to participate in a vocational IMR plan, they might not be entitled to compensation.

If an individual chooses their own rehabilitation provider, JH&FMHN agrees to reasonably cooperate as required but still retains the right to have the injured worker assessed by accredited service providers appointed by JH&FMHN. This is to ensure the injured worker is receiving the most appropriate care and treatment and that the interests of JH&FMHN are maintained.

When suitable duties are offered, the workload impact on other employees should be considered and minimised.

The needs of culturally and linguistically diverse employees must be considered, including access to interpreters.

All duties in the workplace are to be viewed as possible suitable duties where the injured worker has the appropriate skills.

Offers of suitable duties will be documented and consistent with the advice of the nominated treating doctor and/or independent medical consultant. Changes to these duties will be discussed with the appropriate parties including the injured worker.

2.4.5 Retraining / Redeployment Guidelines

Where the injured worker is left with long term or permanent restrictions as a result of their illness or injury, every effort should be made to accommodate these restrictions, including provision of vocational retraining and relocation to another position.

In the first instance, attempts will be made to offer vocational retraining to provide the injured worker with employment / redeployment opportunities within JH&FMHN. If unable to provide this, external employment opportunities will be considered.

The Injury Management Coordinator will engage the services of an accredited rehabilitation provider to manage the retraining and redeployment of the injured worker. This will include consultation with the injured worker, the Injury Management Coordinator, Employee Services and if the redeployment is occurring within JH&FMHN, the manager of the new location.

The retraining program will be specified in writing, be time limited, be closely monitored and regularly reviewed by the rehabilitation provider and the Injury Management Coordinator.

At the completion of the retraining program, the feasibility of redeployment of the injured worker to the position will be determined in consultation with the Injury Management Coordinator, new direct line manager, rehabilitation provider, Employee Services, the injured worker and treating health professionals.

If a position of lesser or similar grading, classification or remuneration (excluding promotional positions) to that of the injured worker who has sustained a workplace injury becomes available within JH&FMHN, preference will be given to offering the injured worker a secondment or permanent appointment to the position depending on:

- the injured worker meets the essential criteria or can demonstrate the capacity to meet the criteria with an agreed period through appropriate training and experience; and
- the position falls within the Injury Management and Rehabilitation plan requirements; or
- the injured worker is likely to be on long-term permanent restrictions.

In accordance with responsibilities under workers compensation legislation, JH&FMHN has a duty to place such employees, where appropriate, prior to commencing open, competitive recruitment.

2.5 Pay and Employment Related Conditions

2.5.1 Provisional Liability Payments:

From the date the insurer is notified of the claim, they have seven days to accept provisional liability or decline the claim under reasonable excuse. If provisional liability is accepted and the injured worker is totally unfit to perform their duties, he/she will be paid pre injury average weekly earnings (PIAWE), which is calculated 12 months retrospective from date of injury; PIAWE includes overtime and shift penalties. In some instances, provisional liability may not have been accepted prior to the conclusion of a pay period. In this case, the injured worker will be paid from his/her sick or annual leave entitlements which will be reimbursed if the claim is accepted provisionally.

If the claim for workers compensation is declined and the injured worker has not returned to work, he/she will need to negotiate with his/her manager to access leave entitlements.

2.5.2 Roster & Pay Arrangements upon Return to Work (RTW)

When the injured worker returns to their substantive role with either restricted hours or restricted duties (or both), it is expected this will be managed within the existing roster arrangements. That is, if the injured employee works a seven-day rotating roster, he/she would be expected to participate in such a roster unless the nature of their work restrictions puts them at risk through working these rosters (e.g. due to less staff on duty at particular times, or the nature of work on certain shifts, etc.). However, there may be circumstances where the returning injured worker will be supernumerary for a period of time. This may be if the injured worker is returning to a similar position within a different location or is returning from extensive time off due to their injury. This will be discussed with the injured worker and his/her manager prior to returning to work.

The injured worker is paid for the hours they work and 'make-up' pay (if applicable). Make-up pay is calculated as an average of the injured worker's pay for the previous 12 months (or length of employment if employed for less than 12 months). Make-up pay will be paid until the injured worker has returned to his/her normal rostered hours.

It is the responsibility of the injured worker's manager to ensure correct details of time worked are recorded on time sheets so that time lost details can be calculated correctly.

2.5.3 Pay Arrangements if in a Different Work Environment

Regardless of where the injured worker is being rehabilitated or in what role or range of duties he/she is asked to perform (assuming they are not greater than that attributed to their current (pre injury) award classification and grading), the injured worker will be paid in accordance with the award he/she was employed under at the time of injury. For example, if the injured worker is employed as a registered nurse, but for the rehabilitation period he/she is performing tasks attributed to a ward clerk, the injured employee will still be paid in accordance with the NSW Public Health System Nurses' and Midwives (State) Award and his/her average salary will be based on the hours and rosters worked in the pre-injury position.

2.5.4 Allocated / Additional Day Off (ADO)

Injured workers who are deemed unfit or who have returned to work on reduced hours are not entitled to an ADO, unless the reduced hours are worked over a 5 day roster. Injured workers who have returned to full hours are entitled to ADO's in accordance with their Award conditions.

2.5.5 Annual Leave & Long Service Leave

Injured workers may apply for annual leave and long service leave within Award conditions, whilst on an IMR plan. It should be noted that the needs of the service and the department where the employee works, in addition to any special requirements within the overall IMR plan, will need to be considered prior to any leave being approved by the line manager.

2.5.6 Attendance at Injury Related Appointments

These appointments refer only to those which relate to the injured worker's injury and have been authorised / approved by the insurer.

Where possible, the injured worker should arrange appointments for treatment outside of the time he/she is at work. Where this is not feasible or possible, then appointments should be arranged as close to the beginning or end of shifts worked. Time away from work due to attendance for treatment is to be coded as normal hours and 'WC appointment' is to be noted in the comments column of the Proact roster. A maximum of four hours only will be approved and paid for these appointments.

Absence from work to attend treatment appointments that are not authorised by the insurer should be listed as sick leave on the employee's time sheet.

2.5.7 Injured Employees and Fleet Vehicle Usage

The manager of Facilities and Logistics must consider the continued use of a fleet vehicle when the injured worker has work restrictions in place. This will depend on the circumstances and conditions in place for the use of the fleet vehicle. In most cases it will be appropriate to consider removing the vehicle from the injured worker if the work restrictions do not allow for the efficient and safe use of the vehicle.

2.5.8 Injured Employees with secondary employment

Staff are required to seek approval from the CE to undertake secondary employment at the time they are considering the additional employment.

Injured workers who have secondary employment or volunteer outside of JH&FMHN are required to state this as soon as possible following the injury. Staff on an IMR plan must advise JH&FMHN in writing with full details of their other employer and duties of the second position. JH&FMHN requires a signed statement from the second employer that they are aware that the employee is on workers compensation and is participating in an IMR plan. In addition to this, the other employer will need to state that the work the injured worker is to undertake is within the restrictions as outlined in the most current medical certificate. This statement must be provided to the Injury Management Coordinator.

For injured workers whose hours are restricted compared to pre-injury hours, every attempt must be made to upgrade hours in JH&FMHN prior to consideration being given for additional hours to be worked with a second employer.

2.6 Confidentiality of Rehabilitation Information

All rehabilitation information concerning an injured worker is confidential. Staff with access to such information must 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 employee's rehabilitation.

2.6.1 Rehabilitation Information

Rehabilitation information includes:

- Rehabilitation case notes.
- Rehabilitation assessments and reports.
- Rehabilitation documents such as:
 - Referral / approval for occupational rehabilitation services;
 - Rehabilitation plan;
 - Rehabilitation progress reports;
 - Invoices for occupational rehabilitation services; and
 - Documents (e.g. return-to-work plans) and case notes prepared by the Injury Management Coordinator that relates to an employee's rehabilitation.

Rehabilitation information does not include:

- Section 40 Assessments (assessment of incapacitated worker's ability to earn); or
- Copies of medico-legal reports provided by the insurer.

2.6.2 Access to Rehabilitation Files

JH&FMHN will ensure that access to an injured worker's rehabilitation case file by people within the health service is restricted to those with a legitimate need to know. Access will be confined to relevant documents on the case file and limited to:

- Those who have a direct responsibility in coordinating, monitoring or providing rehabilitation services to the injured worker, and
- Those involved in providing clerical and administrative support to these persons.

Examples of people with a legitimate need to know include:

- Injury Management Coordinator,
- Injured worker's direct supervisor / manager, and
- The supervisor / manager of the area in which suitable duties have been identified.

Access to selected documents on the case file by people who need to know is limited to information that is relevant to their area of responsibility for the employee.

JH&FMHN will make available to the injured worker the rehabilitation case file and copies of any rehabilitation documentation upon request. JH&FMHN is unable to provide the injured workers copies of any documents supplied by the insurer, without first obtaining the agreement of the insurer.

2.6.3 Obtaining or Releasing Rehabilitation Information

JH&FMHN does not require the injured worker's consent to release information to the insurer or treatment specialists or solicitors acting on behalf of JH&FMHN or to WorkCover NSW.

Informed, written consent from the injured worker must be obtained prior to rehabilitation information being released to any person outside of the aforementioned agencies. WorkCover medical certificates include a section for the employee to sign, giving consent to the nominated treating doctor, JH&FMHN, other treating practitioners, rehabilitation providers and WorkCover NSW to exchange information for the purposes of managing the injury and workers compensation claim.

The employee may withdraw their consent to release information at any time; however the employee should be advised that withdrawal of consent could result in cessation of rehabilitation and suspension of benefits.

2.6.4 Management of Records

The Injury Management Coordinator is responsible for maintaining accurate records in the appropriate electronic Total Records Information Management (TRIM) database file. A new Workers Compensation file will be created on the event a new claim is lodged with the insurer; the workers compensation file is separate to the personal file.

JH&FMHN will retain records related to workers compensation claims in accordance with the General Retention and Disposal Authorities (GDA) 28 3.2.0. Records relating to incidents where no claim for compensation is made will be retained according to GDA 28 14.1.0. Records relating to the rehabilitation of employees where the rehabilitation is not related to a workers compensation claim will be retained according to GDA 12 2.24.1.

The Records Management Unit (RMU) located within Corporate Services shall manage the electronic TRIM files for retention and disposal in accordance with the relevant GDAs.

2.7 Consultation & Information

JH&FMHN is required to ensure that injured workers are provided with adequate information on the injury management, rehabilitation and compensation processes. This includes regularly informing injured workers of their rights and responsibilities and of existing policies and procedures relating to these processes.

It is in the interest of JH&FMHN to provide injured workers with sufficient information to avoid misunderstandings and to ensure the smooth flow of the injury management and rehabilitation process. It is also important that this policy is reiterated and clarified to injured workers about to undergo rehabilitation.

The general Workplace Injury Management Program is required to be produced in printed form with relevant extracts clearly displayed in key areas and distributed throughout the workplace. The displayed program must at least outline the rehabilitation process and the injured employee's rights.

Information regarding the Workplace Injury Management Program should also be included in the orientation program for new employees.

JH&FMHN will inform staff of their rights and responsibilities and of its policies on injury management and rehabilitation through the following mechanisms:

- display the Workers Compensation and Injury Management policy throughout the health service;
- explanation of the Workers Compensation and Injury Management policy to injured workers about to undergo injury management and rehabilitation;
- issuing a copy of the Workers Compensation and Injury Management policy to managers with instructions for them to bring it to the attention of their staff; and
- meetings and information sessions as required with the Injury Management Coordinator or other relevant staff to inform injured workers of the policy and procedures and their entitlements under WorkCover.

3. Procedure Content

Injury management and rehabilitation involves the restoration of injured workers to the fullest physical, psychological, vocational and economic usefulness of which they are capable. It is a process that begins at the moment of injury or ill health and continues until the injured worker is as fully recovered as possible.

It should be emphasised that not every injured worker will need injury management and rehabilitation. The important point to be acknowledged is that early assessment of the need for injury management and rehabilitation is essential.

3.1 Initial Action Following a Workplace Injury

Although JH&FMHN is committed to the provision of a safe and healthy workplace and the prevention of injuries, accidents may occur. Once initial first aid and assistance is provided to the injured worker, it is important that the process of injury management is continued. The following sets out the initial steps to be followed whenever an injury occurs.

3.1.1 Within 24 Hours of Injury:

1. The injured worker must advise his/her manager of the injury and the manager must complete an Incident Information Management System (IIMS) notification in accordance with JH&FMHN policy [2.030 Incident Management](#). If the injured worker is unable to notify his/her manager of the injury, the manager must complete an IIMS notification as soon as they become aware of the staff member's injury.
2. If the injured worker will be claiming workers compensation in relation to the injury, the Manager must contact the Injury Management Coordinator and provide the following information:
 - (a) the employee's name, address and date of birth;
 - (b) the employer's name and business address (actual location, not postal);
 - (c) treating doctor's name & contact number (if treated in a hospital, provide the name of the hospital);

- (d) the date of injury, how it happened and nature of the injury; and
- (e) the name of the person making the notification, his/her contact details and relationship to the injured employee.

3.1.2 Within 48 Hours of Injury:

1. The Injury Management Coordinator must contact the injured worker and obtain additional information in relation to the injury, including anything not addressed above.
2. The Injury Management Coordinator must contact the treating doctor to discuss injury management and rehabilitation options and procedures. Where appropriate, the Injury Management Coordinator will organise a medical assessment of the injured worker with an Independent Medical Consultant.
3. The manager must ensure any documentation received in relation to the injury, i.e. WorkCover medical certificate, accounts, receipts, witness statements, are forwarded to Employee Services, attention the Injury Management Coordinator (the manager may not complete the Employee Compensation Claim form or the Employer Report of Injury form. If required, the Injury Management Coordinator will arrange the completion of these forms);
4. The Injury Management Coordinator must:
 - (a) ensure all forms are completed properly and include all necessary information;
 - (b) ensure payroll are notified if the injured worker requires workers compensation payment for time lost (fortnightly payment schedule updated and provided to all payroll staff); and
 - (c) collect all claim related documentation from manager and the injured worker.

3.1.3 Within 7 Days of Injury

1. The Injury Management Coordinator must forward all claim related documentation, such as the WorkCover medical certificate, accounts, receipts etc. to the insurer;
2. The Injury Management Coordinator must follow-up with the injured worker, manager and treating doctor to finalise IMR plan; and
3. The Injury Management Coordinator must liaise with payroll staff to ensure appropriate payment of time lost, and advise the insurer of the same.

3.2 Dispute Resolution

Successful injury management and rehabilitation of the injured employee should be the primary concern of all parties within JH&FMHN.

The procedures for dealing with disputes relating to injury management and rehabilitation are as follows:

1. The injured worker should discuss his/her concerns with the Injury Management Coordinator who will then convene a meeting with the injured worker, rehabilitation provider, nominated treating doctor and workplace manager to discuss the issues. The injured worker may elect to have his/her union representative or another support person present at this meeting. The emphasis of this meeting is to resolve the issues.
2. The type of issue will determine the action to be taken if it cannot be resolved at the first meeting. This could include but is not limited to:
 - (a) referral to an Independent Medical Consultant for review;
 - (b) referral for a functional or workplace assessment;
 - (c) referral to a new rehabilitation provider; and/or
 - (d) consideration of an alternate return to work location.

3.2.1 WorkCover NSW Claims Assistance Service

While it is anticipated that JH&FMHN in consultation with the insurer 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 (phone 131 050) or online [WorkCover Authority Claims Assistance Form](#) providing injured workers and employers with assistance about payment of benefits, delays concerning treatment and medical expenses and return to work issues.

3.2.2 Disputes Over Suitable Duties

If there are disputes about the suitability of duties, advice can be sought from an Injury Management Consultant. An Injury Management Consultant is a registered medical practitioner, appointed by WorkCover NSW, who is experienced in occupational injury and workplace based rehabilitation. They are facilitators who assist in finding solutions to problems in complex injury management plans.

3.2.3 Disputes Concerning Treatment

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 www.workcover.nsw.gov.au.

3.2.4 Workers Compensation Commission

The Workers Compensation Commission (WCC) 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 an employee.

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

4. Definitions

Accredited Rehabilitation Provider

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

Approved Medical Specialist

Approved medical specialists are senior practising specialists with a sound knowledge of the NSW workers compensation system. Approved medical specialists are appointed by the Workers Compensation Commission to assess disputes about medical issues.

Injury Management

The early coordination of activities (i.e. 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 Coordinator/ Consultant

A designated individual responsible for co-ordinating a return to work (RTW) program for an injured worker.

Injury Management Plan

The plan written by the insurer for a specific worker to coordinate the treatment, rehabilitation and retraining of an injured worker to assist the worker to return –to –work.

Injury Management Program

A co-ordinated and managed program developed by the insurer that integrates all aspects of injury management. The program is developed to assist in achieving optimum results in terms of timely, safe and durable return-to-work for injured workers.

Insignificant Injury

A workplace injury or illness that is not likely to result in the worker being unfit for work (totally or partially) for a continuous period of more than 7 days, including weekends and public holidays.

Insurer

Company managed by Treasury Managed Fund (TMF) that makes decisions on the validity of a claim for compensation, manages financial component of claims and assists the employer in injury management.

Nominated Treating Doctor

The treating doctor nominated from time to time by a worker for the purpose of an injury management plan for the worker.

Return-to-Work

The individual return-to-work plan developed by the Injury Management Coordinator, in conjunction with the injured worker, their manager and the nominated treating doctor, to meet the specific needs of the injured worker.

Return-to-Work Program

Developed by the employer and states policies and procedures for the rehabilitation (and if necessary, vocation re-education) of any injured JH&FMHN worker.

Selected Duties

A worker's usual duties modified to eliminate those tasks which may aggravate the injury, illness or disability. Duties are selected from the worker's usual range of duties that are comparable with their physical constraints.

Significant Injury

A workplace injury or illness that is likely to result in the worker being unfit for work (totally or partially) for a continuous period of more than 7 days, including weekends and public holidays.

Suitable Duties

Duties for which an injured worker is suited while recovery from an injury. Duties may include transitional/selected duties.

Transitional Duties

Duties, which are different to the injured worker's usual duties, and which an injured worker is able to perform consistent with the requirements of the Injury Management and Rehabilitation Plan.

Vocational Assessment

An assessment conducted by the rehabilitation provider/ Injury Management Coordinator to determine /predict realistic employment outcomes aligned to the workers skill mix and work capacity.

Vocational Training

Considered when assessments conducted by the rehabilitation provider/Injury Management Coordinator have determined the employee has limited marketable or transferable skills to seek and secure alternative employment.

Workplace

Any place where an employee works or is likely to work, and includes any place where a person goes while at work.

Workplace Injury

A personal injury arising out of, or in the course of employment and falls into three broad categories;

- Personal injury is a physical injury (e.g. Broken bones, torn ligaments, muscles strain)
- Disease injury must have been contracted in the course of employment

- Psychological injury is a recognised psychiatric or psychological disorder to which employment was a substantial contributing factor and includes the physiological effect of such a disorder.

Workplace Rehabilitation

The recovery of the injured employee to the fullest physical, psychological, social, vocational and economic usefulness of which they are capable.

5. Legislation and Related Documents

Legislation	<i>Anti-Discrimination Act 1977</i> <i>Disability Discrimination Act 1992 (Cth)</i> <i>Equal Employment Opportunity (Commonwealth Authorities) Act 1987 (Cth)</i> <i>Industrial Relations Act 1996</i> <i>Work Health & Safety Regulation 2011</i> <i>Workers Compensation Act 1987</i> <i>Workers Compensation Legislation Amendment (Costs) Bill 2012</i> <i>Workers Compensation Regulation 2010</i> <i>Workplace Injury Management & Workers Compensation Act 1998</i>
NSW MoH Policy Directives	PD2005_234 <i>Incident - Effective Incident Response Framework for Prevention & Management in the Health Workplace</i> PD2008_041 <i>Leading Well: Role of Leadership in Improving the Prevention and Management of Psychological Injury</i> PD2013_005 <i>Work Health and Safety: Better Practice Procedures</i> PD2013_006 <i>Injury Management and Return to Work</i>
JH&FMHN Policies	2.030 <i>Incident Management</i> 3.150 <i>Staff Recruitment, Employment & Separation Policy</i> 5.110 <i>Work Health and Safety</i>
External Web links	<i>WorkCover NSW</i> <i>Workers Compensation Commission</i>