

# UON Health and Safety Guideline: HSG 7.3



## Injury Management

### 1. Purpose

This document provides guidance to assist with managing work related injured or ill employees to promote return to pre-injury duties as soon as possible and to meet the University's Workers Compensation obligations.

### 2. Scope

This document applies to all Leaders, Supervisors, Employees, the Health and Safety Team and Return to Work Coordinators.

### 3. Definitions

- (a) **Executive Committee** means the Vice-Chancellor, the Deputy Vice-Chancellors, the Pro Vice-Chancellors, the Chief Operating Officer and the Chief Financial Officer.
- (b) **Leaders/Supervisors** means any member of the University who is responsible for supervising staff and/or undergraduate or postgraduate students and/or for leading research projects.
- (c) **Return to Work (RTW)** means the University's process for managing employees with work related injuries to facilitate their early return to pre-injury duties.
- (d) **Well to Work (WTW)** means the University's return to work process for employees with non-work related injuries and illnesses (where practicable).
- (e) **Employee** means a person employed by the University under a contract of employment.
- (f) **Return to Work (RTW) Coordinator** means a person responsible for workers' compensation administration and coordination of the injury management and return to work process. The Health and Safety Team includes RTW Co-ordinators who provide this service for the University.
- (g) **Return to Work Plan** means a written plan outlining the return to work objectives, and the steps to achieve these objectives.
- (h) **Workplace Injury** means a personal injury arising out of or in the course of employment in respect of which compensation is payable under the Workers Compensation Legislation.

- (i) **Workplace Illness** means any acute or chronic illness or disorder other than a workplace injury, caused by exposure to environmental factors associated with the workplace e.g. hearing loss, respiratory disease, skin disorders.
- (j) **Workplace** means any recognised or defined area, location or vehicle where employees carry out their work.
- (k) **Workers Compensation Legislation** means:
  - (a) the [Workplace Injury Management and Workers Compensation Act 1998 \(NSW\)](#) and the instruments under that Act;
  - (b) the [Workers Compensation Act 1987 \(NSW\)](#) and the instruments under that Act.
- (j) **Injury Management** means the provision of prompt and appropriate medical treatment of an injured employee, support of return to work programs to assist recovery and monitoring of progress until recovery is achieved.
- (k) **Nominated Treating Doctor (NTD)** means the doctor responsible for treating an injured or ill employee and who makes recommendations for fitness for duty.

## 4. Guidelines

### 4.1 Notification

- (a) An Employee with a Work Injury shall advise their Supervisor at the first available opportunity.
- (b) The Employee with the Work Injury should complete an online incident report in the online Incident Management System (IMS) as soon as reasonably practicable following the Work Injury. Where the Employee is unable to do this, the Employee's Supervisor should complete it on their behalf.
- (c) The Supervisor should notify the Health and Safety Team immediately when an injury occurs that requires medical treatment so that assistance can be provided to the work area and contact can be made with the treating medical practitioner to advise regarding the UON Injury Management and Return to Work programs.
- (d) The Return to Work Coordinator will notify the University's Workers' Compensation insurer of the Work Injury or Illness, as well as the relevant member of the Executive Committee.

### 4.2 Medical Response

- (a) The injured or ill employee should seek first aid and/or medical treatment if required;

- (b) The injured or ill employee shall advise their Supervisor at the first available opportunity;
- (c) The injured or ill employee should complete an online incident report in IMS as soon as reasonably practicable following the Work Injury or Illness. Where the Employee is unable to do this, the Employee's Supervisor should complete it on their behalf.
- (d) The injured or ill employee should notify the Nominated Treating Doctor (NTD) that the injury or illness is work related;
- (e) The NTD should issue a Workers' Compensation Certificate of Capacity and a copy of this, along with copies of referrals for investigations or specialists, will be forwarded to the Return To Work Coordinator as soon as practicable following the appointment;
- (f) Approval for medical treatment and investigations must be provided by the University's insurer prior to consultations or employees may not be reimbursed for the cost.

#### **4.3 Rehabilitation**

- (a) An Employee with a Work Injury must co-operate and comply with the Return to Work program and make all reasonable efforts to return to work.
- (b) In doing so the Employee should:
  - (i) Adhere to any conditions contained in the Return to Work plan;
  - (ii) Advise their Supervisor and Return to Work Coordinator if they experience difficulty performing the duties in the Return to Work plan or if they cause an exacerbation of the work injury or illness;
  - (iii) Attend treatment as directed by their Nominated Treating Doctor; and
  - (iv) Ensure their Workers' Compensation Certificate of Capacity is current and is forwarded to the Return to Work Coordinator.
- (c) Supervisors should:
  - (i) Work with the Return to Work Coordinator and the Employee to coordinate a Return to Work program by assigning restricted or modified duties consistent with the Nominated Treating Doctor's recommendations; and
  - (ii) Ensure contact with the Employee is maintained while they are absent from work and regularly review their medical status.
- (d) The Return to Work Coordinator should:
  - (i) Assist Employees with a work injury or illness to remain at or return to work as soon as possible.

- See Attachment 1 for an Injury Management and Return to Work Flowchart
- (ii) Liaise with the Employee, Supervisor, treatment providers, external rehabilitation provider and the University's insurer regarding the Employee's Return to Work:
- See Attachment 2 for a Return to Work Plan
  - See Attachment 3 for a Worker Capability Statement which will be provided to the Nominated Treating Doctor to assist with Return to Work decisions
  - See Attachment 4 for a sample of a letter to the Nominated Treating Doctor.

#### **4.5 Rehabilitation Outcomes**

The University will follow NSW iCare return to work hierarchy in relation to rehabilitation outcomes.

- (a) Same employer, same job;
- (b) Same employer, different job;
- (c) Different employer, same job;
- (d) Different employer, different job.

Following initial assessment and treatment the employee will either be fit to return to normal duties, fit for suitable duties or unfit for work.

**(a) Fit for normal duties:**

No further action will normally be required apart from the Supervisor and the Return to Work Coordinator monitoring the employee's progress.

**(b) Fit for suitable duties:**

- (i) Based on the recommendations of the Nominated Treating Doctor the Return to Work Coordinator will develop a written Return to Work Plan which will be discussed and agreed with the injured employee, the Nominated Treating Doctor and the supervisor.
- (ii) Whilst the employee is undertaking suitable duties flexitime arrangements will cease until a final medical clearance is received by the employer.

- (iii) In consultation with the Employee, the Supervisor, Nominated Treating Doctor and other professional resources who are actively involved in the rehabilitation of the Employee, the Return to Work Coordinator will make written recommendations on progression towards a return to pre-injury duties.
- (iv) At regular intervals, as a minimum every two weeks, the Return to Work Coordinator will review progress with the employee to ensure this is going according to the Return to Work Plan with progression toward resumption of pre-injury duties.

**(c) Permanent alternative placement**

- (i) Where an Employee is unable to return to their pre-injury duties but will be able to return to some gainful employment, consultation will begin with the Employee, their Leader and Supervisor, and the Return to Work Coordinator to define, wherever possible, a permanent alternative job which the employee will eventually perform once maximum capability has been reached.
- (ii) In the event that the provision of suitable alternative placement is not possible, the Leader and the Return to Work Coordinator will take the appropriate action in accordance with the advice from University's insurer and the Nominated Treating Doctors.

**(d) Suitable, restricted and alternative duties**

Suitable, restricted or alternative duties must be meaningful and contribute towards the operation and productivity of the work team. Consultation between the Supervisor, Return to Work Coordinator, Nominated Treating Doctor and the Employee should result in identifying productive work that the person can perform. The following list indicates some of the situations to consider:

- (i) Continue the Employee's normal job, but avoid specific activities that may aggravate the injury;
- (ii) Continue the Employee's normal job with modifications or aids to accommodate the injury;
- (iii) Carry out the Employee's normal job but for a reduced hours;
- (iv) Arrange a temporary alternative job during the period of partial incapacity;
- (v) Provide a series of suitable duties to gradually upgrade the Employee to their full pre-injury duties;

Advice may need to be sought from an external rehabilitation provider for complex cases.

#### **4.6 Confidentiality**

- (a) Information obtained during rehabilitation will be treated as with sensitivity and confidentiality as with all medical information.
- (b) Approval to access or release medical or other information relevant to an Employee's rehabilitation and Return to Work program, will be sought from the employee using the Information Consent Form.
- (c) The Return to Work Coordinator will release information to key parties on a 'need to know' basis only where information is required for the Employee's rehabilitation and Return to Work Plan.
  - See Attachment 5 for a copy of an Authority to Release Medical Information.

### **5. Non Work Related Injuries and Illnesses**

Where possible the University of Newcastle will support employees with non-work related injuries and illness to return to the workplace using the same principles as outlined above. Employees or Supervisors should contact a member of the Health and Safety Team directly for assistance with these cases.

### **6. References**

[UON H&S Management System Framework](#)

[UON HSG 7.1 Incident Notification and Investigation](#)

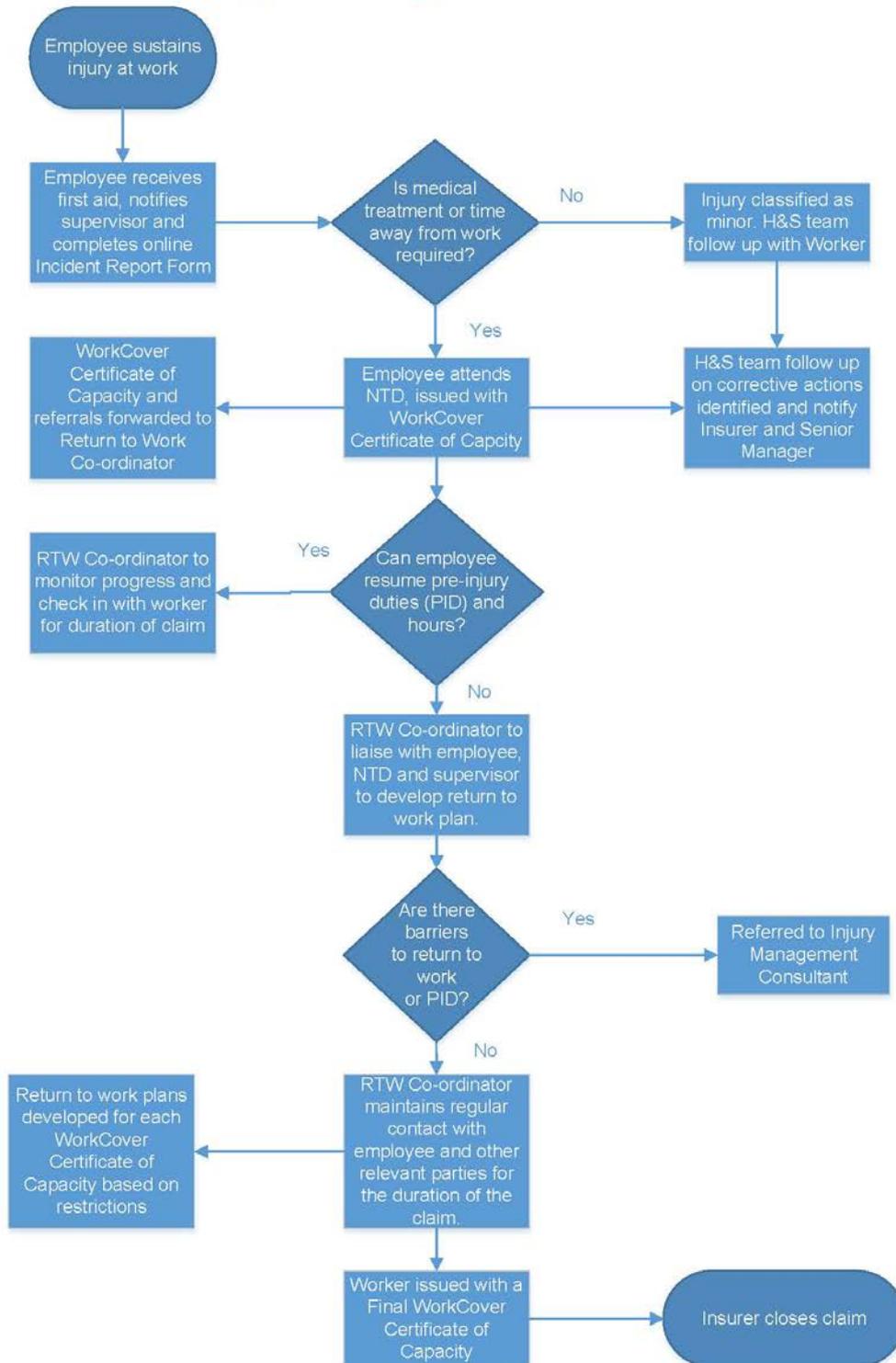
## **7. Attachments**

1. Injury Management and Return to Work Flowchart
2. Return to Work Plan
3. Worker Capability Statement
4. Sample Letter to the Nominated Treating Doctor
5. Sample of an Authority to Release Medical Information

Attachment 1 – Injury Management flow chart



## Injury Management Flowchart



# RETURN TO WORK PLAN



**Name of Worker:**  
**Capacity to Work:** Fit for suitable duties  
**Plan dates:** **Plan No:**  
**Date of Injury:**  
**Nature of Injury:**  
**Claim Number:**  
**Interpreter required:**  Yes  No  
**Treatment Plan:**  
**Return to Work Goal:** Return to pre-injury duties with the University of Newcastle  
**Position:**  
**School/Division/University:**  
**Supervisor:**  
**Nominated Treating Doctor:**  
**Return to work Co-ordinator:** Sarah Williamson  
**Contact Phone:** 4921 7720 **Fax:** 4921 5935 **Email** sarah.williamson@newcastle.edu.au  
**Certificate Expiration Date:** *please ensure that you get a new certificate before this date*

## Duties

Is worker to be supernumerary/extra worker? No

NAME is to undertake the inherent requirements of his/her substantive role with the following restrictions/considerations

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## Physical/Medical Restrictions

1. Hours -
  2. Lifting -
  3. Sitting Tolerance -
  4. Standing Tolerance -
  5. Pushing Pulling Ability -
  6. Bending/Twisting/Squatting Ability -
  7. Driving Ability -
- Other -

**Review Date:**

Workers Name:  
Claim ID:

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RTW Co-ordinator: Sarah Williamson  
Phone Number: 02 4921 7720

# RETURN TO WORK PLAN



Return to Work Responsibilities

**Employee (Agreed actions & expected outcomes)**

- Ensuring that all restrictions noted are adhered to. Advise Supervisor and/or Return to Work Co-ordinator if there are any difficulties at work.
- Attend follow up medical appointments. In order to ensure its duty of care, the University requires workers with a work related injury to have a current WorkCover Certificate of Capacity.
- Routine medical and treatment appointments should be made outside of work hours. Where this is not possible employees must seek approval from their supervisors to attend appointments during work hours and a Workplace Injury/Illness Leave Application form must be completed and submitted to the RTW Co-ordinator.
- Not to work additional hours above contracted hours without first contacting the RTW Co-ordinator who will need to seek GP approval.

**Supervisor (Agreed actions & expected outcomes)**

- Ensure XXXX is not required to undertake duties that are outside of the restrictions
- Not to approve additional hours above contracted hours without first contacting the RTW Co-ordinator who will need to seek GP approval.
- If it is identified that the worker could undertake work other than what is identified in this plan, please contact the RTW Co-ordinator
- Maintain regular contact with XXXX to follow up on progress
- Advise RTW Co-ordinator of any changes in circumstances

**RTW Coordinator (Agreed actions & expected outcomes)**

- Maintain regular contact with XXXX to check on progress
- Forward all relevant documentation to Employers Mutual
- Ensure the Supervisor is kept up to date with all developments
- Liaise with treatment providers

*Return to Work Plan is agreed to by:*

INJURED STAFF MEMBER:		DATE:	
SUPERVISOR:		DATE:	
RTW CO-ORDINATOR		DATE:	
NOMINATED TREATING DOCTOR:		DATE:	

*Comments in relation to this plan*

INJURED STAFF MEMBER:	
SUPERVISOR:	
NOMINATED TREATING DOCTOR:	

Workers Name:  
Claim ID :

RTW Co-ordinator: Sarah Harris  
Phone Number: 02 4921 7720

## Attachment 3 – Worker Capabilities Statement



### Work Capabilities Statement

Dear Treatment Provider

Based on the preceding information, please indicate below the employee's capabilities in relation to the inherent requirements of their role.

*Please indicate duties the worker's capabilities where relevant*

DUTIES	Occasional 1- 33%	Frequent 34 – 66%	Constant 67 – 100%	Comments
Teaching				Max tolerance minutes
Sitting				Max tolerance minutes
Standing				Max tolerance minutes
Walking				Max tolerance minutes
Lifting floor-waist				Max weight kg
Lifting at waist height				Max weight kg
Lifting waist-overhead				Max weight kg
Carrying/ holding				Max weight kg
Pushing/ Pulling				Max weight kg
Steps/ stairs				
Squatting/ kneeling				
Looking up/ down				
Work above shoulder height				
Working below knee height				
Gripping or grabbing				
Driving				
Other Travel				

The likely timeframe for this worker to return to pre-injury duties is \_\_\_\_\_(days/ weeks).

Other Comments/Recommendations

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If you have any questions or concerns in relation to this request or the employee please contact Sarah Williamson, Health & Safety Advisor, Injury Management on telephone 4921 7720.

Kind regards

Sarah Williamson

## Attachment 4 – Sample letter to Nominated Treating Doctor



**Sarah Williamson**  
Health & Safety Advisor, Injury Management

**HUMAN RESOURCE SERVICES**  
**Health & Safety**  
University Drive, Callaghan  
NSW 2308 AUSTRALIA

Telephone: +61 2 4921 7720  
Fax: +61 2 4921 5935  
Email: [Sarah.Williamson@newcastle.edu.au](mailto:Sarah.Williamson@newcastle.edu.au)

Dear Doctor,

The University of Newcastle is committed to returning injured workers to full normal function through the provision of a safe work environment and a comprehensive Injury Management Program.

In order to facilitate a safe and timely return to work for injured staff, we are able to offer suitable duties commensurate with any necessary medical constraints and this includes a graduated return to work plan with restrictions/modifications as required. As this plan will require modifications as the injury improves we would welcome regular discussion and consultation as this occurs.

We would be most grateful if you would complete the attached "Work Capabilities Statement" in addition to the WorkCover Certificate of Capacity which will allow us to provide the most appropriate duties for your patient to assist in their recovery and return to their pre injury duties.

To assist in timely support for your patient, it would be appreciated if all documentation including certificates and referrals could be faxed directly to me at the end of your consultations on fax number 4921 5935. Thank you for your assistance in this matter. I am available for any questions you may have regarding The University or your patient's role and can be contacted on telephone 4921 7720, email [sarah.williamson@newcastle.edu.au](mailto:sarah.williamson@newcastle.edu.au) or fax 4921 5935.

Yours sincerely

Sarah Williamson  
Health & Safety Advisor, Injury Management

## Attachment 5 – Authority to Release Medical Information

# AUTHORITY TO RELEASE MEDICAL INFORMATION



I \_\_\_\_\_ (Name)  
Of \_\_\_\_\_ Address)  
DOB: \_\_\_\_\_ Claim ID: \_\_\_\_\_

authorise the Injury Management Co-ordinator of the University of Newcastle to:

**Obtain/Release** information either verbal or written, in relation to my workers compensation claim, rehabilitation and fitness for work from/to the following parties:

### Tick YES to indicate Approval

- |   |  |
|---|--|
| a) Insurer – Employers Mutual           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) UoN Superior/HRO                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Treating Medical Practitioner        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Hospital                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Physiotherapist/Chiropractor         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Specialist                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Rehabilitation Provider              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Counsellor/Psychologist/Psychiatrist | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i) Other <i>nominate</i> : _____        | <input type="checkbox"/> Yes <input type="checkbox"/> No |

The information provided will be of a factual nature concerning the injury management programme and claims management and a copy of any relevant written report may be provided on request. All aspects of information released and discussions will be subject to confidentiality guidelines as outlined in the University's Privacy Management Plan.

I understand that I may change or cancel this authority at anytime, however, my claim/rehabilitation status and/or benefits could be affected.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Important: Some organisations are legally entitled to receive injury management information about an injured worker who is claiming workers compensation – insurers and their legal advisers, the WorkCover Authority, a NSW Court of Law and the NSW Workers Compensation Commission.*