Policy Title: Occupational Rehabilitation/Injury Management

Related Documentation:
- Injury Management Program
- Provisional Liability
- Workers Compensation

Relevant Legislation/Corporate Plan:
- Workers Compensation Act, 1987
- Workplace Injury Management and Workers Compensation Act, 1998
- Workers Compensation Amendment Regulation, 2005

Responsible Officer: Director Business Services

Policy details may change prior to review date due to legislative changes etc, therefore this document is uncontrolled when printed.

Objectives

1. To assist an early, safe return to meaningful and productive work following injury or illness.

2. To establish that there is early, accurate medical assessment, with the involvement of those persons deemed necessary to support the role of the treating medical practitioner.

3. To successfully integrate the injured or ill person back into the workforce.

4. To have effective Injury Management.

Policy Statement

On 1 July 1987, the State Government implemented a new Workers' Compensation Act. Under this Act, all employers are required to establish a Return to Work Program with respect to policies and procedures for the rehabilitation (and if necessary, vocational re-education) of any injured/ill workers of the employer. In 1998 the Workplace Injury Management and Workers Compensation Act was proclaimed and introduce the concept of injury management practices. This program is to be renegotiated with management, staff and unions on a biannual basis.

It is Council's obligation to provide occupational rehabilitation and injury management for all people who work for Council following injury or illness at the workplace.

In this context rehabilitation is defined as "the restoration of those injured or ill to the fullest physical, mental, social, vocational or economical usefulness of which they are capable."

Effective rehabilitation provides physical, psychological and financial benefits to people and minimises disruption to work and reduces costs.

Scope

DATA AND DOCUMENT CONTROL

Division: Financial Services
Section: Workers Compensation
DW: 1555279

Adopted Date: 20/12/98
Revised Date: 03/06/2008
Minute Number: 352
Review Date: 01/05/2011

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This policy applies to all staff employed by Campbelltown City Council.

Definitions
Any person who has entered into, or works under a contract of service or apprenticeship with Campbelltown City Council may lodge a workers compensation claim.

An Initial Injury Notification of Injury to Employee form should be completed by the employee or his/her representative when a work related injury or illness occurs to that employee where there is a

1. Medical expenses are incurred, or
2. Time lost from the workplace.

Section 9 of the Workers Compensation Act 1987 creates entitlements to compensation benefits. The quantum and nature of these benefits are determined by what happened to the worker. The worker in general terms will be entitled to weekly payments of compensation calculated to a formulae applying at various times for so long as he/she remains incapacitated for work and suffers economic loss.

In addition he/she will be entitled to payments, of medical, hospital and other ancillary expenses, including a lump sum payment, referable to any permanent injury and possibly in respect of pain and suffering.

There is no need for an employee to complete a claim form if there is no lost time or medical expenses however an Incident/Hazard report form is to be completed.

Injured Worker
An injured worker means a worker who a received a workplace injury.

Insurer
Insurer means a licensed insurer (managed fund) or a self-insurer.

Notification of Injury
Notification of injury refers to all workplace accidents causing injury to a worker. All injuries are to be notified to the insurer within 48 hours.

Provisional Liability
Allows an insurer to make weekly and/or medical expense payments without the admission of liability. This enables the insurer to make early payments to the injured worker, without delay.

Significant Injury
A significant injury is when an injured worker is unlikely to be able to undertake their usual duties and/or normal hours for a continuous period of more than seven calendar days.

Injury Management Program
Section 43 of the Workplace Injury Management and Workers Compensation Act states that:

"Each insurer must have an Injury Management Program. The Injury Management Program is a coordinated and managed program that integrates all aspects of injury management including treatment, rehabilitation, retraining, claims management and employment practices. The purpose of Injury Management is to achieve timely, safe and durable return to work for the injured workers."
**Return to Work Program**

Section 52 of the Workplace Injury Management and Workers Compensation Act 1998 states that:

“An employer must establish a Return-to-Work Program with respect to polices and procedures for the rehabilitation (and, if necessary, vocational re-education) of any injured workers of the employer. An employer’s Return-to-Work Program must be consistent with the Injury Management Program of the employer’s insurer and is of no effect to the extent of any such inconsistency.”

**Injury Management Plan (IMP)**

Section 42 of the Workplace Injury Management and Workers Compensation Act states that:

“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 worker, for the purpose of achieving a timely, safe and durable return to work for a particular worker”

**Return to Work Plan (RTWP)**

The return to work plan is the written, formal offer of suitable duties by the employer, to the injured worker. It is designed to make clear what the worker can and cannot do when they return to work, and when this will be reviewed. The plan must be agreed by all relevant parties – the Worker, Supervisor, nominated treating Doctor, Return to Work/Injury Management Officer, Worker’s Representative (if appropriate) and accredited Rehabilitation Provider (if applicable). This plan must be regularly monitored and reviewed by the Return to Work/Injury Management Officer or Provider. Physical restrictions, suitable duties, hours worked, supervision arrangements, and treatment times and dates must be clearly outlined in the return-to-work plan.

**Suitable Duties**

Suitable duties are short term duties, agreed between the employer and the injured worker to assist the injured worker’s rehabilitation. Suitable duties must comply with a current medical certificate, and may include:

- parts of the job the worker was doing before the injury,
- the same job, but reduced hours,
- different duties altogether,
- duties at a different site,
- training opportunities or redeployment, or,
- a combination of some or all the above.

The definition of suitable employment (duties) states that the following must be taken into account:

- the medical certificate – the treating doctor will list work capabilities,
- the age, education and work skills of the injured worker,
- where the worker lives,
- the duties must be useful to the employer’s trade or business,
- the duties must comply with the injury management plan, and
- the duties must not be demeaning or token jobs.

**Return to Work/Injury Management Officer**

A person titled a “Return to Work/Injury Management Officer” is often referred to in various literature and pamphlets relating to Injury Management and Worker’s Compensation.
At Campbelltown City Council, the Return to Work/Injury Management Officer’s role forms the integral part of the Injury Management and Return to Work. The Injury Management and Return to Work Officer is a key person in the injury management process. Their role includes acting as a link between all parties involved and assisting the injured/ill worker with respect to their injury management and return to work.

**Injury Management Consultant (IMC)**

An Injury Management Consultant is a registered Medical Practitioner experienced in Occupational Injury and Work Place based Injury Management. Injury Management Consultants (Return to Work/Injury Management Officer) are facilitators who liaise with the injured worker, their nominated treating doctor, the workplace Return to Work/Injury Management Officer, the Rehabilitation Provider (if applicable) and the Insurer to assist with an effective Return to Work Plan and treatment.

Referral to an IMC should be considered when the following situations arises: confused goals, complexity of injury or workplace environment, poor communication between insurer/employer and nominated treating doctor, perceived conflict between the nominated treating doctor’s recommendations and the workplace requirements, disagreement about the suitability of duties offered to an injured worker.

**Nominated Treating Doctor (NTD)**

A nominated treating doctor is the doctor nominated by the injured worker to manage their recovery from injury and to assist them with returning to work safely.

The nominated treating doctor will:

- recommend and organise treatment for their injury/illness,
- complete WorkCover medical certificates,
- inform the injured Worker’s Employer, Insurer, Rehabilitation Provider (if applicable) about their health condition, progress and needs,
- assist the insurer/employer with development of the Injury Management Plan,
- review the injured worker’s condition and fitness for work.

**Accredited Rehabilitation Provider**

A rehabilitation provider is an external organisation accredited by WorkCover NSW to provide the injured worker with specific rehabilitation services to assist them to return to work. The injured worker, nominated treating doctor, employer and insurer may refer an injured worker to an external rehabilitation provider for assistance in respect to re-training, job seeking, workplace assessments, vocational assessments, functional assessments and for further advice in injury management.

**Interpreters/Language Services**

A service to provide communication assistance to an injured worker of a non-English speaking background.

**WorkCover Claims Assistant Service (CAS)**

The Claims Assistant Service (CAS) is a service, which commenced in January 2002 and is part of the wider WorkCover Assistance Service. CAS provides assistance to injured workers and employers with questions about workers compensation and injury management. The service provides information about injury and accident notifications, making a claim, entitlements and dispute resolution process. The aim of the service is to prevent an issue from turning into a dispute that needs to be addressed by the Workers Compensation Commission.
The telephone number of the WorkCover Assistance Service is 13 10 50.

**Workers Compensation Commission (WCC)**

The Workers Compensation Commission (WCC) was established on 1 January 2002. It provides a single place to help parties come to an agreement about a dispute (conciliation) or, when needed, will make a decision about a dispute (arbitration). The Workers Compensation Commission replaces the Compensation Court and the Workers Compensation Resolution Service and was established to provide a more flexible dispute resolution process to allow injured workers to resume their normal lives with less impact on their long-term health.

The President, two Deputy Presidents, a Registrar and Arbitrators, supported by Approved Medical Specialists and other staff, head the Workers Compensation Commission.

**Legislative Context**


**Principles**

**Process**

The rehabilitation process can involve any of the following components depending on the severity of case:

1. **Medical** - accurate diagnosis and prompt appropriate treatment by health professionals aimed at maximising the rate and extent of recovery.
2. **Vocational** - provision of vocational services to enable incapacitated people to return to work as soon as practicable, including vocational assessment and guidance where retraining may be indicated.
3. **Social** - to assist in restoring self-image, reducing stress associated with injury/illness and readjusting to society.

**Guidelines**

**Return to Work/Injury Management Officer**

Return to Work programs and Injury Management Plans will be managed by the designated workplace coordinator.

**Rehabilitation Treatment**

In consultation with the employee, supervisor and the Return to Work/Injury Management Officer, a plan will be developed for rehabilitation treatment. This treatment will be conducted where possible and reasonable for all staff outside of work hours.

**Return to Work/Injury Management Officer Duties**

1. To ensure that effective Injury Management Plans are developed.
2. To ensure that occupational rehabilitation is commenced as soon as possible after any work related injury or illness.
3. To communicate directly with injured/ill employees to ensure that they fully understand and are able to participate in the rehabilitation progress.
4. To liaise with all parties involved in the rehabilitation procedure, including the injured person, rehabilitation providers, treating medical practitioners, union and ensure that communication takes place in order to promote effective injury management and return to work.

*Indicators for Implementing the Rehabilitation Process should be as follows:* 

(a) Immediately in cases of injury or illness where absence is indicated on the WorkCover certificate to be more than 5 days.

(b) Where less than 5 days, the need for a program will be assessed if the employee does not return to the place of duty on the nominated date.

*Suitable Duties*

Suitable duties are an essential part of the return to work program. Injured persons may be able to stay at work or return to work earlier if suitable duties are available.

Such duties may require modification of work tasks or the work environment and reduced work hours.

The following factors should be considered when offering suitable duties:

1. The duties must be carefully matched with the person's capabilities. Management must provide the nominated treating doctor with as much job related information as possible.

2. Duties must be medically approved and certificates should include, in detail, what physical activities the person can and cannot do.

3. Duties should be arranged between the nominated treating doctor, the injured person and the Return to Work Coordinator, the injured person's direct supervisor and union representative (if required). A program should be produced in conjunction with the Injury Management Plan with regular review points leading up to normal duties.

4. The provision of suitable duties will not be provided on an unlimited and permanent basis unless:

   a) Such duties constitute a substantive position within the activity's normal operations;
   
   b) Such a position is readily available, and
   
   c) The person is fully competent to fill the position.

*Examples of Suitable Duties*

Suitable duties may include work in areas such as **Stores** (stocktaking, delivery, VDU operators), **Workshops** (cleaning, driving), **Bushfire** (hazard control inspection), **Construction and Maintenance** (flagman's duties, painting posts, surveys or roads and minor investigation with survey work), **Library** - clerical work such as indexing, filing, VDU input), **Parks and Reserves** (garden maintenance) and **General Administration** (clerical - all departments).

*Communication with the Injured Person*

It is essential for management to establish a continuing personal contact with people who are absent from work.
Contact should be made as soon as practicable following injury or onset of serious illness to offer practical and moral support.

Written confirmation of management commitment to rehabilitation, including early return to work under medical guidance on selected alternative duties, should be forwarded to the injured/ill person as soon as possible. Details of the return to work plan and the injury management plan should be confirmed in writing and copies distributed to all those participating in the program.

Return to Work

A program for graduated return to work needs to be established to meet each person's needs. The following steps should be considered:

1. Set short and long term goals involving the injured/ill person and treating practitioners.
2. Establish a timetable for monitoring progress including medical review and upgrading of duties when appropriate to meet long-term goals.
3. Ensure the injured/ill person and their supervisor clearly understand any work restriction or physical limitations. Also, with whom problems should be discussed.
4. Provide appropriate training for any alternative duties that are unfamiliar to the injured person.

Confidentiality

Rehabilitation records will consist of medical records, medical management communication and rehabilitation medical records return to work plans and injury management plans.

All records will remain confidential. However, to facilitate rehabilitation, it is necessary for the Return to Work Coordinator to have access to confidential medical information. Such access should not be automatic but shall be discussed at the outset of rehabilitation where the injured employee would, in normal circumstances, be expected to consent to this. Any disagreement on this matter should be referred to WorkCover. It is recognised that some freedom of information is necessary and that a high level of responsibility exists to protect confidential medical information.

Sequence of Events for Rehabilitation

1. Injury or Illness to be reported to Supervisor.
2. Supervisor to contact Return to Work Officer to make appointment for employee to see Return to Work Officer.
3. Injured employee visits nominated treating doctor with an introductory letter from Return to Work Officer.
6. Maintain regular contact with Injured Employee, Manager, and Supervisor.
7. If no effective return to work referral to a rehabilitation provider will commence.

Responsibility

All Senior Management, Coordinators, Supervisors, Injured Workers, Nominated Treating Doctors.
Effectiveness of this Policy
This policy will be reviewed annually in accordance with the current legislation to ensure its continuing suitability and effectiveness. Records of reviewed shall be maintained.

END OF POLICY STATEMENT

DOCUMNET HISTORY AND VERSION CONTROL RECORD

Contact for inquiries and proposed changes

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<tr>
<th>Name</th>
<th>Michael Sewell</th>
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<tr>
<td>Position/Section</td>
<td>Director Business Services</td>
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<td>Contact Number</td>
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<tr>
<td>Position/Section</td>
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