### Management of Injured Workers Policy and Procedures

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| **Policy**  XXX will meet its legislative responsibilities through having in place systems to minimise the risk of work-related injuries occurring and effectively managing any work-related injury to minimise the impact of the accident/injury to its employees. The injury management program includes:   * Having appropriate insurances in place * Income support for workers during incapacity * Prompt treatment of any work-related injuries * Effective and proactive management of such injuries * Medical and vocational rehabilitation following injuries |

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| **Outcome** XXX complies with legislative requirements.  Workers experience the least disability and disruption if an injury occurs at work.  Workplace disruption is minimised. |

You will need to adapt this to your state or territory, esp. reporting requirements, support processes and terminology.

* Fair Work Australia has links to relevant authorities for [Workers Compensation](https://www.fairwork.gov.au/leave/workers-compensation)
* SafeWork Australia has links for [Return to Work](https://www.safeworkaustralia.gov.au/workers-compensation/return-work) programs

**Scope**

Applies to all XXX workers.

**Procedures**

#### Insurance

XXX will have in place adequate workers compensation insurance. The Compliance Calendar is used to ensure this remains current.

#### Income Support for Worker

* All XXX workers who sustain an injury whilst at work or “acting under the instruction of their employer” are entitled to lodge a claim for workers’ compensation
* All claims for compensation will be assessed and managed in accordance with the relevant legislation – insert from above links
* XXX’s Insurer will determine liability for the claim on behalf of XXX and act on their behalf to manage the claims process
* Upon acceptance by the Insurer, workers are provided with workers compensation in line with the legislation, to assist them to remain in or return to gainful employment.

#### If a Worker is Injured

The following flow chart summarises the decisions to be made and actions required in the event of an injury. Note – some states / territories have posters that are required to be displayed regarding this – check your state’s requirement.

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| Worker Incident Reporting and Management This decision-making flow chart is to be used to determine what steps are required to initially manage an incident. Note: shaded boxes indicate questions to be raised, Non-shaded boxes indicate action to be taken   |  | | --- | | **Worker Injury or Incident occurs** |  |  | | --- | | Injury? |     Yes No   |  |  |  | | --- | --- | --- | | * Contact ambulance   OR  Organise for medical assessment and management (either worker’s GP or local service – see below)   * Director informed * Complete Incident & Complaints Report Form (follow Inc Mgmt policy) |  |  |      |  |  |  | | --- | --- | --- | | Further / on-going medical management required? | No | Conduct incident investigation? |   Yes   |  |  |  | | --- | --- | --- | | * Director contacts Insurer * If unable to immediately return to full duties possible, contact GP re suitable duties available |  |  |        |  |  |  | | --- | --- | --- | | * Complete Incident Investigation   In conjunction with insurer:   * Begin injury management * Implement any recommendations * Assist with Return to Work |  |  |   **LOCAL GP** Dr Insert details  **HOSPITAL** Insert details  **INSURER** Insert details |

#### First Aid Management

XXX **provides basic** first aid kits including the provision of first aid kits at rooms and in **worker vehicles (if used for work).**

XXX does not have trained first aid workers on site so if any medical attention is required either

* If worker injury appears serious, or could potentially be serious an ambulance must be called
* If injury does not appear serious, worker is to attend either the local GP or their own GP. The GP must either provide a clearance to return to full duties at work or, if this is not possible, a work-related *Medical Certificate (these also vary in what they are called from state-to-state).*

#### Notification of Injury Within XXX

Injuries sustained at work must be reported as soon as practicably possible to the most senior person on duty. The staff member is to complete an Incident and Complaints Report form and submit it to the immediate manager as soon as practicably possible.

***Notification of Injury Externally***

**If there is a serious injury or illness, a death or a dangerous incident (check your local requirements) the director / manager must also report it to YYY (insert bodies you are required to report serious injury, serious illness or death to – see references above) immediately on insert ph no.**

The notified Manager must complete an on-line notification report to XXX’s Workers Compensation Insurer within 48 hours of an injury being reported. (Note: This report usually must be completed whether a claim is submitted or not.)

If necessary, employees should also complete an *Employee’s Compensation Claim* form as soon as possible. A current work-related *Medical Certificate* (i.e. not a normal medical certificate) from the Nominated Treating Doctor must accompany this form.

*Information Release Consent Form Completion*

In order for the worker responsible for worker rehabilitation to best assist with the rehabilitation of injured workers, they need to obtain information from the injured worker’s treating health professionals. This requires the worker to sign a consent form.

#### Employee Support and Involvement

XXX wants employees to feel fully supported and assisted as they rehabilitate from a work-related injury. Therefore, the Director / responsible manager will be in regular contact with injured workers helping them with any concerns they may have.

*Case File Management*

Each individual injured worker will have a uniquely identified, separate, confidential, individual case file that contains the information stipulated in the workers compensation legislation. This file is kept separately from the worker’s personnel file. It will be kept confidentially in the office in the filing cabinet with the personnel files/stored electronically securely.

The file will be officially ‘closed’ once the worker has successfully achieved their rehabilitation outcome and remained on pre-injury duties / negotiated post injury duties for one (1) month.

#### Development of Return to Work Plan and Case File

If the employee is unable to immediately return to full duties, XXX will work with the Nominated Treating Doctor and its insurer to develop a plan to assist the worker to return to their full duties. The plan will:

* be completed considering the employee’s duties and medical restrictions
* outline suitable duties (Note: Suitable duties are a **short term arrangement** i.e. they are not a permanent arrangement or a ‘new’ position)
* be documented and signed by key people so that everyone is clear how the worker will be assisted back to work
* be monitored to ensure the worker can safely maintain the outlined level of activity and is upgraded as necessary

The worker will be supported to be actively involved in the development of any treatment and rehabilitation plans and treatment and rehabilitation management decisions throughout the rehabilitation process.

*Employee Responsibilities*

Employees are required to:

* report any suspected injury as soon as possible
* be engaged in the development of treatment and management decisions throughout the rehabilitation process with management support
* follow the outlined return to work plan
* keep management informed of any variations to their progress or medical requirements including the need to attend medical appointments
* submit all medical certificates, reports, referralsas soon as practicable in order to avoid delay in Workers Compensation Payments

*If Worker Unable To Return to Full Duties*

Every effort will be made to assist a worker to return to their pre-injury duties. However, because suitable duties can only be provided for a short period, if the injuries are such that the worker will not be able to return to their full pre-injury duties, assistance will be provided to help the worker to gain other employment or negotiate other roles within XXX.. Gaining other employment will normally be organised by the insurer through a Rehabilitation Provider with the support of XXX.

*Case Closure*

A WorkCover Certificate clearly stating that the worker is ‘fit for full pre-injury duties’, must be obtained from the nominated treating doctor, prior to commencement of full duties.

Once the worker has **returned to full pre-injury duties for at least one (1) month**, or to negotiated alternative duties for at least one (1) month their case will be closed and:

* the worker’s satisfaction with the rehabilitation process will be formally evaluated through feedback from the worker using a third party
* case notes will be finalised and confidentially stored in HR Files.

*Governance*

Reports concerning injuries and return to work rehabilitation and progress will be included in Risk / WHS agenda items in team, management and Governing Body meetings.