

## GUIDELINES FOR WORKERS' COMPENSATION & INJURY MANAGEMENT

The purpose of this document is to describe the University's procedures in relation to the management of staff injury and illness and workers compensation claims.

By doing so, the guidelines contribute towards compliance with the *Workers' Compensation and Injury Management Act (1981)* and *Occupational Safety and Health Act (1984)* WA.

### 1. DEFINITIONS

#### 1.1 First Medical Certificate

A WorkCover WA endorsed medical certificate to initiate the process for workers' compensation application, which specifies fitness for work, restrictions and treatment recommendations.

#### 1.2 Form 2B

A WorkCover WA endorsed Workers Compensation Claim Form, which the staff member must complete.

#### 1.3 Witness Statement Form

An insurance form which provides the opportunity for witnesses to give their account of events surrounding an incident.

#### 1.4 Accident Report Form

The University's approved form for reporting incident and accidents at the workplace.

#### 1.5 WorkCover WA

The statutory authority responsible for the administration of the workers' compensation and injury management system in Western Australia.

#### 1.6 Rehabilitation Provider

An external agency which provides assistance in the development, implementation and monitoring of a return to work program

### 2. RESPONSIBILITIES OF STAFF

- Following a work related injury/illness, report the incident to your manager immediately and if appropriate attend a medical practitioner, who may issue a First Medical Certificate.
- Once medical treatment is sought:
  - i) Complete an Accident Report Form, which is available from the local Safety & Health Representative or the Occupational Safety & Health (OS&H) Office. Guidance notes for accident reporting can be found at:  
<http://www.hr.ecu.edu.au/osh/resource/ReportingProcedure1.pdf>
  - ii) Complete a Workers Compensation Claim Form 2B, which is available from the OS&H Office and, if a lost time injury, an application for leave form. These forms are to be forwarded to the OS&H Office as soon as possible.
- If required, attend for regular medical reviews and provide progress medical certificates to your Manager.
- You must comply with all restrictions and treatment recommendations as prescribed by medical professionals.
- If certified unfit to undertake full pre-accident duties, you will participate in the development and implementation of a return to work program.
- If required, participate in a case conference with appropriate stakeholders to facilitate a return to work program.
- Where possible make medical appointments outside working hours to avoid disruption to the rehabilitation process.

- Staff are encouraged to utilise on campus health facilities at the Student Health Service and VARIO, however their treatment provider is their choice.
- In the event of any changes to capacity for work, immediately advise Manager and OS&H Office.
- Attend medical appointments as requested by the University or their Insurer as per the Workers' Compensation and Injury Management Act and the relevant industrial agreement.
- Any issues associated with the workers' compensation claim, should be referred to the Workers' Compensation Officer, who will endeavour to resolve issues or where necessary refer to the University insurer.
- Staff are encouraged to advise their Manager of any non-work related injuries/illness which may impact on their work performance, so assistance can be provided with injury management in the workplace.

### **3. RESPONSIBILITIES OF MANAGER**

- Ensure employee receives appropriate first aid or medical treatment as soon as practicable, following a work related injury.
- Report any injury or illness immediately to the OS&H Office.
- Ensure employee completes an Accident Report Form. Manager to identify and implement controls to prevent further incidents.
- If a completed Form 2B is provided to a Manager, this is to be forwarded immediately to the OS&H Office. The legislative requirement for employers is to submit these forms to the insurer within 3 working days.
- Maintain regular contact with the injured employee and make arrangements for them to remain at work or return to work as soon as medically appropriate.
- Co-ordinate return to work program through collaboration with the employee and OS&H Office. If a staff member is certified unfit to undertake pre-accident duties by a medical practitioner, a written return to work program needs to be completed in consultation with the injured employee and signed by both parties (example attached).
- If the Medical Practitioner determines the employee can not commence a return to work program to their substantive position and as guided by the OS&H Office, the Manager to identify alternative suitable duties within the Faculty/Centre in line with medical restrictions.
- Once information has been received from a medical practitioner on capacity for work, identify impact on other staff and make suitable arrangements for workloads.
- If suitable duties can not be identified within the Faculty/Centre, the responsible manager is to substantiate their reasons in writing to the OS&H Office. The OS&H Office and the Manager may recommend the employee be seconded to an alternative Faculty/Centre for a return to work program for a defined limited period, until the employee can return on suitable duties in their original Faculty/Centre. This arrangement is funded and controlled by the original Faculty/Centre.
- Monitor the employee's progress to ensure the return to work program is being adhered against until the employee returns to full hours and duties. Any changes to the written return to work program needs to be done in consultation with the employee and signed by the Manager and employee. The original must be forwarded to the OS&H Office.
- Advise the OS&H Office immediately of any change in capacity for work of the employee.
- If an employee reports new or continuing symptoms at work, the Manager is to implement early intervention and co-ordinate injury management to minimise workers compensation claims and impact to the employee. Assistance for this can be sought from the OS&H Office.
- Provide any support, training, equipment and materials as recommended by the OS&H Office.
- Liaise with OS&H Office for any issues that may arise which require assistance.

If the injury management process is not managed appropriately as per recommendations from the OS&H Office, the University may consider initiating discussions with the Faculty/Centre on contributory funding for resolution of the matter.

#### Non Work Related Injuries

If an employee reports a non-work related injury which affects their capacity to undertake work duties and the treating Medical Practitioner provides recommendations for a return to work program, the Faculty/Centre are encouraged to consider the allocation of resources to assist the employee in returning to normal duties.

#### **4. RESPONSIBILITY OF WORKERS' COMPENSATION OFFICER**

- On first advice of an employee's injury/illness, contact the employee to:
  - a) ensure employee receives appropriate medical attention;
  - b) provide workers compensation claim form 2B, witness form, accident report form and application for leave if time lost due to injury;
  - c) discuss current fitness for work and make arrangements in consultation with Manager to accommodate medical restrictions in a return to work program;
  - d) discuss how incident occurred to identify causes; and
  - e) advise employee of available assistance if they do not wish to lodge a workers' compensation claim.
- Contact Supervisor to:
  - a) discuss causes and implementation of remedial action to prevent reoccurrence;
  - b) discuss medical restrictions and assist the Manager to identify suitable duties; and
  - c) identify if any other issues which may impact injury management process.
- Once claim forms received, send to University insurer within 3 working days.
- Liaise with insurer to clarify any issues or concerns to identify if further information is required to assist with liability determination.
- Report any notifiable injury to WorkSafe as per OS&H Act.
- Advise employee of available assistance if workers' compensation claim declined.
- Forward completed Application for Leave form to payroll and once the University insurer determines liability on the claim, advise payroll accordingly.
- Claim lost time from insurer for periods of total incapacity for work.
- Facilitate and monitor return to work program until employee returns to full pre accident hours and duties. Ensuring any change to the return to work program is agreed by the employee and Manager and is signed off by both parties and a copy to sent to the Medical Practitioner.
- Provide assistance where possible, to ensure the employee is obtaining appropriate medical treatment. If recommendations can be made discuss with the Medical Practitioner.
- Ensure, as far as is practicable, that the work environment is as ergonomically sound as possible through job analysis, workplace modification and prescription and/or modification of specific equipment to support the injury management process.
- Collaborate and liaise with all stakeholders as required to achieve agreed goals.

#### Non Work Related Injuries

Provide assistance and advice for employees with non work related injuries where requested by the Manager and employee on:

- a) return to work programs; and
- b) ergonomics

### **5. RETURN TO WORK PROGRAMS**

- 5.1 A graduated return to work program is required for injured employees who have been certified unfit to return to full pre accident duties by a medical practitioner. There are a number of steps, which will be considered when implementing such a program.
- i) The return to work program must be in a written format for work related injuries/illness.
  - ii) The employee must have the opportunity to participate in the establishment of the return to work program and the Manager must take reasonable steps to ensure that the employee agrees with the content of the program and then be signed off by both parties. A copy is then sent to the treating Medical Practitioner.
- 5.2 What a return to work program has to include:
- i) names of injured employee and the University;
  - ii) a description of short and long term goals;
  - iii) a list of the action that has to be taken to enable the employee to return to work, identifying who has responsibility for each action;
  - iv) timeframes for monitoring progress including ongoing medical review, upgrading of duties and hours, and follow up to ensure successful placement;
  - v) details of any resources that are required to assist with returning the employee to work; and
  - vi) provide details of appropriate training and supervision of any duties that are unfamiliar to the employee.
- 5.3 Manager to ensure review meetings are documented and that all stakeholders are kept informed of the employee's progress.
- 5.4 If the medical restrictions have been modified by a medical practitioner, the Manager must update the written return to work program in consultation with the employee and both parties are to sign off the changes. A copy to be sent to the treating Medical Practitioner.

#### Referral to External Rehabilitation Provider

##### Criteria for Referral

- a) Injury must be work related.
- b) Referral has to be agreed by the employee, Medical Practitioner and the University's Workers Compensation Officer.
- c) The employee is either certified fit for restricted duties or totally unfit for work.
- d) Co-ordination of a return to work program should be attempted internally before consideration for referral to an external rehabilitation provider, unless otherwise advised by the OS&H Office.

#### Refusal

Should an employee refuse to participate in a medically approved return to work program or deliberately inhibit the progress of the program, the University or the University's Insurer may refer the matter to WorkCover.

The effectiveness of the rehabilitation service will be regularly evaluated by the OS&H Office and reviewed to ensure ongoing development of the program and provide feedback to management.

## EXAMPLE RETURN TO WORK PROGRAM

### PART A: EMPLOYEE DETAILS

Employee Name: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

Faculty/Centre: \_\_\_\_\_

Department/Unit: \_\_\_\_\_

### PART B: EMPLOYER DETAILS

Employer Name: Edith Cowan University

Supervisor Name: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Person Coordinating Return to work Program: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Email: \_\_\_\_\_

### PART C: VOCATIONAL REHABILITATION PROVIDER

Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Organisation: \_\_\_\_\_ Email: \_\_\_\_\_

### PART D: MEDICAL DETAILS

#### ***Treating Medical Practitioner and/or Specialist:***

Name (Practitioner): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Name (Specialist): \_\_\_\_\_

Telephone No: \_\_\_\_\_ Facsimile: \_\_\_\_\_

#### ***Work Restrictions placed by the treating Doctor (If any):***

Date of Review by Treating Medical Practitioner:	DATE

**PART E: RETURN-TO-WORK PROGRAM DETAILS**

- ☐ Same Employer/Same Job
- ☐ Same Employer /Modified Job
- ☐ Same Employer /New Job
- ☐ New Employer /New Job
- ☐ Other \_\_\_\_\_

Start Date:

Review Date:

Week	Date	Days & Hrs of work	Duties	Restrictions
1 & 2	16/6/2008	Full Time Mon-Friday	Sedentary duties, computer based activities	Avoid excess walking carrying and lifting. To ask for assistance with moving any equipment over 5kgs.

## Actions to be Completed to Enable the Injured Worker to Return to Work

Action	Person Responsible	Completion/ Review Date
[Staff Member] to take appropriate rest breaks, including 30 minute lunch break	Employee Name	Ongoing
[Staff Member] to attend for medical reviews with Dr [Name] as required and obtain updated medical certification, facilitating his return to work.	Employee Name	Ongoing
[Staff Member] to undertake treatment as guided by treating doctor.	Employee Name	Ongoing
[Staff Member] to adhere to restrictions as prescribed by treating doctors at all times	Employee Name	Ongoing
Weekly meetings to provide updates on progress and feedback from both parties	Supervisor Name Employee Name	Ongoing
[Staff Member] to immediately report any issues or increase in symptoms to <ul style="list-style-type: none"> <li>Supervisor</li> <li>OS&amp;H Office.</li> <li>HR Account Manager</li> </ul>	Employee Name	Ongoing
For any workers compensation queries, contact Belinda Owen on 6304 2725.		

### PART F: AGREEMENT BY THE PARTIES AT THE WORKPLACE

*I agree to the terms of this work trial / program.*

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

Copies to:

- ☐ Treating Medical Practitioner
- ☐ Employee