

Procedure Title: Injury and Illness Management Procedure

Procedure Owner: Chief Safety Officer, People and Culture

This procedure must be followed to ensure the University complies with its obligations under the *Workers Compensation and Injury Management Act 2023*.

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1. INTENT

The purpose of this procedure is to outline the University's process for the management of work and non-work-related injury, illness, and workers' compensation claims. Following these procedures contributes to minimising time away from work, preventing further exacerbation of injuries and mitigating the financial and social impacts on the employee and the business.

2. ORGANISATIONAL SCOPE

This procedure applies to all Edith Cowan University employees.

3. DEFINITIONS

The [University Glossary](#), the [WHS Definitions Register](#) apply to this procedure.

4. GENERAL REQUIREMENTS

4.1 ECU is committed to early injury management intervention and actively encourages the reporting of both work and non-work-related injuries and illnesses. Both work and non-work-related injuries and illnesses are to be managed where they influence an employee's ability to perform the inherent requirements of their role.

5. WORK-RELATED INJURY AND ILLNESS

5.1. In accordance with the University Incident Reporting and Investigation guideline, employees should seek or be provided with immediate first aid or medical assistance consistent with the injury/illness. All injuries and illnesses occurring in the course of work must be reported, as soon as practicable, and investigated as per the Incident Reporting and Investigation Guideline

Workers' Compensation

- 5.2. Employees seeking to apply for workers' compensation will require a First Certificate of Capacity from a medical practitioner. Compensation for time away from work or medical expenses will only apply from the date of the First Certificate of Capacity and as stated on the First and Progress Certificates of Capacity.
- 5.3. Upon receipt of a First Certificate of Capacity, the Work Health and Safety (WHS) team will assist the employee to lodge a workers' compensation claim with ECU's insurer.
- 5.4. Once the WHS team receive workers' compensation documents back from the employee, they must be submitted to ECU's insurer with seven (7) days.
- 5.5. Where an employee elects not to lodge or proceed with a claim, payment of medical and allied health accounts will be the responsibility of the employee.
- 5.6. Once a workers' compensation claim has been lodged, ECU's insurer will assess the claim and determine liability. Where the insurer accepts a claim, employees are entitled to:
 - reasonable medical and allied health treatment expenses.
 - compensation for loss of wages.
 - reasonable workplace rehabilitation expenses, travel, and other expenses.
- 5.7. Should a claim be pended for liability or declined; ECU's insurer will advise the employee in writing, providing the mechanisms available to the employee to seek further clarification or appeal any decision.
- 5.8. Where a claim has been pended for liability and ECU's insurer has not provided a liability decision within 28 days of receiving the claim, provisional payments of income compensation and medical and health expenses will be payable.
- 5.9. Until the workers' compensation claim has been lodged and ECU's insurer makes a determination of liability, or the employee elects not to lodge a claim, they are required to access their available leave entitlements for any absences (including partial days) from work. If leave entitlements have been exhausted, leave without pay must be taken for the period of incapacity. In the event the insurer accepts liability, leave taken will be re-instated if supported by a First and Progress Certificate of Capacity.

Maintaining Workers Compensation Insurance

- 5.10 Each state within Australia has its own workers' compensation requirement and for this reason, it is important that all employees have their working location recorded in HRIS to allow appropriate insurance cover. If an employee is to be employed internationally, ECU Insurance must be contacted to determine if additional coverage is required, in advance of the employee commencing their employment.

If at any stage an injured employee or their supervisor is uncertain of any aspect of this process, they should contact the WHS team.

6. NON-WORK-RELATED INJURY AND ILLNESS

6.1 A non-work-related injury refers to an illness or injury (including physical or psychological condition) that does not arise out of the course of employment.

6.2 A consistent approach is required in managing situations where a non-work-related injury:

- has the potential to impact on the health, safety, and welfare of the employee and/or others at work; and/or
- requires temporary or permanent modification to the employees' duties or the way they go about their duties; and/or
- may result in significant periods of absences; and/or
- has the potential to inhibit the employee's ability to fulfil the inherent requirements of the substantive role and responsibilities.

6.3 In accordance with the Work Health and Safety Act 2020 and ECU Enterprise Agreement, the following principles apply in relation to non-work-related injuries and illnesses:

- An employee is responsible for taking reasonable care to ensuring the health, safety and welfare of themselves and avoid adversely affecting the health safety and welfare of other employees at work;
- An employee is responsible for their own health, well-being, and ability to perform the duties for which they are employed. This includes taking appropriate steps to address any non-work-related health issues they may have/develop if these impact on their capacity to safely perform the inherent job requirements and demands of their position;
- An employer has the right to request an assessment of the employee's non-work-related injury or health condition where it impacts on their ability to safely perform the inherent job requirements and demands of their position.

6.4 Employees who have a non-work-related injury and illness are encouraged to notify their line manager of their conditions so reasonable adjustments can be implemented to accommodate them in the workplace. This includes but is not limited to:

- Temporary Accessible Parking Permits
- Health Management Plan to ensure the appropriate response and support is provided in the case of an emergency (see First Aid Guideline)
- Personal Emergency Evacuation Plan to ensure the necessary assistance is provide in the event of an emergency evacuation (see ECU Emergency Management Plan).

Returning to Work and Reasonable Adjustments

6.5 Where an employee is returning to work after an absence due to a non-work-related physical or psychological injury or illness, the employee may be required to provide medical certification of their fitness to return to work (RTW) before recommencing at work. This will be reviewed on a case-by-case basis by the WHS team.

6.6 Where an employee discloses, they are experiencing difficulties at work or is certified as having a reduced capacity for work because of a non-work-related injury or

illness, a RTW plan may be developed and along with implementation of reasonable adjustments, to maintain or return them to work as outlined in Section 7.3 of this document.

- 6.7 The following steps are a guide to assisting with the implementation of reasonable work adjustments:
- Clarify and confirm the employee's medical restrictions or recommendations and define timeframes for review of temporary adjustments. The requirement for review of permanent adjustments may be agreed with the Staff Health Coordinator.
 - Identify the inherent job requirements of the role.
 - Identify and record reasonable and effective adjustments that may be required.
 - Provide a copy of the agreed adjustment to the employee.
 - Implement the adjustments as promptly as possible.
- 6.8 If, following medical review, the employee is unable to perform the inherent job requirements and no permanent reasonable adjustment is possible, the employee's employment status will be reviewed by the University in consultation with the employee.

Access to Leave Entitlements

- 6.9 Where an employee is certified unfit for work due to a non-work-related injury or illness, they may apply to access their accrued sick leave entitlements.
- 6.10 Should sick leave entitlements be exhausted; the employee may seek approval to use other leave entitlements or sick leave without pay in accordance with the relevant industrial instrument.
- 6.11 UniSuper members who are unable to work due to an injury or illness may be eligible to claim a temporary or permanent incapacity benefit. Applications and assessment are managed through UniSuper.

7. INJURY AND ILLNESS MANAGEMENT

The Biopsychosocial Model and Örebro Musculoskeletal Pain Questionnaire (ÖMPQ)

- 7.1 The WHS team will use the Biopsychosocial Model when undertaking initial rehabilitation assessment, to evaluate and identify factors that may impact on recovery.
- 7.2 For musculoskeletal injuries and illnesses, the ÖMPQ is a valid and reliable predictive tool for identifying psychosocial risk in RTW success and long-term disability. The ÖMPQ should be used for musculoskeletal cases where psychosocial risk factors are identified.

Return to Work Program

- 7.3 A RTW plan is required when the employee's treating medical practitioner:
- Advises the Employer in writing that a RTW plan should be established for the employee.
 - Issues a medical certificate indicating that the employee has:
 - partial capacity to RTW: or
 - total capacity to RTW but is unable to return to the position they held immediately before the injury or illness occurred.
- 7.4 The RTW goal will be determined considering the treating medical practitioners' estimation of the employees' capacity for work once they have reached their highest level of recovery. The following is the preference in which RTW goals should be considered:
- RTW with the same employer in the same job.
 - RTW with the same employer in a modified job.
 - RTW with the same employer in a new job.
 - RTW with a new employer in a new job.
 - Other workplace rehabilitation options.
- 7.5 When a RTW plan is required it should be developed by the WHS team, in consultation with the employee, manager/supervisor and medical practitioner. The RTW plan must align with restrictions provided on the medical certificate from treating medical practitioner.
- 7.6 When developing or reviewing the RTW plan, the WHS team must consider the following information:
- Pre-injury role and requirements.
 - Restrictions or limitations specified by the Doctor.
 - RTW plan goal and progress.
 - Anticipated recovery timeframes and progress.
 - Suitable duties to be performed, including hours and days of work.
 - Supervision and other workplace support available.
 - Nature and location of the duties, ensuring duties are meaningful.
 - Start, completion, and review dates.
 - Legislation or policy requirements.
 - Feedback from the employee or work area.
- 7.7 The WHS team will monitor the RTW plan and ensure that it is effective, up to date and aligned with the employee's current medical restrictions. The RTW plan will be reviewed in accordance with changes in medical restriction or every 3 months to ensure the safety and suitability of the plan. Restricted duties should be temporary and do not reflect a permanent change in the employees' conditions of employment.
- 7.8 A referral to an external vocational rehabilitation provider may be required for complex injuries, likely to impact work capacity for more than a few months, or where

specialist expertise is required. The need for this type of referral will be discussed with the injured employee and their medical practitioner.

- 7.9 If an employee is certified unfit, they are unable to work any duties. The WHS team and their manager/supervisor must be provided adequate notice by the employee when changes to their capacity for work occurs in order to ensure safe workplaces and tasks. The employee will be required to provide medical certification of their fitness to RTW before recommencing at work. This will be reviewed by the WHS team prior to facilitating a RTW plan in collaboration with the employee and their manager/supervisor.

Pre-Injury Duties and Final Clearance

- 7.10 The treating medical practitioner can provide a medical clearance for full pre-injury duties. The WHS team should assist in coordinating the employee's return to these duties.
- 7.11 The return to pre-injury duties must be sustainable and include a return to full pre-injury duties and hours, without limitations for the entire duration of the normal workday.
- 7.12 The employee may require ongoing treatment like physiotherapy while still being able to perform their usual work duties without restrictions or modifications.
- 7.13 When a treating medical practitioner considers that the employee has fully recovered, treatment is no longer required and employee has achieved full capacity for work, the treating Doctor will issue a Final Medical Certificate. Once the certificate is submitted to the WHS team, they will advise all key parties of the employee's recovery.

Cessing Return to Work Arrangements

- 7.14 An approved RTW arrangement may be ceased if any of the following occurs:
- The employee does not comply with the approved RTW arrangement.
 - The employee revokes their medical authority.
 - The workplace is unable to continue providing the RTW arrangement due to operational requirements; or
 - The employee is unable to return due to medical restricts or a decline in functionality occurs.

Independent Medical Examination and Fitness for Work Assessments (FFW)

- 7.15 An independent medical exam or FFW review helps determine work capacity, progress and prognosis of an injury or illness. The FFW review may provide a second opinion or clarify the nature, severity, and ongoing work capacity of an employee including any permanent restrictions.
- 7.16 An independent medical specialist may be engaged to assist in the management of a case if progress is limited or RTW barriers are identified.

- 7.17 Written consent is required from employees to enable medical information to be obtained from the treating medical practitioner or relevant specialist.
- 7.18 If the employee does not provide consent or withdraws their consent at any stage of the process, this must be referred to the WHS team immediately in order to determine the required course of action.

Communication and Accountabilities

- 7.19 Throughout the RTW, the WHS team and manager/supervisor must maintain regular contact to monitor the employee's progress. This includes regular contact with treating medical practitioners to assess the employee's progress towards their RTW goal and assist in the early identification of exacerbation or difficulties.
- 7.20 When monitoring and reviewing each case, key considerations should include:
- Reviewing the employee's progress towards their RTW goal and any difficulties experienced.
 - Referring to specialist medical or health services promptly if required.
 - Maintaining accurate and up-to-date case records, file notes and case documentation.
 - Setting clear rehabilitation goals and communicate with all key personnel, including prognosis and expected timeframes for return to pre-injury capacity.
 - Communicating with the employee regularly and in-line with medical appointments.
 - Attending/facilitating meetings and case conferences with key stakeholders as needed.
 - Closing cases where the employee has returned to full duties, permanent restricted duties or has been redeployed.
 - Referring non-work-related cases to the People and Culture Business Partners where barriers to rehabilitation or performance issues are identified.
 - Communicating promptly and regularly with all key parties throughout the case management process.
- 7.21 Employees are required to actively participate in the RTW process, which includes:
- Keeping their manager/supervisor informed of their medical status in relation to their injury/illness, even when certified unfit to work;
 - Planning, goal setting and participating in RTW activities;
 - Inform both manager/supervisor and WHS team on any variations to their RTW plan, and;
 - Any absence from the workplace due to a workers' compensation injury can only be covered by ECU's insurer if documented on a First and Progress Certificate of Capacity (these cannot be backdated). In some circumstances, a case conference may be arranged between all parties and the treating medical practitioner to assist with resolving any barriers to recovery.
- 7.22 The manager/supervisor must comply with the RTW plan to minimise the risk of further injury by:

- Providing support and supervision.
- Provide meaningful alternative duties where appropriate.
- Monitoring the RTW plan and reporting any issues to the WHS team.
- Encouraging the employee to report any increase in symptoms immediately.
- Arranging additional training if required.
- Maintaining regular close contact with the employee and WHS team.

8. FILE AND RECORD MANAGEMENT

8.1 The WHS team are responsible for filing and record management of all case management information. This includes recording all information relating to each employee's case file in both printed and electronic format, as applicable. All medical records must be stored securely and client confidentiality maintained.

8.2 As a minimum, file, and record management, is to:

- Control and restrict access to all injury management and medical information to comply with privacy and legislated requirements.
- Create a new file for each new case (injury, illness, or claim) with secondary injuries maintained on the existing case file.
- Maintain case files in chronological order (most recent first) with all documents to include the date sent, actioned, or received.

8.3 The WHS team must maintain case notes for the following items relating to case management and ensure that it is concise, legible, accurate and impartial. All case notes must be signed and dated (electronic timestamps are acceptable).

Confidentiality and Duty of Care

8.4 All reasonable steps must be taken to ensure the confidentiality of an employees' personal information.

8.5 The WHS team must obtain written and informed consent from the employee when releasing medical information to a third party. Signed consent forms must be saved to the employees' case file.

9. ACCOUNTABILITIES AND RESPONSIBILITIES

The Procedures Owner is the Chief Safety Officer and has overall responsibility for the content of these procedures and their operation, and the currency of information and provision of advice relating to these procedures.

10. RELATED DOCUMENTS

This procedure is supported by the following documents, available from the [Work Health, Safety and Wellness page](#) of the People and Culture website:

- [Incident Reporting and Investigation Guideline](#)
- [Fitness for Work Guideline](#)
- [First Aid Guideline](#)
- [ECU Emergency Management Plan](#)
- [Return to work plan template](#)
- [Authority and consent form](#)

Further information on Workers' Compensation is also available from WorkCover Western Australia. <https://www.workcover.wa.gov.au/>.

11. CONTACT INFORMATION

For queries relating to this document please contact:

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12. APPROVAL HISTORY

Procedure approved by:	Chief Safety Officer
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