



Injury Management, Workers' Compensation and Return to Work Guide

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1. Purpose and application

Charles Darwin University (CDU) encourages early return to full employment as soon as practicable following an injury or illness. Where possible and appropriate, CDU provides medically suitable duties by altering the type, duration, frequency, intensity and complexity of work tasks and may be able to alter daily and weekly hours as required for a period of time during the staff member / employee's injury / illness recovery.

The purpose of this procedure is to provide the framework for the safe and early injury management and return to work for injured / ill staff / employees, both work and non-work related across all Charles Darwin University (CDU) Workplaces.

The Procedure outlines CDU's commitment to the Return to Work Process, and defines the roles and responsibilities of key stakeholders.

All activities will take place in compliance to the *Return to Work Act 2016 (NT)* and *Return to Work Regulation 2016 (NT)* that applies to work related injuries and illnesses.

CDU recognises that staff / employees may have non-work related injuries or illnesses, which prevent them from being able to conduct their full pre injury duties, either temporarily or permanently. Where this occurs and the staff member / employee requests to return to work prior to being fit for all pre-injury duties, CDU will consider that request in light of medical advice and business requirements.

This procedure applies to all staff / employees of CDU. This procedure applies at all times and is not restricted by work hours or other time or place considerations.

2. Responsibilities

Director Office of People and Capability

- Support the Injury Management, Workers Compensation and Return to Work Guide, and the associated processes
- Support the injured / ill staff member / employee, supervisors, line managers and the Injury Management Consultant (IMC) in facilitation of suitable duties and work hour / roster adjustments as required /agreed
- Maintain the staff member / employee's confidentiality and ensure they are treated in a fair and equitable manner throughout the return to work process
- Provide appropriately competent Injury Management Consultant's
- Will provide for the opportunity for staff / employees to:
 - Make a claim for compensation with respect to workplace injury / illness
 - Receive treatment and rehabilitation with respect to their workplace injury or illness
 - Be provided with an 'Injury Management Consultant' (IMC)
 - Contribute to their Return to Work Plan (RTWP) with line Management, IMC and treating Professionals
 - Have a nominated representative, or interpreter if so desired (at return to work meetings)



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- Where available, be provided with meaningful, appropriate duties
- Have personal and medical information kept confidential to the parties authorised access for the purposes of rehabilitation / return to work

Line Managers and Supervisors

- Consider that injured / ill staff / employee is accompanied to the most appropriate First Aid or Medical facility for initial treatment of Work Related Injuries
- For work related injuries / illnesses; assist / remind ill / injured person to obtain appropriate Workers Compensation Medical Certificates and Reports, as required
- Participate in the Return to Work (RTW) process, including attendance at RTW planning meetings, provision of appropriate duties, monitoring and reviewing
- Facilitate provision of suitable duties consistent with medical advice. No duties shall be performed that have not been recommended and formalised by the IMC (based on advice of the treating Doctor / Health Professional) i.e. formal RTWP
- Where the suitable duties identified and formalised in a RTWP require training or relocation (e.g. to another company, department or office), assist injured/ill staff / employees with this process
- Inform Payroll / Office of People and Capability of the return to work status / hours of work of the injured / ill person to allow for payroll adjustments as required – as per Attachment 6 - Hours Worked Form
- Notify work related incidents and injuries to SEW via the Accident Incident Injury Report (AIIR) processes
- Notify the IMC of any injury/illness (work and non-work related) sustained by any staff / employee that may result in
 - difficulty in conducting all pre-injury normal duties
 - potentially pose a health or safety risk to the individual or other employees (including emergency evacuation)
 - potentially be aggravated by normal work duties e.g. recent surgery and illness, etc.
- Maintain contact with the injured/ill person
- Maintain the staff members / employee's confidentiality and ensure they are treated in a fair and equitable manner throughout the RTW process
- Facilitate any necessary adjustments to the workplace, as deemed reasonable
- For non work related injury / illness, staff / employees, who wish to return to work, a Work Capabilities Notification Form must be supplied
 - Disclosure of medical condition details is not required, however medical advice in relation to medical restrictions is required e.g. must not lift over 5kg, must not use stairs, etc, to facilitate the development of a return to work plan that considers provision of a safe and healthy workplace

Injury Management Consultant

- Educate the injured / ill staff / employee and line management with the RTWP and their responsibilities to fully implement and comply
- Provide relevant information and ongoing assistance to staff / employees in regard to the workplace RTWP



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- Provide relevant information and coach line management in their role and responsibilities in the workplace RTW process
- Liaise between the injured/ill staff / employee, line management, treating professionals, the Insurer and other parties to provide an effective RTW process for the injured/ill staff / employee and CDU
- Develop, co-ordinate, monitor and review the individual RTWP's consistent with the current workers compensation medical certificate (work related) / worker's capability statement (non-work related)
- Keep accurate, objective case notes, and detailed files that contain copies of relevant documentation, correspondence and accounts for each employee undertaking a RTWP
- Support the injured / ill staff / employee through personal contact, or where appropriate by telephone. This contact should begin as soon as practicable after the injury occurs or is reported. This support may from time to time involve contact with family members, and sending CDU information e.g. Employee Assistance Program details.
- Provide information concerning the staff members / employee's current status and progress, while maintaining confidentiality of personal medical details to the the injured / ill employee's Supervisor / Line Manager
- Establish and maintain a network of suitable external providers who understand and support the Rehabilitation Processes of CDU and build effective working relationships
- Obtain written permission from the injured / ill person to contact the treating medical officer and / or rehabilitation provider (Injured Worker Authorisation)
- Maintain current professional knowledge of legislation and injury rehabilitation
- Report to the Office of People and Capability Department members on return to work cases as appropriate

Injured / ill Employee

- The injured or ill staff member / employee must
 - Report all work related injuries/illnesses to their supervisor immediately or when he/s becomes aware of a work related illness or injury and through CDU's Incident Reporting Processes
 - Report non work related injuries / illnesses that impact on his/her ability to conduct full normal duties, including timely emergency evacuation to their supervisor and / or the IMC immediately
 - Obtain prompt and appropriate treatment for the injury / illness
 - Advise the doctor / treating professional of the availability of a return to work program and suitable duties at the workplace
 - Satisfactorily participate in a RTWP as soon as practicable after an injury and for the period for which the worker is entitled to compensation and / or has an injury / illness that requires workplace accommodation
 - Cooperate with the Insurer, the employer and doctors / treating professionals
 - Ensure that all forms and documents are promptly returned to the IMC including, but not limited to the Injured Worker Authorisation, the Work Capabilities Notification, Medical / Workers Compensation Certificates, Medical Reports and associated documentation
 - Actively participate in the development, implementation and evaluation of the RTWP



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- Provide accurate reporting of hours worked for Supervisor, Payroll and Insurer as required throughout RTWP
- Provide sufficient medical information to enable the management of health and safety risks to the staff member / employee themselves and / or other people in the workplace
- Must work within the RTWP - conducting duties outside the RTWP is considered a breach of this procedure
- Attend medical and allied health appointments as required by CDU and / or the Insurer
- May be required to undergo assessment by the CDU's advising Medical Team and or Accredited Vocational Rehabilitation Provider, to determine fitness for work
- Inform IMC and Supervisor of any work limitations / changes in ability to perform work duties as required (work and non-work related)
- Understand that the RTWP is temporary and not a permanent job change
- Where they have direct reports, the injured / ill must confirm backfill and supporting arrangements with their reportees for the purpose of business continuity and operational requirements for the duration of the RTWP
- Direct any concerns, complaints or questions regarding their return to work to the IMC

Payroll

- Provide salary / wage details to the IMC and or the Insurer for Workers Compensation requirements in a timely fashion.
- Manage the injured/ill staff members / employees salary / wages addressing issues that may arise
- Manage the wage reimbursement process in conjunction with the Insurer and CDU finance

Contractors

- Contractors and seconded employees are wholly responsible for the management of all their Worker's Compensation and Return to Work Processes

3. Awareness and Training Requirements

All staff / employees

- To have an understanding of injury reporting, return to work processes and relevant accountabilities

Supervision / line management

- To have an understanding of injury reporting, return to work processes and relevant accountabilities
- Use of relevant processes and forms

Injury Management Consultants (IMC)

- To have an understanding of injury reporting, return to work processes and relevant accountabilities
- Use of relevant processes and forms
- Knowledge of the Return to Work Legislation
- Experience in conducting Return to Work Plans



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4. Injury Management and Reporting

All injuries and illnesses (work and non-work related) that occur in the workplace are to be responded to as per site emergency response procedures.

- Seek treatment as required (depending on incident) from:
 - Designated First Aider and or bystanders
 - Preferred Medical Centre
 - Ambulance

Notify SEW, and follow up with an Incident Report

Note – 'an injury to a worker shall be taken not to arise out of or in the course of his or her employment if the injury is sustained in an accident, as defined in the Motor Accidents (Compensation) Act'. (NT Return to Work Act (2016))

5. Return to Work Process

CDU provides workplace rehabilitation to assist employees with a workplace injury / illness. The Workplace RTWP provides a safe, early and graduated return to the employee's pre-injury duties, and is not to be considered a permanent job change. If an employee is unable to return to all duties of their pre-injury job after an initial injury / illness (work and non-work related), a RTWP will be developed to assist the employee to return to work.

The RTWP will include a goal, the time frames involved, and the duties and hours the employee can safely work each day. The duties are those that are within the capability of the individual, are meaningful and contribute to the work effort. These duties are determined in consultation between the injured / ill employee, their line manager, the IMC and are consistent with current medical advice (treating medical practitioner consulted as required).

RTWP's and RTW assistance for work related injuries/illnesses will be in place from notification of injury / illness, through lodgement and determination of claim, and throughout the claim, if accepted (as per *Return to Work Act 2016 (NT)*).

The duties within the RTWP are periodically reviewed (usually coinciding with a medical review / new workers' compensation certificate), providing a monitored and graduated return to pre-injury duties, and the goals of the RTWP.

All RTWP's must be documented and formalised. A copy of the completed and signed RTWP will be provided to the injured / ill person, the line manager, and stored in the injured / ill employees return to work e-file.

Return to Work shall, where appropriate and possible, be undertaken in the employee's regular workplace and department. If duties are not available in the employee's department, and upon agreement between the stakeholders, alternative locations / departments or off-site departments may be considered.

In the event that the injured / ill employee is permanently unable to resume some of or all of their pre- injury / illness duties in their previous position, options such as retraining and redeployment will be discussed and determined with the appropriate personnel, in light of medical advice and business requirements.



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5.1 Work Related Incident

An injury / illness sustained by the employee that is work related and requires treatment, time away from work, work restrictions, or suitable duties will require:

- Initial Workers Compensation Certificate (*obtained from treating Doctor on initial visit*)
- Additional Forms as per the Injured / Ill Workers Pack (link)
- Prompt referral to the IMC (prior to return to work)
- Incident Report

The injured / ill employee will be provided with

- Provided with the NT Workers Compensation Claim form – web link at <http://www.worksafe.nt.gov.au/PDF%20Conversion/workers-compensation-claim-form.pdf>
- referred to the NT Worksafe Information for Workers web link at <http://www.worksafe.nt.gov.au/WorkersCompensation/InformationForWorkers/Pages/default.aspx>

5.2 Non-Work Related Incident

An injury / illness sustained by the employee that is non-work related and requires treatment, time away from work, work restrictions, or suitable duties will require:

- Forms as per the Injured / Ill Workers Pack
- Prompt referral to the IMC (prior to return to work)

CDU will determine the availability of suitable duties based on medical advice and business requirements.

If the staff member / employee has a medical certificate stating fully fit to return to all normal duties, this process is not required.

5.3 Return to Work Plan

Where an employee has returned to work and

- is unable to return to full pre-injury duties (work related or non-work related injury / illness)
- requires ongoing medical / paramedical review or treatment
- states they wish to lodge a workers compensation claim

a formal, and documented Return to Work Plan **must** be put in place (Attachment 4).

Where a RTWP is in place it **must not be allowed to expire**. On receipt of a Medical Certificate to return to full pre-injury duties, the RTWP must be formally closed out, before the injured / ill person returns to full pre injury duties.



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Any duties selected under the RTWP shall take into account –

- Suitability of duties, in relation to, education, skills, experience, capabilities, nature of injury / illness
- Ability to provide meaningful work with mutual benefit to both the employee and the employer
- The nature of the injury / illness and pre injury employment (including work roster remuneration)
- Relevant medical information
- Variety of duties available
- Ability / ease of travel to and from the workplace / alternate workplace
- That it does not pose additional risk to the individual or other employees

In the event the injured / ill employee is temporarily unable to resume the normal duties of their pre injury / illness position, suitable duties (where available) will be discussed, developed and agreed on in light of medical advice and business requirements. This will involve:

- The injured / ill employee
- The IMC
- The direct line supervisor / manager
- The treating medical doctor and / or other health professionals (where possible – this may be by way of the completed document notifying of the required restrictions)

Suitable duties (as required and available) are to be specified on the formal, documented RTWP (Attachment 4). The Plan will include:

- Injured / Ill person, direct line supervisor / manager and IMC name and signature
- Treating Medical Practitioner signature (as required)
- The goal of the plan
- Hours / days to be worked
- Description of the duties to be undertaken
- Medical restrictions e.g. not to lift over 5kg
- Location of plan / duties e.g. office, campus
- Details of any training required
- Initial date and nature of injury / illness
- Indication of duration for the plan, plan for upgrade of duties and return to full pre-injury duties (usually review of the RTWP would coincide with Medical Review)



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5.4 Non-Work Related Case

A non-work related case is one where the injury / illness is not related to work activities.

Where a non-work related injury / illness could potentially affect an individual's ability to conduct all their normal pre-injury job duties, and/or potentially impacts on the health and safety of themselves or other employees, (e.g. exacerbation of condition, safe and timely evacuation), a formal, documented RTWP must be put in place.

Employee's experiencing a non-work related injury or illness may be required to provide a Work Capabilities Form and/or return to work medical certificate from the treating Doctor / Health Professional, to enable the development of a RTWP.

In the case of non-work related injury / illness, all medical and other expenses will be borne by the injured / ill employee. On occasion, CDU may request the employee undergo a Fitness for Work Medical. Where this is the case, the appointment will be made, and cost will be borne by CDU.

The following non-work related injuries and illnesses should be reported to the appropriate supervisor / line manager, and / or the IMC as appropriate; if able, prior to, or on return to work, to allow for formal review, as required. This facilitates due diligence to mitigate any health and safety risk to the individual or other employees through development of RTWP, medical management plan or similar, as required.

- Hospitalisation (for injury or illness) for any reason
- Extended sick leave for 5 or more days
- Any injury that affects the employee's ability to walk easily and quickly for evacuation requirements; and or travel to from work (e.g. hip, knee, ankle injuries)
- During the hotter months (November to March), employees who spend any part of their day working outdoors in the field, should report any illness / recent illness that may cause dehydration (e.g. cold, flu, fever, vomiting, diarrhoea)
- Any condition that may affect the individual's ability to conduct their duties (e.g. hand injury for someone required to climb ladders, use hand tools or use keyboard)
- After a notifiable communicable disease (e.g. chicken pox, measles, etc.) – must have a medical clearance to ensure no longer infectious prior to return to work (this does not include colds and flus)
- Any other illness / injury, with or without absences that may affect the individual's ability to safely perform their duties (e.g. uncontrolled diabetes / epilepsy, heart condition, weight in excess of Safe Work Load of equipment, etc.). If unsure whether the condition may affect the ability to conduct duties safely, discuss with treating doctor and or IMC
- As indicated by supervisor / line management – e.g. deterioration in or concern around an individual's job performance that may indicate a Fitness for Duty or Safety Critical issue (that may be related to a medical condition)



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5.5 Documentation

Where a staff member / employee is injured in the course of employment and wishes to lodge a Workers Compensation Claim, the injured/ill person will need to obtain and complete the following documentation

- Claim for Workers Compensation Form – available at the following link - <http://www.worksafe.nt.gov.au/PDF%20Conversion/workers-compensation-claim-form.pdf>
- The Workers Compensation Medical Certificate (NT) (obtained from the treating Doctor)

Completed forms / copies of, are to be supplied to the CDU's IMC.

An 'Injury and Claims Information Pack' will be available to an employee lodging a Workers Compensation Claim and / or seeking a RTWP for an injury / illness (work and non-work related). This pack will be available on the Intranet and consist of the following attachments to this Guide.

- Attachment 1 Letter to Treating Professional – fill in required sections
- Attachment 2 Work Capabilities Notification – fill in initial section
- Attachment 3 Injured Worker Authorisation – employee to complete with treating doctor and return to IMC

Additional documentation may be required on a case by case basis.

Attachments to this document include

Attachment	Title	Use	Responsible Person
Attachment 1	Letter to Doctor	Introductory Letter to Treating Doctor explaining CDU commitment to Injury Rehabilitation	IMC / Supervisor supply to employee Injured/Ill employee to present to treating doctor
Attachment 2	Work Capabilities Notification Form	Treating Professional completes this form to indicate physical restrictions – this assists the IMC in development of the RTWP	-IMC / Supervisor supply to employee -Employee to provide to treating doctor -Completed by treating professional -Returned to IMC by employee
Attachment 3	Injured Worker Authorisation	This is signed by the worker (employee) in front of the treating professional to provide the treating professional permission to speak with the persons indicated on the form information about the current injury / illness only. This is required to facilitate the development of the RTWP.	-IMC / Supervisor supply to employee -Completed by injured / ill employee / treating professional -Returned to IMC by employee



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Attachment 4	Return to Work Plan (RTWP)	Developed by the IMC in conjunction with the employee, line management and treating professional/s. Copies provided to the employee and line management and placed on employees' file.	IMC / Supervisor / Ill / injured employee
Attachment 5	Case notes	Example of case notes –Case Notes to be kept – this an one example of methodology – case notes may also be electronic format	IMC
Attachment 6	Hours Worked Form	To be completed wherever there are altered hours of work, time off work for medical and paramedical appointments. All work and leave hours must also be entered on staff online.	-Supervisor / Employee -Payroll
Attachment 7	Fax to Doctor	May request approval of the RTWP from the treating professional	IMC

Copies of reports, correspondence with treating professionals and the Insurer will also be kept on an employee's Return to Work Case Files

5.6 Remuneration

5.6.1 Work related injury / illness

CDU's Insurer, will upon receipt and approval of the claim, administer rehabilitation related expenses in line with the governing legislation, based upon claims submitted by the injured / ill employee and the employer. Salary / wages will be reimbursed to CDU via salary / wages reimbursement process administered by CDU.

Where there is a period of time between the both the date of injury / illness, the full and complete lodgement of a claim by the staff member / employee and the acceptance of that claim by the Insurer; personal leave options will be utilised. On acceptance of the claim, any personal leave related to the claim, and in keeping with the legislation will be reinstated.

The staff member / employee may apply for leave as per the CDU's leave processes. It is the staff member / employee's responsibility to discuss any leave requests with their appointed Case Manager (by the Insurer), as this may affect the Insurers' processes and payments.

Non-work related injury / illness

Where an staff member / employee is unfit for duty as a result of a non-work related injury or illness, the staff member / employee may access personal leave. Where the staff member / employee has exhausted paid personal leave the staff member / employee may apply for personal leave without pay, or access their annual recreation leave (ARL) balance. Staff / employees should discuss the application with their line manager in the first instance.



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5.7 Confidentiality

All personnel involved in the Return to Work processes shall ensure that they respect the confidentiality of the injured/ill person, ensuring that information relating to the injured/ill person's condition will only be released to a third party with written consent from the injured/ill person.

Personal information will only be released when permitted in accordance with the Northern Territory Return to Work Act and Regulations.

5.8 Issues Resolution

Any difficulties regarding the application of the Injury Management, Workers Compensation, Return to Work processes should, in the first instance be resolved by discussion with the IMC in consultation with the Supervisor / Line Manager, and Client Services as required.

Any issue the injured/ill person has regarding the decisions taken by the Insurer should be addressed to the allocated Insurer Case Manager by the injured/ill person.

6. Records

The IMC is responsible for keeping all records in a confidential and secure manner. To ensure confidentiality, access to rehabilitation files will be limited to only to the IMC/s, and Client Services Personnel.

All Employee Rehabilitation files must be kept for a period of 40 (forty) years after the cessation of employment and all other activity ceases.

7. Definitions

Term	Definition
Client Services Consultant	Means a member of the OPC Client Services Team (Human Resources) who supports University Management and staff with a range of consultancy services to achieve their business outcomes
Employee / Worker / Staff	These terms are utilised interchanagably in keeping with the relevant terminology used by legislative and return to work guidance documentation
First Aider	Designated First Aider
Inherent Requirements	Means the essential outcomes that must be achieved as part of a job, i.e. those tasks or skills that cannot be allocated elsewhere, are a major part of the job, or have significant consequences if they are not performed



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Term	Definition
Injury Management Consultant (IMC)	Staff member who provides workplace support to an injured worker (employee) to assist them return to, or remain at work, following a work related or non-work related injury or illness
Medical Treatment	Includes <ul style="list-style-type: none"> • Treatment by a doctor, dentist, physiotherapist, occupational therapist, psychologist, chiropractor, podiatrist, of speech pathologist; or • Assessment for industrial deafness by an audiologist; or • The provision of diagnostic procedures; or • The provision of nursing, medicines, medical or surgical supplies, curative apparatus, crutches, or other assistive devices
Return to Work (RTW)	Return to Work
Return to Work Plan (RTWP)	A RTWP states the duties and hours the worker (employee) can safely work each day. The program is reviewed regularly (usually coinciding with a medical review and new workers' compensation certificate). The aim is for a graded return to work (towards the goal of the Rehabilitation Plan) that is consistent with the workers' compensation certificate / medical certificate / work capabilities notification.
Supervisor	Means line manager who directs the injured/ill employees work
Suitable Duties	These specifically selected duties at the workplace are a means of providing a monitored and graduated return to normal duties. They are <ul style="list-style-type: none"> • matched to the capabilities of the worker (employee); and • time limited and regularly upgraded according to the individual's level of recovery and treating medical doctor advice The following issues must be considered when choosing suitable duties: <ul style="list-style-type: none"> • the worker's (employee's) pre-injury / illness duties, age, education, skills and work experience and nature of the incapacity; • any restrictions and limitations specified by the treating doctor ; • the duties must be meaningful and have regard for the objectives of the worker's (employee's) rehabilitation; and • the duties will be reviewed on a regular basis and the plan progressively upgraded, consistent with the worker's (employee's) recovery Suitable duties add value to the organisation and are part of a time limited return to normal, pre-injury employment duties.
Treating Medical Practitioner	The nominated treating doctor / dentist who provides appropriate medical treatment, certification and injury / illness management.
The Insurer	The Northern Territory Workers' Compensation Scheme is handled by approved insurers and self-insurers who are responsible for



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Term	Definition
	managing the claims process. The Insurer refers to the current Workers Compensation Insurer for Charles Darwin University.
Work related Injury / illness	Where employment is a significant contributing factor in causing the injury / illness as defined by current Workers' Compensation legislation and accepted by The Insurer as a workers compensation claim.

8. Abbreviations

CDU	Charles Darwin University
CSC	Client Services Consultant
IMC	Injury Management Consultant
OPC	Office of People and Capability
RTW	Return to Work
RTWP	Return to Work Plan
SEW	Safety, Emergency and Wellbeing Department



9. Attachments / Appendices

Attachment 1

Introductory Letter to Treating Professional

Name and Address

To the Service Provider

Employee is employed as a *Job Title* by Charles Darwin University. Our Company policy is to encourage early return to full employment as soon as practicable following an injury or illness. Where possible and appropriate, our employees are returned to their usual work, or some selected duties within their capacity. Charles Darwin University may be able to provide medically suitable duties by altering the type, duration, frequency, intensity and complexity of work tasks, and may be able to alter the daily and weekly hours worked as required.

I would appreciate your assistance in formulating a return to work program to ensure that *Employee* can return safely to their usual work, or be provided with selected duties.

If *Employee* is unable to return to their own job immediately, any information you could provide on the attached Work Capabilities Notification Form would be most useful to assist in the provision of appropriate selected duties.

If I can provide you with information about specific job requirements or our workplace return to work program, please contact me on (08) xxxx xxxx.

Thank you for your time and consideration.

Yours faithfully

Name of Writer

Injury Management Consultant



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Attachment 2 Work Capabilities Notification Form

Charles Darwin University is committed to ensuring its employees are fit to undertake their duties, and has a return to work program that may provide suitable duties to an employee who has suffered either a work related or non-work related injury or illness. Duties can be tailored from sedentary office work only, up to full field duties (where applicable) – these can be introduced gradually as the injury / illness improves, to ensure a safe and early return to work.

Charles Darwin University may be able to provide a suitable duties plan for the injured ill employee based on the information provided below by the treating Doctor, and ensure ongoing medical reviews as appropriate.

Please indicate on the table below any restrictions applicable to the employee. Please indicate how long these restrictions must remain in place, and / or when the next medical review is required.

Surname		First Names		D.O.B.	
Job Title		Supervisor.		Date of Injury / Illness	
Injury / Illness	Work Related / Non-Work Related	Description			
Please indicate - fit for all pre injury duties / fit for suitable duties (<i>complete table below</i>) / temporarily unfit <i>(please provide workers compensation or sick leave certificate as applicable)</i>					
Restrictions	Okay to perform	Must not perform	Limited to wt, time, etc	Comments	
Manual Handling <i>Lifting / Carrying</i>					
Manual Handling <i>Pulling/Pushing</i>					
Climbing stairs / ladders / scaffolding					
Sitting (<i>time each event</i>)					
Standing / Teaching (<i>time each event</i>)					
Stand/Walk (<i>workshop / kitchen / beauty supervision</i>)					
Walking <i>distance limits/ uneven ground</i>					
Kneeling - <i>kneel crouch squat crawl</i>					
Activities requiring Balance					
Bend, Stoop, Twist					
Power Tools / Hand Tools					
Hand Use <i>grip, rotation, etc</i>					
Reaching forward / side / over head					
Plant / Vehicle Operation					
Heights / Confined Space / Remote / Work Alone / Heat / Cold					
Repetitive limb use					
PPE					
Field Supervision/Inspection / Office Duties					
Lecturing / Tutoring – <i>face to face – time limits</i>					
Lecturing / Tutoring – <i>online – time limits</i>					
Normal Hours (7.21hrs / day; 5 days/wk.) / Restricted Hours Required (<i>please circle</i>) Wk 1 _____ days per Week _____ hours per day Wk 2 _____ days per Week _____ hours per day Wk 3 _____ days per Week _____ hours per day Wk 4 _____ days per Week _____ hours per day					
Comments					
Review Required Yes / No Date			Referral Specialist _____ / Physiotherapy / Other _____		
Doctor / Service Provider Name / Stamp			Sign Date		



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Attachment 3

Injured Worker Authorisation

I (name) _____ date of birth _____ of
(address) _____ hereby give my consent for the following
specified treatment providers to discuss with my employer's Injury Management Consultant
(name) _____, the injury information relevant solely to this
specific *workers' compensation claim / non-work related injury / illness* for the sole purpose of assisting with my return to work
plan.

Treating doctor (name): _____

Address: _____ Phone _____

Medical specialist (name): _____

Address: _____ Phone _____

Physiotherapist (name): _____

Address: _____ Phone _____

Occupational Therapist (name): _____

Address: _____ Phone _____

Chiropractor (name): _____

Address: _____ Phone _____

Other (name): _____

Address: _____ Phone _____

Other (name): _____

Address: _____ Phone _____

Signature: _____

Date: _____

(Worker / Employee)

The personal information collected as a result of this form may be used for the following purposes in relation to this claim only:

1. the management of your rehabilitation/suitable duties plan
2. to facilitate your safe return to work; and
3. provide any on-going workplace support services as required.

Your personal information will not be disclosed to any person or agency without your express consent. Your personal information may be disclosed to a health care professional in relation to the above purposes only.



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Attachment 4

Return to Work Plan

Surname		First Names		D.O.B.	
Job Title		Supervisor		Date of Injury / Illness	
Injury / Illness	Work Related / Non-Work Related ↑		Description		

Fit for Suitable Duties	Yes / No	Duties available / Duties not available	Date
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Return to Work Plan

RTWP <i>from</i>		<i>to</i>	
Goal			
Employee to be Reviewed	Daily ↑ Weekly ↑	Plan due for Review (Date)	
Normal hours ↑ / Restricted hours ↑	_____ hours / day		_____ days / week
Current Restrictions			
Week 1 Duties			
Week 2 Duties			
Week 3 Duties			
<p>The Rehabilitation Plan MUST be strictly adhered to – no duties not on the plan are to be attempted.</p> <p>If any pain or discomfort is felt during the performance of the duties on the plan, you MUST cease the activity immediately and report the event to your Supervisor & the IMC. If unable to attend work during the return to work program, you MUST contact your Supervisor & the IMC Coordinator immediately.</p>			
<i>I agree to monitor this plan</i>			
IMC (Print)	Sign		Date
<i>I agree to ensure this plan is implemented in the work area</i>			
Supervisor (Print)	Sign		Date
<i>I have been consulted in regard to the content of this plan and agree to adhere to and participate with it</i>			
Employee (Print)	Sign		Date
<i>I approve this plan</i>			
Treating Medical Practitioner	Sign		Date



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Fit for all Pre Injury Duties <i>(final sign off must be obtained prior to return to full duties)</i>		Date
IMC (Print)	Sign	Date
Supervisor (Print)	Sign	Date
Employee (Print)	Sign	Date
Medical Practitioner (Print) <i>(if The Insurer Certificate or Medical Certificate obtained – nil further signature required)</i>	Sign	Date

Additional Information (date and sign each entry) e.g. *Treatment occurring during this plan physiotherapy, Training required, etc.*



Case Notes (example)

[illegible]



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Attachment 6 Hours Worked Form

Employee Details									
Employee Name			Employee Number			Location			
Position			Position Number						
Faculty/Division			School/Branch						
Email		Phone Ext.			Mobile				
Managers Name		Position		Phone Ext.				Location	
Summary of notification and approval arrangements for any absences e.g. <i>phoned line manager prior to 8am</i>									

Day	Date	Start Time	Break	Finish time	Hours worked		Paid Sick Leave Hours *	Unpaid Sick Leave Hours	Annual Leave Hours**	Comments
Tues										
Wed										
Thurs										
Fri										
Sat										
Sun										
Mon										
TOTAL										

Employee Signature: _____		Date: _____
Supervisor Name _____ Signature _____ Date _____		

- *Utilise [Staff Online](#) to determine your current leave balances
- **In circumstances where sick leave balance is zero, sick leave will be sick leave unpaid; unless the staff member elects to utilize their Annual Leave. Please note: Annual Leave Balance can only be used when Sick Leave has been exhausted in full (i.e. zero days balance)
- *Sick Leave application must be entered into [Staff Online](#) and be supported by a medical certificate in accordance with the Enterprise Agreement
- Timesheets to be submitted weekly to er.wc@cdu.edu.au every Tuesday by COB

Appendix 7

Return to Work Flowchart

