

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Non-Work Related Injury or Illness Management
TYPE OF DOCUMENT	Procedure
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EXECUTIVE SPONSOR or EXECUTIVE CLINICAL SPONSOR	Director, People & Culture
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POSITION RESPONSIBLE FOR THE DOCUMENT	Manager, Workers Compensation & Injury Management
FUNCTIONAL GROUP(S)	Health Safety & Wellbeing
KEY TERMS	Non-work related, illness, injury, health condition, medical condition, inherent requirements of position, recovery at work
SUMMARY	The processes for managers and employees to follow when an employee has a non-work related physical or psychological injury or health condition which impacts on their ability to safely perform the inherent requirements and demands of their position.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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1. POLICY STATEMENT

South Eastern Sydney Local Health District (SESLHD) will manage employees with non-work related injuries, illnesses or health conditions with a consistent risk management approach regarding the period of time to achieve pre-injury status and approval of suitable duties and hours as stated in this procedure. NSW Health encourages SESLHD to provide a safe Return to Work program where this is practicable and within reason. However, due care must be applied to ensure that this does not aggravate a non-work related injury or health condition, increase the risk of a workers compensation claim or put other staff at risk of injury.

The primary mechanism for employees and managers to manage non-work related injuries, illnesses or health conditions are the sick leave provisions contained in each industrial award. A non-work related Return to Work Plan must not be utilised simply as a substitute for a lack of available sick leave.

When an employee who has a non-work related injury or health condition asks to return to work on suitable duties or reduced hours, the employee's circumstances must be reviewed by their manager and the Facility/Service Recovery Partner. A documented time-limited Return to Work Plan must be in place for the duration of the suitable duties or reduced hours. Any agreement to provide a non-work related Return to Work Plan must be authorised by the Senior Manager.

2. BACKGROUND

The [Premier & Cabinet Procedures for Managing Non-Work Related Injuries or Health Conditions](#) provides guidelines for all public sector agencies in applying a consistent approach in managing situations where an employee is suffering from a non-work related injury or health condition which is impacting on their ability to perform the inherent requirement/s and demands of their position.

Definitions

Non-work related injury or illness: an injury or illness that is determined to be pre-existing or, to which the employee's work is not a substantial contributing factor. A pregnancy-related medical condition, supported by a medical certificate, can also be included in this definition, however usual pregnancy without complication would not be.

Reasonable adjustment: all reasonable efforts made to accommodate a pre-existing medical condition in line with the Anti-Discrimination Act 1977 (NSW), such as:

- purchasing equipment to assist the employee to perform their duties
- providing services or facilities to assist the employee to undertake their duties, for example by re-arranging workplace access
- redesigning the position, for example methods and/or

communications - undertaken in consultation with an appropriately qualified occupational health practitioner

Adjustments are provided in consultation between the employer and the individual, leading to a mutually acceptable arrangement for employment. Any adjustments made must not adversely impact on the health and safety of others in the workplace.

Reasonably Practicable: the requirement for an employer to make adjustments to the workplace is measured against reasonableness. Relevant factors might include practicality, complexity, and effect on service delivery, the degree of disruption or benefit to the business or other people, and cost and time.

Adjustments are not required where it would impose unjustifiable hardship on the employer or where it is not reasonable.

Return to Work Plan: a documented, temporary and time-limited plan aimed at assisting the employee to recover their physical and psychological capacity in order to return to full unrestricted duties and hours of work. The Return to Work Plan document includes the details about suitable duties, work restrictions and work hours, and is formulated in consultation with the injured worker, their treating doctor and management, in accordance with the medical certification.

Senior manager: the manager directly above the line manager in the organisational hierarchy. The senior manager may also include higher levels of authority, such as the Service Director or General Manager, depending on the circumstances of the case.

Suitable duties: duties identified as suitable on the basis of restrictions set out in an employee's medical certificate. Restrictions can be physical, psychological or relate to hours that the employee is able to work. Suitable duties are identified from the employee's usual role or another vacant role.

3. RESPONSIBILITIES

3.1 Employees will:

- Take responsibility for their own health, wellbeing 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 requirements and demands of their position.
- Utilise their sick leave entitlement appropriately to ensure they can manage their non- work related injuries and illnesses.
- Provide evidence that would satisfy a reasonable person that the sick leave was for a legitimate purpose, and provide notice as soon as possible.
- Keep their manager regularly updated when on sick leave.

Non-Work Related Injury or Illness Management

SESLHDPR/564

- Advise their manager as soon as a non-work related injury or illness affects their ability to do their job.
- Seek medical or other appropriate advice when directed to do so by the employer in the case of an employee having reduced capacity to safely perform the inherent requirements and demands of their position.

3.2 Line Managers will:

- Ensure the health, safety and welfare of all employees at work.
- Ensure an assessment of the employee's non-work-related injury or health condition is conducted where it impacts on the employee's ability to safely perform the inherent requirements and demands of their position; and/or business continuity. Templates and guidance will be provided by the Recovery Partner.
- Regularly monitor and review non-work related Return to Work Plans and/or Temporary Individual Roster Arrangements.
- Maintain regular (at least monthly) contact with employees who are off work on non-work related injury/illness arrangements.

3.3 Senior Managers will:

- Provide high-level support and advice to line managers regarding issues such as impact on service delivery, budget considerations and governance of non-work related Return to Work Plans as appropriate
- Provide authorisation of non-work related Return to Work Plans

3.4 Medical staff will:

- As an employee of SESLHD, take responsibility for their own health, wellbeing and non-work related medical conditions and injuries as outlined in Section 3.1
- On the occasion they may be the treating doctor of a SESLHD employee, provide clear, objective and impartial medical advice as requested by the employer.

3.5 Recovery Partners (RP) will:

- Provide word versions of the letter templates (Attachments 1 and 5) to line managers as requested.
- Facilitate the assessment of employees' non-work-related medical restrictions and capacity to perform the inherent requirements of the position, both at the commencement and completion of the Return to Work Plan.
- Facilitate the development of documented non-work related Return to Work Plans as appropriate.
- With the line manager, regularly monitor and review non-work related Return to Work Plans and/or Temporary Individual Roster Arrangements.
- Provide appropriate handover documentation to the relevant People and

Culture Business Partner for review and escalation to the Employee Relations Team, where a Return to Work Plan is not successfully completed and medical termination is being recommended. The RP will consult with the line manager, senior manager and People and Culture Business Partnering and Employee Relations team when making this recommendation.

- Refer to the Employee Relations team when an employee is being non-compliant with requests made in line with this procedure.

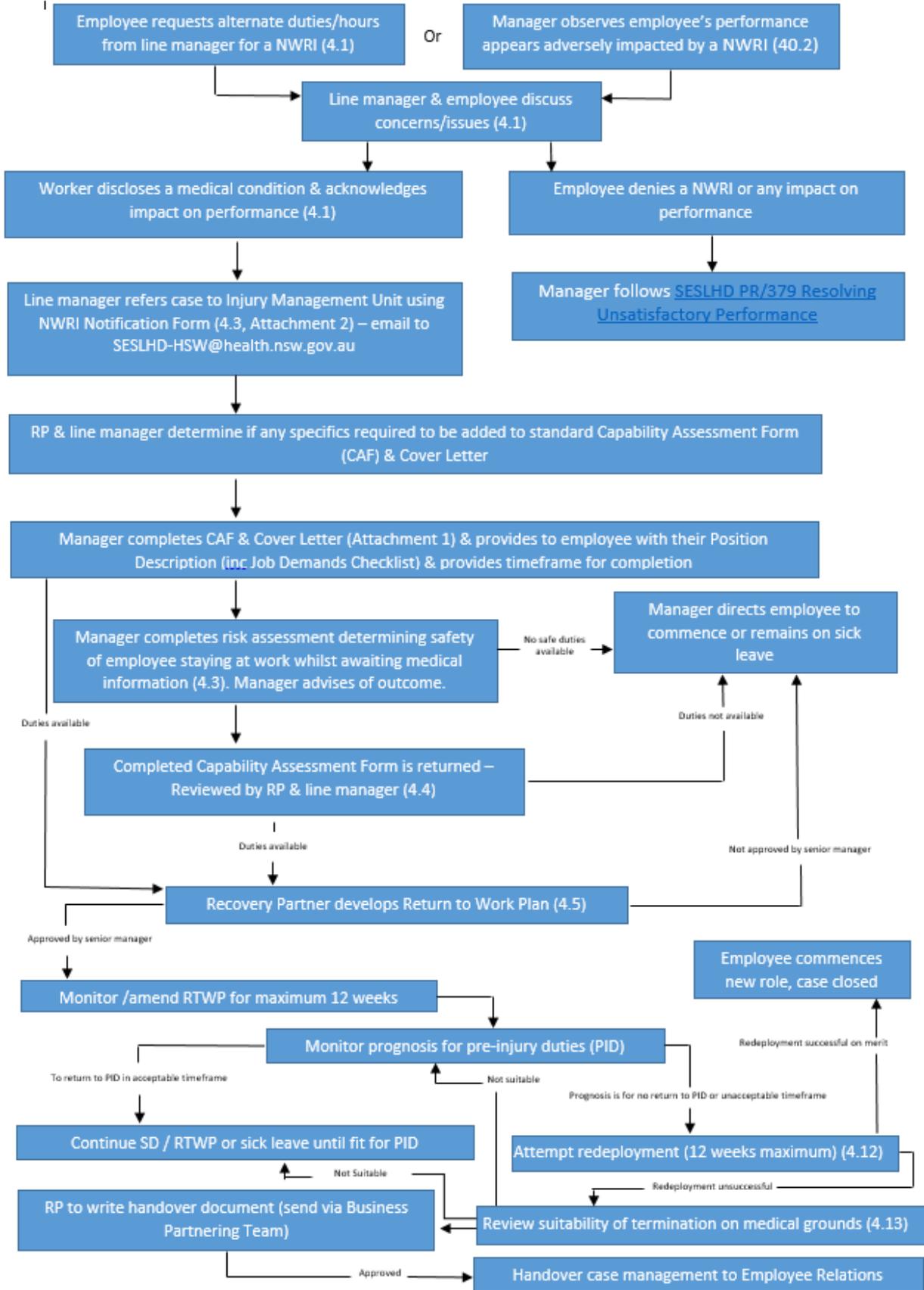
3.6 People and Culture Business Partnering & Employee Relations Team will:

- Refer line managers to the Injury Management Unit when they become aware of non-work related injuries impacting on the performance of an employee.
- Collaborate with the Recovery Partner and line manager in developing a Return to Work Plan if requested.
- Recommend and progress the termination of contract on medical grounds of employees who are unable to return to their substantive position or be redeployed in an alternate position.

Non-Work Related Injury or Illness Management

SESLHDPR/564

4. PROCEDURE



4.1 Employee Request for Suitable Duties or Change in Hours

An employee who has a non-work related injury or health condition which impacts on their ability to undertake the inherent requirements of their role (including hours), may request suitable duties or a reduction/alteration in hours to their line manager. Where this request by the employee is received by a third party (e.g. People and Culture Business Partner, or Senior Manager), the request is to be referred to the line manager.

The employee making the request must provide a medical certificate from their treating doctor outlining the nature of the medical condition or injury, and the required restrictions or alterations to their substantive role and/or hours.

The line manager is to have a discussion with the employee regarding the condition/s and impacts. They should then refer the case to the Injury Management Unit using the Non-Work Related Injury/Illness Notification Form. A discussion will be held between the Manager and the Recovery Partner to determine if any modifications need to be made to the Covering Letter and Capability Assessment (**Attachment 1**).

The Recovery Partner will provide advice on any specifics required from the perspective of the condition and the line manager will provide information in relation to the employee's position and duties.

The Manager will complete the Covering Letter and Capability Assessment Form and then provides this to the employee with a copy of their Position Description and Job Demands Checklist, requesting the employee to obtain a completed Capability Assessment Form (**Attachment 1**) from their treating doctor.

Until the return of adequate medical information via the Capability Assessment Form, a determination must be made as to whether it is safe for the employee to remain at work, and if so, in what capacity. The line manager is to conduct a risk assessment in consultation with the Recovery Partner, to determine the level of risk in the employee staying at work whilst awaiting further medical information. The line manager is to communicate the result to the employee. The worker will either be requested to commence or remain on sick leave, or will be directed to appropriate duties. If duties are to be provided, these will be documented in a Return to Work Plan, in consultation with the Recovery Partner.

Any concurrent issues related to sick leave management are the responsibility of the line manager in consultation with the People and Culture Business Partner.

4.2 Line manager-initiated observation

A line manager may observe an employee's performance at work appears affected by a non-work related injury or illness. The line manager is to confidentially discuss with the employee the observation of impact on performance.

Should the employee deny any non-work related injury or illness as the cause of their performance issues, the employee is to be managed under [SESLHD PR/379 Resolving Unsatisfactory Performance](#).

Where the employee confirms the non-work related injury or illness, the line manager is to have a discussion with the employee regarding the condition and its impacts. They should then refer the case to the Injury Management Unit using the Non-Work Related Injury/Illness Notification Form (**Attachment 2**). A discussion will be held between the line manager and the Recovery Partner to determine if any modifications need to be made to the Covering Letter and Capability Assessment Form (**Attachment 1**). The Recovery Partner will provide advice on any specifics required from the perspective of the condition and the line manager will provide information in relation to the employee's position and duties.

The line manager completes the Covering Letter and Capability Assessment Form and then provides this to the employee with a copy of their Position Description and Job Demands Checklist, requesting the employee to obtain a completed Capability Assessment (**Attachment 1**) from their treating doctor.

Until the return of adequate medical information via the Capability Assessment Form, a determination must be made as to whether it is safe for the employee to remain at work, and if so, in what capacity. The line manager is to conduct a risk assessment in consultation with the Recovery Partner, to determine the level of risk in the employee staying at work whilst awaiting further medical information. The line manager is to communicate the result to the employee. The worker will either be requested to commence or remain on sick leave, or will be directed to appropriate duties. If duties are to be provided, these will be documented in a Return to Work Plan, in consultation with the Recovery Partner.

Any concurrent issues related to sick leave management are the responsibility of the line manager in consultation with the People and Culture Business Partner.

4.3 Referral to the Recovery Partner (RP)

The line manager completes a Non Work Related Injury/Illness Notification Form (Attachment 2) and forwards it to the Injury Management Unit with the Position Description.

The Injury Management Unit will register the request, initiate the case management file and allocate the request to the appropriate Recovery Partner (RP).

The RP initially meets with the line manager to discuss information gathered by the line manager during their discussions with the employee. Discussion should determine if there are any changes or specifics which need to be made/added to the Covering Letter and/or Capability Assessment Form which will be completed

and communicated by the line manager to the employee.

Discussions must also be had regarding the purpose for a Non-work Related Return to Work Plan (**Attachment 3**), and the options should the plan not be successfully completed within the required timeframe.

Discussion about the request should include:

- Nature of injury/illness, accident type and the risk of further aggravation of the injury/illness to the employee,
- The impact of the injury/illness and requested restrictions on the employees' expected work performance.
- The inherent demands of the employee's position as identified in the Position Description and Job Demands Checklist.
- Length of time for which suitable duties is requested/anticipated

The RP ensures a Release of Information (**Attachment 4**) form is completed by the employee.

Until the return of adequate medical information via the Capability Assessment Form, a determination must be made as to whether it is safe for the employee to remain at work, and if so, in what capacity. The line manager is to conduct a risk assessment in consultation with the Recovery Partner, to determine the level of risk in the employee staying at work whilst awaiting further medical information. The line manager is to communicate the result to the employee. The worker will either be requested to commence or remain on sick leave, or will be directed to appropriate duties. If duties are to be provided, these will be documented in a Return to Work Plan, in consultation with the Recovery Partner.

4.4 Assessment of the Request

On return of the completed Capability Assessment Form, the line manager and Recovery Partner will meet to discuss an action plan. Any agreement to provide temporary suitable or alternate duties or rostering by way of a Return to Work Plan for a non-work related injury/illness must only be made after careful consideration of the circumstances surrounding the request. Due care must be applied to ensure the organisation is not exposed to workers compensation risk.

The RP and line manager meet to review the information obtained from the meeting with the employee, and the liaison with their treating doctor.

At this meeting, the following additional points are reviewed:

- The availability of productive suitable duties
- The impact of work restrictions on other departmental employees
- Length of time for which suitable duties is requested/anticipated (medical prognosis)
- The need for additional staff to replace the injured/ill employee
- Current issues regarding the employees' employment and employers' ability to meet their duty of care to the employee
- Industrial or workforce implications around the employee's request

The RP and line manager form an opinion of whether a Return to Work Plan can be accommodated practicably and within reason. Due care must be applied to ensure that this does not aggravate a non-work related injury or health condition or increase the risk of a workers' compensation claim.

Should the RP and line manager form an opinion that it is not appropriate or practicable to offer a Return to Work Plan, please see Section 4.7.

4.5 Return to Work Plan parameters

The RP develops the Return to Work Plan for consideration and approval of all parties.

Non-work related Return to Work Plans shall not exceed twelve (12) weeks. If an employee cannot upgrade to pre-injury duties and hours at this time, the employee may resume sick until they receive a full clearance to return to full duties and hours as per their employment contract, Position Description and Job Demands Checklist. If the employee does not have access to sufficient sick leave to cover this time off work, other leave options can be explored with the line manager and senior manager.

If the employee has no physical or task restrictions and is cleared to perform the inherent requirements of their position, however is unable to resume their pre-injury hours, a review will be undertaken to ascertain the possibility of offering a [Temporary Individualised Roster Adjustment](#) (reduced hours) for a maximum of six weeks.

4.5.1 Long-term stable medical conditions

A Flexible Work Practices agreement for up to one year may be the alternative arrangement in instances where the following conditions apply:

- the employee has an illness that is long-term but relatively stable (for example, undergoing treatment following a diagnosis of cancer), and
- is able to work the inherent requirements of their role, and
- is able to work a full shift length, but
- requires a reduced number of shifts per week

4.6 Authorisation to offer a Return to Work Plan

The RP forwards the draft Return to Work Plan to the line manager for review, who then forwards it to the senior manager for approval. The approval by the senior manager is required before the Return to Work Plan is forwarded to the employee and their treating doctor for signing. The senior manager must consider the risk to the employee against the risk to the department/service where the employee wishes to return to suitable duties or reduced hours.

If approved by the senior manager, the line manager then advises the employee

of the approval of the Return to Work Plan. The line manager may convene a meeting with the RP and employee to ensure the Return to Work Plan parameters are well understood. Written approval is to be obtained from the treating doctor.

NOTE - Should the senior manager reject the proposal to offer a Return to Work Plan, please see Section 4.7.

4.7 Decision not to offer a Return to Work Plan

Where the RP and line manager form an opinion that it is not appropriate or practicable to offer a Return to Work Plan, the senior manager should be advised of this decision and the reasons why. Following approval by the senior manager, the line manager will communicate the decision to the employee.

Where the senior manager overrides the initial proposal to offer a Return to Work Plan (Section 4.6), the senior manager is to advise the line manager of this decision and the reasons why. The line manager will communicate the decision to the employee.

The employee will then be managed as per [SESLHDPR/412 Sick Leave Management](#). Sick leave management is the responsibility of the line manager in consultation with People and Culture Business Partners.

Where a dispute arises about the management of a non-work related injury or illness, which cannot be resolved between the employee or their representative and the supervising staff, the dispute resolution process, as per the relevant Award, shall be followed. The dispute process may recommend a referral to an Independent Medical Examiner – see Section 4.11.

4.8 Monitoring the Return to Work Plan

Once the Return to Work Plan has been developed and approved by all parties, daily/weekly monitoring of the Return to Work Plan will be the responsibility of that manager. Ongoing consultation may be sought by the line manager with the RP, who will monitor the Plan progress on a four-weekly basis. Adjustments will be made as necessary and in consultation with the manager and senior manager.

As the employee progresses toward full pre-injury duties, the line manager is to request the employee to attend their treating doctor with a Letter to Treating Doctor (**Attachment 5**), the Position Description and Job Demands Checklist, and request the treating doctor provide a medical clearance (**Attachment 5 – p.2**) that acknowledges that they have read and considered the position requirements and job demands.

4.9 Certification for return to full pre-injury duties

An employee may return to pre-injury duties and hours after having been certified as fit to return to those duties following review of the Position Description and Job

Demands Checklist by the treating doctor.

Line managers should not accept a medical clearance for pre-injury duties unless the treating doctor has seen the Position Description and Job Demands Checklist and noted this in their clearance report (**Attachment 5** – p.2).

4.10 Unsuccessful completion of the Return to Work Plan

A non-work related Return to Work Plan is limited to 12 weeks maximum. Should the employee not be able to upgrade to full unrestricted duties and hours by the completion of the Return to Work Plan, a meeting is to be convened by the line manager (in consultation with the RP) with the senior manager (where appropriate), inviting the RP and employee to discuss the options for future employment.

Should the treating doctor's medical advice indicate:

4.10.1 The prognosis is still a return to full unrestricted duties and hours, but in a longer timeframe

Should the employee be unable to return to pre-injury duties at the conclusion of the 12 week Return to Work Plan, but the prognosis clearly indicates return to pre-injury duties within a short-term timeframe, then management may choose to extend the return to work plan beyond 12 weeks. The details and duration of the Return to Work Plan will be agreed to by the line manager, senior manager and RP.

Should management not be able to accommodate an extension of the 12 week Return to Work Plan, the employee should be advised to remain at home for the remainder of the time until certified fit for full unrestricted duties and hours. The employee is entitled to use their available leave entitlements. (Sick leave should be exhausted before any recommendation to terminate the contract of employment on medical grounds is made).

4.10.2 The prognosis is now for permanent reasonable adjustment indicating a permanent disability

The line manager, RP and senior manager to discuss the opportunity for reasonable adjustment to the employee's substantive role. Assessment of this option must consider the service demands of the department/ward, the impact on other staff, and the grading of the position (should the duties be materially altered).

Should reasonable adjustment not be practicable or reasonable, the line manager should advise the employee that the remaining options are:

- Redeployment to an alternative position within SESLHD (see Section 4.12), or
- Termination of contract on medical grounds (see Section 4.13)

If the commencement of termination of employment contract on medical grounds is agreed between the Injury Management Team, Business Partner and Employee Relations Team and the employee's management, at this point, the case

management of the employee is transferred from the RP to the Employee Relations team via the Business Partner.

4.10.3 Not suitable for the role

The line manager should advise the employee that the options are:

- Redeployment to a vacant alternative suitable position within SESLHD (see Section 4.12), or
- Termination of contract on medical grounds (see Section 4.13)

If the commencement of termination of employment contract on medical grounds is agreed between the Injury Management Team, Business Partner and Employee Relations Team and the employee's management, at this point, the case management of the employee is transferred from the RP to the Employee Relations team via the Business Partner.

4.10.4 Prognosis for return to pre-injury role is unable to be provided or is beyond reasonable timeframes

The line manager should advise the employee that the remaining options are:

- Redeployment to an alternative position within SESLHD if they have the capacity for some kind of work (see Section 4.12), or
- Termination of contract on medical grounds if there is no capacity for work or if redeployment is unsuccessful (see Section 4.13)

If the commencement of termination of employment contract on medical grounds is agreed between the Injury Management Team, Business Partner and Employee Relations Team, and the employee's management, at this point, the case management of the employee is transferred from the RP to the Employee Relations team.

4.11 Independent Medical Examinations

Both the employer and the employee have a right to initiate an independent medical examination (IME) to determine fitness for work where either party disagrees with the medical evidence existing at that time. Such requests must be arranged by the RP, following approval from the senior manager. The department cost centre will be responsible for meeting the costs associated with the IME.

If an employee presents a medical certificate or clearance that is at odds with their observed functional capacity, or there is objective evidence that contradicts the certificate, the employer may request the employee to attend for an independent medical examination to ensure:

- The employee will not be placed at risk by returning to their pre-injury work environment and duties; and
- The return to pre-injury work and duties will not constitute a breach of Work Health & Safety legislation.

4.11.1 Not suitable for the role

The referral documentation (**Attachment 6** – Letter Referring the Employee to the Independent Medical Examiner) must be drafted by the RP in consultation with the line manager, and must:

- Include an agreed position description which sets out the inherent requirements and job demands of the position;
- Outline the health-related issues which are affecting work performance;
- Explain how work performance is affected and how this is preventing the employee from performing the inherent requirements of the role;
- Include objective evidence to support any assertions or conclusions the employer makes as regards the employee's ability to perform the work;
- Outline any measures that the employer is able to take to facilitate a Return to Work Plan such as alternative duties, workplace adjustments, job redesign, reallocation of existing duties, special equipment or other assistance;
- Describe the actual work that would be done by the employee so that the IME understands what the actual work entails.
- That the IME assessor should provide a copy of the report to the employee or their Treating Doctor where requested

A list of Preferred Independent Medical Examiners is found at **Attachment 9**

4.11.2 The need for consultation with the employee

Whenever the employer or an employee initiates a referral for an IME, referral information must be shared and the employee must be consulted so that they can prepare for the IME. Therefore the line manager must provide the employee with:

- A formal letter advising of the referral (**Attachment 7** - Letter to Employee advising of Referral to an Independent Medical Assessor)
- A copy of the referral documentation to the IME (**Attachment 6**);
- The Fact Sheet at **Attachment 8**;
- Any other supporting documentation.

Whenever possible, this documentation should be handed to the employee in person in a private setting. If this is not possible, the material should be delivered by registered mail or courier marked "Private and Confidential" at least seven days prior to the scheduled appointment.

The employee has the right to write to the IME assessor commenting on the information contained in the referral documentation. They can also provide additional information to the IME assessor at the time of the examination.

The employee may request the IME assessor to provide them with a copy of the independent medical report, however the provision of the report to the employee is at the IME assessor's discretion.

4.11.3 The IME report

The independent medical report will be made available to the RP and maintained in the secure Injury Management database file. The RP, line manager and senior management will discuss the recommendations in the report and available options before meeting with the employee to discuss what options the department/unit is able to offer.

4.11.4 Appealing an IME assessment

If the employee does not agree with the IME outcome or believes there is conflicting evidence about fitness for duty, the employee can appeal the IME assessment. In this case, the employee and the senior manager must agree on a different medical practitioner with expertise in the medical field that is relevant to the employee's condition to carry out a further and final review of the employee's ability to return to work. The employee and the employer must agree to be bound by the findings of the review. The referral will be actioned by the RP. The manager will be assisted by the Business Partner if a grievance is raised through the grievance procedure or if the disputes clause in the Award is activated.

4.12 Redeployment

An employee who is not able to upgrade to full unrestricted duties and hours by the completion of the Return to Work Plan, or within an acceptable timeframe following this period, may choose to be redeployed. The employee will immediately commence sick leave, other leave or leave without pay.

The RP will commence assistance with internal job seeking. This will involve sending the internal vacancies to the employee on a weekly basis. The vacancies will also be reviewed by the RP for their suitability for application by the employee.

Appointment to a vacant substantive position is on merit only. If a vacant position requires an assessment of the employee's medical restrictions against the inherent position requirements, the employee and/or line manager of the potential role is to liaise with RP.

Generally, job seeking will occur for a three month period. Should the employee not be redeployed in a suitable position within that time frame, termination of employment contract on medical grounds will be recommended. The RP will seek approval (via a brief) from the Tier 2 Manager. Should approval be obtained, the case management will be transferred to the Employee Relations team.

4.13 Retirement on medical grounds

Should the employee not be redeployed in a suitable position prior to the exhaustion of their leave entitlements, or up to three months of leave without pay (whichever is the greater), termination of employment contract on medical grounds will be recommended. The RP will prepare handover documentation for the People and Culture Business Partner, Employee Relations, and manager to review. On agreement of termination of employment, the case management will be transferred to the Employee Relations Team.

Employees with a sick leave entitlement are allowed to exhaust that entitlement prior to medical retirement, on the proviso that all periods of absence are supported by a medical certificate from their treating doctor.

In reaching agreement, the following steps will take place:

- RP prepares handover document
- Document referred to relevant BP to review and indicate support. If not supported, BP to discuss with RP
- If BP agrees, provide endorsed handover document to Employee Relations (ER).
- If BP does not support and there is no agreement between RP and BP, conference to be held between:
 - BP
 - RP
 - Line manager
 - Manager Workers Compensation & Injury Management
 - People and Culture Business Partner Lead
- If nil agreement between Business Partner and Injury Management, conference to be held between:
 - Head of Business Partnering & Employee Relations
 - Head of Health Safety & Wellbeing
 - Senior Manager of employee
 - People and Culture Business Partner Lead
 - Manager, Workers Compensation & Injury Management

5. DOCUMENTATION

Covering Letter to Treating Doctor and Capability Assessment

Capability Assessment

Non-Work Related Injury/Illness Notification Form

Non-Work Related Injury/Illness Return to Work Plan

Release of Information Form

Letter to Treating Doctor requesting clearance for full duties

Letter Referring the Employee to the Independent Medical Assessor

Letter to Employee advising of Referral to an Independent Medical Assessor

Fact Sheet for Employees

Preferred Independent Medical Examiners

Handover summary to Employee Relations for medical termination

Responsibilities of the Employee, Recovery Partner, Line Manager, Business

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

Partners, Employee Relations and Senior Manager

6. AUDIT

Not required

7. REFERENCES

NSW Department of Premier and Cabinet, 2010, Procedures for Managing Non-Work Related Injuries or Health Conditions

[NSW Health PD2012_021 Managing Excess Staff in the NSW Health Service](#)

8. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
December 2016	Draft	Manager, Health Safety and Wellbeing
February 2017	1	Feedback incorporated by Manager, Health Safety and Wellbeing
April 2011	1	Approved by DET
December 2017	2	Minor updates – Clarification of roles of Human Resources, Recovery at Work Coordinators, line Manager and Senior managers by adding a matrix to the attachments (Attachment 11). Addition of pregnancy related medical conditions in the definitions section.
December 2018	2	Minor addition in the Capability Assessment Form (Attachment 1) re question relating to psychological demands of the position. Processed by Executive Services.
May 2022	3	Minor review: Additions to the Capability Assessment Form (Attachment 1) Change to role titles Change to roles responsible for some activities (such as RP now responsible for job seeking assistance) Employee included in responsibilities table Included Attachment 10 – Template for handover for medical termination
June 2022	3	Approved by Executive Sponsor
July 2022	3	Processed and published by SESLHD Policy

ATTACHMENT 1 – Covering Letter to Treating Doctor and Capability Assessment

[Date]

Dr [Insert Doctor's Name]

[Insert Doctor's address]

PRIVATE AND CONFIDENTIAL

Dear Doctor

Non-work-related injury notification – [Name of employee]

Your patient, [Name of employee] has advised their employer South Eastern Sydney Local Health District, of a non-work-related medical condition and requested suitable duties and/or a reduction/alteration in their working hours.

OR (for manager-initiated assessments)

The South Eastern Sydney Local Health District (SESLHD) is seeking medical advice on [Name of employee]'s capacity to perform the physical and non-physical inherent requirements and demands of the [position], in [Hospital / Service].

Please find attached a Capability Assessment form for your completion, and copy of the Position Description and Job Demands Checklist for their role.

South Eastern Sydney Local Health District requires your patient to provide a completed Capability Assessment to their manager to enable due consideration of a possible medical condition and ensure our Work Health Safety obligations are met.

Please note that your patient is responsible for the cost of the medical consultation to complete the Capability Assessment Form. South Eastern Sydney Local Health District will not accept any invoices for this service.

We appreciate your prompt response, as your patient will remain on off work on sick leave until we have adequate information to effect a safe and reasonable return to work.

Please forward the completed Capability Assessment overleaf to: [line.manager.name]@health.nsw.gov.au by [day/month/year].

Yours sincerely

[Line Manager Name]

[Line Manager Title]

Non-Work Related Injury or Illness Management

SESLHDPR/564

ATTACHMENT 1 (continued) – Capability Assessment

Management of Non-Work Related Injury / Illness – Capability Assessment

This form is to be completed by the injured employee’s Doctor or Health Practitioner

Employee Details			
Employee Name			
Position			
Details of Treating Practitioner (Write or Stamp)			
Name		Phone	
Address		Email	
Specialty			
Medical Details			
Diagnosis or diagnoses			
Approximate onset of health condition/s?			
Treatment planned or present?			
Fitness for Work			
What is the prognosis of the worker’s condition? Is the condition temporary or permanent in nature?			
When will the worker return to their full normal duties? (Please Tick)	<input type="checkbox"/> 1 Month <input type="checkbox"/> 3 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> Permanent restrictions likely <input type="checkbox"/> Unknown <input type="checkbox"/> Other – please specify		
Has the condition stabilised?			
Will the worker have permanent restrictions impacting the inherent requirements of their role? If so, please list.			
Is there anything the organisation can do to assist with the worker’s recovery and return to work?			
Is the worker taking any medication that may affect performance at work?	<input type="checkbox"/> No <input type="checkbox"/> Yes – specify potential impacts:		

TURN OVER PAGE:

Please complete the back section of this form to confirm capabilities specific to their role.

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

Management of Non-Work Related Illness – Capability Assessment (p.2)

Return to Work					
Following your consultation with the patient regarding their job description/job demands, please comment on their capacity to undertake these demands:					
	Examples	Y	N	N/A	If no, please comment on restrictions and anticipated timeframes. If N/A, please clarify.
Sitting/Standing	Remain in a seated position to perform tasks. Standing without moving about to perform tasks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Walking	Floor type: even/uneven/slippery, indoors/outdoors, slopes, stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Kneeling, squatting or crouching	Adopting a kneeling, squatting or crouching posture to perform tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Lifting/carrying	Lifting and carrying 0 - 9 kgs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Lifting/carrying	Lifting and carrying 10 -15kgs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Pushing/pulling/restraining	Using force to hold/restrain or move objects toward/away from body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Sedentary duties	Sitting, typing, data entry, repetitive movements of hands & arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Cognitive / Psychological exposures	Attention to detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Cognitive / Psychological exposures	Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Cognitive / Psychological exposures	Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Cognitive / Psychological exposures	Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Cognitive / Psychological exposures	Assess, plan, evaluate, organise and deliver patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Cognitive / Psychological exposures	Effectively communicating with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Cognitive / Psychological exposures	Effectively communicating with patients and visitors, including those displaying erratic, aggressive and unpredictable behaviours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Cognitive / Psychological exposures	Understanding and following directions from supervisors / management / medical staff – both written and verbal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Cognitive / Psychological exposures	Exposure to distressing situations (eg. child abuse, mutilated bodies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments

Non-Work Related Injury or Illness Management

SESLHDPR/564

Management of Non-Work Related Illness – Capability Assessment (p.3)

Doctor/Health Practitioner Name and Stamp:

	Examples	Y	N	N/A	If no, please comment on restrictions and anticipated timeframes. If N/A, please clarify.
Cognitive / Psychological exposures	Dispensing medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Sensory exposures	Viewing computer screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Organisation requirements	Attending consecutive days of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Organisation requirements	Participating in 24/7 roster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Organisation requirements	Being available on call	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Organisation requirements	Working independently on shifts with minimal staff support available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Patient care	Administering CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Safety & security	Restraining patients & self defence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Biological hazards	Exposure to body fluids, bacteria and diseases.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Transport	Driving car, specialised vehicle (eg forklift)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Transport	Catching public transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Additional Comment					

Hours	<input type="checkbox"/> Fit to work normal hours	<input type="checkbox"/> Restricted number of hours ____ Hours/Day ____ Days/Week	<input type="checkbox"/> Restricted ability to work specific hours (eg night shift, overtime)
Duties/tasks	<input type="checkbox"/> Fit to work full duties	<input type="checkbox"/> Fit for restricted duties	<input type="checkbox"/> No capacity for work
Timeframe	Is the worker likely to return to full pre injury duties within 4 weeks		<input type="checkbox"/> No <input type="checkbox"/> Yes
Graded Plan	Would the worker benefit from a graded Return to Work Plan over 4 weeks with the aim of returning to full normal duties at the end of 4 weeks		<input type="checkbox"/> No <input type="checkbox"/> Yes
Next Review	Date:		
Or	<input type="checkbox"/> Fit to work permanently modified duties or hours (no review date)		

Signature (Doctor/Health Practitioner) _____ Date: _____

ATTACHMENT 2 - Non-Work Related Injury/Illness Notification Form

Non-Work Related Injury/Illness Notification Form

Send completed Notification Form and Capability Assessment to:
SESLHD-HSW@health.nsw.gov.au

DETAILS ABOUT THE EMPLOYEE			
NAME			
DATE OF BIRTH		ASSIGNMENT NUMBER	
ADDRESS			
WORK PHONE	HOME PHONE	MOBILE	
OCCUPATION		SHIFT WORKER	YES <input type="checkbox"/> NO <input type="checkbox"/>
SITE / FACILITY	DEPARTMENT / UNIT	COST CENTRE	
CONTACT EMAIL ADDRESS			
EMPLOYMENT STATUS	Permanent <input type="checkbox"/> Full-time <input type="checkbox"/>	Temporary <input type="checkbox"/> Part-time <input type="checkbox"/>	Casual <input type="checkbox"/> Reduced <input type="checkbox"/>
DATE OF ILLNESS/INJURY		DATE SUPERVISOR NOTIFIED	
NATURE OF INJURY/ILLNESS			
HAS THE EMPLOYEE CEASED WORK?	YES <input type="checkbox"/> Date: _____ NO <input type="checkbox"/>		

DETAILS ABOUT THE MANAGER/SUPERVISOR COMPLETING THIS FORM			
NAME		POSITION	
WORK PHONE No		DATE	
		SIGNATURE	

ATTACHMENT 3 - Non-work Related Return to Work Plan

NON-WORK RELATED RETURN to WORK PLAN

PLAN NO:

Worker's Name:		Assignment No:	
Injury:		Date of Injury:	
Return to Work Goal:		Nominated Treating Doctor (NTD):	
Supervisor:		Department:	
Normal Position:		Normal Days/Hours:	
Commencement Date:		Duration of this Plan:	
Completion Date:		Next Review Meeting:	
Current Certificate of Capacity From: To:	Current Capacity/Medical Restrictions listed 1. 2. 3. 4.		
Suitable Duties/ Stage 1 From: To:	Duties/Tasks:	Location:	Days/Hours:
Other recommendations E.g. tasks to avoid, use of equipment, task rotation.			
Stage 2 From: To:	Duties/Tasks:	Location:	Days/Hours:
Other recommendations E.g. tasks to avoid, use of equipment, task rotation.			
Stage 3 From: To:	Duties/Tasks:	Location:	Days/Hours:
Other recommendations E.g. tasks to avoid, use of equipment, task rotation.			
Rest and/or Meal Breaks			
Treatment Arrangements and Medical Appointments	All medical and treatment appointments are to be arranged outside of work hours where possible or if not, at either the beginning or end of the hours of work outlined above. Where time off work is required to attend an appointment, please advise your Supervisor/Manager as soon as possible and at least 48 hours before your appointment. Confirmation of your attendance or letter of attendance should be provided.		

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

If you experience any difficulties with your recovery, either with the agreed duties or difficulties associated with your injury, please contact your Supervisor/Manager and your Recovery Partner immediately to assist you as required.

The following parties acknowledge they have read, understood and agreed to this Plan.

Employee Name:	Signature:	Date:
Senior Manager Name:	Signature:	Date:
Recovery Partner Name:	Signature:	Date:
Treating Doctor Name:	Signature:	Date:

It is recommended that you read the Return to Work Responsibilities and understand that we are all committed to your recovery plan to ensure the best physical and psychological outcome for you.

If, after reasonable efforts have been made, it is determined that you are unable to return to your pre-injury duties and there is no suitable employment available, further discussion will take place with all parties regarding referral for vocational assessment, job seeking and redeployment.

RETURN TO WORK RESPONSIBILITIES

Employee	<ul style="list-style-type: none"> Actively participate in the development of the Return to Work Plans Sign the Release of Information Form provided to you by the Recovery Partner to enable us to actively manage your treatment and recovery If you are unable to perform the tasks outlined in the Return to Work Plan, immediately inform your Supervisor/Manager and Recovery Partner Inform your Supervisor/Manager if you are unable to attend work due to this illness/injury Inform your Supervisor/Manager if you are unable to attend work due to sickness or any unrelated reason Attend all required treatments, arranging appointments outside work hours where possible or at the beginning or end of your shift. Contact the Recovery Partner in relation to any concerns about the Return to Work Plan or about your ability to complete the duties outlined in the Return to Work Plan Attend case conferences as requested by the Recovery Partner to facilitate improvement in your recovery and address any issues as they arise.
Supervisor/ Manager	<ul style="list-style-type: none"> Ensure a documented induction into the workplace is completed for an employee commencing duties in a position/unit other than their substantive role Return all signed Return to Work Plans to the Recovery Partner within the required timeframes. Monitor your progress with the Return to Work Plan Contact the Recovery Partner in relation to any concerns about the Return to Work Plan or about your employee's ability to complete the duties outlined in the Return to Work Plan Attend case conferences as requested by the Recovery Partner to facilitate improvement in your employee's recovery and address any issues as they arise.

Non-Work Related Injury or Illness Management

SESLHDPR/564

Recovery Partner	<ul style="list-style-type: none">• Assist in identifying suitable duties and/or suitable employment and preparing the Return to Work Plan• Will support you in your recovery and return to work, communicating with you and your Supervisor and by ensuring all Certificates of Capacity and Return to Work Plans are current and cover all periods of injury
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Non-Work Related Injury or Illness Management

SESLHDPR/564

ATTACHMENT 4 - Release of Information Form

Management of Non-Work Related Injury or Illness – Release of Information Form

I, _____ of _____
(Employee's full name) (Employee's full address)

Give permission to South Eastern Sydney Local Health District:

1. In accordance with the procedures set out in "Non-Work related Injury or Illness Management", to obtain any relevant medical information and advice from my medical or other health practitioners, concerning my fitness to safely undertake the duties of my position and other health related matters that have been identified by my employer that need to be considered in respect to my employment.
2. Further, should I be referred to a nominated medical assessor in accordance with the procedures set out in "Managing Non-Work Related Injury or Illness Management", I consent to any or all of the information obtained by my employer being provided to that nominated medical assessor for the purpose of the assessment (and to the Independent Review Panel if I seek a review of that assessment).
3. Listed below are details of my current (and previous) treating medical and health practitioners and my consent is provided to my employer to obtain any relevant medical information and advice from them concerning my fitness to safely undertake the duties of my position and other health related matters that have been identified by my employer that need to be considered in respect to my employment.

Type of health/medical practitioner			
Name			
Address			
Telephone			

(If the space provided above is insufficient please list on a separate page and attach to this form).

I approve a copy of the authority, including an electronic version or facsimile, being treated as the original. The authority is valid for the duration of my rehabilitation or my return to the full duties of my substantive position.

Signed _____ Date / /
(Employee's signature)

Important information

- The employee may wish to discuss with their treating medical or health practitioner as to what information should be made available to the employer to assist with addressing any health related matters that need to be considered in respect to the employee's employment.
- Withholding consent may compromise your employer's ability to formulate an appropriate work plan to accommodate your health condition and a return to full duties. If all relevant medical details can be considered, your employer can consider all options available if there are any health issues affecting your fitness to safely undertake the duties of your position.



SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

ATTACHMENT 5 – Letter to Treating Doctor requesting clearance for full duties

Medical Assessment of [Name of Employee] for [Occupation] at [Site/Service]

In my opinion, [Name of Employee] is *(please tick the appropriate response and provide detail as requested)*:

- Fit to perform the inherent requirements of the role in an unrestricted manner
- Not yet fit to perform the inherent requirements of the role in an unrestricted manner, but is expected to recover to full duties and hours within the following additional time frame:
..... weeks or months

Permanently restricted in some capacity (please detail).....
.....
.....

and the following adjustment/considerations are required (please detail)

.....
.....
.....

Not suitable to perform the role

I confirm that I have made the assessment above in full consideration of the supplied Position Description and Job Demands for [Occupation] at [Site/Service]

Doctor's Signature.....

Doctors Name (please print)

Phone NumberDate

Practice Stamp/address.....

.....
.....

Please return the completed form to: [line.manager.name]@health.nsw.gov.au

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

ATTACHMENT 6 - Letter Referring the Employee to the Independent Medical Examiner

(Include attachments, referral documents and a form for employee to sign to acknowledge receipt of this letter).

[Date]

Dr [Name]

[Address]

PRIVATE & CONFIDENTIAL

Dear Dr [Name]

Independent Medical Examination for fitness to work – [Name of Employee]

[Employee Name] is employed by South Eastern Sydney Local Health District (SESLHD) as a [Position Title] in [Department], [Facility/Service], for [number] hours over [number] shifts per week.

I have referred [Employee Name] to you in order to determine whether they are fit for work and/or whether there are any physical, emotional or psychological restrictions that SESLHD, should take into account in relation to the inherent requirements of their role.

I enclose copies of the following:

1. Position Description (including the Job Demands Checklist)
2. SESLHD PR/564 Non-Work Related Injury or Illness Management
3. Sick Leave Absence Report and medical certificates
4. Capability Assessment Forms from the treating doctor/s
5. Factual information as relevant

[Employee Name] is required to perform all of the duties set out in the position description but more specifically, [set out exactly what the work requires in terms of physical, emotional and psychological capacity – highlight any areas of potential concern].

I also enclose copies of medical and/or sick leave certificates regarding other health related issues that [Employee Name] currently has.

[Employee's Name's] condition has been observed to be affecting their ability to perform the inherent requirements of their position in the following respects:

- [set out details]

SESLHD PROCEDURE**Non-Work Related Injury or Illness Management****SESLHDPR/564**

[Set out specific questions]

[Set out any previous referrals that are relevant]

[Set out any workers compensation details that are relevant]

Please assess [Employee Name] against the enclosed Position Description and Job Demands Checklist and provide your opinion as to whether they have the ability to undertake the inherent tasks of the position. Please provide as much detail as possible in relation to any restrictions that ought to apply and state in each case how long each restriction ought to apply, and provide a copy of your report marked "Private and Confidential" to me at [Recovery Partner Email Address].

Please contact me on [Recovery Partner phone number] if you have any queries in relation to this referral or require any further documentation.

Yours Sincerely,

[Recovery Partner Name]
Recovery Partner

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

ATTACHMENT 7 - Letter to Employee advising of Referral to an Independent Medical Examiner

[Date]

[Employee name]

[Address]

PRIVATE AND CONFIDENTIAL

Dear [Employee name],

Referral for an independent medical examination

I refer to our conversation on [day/month/year] and confirm that an appointment has been made for you to be examined by Dr [IME Name], [Specialty] for an independent medical examination of your fitness for work.

The appointment has been scheduled for [day/month/year] at [time of day] at:

[Address of the independent medical examiner]. I attach copies of the following:

1. Referral letter to Dr [IME Name] dated [day/month/year] and attachments;
2. Fact sheet regarding independent medical assessments;
3. [List any other documents].

You are entitled to write to Dr [IME Name] if you wish to make any comments about the enclosed documents. You are also entitled to make additional comments during the independent medical assessment.

Please be advised that you may choose to be accompanied by a support person at the medical assessment. This may be a union representative. If you require the services of an interpreter, please advise me before the medical assessment so that this can be arranged.

If I need to provide any additional documentation to Dr [IME Name], I will send a copy of that additional documentation to you and you will be able to comment on any additional information in writing to Dr [IME Name] or in person at the medical examination.

After the assessment, you may request Dr [IME Name] to provide a copy of their report to you. A copy will be automatically forwarded SESLHD and we will be in touch with you to discuss the contents of the report.

In the meantime, if you need to contact me please telephone me on [phone number] or email me at [author.name]@health.nsw.gov.au.

Yours sincerely,

[Name]

[Position Title]

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

ATTACHMENT 7 (continued) - Letter to SESLHD confirming receipt of referral information for Independent Medical Examination

[Date]

[Line manager name]

[Line manager address]

[Line Manager Email Address]

PRIVATE AND CONFIDENTIAL

Dear [Line Manager name]

I,(full name), acknowledge receipt of the referral information for the upcoming independent medical examination. I confirm I will be in attendance.

Signature.....

Phone NumberDate

Please return the completed form to: [line.manager.name]@health.nsw.gov.au & SESLHD-HSW@health.nsw.gov.au

ATTACHMENT 8 - Fact Sheet for Employees**Management of Non-Work Related Injury or Illness – Fact Sheet for Employees****Independent Medical Examinations – Your Rights and Responsibilities**

The aim of a referral for Independent Medical Examination is to seek advice from an approved medical examiner as to whether you have capacity to carry out the inherent requirements and job demands of your position and/or to clarify information in relation to your medical condition/s in relation to work.

You and South Eastern Sydney Local Health District (SESLHD) have the right to initiate an Independent Medical Examination. Referrals made by SESLHD must be made by the Recovery Partner, with approval of senior management. If you wish to initiate a referral for an Independent Medical Examination, you must provide the request in writing to the Recovery Partner and your request must be supported by a medical certificate from your treating doctor.

No matter who initiates the referral, SESLHD will pay for the cost of the medical examination.

Consultation

Before and throughout the process, [Recovery Partner and Line Manager] will keep in contact with you, discussing the process and providing you with copies of all documentation that is sent to the approved medical assessor. This includes:

- A copy of the signed initial referral letter or report;
- Any documents that are attached to the referral letter;
- Any subsequent information provided to the approved medical examiner.

Your responsibilities

If SESLHD asks you to attend for an Independent Medical Examination then you must do so because of your obligation under Work Health and Safety legislation to ensure your own and your colleagues' work, health and safety in the workplace.

Your rights

You are entitled to send a letter to the approved medical examiner setting out any comments you have about any of the information that SESLHD provides to them as part of the referral process. You must provide a copy of this documentation to SESLHD also. You can also provide additional information to the approved medical examiner during the assessment.

After the examination, the approved medical examiner must provide a copy of their report to you and to SESLHD. Please let them know which mode of contact you prefer such as email or mail and what address to use.

SESLHD will base its decision about your fitness to continue to work on the assessment provided by the approved medical assessor.

Further information

If you have any queries about the fitness to work referral process, please contact your Recovery Partner [Recovery Partner Name] on [Recovery Partner phone number].

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

ATTACHMENT 9 – Preferred Independent Medical Examiners

Medicins Legale

Email: admin@medicins.com.au

Telephone: (02) 9279 4477

Facsimile: (02) 9475 5454

Web: www.medicins.com.au

Or: www.ime.medicins.com.au

MCLOA

Email:

contactnsw@mlcoa.com.au

Telephone: (02) 8234 1234

Facsimile: (02) 8234 1235

Level 2, 44 Market Street
Sydney NSW 2000

IMMEX

Email: opinions@immex.com.au

561 Botany Rd

Waterloo NSW 2017

Bookings: 1300 146 639

Ph: 9319 5999

Fax: 9319 5990

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

ATTACHMENT 10 – Handover summary to Employee Relations for medical termination

Handover summary to Employee Relations for medical termination for [Employee Name] ([Assignment Number])

Analysis To provide advice to People & Culture Business Partnering and Employee Relations regarding the history and future recommended management of a [non work related / work related] medical condition for [Employee Name], [Job Title] (assignment number [assignment number]).

Recommendation That People & Culture Business Partnering and Employee Relations commences the proposed termination of employment for [Employee Name] on medical grounds.

Background and Key Issues

Employment details:

- Hire date:
- Position: [Job Title] in [Facility / Service]

Injury Details:

- DOI:
- Mechanism of Injury:
- Diagnosis:

Workers Compensation claim status (if applicable):

- W/Comp claim is [liability status]
- [Liability decision date]

RTW history:

- Chronology of events
- RTW attempts
- Barriers to RTW
- Redeployment information (including any vocational options identified / signed off)
- Current capacity and employment status

Medical Information:

- Information from treating doctor/s and practitioners (current and prognosis)
- Information from independent doctor/s (current and prognosis)

Justification for medical termination recommendation

-

Risk

- This brief does / does not identify unmitigated risk(s).
- Risk if brief is not approved (e.g. further injury to employee, inability to recruit, over-loading of other staff, risk to patient/s)
- Risk if brief is approved (e.g. unfair dismissal)

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

ATTACHMENT 10 (continued)

Consultation

-

Contact

- [Recovery Partner Name] - Recovery Partner [Recovery Partner email & phone]

Reviewed by:

Position:

Date:

[Manager, Workers
Compensation & Injury
Management Name]

Manager, Workers Compensation & Injury
Management

[Business Partner Name]

People & Culture Business Partner Lead

[Employee Relations Manager
Name]

Employee Relations Manager

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

ATTACHMENT 11 – Responsibilities of the Employee, Recovery Partner, Line Manager, People and Culture Business Partner, Employee Relations and Senior Manager

Procedure Section	Employee	Recovery Partner	Line Manager	Business Partnering & Employee Relations	Senior Manager
4.1 & 4.2	Requests change in hours or duties due to NWRI. Participates in meeting with line manager to discuss impact of NWRI on performance.		Receives request for NWR suitable duties or notices impact of NWRI on performance. Discussion with employee regarding condition & impacts		
4.1 & 4.2 & 4.3		Provides letter templates to line Manager & discusses need for any modifications	Sends NWRI Notification Form to SESLHD-HSW@health.nsw.gov.au Completes letter template after liaison with HSW, provides PD & letter to employee		
4.3	Participates in initial meeting with RP and line manager	Registers employee in the <i>Solv Injury</i> secure database Convenes the initial meeting with line manager & employee Completion of ROI form with employee	Participates in initial meeting with RP and employee		
4.4		Convenes a meeting with line manager to assess the appropriateness of the requested suitable duties	Participates in a meeting with RP to assess the appropriateness of requested suitable duties		
4.5		Supports the decision to offer a RTW Plan. Writes the draft RTW Plan	Supports the decision to offer a RTW Plan.		
4.6		Forwards the draft RTW Plan to the line manager	Forwards the draft RTW Plan to the senior manager for approval. Advises the employee of the senior manager's decision		Considers and approves or rejects the RTW Plan
4.6	Agrees to the RTW Plan. Supports RP in getting doctor's approval for RTW Plan.	Obtains the doctor's authorisation for the RTW Plan	Convenes a meeting with RP and employee to discuss the RTW Plan		
4.7	Complies with SESLHDPR/412 Sick Leave Management	Supports the decision not to offer a RTW Plan	Conveys the opinion the decision not to offer a RTW Plan to the senior manager. Advises the employee of the senior manager's decision Manages the employee under SESLHDPR/412 Sick Leave Management	Business partner - Supports the decision not to offer a RTW Plan Supports the line manager in implementing SESLHDPR/412 Sick Leave Management	Authorises the decision not to offer a RTW Plan

SESLHD PROCEDURE

Non-Work Related Injury or Illness Management

SESLHDPR/564

Procedure Section	Employee	Recovery Partner	Line Manager	Business Partnering & Employee Relations Team	Senior Manager
4.8	Participates in RTW Plan. Advises line manager & RP if any difficulties completing duties.	Supports the line manager in monitoring the RTW Plan on a monthly basis	Monitors the RTW Plan on a daily/weekly basis Completes letter to Treating Doctor template (Attachment 5), provides PD & letter to employee		
4.9	Supports obtaining full clearance from doctor.		Accept the appropriate clearance for pre-injury duties		
4.10.1	Requests extension to RTW Plan if required.	Participates in discussion/meeting with line manager and to assess the appropriateness of requested extension to the RTW Plan	Initiates the discussion/meeting with RP to assess the appropriateness of requested extension to the RTW Plan		Participates in discussion/meeting and authorises the decision regarding the appropriateness of requested extension to the RTWP
4.10.2		Participates in discussion/meeting with line manager regarding reasonable adjustment, redeployment or medical retirement	Initiates the discussion/meeting with RP regarding reasonable adjustment, redeployment or medical retirement		Participates in discussion /meeting and authorises the decision regarding reasonable adjustment, redeployment or medical retirement
4.10.3	Commences job seeking if redeployment is proceeding.	Commences job seeking with employee or writes handover to commence medical termination	Provides information for medical termination handover if required	BP reviews handover for medical termination if requested. ER takes over case management if medical termination proceeding.	
4.11.1 4.11.2		Prepares and sends IME referral documentation	Provides information for IME referral if requested. Reviews documentation.		
4.11.2	Returns documentation confirming receipt of referral for IME and attendance. Attends IME		Provides employee with referral documentation		
4.11.3	Participates in meeting/ discussion with RP and senior manager regarding the IME recommendations	Uploads IME report onto the <i>Solv Injury</i> database. Convenes meeting / discussion regarding the IME recommendations	Participates in meeting/ discussion with RP and senior manager regarding the IME recommendations		Participates in meeting/ discussion with RP line manager regarding the IME recommendations and authorises the decision
4.12	Activity participates in job seeking	Commences job seeking with employee			
4.13		Prepares handover summary to ER recommending med term. Transfers case management to ER		BP reviews handover summary, and if supported refers to ER team ER - Case management of the employee's medical termination	