

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 Workforce Services
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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 or increase the risk of a workers' compensation claim.

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, Human Resources Advisor and the Facility/Service Recovery at Work Coordinator. 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 and 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, is also included in this definition.

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
- 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.
- Regularly monitor and review non-work related Return to Work Plans and/or Temporary Individual Roster Arrangements.

3.3 Facility/Service Recovery at Work Coordinators (RWC) 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 documentation to the Human Resources Advisory Service Consultant where a Return to Work Plan is not successfully completed

3.4 Facility/Service Human Resources Advisors (HRA) will:

- Collaborate with the Recovery at Work Coordinator and line manager in developing a Return to Work Plan
- Monitor redeployment and job-seeking for employees who are unable to successfully complete the Return to Work Plan, if appropriate
- Facilitate the termination on medical grounds of employees who are unable to return to their substantive position or be redeployed in an alternate position

3.5 Senior managers will:

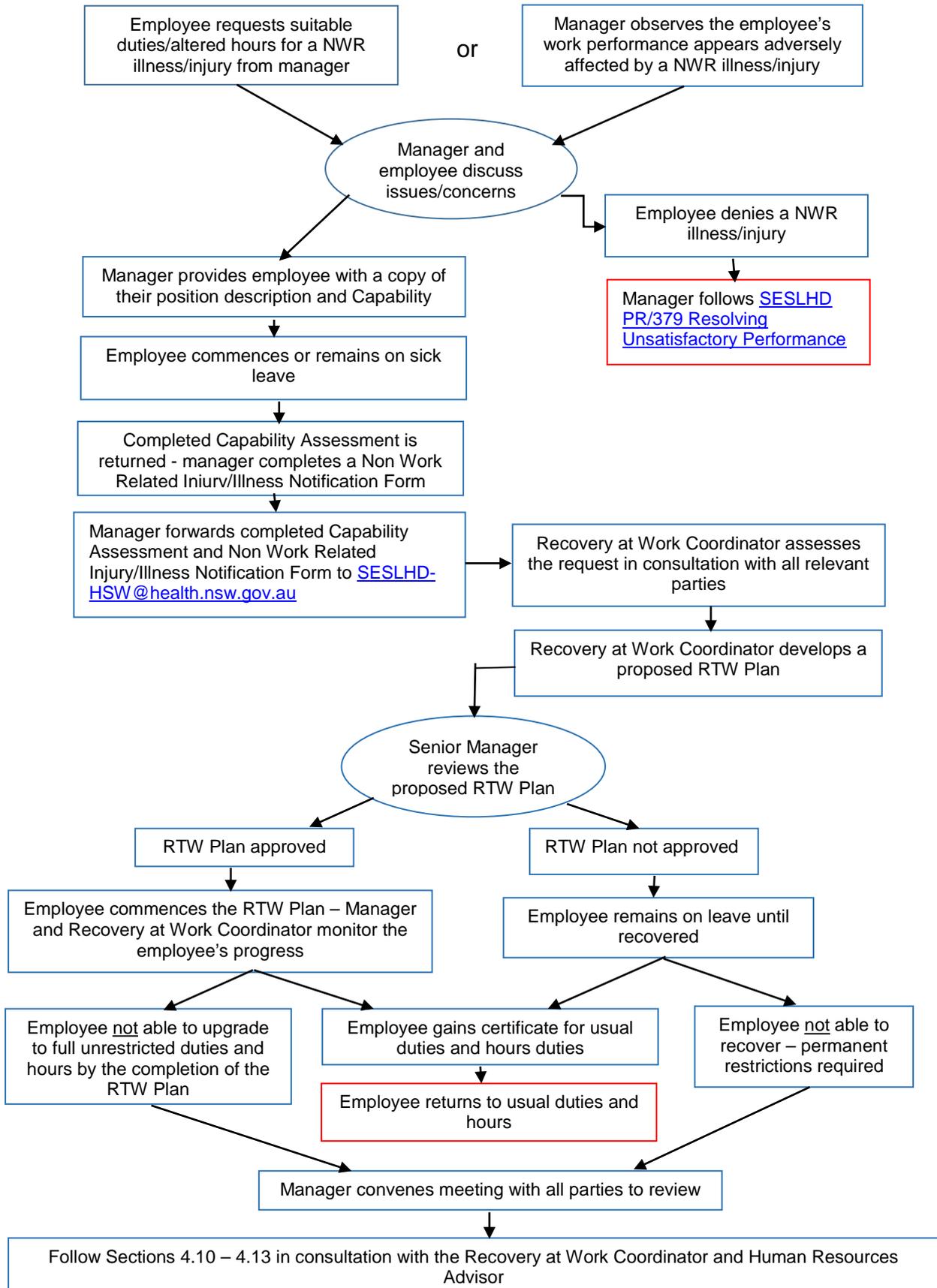
- Provide high-level support and advice to line managers regarding issues such as impact on service delivery, budget considerations and governance of non-work related Return to Work Plans as appropriate
- Provide authorisation of non-work related Return to Work Plans

3.6 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.

4. PROCEDURE

Manager’s Flowchart – initial steps



4.1 Employee Request for Suitable Duties or Change in Hours

An employee who has a non-work related injury or health condition 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. Human Resources Advisor, 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 request a copy of the Covering Letter and Capability Assessment (**Attachment 1**) from their [local Recovery at Work Coordinator](#), and complete the relevant details.

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

The employee must commence and/or remain on sick leave until a decision has been made following a risk assessment (as per Section 4.3 and 4.4), or they have medical clearance for a return to full pre-injury duties.

Any concurrent issues related to sick leave management are the responsibility of the line manager in consultation with a Human Resources Advisor.

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 unsatisfactory 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 manager is to request a copy of the Covering Letter and Capability Assessment (**Attachment 1**) from their [local Recovery at Work Coordinator](#), and complete the relevant details.

The line manager then provides the employee with a copy of their Position Description and Job Demands Checklist, and request the employee to obtain a completed Capability Assessment (**Attachment 1**) and Medical Certificate from their treating doctor.

The employee must commence and/or remain on sick leave until a decision has been made following a risk assessment (as per Section 4.4 and 4.5), or they have medical clearance for a return to full pre-injury duties.

Any concurrent issues related to sick leave management are the responsibility of the line manager in consultation with a Human Resources Advisor.

4.3 Referral to the Recovery at Work Coordinator (RWC)

The line manager completes a Non Work Related Injury/Illness Notification Form (**Attachment 2**) and forwards it with the completed Capability Assessment (**Attachment 1**) and to Health Safety and Wellbeing.

Health Safety and Wellbeing register the request, initiate the case management file and allocate the request to the appropriate Recovery at Work team.

The RWC initially meets with the line manager and employee to assess the request against the inherent requirements of the position. Discussion must 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 RWC ensures a Release of Information (**Attachment 4**) form is completed by the employee.

4.4 Assessment of the Request

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 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 RWC, line manager and relevant Human Resources Advisor (HRA) meet to review the information obtained through 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 RWC, line manager and HRA 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 RWC, line manager and HRA 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 RWC 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 or other leave 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 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 RWC forwards the draft Return to Work Plan to the senior manager.

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.

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 RWC and employee to ensure the Return to Work Plan parameters are well understood. Written approval is obtained from the treating doctor.

NOTE - Should the senior manager disapprove 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 RWC, line manager and HRA 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 HRA.

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 relevant Award would depend on the employee's classification. The dispute process may involve 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 RWC, who will monitor the Plan progress on a four-weekly basis.

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 with the senior manager (where appropriate), inviting the RWC, HRA 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, HRAS and RWC.

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, annual leave, long service leave and up to 3 months leave without pay) for this period.

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

The line manager, RWC, HRA 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
- Retirement on medical grounds (see Section 4.13)

At this point, the Workforce case management of the employee is transferred from the RWC to the HRA.

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
- Retirement on medical grounds (see Section 4.13)

At this point, the Workforce case management of the employee is transferred from the RWC to the HRA.

4.11 Independent Medical Examinations

Both the employer and the employee have a right to initiate an independent medical assessment (IME) to determine fitness for work where either disagrees with the medical evidence existing at that time. Such requests must be arranged by the RWC and HRA, 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 assessment to ensure:

- The employee will not be placed at risk by returning to his/her pre-injury work environment and duties; and
- The return to pre-injury work and duties will not constitute a breach of WHS legislation.

4.11.1 Preparing the referral documentation

The referral documentation (**Attachment 6** – Letter Referring the Employee to the Independent Medical Assessor) must be drafted by the RWC in consultation with the line manager and HRA, 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 assessor understands what the actual work entails.

- That the IME 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 to provide them with a copy of the independent medical report, however the provision of the report to the employee is at the IME's discretion.

4.11.3 The IME report

The independent medical report will be made available to the RWC and maintained in the secure InjuryConnect file. The RWC, HRA, 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 HRA will coordinate the appeal process.

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, and who chooses to be redeployed will immediately commence sick leave, other leave or Absence at Own Expense.

The RWC will provide a case summary, including the history of the Return to Work Plan progress and the available medical evidence to the HRA, who then assumes ongoing case management of the employee.

The employee is required to actively commence job-seeking. The employee is encouraged to utilise the [“Career Assist”](#) service through EAP.

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 is to liaise with the HRA. The RWC will assist the HRA in this assessment process.

Generally, job seeking will occur for a three month period. Should the employee not be redeployed in a suitable position within that time frame, the HRA will commence processes for retirement on medical grounds.

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 3 months of leave without pay (whichever is the greater), the HRA will commence processes for retirement on medical grounds.

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.

Retirement on medical grounds will be case managed by the HRA, in consultation with the line manager.

5. DOCUMENTATION

- Capability Assessment
- Non-Work Related Injury/Illness Notification Form
- Non-work Related Return to Work Plan
- Release of Information Form
- Letter to Treating Doctor
- Letter Referring the Employee to the Independent Medical Assessor
- Letter to Employee advising of Referral to an Independent Medical Assessor
- Fact Sheet for Employees – Independent Medical Assessment

6. AUDIT

Not required

7. REFERENCES

Premier and Cabinet Procedures for Managing Non-Work Related Injuries or Health Conditions

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

[SESLHDPR/412 Sick Leave Management](#)

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.

SESLHD PROCEDURE**Non-Work Related Injury or Illness Management****SESLHDPR/564****ATTACHMENT 1 – Covering Letter to Treating Doctor and Capability Assessment**

[Date]

Dr [Name]

[Address]

PRIVATE AND CONFIDENTIAL

Dear Dr [Name]

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 their request 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.

Failure of your patient to provide a completed Capability Assessment form in a timely manner will result in the employee being required to remain off work on sick leave until certified fit to resume their full unrestricted duties.

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

Yours sincerely

[Line Manager Name]

[Line Manager Designation]

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

ATTACHMENT 1 (continued) – Capability Assessment

Management of Non-Work Related Injury or 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		Fax	
Specialty			
Medical Details			
Approximate onset of health condition?			
Diagnosis			
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		
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 business can do to assist with the worker’s recovery and return to work?			

TURN OVER PAGE:

If the worker is fit to return to the workplace with or without restrictions within the next four weeks please complete the back section of this form to confirm capabilities specific to their role.

Management of Non-Work Related Injury or 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.
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. Frequent	<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 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	Siting, typing, data entry, repetitive movements of hands & arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Cognitive demands	Attention to detail, time management, use of sight is an integral part of work performance, viewing of computer screens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Psychological demands	Managing work stressors, self management of emotions, dealing with difficult patient groups, distressing situations and interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments
Organisation requirements	Attending consecutive days of work, participating in 24/7 roster	<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
Return to Work					
Hours	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Duties/tasks	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
Timeframe	Is the worker likely to return to full pre injury duties within 4 weeks?				<input type="checkbox"/>
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 the 4 weeks				<input type="checkbox"/>
Next Review	Date:				
Or	<input type="checkbox"/> Fit to work permanently modified duties or hours (no review date)				
Additional Comment					

Doctor/Health Practitioner Name and Stamp:

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 or Fax – 8545 4660

DETAILS ABOUT THE EMPLOYEE					
NAME:					ASSIGNMENT NO:
ADDRESS:					DOB:
WORK		HOME PHONE:		MOBILE	
OCCUPATION:				SHIFT WORKER:	YES <input type="checkbox"/> NO <input type="checkbox"/>
SITE/FACILITY		DEPARTMENT/UNIT:			
CONTACT EMAIL ADDRESS:					
EMPLOYMENT STATUS:	Permanent <input type="checkbox"/>	Temporary <input type="checkbox"/>	Casual <input type="checkbox"/>		
	Full-time <input type="checkbox"/>	Part-time <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"/>	
COMPLETED CAPABILITY ASSESSMENT FORM ATTACHED? :	YES <input type="checkbox"/>	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/ Suitable Employment 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 at least 48 hours before your appointment. Confirmation of your attendance or letter of attendance should be provided.		

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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 at Work Coordinator immediately to assist you as required.

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

Employee Name:	Signature:	Date:
Supervisor/Manager Name:	Signature:	Date:
Recovery at Work Coordinator 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 Consent Form provided to you by the Recovery at Work Coordinator 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 at Work Coordinator 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.
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 at Work Coordinator within the required timeframes. Monitor your progress with the Return to Work Plan Contact the Recovery at Work Coordinator 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 at Work Coordinator to facilitate improvement in your recovery and address any issues you may have
Recovery at Work Coordinator	<ul style="list-style-type: none"> Assist in identifying suitable duties and/or suitable employment and preparing your 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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Nominated Treating Doctor (NTD)	<p>A Nominated Treating Doctor (NTD) is the doctor chosen by you to manage your injury/illness and your recovery and to assist you to return to work safely.</p> <p>It is your responsibility to authorise your NTD to provide relevant information about your injury/illness to both your Manager/Supervisor and Recovery at Work Coordinator as your employer. You provide this authority by signing the Consent Form provided to you by the Recovery at Work Coordinator.</p> <p>Your NTD should:</p> <ul style="list-style-type: none">• Recommend and arrange treatment (including referrals) as needed and review your condition and fitness for work, assisting with your recovery at work as needed• Provide Medical Certificates until you are fit to return to your normal duties
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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 "Managing Non-Work Related Injuries or Health Conditions", 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 Injuries or Health Conditions", 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**

[Date]

Dr [Name]
[Address]**PRIVATE & CONFIDENTIAL**

Dear Dr [Name]

Fitness to resume full duties and hours of work – [Name of employee]

Your patient, [Name of employee] has been participating in a Return to Work Plan for their non-work related medical condition which is due to cease on [day/month/year].

Please find attached a copy of the Position Description, including the Job Demands of the role.

I require your careful assessment of [Name of employee]'s capacity to resume their full duties and hours of work against the inherent requirements of the role as outlined in the Position Description and Job Demands Checklist.

Please forward the completed brief questionnaire and declaration overleaf to:
[line.manager.name]@health.nsw.gov.au by [day/month/year].

Yours sincerely

[Line Manager Name]
[Line Manager Designation]

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ATTACHMENT 5 (continued) – 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 ormonths

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

and the following reasonable 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 Assessor**

[Date]

Dr [Name]
[Address]**PRIVATE & CONFIDENTIAL**

Dear Dr [Name]

Independent Medical Assessment 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 s/he is fit for work and/or whether there are any physical, emotional or psychological restrictions that SESLHD, [Facility/Service] should take into account in relation to the inherent requirements of his/her role.

I enclose copies of the following:

1. Position description;
2. SESLHD PR/564 Non-Work Related Injury or Illness Management.
3. Sick Leave Absence Report and medical certificates

[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 ability].

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

[Employee name's] condition is affecting his/her ability to perform the inherent requirements of his/her position in the following respects:

- [set out details].

[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 s/he has the ability to undertake the inherent tasks of the position.

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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: [author.name]@health.nsw.gov.au and to [name] at: [line.manager.name]@health.nsw.gov.au.

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

Yours sincerely,

[Recovery at Work Coordinator Name]

Recovery at Work Coordinator

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

[Date]

[Employee name]

[Address]

PRIVATE AND CONFIDENTIAL

Dear [Employee name]

Referral for independent medical assessment

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

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

[Address of the independent medical assessor].

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 assessment.

After the assessment, you may request Dr [IME Name] to provide a copy of his/her report to you. A copy will be automatically forwarded to me and I 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]

ATTACHMENT 8 - Fact Sheet for Employees

Management of Non-Work Related Injury or Illness – Fact Sheet for Employees

Independent Medical Assessments – Your Rights and Responsibilities

The aim of a referral for Independent Medical Assessment is to seek advice from an approved medical assessor as to whether you have capacity to carry out the inherent requirements and job demands of your position.

You and South Eastern Sydney Local Health District (SESLHD) have the right to initiate a Independent Medical Assessment. Referrals made by SESLHD must be made by the Recovery at Work Coordinator, with approval of senior management . If you wish to initiate a referral for a Independent Medical Assessment, you must provide the request in writing to the Recovery at Work Coordinator and your request must be supported by a medical certificate from your treating doctor stating that in his/her view you are not fit to continue work.

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

Consultation

Before and throughout the process, **[WAS Consultant/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 assessor.

Your responsibilities

If SESLHD asks you to attend for an Independent Medical Assessment 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 assessor setting out any comments you have about any of the information that SESLHD provides to him/her as part of the referral process.

You can also provide additional information to the approved medical assessor during the assessment.

After the assessment, the approved medical assessor must provide a copy of his/her report to you and to SESLHD. Please let him/her 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 on

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ATTACHMENT 9 – Preferred Independent Medical Examiners

IMMEX

Email: opinions@immex.com.au

561 Botany Rd

Waterloo NSW 2017

Bookings: 1300 146 639

Ph: 9319 5999

Fax: 9319 5990

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

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ATTACHMENT 11 – Responsibilities of the Recovery at Work Coordinator, Line Manager, Human Resources Advisor and Senior Manager

Procedure Section	Recovery at Work Coordinator	Line Manager	Human Resources Advisor	Senior Manager
4.1 & 4.2		Receives request for NWR suitable duties		
4.1 & 4.2	Provides letter templates to line manager	Completes letter template , provides PD & letter to employee		
4.3		On receipt of completed capability assessment, completes NWR Injury Notification to HSW		
4.3	Registers employee in the <i>InjuryConnect</i> secure database Convenes the initial meeting with line manager & employee Completion of ROI form with employee	Participates in initial meeting with RWC and employee		
4.4	Convenes a meeting with line manager and HRA to assess the appropriateness of the requested suitable duties	Participates in a meeting with RWC and HRA to assess the appropriateness of requested suitable duties	Participates in a meeting with RWC and line manager 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.	Supports the decision to offer a RTW Plan.	
4.6	Forwards the draft RTW Plan to the senior manager	Advises the employee of the senior manager's decision		Considers and approves or disapproves the RTW Plan
4.6	Obtains the doctor's authorisation for the RTW Plan	Convenes a meeting with RWC and employee to discuss the RTW Plan		
4.7	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	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

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Procedure Section	Recovery at Work Coordinator	Line Manager	Human Resources Advisor	Senior Manager
4.8	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, provides PD & letter to employee		
4.9		Accept the appropriate clearance for pre-injury duties		
4.10.1	Participates in discussion/meeting with line manager and HRA to assess the appropriateness of requested extension to the RTW Plan	Initiates the discussion/meeting with RWC and HRA to assess the appropriateness of requested extension to the RTW Plan	Participates in discussion/meeting with line manager and RWC 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 RTW Plan
4.10.2	Participates in discussion/meeting with line manager and HRA regarding reasonable adjustment, redeployment or medical retirement	Initiates the discussion/meeting with RWC and HRA regarding reasonable adjustment, redeployment or medical retirement	Participates in discussion/meeting with line manager and RWC 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	Transfers the case management to the HRA	Advises the employee of the options of redeployment or retirement on medical grounds	Commences case management of the employee	
4.11.1	Prepares and sends IME referral documentation			
4.11.2		Provides employee with referral documentation		
4.11.3	Uploads IME report onto the <i>InjuryConnect</i> database Convenes meeting/discussion regarding the IME recommendations	Participates in meeting/ discussion with RWC, HRA and senior manager regarding the IME recommendations	Participates in meeting/ discussion with RWC, line manager and senior manager regarding the IME recommendations	Participates in meeting/ discussion with RWC, line manager and HRA regarding the IME recommendations and authorises the decision
4.12	Provides a case summary to the HRA Assist the HRA to assess the employee against available vacancies		Case management of the employee in the redeployment process for 3 months	
4.13			Case management of the employee in the medical retirement process	