INJURY AND ILLNESS MANAGEMENT PROCEDURES 2015

Issued by: Director, Human Resources

Date: 16 December 2014

Amended: 27 April 2018 (administrative amendments only)

Name: Mr John Dixon

Current Policy Approver: Chief Safety Officer

1 Purpose and application

(1) These procedures are to give effect to Injury and Illness Management Policy 2015 ("the policy").

(2) These procedures apply to all staff.

   (a) Part 1 of these procedures applies to cases where the injury or ill health is compensable.

   (b) Part 2 of these procedures applies to all other cases of injury or ill health.

2 Commencement

These procedures commence on 1 January 2015.

3 Interpretation

Words and phrases used in these procedures and not otherwise defined in this document have the meanings they have in the policy.

Note: See clause 6 of the policy.
PART 1 – COMPENSABLE INJURIES AND ILLNESSES

4 Medical treatment

If an injured staff member considers that their injury or illness warrants medical treatment, they must seek such treatment as soon as possible.

5 Lodging a claim for workers’ compensation

(1) A staff member who wishes to claim workers’ compensation must:
   (a) obtain a certificate of capacity from their medical practitioner at their first appointment or as soon as possible thereafter; and
   (b) provide copies of the certificate as soon as possible to:
       (i) their supervisor; and
       (ii) Staff Health Support.

(2) The certificate of capacity must provide details of the staff member’s ability to perform pre-injury duties.

(3) A claim for workers’ compensation is considered to have been made only after receipt of the certificate of capacity and any supporting documents.

(4) Staff Health Support will notify the University’s workers’ compensation insurer within 48 hours of receiving the certificate of capacity.

(5) The staff member’s entitlement to workers’ compensation will be assessed and determined by the insurer.

Note: Further information about the role of insurers, and other stakeholders in the workers’ compensation system, is available from the icare NSW website.

6 Weekly workers’ compensation benefits

(1) In order to calculate the applicable weekly benefit rate, Staff Health Support:
   (a) must access the staff member’s payment history; and
   (b) may direct the staff member to provide a completed record of hours worked form for the duration of the injury or illness.

(2) After a claim is accepted, weekly workers’ compensation benefits will be paid through the normal payroll system.

(3) All inquiries about payment of weekly benefit entitlements should be directed to the Health Support Coordinator.

7 Return to work

(1) The staff member must make themselves available to discuss suitable return to work options with their supervisor and Health Support Coordinator once the notification of injury or illness has been reported.

(2) The Health Support Coordinator is responsible for developing a Work Health Plan for the injured staff member, in consultation with relevant stakeholders.
(a) This process must begin as soon as possible after the Health Support Coordinator receives the staff member’s certificate of capacity.

(b) The Work Health Plan must be provided to the staff member’s treating doctor for approval.

(3) The Health Support Coordinator will contact the staff member as soon as possible after receiving notice of the injury to discuss its seriousness and return to work options.

(4) Arrangements for a return to work may require extensive discussion, and will usually involve:
   (a) the staff member;
   (b) their supervisor;
   (c) the Health Support Coordinator;
   (d) the staff member’s treating medical practitioner; and
   (e) any allied health professional(s) treating the staff member.

(5) In arranging a staff member’s return to work the University expects that:
   (a) the staff member will actively participate in the Work Health Plan;
   (b) the supervisor will provide supervision of appropriate duties and actively assist the staff member’s return to work;
   (c) the staff member’s treating medical practitioner will liaise with the Health Support Coordinator about medical advice and recommendations; and
   (d) the Health Support Coordinator will work with all stakeholders to develop the Work Health Plan, and provide support and advice throughout its implementation.

(6) The Health Support Coordinator may request a case conference with the staff member and their treating medical practitioner to discuss any or all of:
   (a) the plan of treatment for the staff member;
   (b) the terms of any Work Health Plan;
   (c) progress made in implementing the Work Health Plan; or
   (d) barriers or impediments to implementing the Work Health Plan, and proposals for overcoming them.

8 Finalisation of claims

(1) The Health Support Coordinator is responsible for finalising a workers’ compensation claim as soon as possible after receiving a finalisation letter from the insurer.

(2) The staff member must notify the insurer and the Health Support Coordinator of any outstanding issues upon receipt of the insurer’s notice of intention to finalise a claim.

(3) To finalise the claim the Health Support Coordinator must:
   (a) review the file;
   (b) be satisfied that all outstanding accounts and wages have been processed;
(c) ensure that the case is recorded as closed on all relevant University information systems.

9 Non-acceptance of claims

Workers' compensation claims which are not accepted by the insurer will be managed in accordance with the provisions of Part 2 of these procedures. The staff member will receive a notice of declinature from the insurer.

PART 2 – OTHER INJURIES OR ILLNESSES

10 Initial referral

(1) A staff member who requires support for an injury or illness must:
   (a) contact their HR Partner or Staff Health Support; and
   (b) complete a referral form and provide any relevant supporting documents.

(2) Alternatively, the HR Partner or supervisor may refer the staff member to Staff Health Support.

11 Assessment of referral

(1) Upon receipt of the referral form the Health Support Coordinator must:
   (a) acknowledge receipt of the form and supporting documents;
   (b) review the form and documents and formulate an initial plan for supporting the staff member;
   (c) contact the staff member’s supervisor and HR Partner, in confidence, to:
      (i) obtain a copy of the staff member’s position description;
      (ii) review options for supporting the staff member; and
      (iii) consider whether any further medical information is required.

(2) The Health Support Coordinator will request a medical consent from the staff member at the time of referral.
   (a) If the staff member declines to provide a medical consent, the Health Support Coordinator may request the staff member to take relevant documents to their treating medical practitioner for completion.

(3) The Health Support Coordinator will review the medical and other information and develop a plan for supporting the staff member and managing their continuation in, or return to, work.
12 Return to work

(1) A staff member who requires support for their return to work must provide to Staff Health Support a certificate of capacity from their treating medical practitioner which describes:

(a) the staff member’s capacity for returning to work, including whether a graduated Work Health Plan is required; and

(b) any support services or adjustments which may be necessary to support the staff member’s return to work.

(2) The Health Support Coordinator will consult with the staff member and their supervisor to develop a mutually agreed Work Health Plan, and to obtain the approval of that plan by the staff member’s treating medical practitioner.

(3) A staff member who is not medically capable of performing their pre-injury duties may be assigned alternate duties on a temporary basis to assist with their return to work.

13 Workplace adjustments

If workplace adjustments are required the Health Support Coordinator, in consultation with the staff member’s supervisor, will:

(a) provide the treating medical practitioner with a copy of the staff member’s position description, role analysis and details of any unique characteristics of their workplace;

(b) review the medical practitioner’s recommendations (if any);

(c) if necessary, conduct a workplace assessment to identify necessary ergonomic or other adjustments which may be required, and

(d) determine if the adjustments sought can be accommodated.

14 Medical assessments

(1) The Health Support Coordinator will manage referrals for medical assessments, which will be based only on issues related to the relevant injury or illness.

(2) The Health Support Coordinator will provide the following information to the assessing medical practitioner:

(a) the basis for the referral;

(b) the inherent requirements and demands of the staff member’s position;

(c) an outline of the injury or illness currently affecting the staff member’s ability to perform the requirements of their position;

(d) specific questions relating to the future management of the injury or illness in the workplace;

(e) any proposals to accommodate the staff member’s injury or illness in the workplace; and

(f) details of any previous referrals for treatment for the same injury or illness.

(3) The Health Support Coordinator will provide the following information to the staff member:
(a) the reason for the referral; and  
(b) a copy of all information provided to the assessing medical practitioner;  

(4) A staff member who attends a medical assessment may be accompanied by a support person and, if required, provided with an interpreter.  

(5) The Health Support Coordinator will provide the staff member with a copy of the report of a medical assessment.  

15 Finalisation of cases  
Cases will be considered to be finalised and Staff Health Support will cease when:  

(a) the staff member:  
(i) has fully recovered; or  
(ii) is fit for normal duties and has achieved a durable return to work;  
(b) permanent changes to duties or workplace adjustments have been completed and monitored for a period of four weeks; or  
(c) the staff member’s employment is terminated.  

NOTES  
Injury and Illness Management Procedures 2015  
Date adopted: 16 December 2014  
Date commenced: 1 January 2015  
Date amended: 27 April 2018  
Original administrator: Chief Human Resources Officer  
Current policy owner: Chief Safety Officer  
Review date: 1 January 2018  
Related documents:  
Disability Discrimination Act 1992 (Cth)  
Anti-Discrimination Act 1977 (NSW)  
Health Records and Information Privacy Act 2002 (NSW)  
Privacy and Personal Information Protection Act 1988 (NSW)  
Workers Compensation Act 1987 (NSW)  
Workplace Injury Management Act 1998 (NSW)  
Workers Compensation Dust Diseases Act 1942 (NSW)  
Workers Compensation Regulation 2010
Workers Compensation (Dust Diseases) Regulation 2008


University of Sydney Enterprise Agreement

Disability Inclusion Action Plan 2019 - 2024

Injury and Illness Management Policy 2015

Work Health and Safety Policy 2016

Work Health and Safety Procedures 2016

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### AMENDMENT HISTORY

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<td>Related documents</td>
<td>Inserted hyperlink to related procedures; updated reference to Work Health and Safety Policy and Procedures.</td>
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<td>5(5)</td>
<td>References to WorkCover changed to icare</td>
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<tr>
<td>5(1)(b)(ii); 5(4); (6)(1); 10(1)-(2); 12(1); 15</td>
<td>References to Injury Management changed to Staff Health Support</td>
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<td>6(3); 7(1)-(6); 8(1)-(3); 11(1)-(3); 12(2); 13; 14(1)-(3); 14(5)</td>
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