

# NON-WORK RELATED INJURIES OR HEALTH CONDITIONS IN THE WORKPLACE - MANAGEMENT PROCEDURE <sup>®</sup>

## DOCUMENT SUMMARY/KEY POINTS

- New procedure to provide managers with procedural support to manage workers who have a non-work related injury or health condition.
- Sydney Children’s Hospitals Network (SCHN) supports provision of a safe Recovery at Work program where this is practicable and within reason.
- The primary mechanism for workers and managers to manage non-work related injuries, illnesses or health conditions are the sick leave provisions contained in each industrial award. The information contained in the procedure is consistent with the following instruments:
  - NSW Government Department of Premier & Cabinet Procedures for Managing Non-Work Related Injuries or Health Conditions (M2010-019)
  - NSW Health PD2017\_028 Leave Matters for the NSW Health Service
  - NSW Health PD2018\_013 WHS: Better Practice Procedures

## CHANGE SUMMARY

N/A - New procedure.

## READ ACKNOWLEDGEMENT

All SCHN managers are required to read and be familiar with this procedure.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

<b>Approved by:</b>	SCHN Policy, Procedure and Guideline Committee	
<b>Date Effective:</b>	1 <sup>st</sup> January 2019	<b>Review Period:</b> 3 years
<b>Team Leader:</b>	Associate Director – Workforce Operations	<b>Area/Dept:</b> Workforce

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## 1 Purpose

Sydney Children's Hospitals Network (SCHN) has an obligation under Work Health and Safety (WHS) Legislation to, so far as reasonably practicable; provide a safe work environment for all workers. The Procedure for Managing Non-Work Related Injuries or Health Conditions (the Procedure) has been developed to provide managers with support to manage workers who have a non-work related injury or health condition.

SCHN will manage workers with non-work related injuries, illnesses or health conditions with a consistent risk management approach within a reasonable time to achieve return to work and approval of suitable duties and hours as stated in the Procedure. SCHN supports provision of a safe Recovery at Work program where this is practicable and within reason.

A Recovery at Work Plan must be developed in line with medical advice. The worker's circumstances must be reviewed by their manager and the Recovery at Work Coordinator. 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, or risk to other workers. Should risks be identified, the Recovery at Work Co-ordinator will review the case with the relevant Workforce Manager to manage the case in a collaborative manner.

A documented time-limited Recovery at Work Plan must be in place for the duration of the suitable duties or reduced hours. Any agreement to provide a non-work related Recovery at Work Plan must be authorised in line with the SCHN Delegation Manual.

The primary mechanism for workers and managers to manage non-work related injuries, illnesses or health conditions are the sick leave provisions contained in each industrial award. The information contained in the Procedure is consistent with the following instruments:

- NSW Government Department of Premier & Cabinet Procedures for Managing Non-Work Related Injuries or Health Conditions (M2010-019)
- NSW Health PD2017\_028 Leave Matters for the NSW Health Service
- NSW Health PD2018\_013 WHS: Better Practice Procedures

## 2 Confidentiality

It is important for confidentiality to be maintained throughout the process of managing a worker's recovery plan. All parties should exercise sensitivity when managing matters relating to non-work related injuries or health conditions.

## 3 Security of documentation

All parties must ensure the security and confidentiality of all records and secure against loss, unauthorised access or misuse.

## 4 Definitions

<b>Early intervention</b>	All parties taking action as soon as possible to return a worker to work under guidance from a treating health practitioner.
<b>Employee Assistance Program</b>	The Employee Assistance Program (EAP) is a free and confidential service that provides counselling and support for health workers.
<b>Ergonomic Assessment</b>	Conducting an assessment of the worker's work area (i.e. tasks they complete and their workstation) which may be a workstation self-assessment reviewed by the Workplace Safety Team or completed by a qualified allied health professional (i.e. Occupational Therapist, Ergonomist, Physiotherapist).
<b>Independent Medical Examination (IME)</b>	An Independent Medical Examination (IME) is a medical examination conducted by an independent medical practitioner. This is initiated and paid for by SCHN.
<b>Functional Capacity Examination (FCE)</b>	An assessment conducted by an independent assessor to assess whether a worker can perform specific duties and functions. The assessment generally assesses the worker's physical capacity to perform duties.
<b>Graduated work hours</b>	Exploring strategies to support the worker with an injury or health condition to the workplace on reduced hours, with an increasing to hours on a staged basis.
<b>Inherent requirements</b>	Ability to work effectively with the scope and job demands of a position description.
<b>Injured worker</b>	Worker suffering a non-work related injury.
<b>Manager</b>	Can include Supervisor, direct line manager or delegate.
<b>Medical restrictions</b>	Where medical advice reports an worker has an injury or health condition which prevents them from undertaking the inherent requirements of their role, i.e. the full scope of the position.
<b>Mental Health</b>	Psychological conditions or mental health wellbeing of a worker as diagnosed by a medical practitioner.
<b>Non-work related injury or illness</b>	An injury or illness that is determined to be pre-existing or, to which the current work is not a substantial contributing factor. A pregnancy-related medical condition, supported by a medical certificate, is also included in this definition.
<b>Physical injury</b>	Injury to a person's body. This can include various types of injury such as a broken leg, chronic back pain, migraines or cancer treatment.
<b>Reasonable adjustment</b>	<p>All reasonable efforts made to accommodate a pre-existing medical condition in line with the Anti-Discrimination Act 1977 (NSW), such as:</p> <ul style="list-style-type: none"> <li>• purchasing equipment to assist the worker to perform their duties</li> <li>• providing services or facilities to assist the worker to undertake their duties, for example by re-arranging workplace access</li> <li>• redesigning the position, for example methods and/or communications - undertaken in consultation with an appropriately qualified occupational health practitioner.</li> </ul> <p>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.</p>

<b>Reasonably Practicable</b>	<p>The requirement for an employer to make adjustments to the workplace is measured against reasonableness. In this context, <i>reasonably practicable</i> means that which is, or was at a particular time, reasonably able to be done to ensure health and safety, taking into account and weighing up all relevant matters including:</p> <ul style="list-style-type: none"> <li>(a) the likelihood of the hazard or the risk concerned occurring</li> <li>(b) the degree of harm that might result from the hazard or the risk</li> <li>(c) what the person concerned knows, or should reasonably know, about the hazard or risk, and ways of eliminating or minimising the risk</li> <li>(d) the availability and suitability of ways to eliminate or minimise the risk, and</li> <li>(e) after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.</li> </ul>
<b>Recovery at Work Plan</b>	<p>A documented, temporary and time-limited plan aimed at assisting the worker to recover their physical and psychological capacity in order to return to full unrestricted duties and hours of work. The Recovery at 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.</p>
<b>Substantive position</b>	<p>A position that a worker would occupy in the absence of other approved employment changes.</p>
<b>Suitable duties</b>	<p>Duties identified as suitable on the basis of restrictions set out in a worker's medical certificate. Restrictions can be physical, psychological or relate to hours that the worker is able to work. Suitable duties are identified by the manager of the area from the worker's usual role or determined in collaboration with the Recovery at Work Coordinator.</p>
<b>Treating health practitioner</b>	<p>The treating health practitioner providing medical support and advice to the worker with an injury or health condition.</p>
<b>Vocational Assessment (VA)</b>	<p>An assessment conducted to determine the worker's capacity to perform specific duties and functions. Generally conducted when it has been identified a worker cannot return to their substantive duties.</p>
<b>Worker</b>	<p>A worker is a person who carries out work in any capacity for a business or employer. They can be:</p> <ul style="list-style-type: none"> <li>• an employee</li> <li>• a trainee, apprentice or work experience student</li> <li>• a volunteer</li> </ul>

## 5 Roles and Responsibilities

### 5.1 Worker will

- Take responsibility for their own health, wellbeing and ability to perform the duties for which they are employed. This includes reporting and taking appropriate steps to address any non-work related health condition or injury they may have/develop, if it impacts 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 practicable
- Keep their manager regularly updated when on sick leave and provide up to date medical certificate.
- 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 a worker having reduced capacity to safely perform the inherent requirements and demands of their position. Medical advice should include an estimated return to work timeframe and any medical restrictions and/or adjustments to their duties or work hours upon their return to work. It is important to note that any sick leave absences due to non-work related injuries and health conditions should be supported by medical certificates even if sick leave is exhausted and another type of leave is being used including leave without pay.
- Comply with their Recovery at Work Plan. This includes discussing the medical information obtained and appropriate duties and work hours identified by their manager, as well as working within the conditions of the Recovery at Work Plan.
- Provide sequential medical certificates in relation to the Recovery at Work Plan. Any absence of a medical certificate for the timeframe can result in a worker being asked to be off work until a certificate is provided.

### 5.2 Line Manager will

- Ensure, so far as reasonably practicable the health, safety and welfare of all persons at the workplace.
- Ensure an assessment of the worker's non-work-related injury or health condition is conducted where it impacts on the worker's ability to safely perform the inherent requirements and demands of their position; and/or business continuity.
- Engage with the worker and obtain information regarding the non-work related injury or health condition which impacts on their capacity to attend work and/or perform their duties. This includes:

- reminding the worker of the requirement to obtain medical clearance to return to duty and to provide a new certificate each time.
- advising the worker to seek recommendations from their treating medical practitioner relating to their return to duty
- maintaining a file with the worker's medical certificates
- ensuring the worker's medical certificates are current for the duration of the injury/illness
- encouraging the worker to access EAP, should the worker require support
- documenting any discussions had with the worker. This can be done via a follow up email to the worker so the worker has a copy of the discussion
- Initiating and maintaining a chronology of events (template 17.1)
- Contribute and support the development of the worker's Recovery at Work Plan. This includes reviewing the worker's roles and responsibilities, as well as identifying suitable duties consistent with medical advice. The plan should be developed in conjunction with the Recovery at Work Coordinator. The line manager should regularly review how the worker is managing their return to work, in line with the Recovery at Work Plan. If the worker is not coping with the plan, the line manager should report this to the Recovery at Work Coordinator, so alternative strategies can be considered.

Note: The Line Manager has the delegation to request medical certification from a worker in any instances where a worker reports they will be absent from the workplace due to an injury or health condition. Any instances where a worker indicates they will be absent from the workplace for more than one week, the manager must request the worker provides medical advice from their treating medical practitioner regarding their circumstances.

In line with section 3.2.3 "Managing health and safety risks" of Leave Matters for the NSW Health Service, the Line Manager has the delegation to direct a worker to commence or remain on sick leave.

### **5.3 Recovery at Work Co-ordinator will**

- Be the first point of contact and provide advice and support to managers in the management of non-work related injuries or health conditions.
- Facilitate the review of workers' non-work-related medical restrictions and capacity to perform the inherent requirements of the position, both at the commencement and completion of the Recovery at Work Plan
- Liaise with the manager to determine suitable duties and facilitate the development of documented non-work related Recovery at Work Plans as appropriate
- With the line manager, regularly monitor and review non-work related Recovery at Work Plans.
- Engage with the worker's treating health practitioner/s when it is deemed that insufficient medical information has been provided to make an assessment about the worker's capacity to perform their duties.

- Organise an Independent Medical Examination (IME), a Functional Capacity Examination (FCE) or a Vocational Assessment (VA), if required
- Work collaboratively with Workforce Managers and Consultants to manage cases involving mental health related conditions, IME and/or where a worker is unable to successfully complete their Recovery at Work Plan.

#### **5.4 Workforce Services and Nurse Manager Workforce will**

- Collaborate with the Recovery at Work Coordinator and managers in the management of non-work related injuries or health conditions.
- Facilitate and monitor redeployment for workers who are unable to successfully complete the Recovery at Work Plan, if appropriate
- Facilitate the medical retirement process of workers who are unable to return to their substantive position or be redeployed in an alternate position

#### **5.5 Tier 3 and 2 Managers will**

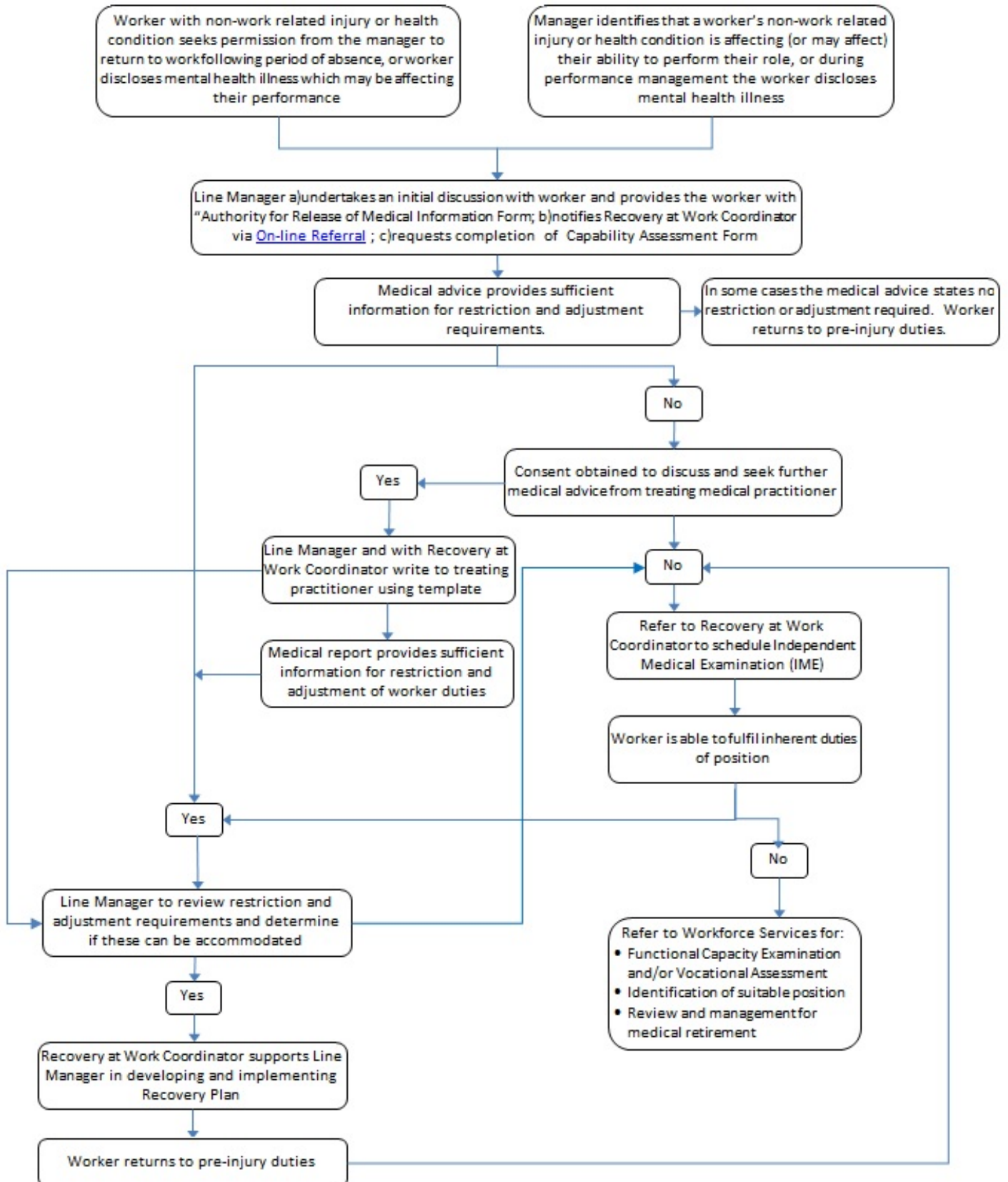
- Provide high-level support and advice to line managers regarding issues such as impact on service delivery, budget considerations and governance of non-work related Recovery at Work Plans as appropriate.
- Review and approve redeployment proposals and special leave in line with the Leave Matters for the NSW Health Service.
- Review and provide recommendations to the Chief Executive whether a worker is to be medically retired.

#### **5.6 Chief Executive will**

- Decide whether a worker is to be medically retired. Before making a final decision, the Chief executive must:
  - be satisfied that the elements set out in the relevant legislation and policy have been met.
  - be clear on the medical basis on which the proposed medical retirement will be based
  - be satisfied that the proposed medical retirement is the last resort and the worker is genuinely unable to carry out the full inherent requirements and demands of the position
  - be satisfied that reasonable attempts have been unsuccessful in identifying duties commensurate with identified medical restrictions, and there are no suitable alternative positions in which the worker can be placed.



## 6 Flowchart



## 7 Steps in managing a Non-Work Related Injury or Health Condition

### 7.1 Identifying the non-work related injury or health condition

#### 7.1.1 Physical Conditions

The worker is required to disclose to their manager any non-work related injuries they may have sustained outside the workplace. On occasion a worker may not disclose an injury therefore it is important managers recognise any signs which may indicate a significant injury that is impacting a worker's attendance or capacity to perform their duties. This may include:

- Extended personal leave – with or without a medical certificate
- Frequent absences from the workplace, due to medical appointments
- Tardiness – attending work late or leaving early
- Reduction in work output or quality of work
- Noticeable physical condition or equipment related to injury management – i.e. sling, brace, moon boot

#### 7.1.2 Mental Health Conditions

A worker is required to disclose any non-work related health conditions that may be impacting their capacity to attend the workplace, or their capacity to perform their duties. However, a worker may not disclose they have a mental health condition due to fear of discrimination or a perceived stigma associated with their condition. It is important to recognise signs of mental health, which may include:

- Frequent absences from the workplace
- Tardiness –i.e. attending work late or leaving early
- Not calling the workplace to report absences
- Erratic behaviour in the workplace
- Incoherent discussions
- Frequent crying in the workplace
- Paranoid or anti-social behaviour
- Substance abuse

#### 7.1.3 Long Term Health Conditions

An injury or health condition that is long term needs further consideration, and investigation in this instance, a longer term Recovery at Work Plan or return to modified duties may be required. The manager should liaise with the Recovery at Work Coordinator, Workforce Services and Tier 3 Manager to consider the opportunity for reasonable adjustment to the worker'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).

## **7.2 Consultation - Initial discussion with impacted worker**

### **7.2.1 Scheduling meeting**

A worker who has a non-work related injury or health condition may request suitable duties or a reduction/alteration in hours to their Line Manager. In some instances, a Line Manager may observe a worker's performance at work appears to be affected by a non-work related injury or illness. The line manager is to confidentially discuss with the worker the specific observation if there is a reason for the change.

The Line Manager should:

- speak to the worker either via telephone or face to face (where possible) to schedule an appropriate time to raise the matter
- negotiate an appropriate time to meet and discuss the matter
- provide the worker with an opportunity to bring a support person
- remind the worker of the Employee Assistance Program or other supports available
- send an email to the worker, providing a summary of the discussion

### **7.2.2 Recovery at Work Process**

#### **i. Worker Request for Suitable Duties or Change in Hours**

The worker 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 (template 17.2 and 17.3) from the Recovery at Work Coordinator via the online Referral located on the [WHS Intranet site](#).

The Line Manager then provides the worker with a copy of their Position Description and Job Demands Checklist, and requests the worker to obtain a completed Capability Assessment from their treating health practitioner. The worker is to provide the Consent to Release Medical Information form.

The worker must commence and/or remain on sick leave until a decision has been made following a risk assessment (template 17.4), or they have medical clearance for a return to full pre-injury duties.

#### **ii. Line manager-initiated observation**

Once a Line Manager has identified the worker has an injury or health condition impacting their capacity to attend work and/or perform their duties, the Line Manager should schedule a meeting with the worker to discuss the matter.

When the meeting occurs, the Line Manager should ask the worker to clarify how the non-work related injury or health condition impacts on their ability to perform their duties, or capacity to attend the workplace. Where the worker confirms a non-work related injury or illness, the Line Manager is to request a copy of the Covering Letter and Capability

Assessment (template 17.2 and 17.3) from the Recovery at Work Coordinator via the On-line Referral.

The Line Manager then provides the worker with a copy of their Position Description and Job Demands Checklist, and requests the worker to obtain a completed Capability Assessment and Medical Certificate from their treating doctor.

Should the worker deny any non-work related injury or illness as the cause of their performance issues and/or there is insufficient medical information to make an assessment about the worker's capacity to perform their duties, the Line Manager should:

- Advise the worker that the organisation has an obligation to provide so far as reasonably practicable the health and safety of all in the workplace. This means ensuring that the worker is safe to be at work and that patients and other workers are not impacted or put at risk.
- If the worker consents, then request the worker completes an 'Authority for Release of Medical Information' form (referred to as medical consent- template 17.5). It should be noted that workers have the right to decline this request, however if deemed necessary by the organisation the worker may be directed to attend an independent medical examination.
- If medical consent is provided advise the worker that a written request for further information will be made to their treating medical practitioner
- Advise the worker they may be required to attend a medical appointment with their treating medical practitioner, so the medical report can be completed. This medical appointment will provide the worker an opportunity to discuss their circumstances with their medical practitioner.

In instances where insufficient medical guidance has been received, the Line Manager has the delegation to direct the worker to remain on, or to commence sick leave. Refer to section 3.1 of NSW Health policy directive Leave Matters for the NSW Health Service (PD 2017\_028) for further information.

The manager should assure the worker that the Recovery at Work Plan will be managed in line with their doctor's recommendation. In addition, the workplace will continue to consult with the worker in a supportive manner, to ensure they are fully aware and engaged in the Recovery at Work Plan process. This will avoid the worker becoming disengaged due to lack of communication or fear they will be forced to return to work prematurely, or without consideration of their medical restrictions.

Information regarding having difficult conversations can be found on

- HETI Online: Effective Workplace Conversations
- Managers Assist via Employee Assistant Program

### **7.2.3 Documenting discussion**

Once the discussion with the worker has occurred, the Line Manager should follow up with an email to the worker (and any other participants) which documents the discussion, and what follow up action is to occur. The email should be provided to the worker as soon as possible after the meeting, as well as any other participants of the meeting. The email

should remind participants of their obligations in terms of Confidentiality in the workplace and associated consequences.

### **7.3 Obtaining consent to discuss medical condition with treating health practitioner**

Consent to discuss a medical condition with a treating health practitioner is always required.

During the initial discussion with the worker, the Line Manager should provide the worker with an Authority for Release of Medical Information form, which the worker may sign and return after the initial discussion, or are required to sign when further advice or clarification is sought directly with the treating doctor by the Line Manager.

The purpose of obtaining this consent is to allow the workplace to contact the treating health practitioner and obtain clarification regarding any current non-work related injuries or health conditions that are impacting the worker's capacity to perform the inherent requirements and job demands of their role and/or attend the workplace. It should be noted that the Authority for Release of Medical Information form must be signed if:

- The worker wishes the Recovery at Work Coordinator or Line Manager to seek the initial medical information themselves, or
- The Recovery at Work Coordinator or Line Manager requires further advice or clarification after reviewing the initial medical information.

### **7.4 Referral to the Recovery at Work Coordinator (RWC)**

The Line Manager completes the online referral form and forwards the completed Capability Assessment (template 17.3) to the Recovery at Work Coordinator (RWC), along with the Authority for Release of Medical Information form. The RWC initially meets with the Line Manager and worker to assess the request against the inherent requirements of the position. Discussion must be regarding the purpose for a Non-work Related Recovery at Work Plan, 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 worker,
- The impact of the injury/illness and requested restrictions on the workers' expected work performance.
- The inherent demands of the worker's position as identified in the Position Description and Job Demands Checklist.
- Length of time for which suitable duties is requested/anticipated

### **7.5 Assessment of the Request**

Agreement to provide temporary suitable or alternate duties or rostering by way of a Recovery at Work Plan for a non-work related injury/illness must be made after careful consideration of the circumstances surrounding the request. This includes:

- The availability of productive suitable duties

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

The Line Manager is to conduct a risk assessment (template 17.4) to determine whether a Recovery at 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 risk assessment indicate that it is not appropriate or practicable to offer a Recovery at Work Plan; the RWC is to notify and collaborate with the Workforce Manager to provide recommendations to Tier 3/Tier 2 Manager for decision.

## 7.6 Recovery at Work Plan

The RWC develops the Recovery at Work Plan for consideration and approval of all parties.

Once the Recovery at Work Plan has been approved, the Line Manager advises the worker. The Line Manager then convenes a meeting with the worker and RWC (where required) to ensure the Recovery at Work Plan parameters are well understood. Both the manager and worker sign the Recovery at Work Plan and send the plan back to the RWC.

## 8 Conducting an Ergonomic Assessment (where required)

Where a worker has a physical condition, an ergonomic assessment may be conducted to ensure the worker's duties and work station is not aggravating their medical condition. The ergonomic assessment is to be conducted either prior to the worker's return to the workplace, or on their first day back at work. It is the Line Manager's responsibility to liaise with the RWC to organise the assessment.

## 9 Monitoring the Recovery at Work Plan

Once the Recovery at Work Plan has been developed and approved by all parties, daily/weekly monitoring of the Recovery at Work Plan will be the responsibility of the Line Manager. Ongoing consultation may be sought by the Line Manager with the RWC.

The worker is to provide updated medical information by the review date. It should be noted that plans cannot be updated if not received by the review date and this may result in the worker being required to utilise sick leave until updated advice/plan has been implemented.

As the worker progresses toward full pre-injury duties, the Line Manager is to request the worker to attend their treating health practitioner with a Letter to Treating Health Practitioner (template 17.6), the Position Description and Job Demands Checklist, and request the treating health practitioner provide a medical clearance.

## 10 Certification for return to full pre-injury duties

A worker 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 health practitioner. Line Managers may accept a medical clearance for pre-injury duties following consultation with the RWC.

## 11 Conducting independent medical examination or assessments

Independent Medical Examination, Functional Capacity Examination and Vocational Assessment requests must be arranged by the RWC in consultation with Workforce Manager/Consultant, following approval from the Tier 3 Manager. The Department cost centre will be responsible for meeting the costs associated with these examinations and/or assessments.

### 11.1.1 Independent Medical Examination (IME)

Both the employer and the worker 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. If a worker 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 worker to attend for an independent medical assessment to ensure:

- The worker 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.

### 11.1.2 Functional Capacity Examinations (FCE)

Where the worker provides advice they are unable to conduct duties in their role, a FCE should be arranged to determine the worker's capacity to fulfil the physical demands of their role. This includes sitting, standing, walking, squatting, kneeling, crouching, pushing/pulling/restraining, lifting, carrying and stretching. The FCE should be conducted independently from the IME to ensure impartiality of advice.

### 11.1.3 Vocational Assessments (VA)

A VA should be conducted when an IME and FCE confirm the worker's incapacity to fulfil the inherent requirements of their role. The purpose of the VA is to identify roles the worker may be able to undertake based on their skills, experience, education and interests.

Dependent on the roles identified in this process, if suitable, SCHN may consider redeploying a worker into an alternate role should there be a vacancy within SCHN. The worker will be paid in line with the classification and conditions of the role they are being redeployed to.

## 12 Engaging an External Provider to Implement Recovery at Work Plan

An external provider may be engaged to administer and implement a Recovery at Work Plan. The cost for engaging an external provider must be approved by the cost centre owner prior to engaging the services. Requests must be arranged by the RWC in consultation with Workforce Manager/Consultant, following approval from the Tier 3 Manager. The Department cost centre will be responsible for meeting the associate costs.

## 13 Reporting the Matter to the Tier 3 Manager

The manager of the worker with the non-work related injury or health condition should report the matter to the Tier 3 manager where a risk assessment has been conducted and it has been identified that the worker poses a risk to the safety of themselves, their colleagues and/or patients. It is important the manager reports the matter to their Tier 3 manager to ensure they are provided sufficient support in the workplace.

## 14 Redeployment

A worker who is not able to upgrade to full unrestricted duties and hours by the completion of the Recovery at 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 Recovery at Work Plan progress and the available medical evidence to the Workforce Manager/Consultant, who then assumes ongoing case management of the worker.

The worker is required to actively commence job-seeking. If a vacant position requires an assessment of the worker's medical restrictions against the inherent position requirements, the RWC will assist the Workforce Manager/Consultant in this assessment process. Generally, job seeking will occur for a three month period. Should the worker not be redeployed in a suitable position within that time frame, the Workforce Manager/Consultant will commence processes for retirement on medical grounds.

## 15 Retirement on medical grounds

Should the worker not be redeployed in a suitable position prior to the exhaustion of their sick leave entitlements, the Workforce Manager/Consultant may commence processes for retirement on medical grounds. Workers 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 Workforce Manager/Consultant, in consultation with the Line Manager and Tier 3 Manager subject to Tier 2 and Chief Executive approval.



## 16 Notifications to the Australian Health Practitioner Regulation Agency

For workers that hold professional registration, there may be a requirement to notify AHPRA depending on the circumstances and the requirements under the Health Practitioner Regulation National Law. Managers should consult the relevant professional lead prior to making a notification.

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