

[insert organisation name/logo]

Injury Management Policy

Document Status: Draft or Final

Date Issued: [date]

Lead Author: [name and position]

Approved by: [insert organisation name] Board of Directors on [date]

Scheduled Review Date: [date]

Record of Policy Review

Review Date	Person Initiating/Leading Review	Other People Consulted

Triggers for Policy Review (tick all that apply)

- Standard review is timetabled.
- A gap has been identified
- Additional knowledge or information has become available to supplement the policy.
- External factors
 - Policy is no longer relevant/current due to changes in external operating environment.
 - There are changes to laws, regulations, terminology and/or government policy.
 - Changes to funding environment, including requirements of funding bod(y)ies
- Other (please specify).
- Internal / organisational factors
 - A stakeholder has identified a need, eg by email, telephone etc
 - A serious or critical incident has occurred, requiring an urgent review.
 - Need for consistency in service delivery across programs and organisations.
 - Separate, stand-alone policy is now warranted
 - A near miss has occurred, requiring a review to prevent a serious/critical incident in the future

Additional Comments

[for example, policy now covers details related to new legislation].

Injury Management Policy

1. Purpose and Scope

The purpose of this policy is to guide **[organisation]** to support employees to return to productive employment as quickly and as safely as possible following a work-related injury or illness.

This policy applies to all **[organisation]** employees, managers and Board members.

2. Definitions

Injury management is about

- preventing workplace injury and associated workplace absence
- ensuring the prompt, safe and durable return-to-work of an injured worker. It includes treatment of the injury, rehabilitation back to work, retraining into a new skill or new job, management of the workers compensation claim and the employment practices of an employer.

Rehabilitation providers operate in the NSW Workers Compensation system to assist injured workers return to work by providing expert advice and services in consultation with workers, employers and insurers that are tailored to their specific circumstances.

- Occupational Rehabilitation is the process of helping an injured worker return to work following a workplace injury.
- Occupational Rehabilitation services include:
 - assessment of the worker's and employer's needs
 - advice about equipment or modifying the job the worker does
 - helping employers to find suitable duties for the worker
 - facilitating communication between the worker, employer, doctor and insurer
 - assistance with identifying and obtaining a new job if the worker is unable to return to their job.

A Return-to-work program “consists of the formal policy and procedures that an organisation must have in place to help injured workers with their recovery and return to the workplace. It outlines an organisation's commitment to assist injured workers with accessing necessary treatment and rehabilitation, and specifies the steps to be taken to achieve a safe, timely and durable return-to-work¹.”

A Return to Work Coordinator (RTWC) is an employee nominated by an employer (or a contractor engaged for the role) whose principal purpose is to assist injured workers to return to work in a safe and durable manner. The RTWC ensures the policy and procedures in **[organisation]**'s return to work program are followed.

- Under workers compensation law, category 1 employers (*ie employers whose basic tariff premium exceeds \$50,000 annually, self-insurers, and employers who are insured by a*

¹ Workcover - Workers Compensation and injury management - Fact sheet 2: injury management and return-to-Work programs.
http://www.workcover.nsw.gov.au/formspublications/publications/Documents/injury_management_and_return_to_work_fact_sheet_02_1291.pdf Accessed 2nd December 2011

specialised insurer and employ more than 20 workers) must have a RTWC who has completed a relevant 2-day course with an accredited provider, and who is engaged by the employer to effectively manage the rehabilitation process of injured workers.

Suitable duties:

- are short term work duties with a goal and regular review dates
- are agreed between the employer, injured worker and nominated treating doctor
- must comply with the current medical certificate.

WHS Act is the Work Health and Safety Act 2011 (NSW).

Workplace injury means an injury to an employee in respect of which compensation is or may be payable under the NSW Workers Compensation Act.

Nominated treating doctor means the treating doctor nominated by an employee for the purposes of an Injury Management Plan for the employee.

Injury management consultant means a doctor who is a return to work facilitator. He/she has a familiarity with workplace matters, mediation/negotiation skills, and liaises with treating doctors.

Approved medical specialist means a medical practitioner who is on a list of medical practitioners approved by the Workers Compensation Commission as approved medical specialists.

Workers Compensation Insurers (“*Scheme agents*”) are appointed by WorkCover to:

- issue workers compensation insurance policies
- determine and collect insurance premiums
- manage workers compensation claims
- provide support for injured workers, including rehabilitation
- pay workers compensation benefits to injured workers
- manage any third party service providers (eg medical or rehabilitation services).

[organisation]'s Worker's Compensation insurer is **[INSURER]** **[insert contact phone number]**

3. Principles

Rehabilitation in the workplace is more effective than rehabilitation at home or in a medical facility. **[organisation]** is committed to the principle of workplace injury management.

Commencement of return to work should occur as soon as practicable following work-related injury and / or illness.

4. Outcomes

[organisation] takes reasonable steps to:

- prevent workplace injury and associated workplace absence
- ensure the prompt, safe and durable return-to-work of an injured worker..

5. Policy Detail

5.1 WHS Commitment

[organisation] recognises its obligations under the WHS Act (2011) and is committed to preventing workplace injury/illness by taking all reasonable precautions to protect the health, safety and welfare of its employees, clients and visitors whilst they are on **[organisation]** premises or engaged in approved work for **[organisation]**.

[organisation] aims to provide a physically safe, healthy and secure environment for all employees, clients and visitors. To achieve this goal, everyone attending an **[organisation]** workplace is required to ensure their actions do not adversely affect the health and safety of others.

[organisation] Management consults with employees through **[eg the WHS Committee/s, Health and Safety Representatives and xxxx]** to develop, implement and review the **[organisation]** WHS policy and associated plan.

5.2 Injury Management Commitments

[organisation] makes the following commitments to injury management and the rehabilitation of all employees who suffer a work related injury or illness.

[organisation] will:

- Take steps to support:
 - injured employees return to work as soon as practicable,
 - the understanding that it is normal practice and expectation for injured workers to return to work as soon as possible.
- Provide suitable duties/employment, where practicable, for injured employees as an integral part of the injury management process.
- Ensure that participation in the injury management program will not, of itself, jeopardise job security.
- Consult with employees and, where necessary, relevant stakeholders, to ensure the program operates effectively.
- Maintain confidentiality of information relating to injured employees on return to work programs.

5.3 Confidentiality

All personal information and records in the injury management process will be collected and kept confidential in accordance with the **[organisation]** Privacy Policy and will only be disclosed in accordance with these and / or the provisions of the Workplace Injury Management and Workers Compensation Act 1998.

Statistical information, such as type or duration of injury from a workers compensation claim may be used in trend analysis.

5.4 Return to Work Coordinator

Under workers compensation law, employers whose basic tariff premium exceeds \$50,000 annually (as well as self-insurers, and employers who are insured by a specialised insurer and employ more than 20 workers) must have a return to work coordinator.

[organisation] is a Category 2 employer and does not have a return to work coordinator. **OR** **[organisation]** is a Category 1 employer and has a return to work coordinator.

5.5 Injury Management

[organisation] ensures injury management is integrated into human resources and other policies across the organisation.

[organisation] seeks to prevent injuries through its positive safety culture which includes:

- a) A focus on employee wellbeing
 - Work team climate
 - Supportive leadership
 - High individual and team morale
- b) Safe work systems
 - Risk management
 - Safe work procedures
 - Quality improvement

The fact that an employee is injured does not mean that they cannot work at all. **[organisation]** is committed to providing suitable duties at the earliest opportunity wherever and whenever practicable. If the injury permanently prevents an employee from returning to their pre-injury duties, **[organisation]** will consider retraining or redeployment of the employee if necessary.

If an employee is injured in the workplace, the **Operations Manager** must ensure:

- the injured worker is attended to as soon as possible
- the insurance company and/or WorkCover is notified
- **[organisation]** provides the injured with an “injured worker information pack”, which includes information for the worker to provide to the treating doctor about **[organisation]**’s:
 - awareness that returning to work as quickly as possible enhances recovery, and the longer a worker is absent from work, the less likely it is that the worker will return to work
 - commitment to providing suitable duties
 - expectation (and normal practice) of “immediate” return to work, providing it is safe for the worker to do so.
- **[organisation]** takes steps to keep the worker engaged with the workplace (eg ensure the line manager and co-workers maintain their relationship with the worker, unless it is not in the best interests of the worker and/or the organisation)
- **[organisation]** cooperates and participates with the insurance company to develop an injury management plan for the injured worker (*the insurance company should contact the employer and the worker within three days of receiving notice of an injury*), and

- **[organisation]** implements and monitors a return-to-work plan with the injured worker.

5.6 Planning

There are two types of plans intended to help an injured worker recover and return to work as soon as possible. One is drawn up by the insurance company and is called an injury management plan; the other is written by the return-to-work coordinator, line manager or accredited rehabilitation provider in consultation with the injured worker and is called a return-to-work plan.

5.6.1 Injury Management Plan

The purpose of an Injury Management Plan is to establish a coordinated, timely, safe and durable return to work of an injured employee who has suffered a significant injury; it concerns all aspects of the treatment, rehabilitation and retraining of the injured employee.

The responsibility for developing, coordinating, distributing and managing the Injury Management Plan lies with the Insurer.

The insurance company is required to consult with the injured worker, the employer and the treating doctor prior to developing the injury management plan. The insurance company must complete the injury management plan no more than 20 days after notification that a worker has had a significant injury.

The injury management plan outlines all the services required to return the injured worker to the workplace. It includes details about the worker and **[organisation]**, information about the injury, the rehabilitation goal, and the actions required by the worker, **[organisation]**, nominated treating doctor, rehabilitation provider, and insurance company.

After participating and cooperating in the establishment of the injury management plan, **[organisation]** and the injured worker receive a copy of the plan from the insurance company, and they both have an obligation to comply with it.

Workers are informed of the return to work program, including procedures in the event of an injury or illness.

5.6.2 Return-to-Work Program

As a Category 2 employer, **[organisation]** has adopted the Standard Return to Work Program provided by Worker. A copy of this program is provided to any worker who requests it, and it may be accessed [here](#). **OR** **[organisation]** is a Category 1 employer and our Return to Work Program is available in the WHS Policy Folder.

5.6.3 Return-to-Work Plan

Individualised Return-to-Work Plans commence as soon as possible after a worker is injured, and every effort is made to provide rehabilitation through suitable and meaningful duties consistent with the nature of the injury/illness.

Since returning to work as quickly as possible enhances recovery, “immediate” return to work (eg within 3-days) is a normal practice and expectation, providing it is safe for the worker to do so.

An injured worker will be provided with support to minimise the effects of the injury and to facilitate return to work as soon as possible. **[organisation]** will provide suitable duties/employment for an injured worker as soon as possible as an integral part of injury management and rehabilitation.

In developing RTW Plans for injured employees the following will be considered:

- the specific needs of individual employees (eg employees of a non-English speaking background);
- the personal circumstances of injured employees that may impact on suitable duties. For example, child care arrangements;
- modification of any factors that may have contributed to the injury;
- ways to minimise the workload impact on the other employees; and
- industrial or other issues in the workplace particularly maintaining industrial harmony.

5.6.4 Suitable Duties

Suitable duties may be stated in advance on position statements which have been task analysed according to the capacity of the worker (“job task analysis”). These can be included in the information pack for the injured worker to take to the treating doctor. This will assist the doctor to make a decision about capacity of the worker to carry out specific duties.

The RTW Coordinator or line manager discusses suitable duties options with the injured worker and doctor (if possible) as soon as possible after the injury.

Once suitable duties have been agreed on, they are documented in the return to work plan. **[organisation]** will provide suitable duties for an injured worker unless:

- it is not reasonably practicable to do so (eg undue hardship)
- the worker voluntarily left employment either before, or after, the commencement of the incapacity for work
- the employer terminated the workers employment after the injury, other than for the reason that the worker was not fit for employment as a result of the injury.

[organisation] will notify its insurer if it is unable to provide suitable duties to any injured worker. Not offering an injured worker suitable employment may hinder the employee’s recovery and increase the cost of **[organisation]**’s workers compensation premium.

An injured worker will make all reasonable efforts to return to work. If she/he refuses a reasonable offer of suitable duties, her/his workers compensation benefits may be suspended or reduced.

5.6.5 Significant Injuries

After notification of a significant injury by an employee, action must be initiated under the Return to Work Program by the [eg RTW Coordinator] within 2 working days.

Contact must also be made with the employee, their supervisor and (if appropriate and reasonably practicable) the employee’s treating doctor. A working day is any day except a Saturday, Sunday or public holiday.

When it appears that a workplace injury is a significant injury an Injury Management Plan must be established by the insurer for the injured employee within 20 days.

The injured employee must be provided with information with respect to the Injury Management Plan.

The injured employee's nominated treating doctor must be supplied with all relevant information that will assist the doctor with the Injury Management Plan and RTW Plan.

[organisation] will meet all reasonable costs for the doctor's involvement in developing the RTW Plan.

5.6.6 Re-deployment

When it is medically determined by the nominated treating doctor that it is not appropriate for the injured employee to return to their pre-injury duties, permanent medical restrictions will need to be determined.

When permanent medical restrictions are determined, consultation with the injured worker's line manager and immediate co-workers will assist to decide if suitable duties are able to be offered.

In cases where the immediate work area is unable to offer suitable duties, consultation with the **[insert position]** will occur to determine the possible availability of suitable duties (that align with the recommended medical restrictions) within **[organisation]**.

The injured employee will also be referred to a Rehabilitation Provider where an assessment will be completed to further assist with the identification of other vocational skills for alternate employment either within **[organisation]** or external to **[organisation]**.

In cases of redeployment **[organisation]** will consider accessing vocational programs under Section 53 of the Workplace Injury Management and Workers Compensation Act 1998.

5.6.7 Changing the Nominated Treating Doctor

When an injured employee is not content with the level of treatment and/or communication received from a nominated treating doctor, a change of nominated treating doctor may be a productive and pro-active move towards recovery.

Some circumstances where a change in nominated treating doctor may be considered include:

- An employee changing work or home location during the course of the claim and are unable to attend the original NTD.
- Concern about the quality of treatment provided.
- The doctor is not actively participating in the return to work process or fulfilling their required obligations.

The injured worker will request in writing, stating the reasons for wishing to change the nominated treating doctor and the name, address and phone number of the doctor preferred to take over the role.

5.6.8 Injury Management Consultants

[organisation] will utilise Injury Management Consultants to assist to ascertain the injured employee's fitness for work and the suitability of duties offered to the injured employee given their current capacity for work.

The primary role of the Injury Management Consultant is one of facilitating a resolution of issues arising in relation to an injured employee's fitness for work

5.6.9 External Rehabilitation Providers

WorkCover requires employers to nominate one or more accredited providers to assist in the rehabilitation of injured employees.

[organisation]'s nominated providers are:

[insert name]

[insert contact details]

The task of the provider is to assist **[organisation]** to meet the return to work goals outlined on the RTW Plan.

The choice of the most appropriate provider will be made from the WorkCover List of Accredited Provider Organisations and will take into account the needs and location of the injured employee.

Injured employees retain the right to select and/or change their own rehabilitation provider, if it is necessary, during their rehabilitation.

5.6.10 Nominated Occupational Physicians

[insert name]

[insert contact details]

5.7 Workers Compensation Insurance

[organisation]'s workers compensation insurance policy accurately reflects the nature of its business, the number of workers and total wages.

[organisation] provides the name and contact details of its workers compensation insurer to employees.

The **operations manager** ensures that the workers compensation insurer is contacted within 48hrs of an employee injury.

[organisation] follows relevant processes relating to the management of a worker's compensation claim.

5.8 Reporting an incident or injury to Workcover and/or Insurer

The Operations Manager ensures that **[organisation]**'s workers compensation insurer is notified as soon as possible (within 48 hours) of an injury being reported to **[organisation]**.

[organisation] may avoid paying a claims excess by notifying its insurer of the injury within the required timeframes.

The initial notification can be made in a number of ways, electronically, in writing or by phone.

Once notified, the insurer will provide **[organisation]** with a notification number; this number will be used to track the notification.

When notifying an injury to the insurer, the following information will be provided:

1. worker's information – their name, residential address, contact details and date of birth
2. employer's information – the business name, current business address and employer contact
3. treating Doctor information – the name of the doctor or hospital where the injured worker is being treated
4. injury or illness details – the date of the injury, description of how it happened and a description of the injury itself
5. notifier information – the name of person making the notification, relationship to injured worker and contact details
6. supporting information – anything else the notifier considers necessary.

If **[organisation]** is having difficulty notifying a workplace injury, the WorkCover Assistance Service may make the initial notification on **[organisation]**'s behalf. The WorkCover Assistance Service can be contacted on 13 10 50.

The **[organisation]** Operations Manager will ensure that incidents and injuries will be reported to workcover and/or **[organisation]**'s workers compensation insurer as follows:

1. *Notifiable incidents involving a fatality or a serious injury or illness:*
 - call WorkCover immediately on 13 10 50 as an urgent investigation may be needed and
 - if the injury is to a worker, notify the insurer within 48 hours
 - the work health and safety legislation requires preservation of the incident site until an Inspector attends (or the inspector or regulator directs otherwise)
2. *Notifiable incidents that present a serious risk to health and safety at the workplace (dangerous incidents) - eg the collapse of a ceiling and there is no injury:*
 - call WorkCover immediately on 13 10 50 as an urgent investigation may be needed and
 - the work health and safety legislation requires preservation of the incident site until an Inspector attends (or the inspector or regulator directs otherwise)
3. *Other incidents involving an injury or illness where workers compensation is payable (or may be payable for eg time lost and/or medical expenses):*
 - notify the insurer within 48 hours.

5.9 Claims Management Process

5.9.1 Making a Claim

An injured employee can make a claim for compensation at any time as long as it is made within the time limits specified by legislation.

An injured employee does not have to make a claim for weekly benefits or medical expenses if an initial notification of their injury was made and the employee was paid provisional liability payments.

However, the injured employee must make a claim if:

- the employee requires benefits that exceed their entitlements under provisional liability (*weekly payments for more than 12 weeks or compensation for medical expenses totaling more than \$7500*).
- provisional liability payments have stopped and the employee believes they are still entitled to more benefits.
- the insurer requests that a claim be made.

To make a claim for workers compensation, the injured employee must complete a workers compensation claim form and forward it to the workers compensation insurer.

5.9.2 Liability

Determination of a claim should be completed by the insurer within the statutory period of 21 days following receipt of a workers compensation claim form unless provisional liability has already been accepted for a period greater than 21 days.

5.9.3 Claims Review

Claims should be reviewed by the insurer's claims officer at the following intervals: 3 months, 6 months, 12 months and then 6 monthly thereafter or as circumstances change.

5.9.4 Independent Medical Specialist

Medical questions that arise should be directed to the treating doctor in the first instance. The insurer's claims officer may request an independent medical examination when:

- information from the treating doctor is inadequate or inconsistent, or
- the doctor is not available.
- the question cannot be resolved with the treating doctor.

A medical question can arise in a number of circumstances. For example,

- it is considered that the injured employee could perform other duties at work;
- monitoring progress of an ongoing medical status;
- if there is doubt as to the validity of the claim;

5.10 Conflict

5.10.1 Conflict about Injury Management

Successful rehabilitation of injured employees is the primary concern of **[organisation]**. All involved parties should be involved in monitoring the effectiveness of the injury management process.

If there are disputes about suitable duties or the return to work process, the organisation works with the injured worker and the relevant union (if applicable) to resolve the dispute. If a conflict arises over an individual RTW Plan, it will be addressed in the following manner:

- The RTW Coordinator is advised of problems which may result in a conflict situation.
- If a dispute arises, the RTW Coordinator will attempt to resolve it by coordinating discussions between the relevant parties concerned, i.e. doctors, rehabilitation provider (if involved), supervisors/managers and, where requested, the appropriate union official.

- **[organisation]** will utilise Injury Management Consultants to assist in resolving disputes over the suitability of selected duties that may arise during the course of a RTW Plan.

If the conflict is not resolved through the above process, assistance may be sought from the workers compensation insurance company, WorkCover, injury management consultant, or independent mediator such as the Workers Compensation Commission.

For further information refer to the **[organisation]** Complaints Procedure.

5.11 Workplace stress and psychological injury

[organisation] is aware that workplace stress and psychological injury are workplace issues when they affect the employee's ability to work, and supports it workers by:

- implementing policies and procedures that promote a fair and supportive workplace
- providing clearly defined job roles
- making time for communication and team development
- valuing and respecting workers' feelings and experiences
- ensuring continuous identification of hazards and assessment of risks and activities in all workplaces
- supporting staff if incidents occur to reduce the impact on the staff member's health and wellbeing
- providing appropriate support and effective return to work strategies for injured staff
- taking staff concerns seriously
- providing appropriate support services for:
 - regular supervision
 - debriefing after incidents
 - managing injuries
 - emotional or physical distress
- providing access to support services that offers staff confidential counselling and support for work and personal issues.

[organisation] expects its employees to help themselves, colleagues and clients by:

- respecting and following workplace policies and procedures
- participating in and requesting appropriate training
- reporting all incidents
- reporting all changes and concerns regarding home and community visits
- not taking shortcuts
- not responding reactively
- managing professional boundaries with clients
- planning work time
- asking for help or advice when needed
- supporting colleagues
- being a team player
- taking allotted breaks
- getting exercise
- planning time away from work
- asking a supervisor for access to support services if needed
- not transferring personal problems into the workplace – seeking help.

6. Functions and Delegations

Workplace injury management requires co-operation between all parties involved to achieve a timely, safe and durable return to work for employees following workplace injuries.

Position	Delegation/Task
Board	<ul style="list-style-type: none"> •
<i>Eg CEO</i>	
<i>Eg Operations Manager</i>	Ensure [organisation] provides suitable duties, so far as reasonably practicable, for an employee who has reduced capacity and is able to return to work on a full-time or part-time basis.
<i>Eg RTW Coordinator</i>	<p><u>Return to Work coordination.</u></p> <ul style="list-style-type: none"> • responsible for the management of the rehabilitation process with the injured worker • provides information to the injured employee on the rehabilitation process and refers them to the Insurer for information on workers' compensation entitlements, if relevant. • abides by NSW WorkCover Authority's Confidentiality of Rehabilitation Information, Guidelines for Employers for access to rehabilitation records and consent to release information. • liaises with the following parties, as required, to assess the needs of the injured employee; to co-ordinate services necessary to meet those needs; and to nominate suitable duties: <ul style="list-style-type: none"> ○ Injured employee ○ Treating doctor ○ Line Manager ○ Co-workers ○ Accredited rehabilitation provider (where involved) ○ Treating health professionals/therapists ○ Insurer's claims officer ○ Union representative (where requested by the employee) • ensures that injured employees returning to work on suitable duties have a written RTW Plan that is distributed to involved parties, implemented and reviewed • in the case of significant injuries, ensures that a copy of the Injury Management Plan is obtained from the Insurer • monitors the progress of rehabilitation at appropriate intervals. <p>The nominated RTW Coordinator is : [insert name] [insert contact details]</p>
<i>Eg Line Manager</i>	<ul style="list-style-type: none"> • provide suitable duties for injured employees wherever and whenever possible and practicable <p>When advised that an employee has suffered a work related injury or</p>

	<p>illness and will require medical or other treatment and/or time off work for their injury/condition -</p> <ul style="list-style-type: none"> • contact WorkCover & the Insurer within 24 hours to report the injury and provide any information available at that time. • advise the employee to contact the Insurer as soon as possible so that sufficient information can be obtained to commence the workers compensation process and determine claim entitlements. • if the injured employee presents a WorkCover or other medical certificate which advises medical restrictions that prevent the completion of their normal duties: <ul style="list-style-type: none"> ○ immediately notify the Return to Work (RTW) Coordinator ○ ensure that any medical recommendations are abided by until further assessment can be completed.
Injured Employees	<ul style="list-style-type: none"> • notify their supervisor of any work-related injury or illness as soon as possible after the injury happens and of their ongoing medical and rehabilitation status. • nominate a treating doctor for the purposes of developing a Return-to-Work Plan that the employee and the nominated treating doctor are agreeable to participate in. • participate and co-operate in the establishment and implementation of their Return-to-Work Plan. • authorise the nominated treating doctor to provide relevant information to the insurer for the purposes of developing and implementing an Injury Management Plan • make all reasonable efforts to return to work as soon as possible, having regard to medical advice and the nature of the injury. • report on their progress at regular intervals while participating in an Injury Management Plan.
All Employees	

1. Cross Reference with Internal Documents

Critical Incident Reporting
 Emergency & Critical Incident Policy
 First Aid Policy
 Feedback and Complaints Policy
 Human Resources Policy
 Infection Control Policy
 Incident and Injury Report Form
 Manual Handling Procedure
 Professional Development Policy
 Vehicle Use Procedure
 Premises and Property Security Procedure
 Safe Practice: Home Visits
 Safe Transportation of Clients.

2. Legislation

Work Health and Safety Act 2011
http://www.austlii.edu.au/au/legis/nsw/consol_act/whasa2011218/

Model Work Health and Safety Regulations 2011
[Model Work Health and Safety Regulations 2011](#)

Workers Compensation Act 1987 No 70
<http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+37+2011+cd+0+N>

Workers Compensation Regulation 2010
<http://www.legislation.nsw.gov.au/maintop/view/inforce/subordleg+37+2011+cd+0+N>

Workplace Injury Management and Workers Compensation Act 1998 (NSW)

3. Other References and Resources

Australian Safety and Compensation Board 2007, *National Standard for Manual Tasks*, Australian Government.

Safe Work Australia, 2010. *DRAFT Code of Practice: Managing the work environment and facilities*. <http://safeworkaustralia.gov.au/Legislation/AdministrativeRegulations/Documents/Managing%20the%20Work%20Environment%20and%20Facilities.pdf> Accessed 27th November, 2011.

Safe Work Australia, 2010. *DRAFT Code of Practice: Work health and safety consultation, co-operation and co-ordination*. <http://safeworkaustralia.gov.au/Legislation/AdministrativeRegulations/Documents/Work%20Health%20and%20Safety%20Consultation%20Cooperation%20and%20Coordination.pdf> Accessed 27th November, 2011.

Safe Work Australia, 2010. *DRAFT Code of Practice: How to manage work health and safety risks*. <http://safeworkaustralia.gov.au/Legislation/PublicComment/Documents/Model%20work%20health%20and%20safety%20public%20comment%202010/Draft%20Model%20Codes%20of%20Practice%20for%20public%20comment/HowToManageWorkHealthAndSafetyRisks.pdf> Accessed 27th November, 2011.

Safe Work Australia, 2011. *Model Work Health and Safety Regulations, 2011*. <http://safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Pages/Model-WHS-Regulations.aspx> Accessed 15th November, 2011.

MHCC (2010) *Working Safe Toolkit: Overview*. <http://www.mhcc.org.au/documents/Working-Safe/Working-Safe-Overview.pdf> Accessed 15th November, 2011.

NADA, 2010. *Occupational Health and Safety Policy*. http://www.nada.org.au/index.php?option=com_content&task=view&id=236&Itemid=44

Workcover Authority of NSW website:
www.workcover.nsw.gov.au

Workcover NSW, 2011. *Fact sheet: PCBUS, workers and officers*. http://www.workcover.nsw.gov.au/formspublications/publications/Documents/whs_pcbus_workers_officers_fact_sheet_3063.pdf Accessed 15th November, 2011.

Workcover NSW, 2004 *The Community Services Safety Pack: A Guide to Occupational Health & Safety*. Workcover NSW, Gosford.

9.3 Quality and Accreditation Standards

EQuIP4

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 2.1: The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks.

Criterion 2.1.3: Health care incidents, complaints and feedback are managed to ensure improvements to the systems of care.

Standard 3.2: The organisation maintains a safe environment for employees, consumers/patients and visitors.

Criterion 3.2.1: Safety management systems ensure safety and wellbeing for consumers/patients, staff visitors and contractors.

Criterion 3.2.5: Security management supports safe practice and a safe environment.

EQuIP5

Provided by the Australian Council on Healthcare Standards (ACHS)

Standard 2.1: The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks.

Criterion 2.1.3: Health care incidents are managed to ensure improvements to the systems of care.

Standard 3.2: The organisation maintains a safe environment for employees, consumers/patients and visitors.

Criterion 3.2.1: Safety management systems ensure safety and wellbeing for consumers/patients, staff visitors and contractors.

Criterion 3.2.5: Security management supports safe practice and a safe environment.

Health and Community Service Standards (6th edition)

Provided by Quality Improvement Council (QIC)

Standard: 1.7: Risk Assessment and Management

The organisation identifies, assesses and manages risks to ensure continuous, safe, responsive and efficient services.

Evidence questions: What is the evidence that:

a) the organisation understands that risk has dimensions that include strategic, governance, operational, property, financial and clinical risks.

- b) the organisation complies with the legislative context in which it operates and which defines relevant risks.
- c) there are planned and systematic ways of collecting and analysing data that address potential and actual risks to the organisation as a whole and to the services it provides?
- d) procedures are implemented to manage and respond to risks in a timely way.

Standard 1.9: Safety and quality systems are integrated and are managed systematically with clear lines of accountability to ensure continuously improving performance.

Evidence Question: What is the evidence that:

- a) the organisation has specified safety and quality performance requirements?
- b) there are cross organisational forums, processes and procedures for ensuring communication, planning and learning about safety and quality?
- c) responsibility for managing and leading safety and quality improvement is assigned, those responsible are accountable, and routine reporting of safety and quality performance to senior management and the governance structure occurs?
- f) safety incidents are managed and reported, and future planning is informed by data and analysis arising from such incidents?

9.4 National Mental Health Standards

Criterion 2.6 The organisation meets its legal occupational health and safety obligations to provide a safe workplace and environment.

Criterion 2.8 The organisation can demonstrate investment in adequate staffing and resources for the safe delivery of care.

Criterion 2.9 The organisation conducts a risk assessment of staff working conditions and has documented procedures to manage & mitigate identified risks.

Criterion 2.10 Staff are regularly trained to, wherever possible, prevent, minimise and safely respond to aggressive and other difficult behaviours.

Criterion 2.12 The organisation conducts regular reviews of safety in all MHS settings, including an environmental appraisal for safety to minimise risk for consumers, carers, families, visitors and staff.

Criterion 2.13 The organisation has a formal process for identification, mitigation, resolution (where possible) and review of any safety issues.

9.5 Recovery Oriented Service Self-Assessment Tool (ROSSAT)

Item 1.2: Policy and procedures are in place and provide understanding and responses to diversity, privacy, confidentiality and information/record sharing, professional boundaries and expectations, identify and address non-recovery oriented attitudes or behaviours, that safeguard all people against abuse and discrimination, and outline processes for reporting abuse of workers and/or consumers and are accessible and applied in practice.

Item 1.2h: Policy and procedures are in place that describe how human rights inform service provision and:

- Safeguard all people against abuse and discrimination
- Outline processes for reporting abuse of workers and consumers
- Outline the ethical framework of the organisation
- Identify what language is inappropriate and stigmatising and should not be used in any level of the organisation.

Item 1.2i: The organisation has a policy and process to support consumers and workers during and after critical incidents. Workers are aware of this process.

Item 1.4: A complaint process is in place and is promoted and easily accessible. Each complaint is respected, taken seriously and acted upon, and consumers and carers are protected from reprisals.

Item 3.18: Workers provide an environment where people feel safe to express emotion, thoughts and feelings.

9.6 NSW Disability Services Standards (DSS)

8.2: The service provider provides a safe physical environment for service users.