Return to Work and Workers Compensation Procedure

Section 1 - Preamble

(1) Charles Darwin University ('the University', 'CDU') is committed to fostering a safe workplace and learning environment.

(2) The University encourages early return to full normal duties as soon as practicable following a workplace injury or illness.

(3) Where possible and appropriate, the University provides medically suitable duties by altering the type, duration, frequency, intensity and complexity of work tasks and may be able to alter daily and weekly hours, as required, for a period during the worker's injury/illness recovery.

(4) The University recognises that workers may have non-work-related injuries or illnesses, which prevent them from being able to conduct their full pre-injury/illness duties, either temporarily or permanently. Where this occurs, and the worker requests to return to work prior to being fit for all pre-injury duties, the University will consider that request with consideration to both medical advice and business requirements.

Section 2 - Purpose

(5) This procedure outlines necessary steps for the safe management of worker return to work following both work and non-work-related injuries and illnesses in a safe manner, based on medical advice and the legislative requirements.

Section 3 - Scope

(6) This procedure applies to all individuals who are an employee for the purpose of assessment for PAYG withholding under the Taxation Administration Act 2007, as defined by the Return to Work Act 1986 who undertake any activities on University premises, or who execute work for or on behalf of the University either on or off campus.

Section 4 - Procedure

(7) All injuries and illnesses (work and non-work related) that occur in the workplace are to be responded to as per site emergency response procedures:

a. Seek treatment as required (depending on incident) from:
    i. Designated First Aider and/or bystanders;
    ii. Ambulance; or
    iii. Hospital;
b. Notify Work Health and Safety, and follow up with an Accident, Incident or Illness Report (AIIR).

(8) Note – under the Return to Work Act 1986, injuries sustained in motor accidents are taken not to arise out of or in the course of a person's employment.

Return to work process

(9) The University provides workplace rehabilitation to assist employees with both a work and non-work-related injury or illness.

(10) An Injury/Illness Managment Plan (IIMP) provides a safe and graduated return to the worker's pre-injury duties and is not to be considered a permanent job change. If a worker is unable to return to all duties of their pre-injury job after an injury or illness, an IIMP will be developed to assist the worker to return to work.

(11) The IIMP will include a goal, the timeframes involved, and the duties and hours the worker can safely work each day. The duties are those that are within the capability of the individual, are meaningful and contribute to the work effort. These duties are determined in consultation between the injured/ill worker, their line manager, the Injury Management Coordinator (IMC), and are consistent with current formal, written medical advice (treating medical practitioner consulted as required).

(12) IIMPs and RTW assistance for work related injuries/illnesses will be in place from notification of injury/illness, through lodgment and determination of claim, and throughout the claim, if accepted as per Return to Work Act 1986 (NT).

(13) The duties within the IIMP are periodically reviewed (usually coinciding with a medical review, new worker's compensation certificate or injury/illness management plan), providing a monitored and graduated return to pre-injury duties, and the goals of the IIMP.

(14) All IIMPs must be documented and formalised. A copy of the completed and signed IIMP will be provided to the injured/ill worker, the line manager, and stored by the IMC in the injured/ill employee's return to work e-file.

(15) Return to Work shall, where appropriate and possible, be undertaken in the worker's regular workplace and department. If duties are not available in the worker's department, and upon agreement between the stakeholders, alternative locations/departments or off-site departments may be considered.

(16) If the injured/ill worker is permanently unable to resume some or of all the inherent pre- injury/illness duties in their substantive position, options such as retraining, and redeployment will be discussed and determined with the appropriate personnel, in light of medical advice and business requirements.

(17) Where assistance is required in an evacuation, the Personal Emergency Evacuation Plan (PEEP) eform must be completed.

Work-related cases

Documentation

(18) An injury/illness sustained by the worker that is work related and requires treatment, time away from work, work restrictions, or suitable duties will require:

a. Initial medical certificate of capacity (obtained from treating doctor on initial visit);
b. Completed Workers Compensation Claim Form (completed by worker);
c. University letter to doctor;
d. Injury/Illness Management Plan;
e. Prompt referral to the IMC (prior to return to work);
f. Accident, Incident or Injury Report (AIIR); and

g. Additional documentation may be required on a case by case basis.

(19) The injured/ill worker will be provided with:

a. The appropriate State/Territory Workers Compensation Claim form; and
b. Referred to the appropriate State/Territory Worksafe Information regarding Workers Compensation.

Remuneration

(20) The University's insurer will, upon receipt and approval of the claim, administer rehabilitation related expenses in line with the governing legislation, based upon claims submitted by the injured/ill worker. Salary will be reimbursed to the University via a Wage Claim submission administered by the University.

(21) Where there is a period between the date of injury/illness, the full and complete lodgement of a claim by the worker and the acceptance of that claim by the insurer, personal leave options will be utilised. On acceptance of the claim and in keeping with legislation, any personal leave related to the claim will be reinstated.

(22) The worker may apply for leave as per the University's leave processes. Where required line management and People and Culture may be able to assist.

(23) Once a claim is accepted, it is the worker's responsibility to discuss any leave taken with their appointed Insurer Case Manager, as this may affect the insurer's processes and payments.

Non-work-related cases

(24) A non-work-related case is one where the injury/illness is not related to work activities.

(25) Where a non-work-related injury/illness could potentially affect a worker's ability to conduct all their normal pre-injury job duties, and/or potentially impacts on the health and safety of themselves or other workers, a formal, documented IIMP must be put in place.

(26) Workers experiencing a non-work-related injury or illness may be required to provide an IIMP and/or return to work medical certificate from the treating Doctor/Health Professional.

(27) In a non-work-related injury/illness, all medical and other expenses will be borne by the injured/ill employee. On occasion, the University may request the worker undergo a Fitness for Work Medical to assist in the determination of suitable duties and/or job placement. Where this is the case, the appointment will be made and the cost will be borne by the University.

(28) To facilitate due diligence to mitigate health and safety risk to the worker and/or other workers through the development of IIMP or similar, as required the following non-work-related injuries and illnesses should be reported to the line manager prior to return to work, to allow for formal review, as and where required:

a. Extended hospitalisation for any reason;
b. Extended sick leave for 5 or more days;
c. Any injury that affects the worker's ability to walk easily and quickly for evacuation requirements and/or travel to from work (e.g. hip, knee, ankle injuries);
d. For workers who spend any part of their day working outdoors in the field, report any recent illness that may cause dehydration (e.g. cold, flu, fever, vomiting, diarrhea);
e. Any condition that may affect the worker's ability to conduct their duties (g. hand injury for someone required to climb ladders, use hand tools or use keyboard);
f. After a communicable disease that may be easily transmitted in the workplace by means such as cough/droplet,

open sores, etc. (e.g. chicken pox, measles, etc.) – must have a medical clearance to ensure no longer infectious prior to return to work (this does not include colds and flus);

g. Any other illness/injury, with or without absences that may affect the worker's ability to perform the inherent requirements of their job safely (e.g. uncontrolled diabetes/epilepsy, heart condition, weight more than the Work Load Limits (WLL) of equipment, etc.). If unsure whether the condition may affect the ability to conduct duties safely, discuss with treating doctor and/or IMC; and
h. As indicated by line management – e.g. deterioration in or concern around an individual's job performance directly related to a medical condition.

Documentation

(29) An injury/illness sustained by the worker that is non-work related and requires treatment, time away from work, work restrictions, or suitable duties will require:

a. Injury/illness management plan;
b. Injured worker's authorisation;
c. University letter to doctor;
d. Prompt referral to the IMC (prior to return to work); and
e. Additional documentation may be required on a case by case basis.

(30) The University will determine the availability of suitable duties based on medical advice and business requirements. If the worker has a medical certificate stating that they are fully fit to return to full normal duties, and no assistance is required for a timely emergency evacuation, this process is not required.

Accessing leave

(31) Where a worker is unfit for duty because of a non-work-related injury or illness, the worker may access personal leave. Where the worker has exhausted paid personal leave, annual leave (AL), long service leave (LSL), then personal leave without pay may be applied for. Workers should discuss the options with their line manager and/or People and Culture in the first instance.

Confidentiality

(32) All personnel involved in the Return to Work processes shall ensure that they respect the confidentiality of the injured/ill worker, ensuring that information relating to the injured/ill worker's condition will only be released to a third party with written consent from the injured/ill worker.

(33) Personal information will only be released when permitted in accordance with the Return to Work Act 1986 and Return to Work Regulations 1986, or other relevant Australian State or Territory legislation.

Issues resolution

(34) Any difficulties regarding the application of the Injury Management, Workers Compensation or Return to Work processes should, in the first instance be resolved by discussion with the IMC in consultation with the Line Manager, and Client Services as required.

(35) Any issue the injured/ill worker has regarding the decisions taken by the insurer should be addressed to the allocated Insurer Case Manager by the injured/ill worker.

Records management

(36) The IMC is responsible for keeping all records in a confidential and secure manner, in accordance with the WHS

Records Management Procedure.

Roles and responsibilities

(37) The Director People and Culture is responsible for:

a. Supporting the Return to Work and Workers Compensation Procedure, and the associated processes;
b. Supporting the injured/ill employee, line managers and the Injury Management Consultant (IMC) in facilitation of suitable duties and work hour/roster adjustments as required/agreed;
c. Maintaining the employee's confidentiality and ensuring they are treated in a fair and equitable manner throughout the return to work process;
d. Providing appropriately competent Injury Management Consultants;
e. Providing for the opportunity for employees to:
    i. Make a claim for compensation with respect to workplace injury/illness;
    ii. Receive treatment and rehabilitation with respect to their workplace injury or illness;
    iii. Be provided with an Injury Management Consultant (IMC);
    iv. Contribute to their IIMP with line Management, IMC and treating Professionals;
    v. Have a nominated representative, or interpreter if so desired (at return to work meetings);
    vi. Where available, be provided with meaningful, appropriate duties; and
    vii. Have personal and medical information kept confidential, accessed only by the parties authorised to access it for the purposes of rehabilitation/return to work.

(38) Line Managers are responsible for:

a. Ensuring that an injured/ill worker is accompanied to the most appropriate First Aid or Medical facility for initial treatment of work related injuries;
b. For work related injuries/illnesses; assisting and reminding ill/injured worker to obtain appropriate Medical Certificates and Reports, as required by the relevant state legislation e.g. N.T.: Fitness for Work; NSW: Certificate of Capacity;
c. Participating in the Return to Work (RTW) process, including attendance at RTW planning meetings, provision of appropriate duties, monitoring and reviewing;
d. Facilitating provision of suitable duties consistent with medical advice. No duties shall be performed that have not been recommended and formalised by the IMC (based on advice of the treating Doctor/Health Professional) i.e. formal IIMP;
e. Where the suitable duties identified and formalised in a IIMP require training or relocation (g. to another company, department or office), assist injured/ill worker with this process;
f. Informing Salaries and People and Culture of the return to work status/hours of work of the injured/ill worker to allow for salaries adjustments as required – as per Return to Work Timesheet;
g. Notifying work related incidents and injuries to Work Health and Safety (WHS) unit via the Accident Incident Injury Report (AIIR) processes;
h. Notifying the IMC of any injury/illness (work and non-work related) sustained by any worker that may result in:
    i. difficulty in conducting all pre-injury normal duties.
    ii. potentially pose a health or safety risk to the individual or other employees (including emergency evacuation).
    iii. potentially be aggravated by normal work duties e.g. recent surgery and illness, etc.
i. Maintaining contact with the injured/ill worker – contact within 24 – 48 hours of injury/illness to touch base;
j. Maintaining the worker's confidentiality and ensure they are treated in a fair and equitable manner throughout

the RTW process;

k. Facilitating any necessary adjustments to the workplace, as deemed reasonable;
l. Supplying workers who wish to return to work after a non-work-related injury/illness with an IIMP:
    i. Disclosure of medical condition details is not required, however medical advice in relation to medical restrictions is required e.g. must not lift over 5kg, must not use stairs, etc., to facilitate the development of a return to work plan, in the form of an Injury/Illness Management Plan, that considers provision of a safe and healthy workplace.
m. Ensuring workers compensation claim form returned to er.wc@cdu.edu.au as soon as possible and not more than 12 hours after receiving it from the employee.

(39) The Injury Management Consultant is responsible for:

a. Educating the injured/ill worker and line management with the IIMP and their responsibilities to fully implement and comply;
b. Providing relevant information and ongoing assistance to workers regarding the workplace IIMP;
c. Providing relevant information and coach line management in their role and responsibilities in the workplace RTW process;
d. Liaising between the injured/ill worker, line management, treating professionals, the insurer and other parties to provide an effective RTW process for the injured/ill worker and the University;
e. Developing, co-ordinating, monitoring and reviewing the individual IIMPs consistent with the current workers compensation medical certificate (work related)/worker's capability statement (non-work related);
f. Keeping accurate, objective case notes, and detailed files that contain copies of relevant documentation, correspondence and accounts for each worker undertaking a IIMP;
g. Supporting the injured/ill worker through personal contact, or where appropriate by telephone. This contact should begin as soon as practicable after the injury occurs or is reported. This support may from time to time involve contact with family members, and sending the University information e.g. Employee Assistance Program details.
h. Providing information concerning the worker's status and progress, while maintaining confidentiality of personal medical details to the injured/ill employee's line manager;
i. Establishing and maintaining a network of suitable external providers who understand and support the return to work processes of the University and building effective working relationships;
j. Obtaining written permission from the injured/ill worker to contact the treating medical officer and/or rehabilitation provider (Injured Worker Authorisation);
k. Maintaining current professional knowledge of legislation and injury rehabilitation; and
l. Reporting to People and Culture members on return to work cases as appropriate.

(40) The injured/ill worker is responsible for:

a. Reporting all work-related injuries/illnesses to their line manager immediately or when they become aware of a work-related illness or injury and through the University's Incident Reporting Processes;
b. Reporting non-work-related injuries/illnesses that impact on their ability to conduct full normal duties, including timely emergency evacuation, to their line manager and/or the IMC immediately;
c. Obtaining prompt and appropriate treatment for the injury/illness;
d. Advising the doctor/treating professional of the availability of a return to work program and suitable duties at the workplace;
e. Actively participating in the development implementation and evaluation of the IIMP, as soon as practicable after an injury or illness, and for the period for which the worker is entitled to compensation and/or has an injury/illness that requires workplace accommodation;

f. Cooperating with the insurer, the employer and doctors/treating professionals;
g. Ensuring that all forms and documents are promptly returned to the IMC including, but not limited to the Injured Worker Authorisation, the IIMP, medical certificate of capacity, medical reports and associated documentation;
h. Providing accurate reporting of hours worked for line manager, People and Culture and insurer as required throughout IIMP;
i. Providing sufficient medical information to enable the management of health and safety risks to the worker themselves and/or other people in the workplace;
j. Working within the IIMP. Conducting duties outside the IIMP is considered a breach of this procedure;
k. Attending medical and allied health appointments as required by the University and/or the insurer;
l. As required undergoing assessment by the University's advising medical team and/or Accredited Vocational Rehabilitation Provider, to determine fitness for work/specific duties, whether the condition is stable and stationary and/or functional capabilities;
m. Informing IMC and line manager of any work limitations/changes in ability to perform work duties as required (work and non-work related);
n. Understanding that the IIMP is temporary and not a permanent job change;
o. Where they have direct reports (and are able), confirming backfill and supporting arrangements with their reportees for business continuity and operational requirements for the duration of the IIMP; and
p. Directing any concerns, complaints or questions regarding their return to work to the IMC.

(41) Salaries is responsible for:

a. Providing salary details to the IMC and/or the insurer for workers compensation requirements as soon as possible and not more than 48 hours from request;
b. Liaising with the insurer regarding wage related matters;
c. Calculation and submission of Workers Compensation Wage Claim; and
d. Managing the injured/ill worker's salary, addressing issues that may arise.

(42) Contractors are responsible for:

a. The management of all their Worker's Compensation and Return to Work processes.

Section 5 - Non-Compliance

(43) Non-compliance with governance documents is considered a breach of the Code of Conduct - Employees or the Code of Conduct - Students, as applicable, and is treated seriously by the University. Reports of concerns about non-compliance will be managed in accordance with the applicable disciplinary procedures outlined in the Charles Darwin University and Union Enterprise Agreement 2025 and the Code of Conduct - Students.

(44) Complaints may be raised in accordance with the Complaints and Grievance Policy and Procedure - Employees and Complaints Policy - Students.

(45) All staff members have an individual responsibility to raise any suspicion, allegation or report of fraud or corruption in accordance with the Fraud and Corruption Control Policy and Whistleblower Reporting (Improper Conduct) Procedure.

Status and Details

Status	Current
Effective Date	13th July 2023
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Approval Authority	Vice-Chancellor
Approval Date	11th July 2023
Expiry Date	Not Applicable
Responsible Executive	Peta Preo Director People and Culture
Implementation Officer	Peta Preo Director People and Culture
Enquiries Contact	Leah Kenna Senior Manager Work Health and Safety Work Health and Safety

Glossary Terms and Definitions

"University" - Charles Darwin University, a body corporate established under section 4 of the Charles Darwin University Act 2003. The University is comprised of the various faculties, CDU TAFE, organisational units, and formal committees, including the governing University Council and Academic Board.

"Governance document" - means policy or procedure published in the Governance Document Library. Policies and procedures are collectively called ‘governance documents’ and are often referred to as ‘policy’ or ‘University policy’.