

V.I.P PERSONNEL

POLICIES AND PROCEDURES

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# **V.I.P. Personnel Policies & Procedures**

# Table of Contents

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<b>Injury Management Policy</b>	<b>3-4</b>
<b>Injury Management Process</b>	<b>5</b>
<b>Claims and Rehabilitation Management Procedures</b>	<b>6</b>
<b>Authority to Release Medical Information Form</b>	<b>7</b>
<b>Risk Management and Occupational Rehabilitation Policy</b>	<b>8</b>
<b>Claims Administration</b>	<b>9</b>
<b>Return to Work Procedures</b>	<b>10</b>
<b>Return to Work Plan</b>	<b>11-12</b>

## Injury Management Policy

V.I.P. Personnel recognises the importance of ensuring the health safety and welfare of all employees and other persons affected by our work practices.

In the event of a work related injury or illness we will take all necessary steps to ensure the injury/illness does not occur again. Should one of our workers incur a work related injury, that means they are unable to continue their normal work, we will provide the necessary assistance for them to remain at work, or return to work as soon as it is safely possible. We will do this through risk management injury management and occupational rehabilitation and our commitments are as follows:

- To provide information to all employees regarding claims administration and procedures
- Incident notification
- To provide workers with details regarding their rights and responsibilities relating to OH&S.
- To provide rehabilitation and return to work procedures in the event of an injury/illness occurring

## Incident Management Procedure

All employees are required to notify the Host employer's supervisor and V.I.P. Personnel of all injuries, mishaps, incidents and near misses as soon as possible after an incident has occurred.

A work related injury is any death, injury, disease or disability that is attributed to work. It includes re-occurrence, aggravation or exacerbation of previous work related injuries.

## Reporting Injuries and Dangerous Occurrences

In the event that an incident has occurred the Host Employer must:

- Complete a register of injuries
- Notify V.I.P. Personnel immediately

Notification of minor injuries (e.g. first aid) and near misses must be made within 24 hours. Major injuries (e.g. those requiring medical treatment) must be reported immediately.

The Section 37 of The Occupational Health & Safety Act 2004, require that Work Safe Victoria is notified should the following occur:

- Any death
- Any injury which is associated with exposure to a substance e.g. burns by acid or solvent, falling unconscious after inhaling a substance
- Any injury that requires treatment as an in-patient in a hospital immediately after injury
- Any dangerous occurrences that seriously endanger the health & safety of people

When reporting a notifiable incident/injury to Work Safe the following information should be provided:

- The name and address of the place where the incident occurred
- The name of the injured worker; basic details of the nature and extent of the injury and a description of how it occurred
- Contact details of a person at the incident site

In addition, written details of the incident and "incident Notification Form" must be sent to Work Safe Victoria within 48 hours. These records must be kept for a period of 5 years.

## **Reporting a Compensable Injury (Work Cover Injury)**

Although the initial notice may be verbally communicated, employees are still required to lodge a work Cover Workers Claim Form.

All employees must report an injury which is compensable to V.I.P. Personnel within 24 hours or as soon as possible after the occurrence of the injury.

V.I.P. Personnel must then lodge a Work Cover Employer Form within (5) five days of securing the employees notice.

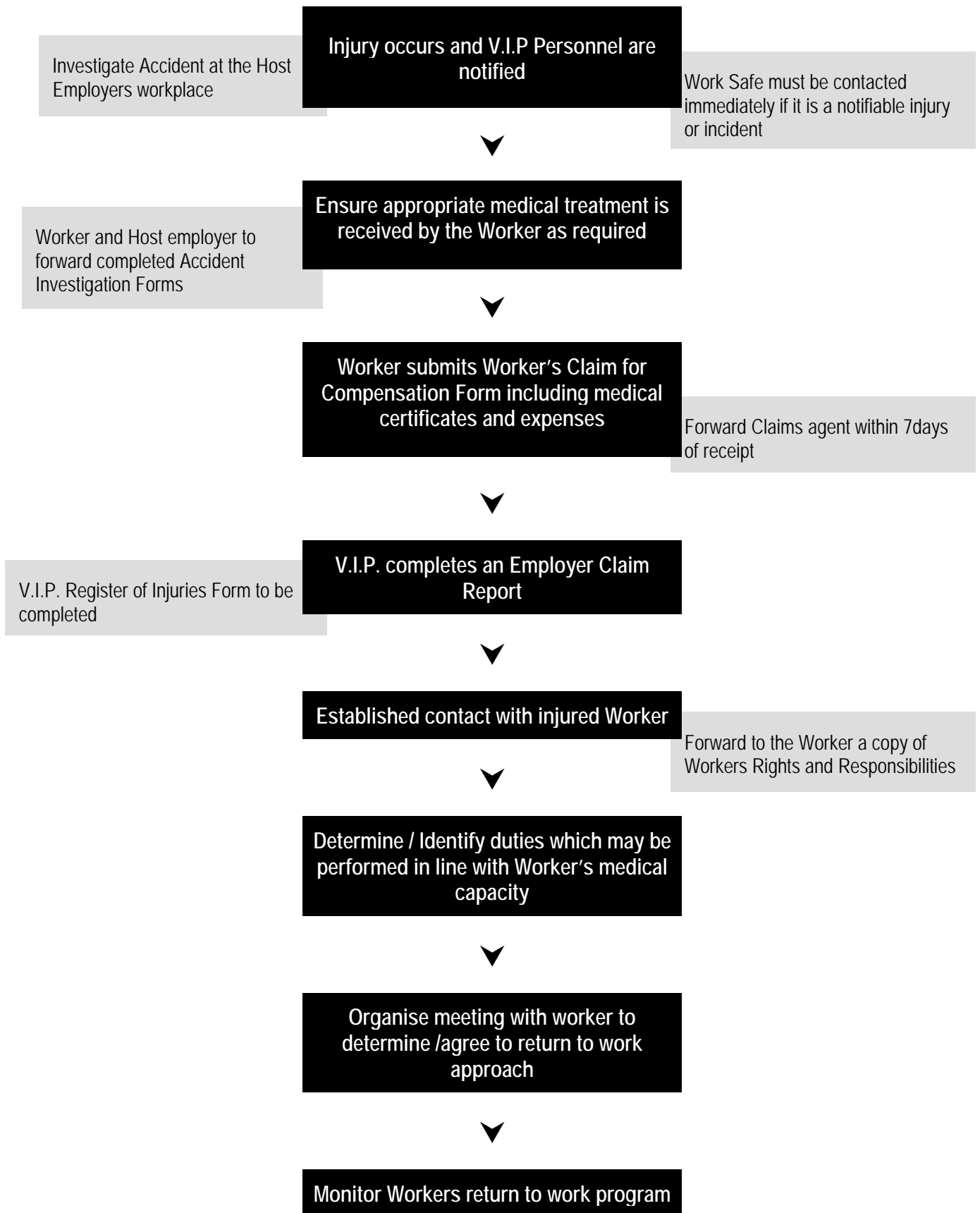
## **Investigations of Injuries, Incidents and Dangerous Occurrences**

Investigations are carried out to ascertain what happened and why, in order to prevent a similar future occurrence.

Investigations are the responsibility of senior management. They must be conducted with the Host Employers representative (including when available the nominated safety representatives).

They must also be conducted in conjunction with the workplace hazard inspection checklist to identify further potential risks in the work place (Risk Management) including what has been done to prevent an injury from occurring again.

## Injury Management Process



# Claims and Rehabilitation Management Procedures

The following information must be completed and attached to the employee's claim for compensation file

DEPARTMENTAL PROCEDURES	Tick	Date
Received notification and injury report from the worker within 24 hours		
Contacted WorkSafe Victoria immediately if a notifiable injury		
Obtained a copy of Incident Report from the Host Employer (the client)		
Completed –"Register of Injuries Form" and signed by worker		
Workers Claim for compensation completed by the worker		
Employers claim for compensation form completed by a V.I.P. representative		
Prescribed medical certificate obtained including medical and like expenses		

CLAIMS ADMINISTRATION PROCEDURES	Tick	Date
Forwarded to claims agent:		
• Workers Claim for Compensation		
• Employer Claim Report		
• Medical certificates and any accounts		
Liability Accepted	Yes No	
Minor claim lodged with the authorised insurers		

REHABILITATION PROCEDURES	Tick	Date
RTW plan completed where the worker has no current work capacity for 20 calendar days+		
Plan developed within 10 days after 20 calendar days of no work capacity.		
Established contact with the worker, doctor, claims agent OHS rehabilitation service provider		
Forward workers letter & authority to release medical information to the employee		
Forward letter to treating practitioner & a copy of the authority to release medical information		
Draft RTW plan prepared in consultation with worker, treating practitioner/s		
Employee has capacity to work	Yes No	
If yes, appropriate medical certificate supplied by the treating doctor		
Description of duties provided to doctor & candidate: offer of suitable employment completed		
All parties in agreement with RTW plan and offer of suitable employment	Yes No	
If yes forward all documentation to the agent OHS rehabilitation provider, Doctor etc		

RISK MANAGEMENT PROCEDURES	Tick	Date
Worksite investigation conducted at Host Employer's work place	Yes No	

MEDICAL AND LIKE EXPENSES - \$517 max indexed annually					
	PROVIDER	AMOUNT		PROVIDER	AMOUNT
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			TOTAL		\$

WAGES PAYMENT – First 10 days only							
From	To	Rate \$	Average Hours	Total Paid			

Satisfactory return to work (FILE CLOSED)	YES	NO	
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## AUTHORITY TO RELEASE MEDICAL INFORMATION

### WORKER AUTHORITY:

I, \_\_\_\_\_(insert name), employed by V.I.P. Personnel Pty Ltd, hereby authorise you to release to representatives of my employer (V.I.P. Personnel) all relevant medical information regarding my work related to [specify injury], to assist with my occupational rehabilitation and return to work.

(A photocopy of the original form may also be used to obtain this information.)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### EMPLOYER'S AGREEMENT:

I, Bruce Ranken, representing V.I.P. Personnel Pty Ltd , hereby agree that this information will be only be used to assist with the occupational rehabilitation and return to work of [insert employee name] and that the information will be maintained in confidence, and only shared with those person(s) involved with the return to work process.

Name : \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Note: Where an injured worker has completed a "Worker's claim form", they have also signed their authority to release medical information about their claimed injury. This authority allows the worker's medical and hospital treatment providers to release information about the injured to the employer.*

## **Risk Management and Occupational Rehabilitation Policy**

V.I.P. Personnel is committed to providing a safe and healthy workplace for all workers. In the event of a work related injury we will take all necessary steps to ensure the injury does not happen again. Should one of our workers incur a work related injury that means they are unable to continue their normal work we will provide the necessary assistance for them to remain at work, or return to work as soon as it is safely possible.

### **Risk Management**

We will provide commitment and support to our workers through the risk management program by:

- Taking all practicable steps to identify, assess and control any known or potential risks to workers and visitors
- Encouraging the early reporting of any symptoms of an injury or disease related to the work we undertake
- Investigating all incidents, accidents, injuries and near misses to identify their cause/s and prevent them from happening again
- Comply with all legal and statutory obligations, including notification of incidents to the relevant authorities when required

### **Occupational Rehabilitation**

As part of our commitment to our employees through the Occupational Rehabilitation Program we will:

- Assist our injured workers to remain at work or return at the earliest opportunity through V.I.P.'s return to work policy
- Commence a return to work plan as soon as possible after an injury consistent with medical advice
- Ensure that treatment, return to work activities and any necessary occupational rehabilitation services begin as soon as necessary
- Provide suitable employment and duties to the injured worker at the earliest opportunity
- Establish an individual return to work plan for an injured worker who is unable to work for 20 calendar days or more. This will be developed in consultation with the injured worker and the treating medical practitioner.
- Ensure that a return to work plan will not itself prejudice any injured worker.

### **RTW Coordinator & Approved Occupational Rehabilitation Provider**

V.I.P.'s return to work coordinator is the manager of the organisation and may be contacted on 9650 9206.

Following any workplace injury the return to work coordinator will:

- Contact the injured workers and the treating doctor in order to implement the commitments outlined in the risk management program and our return to work policy
- Determine the need for any occupational rehabilitation assistance in consultation with the injured worker and their treating practitioner, and when appropriate refer the worker to V.I.P.'s nominated and approved occupational rehabilitation provider

V.I.P.'s nominated approved occupational rehabilitation providers is, TBA

## Claims Administration

The Accident Compensation Act 1985 makes provisions for workers compensation. It aims to provide income & rehabilitation for an employee who is injured and unable to carry on with their usual work.

### Claims Administration Procedure

The following procedures must be followed when an injury has occurred at a Clients workplace or within the designated workplace.

- Injury occurs and V.I.P. Personnel are notified.(incident notification form received)
- Accident investigation form completed by the Clients Workplace Supervisor and is forwarded to V.I.P. Personnel
- The injured worker has received emergency/medical treatment as necessary
- Work Cover claim form completed by the worker and forwarded to V.I.P. Personnel including the appropriate prescribed medical certificate and any medical and like expenses incurred
- The nominated Health and Safety representative must complete the employer section of the claim form, sign and date the form, and give the workers copy of the form to the worker
- The Health and Safety representative must complete an employer claim report which must be forwarded to the claims agent

### Accepting Liability

V.I.P. Personnel must pay the first 10 days of weekly benefits (averaged over a 12 week period) and the first \$466 (indexed annually) of reasonable costs of medical and like services.

Weekly benefits must be paid within 7 days of accepting the claim.

**Minor claims -** Claims which do not exceed the stipulated excess, are referred to as this.

**Standard Claims -** If the total cost of the claim is likely to exceed the Employer excess, the workers and employers claim forms including copies of these etc. must be forwarded to the claims agent immediately.

**Rejecting Liability -** In the event that liability for a Workers Claim is not accepted it must be forwarded to the Claims Agent within 10 days of having received it (the claims agent has 28 days from receiving the claim to accept or reject a claim and 60 days for medical and like services claims only).

## **Return to Work Procedures**

Return to work plan details the assistance provided to all workers to support their return then to work after an injury. The contents of the program must be tailored to suit each injured worker and cater for any special needs or requirements. The law requires that a return to work plan be completed when an injured worker has no current work capacity for 20 calendar days or more.

### **The Employee**

Contact the injured worker to discuss the injury and ascertain;

- The nature of the injury
- Who is the treating medical practitioner
- Are there any other service providers e.g. physiotherapists etc
- What treatment is being received
- How are they coping
- Could they continue with the job if/or modifications were made

### **Treating Practitioner**

Contact the treating practitioner(s) to discuss whether the injured worker has a capacity to work. They can provide advice that will assist in developing the return to work plan. The treating practitioner must endorse any suitable duties prior to the workers return to work. The treating doctor must be provided with all details about the proposed job.

### **Host Employer**

Contact the Host Employers Workplace and review whether or not they can accommodate the injured worker. Establish with the Client if the job may be modified to suit the injury. If not, find out whether there are any other jobs that may be suitable.

### **Claims Agent**

Contact the Claims Agent and advise as to the current status of the claim. The law requires that the claims agents are advised of the progress of the workers return to work at regular intervals (they must not exceed 3 months).

### **Occupational Rehabilitation Service Provider**

The services of an occupational rehabilitation provider may be required. This will be ascertained during discussion with the worker, treating medical practitioner and claims agent.

In consultation with the injured worker including all other parties you must ascertain if the employee can perform other suitable duties.

Once all the relevant parties have been contacted, preferably by phone, and it has been ascertained what duties the employee can perform a decision in consultation with the worker can be made regarding the return to work plan.

## Return to Work Plan

A return to work plan must be completed. Its goal is to modify pre-injury duties or offer alternative work. If medical advice indicates it may be too early, document this on the return to work plan. The return to work goal is a shared goal, aiming to return injured workers to their full time normal duties as soon as practicable.

There are two parts to documenting a return to work plan – the overall return to work plan and where there is a capacity to work and suitable duties, the offer of suitable employment.

Initially the overall return to work plan should be considered a first draft and given to the worker and treating medical practitioner to review. Once all parties are in agreement, and the appropriate medical certificate has been provided by the practitioner indication the employee's capacity and ability to work, formulate an offer of suitable employment.

Copies of the plan must be provided to all involved; the worker, treating practitioner(s), authorized agent, and occupational rehabilitation provider.

When the employee has returned to work ensure the ongoing monitoring and review of the plan ensuring that it is being followed and any of the workers concerns are discussed.

## Suitable Employment

Suitable employment refers to work that suits the nature of the workers injury and their current work capacity. Effectively it refers to those duties that the injured worker can perform without the risk of further injury. Its aim is to support the injured worker so they are able to remain at work while they recover from their injury and return to their normal work when possible.

When determining what suitable duties are available or may be performed the following must be considered.

- All duties should be agreed to by the workers treating doctor
- Duties should be productive and reflect the workers capabilities
- Additional training and supervision may be required
- Take into consideration the entirety of the job, its location accessibility, and the needs of the workplace.
- Review the workplace and the work performed. Assess the risks.

The offer of suitable employment must be documented as part of the return to work plan, and provided to the workers' treating doctor and claim agent.

In the event that an offer of suitable employment may not be made the claims agent must be advised.



# V.I.P. PERSONNEL RETURN TO WORK PLAN

### Employer details

\_\_\_\_\_  
 \_\_\_\_\_  
 Return to work (RTW) plan prepared by  
 \_\_\_\_\_

Plan Number \_\_\_\_\_ Date \_\_\_\_\_  
 Position \_\_\_\_\_ Contact Number \_\_\_\_\_

### Worker details

Given name \_\_\_\_\_  
 Place of residence  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Occupational/pre injury duties (Attach job description if available)  
 \_\_\_\_\_

Surname \_\_\_\_\_  
 Telephone \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Date of injury \_\_\_\_\_ Claim number \_\_\_\_\_  
 Interpreter required?  
 Yes  No  Language \_\_\_\_\_

### Treating medical practitioner details

Name \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Nature of Injury  
 \_\_\_\_\_  
 \_\_\_\_\_

### Other treating practitioners (physiotherapist etc)

Name \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_  
 Current treatment (include how often attending)  
 \_\_\_\_\_  
 \_\_\_\_\_

### Return to work process

Medical restrictions affecting the capacity to work

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Suitable employment offer attached?  
 Yes  No  If no, date this will be reviewed \_\_\_\_\_

Will you be able to offer suitable duties?  
 Yes  No  Unknown

Will assistance for RTW or other occupational rehabilitation services be required for this worker?  
 Yes  No

Estimated date of return to work  
 \_\_\_\_\_ Unknown

Approved occupational rehabilitation provider (if applicable)  
 \_\_\_\_\_  
 Telephone  
 \_\_\_\_\_

Employer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Worker's endorsement \_\_\_\_\_ Date \_\_\_\_\_

Date plan to be reviewed  
 \_\_\_\_\_

Detail occupation rehabilitation services required?  
 \_\_\_\_\_

Date plan forwarded to:  
 Authorised agent \_\_\_\_\_ Treating Practitioner \_\_\_\_\_