

OTAGO POLYTECHNIC MANAGEMENT POLICY		Number: MP0410.04	
Title:	Employee Workplace Injury, Illness, Rehabilitation		
Baldrige Criteria:	5 Workforce		
Chief Executive Approval:	Approval Date: 17 July 2017	Effective Date:	17 July 2017
Previous Policy Number:	na	Review Date:	as required
Contact Authority:	Director People and Culture	Status:	Current

Purpose Otago Polytechnic is committed to providing a positive and supportive work environment which provides for staff health, safety and welfare needs. This takes into consideration both work and non workplace injuries and illnesses.

Background Otago Polytechnic provides appropriate and reasonable support to injured or ill staff in their return to full health and employment, and has responsibilities in relation to the Health and Safety at Work Act 2015 to ensure that work is safe in that the individual's physical and mental health capacity meets the physical and mental requirements of work that they undertake. Employees are also required to work co-operatively with their employer towards a successful return to work.

Statutory Compliance Accident Compensation Act 2001 and subsequent amendments
Health and Safety at Work Act 2015 and subsequent amendments

Policy and Procedures

- Otago Polytechnic expects that staff are able to self manage their personal and occupational wellbeing, are fit for their work tasks, and that at times of decreased wellness staff will seek early treatment and appropriate support.

- All staff are required to promptly report injury, incapacity or health impairment which is affecting their work or safety to their Formal Leader.

3. **Staff Responsibilities:**

Staff must:

- promptly report injury or health impairment which affects their work ability to their Formal Leader
- promptly complete and provide relevant documentation to the Formal Leader for forwarding to Human Resources. Documentation includes medical opinion/diagnosis and ACC forms, so enabling the Polytechnic to support rehabilitation in an informed manner,
- proactively participate in development, management and implementation of rehabilitation plans.

4. **Formal Leader Responsibilities:**

If a Formal Leader is aware of health impairment a staff member has which is, or may be, affecting their work, he or she should discuss this with the individual, offer support and discuss any possible work implications and:

- provide support to employee and others (if required);
- seek advice from the Health and Safety Manager;
- maintain communication with employee when on sick or ACC leave

5. **Support**

Support is available to the member of staff and manager via the:

5.1. Health and Safety Manager

The Health and Safety Manager can arrange assessment of abilities and limitations; give advice on health and safety implications; provide support and rehabilitation planning; and assist with liaison with staff, manager, treatment providers and external agencies.



5.2. Health and Safety Representative

The Health and Safety Representative is the local school/college/service area Health and Safety contact, and can support the Formal Leader/individual.

5.3. Payroll

Payroll can provide information for the manager or individual on:

- queries relating to leave
- liaises with ACC to ensure prompt payments

6. Work-related Injury and Illness

6.1. Employees must notify their Formal Leader as soon as possible of a work-related injury or illness. Appropriate treatment and support will be provided.

6.2. An Otago Polytechnic Accident/Incident Report Form (VAULT) must be completed (see policy MP0404 Accident and Incident Reporting). Automatic notifications occurs when submitted and is received by Formal Leader, Health and Safety Representative, and the Health and Safety Manager.

6.3. On receipt of the completed form, the Health and Safety Manager will:

- assess the nature and degree of the injury or illness
- if appropriate, may make contact with injured or ill person
- check that appropriate treatment and support has been given
- check that cause has been identified and appropriate preventative measures have been taken.

7. ACC – Work Related

7.1. When an employee has medical or ACC-approved bio-mechanical treatment for a work related injury, Otago Polytechnic receives a Work Injury Notification from ACC. This form is sent to the Health and Safety Manager to confirm that the injury is work-related and to ensure internal forms and processes are completed.

7.2. Surcharge for Treatment

There is a surcharge for ACC related medical and approved bio-mechanical treatment (e.g. physiotherapy). Once Otago Polytechnic has confirmed that the injury is work-related, the Health and Safety Manager has delegated authority to approve reimbursement of the surcharges up to a maximum of \$100 per annum. Staff are to contact the Health and Safety Manager and provide receipts and a claims reimbursement form.

8. Leave

8.1. The member of staff will promptly send a copy of the ACC certificate(s) to their Formal Leader who will forward it to Human Resources, for Payroll and the Health and Safety Manager.

8.2. Sick Leave Entitlement on ACC

The first week off is 100% Otago Polytechnic payment (no loss of sick leave). Following weeks, 20% (the non-ACC component) is debited from the employee's sick leave entitlement.



9. **Rehabilitation**

- 9.1. The Formal Leader is responsible for managing the rehabilitation process in the workplace. It is expected that the completed return to work plan (RTW) (Appendix 1) will involve the Health and Safety Manager who will discuss rehabilitation with the member of staff, their Formal leader and ACC Case Manager, if applicable, with a view to a supported return to work as soon as possible. The school/college/service area Health and Safety Representative also has a role in support.
- 9.2. Where appropriate, rehabilitation or specialised equipment may be provided.
- 9.3. The member of staff continues to receive their regular salary and must promptly provide ACC and the Polytechnic with all ongoing ACC/medical certificates.

10. **Non-work Injuries / Ill-Health resulting in impairment or incapacity**

- 10.1. Support is available, where appropriate, where a person has a non-work injury or illness resulting in impairment or incapacity.
- 10.2. Referral should be made to the Health and Safety Manager immediately or within five calendar days of sick leave commencing.
- 10.3. When notified, the Health and Safety Manager will contact the employee to discuss possible work rehabilitation options.
- 10.4. *ACC (non-work injury)*
The employee continues to receive their regular salary. The first week off will be paid from the person's sick leave. In the following weeks, 20% is debited from the employee's sick leave and 80% is reimbursed to Polytechnic by ACC.

Referral Documents

MP0404 Accident and Incident Reporting
Return to Work Plan – Appendix 1
Informed Consent Form – Appendix 2

Approved by Chief Executive

Date: 17 July 2017



WORK RELATED INCIDENT	NON WORK RELATED INCIDENT
EMPLOYEE DETAILS	
Name: _____	Job Title: _____
School / Service Area: _____	
Normal Hours Worked: _____	

PRE INCIDENT DUTIES	
Location of Work: _____	
Type of Work _____	

DETAIL OF MEDICAL CERTIFICATE	
Date: _____	
Review Date: _____	
Expected RTW Date: _____	
Restrictions: _____	

WORKPLACE SUPPORT	
Date to commence RTW: _____	
Support Person: _____	
Permissible Duties _____	

GOALS OF RETURN TO WORK PLAN	
Next review meeting set for: _____	
Starting Work Days: _____	
Target Work Days: _____	
Starting Work Hours: _____	
Target Work Hours: _____	



RETURN TO WORK OUTLINE (4 WEEKS)

WEEK 1

Days Work (Circle) M T W T F S S

Hours per day: _____

Breaks to be taken:
(No. & frequency) _____

Duties: _____

WEEK 2

Days Work (Circle) M T W T F S S

Hours per day: _____

Breaks to be taken:
(No. & frequency) _____

Duties: _____

WEEK 3

Days Work (Circle) M T W T F S S

Hours per day: _____

Breaks to be taken:
(No. & frequency) _____

Duties: _____

WEEK 4

Days Work (Circle) M T W T F S S

Hours per day: _____

Breaks to be taken:
(No. & frequency) _____

Duties: _____



COMMENTS AND ACTIONS DURING PLAN PERIOD

ADDITIONAL INFORMATION
VAULT incident Number: _____
ACC Case Number: _____
ACC Case Manager: _____
Treatment Provider: _____ (If known)

RTW SIGN OFF
Next Review date: _____
Staff member: _____
Formal Leader: _____
Health & Safety Manager: _____

Distribution: Scan original signed version and email copy to:

- Staff member
- Head of School/College / Service Leader
- Health & Safety Manager

Health & Safety Manager to file electronically in Current year Health & Safety folder / Rehabilitation Plans / School/College / Service Area

File Name: Date in reverse order / Staff Name Initials / RTW Plan e.g. 151204 AW RTW Plan



Informed Consent Form – RTW Plan

Please complete this form to give Otago Polytechnics Health and Safety Manager access to medical information in relation to your recent Workplace Accident or Non Work related injury where Otago Polytechnic are assisting with your Return to Work Plan. Any information gathered from Treatment Providers or General Practitioner (GP) is to assist with the development of a Return To Work Plan will be held securely by the H&S Manager. You should read the declaration and sign it to give your consent.

The completed form should then be returned to your Return to Work Coordinator (H&S Manager) at Otago Polytechnic

H&S Manager
Private Bag 1910
Forth Street Campus
Dunedin, 9054

Your full name
Home address Tel:
Date of birth
Your General Practitioner's (GP's) name and address Tel:
Your treating specialist's name and address (if applicable) Tel:

Declaration

- ◆ The reasons for the request for information have been explained to me and I consent to a report being sent to OP H&S Manager to answer their questions.
- ◆ I understand that I am not obliged to give consent and this can be withdrawn at any time.
- ◆ I understand that the information given will be retained by OP H&S Manager on a confidential basis and that any advice given to them will be expressed in terms of my fitness to carry out the proposed duties both now and in the future. I understand that no medical information will be released without my express written consent.
- ◆ The information will only be in relation to a Workplace Accident or Non Work Injury for the purpose to create an appropriate return to work plan
- ◆ I understand that I have rights under the following legislation – The Privacy Act 1993, The Health Information Privacy Code 1994.
- ◆ The Otago Polytechnic will comply with the provisions of the above legislation where applicable
- ◆ **I consent to Otago Polytechnic applying to my GP or specialist for a medical report about me in relation to the recent Workplace Accident or Non Work Injury**

Signature	Date
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OR;

I declare to the best of my knowledge, I have the authority to consent to the collection and release of information on behalf of the above named.

Employee's name: _____

Representative's signature

Signature	Date
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