

**1. Purpose**

To describe the procedure for managing work-related injury or illness and to facilitate an early safe return to work for affected workers.

2. Scope

This procedure applies to Site/Field Officers/Supervisors and Managers/WHS personnel and Injury Management Coordinators to manage work related injury or illness

The procedure will be used to manage work related injury or illness.

Exclusions

This document does not include:

- Incident Management Procedure
- Crisis Management Procedure

3. Definitions

Name	Definition
Illness	<p>Identifiable, adverse physical or mental condition arising from and/or made worse by a work activity and/or work-related situation. A physiological harm or loss of capacity produced by systemic infection, continued, or repeated stress or strain, or other continued and repeated exposure to conditions of the work environment over a period of time. For practical purposes, an occupational illness/disease is any reported condition which does not meet the definition of injury (traumatic).</p> <p>If there is no specific event and/or there is a chain of activities greater than one shift that leads to a condition, then the classification is illness.</p>
Injury	<p>Identifiable, adverse physical or mental condition arising from and/or made worse by a work activity and/or work-related situation.</p> <p>A wound or other condition of the body caused by external force including stress or strain. The injury is identifiable as to time and place of occurrence and member or function of the body affected and is caused by a specific event or incident or series of events or incident within a single day or work shift.</p>
Injury Management Coordinator (IMC)	The company designated person responsible as the liaison with doctors, injured or ill workers, etc. to coordinate the return-to-work plan.
Lost Time Injury (LTI)	<p>Those occurrences that resulted in a fatality, permanent disability or time lost from work for the next day or rostered shift or longer.</p> <p>To be classified as an LTI, a general practitioner or other medical professional must issue a first medical certificate to indicate that the injured or ill worker cannot perform their normal duties for the next day or rostered shift or longer.</p> <p>Time taken to travel to/from medical evaluation does not count towards lost time unless the medical evaluation determines that the injured/ill worker or contractor cannot perform any duties the day/shift following the incident.</p>
Lost Workdays	The number of days the person was scheduled to work but was deemed unfit to work by a medical practitioner following a work-related injury.



Name	Definition
Medical Treatment Injury (MTI)	Those occurrences which are not an LTI, but which resulted in an injury requiring medical intervention from a general practitioner or other medical professional. An MTI may include, but is not limited to: <ul style="list-style-type: none">• Administration of immunizations (except tetanus immunizations which is first aid)• Wound closing devices such as sutures or staples or surgical glue• Use of rigid means of support such as plaster cast• Physical therapy/physiotherapy/chiropractic treatment when referred by a medical practitioner.
Occupational Illnesses/ Diseases (OCI)	Those occurrences involving infection continued or repeated stress or strain, exposure to toxins, poisons, etc. or other continued and repeated exposures to conditions of the work environment over a period of time. If there is no specific event and/or there is a chain of activities that leads to a condition, then the classification is illness.
Workplace Rehabilitation Provider (WRP)	A company approved health professional referred to by the PCBU, insurer or treating medical practitioner to assess the needs of the injured or ill worker and workplace requirements and develop a rehabilitation plan to enable a worker to return to work.
Restricted Work Injury (RWI)	A restricted work case occurs when, as the result of a work-related injury or illness <ul style="list-style-type: none">• the worker is prevented from performing one or more of the routine functions for their job or from working a full workday which they have been scheduled to work.
Restricted work days	The number of days the person was scheduled to work but was deemed to only be fit for suitable duties/restricted work by a treating medical practitioner following a work-related injury.
Treating Medical Practitioner (TMP)	A doctor nominated by the injured or ill worker.
Return to Work Program (RTWP)	The written program/process identifies the working restrictions applied while providing meaningful work that aids an injured worker return to full duties.
Injured Worker (IW) also known as Injured Person (IP)	Refers to the person or worker who has been injured or suffered illness through a workplace incident.
First Aid Injury (FAI) also known as Minor Injury (MI)	First aid injury where a first aid officer or a medical professional shall provide non-medical intervention to a workplace injury.
Lost Time Injury Frequency Rate (LTIFR)	This is an industry standard for reporting worker lost time injuries.
Medical Treated Injury Frequency Rate (MTIFR)	This is an industry standard for reporting worker medically treated injuries.
All Injury Frequency Rate	The combined value of all worker injuries including first aid, medical treatment, restricted work & lost time injuries.

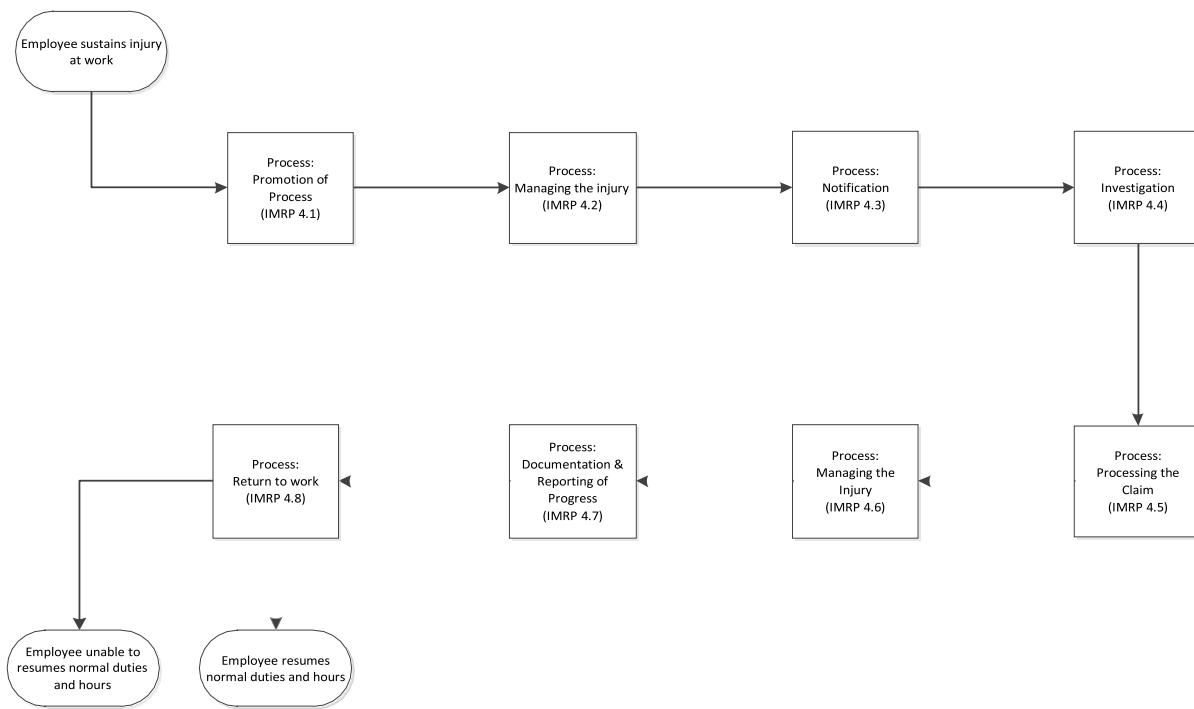
Name	Definition
AIFR	This is an industry standard for reporting worker All Injuries.
SI	Serious Injuries identify a combination of lost time, restricted work, and medical treated injuries.
SIFR	This is an industry standard for reporting worker serious injuries.

4. Procedure

4.1 Injury and Illness management guide

The Supervisor/Field Officer/WHS Consultant/WHS Manager shall ensure the injury and illness management guide is displayed in a prominent location at their workplace

Figure 1 - ETI Injury Management and Rehabilitation Guideline



4.2 Managing the Injury

4.2.1 Arranging for first aid and/or medical treatment following a work-related injury or illness for workers

If medical treatment is required, the Workplace Supervisor/Site Manager/Field Officer shall arrange appropriate first aid. The Injury Management Coordinator/WHS Coordinator shall advise on or arrange appropriate medical attention and/or transfer to an appropriate medical facility should the worker require medical attention. Approval should be sought from the Injury Management Coordinator/WHS Coordinator/Field Officer before a worker is sent home by their Workplace/Host Supervisor.

In order to respect the privacy of the injured or ill worker, the person escorting them to the medical facility must wait outside the clinical rooms and then discuss with the doctor the prognosis, treatment and capacity for work following the consult.

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NOTE: Where a worker state they are unable to finish their shift following a work-related injury or illness, the worker must see a medical practitioner prior to going home

4.2.2 Managing injured or ill contractors and / or subcontractors

All contractors and/or subcontractors used by ETI shall have in place an appropriate injury management programme than includes the provision of injury or illness rehabilitation and meets applicable regulatory requirements. If they do not have this in place, or if it does not meet applicable regulatory requirements, the IMC shall consult with the contractor/subcontractor's company on the injury/illness management process for the affected worker.

ETI also reserves the right to have any injured or ill contractor/subcontractor assessed by a nominated medical professional. Contractors/subcontractors shall make themselves available for such assessments.

In cases of absence from work due to non-work-related injury or illness that could result in potential aggravation or affect the contractors/subcontractor's ability to safely perform essential job functions, the contractor/subcontractor is required to submit to ETI, a return-to-work certificate signed by a qualified doctor.

It is the contractor/subcontractor's responsibility to immediately advise the site manager/field officer/manager if they are unable to perform their normal job duties as a result of a non-work-related injury or illness.

The Site Manager/Field Officer/Manager shall send a copy of the return-to-work medical certificate to the IMC/WHS Consultant advising of their capacity to return to work.

4.3 Notification Process

4.3.1 Receiving notification of a work-related injury or illness

Any worker experiencing a work-related injury or symptoms of illness shall notify their ETI Workplace Supervisor/Manager, EGT Field Officer or the WHS Team as soon as practicable.

For ETI Apprentice Incidents: the IMC will email the relevant Field Officer, Operations PlacementOfficer, Payroll Officer and cc the Operations Manager and WHS Manager.

For ETI staff, the IMC will email the relevant Manager, Human Resources and cc relevantManager and WHS Manager.

4.3.2 Notifying other parties of a work-related injury or illness

The Supervisor/Site Manager/Field Officer/WHS Consultant/WHS Manager shall ensure that the injured or ill individual's next of kin and/or emergency contact(s) are notified (in conjunction with the Human Resources department) where appropriate.

If the injured or ill person is under 18 years of age their next of kin must be contacted, and if required permission sought to manage the injury or illness

If the injured or ill person is a contractor or subcontractor, the relevant ETI representative shall notify the contractors/subcontractor's company and provide all necessary information to assist them to meet their notification and injury management obligations.

Report the incident to Work Safe/Work Cover/Energy Safety or other relevant body as appropriate and as per legislative requirements.

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4.4 Documenting the work-related injury or illness (The investigation process)

The IMC/WHS Consultant shall document the incident as per the Incident Management Procedure

4.5 Processing the injury claim

4.5.1 No ongoing medical treatment required

If following the initial medical assessment, the treating doctor determines that the worker is fit to return to work and does not require ongoing medical treatment, they will provide a full clearance Final Medical Certificate to the worker. The worker may then return to normal pre-injury/illness duties and hours.

A copy of the issued medical certificate shall be forwarded to the IMC/WHS Consultant. The IMC shall retain a copy of the medical certificate in the Incident Report in SHEQ on PeopleTray.

4.5.2 Ongoing medical treatment required

If the treating doctor believes the injury or illness is work related, they will issue an initial medical certificate to the worker. If the initial medical assessment **determines that the worker requires ongoing medical treatment and has partial capacity** for work or has total capacity for work but is unable to return to pre-injury position or hours initially, the IMC shall develop a return-to-work plan.

4.5.3 Consultation on Worker's Compensation claim

The IMC shall discuss the compensation claim process with the worker, who shall determine if they wish to submit a claim form with the Company Insurers.

4.5.4 Lodging an injured or ill worker compensation claim

In cases where an injury or illness is assessed as work-related and the treating doctor has issued an initial medical certificate, an employee compensation claim may be lodged.

4.5.5 Worker Claim

The IMC shall forward the injured or ill a Worker Compensation Claim Form and an advice acknowledgement form.

4.5.6 Worker Choses not to Claim

If the injured or ill worker does not wish to make a worker's compensation claim, they shall complete the advice acknowledgement form; advising they have been offered and advised of the benefits of accepting assistance with their workplace injury and that they have chosen not to lodge a claim.

4.5.7 Storage of Documentation

The IMC shall file completed form(s) in the workers file and load onto People Tray, completing the authorization for disclosure of medical information records.

All information concerning an injured or ill worker is confidential. Such information shall not be discussed with or shown to or read by anyone who is not directly involved in the worker's injury management process.

4.5.8 Consent Authority

The initial medical certificate received by the treating doctor shall contain a 'consent authority' that, when signed by the injured or ill worker, allows the treating doctor to discuss the claim and medical condition with the company and its insurer.

In situations where a consent authority has not been obtained, for example no first medical certificate has been issued, or the injured worker has chosen not to complete an injured worker compensation claim form, the injured or ill worker shall sign an information consent form to release information to all parties involved in the injury management process.

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The worker's consent may be withdrawn at any time however, if consent is withdrawn, return to work may not proceed and it may affect the worker's entitlements to injured or ill workers' compensation benefits.

4.5.9 Filing

The IMC shall file the completed form in the worker's file and also upload to SHEQ in PeopleTray.

4.6 Managing the Injury Process

4.6.1 Establishing and maintaining communication with the injured or ill worker

When an injured or ill worker has been certified unfit or fit for restricted work by a treating doctor and is undergoing rehabilitation, the worker's supervisor/field officer/manager shall establish and maintain regular communication with the worker and support their return-to-work goals.

In addition, the IMC shall make initial contact with the injured or ill worker, their supervisor/field officer and the nominated treating doctor to monitor the progress of treatment and discuss and monitor the return-to-work plan.

The IMC shall provide regular updates after each medical visit to the supervisor/field officer/manager to satisfy internal and statutory reporting obligations.

The IMC shall, in conjunction with the site supervisor/field officer/manager review the progress of the injured worker to ensure that the workers' mental and physical wellbeing is monitored, such that any deteriorations are noted, and appropriate actions are taken. The return-to-work plan shall be modified to support the workers' wellbeing.

Note that it is important that personal information gathered during the injury or illness case management process is treated with sensitivity and that confidentiality is maintained.

4.6.2 Nominated Treating Medical Practitioner

When ongoing medical treatment is required, the injured or ill worker may nominate a treating doctor to assist and to help develop, implement, and review the return-to-work plan. The nominated treating doctor is responsible for arranging appropriate medical treatment and completing the appropriate medical certificates.

When an worker is assessed as suffering from a work-related injury or illness, the injured worker, their supervisor, and the IMC shall work with the nominated treating doctor to ascertain whether the worker is:

- unfit for duty
- fit for restricted duty
- fit for full duty

4.6.3 Reviewing Medical Practitioner

In certain circumstances, ETI may seek another medical opinion and can refer the injured or ill worker for review to a doctor of the company's choice.

Injured or ill workers must attend all examinations arranged for them by the company for compliance with relevant injured workers' compensation legislation or to obtain a release for return to work. The ultimate choice of treating doctor remains with the injured worker and this needs to be respected.



4.7 Documentation and Reporting Injuries and Illnesses

4.7.1 Injury and illness statistics and trending

Safety metrics are reported monthly and discussed during a monthly executive meeting. These metrics are set up as KPI's to monitor the Company's safety performance and to enable the Company to compare year on year performance and how the company is tracking about industry performance.

The total number of incidents, number of FAI, RWI, LTI, AI, SI, LTIFR, MTIFR, AIFR, SIFR and Severity Rate etc. may be discussed at safety meetings.

On a monthly basis the IMC/WHS Consultant/WHS Manager shall determine the hours worked by all workers (including any overtime or extra shifts etc.) and the total worker numbers. This information will be used to determine the LTFIR and MTFIR.

The IMC/WHS Consultant shall keep records or the number of lost workdays and number of restricted workdays and report this information to the WHS Manager on a monthly basis.

4.7.2 Classifying injuries and illnesses

The IMC/WHS Consultant are responsible for classifying injuries and illnesses on advice from the WHS Manager

An incident or injury classified as an MTI, RWI, and LTI may be downgraded based on review of all relevant information regarding the injury/illness by the WHS Manager, and through discussion with the IMC/WHS Consultant.

The WHS Manager is to make an informed decision to support or oppose the downgrade.

4.7.3 Incident and injury classification review

The IMC/WHS Consultant and WHS Manager shall perform a monthly review of the injury or illness classifications to ensure accuracy of recorded data.

4.7.4 Settlement of Workers Compensation Claims

In the event that a worker's compensation claim is recommended for settlement then the IMC shall contact the Insurer.

The Insurer will in turn arrange for the appropriate legal and WorkCover documents to be completed and lodged – copies of these documents will be forwarded to the IMC. The management of claim settlement is not an internal process and is managed externally by the Insurer.

4.7.5 Controlling Records

Record	Responsible person	Storage location	Minimum periodretention
Medical Certificates (Original and Copy)	Injury Management Coordinator	Maintained in personnel file at main office (upload onto SHEQ in PeopleTray)	7 years after completion of the injury management process.
Introduction letter (copy)	Injury Management Coordinator	Maintained in personnel file at main office (uploaded onto SHEQ in People Tray)	
Advice Acknowledgement letter (original)	Injury Management Coordinator	Sent (or handed) to worker. When returned, maintained in worker's file. Uploaded to SHEQ in PeopleTray. Copy emailed to insurance company	
Return to work plan	Injury Management Coordinator	Copy sent to treating doctor (if requested), injured or ill worker and insurer	
Workers compensation claim form	Injury Management Coordinator	Maintained in worker's file and uploaded to SHEQ in PeopleTray. Copy emailed to insurance company	

4.8 Preparing a Return-To-Work Plan (RTWP)

A return-to-work plan shall be documented as soon as practicable after the treating doctor indicates in writing, the need for the injured or ill worker to undertake ongoing medical treatment and signs a medical certificate to indicate that the injured or ill worker has partial capacity for work or has total capacity for work but is initially unable to return to preinjury position and hours.

When preparing the return-to-work plan, the IMC shall, in consultation with the treating doctor, consider the following aspects to assist the injured or ill worker returning to work.



Item	Description
Job modification	This involves hours, shifts and work organization. Alterations such as change or reduction in shifts, return to work on initially reduced hours and upgrading, or re-organizing work patterns to avoid specific activities that may aggravate the injury or illness
Worker assistance	This includes the provision of aids to assist and worker to carry out their work, e.g., lumbar rolls, splints, or other specific tools. Training such as a specific fitness program, functional education regarding work technique may also be necessary.
Workplace modification	This includes all structured and environmental changes to the workplace to accommodate the injured worker e.g., mechanical lifting aids. Alternatively, part of a process may be altered to eliminate or modify a task that may place excessive physical demands on an worker

The return-to-work plan shall also include, as a minimum:

- the authors name
- the name of the injured or ill worker
- a description of the goal of the return-to-work plan
- the actions to be taken to enable the injured or ill worker to return to work and who is responsible for each action
- suitable duties that the injured or ill worker may undertake
- a statement as to whether the injured or ill worker agrees to the content of the programme

Once the return-to-work plan has been developed, medical approval must be sought to ensure that the duties are suitable and appropriate for the injured or ill worker.

The agreed return to work plan shall be signed by the injured or ill worker and the Injury Management Coordinator.

The IMC shall file the original return to work plan in the worker's file and the electronic version of the return-to-work plan in SHEQ on PeopleTray.

A copy of the return-to-work plan shall be provided to the Insurer, ETI Field Officer/Workplace Manager, Treating Medical Practitioner (doctor) and the injured or ill worker.

The injured or ill worker shall actively participate in their RTWP and follow the restrictions specifically outlined on their medical certificate(s)

4.8.1 Providing suitable duties

The IMC shall ensure that the injured or ill worker is provided with suitable duties where it is reasonably practical to do so. According to the hierarchy of rehabilitation goals, the initial focus will be on maintaining the worker in, or returning the worker to, their pre-injury employment. It shall be recognized that the injured worker's pre-injury business unit within ETI, maintains responsibility for their injured worker.

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Where it is medically identified that the worker will be unable to complete their full pre-injury duties, the following parties shall be consulted to determine suitable temporary duties:

- Injured worker
- Supervisor(s)/Manager(s)
- Field Officer(s)
- IMC/WHS Consultant
- Treatment Medical Provider(s), e.g., nominated treating doctor
- Accredited rehabilitation provider (where involved) (see section 4.8.6)

Suitable duties may take different forms for example the same duties but with reduced hours or modified and/or alternate duties in the same or different work area. In the majority of cases, suitable duties will only need to be provided for a temporary period until the injured worker is fit to resume the full duties of their pre-injury or illness position.

The suitable duties shall be identified, agreed to and documented in the return-to-work plan.

4.8.2 Monitoring and updating the return-to-work plan

The IMC shall monitor the return-to-work plan to ensure it remains effective and up to date. The injured or ill worker's return to work plan shall comply with the conditions and restrictions outlined in the most recent medical certificate from the treating doctor.

Any amendments made to the return-to-work plan must be documented, and a copy provided to the Supervisor/Field officer, the injured or ill worker and the treating doctor.

4.8.3 Determining when/if an injured or ill worker can resume pre-injury duties and hours The injured or ill worker shall adhere to the return-to-work plan until the treating doctor determines that the worker is suitable to return to pre-injury/illness duties and issues or issues a final medical certificate.

4.8.4 When an injured or ill worker can resume pre-injury duties and hours

The Site Manager/Field Officer or injured person shall send a copy of the final medical certificate to the IMC if not already received from the treating doctor or injured/ill worker.

The IMC shall keep a copy of the final medical certificate both in the workers file and in SHEQ in PeopleTray.

4.8.5 When an injured or ill worker can resume pre-injury duties and hours

If the treating doctor determines that the injured or ill worker is unable to return to their pre-injury duties and hours, then alternative vocational goals and training, or permanently modified duties may need to be implemented.

4.8.6 Using an external rehabilitation provider

The referral to a qualified rehabilitation provider may be necessary in the event of a Lost Time Injury or Restricted Work Case and shall be initiated through contact between the treating doctor, the injured or ill worker and the Injury Management Coordinator.

The treating doctor and/or the IMC shall discuss the referral with the Insurer – who will issue the approval. The IMC will discuss with the injured or ill worker to explaining the injury management process and how the rehabilitation provider can assist. The focus of the service is an early and safe return to work, even if it starts out as a restricted duty.



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4.8.7 Non-work-related injuries or illnesses

The following injuries and illnesses are classified as non-work related:

- At the time of the injury or illness, the worker or contractor was present in the work environment as a member of the general public rather than as an worker or contractor.
- The injury or illness involves signs or symptoms that surface at work but result solely from a non-work-related event or exposure that occurs outside the work environment
- The injury or illness results solely from voluntary participation in a wellness or in a medical, fitness, or recreational activity such as blood donation, physical examination, flu shot, exercise class or other sports activities.
- The injury or illness is solely the result of an worker or contractor eating, drinking, or preparing food or drink for personal consumption (whether bought on the PCBU's premises or brought in)
- The injury or illness is solely the result of an worker or contractor doing personal tasks (unrelated to their employment) using the PCBU's equipment at the establishment outside of the workers or contractor's assigned working hours.
- The injury or illness is solely the result of personal grooming or self-medication for a non-work-related condition, results from acts of violence unrelated to the worker's employment or is intentionally self-inflicted.
- The injury or illness is caused by a motor vehicle accident and occurs while the worker or contractor is commuting to and from work.
- The illness is the common cold or flu.
- **Note:** contagious disease such as tuberculosis, brucellosis, hepatitis A, or plague is considered work-related if the worker or contractor is infected at work.
- The injury or illness results solely from activity in voluntary community or civic projects away from the work environment.
- Injuries occurring while an worker or contractor is on travel status are also not considered work related when:
 - a home away from home has been established
 - commuting from home away from home to a fixed work site each day or if the worker or contractor takes a personal detour from the route of business travel
 - commuting from home to the airport and the airport to home

Note: Commuting to/from a mine site to/from an airport is considered work related.

5. Reference Documents

Type	Reference	Title
ETI Procedures		Workers Compensation Notification Procedure
		Workers Compensation Procedure
		Injury Classification Guideline
		Crisis Management Procedure
Associated Forms & Documents		Return To Work Template
		Injured Workers' Procedure Flow Chart
		Advice Acknowledgement Form
External		Workers Compensation Claim Form (WorkSafe)