



# NOV-HSE-02-PRO-001 NOVA INJURY MANAGEMENT

**NOVA OPERATION**  
DATE: 10 SEPTEMBER 2020



DATE	NAME	CHANGE	APPROVED	REVISION
10/09/20	Jenny Jaksic	Final		0



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## 1. PURPOSE

To outline the process for managing injuries and illnesses in the workplace. The primary objective of an injury management program is to assist injured or ill employees to remain at work or return to work as soon as safely possible, in accordance with medical advice. This procedure supports requirements outlined in IGO Group Safety Standard 3 Occupational Health and Wellbeing Standard.

## 2. SCOPE

This Procedure applies to all employees, contractors and visitors at the IGO Nova site. It is intended for:

- Work related injury or illness
- Non-work-related injury or illness - onsite
- Non-work-related injury or illness – offsite

## 3. DOCUMENT REVIEW OR CHANGE

This Procedure shall be reviewed as a minimum:

- At intervals no greater than 2 years;
- When there is a change in Legislation, Code of Practice, Australian Standard, or other relevant reference material; or
- In the event of an incident to which this procedure was relevant.

## 4. DOCUMENT REVISION SUMMARY

DATE	CHANGE	APPROVED	REVISION

## 5. RECORDS MANAGEMENT

- All medical information obtained by IGO will be treated as confidential and used only for the purposes of assessing fitness for work.
- Information will be held in a secure electronic file system such as Solv Health or Solv Injury.



## 6. PERSONAL INJURY/ ILLNESS (OFF SITE)

### 6.1 Reporting of a Personal Injury Offsite

- Should an employee sustain a non-work-related injury or illness on their R&R or during leave that impacts their fitness for work, it is the responsibility of that person to inform their supervisor prior to returning to work.
- The employee, at their own cost, must obtain and provide adequate medical assessment information to their supervisor who will forward it to the Nurse / Medic for review. This should detail the nature of any required restrictions.
- The supervisor shall notify the Nurse/ Medic as soon as they are made aware of an employee's condition that impacts their fitness for work, so that they can discuss return to work options if required.
- Should the employee refuse to provide details of their injury/ illness it may be necessary, following discussion with the Department Manager, to refuse permission to return to work on the grounds that the risk cannot be properly assessed.
- It is the employee's responsibility to provide all progress medical certificates to onsite medical staff and their supervisor during their period of absence from work.

### 6.2 Return to site

- The site Nurse/ Medic may decide a GP clearance only is required (in the case of cold/flu, gastro etc.) or that the person will require clearance from a Specialist Medical Provider ( in the case of a more serious illness, or following an operation or injury that may affect the person's ability to complete their job safely etc.).
- Once the worker's treating practitioner feels they can return to work, the completed Work Capacity Report (Appendix 2), or contractor's equivalent document, shall be sent to the site Nurse/ Medic as soon as possible.
- The injured person (IP) must attend the Fitness For Work (FFW) assessment to be fully cleared at a company level. The Company Preferred Provider fully understands the workplace demands and job roles and how the IP's injury/ illness may be affected by the workplace.
- The IP shall not be able to return to site until this clearance is received, or as part of an approved Return to Work Plan when ongoing restrictions to normal duties are recommended.

### 6.3 Department Manager's Discretion – Restricted duties for Personal Injuries

- Where a worker's medical practitioner deems them fit for restricted duties, it is up to the Department Manager to liaise with the site Nurse/ Medic to assess the risk of the worker returning to site and the potential duties available before deciding on the matter.
- The Department Managers can use their discretion in relation to the matter as they see fit. They may choose to assist a person by providing alternate duties or not as the circumstances dictate. This includes denying a person permission to return to site until deemed fit for full duties.
- Where a person with a personal illness is returning to site on restricted duties, a Return to Work Plan must be documented and the required approvals obtained before returning to site.



## 7. NON – WORK RELATED INJURY/ ILLNESS (ON SITE)

- It is the responsibility of the injured or ill person to inform their supervisor of any issue that may affect their ability to work safely and effectively.
- Contact with the site Nurse/ Medic out of hours should only occur for emergency medical treatment.
- Where a person has not reported for work, the supervisor must first attempt to contact the person prior to contacting the Nurse/ Medic to go into camp to assess the person.
- The Nurse/ Medic should not attend a person's room on their own. The injured or ill person's supervisor (or delegate) shall accompany the Nurse/ Medic to conduct the assessment.

### 7.1 Treatment and Recommendations

- Where it is deemed necessary by the Nurse/ Medic, they may administer and or provide appropriate medication after consultation (when required) with the IGO medical provider (Poison Permit Holder) via a remote consultation.
- The Nurse/ Medic may then ask the person to return at a predetermined date and time to reassess their condition. If the person does not attend these reassessments where requested, their respective supervisor will be contacted to bring the person to the medical centre for assessment.
- It is the individual's responsibility to ensure they inform their supervisor if they are fit to continue with their duties. They should advise their supervisor of the details of any restrictions they may have. The Nurse/ Medic will provide a follow up email to the supervisor with details of the outcome of the assessment undertaken.
- Any worker returning to site requiring ongoing medical treatment must send a medical certificate outlining what treatment they require, and what restrictions (if any) have been placed on their duties. Admittance back on site will be at the discretion of the individual's manager in consultation with the Nurse/ Medic and must be formally documented in a Return to Work Plan.
- If in the opinion of the Nurse/Medic there remains a concern for the welfare of an IGO employee returning to work (even if they have a medical clearance certificate), IGO Nova has the right to require that the individual be further reviewed by Nova's preferred medical provider as a precondition to approval to return to site. This is at IGO's expense. If the worker is a contractor then they will be referred back to their own employer for assessment. IGO has the right to withhold site access permission until it is satisfied of a worker's fitness for work.

### 7.2 Medication and Prescription Medication

- Any medication taken by a worker that could impair their fitness for work must be declared to their Supervisor and Nurse/ Medic prior to entry to site with the completion of the Medical Declaration Form (Appendix 1).
- The Nurse/ Medic is only required to provide a day's worth of medication, where it is available onsite, at a time and should not be expected to cover a person's entire medication needs.



### 7.3 Doctors Consultation

- Doctors consultations onsite are provided via phone consult to an IGO Medical Provider. This is at the cost of IGO.
- Any medical expenses incurred by a worker for a work-related injury will only be reimbursed via the Workers Compensation claim process.
- Any other visits to a doctor for a non-work-related illness, whether recommended or not by the Nurse/ Medic, are done at the expense of the individual.
- After completing their assessment, the Nurse/ Medic may decide to send the IP off site for further assessment either by:
  - IGO Preferred Medical Provider
  - Personal Treating Medical Practitioner
- If sent off site for further assessment, the Nurse/ Medic is to send all relevant documentation pertaining to injury/ illness to the medical provider.

### 7.4 Off site Consultations

- If an employee chooses to consult their own medical provider, any time off will be assessed in accordance with Group HR Standard 4 Leave Management and approved by the relevant Department Manager.
- If the illness/ injury is a medical emergency, RFDS will be contacted with the intention to air lift the worker for further medical assessment and treatment. If RFDS is unable to collect them, other alternate routes of transport will be sought. This decision will be guided by the RFDS and or IGO Medical Provider.

## 8. WORK RELATED INJURY/ ILLNESS (ON SITE)

- If a worker does not attend work, it is the responsibility of the supervisor to ensure that wellness checks are performed. If concerned for the safety or wellbeing of personnel, the site Nurse/ Medic may also attend alongside the supervisor.
- Any injury that is minor (i.e. minor sprains/ strains, small wounds, and minor illnesses), that occurs outside of medical centre hours, should be managed with first aid. The worker can then be reviewed by the Nurse/ Medic during routine clinic times.
- If the injury is potentially serious, the Nurse/ Medic shall be called immediately.

### 8.1 Reporting Injuries and Illness

- Any person who sustains an injury or illness as the result of an incident at work or has reason to believe that work has significantly aggravated a pre-existing injury or illness, must report the injury or illness to their Supervisor immediately. Persons should report to their supervisor immediately following the incident; or, if there is no distinct incident, as soon as they become aware of symptoms.
- If the individual does not report the injury or illness until they are off site, they must contact the site Nurse/ Medic and their Supervisor as soon as possible.



## 8.2 Clinic Times

Nova Site	Nova Camp
05:30 – 16:25	16:35 – 17:30

## 8.3 Treatment

- Nova medical staff will provide first aid or other medical assistance to all workers requiring assistance in the event of a medical emergency, illness, or injury in so far as is practical, and in line with their respective qualifications. At Nova, the Nurse/ Medic will be regarded as the medical authority until further medical assessment and treatment is sought.
- Initial assessment and medical treatment will be provided by the site Nurse/ Medic (including Exercise Physiologist).
- If the worker is cleared by the Nurse/ Medic as fit for full duties, they can return to work, but the worker must notify their supervisor and Nurse/Medic immediately if any further issues arise.
- If the worker can return to work on precautionary duties, the Nurse/ Medic shall discuss suitable duties with the worker's supervisor, and these shall be detailed in the medical notes and notification email.
- The supervisor is to ensure that the worker follows these precautions and that they attend the medical centre for reviews regularly as detailed in the notification email.

## 8.4 Evacuation and External Medical Treatment

- If the injury/ illness has not resolved despite treatment, and the person requires further offsite medical treatment, the site Nurse/Medic:
  - Will recommend the individual leave site for the purpose of seeking a medical evaluation.
  - Shall arrange for emergency evacuation via RFDS or other means as instructed by RFDS or IGO Medical Provider if it is deemed a medical emergency. Goldfield Airlines (Chartered Flights) may also be utilised if RFDS is unavailable in sufficient time.
  - Shall arrange an appointment with the Company Medical Provider or worker's chosen Medical Provider prior to the individual leaving site if the injury/ illness is work related. (i.e. only for IGO Staff).
  - Shall provide appointment details to the worker and liaise with their supervisor and IGO IMC regarding transport to the appointment/ hospital.
  - Shall, if practicable and applicable, brief the worker on Workers Compensation requirements (IGO employees only) prior to them leaving site.

## 8.5 Preconditions to Returning to Work

- IGO employees returning to site following a work-related injury must present a medical clearance prior to returning to site if:



- They had previously been deemed unfit for work by a doctor, or
  - They were sent off site for a medical assessment or medically evacuated.
  - If the site Nurse/ Medic remains concerned for the welfare of a person returning to work (even if they have a medical clearance certificate), IGO Nova has the right to require that the individual be further reviewed by Nova's preferred medical provider as a precondition to approval to return to site. This activity is to be completed at IGO's expense.
  - Where the above requirements are not met and in consultation with the Nurse/Medic, the Department Manager may recommend the individual not return to site.
- Contractors must follow their own processes, but as a minimum must provide sufficient evidence to the Nurse / Medic that they are fit to return to work.

## 8.6 Medical Certificates

All employees must provide a Medical Certificate to their Supervisor and/or site Nurse/ Medic prior to returning to Nova (i.e. before boarding the plane or driving to site) in the following circumstances:

- Post- surgery which required a general anaesthetic or on-going wound management by on-site Nurse/ Medic staff; or
- Post- acquiring a notifiable infectious disease; or
- After being transported from site for any medical treatment; or
- Following a non-work-related injury that has prevented them from working.

## 8.7 Return to Work Program

If an employee is fit for restricted duties, then a Return to Work Plan (RTWP) shall be developed by the site Nurse/ Medic. The RTWP should have input from the medical practitioner, Supervisor, IMC, and the injured employee.

If the individual is a contractor, then an approved RTWP must be provided to the nominated IGO Contractor Supervisor for review by the Nurse/ Medic prior to considering whether RTW at Nova is supported.

A copy of the approved RTWP will be entered into the worker's Nurse/ Medic file and Solv Health if applicable. A copy will also be provided to the ill/ injured worker.

As changes in medical status occur, RTWPs should be amended to reflect any changes to the agreed tasks. Updated copies of these plans are to be provided to the insurer and the injured/ ill worker and uploaded to Solv Health.

The supervisor shall be responsible for ensuring the worker complies with all restrictions outlined in the RTWP.

The site Nurse/ Medic shall continue to monitor the worker's progress, and in consultation with treating medical provider update RTWPs when appropriate and provide supervisors with updates until the IP is successful in returning to their full duties.





## 8.8 Reporting

- All work-related illnesses and injuries must be initially reported by the Nurse/ Medic via email to the:
  - Registered Manager
  - Manager and Supervisor of ill/ injured person
  - HSEC Manager and OHS Superintendent
- The reporting Supervisor must raise an Event in INX and provide the Nurse/ Medic with the INX number so that the injury details can be completed by the treating Nurse/ Medic.
- The emails must include details of:
  - INX number
  - Incident
  - Assessment
  - Management
  - Review dates if applicable
  - Regular updates must be emailed to all parties with IP's progress.

Injury details are only to be entered by a site Nurse/ Medic into the INX InControl Injury tab. These details are used to report to DMIRS and therefore shall only be amended by the site Nurse/ Medic or a representative from the site OHS Department.

## 8.9 Payment of IGO Employee Medical Expenses for Work-Related Injuries

- If an IGO Employee chooses not to make a Workers Compensation claim, they will be required to sign a form stating that they will be responsible for payment of all medical expenses. Any leave taken due to the injury/ illness both on and off site will not be reimbursed in these instances.
- Dependant on the acceptance of the Workers Compensation Claim this shall specify the payment of Medical Expenses associated with the injury/ illness sustained at work.

## 8.10 IGO Employee Taking Leave while on Workers Compensation Payments

- If a worker takes annual leave or personal leave while receiving Workers Compensation payments, they will be requested to sign "Agreement to Cease Workers Compensation Payments Due to Personal Leave Form."
- A copy of this document is to be provided to IGO's Insurer as well as HR/ Payroll as soon as practicable.

## 8.11 Use of Approved Vocational Rehabilitation Providers and Outplacement

Where IGO is unable to provide suitable/ meaningful alternative duties to support/ facilitate a Return to Work Program, other external rehabilitation opportunities may be pursued. The IMT member will consult with the injured worker and the Nurse/ Medic in these situations and where appropriate, a referral to an approved Vocational Rehabilitation Provider may be sought.



## 9. INITIAL WORKERS COMPENSATION MEETING

This meeting will include the Injury Management Contact Person for site, the ill/ injured worker and their Supervisor.

The IMC is to discuss the Workers Compensation process. This discussion will include, but is not limited to, the following:

- Workers Compensation weekly wages (this change is yearly on 1 July)
- Changes in wages at the 13 week mark
- Annual/ personal leave
- Compliance
- Medical appointments
- Contact with the employer
- Return to Work Plans and compliance

Once the Workers Compensation process has been explained the injured worker is required to make the decision as to whether or not they will claim Workers Compensation.

If the worker chooses not to claim, they are to be made aware that they are liable for all medical expenses and will require a medical clearance prior to returning to site. The worker must then complete and sign the; Decision Not to Claim Workers Compensation; form. This form is then entered into Solv Health.

If the worker chooses to claim, then the following forms (Table 1) must be completed and entered into Solv Injury. The Injury Management Contact is to complete all IGO Workers Compensation Requirements (Table 1) and enter into Solv Injury.

Table 1 - IGO Workers Compensation Requirements

IGO Workers Compensation Forms	Completed By
WorkCover WA Claim Form	Employee within 5 working days
Authority to obtain and release Nurse/Medic information consent form signed	Employee
Information Acknowledgement Form 1A	Employee
Information Acknowledgement Form 1B	Employee
Employers Form	Injury Management Site Contact
WC Certificates includes First, Progress and Final	Preferred Nurse/Medic Practitioner
Initial INX Event Report complete with photos	Supervisor
Injured Workers Pre-employment	Injury Management Site Contact



## 10. DEFINITIONS AND ABBREVIATIONS

Term	Definition
<b>IP</b>	Injured / Ill person
<b>IGO</b>	Independence Group Operations
<b>IGO HWC</b>	Independence Group Operations Health and Wellbeing Coordinator
<b>WC</b>	Workers Compensation
<b>RTWP</b>	Return to Work Plan
<b>FFD</b>	Fit for Duty
<b>WR</b>	Work Related
<b>NWR</b>	Non-Work Related
<b>Workplace</b>	Any location that the worker is required to be during work hours for work purposes. This includes offsite work meetings and travel to and from offsite work meetings/appointments
<b>Medical Clearance</b>	A letter, certificate or document provided by a medical practitioner stating a person's fitness for their normal duties without restrictions
<b>Work Related Injury/Illness</b>	Any occurrence, recurrence, aggravation, or acceleration of an injury or illness where the employment was a significant contributing factor to that occurrence, recurrence, aggravation, or acceleration.
<b>Restricted Duties</b>	Duties prescribed, other than those contained in an injured/ill worker's position description, for the purposes of facilitating a return to work program. These duties may have been modified to meet return to work requirements
<b>Worker</b>	Individuals employed directly by IGO and covered by IGO workers compensation insurance policy
<b>EMPLOYEE ASSISTANCE PROGRAMME (EAP)</b>	A programme that provides professional and confidential counselling for a range of personal and work problems to all workers, partners, and their dependent children
<b>Injury Management</b>	A workplace management process incorporating employer and medical management from time of the injury/illness. Aims to facilitate, where practicable, efficient, and cost-effective; maintenance in, or return to, suitable employment (WorkCover WA).
<b>IMC</b>	Injury Management Coordinator.
<b>Injury Management Team (IMT)</b>	A group of people responsible for the management of Workers Compensation within IGO.
<b>Illness/ Illness</b>	Harm or damage of a physical and/or psychological nature incurred by a worker, which may affect their work performance.
<b>Lost Time Injury/ Illness</b>	Any work-related injury/ illness resulting in the workers absence from work for one full working shift.
<b>Return to Work Plan (RTWP)</b>	A written, time limited program stating alternate or modified duties, other restrictions, hours worked and supervisory arrangements, including steps that will be taken to help the injured employee return to work, agreed to by all parties involved.
<b>Work Cover WA</b>	The statutory authority responsible for the administration of the Workers' Compensation and injury management system in Western Australia.
<b>Worksafe WA</b>	The statutory authority responsible for the administration of the Occupational Health and Safety legislation in Western Australia.
<b>SI</b>	Solve Injury – IGO injury management database.



## 11. ACCOUNTABILITIES

Role	Responsibility
Employee/ Injured person	<ul style="list-style-type: none"> <li>• Notifying their supervisor immediately upon sustaining any injury or illness.</li> <li>• Completing incident statements as soon as practicable with their supervisors to ensure accurate records of workplace injuries and incident details occur.</li> <li>• Presenting to the onsite Nurse/ Medic as soon as practicable after an injury/illness has occurred for initial assessment and treatment.</li> <li>• Providing all Medical Certificates to onsite Nurse/ Medic as soon as practicable.</li> <li>• Participating in the development of a Return to Work Plan with the onsite Nurse/ Medic, supervisor, medical practitioner and IGO Injury Management Coordinator (IMC).</li> <li>• Adhering to work restrictions/modifications as outlined in the RTWP.</li> <li>• Advising onsite Nurse/ Medic or IMC of any issues that may affect their ability to comply with the RTWP or attend scheduled medical appointments.</li> <li>• Inform their Supervisor of any injury/ illness sustained on R&amp;R that may affect their capacity to return to work on full duties PRIOR to return to site.</li> <li>• Payment of any financial costs incurred in the treatment or diagnosis of a non-work-related illness/ injury. This includes but is not restricted to medical appointments, diagnostic procedures, and medical imaging.</li> </ul>
Supervisor	<ul style="list-style-type: none"> <li>• Ensuring injured personnel complete incident report details as per the incident Reporting and Investigation Standard.</li> <li>• Entering the incident into INX and providing INX number to Nurse/ Medic.</li> <li>• Ensuring, where practicable, incident interviews are conducted before the injured worker leaves Nova.</li> <li>• Ensuring that workers present to the Nurse/ Medic onsite as soon as practicable after an injury or illness.</li> <li>• Reviewing the injury notification email sent by the onsite Nurse/ Medic outlining the IP's capacity for work.</li> <li>• Participating in the development of a RTWP for the IP.</li> <li>• Ensuring that the IP is compliant with the Return to Work Plan or precautionary duties.</li> <li>• Ensuring that any modified or alternative duties are meaningful and in line with the injured workers capabilities.</li> <li>• Completing welfare checks and providing meals for injured or ill workers in the village.</li> </ul>



Role	Responsibility
Site Nurse/ Medic	<ul style="list-style-type: none"> <li>● Assessing and treating injured or ill workers on site, in line with their respective qualifications.</li> <li>● Arranging emergency evacuation if required.</li> <li>● Providing initial and progress notifications of injury/ illness (onsite) to the worker's direct supervisor, HSEC Manager, OHS Superintendent, Department Manager and General Manager (GM) or designated alternate.</li> <li>● Providing employees with Workers Compensation forms and information.</li> <li>● Assisting the IGO IMC in documenting claims where required.</li> <li>● Developing and maintaining RTWPs in Solv Health.</li> </ul>
Injury Management Team	<ul style="list-style-type: none"> <li>● To provide clinical guidance regarding treatment and recovery to assist with Return to Work planning and coordination.</li> <li>● To obtain additional medical feedback/ information and independent Fitness for Work reviews if required and provide clinical feedback regarding recommendations.</li> <li>● To assist with the development and progression of the Return to Work program, including documentation.</li> <li>● To provide support and assistance to all stakeholders.</li> <li>● To provide all relevant and critical information to the site Nurse/Medic</li> </ul>
HR	<ul style="list-style-type: none"> <li>● To provide support and assistance with leave entitlements.</li> <li>● To provide support and assistance with performance management.</li> <li>● To provide assist and support with compliance management.</li> </ul>
IGO Medical Provider	<ul style="list-style-type: none"> <li>● To provide independent assessment of the employee's current Fitness for Work and recommendations to allow for a return to normal duties.</li> <li>● To provide updated assessments of employee's Fitness for Work (Med Certs).</li> <li>● To provide clinical management and coordination of the illness/ injury.</li> </ul>
Treating Doctor	<ul style="list-style-type: none"> <li>● To provide independent assessment of the employee's current Fitness for Work and recommendations to allow for a return to normal duties.</li> <li>● To provide updated assessments of employee's Fitness for Work (Med Certs).</li> <li>● To provide clinical management and coordination of the illness/ injury.</li> </ul>



## 12. REFERNCES AND RELATED DOCUMENTATION

Legislation and Regulations	
ACTS	<ul style="list-style-type: none"><li>• <i>Western Australia Mining Act 1978</i></li><li>• <i>Workers Compensation and Injury Management Act 1981</i></li></ul>
Regulations	<ul style="list-style-type: none"><li>• <i>Western Australia Mining Regulations 1981</i></li><li>• <i>Workers Compensation and Injury Management Regulations 1982</i></li></ul>
Referenced and Related Documentation	
Internal	<ul style="list-style-type: none"><li>• HSEC-HLTH-FRM-1302-5005 Authority to Obtain and Release Nurse/Medic Information Consent form</li><li>• HSEC-HLTH-FRM-1302-5002 Information Acknowledgement Form 1A</li><li>• HSEC-HLTH-FRM-1302-5003 Information Acknowledgement Form 1B</li><li>• HSEC-HLTH-FRM-1302-5000 Decision Not to Lodge a Workers' Compensation Claim Employee Statement</li><li>• Work Capacity Checklist</li><li>• Injured Workers Pre-Employee</li><li>• Return to Work Plan – Graduated Return to Work Plan</li></ul>
External	<ul style="list-style-type: none"><li>• WorkCover WA Claim Form</li></ul>



## APPENDIX 1: MEDICAL DECLARATION FORM

Employee Details:				
Name:		Role:		
Site:		Division:		
Date:		Supervisor:		
Medication Details:				
Name of Medication	Prescription (Yes/No)	How long have you been on this medication?	How long do you expect to be on this medication?	Are you experiencing any side effects on this medication? If Yes, please provide detail (e.g. drowsiness, fatigue, dizziness, blurred vision).
Employee Name:		Signature:		Date:
Supervisors:				
Has a medical certificate been provided confirming fitness for work (prescription medication only)?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you require additional information about the declared medication?		<input type="checkbox"/> Yes - Please contact your Injury Management Advisor for further advice. <input type="checkbox"/> No		
Additional Comments:				
Supervisor Name:		Signature:		Date:

- Copy to Employee – please complete a new form if there are any changes to your medication.
- Copy to Supervisor – please provide this copy to the site medical centre for storage on the employee's medical file.



## APPENDIX 2: WORK CAPACITY REPORT

igo
Work Capabilities Report
FRM-XXXX-XXXX

**Worker's Details:**

Name:  Job Title:   
 Medical Condition:  Date of Onset:

**Fitness For Work** It is in my opinion that the worker is:

Fit for Normal Duties     
  Fit for Alternative Duties     
  Totally Unfit for any Work Duties  
 Commencement Date:  End Date:\*  \*Not applicable if Fit for Normal Duties  
 Work Hours Reduced:  No  Yes,  hrs / shift     
 Shift Type:  Days & Nights  Dayshift Only  
 Work Days Reduced:  No  Yes,  days / swing     
 Comments:

**Medical Reviews:**

<input type="checkbox"/> Further Medical Review Required	Details / Date: <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Review With Other Health Provider Required	Details / Date: <input style="width: 150px;" type="text"/>
<input type="checkbox"/> Further Clinical Investigations / Scans Required	Details / Date: <input style="width: 150px;" type="text"/>

**Recovery Prognosis & Treatment plan:**

Full Recovery Expected:  <12 Weeks or  >12 Weeks     
 Comments:   
 Treatment Recommendations

**Functional Capacity:**

If Fit For Alternative Duties, I consider his/her capabilities to be:

<p><b>Physical Function:</b></p> <p><input type="checkbox"/> lift up to <input style="width: 50px;" type="text"/> kg</p> <p><input type="checkbox"/> sit up to <input style="width: 50px;" type="text"/> mins</p> <p><input type="checkbox"/> stand up to <input style="width: 50px;" type="text"/> mins</p> <p><input type="checkbox"/> walk up to <input style="width: 50px;" type="text"/> m</p> <p><input type="checkbox"/> use affected body part <small>(if applicable)</small></p> <p><input type="checkbox"/> reach above shoulder height</p> <p><input type="checkbox"/> ladder / stair climbing</p> <p><input type="checkbox"/> squat / kneel</p> <p><b>Mental Function:</b></p> <p><input type="checkbox"/> impaired cognitive function</p>	<p><b>Additional Comments (i.e. limits on durations, repetitive or sustained postures)</b></p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div> <p><b>Additional Comments (i.e. effects of mental health symptoms; attention, judgement)</b></p> <div style="border: 1px solid #ccc; height: 30px; width: 100%;"></div>
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**igo** **Work Capabilities Report** FRM-XXXX-XXXX

**Specific Tasks:** The worker can (tick which apply)

<input type="checkbox"/>	work in a remote setting	
<input type="checkbox"/>	complete administrative work	
<input type="checkbox"/>	drive a <u>manual</u> industrial light vehicle	<input type="checkbox"/> <u>automatic</u> only (if available)
<input type="checkbox"/>	travel on aircraft (fit to fly)	
<input type="checkbox"/>	operate heavy equipment (if applicable)	<input type="checkbox"/> operate locomotive (if applicable)

**Personal Protective Equipment:** The worker cannot use: (tick which apply)

<input type="checkbox"/>	Safety Hard Hat	<input type="checkbox"/>	Safety Gloves	<input type="checkbox"/>	Hearing Protection	
<input type="checkbox"/>	Safety Glasses	<input type="checkbox"/>	Safety Boots	<input type="checkbox"/>	Respiratory / Face Mask	

**Prescription / Over-The-Counter Medication:**

Medication	Expected Timeframe on Medication:	Fit for Work whilst taking Medication?		Review Date
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

**Other Recommendations / Comments:** (i.e. self-management recommendations)

**Treating Medical Practitioner Name / Practice Stamp**

Date of Examination

**Treating Medical Practitioner Signature**

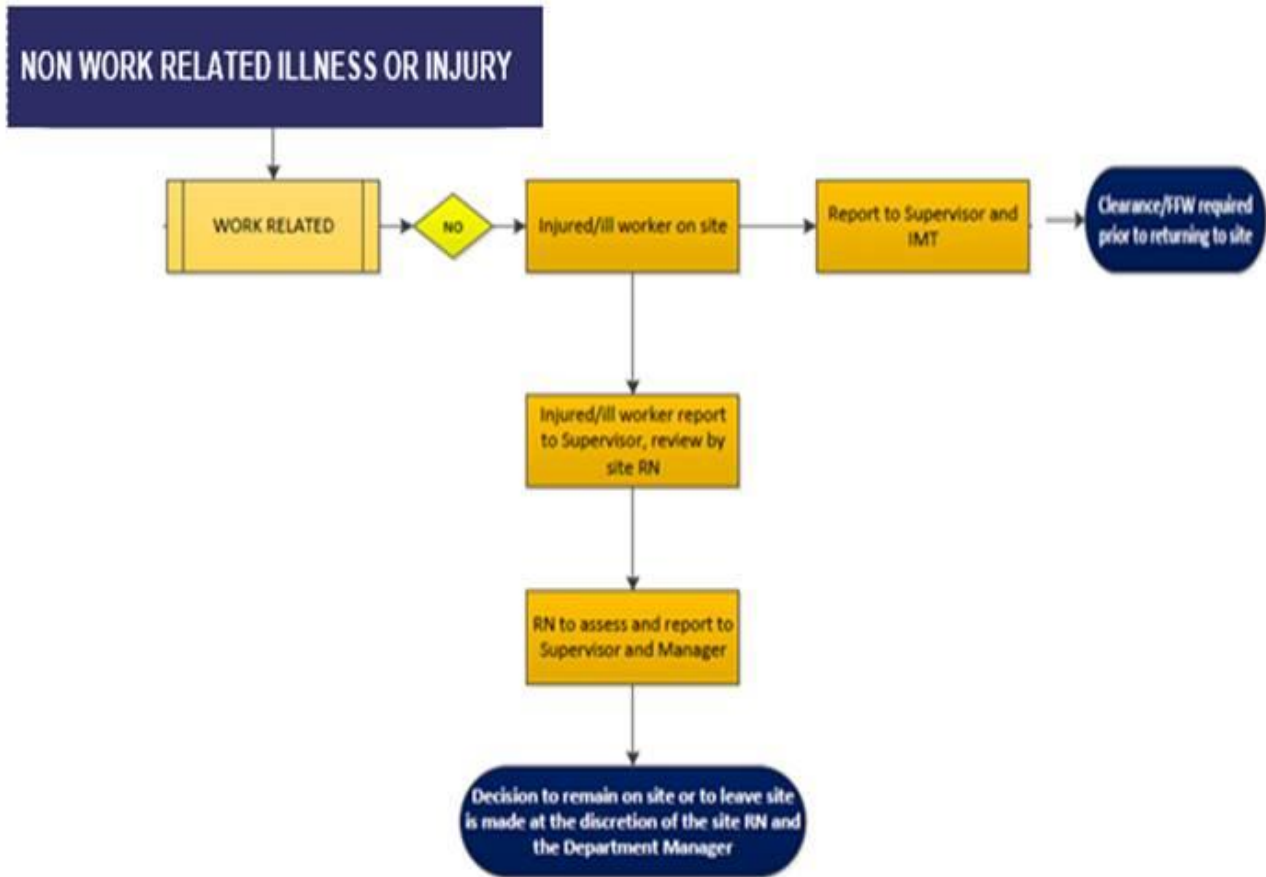
Date of Next Appointment

We appreciate your assistance and co-operation with the injury management and occupational rehabilitation process.

**PLEASE RETURN TO SUPERVISOR FOLLOWING CLINICAL REVIEW**

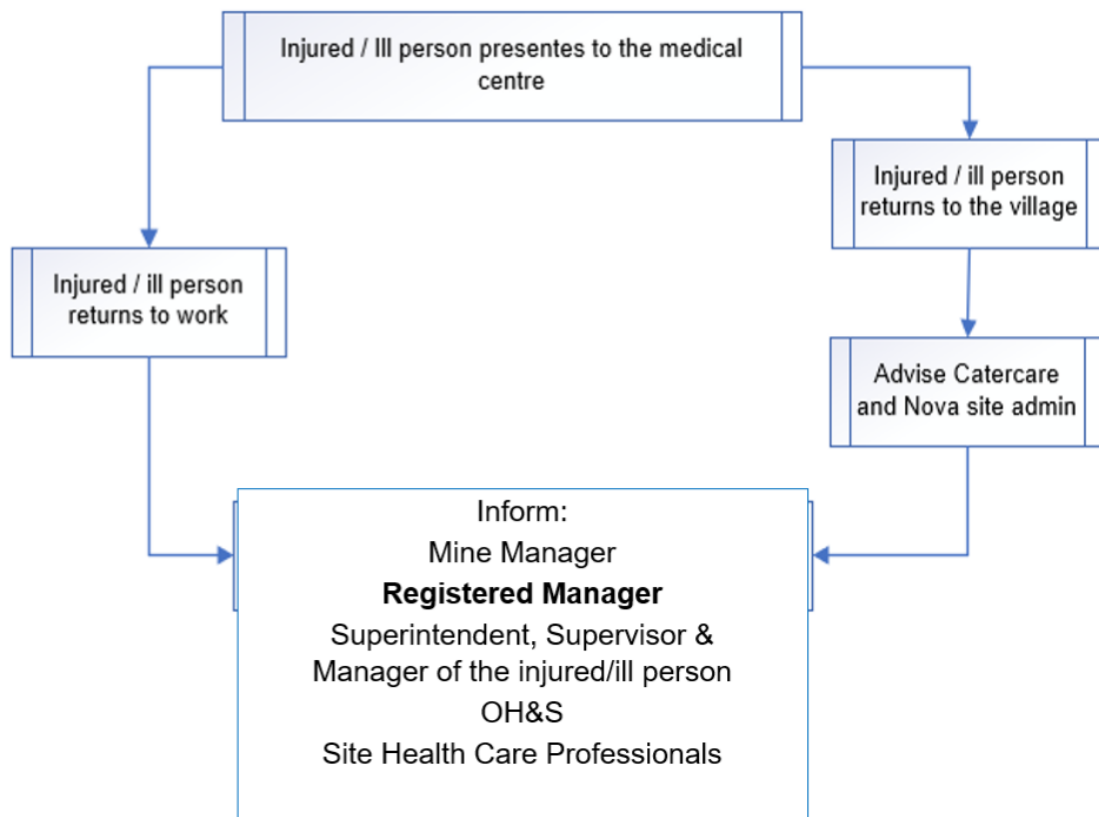


### APPENDIX 3: NON WORKRELATED PROCESS FLOW





## APPENDIX 4: PROCESS FLOW INJURY NOTIFICATION



## APPENDIX 5: NOVA INJURY MANAGEMENT AND REHABILITATION FLOWCHART

