**Introduction**

All NSW employers must have a Return to Work Program (RTWP) in place within 12 months of starting a business and then it must be reviewed every 2 years thereafter.

This template has been developed by Hotel Employers Mutual (HEM) to facilitate the development of a RTWP for **Category 1 Employers** i.e. employers insured with a specialised insurer and who employ more than 20 workers. It is important to reiterate that this template is not all inclusive and should it be adopted to develop a RTWP, employers MUST include information specific to their workplace in the areas highlighted in red text as a minimum.

For additional information on developing a RTWP the following guidelines are available on the SIRA website.

* [Guidelines for workplace return to work programs (May 2017)](https://www.sira.nsw.gov.au/resources-library/workers-compensation-resources/publications/help-with-getting-people-back-to-work/guidelines-for-workplace-return-to-work-programs-may-2017)

These guidelines also include a helpful checklist that can be used to ensure that the RTWP is aligned to the guidelines and complies with relevant workers compensation laws.

For further assistance you can also contact the HEM’s Work, Health and Safety team:

p | 02 8251 9069

e | info@hotelemployersmutual.com.au

**Workplace Return to Work (RTW) Program for {Entity Name}**

*Category 1 Employers – Employers insured with a specialised insurer and who employ more than 20 workers*

**This RTW Program is available {*where / how e.g. poster displays, intranet etc*.}**

**POLICY AND PROCEDURES FOR: {Entity Name}**

Injury Management is the process that comprises activities and procedures established and undertaken for the purpose of achieving a timely, safe and durable return to work for workers following workplace injuries / illness.

**Work Health and Safety Policy**

The health and safety of all persons employed in and visiting the workplace is of the utmost importance**. {Entity Name}** will ensure resources are provided to ensure the health and safety of workers and others in the workplace so far as is reasonably practicable. *{Detail nature of resources provided e.g. physical, financial and administrative support including training as relevant}.*

**Return to Work Program (RTW Program)**

**{Entity Name}** recognises the benefits of helping workers recover at work and is committed to fostering positive attitudes throughout the company to put this into effect. {*Detail how the RTW Program has been developed e.g. In consultation with our workers and union representing them we have developed the following RTW Program}.Include information about the mechanism of consultation eg WHS Committee, intranet, team meetings}*

**Our Leaders and Management, Supervisors and RTWO Coordinator are Committed to the following:**

* To return an injured worker to work as soon as possible (subject to medical opinion).
* To commence the occupational rehabilitation process as soon as possible after a workplace injury.
* To provide early access to rehabilitation services (i.e. rehabilitation providers) for workers who need them.
* To obtain a worker’s consent to exchange information via a Certificate of Capacity and separate relevant consent form.
* To maintain the confidentiality of rehabilitation / injury management records in accordance with relevant legislation.
* To follow normal payroll procedures in consultation with Hotel Employers Mutual (HEM) for managing weekly payments following an injury.
* To provide suitable duties / employment, where reasonably practicable, to injured workers and to otherwise assist them with their return to work in a safe and proper manner.
* To consult with our workers via the following mechanisms {detail the consultation process} and any union representing them to ensure that our RTW Program operates effectively and in conjunction with our Insurer’s Injury Management Program (IMP) i.e. HEM
* To provide workers with information during induction {and inclusion in the Staff Handbook} about the RTW Program and the support they will receive in the event of an injury.
* To ensure that participation in the IMP and / or RTW Plan (RTWP) will not prejudice an injured worker’s rights. It is **{Entity Name}**’**s** policy to fully inform workers of their rights and obligations in relation to:
	+ their right of choice of nominated treating doctor (NTD) and rehabilitation provider,
	+ access to interpreter services where appropriate,
	+ their right not to be dismissed within six (6) months of injury, solely or principally due to that injury,
	+ their participation in a RTWP, which will not of itself, prejudice a worker in either job security, promotion or workers compensation benefits,
	+ their non-participation in an IMP or RTWP, which may result in suspension or reduction of weekly benefits,
	+ their nomination of a treating doctor who is willing to participate in the development of, and in the arrangements under an IMP and or RTWP,
	+ their need to obtain approval from HEM before changing the NTD.

Following an injury this information will usually be provided by the RTW coordinator as part of their foles and responsibilities

If applicable – in the event of dismissal of the potential dismissal of an injured worker, **{Entity Name}** will work with all parties (and may also include the AHA NSW) to ensure the best possible outcome for the injured worker within the provisions of the Workers Compensation Act 1987, the Workplace Injury Management and Workers Compensation Act 1998 and the Fair Work Act 2009.

The designated **RTW Coordinator(s)** for **{Entity Name}** {is / are – delete option as required}:

|  |  |
| --- | --- |
| {Insert Name(s) | {Insert Contact Number(s)} |

{*Include a note outlining who will undertake the relevant duties in the event that the RTW coordinator is unavailable if applicable e.g. the injured worker’s manager}*

**RTW Coordinator Roles & Responsibilities**

The RTW Coordinator will be responsible for:

* {Detail duties e.g. the proper management and coordination of the RTW Program; ensuring prompt receipt of first *aid attention; referral to the company Doctor and / or the NTD as soon as possible; advising the worker of their rights, obligations and dispute processes; ensuring that the injured worker is aware of the support they are entitled to from the hotel; ensuring HEM is advised of any incident,development and implementation of a RTWP in consultation with the injured worker, HEM, the supervisor, the NTDand any other member of the Hotel support team; visiting the injured worker and / or their NTD etc.; The duties need to be specific to the Hotel}*
* *{Include details of the training that the RTW has undertaken e.g. The RTW Coordinator has received training for this role via the HEM online RTW training program and / or accredited training}*
* *{Consider including information about the RTW Coordinator being the key contact point for the Program e.g. The RTW Coordinator acts as the focal point for support and liaison between the injured worker,* ***{Entity Name}*** *the insurer, treatment providers, and any other relevant parties and will maintain regular communication with the injured worker throughout the term of the injury.}*
* *{Include details detail on how confidential information and injury records will be handled e.g. as the RTW Coordinator may be in receipt of confidential information associated with the injury, all records relating to the injury will be maintained in a separate location and access will be restricted to the RTW Coordinator and senior management staff (if applicable)}*
* *{Consider including details of what steps senior management and/or supervisors have undertaken re the Program e.g. Management have undertaken training in the principles of RTW using the cultural awareness module of the HEM on line training process to increase their understanding and commitment and ability to support the injured worker during his recover a work}*

The following accredited **rehabilitation provider(s)** are available to assist in the rehabilitation of workers who suffer a workplace injury / illness. Alternatively, the injured worker may nominate their own preferred provider.

|  |  |  |
| --- | --- | --- |
| {Name} | {Address} | {Contact Details} |
| {Name} | {Address} | {Contact Details} |

The following **medical practitioner(s)** **or practice(s)** are available to assist in the RTW Program

|  |  |  |
| --- | --- | --- |
| {Name} | {Address} | {Contact Details} |
| {Name} | {Address} | {Contact Details} |

**Procedures in the Event of an Injury**

**When an Injury occurs**

* It is to be reported immediately to the injured worker’s supervisor and RTW coordinator. They will be responsible for ensuring that the injured person receives first aid and if required, referral for treatment by a doctor as soon as possible.
* If there is a serious injury or illness, a death or a dangerous incident, it must also be notified immediately to SafeWork NSW on 13 10 50 by the RTW coordinator or other management representative. (For definitions see SafeWork NSW website [www.safework.nsw.gov.au](http://www.safework.nsw.gov.au))

**Follow up after injury**

* In the case of an incident involving an injury or illness to a worker, **{RTW Coordinator on behalf Entity Name}** will notify HEM online, by phone, or fax w**ithin two (2) business days** of becoming aware of such circumstance – this mechanism will serve as the Employer’s Register of Injuries providing the employee is provided with access to the information. OR Details of the incident will be entered in the Entity Register of Injuries
* The RTW Coordinator will establish that a proper claim on behalf of the injured worker, if required, has been lodged with HEM **within seven (7) days.**
* The injured worker must nominate a treating doctor willing to participate in the development of and arrangements made under the RTWP and / or IMP if relevant.
* HEM will contact **{the RTW Coordinator at Entity Name}**, the injured worker and where practicable, the NTD **within three (3) working days** of being notified of a significant injury to establish a RTWP and / or IMP if relevant.
* Advice may be sought from the NTD on how the workplace can assist the injured worker and to determine what arrangements are necessary for successful return to work.
* The RTW coordinator will rely primarily on the informed consent inclusions on the Work Capacity Certificate however where additional consent may be required to gain information from other parties the RTW coordinator will liaise with HEM to obtain the appropriate template.
* The worker, **{Entity Name},** NTD and HEM must comply with the obligations imposed under any RTW Plan and / or IMP.
* Weekly payments will continue to be made and calculated in accordance with legislative requirements and in consultation with HEM.

**Provision of Suitable Duties**

Identifying and providing suitable duties is an integral part of the RTW Program. {Entity} is committed to providing suitable duties to any injured worker whenever possible. When and if the injured / ill worker is, according to medical judgement, fit to return to work on suitable duties, the RTW Coordinator will discuss with the NTD, HEM and / or rehabilitation provider whether suitable duties could reasonably be found at this workplace and, if not, what other options are available. Suitable duties may mean a change in job and / or hours and potentially involve vocational retraining and job placement. These options will be discussed with the injured / ill worker, their supervisor, union (if applicable) and confirmed in writing after agreement is reached, through the development of a RTWP.

Where necessary the RTW outcomes will be considered using the following hierarchy

* Same employer / same job
* Same employer / different job
* Different employer / similar job
* Different employer / different job

**Consultation**

{Detailwho has been consulted in developing the Program and how it may be reviewed e.g. this program has been developed in consultation with the WHS committee / others and may be reviewed if requested by the committee, union and / or individual workers in addition to the standard 2 yearly review.}

For individual injuries consultation will occur initially at the time of injury and / or immediately thereafter then at regular intervals as specified in the RTWP or at such other times as may be relevant in individual circumstances. Consultation will be between the RTW coordinator**,** the worker(s) the NTD or other medical practitionersthe supervisor or other support workers at the Hotel and the relevant union (if applicable) as to rights and obligations, arrangements for the RTWP on suitable duties and on the general conduct of RTW activities, policy and procedures. Where the injured worker is of non English speaking background an interpreter will be provided as relevant.

**Disputes**

Disputes shall be resolved by consultation with the worker using the Hotel dispute procedures (and if applicable any union representing them) in order to maintain the spirit of this RTW Program and the individual PTWP. The industry association (AHA NSW) may also be contacted for expert advice relating to potential industrial relations issues. Should a dispute not be resolved, the worker will be advised of their rights under the dispute process and contact will be made by the RTW Coordinator with HEM, SIRA or the Workers Compensation Commission (WCC) of NSW for assistance.

**Penalties**

* Failure to comply with a reasonable requirement of an IMP or RTWP may result in suspension of weekly benefits for injured workers, following written notification.
* Failure of an NTD to participate in the development of and / or in the arrangements under an IMP or RTWP will result in the request for the NTD to be changed and that treating doctor to develop a new plan.
* Failure by an injured worker to contact HEM to discuss a change of treating doctor may result in medical costs not being paid.
* Failure by **{Entity Name}** to comply with a requirement under an IMP may result in a premium adjustment.

**This RTW Program will come into effect immediately. It may be reviewed and amended, subject to discussion and agreement by all parties otherwise it remains valid for 2 years.**

|  |  |  |  |
| --- | --- | --- | --- |
| **{Entity Name}** Representative Signature |  | Date: | {DD / MM / YYYY} |

For further information contact: SIRA on 13 10 50 or contact@sira.gov.nsw.au or Hotel Employers Mutual at info@hotelemployersmutual.com.au