

Injury & Illness Management Procedure

Purpose

- United is committed to providing a safe and healthy working environment to all staff, as required under the Health and Safety at Work Act 2015.
- In the event a staff member experiences an illness or a work incident/injury, Unitec will ensure that the necessary assistance is available to enable that staff member to remain at work or achieve an early return to work in their usual or different role within Unitec, (as appropriate and sustainable and where this is reasonably practicable), with the necessary support and assistance.
- Out of work injuries will be accommodated at the direct manager's discretion.
- Ensure these staff members are provided with a suitable employment environment to facilitate, (as far as is reasonably practicable), their recovery.

Scope

This Procedure applies to all persons engaged by Unitec on an Employment agreement. It does not apply to persons engaged on a Contract for Service or any other similar contract for the provision of services.

The scope of this policy applies to any illness or injury whether:

- Experienced at or out-of-work
- Managed by ACC or any other insuring agent.

Procedure

1. Notification to Unitec of an Illness or Injury and Updates on Condition

- **1.1** Any staff member who experiences an illness or work incident or injury which will require them to take time off work must notify their manager of this absence as soon as possible.
- **1.2** Any staff member absent from work must keep their manager updated on their condition on a weekly basis, or sooner if there are any changes, including details of their likely return date.
- **1.3** Staff members medically certified to take time off work (ACC or Medical) following an illness or work incident or injury must ensure their manager and Payroll are supplied with this medical evidence as soon as possible.

1.4 Staff members medically certified for modified or restricted work tasks must ensure their manager and Unitec's Occupational Health Nurse is supplied with this medical evidence as soon as possible.

1.5 Any staff member experiencing an incident or injury at work, must either themselves or request that their manager enter the incident into the Vault at the time of the incident following the Injury Reporting & Investigation guidelines below.



Injury Reporting & Investigation 1 Initial Response 2 Reporting 3 Investigate Injury 4 Follow up and Share Learnings 5 Rehab. Return to Work (If Required)

REHABILITATION CAN BE COMPLETED AS CONFIRMED BY MEDICAL PRACTITIONER IN CONJUNCTION WITH ALL STEPS

Stages	Steps	Actions	Responsibility
		Take immediate steps to stabilize the area and ensure emergency response personnel are notified i.e. First Aid Officers, Fire Wardens etc.	
	Respond immediately to prevent further harm.	Take all appropriate steps to respond to the immediate situation and prevent further harm or damage, including:	All Staff
		Provide first-aid and appropriate injury treatment to injured personnel, contain the scene, evacuate immediate area, call emergency services, and provide support for any affected staff.	
1		Ensure incident scene is preserved where possible and critical information obtained, for example:	
Initial Response	Preserve the scene and report incident.	Full names of injured persons, exact time and location of incident, photos of incident scene;	Responsible Manager
		Sequence of events leading to incident, statements from persons involved;	
		For actual or potential <i>Notifiable Events</i> , advise the H&S General Manager/H&S team by phone as soon as possible.	
	Initial Management Actions	For actual or potential <i>Notifiable Events</i> , ensure scene is preserved until all authorities give authority to re-enter. Consider the need to call next of kin. NOTE : Drug and alcohol testing may be required where operator error is a potential contributory factor.	Responsible Manager
2	Report injury.	As soon as practicable, report the injury to the responsible manager and H&S team by phone.	All Staff
Reporting Injury	Classify injury /identify reporting requirements.	Classify the injury, (incident type, actual consequence and potential consequence): Refer to Definitions e.g. LTI, MRI,FAI and legislation	Responsible Manager
	Internal Verbal Notifications	Provide Person to Person Verbal notifications (not leaving messages)	Responsible Manager
	Escalate serious incidents.	For serious events or Notifiable Events, Unitec's CEO must be notified.	Responsible Manager

Stages	Steps	Actions	Responsibility	
	Escalate serious incidents.	Unitec's CEO must notify and discuss with the Executive Leadership team, and the Head of School that the incident has occurred in.	nt Unitec CEO	
		All attempts should be made to schedule this within 1 working day of the incident notification being received.		
		The School that has had the incident is required to advise:		
2 Reporting Injury		A description of the incident, the outcomes of the incident, and initial findings known that may have contributed to the incident.	Responsible Managers	
	Complete statutory reporting – send notification to WorkSafe.	Following any notifiable event, immediate verbal and prompt written notification, (using an approved form), shall be provided to the relevant authorities, (i.e. WorkSafe NZ Ltd.) within required timeframes.	H&S General Manager	
		All injuries shall be entered into the Vault by the H&S Advisor or relevant administrator. Supporting documents, (e.g. photos), must be attached.		
	Complete Vault reporting –	Record all critical details, including:	Responsible	
	(capture details).	 The full names and contact details of all people involved, including third parties and eye witnesses The exact nature of injuries, property damage or environmental harm sustained. 		
	Injury Management	After staff have received the appropriate medical treatment, a manager must actively engage in an injury management process for rehabilitation and return to work with assistance from H&S Team and Unitec's OCC Nurse.	Responsible Manager	
3	Investigate all injuries.	All injuries shall be subject to an investigation by the H&S team.	H&S Team/H&S General Manager	
Investigate Injury	Conduct an ICAM investigation.	For notifiable events, (actual or potential), or as directed by the H&S General Manager, an ICAM investigation shall be conducted to establish immediate causes and the root cause of the incident.	H&S General Manager/ICAM Trained Investigator	
4	Monitor, review and close-out	All incidents and related assigned corrective actions shall be managed via the Vault and closed out as soon as possible.	H&S Team/H&S	
Follow up	corrective actions.	Those matters representing the greatest safety risk are to be given priority when undertaking corrective action.	General Manager	
and Share Learnings	Sharing learnings.	Where an ICAM Investigation was completed, a copy of the ICAM will be distributed to the Executive Leadership team and Head of School for the relevant area.	H&S General Manager	
5 Rehab.	Rehabilitation	Rehabilitation and development of a Return to Work Plan.	Staff Member and Responsible Manager	

UNITEC RISK MATRIX

LIKELIHOOD:		SEVERITY:		
The chance of a risk causing harm to a person(s)		The injury or illness that could result from being		
nsider:	exposed to a risk			
1. Number of people exposed				
2. How often they are exposed				
3. How long they are exposed				
Almost Certain: Common or repeated occurrence,	5 Extreme: Multiple fatalities			
no risk controls in place				
Likely: Known to occur	4	Major: Single fatality, extensive injuries, long te		
		Illness or lost time injury (LTI)		
3 Possible: Some risk controls in place		3 Moderate: Medical treatment required, or		
		restricted/modified duties required		
2 Unlikely: Not likely to occur, risk controls in place are		Minor: Superficial or first aid treatment		
mostly effective				
Rare: Practically impossible, effective risk controls are in place	1	Insignificant: No injuries or damage to health		
	e chance of a risk causing harm to a person(s) nsider: 1. Number of people exposed 2. How often they are exposed 3. How long they are exposed Almost Certain: Common or repeated occurrence, no risk controls in place Likely: Known to occur Possible: Some risk controls in place Unlikely: Not likely to occur, risk controls in place are mostly effective Rare: Practically impossible, effective risk controls are	e chance of a risk causing harm to a person(s) nsider: 1. Number of people exposed 2. How often they are exposed 3. How long they are exposed Almost Certain: Common or repeated occurrence, no risk controls in place Likely: Known to occur Possible: Some risk controls in place Unlikely: Not likely to occur, risk controls in place are mostly effective Rare: Practically impossible, effective risk controls are 1		

			Severity		
Likelihood	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic
5 Almost Certain	Medium	Medium	High	Extreme	Extreme
	(11)	(16)	(20)	(23)	(25)
4 Likely	Medium	Medium	High	High	Extreme
	(7)	(12)	(17)	(21)	(24)
3 Possible	Low	Medium	Medium	High	High
	(4)	(8)	(13)	(18)	(22)
2 Unlikely	Low	Low	Medium	Medium	High
	(2)	(5)	(9)	(14)	(19)
1 Rare	Low	Low	Low	Medium	Medium
	(1)	(3)	(6)	(10)	(15)
Extreme Risk	Immediate action	Immediate action required to control risk			
High Risk	Senior manageme	Senior management attention required			
Medium Risk	Management resp	Management responsibility must be specified			
Low Risk	Manage by routine	Manage by routine procedures / administration controls / PPE			

After Event

2. Rehabilitation and Return to Work Following Illness or Injury

- 2.1 United recognises current research which demonstrates the benefits to a staff member's wellbeing when they are supported to remain at work or achieve an early return to work following an illness or injury.
- 2.2 Unitee's decisions in supporting a staff member's rehabilitation while at work or for returning to work will be supported and certified by medical practitioners. Generally, the objective will be for the staff member to remain in or return to their pre-illness or injury position. However, where medical advice deems this not possible but alternate or light duties are possible, the staff member's return to work will be facilitated by redeployment, (where this is sustainable to the workplace), and/or the adjustment to work hours, tasks or pace via:
 - **2.2.1** A graduated return to work An adjustment to the work days or hours of work for a defined period of time, e.g. 4 hours per day on 3 alternate days per week with hours increasing to normal hours over a defined period;
 - **2.2.2 Modified duties** An adjustment to work tasks and/or pace of work, e.g. working at 50% pace, removal of certain tasks which may aggravate the illness or injury;
 - **2.2.3** Alternative duties Re-deployment to an alternative position, (where necessary and sustainable to the workplace), not involving any tasks which could aggravate the illness or injury. This position could be in a different Unitec work unit.
- **2.3** Contact with the employee to discuss the Remain at or Return to Work plan must commence as soon as possible, ideally within one week of notification of illness or injury.
- **2.4** The development of the Return to (or Remain at) Work Plan will be supported by one or more of the following people:

The staff member's manager

The manager is expected to discuss with the staff member on a weekly basis their rehabilitation progress; keeping brief records of these discussions.

Unitec's Occupational Health Nurse

General rehabilitation advice to the staff member and their manager. Liaison with outside agencies.

• Consulting Occupational Physician

Utilised in an advisory role for cases requiring further assessment.

• HR Business Partner

For organisational or Unitec policy advice regarding the processes and procedures associated with rehabilitation. General rehabilitation advice in the absence of Unitec's Occupational Health Nurse.

• Health and Safety Advisor

For general support and advice to the staff member and their manager. Assisting with the decision-making process for the return to work of the staff member.

• ACC Representative (where ACC is involved)

Who may attend return to work meetings and develop a Return to Work Plan in conjunction with Unitec.

Doctor or other primary healthcare or specialist treatment provider

Communication with the staff member's medical practitioner offers Unitec the opportunity to discuss with the medical practitioner the alternative work options available and obtain medical advice/certification as to the appropriateness of these options and/or any medical restrictions. Communication may be via the staff member's manager or a member of Unitec's Health and Safety team. The staff member's signed consent must be provided to the medical practitioner before any information can be released to Unitec of the staff member and/or their condition.

Support person e.g. Union Representative, friend or colleague

2.5 If returning on reduced working hours, this medical evidence must be forwarded by the staff member to their manager and Unitec's Payroll as soon as possible, to allow Payroll to make the necessary changes in the Payroll system.

3. Development of a Return to Work Plan (when required while on ACC)

- **3.1** Working closely with the staff member and the staff member's assigned ACC Case Manager or OT, Unitec's Occupational Health Nurse and manager will be responsible for ensuring that a sustainable Return to Work Plan is achieved. ACC input into the plan may be through the provision of:
 - ACC funded work trial, where ACC continue to pay weekly compensation for the staff member if the work type and work rate is different to that which the staff member is contracted to perform, or where the manager is paying for another person to fill the staff member's usual role.
 - ACC co-funding the staff member's pay, e.g. 50 / 50; where the staff member's productivity is reduced as a result of the injury.
 - ACC providing professional assessment in the workplace, wherever required, e.g. to recommend and support a staff member's graduated return.
- **3.2** ACC providing required equipment to promote sustainable rehabilitation to work, where that equipment has not been previously supplied nor usually supplied by Unitec.
- 3.3 The staff member's manager or the Health & Safety General Manager must inform Payroll of any ACC funded work trial arrangements. ACC may or may not provide a written Return to Work Plan to the manager. Where no plan is supplied, the manager must use the Unitec Return to Work Template.

4. Development of a Unitec Return to Work Plan (non ACC)

Unitec's Occupational Health Nurse and the staff member's manager will be responsible for ensuring that a sustainable Return to Work Plan is developed. A template Return to Work Plan will be provided by Unitec to provide prompts as to the sort of content that should be included in such a plan. A Return to Work Plan might include:

- the goal of the plan
- the time period of the plan
- information about alternative working arrangements
- information about changes to terms and conditions
- what checks will be made to make sure the plan is put into practice
- dates when the plan will be reviewed.

Whether the injury or illness occurred at work or out-of-work, the staff member concerned must fully participate in a clinically appropriate Return to Work Plan and provide their manager or the Health & Wellbeing Advisor with weekly progress updates on their rehabilitation.

5. Monitoring of Return to Work Plan and Rehabilitation Progress

Following the initial meeting to develop the Return to Work Plan, a monthly meeting to review/amend that plan must be attended by the staff member, their manager and other persons involved in the rehabilitation. The reviewed/amended plan will be signed by all participants following each monthly meeting.

Progress of the staff member's rehabilitation will be monitored in consultation with the staff member by:

- The staff member's manager on a weekly basis;
- Unitec's Occupational Health Nurse or other rehabilitation providers on a fortnightly or as required basis;

Responsibilities

Role	Responsibilities		
Managers (liaising with Unitec's OCC Nurse)	 Contacting an ill or injured staff member within the first week off work to organise an initial workplace rehabilitation meeting. Maintaining weekly contact with the staff member, keeping records of their progress. Co-ordinating and facilitating alternative work task or work area management options. Liaising with the HR Advisor promptly, if and as required. 		
Unitec's Occupational Health Nurse	 Developing a Return to Work Plan where one is required. Liaising with the ACC representative, (when ACC is involved), requesting ACC fully or partially-funded work trial if and as required. Attendance at rehabilitation meetings, if and as required. Conducting workplace assessments and reviews, if and as required. Organisation of medical or specialist assessments, if and as required. Liaison with ACC representatives and medical practitioners, if and as required. 		
Staff members	 Providing all ACC or medical certificates as soon as possible to their manager, Payroll, and Unitec's Occupational Health Nurse if required. Initiating and maintaining weekly contact with their manager throughout their rehabilitation period, informing and updating them in relation to progress. Taking responsibility for their own rehabilitation and return to work within a reasonable timeframe. Liaising with Unitec's Occupational Health Nurse promptly, if and as required. Maintaining weekly contact with their ACC Representative, if on ACC. 		

Definitions

Term	Means	
ACC	Accident Compensation Corporation	
Return to Work Plan	A formal plan to be developed by the manager of an ill or injured staff member, (with support from Unitec's Occupational Health Nurse or where relevant the ACC OT). A Return to Work Plan must be developed for any staff member: • Who may be off work for greater than 30 days or more • Who, when they return to work, will be carrying out a modified or different position from the position they had prior to the illness or injury.	

Term	Means February 2019
	A notifiable event is any of the following events that arise from
Notifiable Event	work:
	A death
	 A notifiable injury or illness
	 A notifiable incident
	The notifiable incident, illness, injury or death must arise out of
	the conduct of the business or undertaking. It could be due to
	the condition of the work site, the way the work activity is
	organised, or the way equipment or substances are used.
Notifiable Injury or Illness	Health & Safety at Work Act 2015: Meaning of Notifiable Injury or Illness
	(1) In this Act, unless the context otherwise requires, a notifiable
	injury or illness, in relation to a person, means—
	(a) any of the following injuries or illnesses that require
	the person to have immediate treatment, (other
	than first aid):
	i. The amputation of any part of his or her body
	ii. A serious head injury
	iii. A serious eye injury iv. A serious burn
	v. The separation of his or her skin from an
	underlying tissue (such as degloving or scalping)
	vi. A spinal injury
	vii. The loss of a bodily function
	viii. Serious lacerations
	(b) an injury or illness that requires, or would usually
	require, the person to be admitted to a hospital for
	immediate treatment;
	(c) an injury or illness that requires, or would usually require, the person to have medical treatment
	within 48 hours of exposure to a substance;
	(d) any serious infection, (including occupational
	zoonosis), to which the carrying out of work is a
	significant contributing factor, including any
	infection that is attributable to carrying out work—
	i. with micro-organisms; or
	ii. that involves providing treatment or care to a
	person; or iii. that involves contact with human blood or bodily
	substances; or
	iv. that involves handling or contact with animals,
	animal hides, animal skins, animal wool or hair,
	animal carcasses, or animal waste products; or
	v. that involves handling or contact with fish or
	marine mammals:
	(e) any other injury or illness declared by regulations to
	be a notifiable injury or illness for the purposes of this section.
	(2) Despite subsection (1), notifiable injury or illness does not
	include any injury or illness declared by regulations not to be
	a notifiable injury or illness for the purposes of this Act.
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Term	Means
Notifiable Incident	Health & Safety at Work Act 2015: Meaning of Notifiable Incident (1) In this Act, unless the context otherwise requires, a notifiable incident means an unplanned or uncontrolled incident in relation to a workplace that exposes a worker or any other person to a serious risk to that person's health or safety arising from an immediate or imminent exposure to— (a) an escape, a spillage, or a leakage of a substance; or (b) an implosion, explosion, or fire; or (c) an escape of gas or steam; or (d) an escape of a pressurised substance; or (e) an electric shock; or (f) the fall or release from a height of any plant, substance, or thing; or (g) the collapse, overturning, failure, or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with regulations; or (h) the collapse or partial collapse of a structure; or (i) the collapse or failure of an excavation or any shoring supporting an excavation; or (j) the inrush of water, mud, or gas in workings in an underground excavation or tunnel; or (k) the interruption of the main system of ventilation in an underground excavation or tunnel; or (l) a collision between 2 vessels, a vessel capsize, or the inrush of water into a vessel; or (m) any other incident declared by regulations to be a notifiable incident for the purposes of this section. (2) Despite subsection (1), a notifiable incident does not include an incident declared by regulations not be a
Occupational Overuse Syndrome (OOS)	Is the collective term for a range of conditions characterized by discomfort or persistent pain in muscles, tendons, and other soft tissues, with or without physical manifestations. OOS is usually caused or aggravated by work, and is associated with repetitive movement, sustained or constrained postures, and/or forceful movements.
	Symptoms may include: persistent aches and pains of hands, wrists, forearms, shoulders and/or neck; tennis elbow; rotator cuff syndrome, (list not exhaustive).
Gradual Process Injury	Means a personal injury that develops slowly and progressively over time as a result of an activity that is carried out in the course of the person's work life.
Loss Time Injury (LTI)	Is an injury that results in time lost from work. It could be as little as one day or one shift off work.

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Term	Means		
Medical Time Injury (MTI)	Is an injury or illness that resulted in a certain level of treatment, (not first aid treatment), given by a medical practitioner or other medical personnel. This includes treatment that is outside first aid:		
	Broken bones/fractures		
	 Loss of consciousness, seizures or concussion 		
	 Lacerations requiring stitches; (does not include surgical glue or butterfly stitches) 		
	 Injections as a result of injury 		
	 Medication prescribed; (not accessible at chemist) 		
	Burns requiring medical attention.		
	Dislocation and manipulation required as treatment.Dental		
	These do not include pre-existing medical conditions or injuries – as based on ACC definitions.		
First Aid Injury (FAI)	Is an injury that requires a single first aid treatment and a follow-up visit for subsequent observation involving only minor injuries, (minor scratches, burns, cuts and so forth), which do not ordinarily require medical care and would have minimal impact on work activities.		
Serious Harm Injury	 (a) Any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration, crushing; (b) Amputation of a body part; (c) Burns requiring referral to a specialist medical practitioner or specialist outpatient clinic; (d) Loss of consciousness from lack of oxygen; 		
	 (e) Loss of consciousness, or acute illness requiring treatment by a medical practitioner, from absorption, inhalation, or ingestion, of any substance; 		
	(f) Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within 7 days of the harm's occurrence.		

Reference Documents

- Health and Safety at Work Act 2015
- Accident Compensation Act 2001
- Unitec's Health and Safety Policy
- Return to Work Plan Template
- <u>Unitec's Incident Reporting & Investigation Procedure</u>
- Health and Safety Investigation Form

Approval Details

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