Fitness for Work Assistance Procedure

PR38 v1.0

18 March 2022 

How to customise this procedure

This sample procedure must be customised to reflect Council’s own structure and requirements. In particular, the wording that is shown in *red italics* should be reviewed and modified as required to reflect Council’s operations.

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# Purpose

This procedure has been developed to assist all council *managers*/*supervisors* to apply a consistent approach in managing situations where an employee is suffering from a non-work-related injury or health condition which is impacting on their ability to perform the inherent requirements and demands of their role. This may include the management of physical, psychological, or cognitive conditions, *or the alcohol and other drugs.*

Providing assistance to manage employee’s fitness for work assists Council to meet our responsibility for ensuring the health, safety and welfare of all team members at work. This supports productivity, business continuity and fosters team morale.

This procedure should be read in conjunction with the *Council Fitness for Work Policy, Council Leave Policy, Fatigue Management Procedure, Council Drug and Alcohol Policy and Procedure, and Council Secondary Employment Policy.*

This document is intended as a guide only. Fitness for work issues can be complex, and if there is a dispute, may be determined by reference to factors which are specific to each set of circumstances. If a dispute arises, it is recommended that council should obtain legal advice.

# Scope

This procedure applies to management of any Council employee with a non-work-related health condition, injury, *or drug use problem*, and can also be used as a guide for managing students, volunteers and contractors with non-work-related health conditions or injuries.

Work related injuries and illnesses are to be managed through the *Council Return to Work Program*, in line with the workers compensation legislation.

# Processes for managing non-work-related conditions at work

## Identification of a potential non-work-related injury or illness

### Employees’ responsibilities

Work health and safety legislation provides that employees have obligations to look after their own health, and the health and safety of others at work. This includes taking appropriate steps to address any non-work-related health issues they may have or develop if these impact their capacity to safely perform the inherent requirements of their role.

If an employee is managing a non-work-related condition which may affect their ability to perform their role, they must advise their *manager/supervisor* as soon as practicable, so that Council can offer any reasonable adjustments, manage any risk and provide other appropriate support.

### Manager’s responsibilities

It is the responsibility of *manager/supervisor* to be aware that employees may not disclose non-work-related conditions or may not wish to disclose all information related to a personal injury and/or health condition. *Managers/supervisors* therefore need to be aware of the following warning signs, in order to proactively identify employees who may be having difficulty performing the inherent requirements of their role:

* Negative/concerned observations from the team leader/ supervisor
* Negative feedback from the work team
* Negative feedback from members of the public
* A sub-standard performance review (a capacity for work issue may be confused with, or co-exist with, a performance issue)
* Minor injuries/ accidents/property damage/near-misses
* Repeated absences from work
* A long absence from work
* A sudden decline in a team member’s performance
* A team member “not acting themselves”

These signs may indicate a combination of work-related or non-work-related issues and must be explored via a supportive conversation.

## Supportive management conversations

If a *manager/supervisor* suspects a team member has a non-work-related condition which may affect their ability to perform their role or the health and safety of others in the workplace, they should arrange to have a private and supportive conversation with them as soon as possible.

*Managers/supervisors* must ensure they approach the conversation appropriately, attempting to explore the concerns and providing the team member opportunity to constructively discuss any issues, particularly if the matter is linked to colleague or customer complaints, or performance concerns.

Before arranging a meeting, *managers/supervisors* should ensure they are able to clearly articulate to the team member the reasons for any concern, including:

* the specific duties and responsibilities of that team member which are, or might be, affected
* how the health and wellbeing of other team members, or the public, might be affected.

See *section 3.3* below.

### If a fitness for work issue is disclosed or identified

If a fitness for work issue is disclosed or identified, the *manager/supervisor* should explain that as an employer, they will need to seek advice to understand the condition in relation to their occupation. Emphasis should be placed on the team member’s wellbeing and consideration given to whether it is safe for them to perform their role, and if not, how Council can assist with their recovery to health and work. The *manager/supervisor* should then use the opportunity to find out as much as they can about the medical advice and treatment the employee has obtained, what the employee thinks their capacity and prognosis is, and whether the employee thinks there are any adjustments that can be made to the workplace to assist them.

The *manager/supervisor* should not make a commitment to offering alternate duties, or adjustments at this stage. However, if it seems that this may be required, they should state that they will need to liaise with *HR, WHS and/or RTW Coordinators* and provide a response once consultation has taken place.

If the team member is unwilling to discuss medical details with their *manager/supervisor*, the *manager/supervisor* should engage the *HR, WHS or RTW Coordinator* to offer further advice and support them to advance the conversation.

The *manager/supervisor* must always consider the privacy of the team member, as well as their obligations under applicable privacy legislation. See *section 3.10*.

### If another issue or no issue is identified

If another issue is identified during the supportive conversation, the manager should obtain some basic information, offer the team member EAP if appropriate, and follow other relevant procedures (e.g. the *Bullying Prevention and Management Procedure* which contains details of how to respond to reports of alleged inappropriate behaviour). The *manager/supervisor* should then briefly explain the next steps to be taken e.g. they will liaise with the *HR coordinator* and follow-up with the team member tomorrow.

If no issue is identified during the supportive conversation that may explain the manager’s concerns, they should thank the employee for their time, and liaise with the *HR Coordinator* and/or *WHS Coordinator* as soon as practicable to determine next steps. The manager should never initiate discussions about performance without following the *Performance Management Procedure* and/or liaising with the *HR coordinator*.

### Documentation of supportive conversations

The *manager/supervisor* must document all supportive management conversations, and consult with *HR, WHS or RTW Coordinator.* In some situations it may also be appropriate to provide the team member with written confirmation of the outcomes of the supportive conversation, however this will not usually be required until formal steps are undertaken, as per section 3.4.

## Clarification of the team member’s role

If there are concerns about a team member’s capacity to perform the requirements of their position, it is vital to establish the position’s inherent requirements. This is because if Council needs to request a team member undertake a medical assessment, the assessor would be asked to provide advice to related to the employees’ capacity to safely perform the inherent requirements and demands of their position.

### Review of the Position Description and Job Demands Analysis

It is recommended to start by reviewing the *Position Description* (a list of all work duties) for the role, and then develop or review the *Job Demands Analysis* for the role. The *Job Demands Analysis* will describe the physical, sensory, cognitive, and psychological requirements of the role, as well as listing the main hazards an employee is exposed to (e.g. dust, hazardous noise, weather).

### Managing excessive risks for the team

If excessive risks are identified via the *Job Demands Analysis,* consideration should be given to whether the risks can be controlled (with consideration given to the hierarchy of controls) for all relevant team members. For example, if it is identified that the team member needs to lift 40kg, consideration should be given to whether the task can be eliminated by redesigning the task or outsourcing it, or whether it can be controlled via use of a lifting aid, a team lift.

### Establishing the inherent requirements

The inherent requirements of a role are defined by the *Australian Human Rights and Equal Opportunity Commission* as the ability to:

* Carry out the functions that are a necessary part of the job
* Meet the productivity and quality requirements of the job
* Work effectively in the team or other type of work organisation concerned
* Work safely.

Inherent requirements reflect what the employee has been doing over the course of being employed in the role, in particular the last 6-12 months, and do not reflect remote or periphery tasks. Inherent requirements may or may not align with the job description, e.g. if the position description contains tasks that are listed “just in case” and have not been performed recently by the employee, it is likely that these would not be inherent requirements (with the exception of emergency procedures).

### If employees are doing a temporary role

If employees are working in a role other than their substantive position, e.g. they are performing a temporary role, seconded, or “acting” in a role, then in the short term, their capacity in relation to the inherent requirements of that role will need to be established.

At a later date, it may also be necessary to assess the employee’s capacity in relation to the inherent requirements of their substantive role, e.g. when they finish their temporary role are returning to their substantive role.

## Obtaining medical evidence

### Having genuine reason to have serious concerns

In order to request medical evidence of a team member’s capacity, the *manager, HR, WHS and RTW Coordinators* must consult and agree that there is genuine reason to have serious concerns about the employee’s ability to safely perform the inherent requirements of their role. The reasons for this genuine concern must be documented prior to requesting the evidence. If unsure, the *HR/RTW Coordinator* should seek legal advice.

### Advising the employee

The *manager/supervisor*, with the support of *HR or WHS Coordinator,* should arrange a meeting with the employee to inform them of Council’s concerns about their ability to safely perform the inherent requirements of their role. Depending on the results of those discussions, further steps may need to be taken. Following the meeting, details of any actions required, such as a request for medical evidence from their treatment provider, or referral to another type of assessment should be outlined and put to the employee, preferably in writing.

If, as a result of the meetings, council determines that their concerns are valid, the manager should advise the employee if they will be offered alternate duties, for example while awaiting medical evidence (see *section 3.6.1*). If the employee will be required to take leave (see *section 3.6.2*), it is recommended that the *HR Coordinator* attends the meeting, and a support person is offered to the employee.

It is recommended that the outcomes of these meetings are documented and provided to the employee.

### Type of medical evidence sought

The medical evidence may be requested from one or more of the following, depending on the nature of the condition and the health professionals that the employee is currently consulting, e.g.:

* the employee’s general practitioner
* the employee’s treating specialist
* *the employee’s allied health provider such as psychologist, physiotherapist, or exercise physiologist*
* a functional capacity evaluation
* an independent specialist (chosen by the workplace)
* an occupational physician (chosen by the workplace).

### Making requests for medical evidence

Requests to health professionals for medical evidence of capacity work must be done in writing, with reference to the team member’s *Job Demands Analysis* or a list of inherent requirements. *Appendix 4: Letter to Medical Professional Template* should be used, in conjunction with *Appendix 5: Medical Information Consent Authority* (which must be supplied to the health professional already signed by the employee).

Depending on the situation, the letter and form may be mailed/ emailed/ faxed directly to the health professional, or the team member may be requested to take it to an appointment.

The wording of the *letter to the health professional* is very important. To ensure that accurate information is obtained about the employee’s work capacity the letter should:

* always be individually tailored to the situation of the employee concerned, and include only questions which are relevant and appropriate- i.e. some questions in the template may need to be removed, added, or adapted
* only ask about diagnosis if the employee seems open to discussing these details
* draw attention to the relevant physical, cognitive, psychological, sensory demands, and require the health professional’s assessment/ opinion of the employee’s capacity to perform each one
* ask about prognosis (i.e. when the employee will be able to return to their normal duties)
* include questions regarding any other concerns, e.g. potential drowsiness from medication, or potential need for intervention or support at work
* make it as easy for the health professional to supply information, e.g. by using a table or including lines for the reply to each question
* be as concise as possible while still conveying adequate detail about the employee’s work duties.

If a team member has been referred by the workplace to attend a medical or functional assessment, the appointment purpose and details must be provided to them in writing.

### Non-cooperation by the medical/health professional or employee with requests for medical evidence

If the medical or health professional does not cooperate with the request, another health professional such as an independent specialist, should be used.

If the team member does not cooperate or does not sign the *Medical Information Consent Authority,* Council will need to consider whether it is medically appropriate for alternate duties to be offered whilst awaiting medical evidence, or whether the team member may need to be given written notice and/or stood down from work until an understanding of their work capacity is formally obtained. This is a common source of disputes and legal advice is recommended at this stage.

### Costs of medical assessments

Council is liable to pay for the cost of any requested medical assessments, and any reasonable associated costs including travel, reports, accommodation and/or meals of the team member only.

## Considering reasonable adjustments

Anti-discrimination legislation generally provides an employee with a disability or medical condition the right to reasonable adjustments to be made to the workplace, work equipment or work arrangements in order that they can perform their work role or participate in work life. The only reason the adjustment should not be implemented is if it would cause an “unjustifiable hardship” such as being extremely expensive, difficult, time-consuming or cause some other hardship (such as a WHS risk).

Reasonable adjustments can be considered at any stage throughout the process of supporting an employee’s non-work-related condition and should be discussed and agreed by the team member, *manager/supervisor*, *HR and WHS Coordinators*. If there are concerns over the team member’s ability to perform the inherent requirements of their role safely even with the proposed reasonable adjustments in place, it may be necessary to obtain medical evidence as per *section 3.4 above*.

## Offering alternate duties

Even though return to work obligations may not apply, non-work-related medical conditions may be regarded as a disability and as an employer, Council has a responsibility to make reasonable adjustments as discussed in section *3.5 above*.

Council should endeavour to make alternative duties available on a temporary basis to support recovery wherever reasonably practicable i.e. if there will not be serious safety or operational impacts.

### Short-term alternate duties while waiting for medical evidence

It may be necessary to arrange alternate duties for an employee on an immediate, short-term basis without medical evidence, e.g. if it becomes apparent that a team member may not be safe to carry out certain parts of their role. The manager should arrange alternate duties that are safe for them to perform, while medical evidence is being sought.

All circumstances should be assessed on a case-by-case basis considering the employee’s condition and the WHS risks involved. However, if there is doubt that the employee will be safe to perform alternate duties, they may need to utilise their own leave entitlements to cover any absences, or in some instances, should be stood down from work *(on full pay)* until they can obtain medical evidence of their capacity.

### Deciding not to offer alternate duties

If there is medical evidence that a team member is unfit for any type of work, or Council cannot safely offer duties in line with the team member’s certified capacity, the employee will be required to take their paid entitlement leave (i.e. personal leave, annual leave, and long-service leave) followed by unpaid leave, if their entitlements have been exhausted.

### Using a Health Plan

Whenever alternate duties are offered, they should be in writing using *Appendix 3: Health Plan Template.* It is important to include a start and end date to each *Health Plan,* to emphasise that the duties are a temporary offer and does not constitute a permanent change in employment conditions or job description.

The *Health Plan* should be written by the *RTW or HR Coordinator* in consultation with the team member and their *manager*/*supervisor* It should be reviewed at or prior to the expiry date of the plan, or when something changes, such as the team member’s condition or work conditions.

It may be necessary for the *manager*/*supervisor* to inform other team members of the employee’s conditions in the *Health Plan,* for work planning purposes orto prevent the team member undertaking tasks that are outside of their capacity. However, the team member’s diagnosis and treatment plan should remain strictly confidential, and the information supplied about the team member’s capacity should be provided on a need-to-know basis only.

## Supporting the employee to obtain appropriate treatment

In addition to supporting and offering alternate duties to a team member suffering from non-work-related conditions, Council should encourage these team members to undertake appropriate treatment for their condition. The treatment must be proactively managed by the employee, and undertaken at their own expense, but Council may consider assisting by:

* consulting with the team member’s treating doctor, and suggesting the need to consider a referral to a treatment provider such as a psychologist, physiotherapist, exercise physiologist, or occupational therapist
* suggesting the use of Medicare funded allied health treatment if appropriate, such as a *Chronic Disease Management Plan* or *Mental Health Treatment Plan*
* suggesting the use of Council’s *EAP*
* providing copies if the employee’s *Job Demands Analysis* to the treatment provider
* supporting the employee to access Health and Wellbeing leave, provisions under *section 25 of the* *Local Government Award (NSW) 2020*
* scheduling work hours to accommodate treatment sessions, if required
* providing access to Council facilities such as the swimming pool or gym.

## At the completion of the alternate duties or leave period

### Obtaining medical evidence

For a team member to resume their substantive role/position, medical evidence is required and must indicate they have reached capacity to perform the inherent requirements of their role. Refer to *section 3.4.*

### Providing other workplace support

If the team member’s medical evidence states they have capacity to return to their substantive role, the *manager*/*supervisor* should consider whether they require any additional support such as re-training or additional supervision before commencement of their full-time substantive position occurs.

### If unable to resume normal duties

If a team member reaches the end of their approved period of alternate duties or leave and is unable to resume their normal contractual duties and hours, further evidence should be obtained *as per section 3.4* to ascertain whether and when they will attain capacity to undertake the inherent requires of their substantive position. This supplementary information must then be carefully considered by the *manager*/*supervisor, RTW Coordinator and HR Manager*, and legal advice considered, to determine:

* whether and for how long to continue to offer modified/alternate duties, and
* if there is a need to obtain further medical evidence *as per section 3.4*, and
* if the options in *section 3.9* below should now be considered.

## Options if a team member cannot return to their substantive role

If the medical evidence states that a team member will be unable to return to their substantive role, their *manager*/*supervisor* and *the HR Coordinator* should lead a sensitive but formal discussion with the employee, to inform them that other options will need to be considered and ascertain their preferences. A support person and EAP should be offered to the employee.

The following options will be considered.

### Offering a modified role

Careful consideration should be given to whether the team member can be offered a modified version of their role. This is different to reasonable adjustment and would mean the employee is no longer expected to fulfill all duties on their previous position description. This would be confirmed in writing, using a letter that outlines modifications to the position description (it could contain additional duties as well as duties not required).

Flexible work and leave arrangements as per the “phased retirement” provisions under *section 24 of the* *Local Government Award (NSW)* *2020* can be considereda modified role option.

If a modified role is being considered, impacts on team productivity, morale and safety must be carefully considered, and the process documented.

### Seeking a new role within council

If a modified role is not possible, council should review its current vacant roles to see whether there is one suited to the team member’s functional capacity and transferrable skills, and if so, encourage the team member to apply for the role. A merit-based selection process for the vacant role should still be undertaken.

### Proceeding toward termination

If the above options are unsuccessful, Council may need to consider termination, making sure to follow the requirements of the *Name of Council* *Termination Procedure*, and consider all relevant employment legislation, applicable award provisions, and discrimination legislation. Legal advice should always be sought regarding the potential implications of termination.

## Privacy

It is inevitable that, in the course of discussing and dealing with these issues concerning health and wellbeing, Council will request and obtain sensitive, personal information concerning employees. The collection and use of this information is heavily regulated, and Council should be aware of its obligations in relation to this information, including:

* why it is required
* when and how it is used or disclosed
* how is it stored and kept confidential
* access by the employee.

Reference should be made to Council’s privacy policy.

# Training and implementation

*Name of Council* *HR and WHS Coordinators* will provide information and training to all *managers/supervisors* to assist them to carry out the requirements of this procedure, *including providing practical training in having supportive conversations*, in accordance with the *WHS Training and Competency Procedure*.

*Name of Council* *HR and WHS Coordinators* will ensure all employees are aware of the requirement to advise their manager/ supervisor of any condition (work-related or non-work-related) that may affect their ability to safely perform the requirements of their role, via *their induction, distribution of the Fitness for Work Policy, and/or toolbox talks.*

Implementation of this procedure can be assessed by using the *Self-Assessment Checklist* provided in *Appendix 1*.

# Record keeping

*Name of Council* will maintain all records relating to Health Monitoring in accordance with Council’s *Record Keeping Procedure (number) and the WHS Records Matrix.*

(OR)

*Name of Council* will maintain the following records relating to non-work-related injury management in accordance with Council’s Record Keeping Procedure (number). The records will be classified as highly confidential.

| Record name | Storage location | Who has responsibility for storage |
| --- | --- | --- |
| Medical evidence of fitness for work |  |  |
| Completed *Medical Information Consent Authority* forms |  |  |
| Completed/ Approved *Health Plans* |  |  |
| Records of consideration of reasonable adjustments, modified role, alternate roles etc. |  |  |
| File notes, meeting minutes, etc |  |  |
| Letters sent to employee in relation to HR matters |  |  |

# References

## Appendices

1. *Implementation Checklist- Fitness for Work Assistance (CL038)*
2. *Fitness for Work Assistance Flowchart (GD075)*
3. *Health Plan Template (FM061)*
4. *Letter to medical Professional Template (FM062)*
5. *Medical Information Consent Authority (FM063)*

## Internal references

*Council Fitness for Work Policy (number)*

*Council Leave Policy (number)*

*Council Fatigue Management Procedure (number)*

*Council Drug and Alcohol Policy (number)*

*Council Drug and Alcohol Procedure (number)*

*Council Secondary Employment Policy (number)*

*Council Return to Work Program (number)*

*Bullying Prevention and Management Procedure (PR036)*

*Council Performance Management Procedure (number)*

*Council Termination Procedures (number)*

*WHS Training and Competency Procedure (PR007)*

*Council Record Keeping Procedure (number)*

*Council WHS Records Matrix (number)*

## External references

*WHS Act (NSW) 2011*

*WHS Regulation (NSW) 2017*

*Disability Discrimination Act (Cth) 1992*

*Industrial Relations Act (NSW) 1996*

*Employment Protections Act (NSW) 1982*

*Anti-discrimination Act (NSW) 1977*

*Local Government Award (NSW) 2020*

# Definitions

| Term  | Definition |
| --- | --- |
| Position description | A list of the job tasks, duties and/or responsibilities required of an employee in a particular role. It may also include the overall objective of the role, who it reports to or which employees will be managed, and key performance indicators. |
| Job Demands Analysis | An outline of the physical, psychological, and sensory requirements of a role, as well as some of the main hazards involved. |
| Inherent requirements | The essential requirements of a role, including the quality and safety outcomes that must be met. |
| Reasonable adjustments  | Modifications to a task, tool, or environment: * to enable someone with a disability to be able to carry out or access the task or workplace; and
* which does not cause an unjustifiable hardship
 |
| Alternate duties | Temporary work duties that are offered to a particular employee, to match their reduced work capacity due to a non-work-related injury or illness. These may include duties which were previously work duties of that employee, duties which have been modified in some way, or different duties not previously performed. These are similar to the “suitable duties” offered to an employee with a workers compensation injury or illness. |
| Health Plan | An agreement between an employee, their workplace representatives (usually the manager and RTW/ HR/ WHS Coordinator) and their treating medical or health professional, that outlines the employee’s work capacity, the alternate duties the workplace is offering, and how long these alternate duties will be offered for. The Health Plan may also include other conditions or agreements, such as when the employee will attend medical appointments. This is similar to the “Recover at Work Plan” signed by an employee with a workers compensation injury or illness. |
| Substantive role | The role which an employee was hired to perform and is reflected on their current employment contract or agreement.  |

# Responsibilities

Responsibilities for managing health and safety risks and applicable to this procedure are summarised below:

|  |  |
| --- | --- |
| Role | Responsibilities |
| HR Coordinator | * Ensure position descriptions are kept up to date
* Help propose and consider alternate duties, reasonable adjustments, and/or modified roles for employees with non-work-related conditions
* Help decide how to obtain medical evidence for employees with non-work-related conditions
* Ensure all industrial relations considerations are made when meetings or processes are being arranged and undertaken
* Support the employee to consider all available internal employment vacancies when re-deployment is medically indicated
* Assist to identify when legal advice is required
 |
| WHS/RTW Coordinator | * Ensure Job Demands Analyses (JDAs) are kept up to date
* Consider and address any potential risks identified in JDAs which may impact the workforce more broadly
* Help propose and consider alternate duties, reasonable adjustments, and/or modified roles for employees with non-work-related conditions
* Facilitate the assessment of employees’ non-work-related medical restrictions and capacity to perform the inherent requirements of the position, when required
* Develop Health Plans for employees with non-work-related conditions
* With the manager, regularly monitor and review employees with non-work-related injury and illnesses
* Assist to identify when legal advice is required
 |
| Manager | * Identify and have supportive conversations with employees who may have non-work-related conditions that may affect their ability to perform their role
* Assist in updating JDAs
* Consider and address any potential risks identified in JDAs which may impact the workforce more broadly
* Help propose and consider alternate duties, reasonable adjustments, and modified roles for employees with non-work-related conditions
* Monitor employees to ensure compliance with Health Plans and medical restrictions
* Assist to identify when legal advice is required
 |
| Employee | * Ensure they are fit to perform their role each day, including taking steps to address any non-work-related illness or injury that they have or develop if these threaten to impact their ability to perform the requirements of their position
* Inform their manager (or RTW/HR Coordinator) if they have a condition that may affect their ability to perform the requirements of their position
* Provide consent for the workplace to obtain medical evidence regarding their fitness for work, when required
* Adhere to the requirements of their Health Plan, if relevant
* Comply with any reasonable instructions provided by Council
 |

# Document control and review

|  |  |
| --- | --- |
| Owner | *(Name or position Title)* |
| Approval  | *(Name or position Title)* |
| Approval date |  |

Council will review this procedure when there are legislative changes, a change in workplace arrangements or at least *every 2 years* to ensure it continues to be effective and relevant. Review and revision must be done in consultation with relevant employees.

| Revision no. | Prepared/ Revised by and date | Action/Amendment description | Approved by and date |
| --- | --- | --- | --- |
| 1 | StateCover March 2022 | New document |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# Appendices

Appendix 1: Self-Assessment Checklist Fitness for Work Assistance Procedure

Implementation of this procedure can be monitored by checking the following:

| Self-assessment  | Yes | No |
| --- | --- | --- |
| 1. Employees are aware (via induction, policy, and/or toolbox talks) of their obligation to inform their *manager/supervisor* of any non-work-related condition which may affect their ability to safely perform their role
 |  |  |
| 1. *Managers/supervisors* are trained in the requirements of this procedure
 |  |  |
| 1. *Managers/ supervisors* *receive training in having supportive conversations*
 |  |  |
| 1. Up to date *Job Descriptions* in place for all roles in Council
 |  |  |
| 1. Up to date *Job Demands Analyses* in place for all roles in Council
 |  |  |
| 1. The *Medical Consent Form Authority*, *Health Professional Letter Template* and *Health Plan Template* are used whenever alternate duties are offered to an employee in relation to a non-work-related condition
 |  |  |
| 1. Medical evidence is obtained for all employees who report or disclose non-work-related conditions for which Council has genuine reason to have serious concerns about the employee’s ability to perform their role safely
 |  |  |

Appendix 2: Fitness for Work Assistance Flowchart



Appendix 3: Health Plan Template

 **Health Plan**

 *(Name of Council)*



|  |  |
| --- | --- |
| Employee name |  |
| Plan number |  |
| Department |  |
| Pre-injury role |  |
| Manager/Supervisor | Name:Email:Phone: |
| Return to Work Coordinator | Name:Email:Phone: |
| Work location |  |

Health Plan Goal

|  |  |
| --- | --- |
| Injury/illness diagnosis |  |
| Health Plan Goal (Include anticipated timeframes to achieve goal if known) |  |
| Commencement date |  | Review Date |  |

Capacity for Work

|  |  |
| --- | --- |
| Capacity for Work |  |
| Hours / Days of Work(Include start and finish times, specific days and shifts, etc.) |  |
| Alternate Duties(Include the specific tasks and activities to be performed) |  |
| Recommendations |  |

Treatment Plan

|  |  |
| --- | --- |
| Medical, treatment appointments and services*(Where practicable appointments are to be made outside work hours. Where an employee needs ongoing treatment for a non-work-related injury or illness they can access sick leave for the relevant medical appointments)* |  |

Participating in your Health Plan

|  |
| --- |
| * This Health Plan and the provision of alternate duties are offered in accordance with *Council’s Fitness for Work Assistance Procedure*.
* Upon returning to work from a non-work-related injury or illness, employees will need to provide a Medical Certificate from their doctor to their Supervisor/Manager or Return to Work Coordinator indicating their capacity for work until they have been given full clearance to perform their substantive position.
* Council may offer alternate duties for a temporary period. If such an offer is made, it does not constitute a permanent change in the conditions of the employee’s employment.
* Duties provided are targeted to support recovery, and are meaningful, productive, and supervised.
* Due care has been applied to ensure that the offer of alternate duties will not adversely impact the employee’s recovery or health condition.
* Employees must ensure that all duties and tasks performed are within their capacity for work, as per their medical evidence and Health Plan.
* If any task or activity is outside the employee’s capacity, they must notify their supervisor and seek assistance.
* All employees must comply with any reasonable instruction provided by Council
 |

The following parties have agreed to this Health Plan:

|  |  |  |
| --- | --- | --- |
| Name | Signature | Date |
| Employee*(Employee name)* |  |  |
| Supervisor/Manager*(Manager Name)* |  |  |
| Return to Work Coordinator*(RTWC Name)* |  |  |
| Treating doctor/health professional*(TD/HP Name)* |  |  |
| Union delegate*(where required)**(name)* |  |  |

Appendix 4: Letter to Medical Professional Template

*(Date)*

*(Treating Practitioner’s Name)*

*(Name of Practice)*

*(Address – physical, email or fax)*

Dear *(Practitioner’s Name)*

**SAMPLE ONLY- MUST BE CUSTOMISED**

**Re: Non-Work-Related Medical Condition *– (employee’s full name) - DOB: (insert DOB) - Employees Job Title/ Position***

Thank you for supporting our employee*, (employee’s first name)* to manage their non-work-related medical condition. *(employee’s first name)* has provided us with consent (see attached) to contact you and seek an understanding of the condition in relation to *his/her* occupation.

(Provide a brief overview of the employee’s individual circumstance, including your specific concerns)

To uphold our duty to ensure the safety of our employees and to support *(employees first name*) recovery, Council would appreciate your advice on the following:

1. *Can you please confirm (employee’s first name)’s diagnosis?*

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

1. Do you believe *(employee’s first name)* is fit to perform the inherent requirements of their role?

**Importan**t: Please refer to the attached position description and job demands analysis.

……………………………………………………………………………………………………………………………

1. Specifically, can *he/she* safely perform the following duties? If not, what modifications does *he/she* require?

 Modifications, if any:

|  |  |  |
| --- | --- | --- |
| *Standing for up to (X) hours per day* | Yes No  |  |
| *Sitting for up to (X) hours per day* | Yes No  |  |
| *Lifting/Carrying up to (X) kg between ground and (X) height* | Yes No  |  |
| *Pushing/Pulling up to (X) kg for (X) metres* | Yes No  |  |
| *Working in an externally paced environment* | Yes No  |  |
| *Potential exposure to aggravated members of the public* | Yes No  |  |
| *Potential exposure to X hazard* | Yes No  |  |
| *Other* | Yes No  |  |

**SAMPLE ONLY- MUST BE CUSTOMISED**

1. In your opinion, does *(employee’s first name*) require modifications to *his/her* work hours due to his/her non-work-related condition?

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

1. When do you anticipate *(employee’s first name*) will be able to fulfill the inherent requirements of *his/her* role?

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

1. Are there any adverse side effects that *(employee’s first name*) may experience from current medication and/or other treatment, that may impact the employee’s ability to perform their duties safely?

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

1. Please indicate when *(employee’s first name*) work capacity should next be reviewed?

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

1. Is there anything Council can do to assist *(employee’s first name*) to manage *his / her* health at work?

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

1. Are there any other issues relating to *(employee’s first name)*’s fitness and safety for work which Council should be made aware?

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

1. Do you have any additional comments?

……………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………

If you have any questions, I can be contacted on *(RTWC Phone Number)* or by email at *(RTWC email).*

Yours sincerely

**SAMPLE ONLY- MUST BE CUSTOMISED**

*(Name)*

*(Job Title)*

*(Name of Council)*

*Encl:*

Appendix 5: Medical Information Consent Authority

**Purpose**

*(Council Name)* is aware you have a medical condition that has the potential to impact your safety and ability to perform your role. As your employer, we are obligated to ensure we can continue to provide a safe workplace for you.

To achieve this, we require your consent to discuss/exchange some of your personal medical information with your treating medical and health practitioners. Information exchanged will be relevant and necessary in understanding your non-work-related health condition and capacity to safely undertake the inherent requirements of your role with *(Council Name)*.

**Employee declaration**

By signing this Medical Information Consent Form I acknowledge that:

* My employer, *(Council Name),* has permission to contact any of the medical or health providers listed in the table below and exchange medical information and advice regarding my non-work-related condition.
* Any relevant and available medical information that has been provided to my employer from my Nominated Medical and Health Providers can be supplied to an independent assessor (chosen by the workplace) if further opinion is necessary
* My employer will only collect health information that is relevant and necessary to manage my non-work-work related medical condition and support my safety and recovery.
* My employer will take reasonable steps to protect my personal information and ensure it is stored securely, as per Councils *Record Keeping Procedure.*
* Any information will only be disclosed to relevant persons for the purpose for which it was collected and will not be used for any purposes other than what is stated above.
* My employer will allow me access to my medical information without unreasonable delay, unless providing access would be unlawful or pose a serious threat.
* A copy of this authority, including an electronic version or facsimile, can be treated as the original.
* This authority is valid for the duration of my recovery and/or until I return to the full inherent requirements of my substantive position.
* This authority complies with legislative requirements of the Health Records and Information Privacy Act 2002 (NSW) and the Privacy and Personal Information Protection Act 1998 (NSW).

**Nominated medical and health providers**

|  |  |  |  |
| --- | --- | --- | --- |
| Practitioner Name | Practitioner Type (i.e. General Practitioner, Specialist) | Address | Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Employee authorisation**

Employee name:

Employee signature:

Date:



[www.statecover.com.au](http://www.statecover.com.au)

sandw@statecover.net.au

(02) 8235 2893