



Injury information pack

A guide for employers

Purpose of this pack

We understand that having a worker sustain a work-related injury or illness can be a challenging time for both the worker and the employer. WorkCover Queensland is here to support you through the recovery process, while encouraging a focus on rehabilitation and return to work.

The purpose of this information pack is to assist employers (including frontline managers) to understand what is required in the event of a work-related injury or illness. In addition, this pack provides information for the worker who sustained the injury, to assist with a timely return to work.

Two important ways that employers can assist workers in their recovery are to set up [regular check-ins](#)¹, and to provide suitable duties (if required) to facilitate [earliest possible return to work](#)². This information pack will guide you through these recovery actions.

Included in the pack:

- Information sheet for the employer
- Information sheet for the worker (this is given to your worker to keep)
- Suitable duties register
- Suitable duties plan
- Letter to medical practitioner
- Incident investigation form
- Sample *Work capacity certificate*.

To lodge a WorkCover Queensland claim

- phone 1300 362 128 or,
- complete and submit the [online claim form](#)³.

Recommended action plan

- Provide your worker with first aid treatment or seek emergency treatment and transport to hospital if needed.
- Assist your worker to make an appointment with a medical practitioner – this could be their own doctor (or dentist if applicable), or one close to the workplace.
- Keep a record of the incident and injury or illness that occurred and investigate ways to prevent this type of incident occurring again. You may need to notify Workplace Health and Safety Queensland or the Electrical Safety Office of the incident if it meets [certain criteria](#)⁴.

- [Report the injury](#)⁵ to WorkCover Queensland within eight business days of becoming aware of it. This is not the same as making a claim for workers' compensation.
- Lodge a WorkCover Queensland claim (together, if possible) over the phone or online.
- Go through this pack together and complete any paperwork required.
- Save a copy of the paperwork to your worker's personnel file and ensure they take a copy to the doctor.
- With your worker's permission, consider going to the medical appointment together and discuss early return to work. Alternatively, provide information to the doctor about suitable duties available for your worker.
- After the doctor's appointment, discuss the approved return to work plan with your worker and ensure all parties are aware of the agreed plan and next steps.
- Review the workplace and activities to ensure your worker can return to work safely.
- Make a plan for the right person (usually their supervisor) to make regular contact with your worker and ask about their wellbeing, impact of their injury and the progress of their recovery, including return to work plan.
- Support your worker through their rehabilitation until they are able to return to normal duties.

Did you know that work plays an important role in any rehabilitation process because 'doing' promotes recovery?

Information for the employer

Communication with your worker

- Identify the most appropriate person to maintain contact with your worker, ideally this should be someone like their immediate supervisor.
- Continue to invite your worker to meetings or functions so they stay connected to their colleagues.
- Remain positive when speaking to your worker and avoid placing blame about the injury. This will reduce any negative impact on your worker's motivation to return to work.
- Reassure your worker their job is secure and encourage them to focus on recovering from the injury.
- Listen to any concerns raised by your worker and address these promptly.

Providing suitable duties

- If your worker is unable to return to their normal duties, take every reasonable step to provide meaningful suitable duties within the restrictions specified by the doctor. The suitable duties register and plan templates in this pack will help.
- Where possible, adjust procedures and rosters to enable a successful suitable duties plan.
- If required, WorkCover can arrange a return to work provider to assist with creating a return to work plan. They will conduct an assessment of your workplace to help identify suitable duties.

What does your worker need to do?

- Obtain a *Work capacity certificate* from a doctor, dentist or nurse practitioner (example included in this pack).
- Discuss suitable duties with their doctor and provide them paperwork from this pack that you have completed together. The 'Letter to medical practitioner' template in this pack outlines information to provide on initial contact.
- Lodge a WorkCover Queensland claim (together, if possible) over the phone or online.
- Keep you updated on their progress and anticipated return to work.
- If they are cleared for suitable duties, they are expected to come to work and participate in the duties.
- Endeavour to book appointments outside of working hours. There are some specialist appointments that may be difficult to obtain, so if this is not possible, they should discuss this with you and WorkCover.

What will WorkCover Queensland do?

- Make contact with you, your worker and their doctor to discuss the work-related injury and rehabilitation.
- Endeavour to make a decision on the claim within 20 business days.
- Support you and your worker to maintain focus on rehabilitation and a sustainable return to work.

How are wage payments calculated?

- WorkCover will request 12 months of wage information (e.g. payroll report) from you to calculate weekly payments.
- Wage payments are usually either 100% of an award or industrial instrument amount, or 85% of a calculation of their [normal weekly earnings](#)⁶ (NWE).

Payment of wages

- You may pay sick or other accrued leave to your worker while the claim is being determined. If the claim is accepted by WorkCover, that leave will need to be reinstated.
- If you continue to pay your worker directly, WorkCover can reimburse you promptly. This keeps things simple for you and your worker and helps them feel supported by you. Please speak to WorkCover if payments need to be made directly to your worker instead.
- You will need to pay an excess on an accepted claim where your worker has taken time off due to their injury. WorkCover will advise of the excess amount when communicating acceptance of the claim.
- For workers on reduced hours as part of their suitable duties plan, you will pay your worker at the normal rate for hours worked. WorkCover will pay a top-up amount, either to you to pass on, or directly to your worker.

If you have any questions, please contact WorkCover Queensland on 1300 362 128. If you have a claims contact, access their details on Worker Assist or WorkCover Connect.

Information for the worker

What do you need to do?

- Seek first aid treatment and notify your supervisor of the work-related injury.
- Obtain a *Work capacity certificate* from a doctor, dentist or nurse practitioner (example included in this pack).
- Discuss suitable duties with your employer and doctor and provide paperwork from this information pack.
- Lodge your [workers' compensation claim](#)³ with WorkCover Queensland.
- You can download the 'Worker Assist' app from the app store on your smart phone to make your claim easier.
- Submit receipts for expenses in relation to the work-related injury, which can be done via Worker Assist.
- Keep your employer updated on your progress against your return to work plan.
- If you are cleared for suitable duties, your employer will discuss duties available in the workplace. It is expected that you attend the duties provided by your employer. These duties may be different to your normal role.
- Endeavour to book appointments outside of working hours. There are some specialist appointments that may be difficult to obtain, so if this is not possible, you should discuss this with your employer and WorkCover.

What does your employer need to do?

- Wherever possible, provide safe and meaningful suitable duties within the restrictions advised by your doctor.
- If medical information confirms you are unable to work, your employer pays the first week of wage payments. If you are off work for more than a week, WorkCover will discuss ongoing wage payments with you.
- If you are cleared for suitable duties, generally your employer will pay you for hours worked and WorkCover will pay a top-up for hours not worked, either directly or through your employer.
- Some employers have a dedicated Rehabilitation and Return to Work Coordinator, and they may contact you to discuss your injury and recovery.

What will WorkCover Queensland do?

- Make contact with you, your employer and your doctor to discuss your work-related injury and rehabilitation.
- Endeavour to make a decision on your claim within 20 business days.
- Support you and your employer to maintain focus on rehabilitation and a sustainable return to work.

What rehabilitation costs and wage payments will I receive?

- Reasonable and necessary medical and rehabilitation costs e.g. doctor or specialist appointments, hospital fees, physiotherapy or psychology appointments
- Medicines and medical supplies essential to your recovery (such as prescribed medications or wound dressings)
- Equipment needed for your recovery (such as crutches or a wheelchair)
- Reimbursement for travel more than 20kms each way (when there is no registered provider closer)
- Wage payments if your doctor certifies you as unfit for work, or fit for suitable duties, but there are none available.

What costs are not covered?

- Treatment with [some providers](#)⁷ such as massage therapists, naturopaths, or relaxation therapists are not covered. If you are unsure, speak to WorkCover to clarify.
- Wage payments if your doctor determines you are fit for work, or fit for suitable duties, but you decide not to participate in the work or suitable duties that are available.
- Medication or treatment for nonwork-related injuries, for example, underlying or pre-existing conditions.
- Wage payments if you are away from work for unrelated reasons e.g. cold or flu, family commitments.

How are your weekly compensation benefits calculated?

- WorkCover will request 12 months of wage information (e.g. payroll report) from your employer to calculate weekly payments.
- Your wage payments are usually either 100% of an award or industrial instrument amount, or 85% of a calculation of your [normal weekly earnings](#)⁶ (NWE).

If you have any questions, please contact WorkCover Queensland on 1300 362 128. If you have a claims contact, access their details on Worker Assist or WorkCover Connect.

Suitable duties register

This form can be completed at any time by looking around your workplace for duties that fit in the below categories or with the assistance of an allied health provider. Store the completed register in preparation for future use should an injury occur in your workplace.

WorkCover Queensland has a range of [return to work checklists for particular roles](#)⁸ on our website.

NB: Use these duties to complete the return to work plan details on the following page, then send to the treating medical practitioner.

ADMINISTRATIVE/SEATED DUTIES	NO LIFTING REQUIRED DUTIES
LIFTING LESS THAN 5KGS DUTIES	LIFTING 6-10KGS
LIFTING 11-15KGS	NO BENDING/TWISTING DUTIES
DRIVING/OPERATING MACHINERY	OTHER SUITABLE DUTIES

Suitable duties plan

WORKER DETAILS

Worker:

Claim number:

Phone:

Work injury:

Supervisor:

Phone:

Treating medical practitioner:

Phone:

RETURN TO WORK PLAN DETAILS

Goal – long term (e.g. return to normal duties):

Objective of this plan (e.g. gradual return to work over period of xx):

Plan completed by:

Duration of this plan

From:

To:

Fit for suitable duties (restricted return to work)

From:

To:

Job description:

TASK DETAILS

Week	Duties	Restrictions
Week 1 – commencing: Days: Hours:		
Week 2 – commencing: Days: Hours:		
Week 3 – commencing: Days: Hours:		
Week 4 – commencing: Days: Hours:		
Treatment occurring during this plan (e.g. physiotherapy):		Training required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Plan to be reviewed on:		If ‘Yes’, training given by: Training given on:

SIGNATURES

Treating medical practitioner I approve this plan. Signature: Date:	Worker I have been consulted about the content of this plan and agree to participate. Name: Claim no: Signature: Date:
Supervisor I agree to ensure this plan is implemented in the work area. Signature: Date:	Rehabilitation and return to work coordinator I agree to monitor this plan. Signature: Date:

Letter to medical practitioner

Date:

Re: **Return to work for**

Dear Dr

Thank you for seeing our employee in relation to their work-related injury.

If the work-related injury prevents from their usual occupation, we would like to advise you that we are committed to providing a safe return to work with alternate suitable duties at your discretion. Please provide your medical advice on the restrictions that would be applicable to 's injury.

We are aware of the benefits of return to work during the rehabilitation process and as such we pride ourselves on having a range of meaningful duties that can accommodate most restrictions as outlined in the suitable duties plan.

If the proposed plan meets your expectations for return to work, please sign the form and also indicate this in the Work Capacity Certificate. Alternatively, please feel free to make adjustments prior to your sign off.

If the attached plan does not meet your approval for suitable duties, please amend and certify a plan based on what they can do rather than what suitable duties are available. If required, a return to work provider can be engaged to ensure any suitable duties offered are within the restrictions you deem necessary.

Should you wish to contact me to discuss the above mentioned employee, the proposed suitable duties plan or any other queries you may have, please do not hesitate to contact me on .

Sincerely,

()

Incident investigation form

A safe workplace benefits everyone. Use this form to help you identify health and safety issues, why they occurred and how to fix them. This can be done as part of your [safety reporting process](#)⁹.

INCIDENT DETAILS

Name of the person involved in the incident:

Date and time of the incident:

Address and location of incident:

INCIDENT INVESTIGATION TEAM

Name:

Name:

Name:

Name:

WHAT TASK WAS BEING PERFORMED AT THE TIME OF THE INCIDENT?

WHAT HAPPENED? (E.G. 'EMPLOYEE TRIPPED OVER BOX' OR 'FORKLIFT HIT WALL')

WHAT FACTORS CONTRIBUTED TO THE INCIDENT?

Environment		Equipment/materials	
<input type="checkbox"/> Noise	<input type="checkbox"/> Layout / design	<input type="checkbox"/> Wrong equipment for job	<input type="checkbox"/> Equipment failure
<input type="checkbox"/> Lighting	<input type="checkbox"/> Dust / fume	<input type="checkbox"/> Inadequate maintenance	<input type="checkbox"/> Material / equipment too heavy / awkward
<input type="checkbox"/> Vibration	<input type="checkbox"/> Slip / trip hazard	<input type="checkbox"/> Inadequate guarding	<input type="checkbox"/> Inadequate training provided
<input type="checkbox"/> Damaged / unstable floor	<input type="checkbox"/> Other	<input type="checkbox"/> Other	
Work systems		People	
<input type="checkbox"/> Hazard not identified	<input type="checkbox"/> No / inadequate risk assessment conducted	<input type="checkbox"/> Procedure not followed / no procedure exists	<input type="checkbox"/> Lack of communication
<input type="checkbox"/> No / inadequate safe work procedure	<input type="checkbox"/> No / inadequate controls implemented	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Time / production pressures
<input type="checkbox"/> Hazard not reported	<input type="checkbox"/> Inadequate training / supervision	<input type="checkbox"/> Change of routine	<input type="checkbox"/> Distractions / personal issues / stress
<input type="checkbox"/> Other		<input type="checkbox"/> Other	

CORRECTIVE ACTIONS

Contributing factor (from above list)	What are we going to do to fix the problem?	Who	When	Completion date

Work capacity certificate

Work capacity certificate – workers' compensation

Form 132M – Version 1

Workers' Compensation and Rehabilitation Act 2003

IMPORTANT INFORMATION : Work is an important part of recovery. In most cases an early return to work (or remaining at work) is beneficial for health and wellbeing. The treating practitioner's guidance increases the likelihood of positive return to work outcomes. A worker receiving continued support is three times more likely to regain their capacity to work. Consider the health benefits of work when certifying the patient's capacity.

Part A – Patient details

Name Date of birth
 Mobile number Claim number ☐ New claim ☐ Claim is report only
 Occupation (if known) Select one Patient's employer

Part B – Injury details

Date of examination Patient's stated date of injury Patient was first seen at this practice/hospital for this injury/disease on
 The patient is/was suffering from (List all work-related diagnoses. If symptoms only, tick "Provisional diagnosis") ☐ Provisional diagnosis
 Patient's stated mechanism of injury Is this consistent with your clinical findings? ☐ Yes ☐ Unclear
 Describe mechanism in detail
 Pre-existing factors or condition aggravated (if not previously supplied)

Part C – Treatment plan

Patient requires/d treatment from to to be reviewed again on No further review ☐
 Treatment
 I have prescribed medication that may impede safe work, travel or cognitive function ☐ No ☐ Yes

Referrals ☐ Diagnostic ☐ Allied Health ☐ Specialist/GP Name/discipline

Details (specify)

Part D – Capacity for work (Choose one from the three options)

☒ The certified injury does not prevent a return to pre-injury duties. Do not complete Part E. Go to Part F. ☐ If suitable duties available, can return to some form of work from ☐ No functional capacity for any type of work until

Complete below section if you certified no functional capacity for any type of work.

If no functional capacity, state why? (if no capacity for more than 7 days, the insurer may contact you to obtain more information)
 Estimated time to return to some form of work duties Estimated time to return to full duties

Part E – Functional ability (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.) No change since last certificate ☐

Certification should be based on what CAN be done, NOT available duties. Consider what the patient can do, either at work or home.

Function/task (patient's usual functional ability)	No	Yes	Is functional ability affected by injury/condition? Note any restrictions (if relevant)	What patient can do (if "Yes" box ticked)
Lower limb	<input type="radio"/>	<input type="radio"/>		
Upper limb	<input type="radio"/>	<input type="radio"/>		
Hand function	<input type="radio"/>	<input type="radio"/>		
Spinal function	<input type="radio"/>	<input type="radio"/>		
Cognition/psychosocial functioning	<input type="radio"/>	<input type="radio"/>		
Driving a car	<input type="radio"/>	<input type="radio"/>		
Operating machinery/heavy vehicle	<input type="radio"/>	<input type="radio"/>		
Manual tasks	<input type="radio"/>	<input type="radio"/>		
Other	<input type="radio"/>	<input type="radio"/>		

Part F – Rehabilitation at work – return to work plan (Optional for emergency medical practitioners/dental practitioners. Nurse practitioners not to complete.)

What workplace modifications are required to facilitate return to work? (e.g. work site assessment, psychosocial considerations)

Other considerations or factors that may affect recovery (the insurer can arrange appropriate support)

☐ I require a suitable duties program to be provided to me for approval

I have discussed injury requirements and return to work options with the patient and ☐ Employer ☐ Insurer ☐ Rehabilitation provider

Part G – Medical/dental/nurse practitioner details and statement (or use practice/hospital stamp)

I have discussed the information contained in this certificate with the patient. I have provided the clinical information in this certificate.

Name Email
 Practice/hospital Phone Date
 Postal address Signature

Further information www.worksafe.qld.gov.au/medicalsupport
 All enquiries (medical/dental/nurse practitioner, patient, employer) 1300 362 128

Under the Workers' Compensation and Rehabilitation Act 2003 (the Act), the workers' compensation insurer is authorised to collect the information on this form to process the claimant's application for compensation. The information contained in this form may be disclosed to the claimant's employer, another insurer, medical or allied health providers or any other workers' compensation authority in any jurisdiction. The claimant may be contacted by the insurer, and the insurer may contact the claimant's employer and any other medical, allied health or rehabilitation provider about the injury. This form was approved by the Workers' Compensation Regulator on 31 May 2016, pursuant to section 586 of the Act.
 © State of Queensland (Queensland Treasury) 2016



Website links

There are links to our website throughout the content of this pack. A list of the links are compiled here so if this document is printed, the resources can still be referenced.

¹ <https://www.worksafe.qld.gov.au/rehabilitation-and-return-to-work/getting-back-to-work/planning-a-return-to-work/early-intervention>

² <https://www.worksafe.qld.gov.au/rehabilitation-and-return-to-work/getting-back-to-work/benefits-of-returning-to-work>

³ <https://www.worksafe.qld.gov.au/claims-and-insurance/compensation-claims/make-a-claim>

⁴ <https://www.worksafe.qld.gov.au/safety-and-prevention/incidents-and-notifications/notify-us-of-an-incident/notify-workplace-health-and-safety-queensland-or-electrical-safety-office/confirm-if-an-incident-is-notifiable>

⁵ <https://ols.workcoverqld.com.au/ols/public/claim/lodgement.wc?reasonForClaim=R>

⁶ <https://www.worksafe.qld.gov.au/claims-and-insurance/compensation-claims/payments-and-support/weekly-compensation/calculating-normal-weekly-earnings>

⁷ <https://www.worksafe.qld.gov.au/service-providers/allied-health-and-return-to-work-providers/treatment-and-approvals>

⁸ <https://www.worksafe.qld.gov.au/rehabilitation-and-return-to-work/getting-back-to-work/suitable-duties/identifying-suitable-duties>

⁹ <https://www.worksafe.qld.gov.au/safety-and-prevention/creating-safe-work/reporting-safety>

WorkCover

QUEENSLAND

we cover, we care

worksafe.qld.gov.au