

**ACCIDENTS**

**AND**

**INCIDENTS**

**ACCIDENT AND INCIDENT PROCEDURES**

**Keeping an incident register**

An incident register should include:

* Near misses.
* Incidents.
* Occupational illnesses (or signs of such illnesses).

Alongside these events, you should also outline:

* Who was involved or affected?
* What happened?
* Where and when it happened?
* What happened after the event?

Apart from recording incidents in the register, you should also:

* Get worker input into how the register should work.
* Make sure all Workers know where the register is kept and how to fill it in.
* Always keep your register in the same place so it’s easy to find.

**tip When most people think of Health and Safety they tend to think about incidents and injuries. But it’s just as important to consider occupational illnesses that might relate to issues like noise, air quality and fatigue.**

**Notifiable events**

**You must notify WorkSafe when certain work-related events (notifiable events) occur.**

Under Health and Safety at Work Act 2015 you will be required to:

* Notify WorkSafe as soon as possible, when a notifiable event occurs.
* Preserve the site of the incident until a WorkSafe Inspector arrives, or you are otherwise directed.
* Keep records of all notifiable events.

**What is a notifiable event?**

**A notifiable event is a:**

* death
* notifiable illness or injury, or
* notifiable incident occurring as a result of work. Only serious events are intended to be notified.

**Deaths, injuries or illnesses that are unrelated to work are not notifiable events. For example:**

* a diabetic worker slipping into a coma at work
* a worker being injured driving to work, when that driving is not part of their work
* injuries to patients or rest home residents that are triggered by a medical reason (eg injuries from a fall caused by a stroke)
* a worker fainting from a non-work related cause

[**Notifiable death**](http://www.business.govt.nz/worksafe/notifications-forms/notifiable-events/notifiable-death)

If someone dies as a result of work, then you MUST notify us as soon as possible.

You only need to notify WorkSafe if the death was related to the work of the business. This could be as a result of:

* the condition of the work site,
* the way the work activity is organised, or
* the way equipment or substances are used.

Deaths that are unrelated to work are not notifiable. For example:

* a diabetic worker slipping into a coma and dying at work
* a worker being killed while driving to work in his or her private car when the driving is not done as part of their work
* death of patients or rest home residents that are triggered by a medical reason (e.g. injuries from a fall caused by a stroke).

**Why you must notify WorkSafe**

You must notify WorkSafe so they can immediately investigate or follow up on the events that caused the death, or have the potential to cause death.

**STEPS YOU MUST TAKE:**

1. **Preserve the site**

The person who manages or controls the workplace must take all reasonable steps to ensure that the site where the notifiable event occurred is preserved and not disturbed until a WorkSafe Inspector authorises you to do so.

The site may only be disturbed if:

* you need to remove the deceased person
* it's essential to make the site safe or minimise the risk of someone else being hurt or killed
* directed to do so by the Police
* permitted by WorkSafe or a WorkSafe Inspector.

To ensure the site is not disturbed:

* the work set-up should not be changed
* any plant, substances or other things involved in the event should stay where they are
* work that could interfere with the site of the event should stop. Work may continue in other parts of the workplace
* no alterations should be made to the plant, vehicles, or structures involved.

1. **Notify WorkSafe**

If someone dies as a result of work, then:

* You must notify us as soon as possible after you become aware that someone has died.
* The notification must be made even if Emergency Services attend.
* Only one notification is required for each notifiable event.

If there are multiple businesses involved with the work, then one of the businesses should be nominated to notify WorkSafe.

***Note that all business involved with the work are responsible for making sure that the notification is made by the nominated business.***

1. **Keep records**

You must keep records of all **Notifiable Events** for at least five years from the date of the event.

[**Notifiable injury**](http://www.business.govt.nz/worksafe/notifications-forms/notifiable-events/notifiable-injury)

If someone has been seriously injured as a result of work then this is a notifiable event. All injuries which require a person to be admitted to hospital for immediate treatment are also notifiable.

[**Notifiable illness**](http://www.business.govt.nz/worksafe/notifications-forms/notifiable-events/notifiable-illness)

If someone becomes seriously ill as a result of work, then this is a notifiable event. All illnesses which require a person to be admitted to hospital for immediate treatment are also notifiable**.**

[**Notifiable incident**](http://www.business.govt.nz/worksafe/notifications-forms/notifiable-events/notifiable-incident)

If someone has been exposed to a serious and immediate risk because of an unplanned or uncontrolled work incident then this is a notifiable event.

**Create a Policy that works:**

* All incidents and injuries must be notified to the Owner / Manager immediately or as soon as practical.
* All incidents and injuries must be recorded.
* All incidents and injuries are investigated to identify new hazards and controls and avoid future injuries.
* All Workers must be informed of the accident / incident investigation i.e. new hazard identified and the hazard controls.

Contact WORKSAFE NZ on free phone **0800 030 040** (24 hours) and choose option 1.

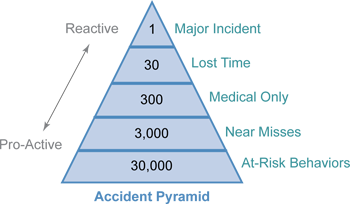
It is a legal requirement not to disturb an accident scene until clearance is authorised by a health and safety inspector except in certain situations, including when persons or property are at risk, as provided for by section 55 and 56 of the Health and Safety at Work Act 2015. If you require scene clearance or other immediate assistance from a health and safety inspector, please call 0800 030 040.

You must also provide WORKSAFE NZ with written notice of the circumstances of the accident or serious harm within seven days by using the notification form in this folder or downloading one from <http://www.business.govt.nz/worksafe/notifications-forms/accident-serious-harm>.

**Incident and accident investigation**

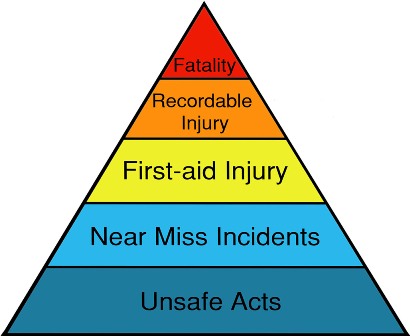
The main purpose of reporting and investigating accidents is to try and prevent the same or similar accident from happening again.

This is essential for a proactive plan towards good hazard management.

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Should there be a serious accident or injury on your property a thorough investigation will need to be held. It is suggested that you seek expert advice to assist you with this process such as an OnFarmSafety New Zealand consultant.

Below pyramid is a new model combining the existing 3 pyramid Heinrich, Bird And Concoc Philips Marine Pyramids With 1-10-30-600 Ratios.



**This table shows who should be notified in certain circumstances when an incident happens.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **WorkSafe** | **Police** | **Fire Service** | **Regional or District Council** | **Energy Safety Service** | **Ministry of Health** |
| [Image result for White crosses nz](http://www.google.co.nz/imgres?imgurl=http://www.lambsongs.co.nz/Easter%20Booklet%20Colour/Three%20Crosses.jpg&imgrefurl=http://www.lambsongs.co.nz/easter_booklets.htm&h=265&w=374&tbnid=sqI7KbJW2J7iQM:&docid=slW_QVRkx4qf-M&ei=AIW4VZLRKoLV0AT5r4moBA&tbm=isch&ved=0CCwQMygoMCg4rAJqFQoTCJLR19vs_8YCFYIqlAod-VcCRQ) | Fatal Accident. | ✓ | ✓ |  |  |  |  |
| [Image result for Bomb threat pictures nz](http://www.google.co.nz/imgres?imgurl=http://www.voxy.co.nz/files/imagecache/news_item_image/files/bomb.jpg&imgrefurl=http://www.voxy.co.nz/national/women-admit-bomb-threat-airline/5/41976&h=292&w=300&tbnid=n12j7NCaFCf5DM:&docid=pM6-Nu5a_XMI0M&ei=-4W4VYmvFIe90gTzpJ4I&tbm=isch&ved=0CHYQMyhRMFFqFQoTCMmYmdPt_8YCFYeelAodc5IHAQ) | Hostage situation, bomb threat etc. |  | ✓ |  |  |  |  |
| [Image result for Chemical drums nz](http://www.google.co.nz/imgres?imgurl=http://www.nrc.govt.nz/upload/5876/image004.jpg&imgrefurl=http://www.nrc.govt.nz/Resource-Library-Archive/Environmental-Monitoring-Archive2/Annual-Environmental-Monitoring-archive/2008/2007---2008-Annual-Environmental-Monitoring-Report/Waste-Management-/Waste-Hazardous-Substances/&h=280&w=373&tbnid=dYGmdsw-cldsnM:&docid=FkwnSKDy-g9q-M&ei=YIa4VeS7JIjF0gT_4YnADA&tbm=isch&ved=0CEUQMyggMCBqFQoTCOTrvYPu_8YCFYiilAod_3ACyA) | Chemical spill into environment. | ✓ | ✓ | ✓ | ✓ |  |  |
| [Image result for Electrical / gas accidents  health and safety diagrams nz](http://www.google.co.nz/imgres?imgurl=http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/scaffolding-best-practice-guideline-for-scaffolding-in-new-zealand/resolveuid/276e3a39f1b5b11b5159aac07c072f85&imgrefurl=http://www.business.govt.nz/worksafe/information-guidance/all-guidance-items/scaffolding-best-practice-guideline-for-scaffolding-in-new-zealand/multipagedocument_all_pages&h=638&w=475&tbnid=fcVhkqwkxth3qM:&docid=5mFO8SkcroIuDM&ei=A4m4VZffNMbL0gSZmpPwAg&tbm=isch&ved=0CCYQMygMMAxqFQoTCNfsvMXw_8YCFcallAodGc0ELg) | Electrical / gas accidents (both injury and significant damage to property). | ✓ |  | ✓ |  | ✓ |  |
| [Image result for infectious diseases nz](http://www.google.co.nz/imgres?imgurl=http://www.cph.co.nz/Images/CommunicableDisease.gif&imgrefurl=http://www.cph.co.nz/About-Us/Diseases-Infectious/&h=150&w=200&tbnid=sEnODjqGtBbx1M:&docid=-bVmRYaWn2SHAM&ei=1Yq4Va3gOYuv0ASGzLj4AQ&tbm=isch&ved=0CG0QMyhIMEhqFQoTCO2e3KPy_8YCFYsXlAodBiYOHw) | Notifiable infectious diseases (caught at work). | ✓ |  |  |  |  | ✓ |

**All workplace accidents involving electricity or gas should be notified immediately to WorkSafe who will notify the Energy Safety service if they have cause to believe that public safety or product safety should be further investigated.**

**FIRST AID REGISTER**

This form can be used to record details of situations where first aid treatment is administered.

|  |  |  |  |
| --- | --- | --- | --- |
| **Workers Name:** |  | | |
| **Work Area:** |  | | |
| **Date of Treatment:** |  | **Time:** |  |
| **Who administered First Aid:** |  | | |
| **Description of Injury:** |  | | |
| **Treatment Provided:** |  | | |
| **First Aid Items used:** | (Reminder: replenish the first aid kit with disposed of items) | | |

***If a work-related accident has occurred, please complete the Accident Reporting Form and follow that process.***

**ACCIDENT REPORTING FORM**

|  |  |
| --- | --- |
| **Business Name:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICULARS OF ACCIDENT** | | | | | | | | | | | | | | | | | |
| Date of accident  M T W T F S S | | | | Time | | Location | | | | | | | | Date reported | | | |
|  | | | |  | |  | | | | | | | |  | | | |
| **THE INJURED PERSON** | | | | | | | | | | | | | | | | | |
| Name | | | | | | | Address | | | | | | | | | | |
| Age | Phone number | | | | | |  | | | | | | | | | | |
| Date of accident | | | | | | | Length of employment at plant on job | | | | | | | | | | |
| **TYPE OF INJURY:** | | |  Bruising | | |  Dislocation | | | |  Other (specify) | | | | Injured part of body | | | |
|  Strain/sprain | | |  Scratch/abrasion | | |  Internal | | | |  | | | |  | | | |
|  Fracture | | |  Amputation | | |  Foreign body | | | | Remarks | | | |  | | | |
|  Laceration/cut | | |  Burn scald | | |  Chemical reaction | | | |  | | | |  | | | |
|  | | |  | | |  | | | |  | | | |  | | | |
| **DAMAGED PROPERTY** | | | | | | | | | | | | | | | | | |
| Property/ material damaged | | | | | | | | Nature of damage | | | | | | | | | |
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|  | | | | | | | |  | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | Object/substance inflicting damage | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | |
| **THE ACCIDENT** | | | | | | | | | | | | | | | | | |
| **Description** | | | | | | | | | | | | | | | | | |
| Describe what happened (space overleaf for diagram essential for all vehicle accidents) | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Analysis** | | | | | | | | | | | | | | | | | |
| What were the causes of the accident? | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| HOW BAD COULD IT HAVE BEEN? | | | | | | | | WHAT IS THE CHANCE OF IT HAPPENING AGAIN? | | | | | | | | | |
|  Very serious | |  Serious | | |  Minor | | |  Minor | | |  Occasional | | | |  Often | | |
| **Prevention** | | | | | | | | | | | |  | | | | | |
| What action has or will be taken to prevent a recurrence? Tick items already actioned | | | | | | | | | | | |  | By whom | | | | When |
|  | | | | | | | | | | | |  |  | | | |  |
| Use space overleaf if required | | | | | | | | | | | |  |  | | | |  |
|  | | | | | | | | | | | |  |  | | | |  |
|  | | | | | | | | | | | |  |  | | | |  |
| **TREATMENT AND INVESTIGATION OF ACCIDENT** | | | | | | | | | | | | | | | | | |
| Type of treatment given | | | | | Name of person giving first aid | | | | | | Doctor/Hospital | | | | | | |
|  | | | | |  | | | | | |  | | | | | | |
| Accident investigated by | | | | | | | Date | | DOL advised YES / NO | | | | | | | Date | |
|  | | | | | | |  | |  | | | | | | |  | |

**ACCIDENT/INCIDENT INVESTIGATION FORM**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Time: |  | Location: |  |

Investigation Carried Out:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nature of the Accident:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cause of the Accident:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any significant hazard involved?

□ Yes □ No

If yes, note controls below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Steps taken to control significant hazards identified:

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Management informed of outcome, controls discussed, Master Hazard List (MHL) updated as applicable:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **S.T.W.C FORM** | | | |
| https://encrypted-tbn0.gstatic.com/images?q=tbn:ANd9GcRgPYwx1qR6hbucczbfzDKMOwxEOWwrxEbz_-LArGIpbOKVxkxHUg  ***“Shit that was Close” Form***    *Must be completed for all Near Miss Incidents!!* | | | |
| **When** | **Who** | **How, What, Why** | **Action** |
| **Time: Date:** |  |  |  |
| **Time: Date:** |  |  |  |
| **Time: Date:** |  |  |  |
| **Time: Date:** |  |  |  |
| **Time: Date:** |  |  |  |
| **Time: Date:** |  |  |  |
| **Time: Date:** |  |  |  |

**RETURN-TO-WORK PLAN**

The following return-to-work (RTW) plan has been developed for:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **GIVEN NAMES:** | |  | **SURNAME:** |  | | |
| **JOB TITLE:** | |  | | | | |
| **TEAM LEADER:** | |  | | |  | |
| **WORK LOCATION:** | |  | | |  | |
| **DATE OF ACCIDENT:** | |  | **DATE OF RETURN:** | |  | |
| **HOURS OF WORK:** | |  | **RATE OF PAY: (if applicable)** | |  | |
| **NAME OF REHABILITATION CO-ORDINATOR, TREATING DOCTOR OR ACC CASE MANAGER:** | | | | | | |
|  | | | | | | |
| **LIST ALTERNATIVE DUTIES:** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **LIST ANY RESTRICTIONS (Include any specific medical requirements)** | | | | | | |
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|  | | | | | | |
|  | | | | | | |
| **LIST ANY DUTIES TO BE AVOIDED:** | | | | | | |
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|  | | | | | | |
| **LIST ANY LONG TERM GOALS AND / OR STEPS TO BE TAKEN TO FACILITATE A RETURN TO WORK:** | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| **DATE OF REVIEW:** |  | | **PREDICTED COMPLETION DATE:** | | |  |

The following parties have agreed to the program:

/ /

Date: Worker

Date: Director/Manager

/ /

Date: ACC Case Manager

/ /

*I / We have reviewed, understand and agree to the tasks assigned and the above medical restrictions. If any problems occur in completing tasks, they will be immediately communicated to the Worker’s Director/Manager.*