

EMPLOYEE INJURY PLAN

1. INJURED EMPLOYEE OR WITNESS SEEKS FIRST AID ASSISTANCE / NOTIFY FIRST AID OFFICER. CALL APPROPRIATE EMERGENCY OR MEDICAL SERVICE.
2. SITE SUPERVISOR OR DELEGATE ACCOMPANIES INJURED WORKING TO TREATING MEDICAL ADVISER. ENSURE THE FOLLOWING IS ISSUED TO THE TREATING MEDICAL ADVISOR & THEY ARE ADVISED THAT SUITABLE DUTIES EXIST ON SITE OR AT THE COMPANY OFFICE TO AVOID THE DOCTOR SIGNING THE EMPLOYEE OFF ON A LOST TIME INJURY:
 - SRF-016A PATIENT AUTHORISATION LETTER
 - SRF-016B DOCTOR LIAISON LETTER WITH SUITABLE DUTY OPTIONS
 - EMPLOYEE'S POSITION DESCRIPTION
 - EXAMPLES OF AVAILABLE SUITABLE DUTIES
3. SITE SUPERVISOR BEGINS TO COMPLETE AN ACCIDENT INVESTIGATION REPORT & EMAILS THE REPORT WITH ACCOMPANYING PHOTOS TO THE RETURN TO WORK COORDINATOR. THIS MUST BE DONE **ON THE SAME DAY AS THE INJURY**. NOTIFIABLE INCIDENTS MUST BE REPORTED TO MANAGEMENT AND THE BUILDER AS SOON AS POSSIBLE AFTER THE ACCIDENT OR INJURY OCCURS.
PHOTOS SHOULD INCLUDE:
 - THE INJURY
 - LOCATION OF INJURY & SURROUNDING AREA
 - HAZARD / RISK IDENTIFIED
4. A RISK ASSESSMENT & SWMS REVIEW IS COMPLETED AS PART OF THE INVESTIGATION. THE SWMS IS TOLL BOXED & EMPLOYEES ARE RE-INDUCTED INTO THE SWMS.

SRF-015 – ACCIDENT INVESTIGATION REPORT



<p>Note: Page 1 of this form is to be Completed as soon as practical by the Immediate Supervisor for all accidents/incidents and returned to the Safety Officer.</p>	<table style="width:100%; border-collapse: collapse;"> <tr><td>Medical Treatment - Lost time 1 day/shift or more</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Medical (doctor) Treatment – sent home</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Medical (doctor) Treatment Only</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>First Aid Treatment</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Incident / Near miss</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td>Motor Vehicles</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Medical Treatment - Lost time 1 day/shift or more	<input type="checkbox"/>	Medical (doctor) Treatment – sent home	<input type="checkbox"/>	Medical (doctor) Treatment Only	<input type="checkbox"/>	First Aid Treatment	<input type="checkbox"/>	Incident / Near miss	<input type="checkbox"/>	Motor Vehicles	<input type="checkbox"/>																																																																						
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<p>Accident Site _____ Where on Site _____</p>	<p>PROPERTY DAMAGED / INCIDENT REPORT</p> <p>What property was damaged or lost? Attach incident report</p>																																																																																		
<p>Date _____ Time _____ am / pm Day _____</p>																																																																																			
<p>PERSONAL INJURY Yes <input type="checkbox"/> Employee <input type="checkbox"/></p> <p> No <input type="checkbox"/> Subcontractor <input type="checkbox"/></p> <p>Surname (Capitals) _____ Christian Names _____ Occupation _____</p>	<p>VEHICLE REPORT Yes No N/A</p> <p>Vehicle accident form attached <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																																																																																		
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Hard Hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																												
Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>																																																																														
If no equipment used explain _____																																																																																			
DESCRIPTION OF OCCURENCE																																																																																			
e.g.:																																																																																			
<ul style="list-style-type: none"> • What was employee doing when injury occurred • What machine or tool was being used • List objects & substances used • Sequence of events 																																																																																			

SRF-015 – ACCIDENT INVESTIGATION REPORT



BASIC CAUSE <input type="checkbox"/> Struck Against <input type="checkbox"/> Struck By <input type="checkbox"/> Caught in <input type="checkbox"/> Caught on <input type="checkbox"/> Caught between <input type="checkbox"/> Lifting <input type="checkbox"/> Push/pull <input type="checkbox"/> Slip/trip <input type="checkbox"/> Twist/turn <input type="checkbox"/> Repetitive work	AGENCY OF INJURY <input type="checkbox"/> Machinery <input type="checkbox"/> Power tool <input type="checkbox"/> Hand tool <input type="checkbox"/> Manual handling <input type="checkbox"/> Ladder/steps <input type="checkbox"/> Electrical device <input type="checkbox"/> Chemical <input type="checkbox"/> Vehicle/fork lift <input type="checkbox"/> Working environment <input type="checkbox"/> Other	Contributing Factor <u>Unsafe Condition</u> <input type="checkbox"/> Guards not fitted <input type="checkbox"/> Projecting hazards <input type="checkbox"/> Fire/explosion hazards <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Congested work place <input type="checkbox"/> Defective equipment <input type="checkbox"/> Defective material <input type="checkbox"/> Inadequate lighting <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Inadequate elec. / install. <input type="checkbox"/> Lack of training <u>Unsafe Act</u> <input type="checkbox"/> Not wearing PPE <input type="checkbox"/> Using incorrect tool <input type="checkbox"/> Using incorrect lifting techniques <input type="checkbox"/> Ignoring permit/tag procedures <input type="checkbox"/> Using equipment incorrectly <input type="checkbox"/> Nullifying safety devices <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Failure to warn or secure <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Other																		
- Was employee trained in the appropriate use of Personal Protective Equipment / Proper safety procedures?		Yes / No																		
- Was employee cautioned or been issued with a safety breach for failure to use PPE / Proper safety procedures?		Yes / No																		
- Did employee promptly report the injury / illness?		Yes / No																		
- Is there modified / light duties available?		Yes / No																		
ACTION NEEDED TO PREVENT ACCIDENT RECURRENCE																				
<input type="checkbox"/> To improve clean up <input type="checkbox"/> Order Job Safety Analysis <input type="checkbox"/> Equipment Repair or replacement <input type="checkbox"/> To improve design <input type="checkbox"/> To improve construction <input type="checkbox"/> Installation of guard or similar	<input type="checkbox"/> Correction of congestion <input type="checkbox"/> To improve inspection <input type="checkbox"/> Improved personal protection <input type="checkbox"/> Order regular pre-job instruction <input type="checkbox"/> Order use of safer materials <input type="checkbox"/> Check with manufacturer	<input type="checkbox"/> Re-instruction of person/s involved <input type="checkbox"/> Discipline of person/s involved <input type="checkbox"/> Reinstruction of others <input type="checkbox"/> Temporary relocation of person <input type="checkbox"/> Permanent relocation of person <input type="checkbox"/> Further training																		
Injured Worker or Supervisor																				
Name _____ Signature _____ Date _____																				
Project or Service Manager to discuss with supervisor																				
Has action to prevent further recurrence now been taken Yes <input type="checkbox"/> No <input type="checkbox"/> Please provide details																				

Divisional or General Manager comments																				
Do you concur that preventative action has taken place to prevent recurrence of accident/incident Yes <input type="checkbox"/> No <input type="checkbox"/> Details:																				

Name _____ Signature _____ Date _____																				
Follow up Action Safety Officer:																				
Comments: _____ _____ _____ _____ Signature: _____	Action by Supervisor Action by Manager Injured party counselled Workers Comp Forms complete Pay office informed Action complete date _____	<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																		
Close out:																				
Sign Off: _____ Date: _____	Final Medical clearance received <input type="checkbox"/> Employees report complete <input type="checkbox"/> Returned to normal duties <input type="checkbox"/>																			

Date

TO THE TREATING DOCTOR

Dear Sir/Madam,

Re: Injured Worker Rehabilitation

Dewpoint Air is committed to ensure the comprehensive work based occupational rehabilitation of every injured employee.

We have the ability to provide a selection of alternative suitable duties / employment for any injured employee, as an integral part of the rehabilitation process with due consideration for any partial disability our employee may be experiencing.

Our company's RRTW officer will work closely with you and our employee, in assisting them in returning to their normal duties of work as early as practically possible through our return to work processes.

Attached is our Company's Rehabilitation Policy, the employee's job description and suggested suitable duties to assist you in assessing the patient's return to work capabilities, which will be of benefit to both the employee and employer.

We will ensure that participation in a rehabilitation programme will not prove prejudicial to an injured employee.

Yours Sincerely,

Laraine McCarthy
RRTW Coordinator – Dewpoint Air
Email: Laraine@dewpointair.com.au
Phone: 07 3352 4446 / 0402 928 297

3.6 REHABILITATION POLICY



Dewpoint Air is committed to ensure that each employee is covered by the following work based occupational rehabilitation policy:

1. Dewpoint Air will actively work to prevent injury and illness through the provision of a safe and healthy working environment.
2. Dewpoint Air will ensure that where necessary, the occupational rehabilitation process is commenced as soon as possible after an injury, in a manner consistent with the medical advice given.
3. Dewpoint Air will ensure that return to work by an injured employee takes place as soon as medically safe and that this becomes a normal practice and expectation.
4. Wherever possible, Dewpoint Air will provide selected alternative duties/employment for an injured employee, as an integral part of the rehabilitation process and with due consideration for any partial disability.
5. Dewpoint Air will consult with employees and their representatives on any matters arising out of the rehabilitation process.
6. Dewpoint Air will ensure that participation in a rehabilitation programme will not prove prejudicial to an injured employee.

Approved by:

Date:

Peter McGahon
Managing Director

01/12/2015



SRF-016B – DOCTOR LIAISON LETTER



Name of Worker:

Injury Date:

Employer to Complete		Treating Medical Practitioner to Complete		
Suggested Suitable Duties for the Injured Worker	Yes	No	Are the duties Suitable? Comments	Time Period

Further Comment:

Medical Practitioners Name:

Medical Practitioners Signature:

Date:

Examples of Available Suitable Duties for Injured Workers

ON CONSTRUCTION SITE (OFFICE RESTRICTIONS AVAILABLE)	IN HEAD OFFICE (SINGLE LEVEL WORK AVAILABLE)
AROUND SITE	General Housekeeping
Limited or restricted duties as per Position Description	Printing Drawings
Running Off-Site errands, picking up goods	Filing Drawings
Taking deliveries	Marking Up Drawings
Attending safety meetings	Running errands & picking up goods
General Housekeeping	Photocopying Safety Paperwork
	Emailing & Liaising with Site re Admin requirements & preparing paperwork
	Scanning documents & archiving
IN SITE OFFICE	
Organising deliveries	Taking Deliveries
Marking Up Drawings	Stacking Shelves
Reviewing Documents & Contracts	Liaise with Site re Site Requirements
Update Drawing Register	Organising & updating reference materials
Liaise with office regarding site requirements	
Filing drawings	

SRF-016A – INJURED WORKER AUTHORISATION FORM



Date

TO THE TREATING DOCTOR

Dear Sir/Madam,

Re: Patient Authorisation

I _____ hereby give consent for my doctor:

NAME: _____

ADDRESS: _____

PHONE: _____

To discuss with my employer's Rehabilitation & Return to Work Coordinator, specific injury/illness information to assist with my rehabilitation plan and safe return to work.

Signature _____

(Worker)

Date ____ / ____ / ____

POSITION DESCRIPTION – HVAC DUCT INSTALLER



Main Function of the HVAC Duct Installer:

- Ensure that the site installations are performed to the specified quality requirement. The role requires good communication skills both verbal and written.

Main Interfaces - The HVAC Duct Installer will communicate with the following interfaces on the Project:

- Dewpoint Air Employee & Subcontractor site teams (Sheetmetal, Plumbing & Commissioning).
- Dewpoint Air Suppliers & other Subcontractors
- Dewpoint Air Project Foreman and/or Site Supervisor and/or Project Manager
- Dewpoint Air QA/OHS&E Administrator

Workmanship:

- Must be consistent with that expected from a first class tradesperson.
- Must fulfill the requirement of the drawings provided.
- Must provide all necessary hand tools.
- Specifically:
 - All flex ducts is to be hung with nylon straps. Attach to gutterguard. Fix to underside of slab.
 - Note** Nylon ties must NOT be fixed to other services, e.g. sprinkler pipes.
 - Flex duct connections to spigot must be duct taped.
 - Note** tape to be on spigot as well as flex duct – NOT just around flex.
 - All duct connection to be sealed with duct sealer.
 - Duct supports to be spaced as per Dewpoint Air Standards of Installation Refer Drawing M0 Standards Of Installation.
 - For TDC connection cleats shall be provided at spacing of not more than 450mm. Duct sizes UNDER 300mm may not have cleats
 - All hangers to be cut back flush with support angles.
 - For externally insulated duct hanger rods shall be 30mm from duct in allow for insulation.

Main Responsibilities:

- Exercises good interpersonal communication skills.
- Performs work under general supervision either individually or in a team environment.
- Having been given adequate written or verbal instruction be able to control your own schedule of work & meet objectives with general supervision.
- Be competent in the installation of ductwork, and associated fittings & equipment.
- Be responsible for ensuring the quality of your own work.
- Has an understanding of the construction processes within the mechanical services stream.
- Understands and applies quality controls techniques.
- Be able to interpret construction drawings, technical data sheets, plans & specifications.
- Be capable of detailed measuring techniques.
- Perform non-trade tasks incidental to your work.
- Anticipates and plans for constant changes to the work environment.
- Interacts harmoniously with and assists employees of other companies on site or at the workplace.
- Assist in the provision of on-the-job training to a limited degree.
- Work from instructions and procedures.
- Implement basic fault-finding and problem solving skills within the employee's sphere of work.
- Be responsible for taking deliveries on site that are related to the Project (ductwork, associated equipment and consumables etc).
- Ensure that all material/equipment is properly and safely stored. This may include liaising with the builder or other trades on site.
- Always be mindful you are a representative of Dewpoint Air at all times and behave accordingly.

POSITION DESCRIPTION – HVAC DUCT INSTALLER



Safety:

- Must read and comply with Dewpoint Air Project Safety Manual, QA Manual and Company Safety management systems and Policies.
- Must comply with project specific safety inductions provided by the Principal Contractor/Builder.
- Must read, understand and comply with all SWMS and associated safe work procedures including PPE.
- Must be aware of and comply with all First Aid, Emergency and Evacuation procedures.
- Must report all incidents, accidents, near accidents/near misses, potential accidents, safety hazards to the Site Supervisor.
- Report anything that may minimize or eliminate any hazards in the area to the Site Supervisor.
- Must display good common sense in all matters relating to safety.
- Take reasonable care to protect your own health and safety.
- Ensure you do not place any other person in danger.
- Comply with all company policies as per induction and training.
- Obey all instructions issued to protect their own personal health and safety, and that of others (verbal & written).
- Ensure that only equipment and plant that has been inspected and assessed as safe is used at any time.
- Ensure you are fit for work and not under the influence of alcohol or drugs at any time.
- Keep your work area tidy.
- Attend and participate in all consultation requirements (eg Tool Box, Pre-Start, Task Observations).

DEWPOINT AIR PREFERRED REHABILITATION PROVIDERS

**DOCTOR SURGERY FOR MEDICAL TREATMENT IMMEDIATELY
POST INJURY:**

GREENSLOPES FAMILY PARCTICE

7 PLIMSOLI STREET
GREENSLOPES QLD 4120

PH: 07 3397 1875

FOR EMPLOYEE INDUCTIONS & ONGOING REHABILITATION

WORK INJURY MANAGEMENT
(MITCHELL'S PHYSIOTHERAPY)

211 JULIETTE STREET
GREENSLOPES QLD 4120

PH: 07 3394 3655

ACCREDITED PROVIDER NUMBER 337