



Fitness for Work Plan

1.1	Review Procedure.....	2
1.2	Document Control.....	2
1.2.1	Distribution Record Register.....	2
1.2.2	Amendment Record Register.....	2
1.3	References and Applicable Documents.....	2
1.3.1	References.....	2
1.3.2	Standards and Guidelines.....	3
SECTION 2 FITNESS FOR WORK POLICY.....		4
2.1	Responsibilities.....	5
2.2	Fitness for Work Procedure.....	6
2.2.1	Incident Report Form, Investigation Checklist and Action Report Form.....	7
SECTION 3 DRUG AND ALCOHOL POLICY.....		12
3.1	Responsibilities.....	13
3.2	Drug and Alcohol Procedure.....	13
SECTION 4 FATIGUE MANAGEMENT POLICY.....		15
4.1	Responsibilities.....	16
4.2	Fatigue Management Plan.....	16
4.2.1	Fatigue Risk Assessment Form (Workplace).....	21
4.2.2	Driver Fatigue Management Form (non-heavy vehicle).....	26
SECTION 5 RETURN TO WORK POLICY.....		27
5.1	Responsibilities.....	28
5.2	Return to Work Procedure.....	28
5.3	Return to Work Plan.....	30
5.3.1	Return to Work Plan.....	31
5.3.2	Injuries/Illness Register.....	33

Disclaimer: This document contains material to assist in addressing Occupational Health and Safety management obligations. Although every effort has been made to ensure the accuracy of this information at the time of publication, it is provided as guidance only. It does not provide legal advice on meeting your obligations.

2.1 Responsibilities

Each individual has a responsibility to maintain personal fitness for work.

The Organisation is responsible for:

- ensure that a Fitness for Work Policy and Procedure is in place, effective, adequately monitored and regularly reviewed;
- ensure that supporting policies, procedures and mechanisms are in place that covers in detail specific matters such as drugs and alcohol and fatigue management in the workplace;
- provide adequate resources for training, education, counselling and any other requirements to fulfil fitness for work requirements and compliance with OHS legislation;
- establish procedures to safeguard sensitive medical and other confidential personal information; and
- ensure that any worker suspected of being unfit to drive due to the effects of drugs or alcohol transported safely home, or another suitable place for their recovery.

Supervisors/Managers have a responsibility to:

- manage the implementation, on-going monitoring and review of the Fitness for Work Policy, Procedure and supporting mechanisms;
- assist and comply with the maintenance of confidentiality regarding fitness for work matters;
- take appropriate action immediately if they suspect a person in the workplace is behaving in a way that suggests that they may be under the influence of drugs or alcohol, or suffering from fatigue;
- take appropriate action immediately if a worker reports or discloses any suspected breaches of fitness for work requirements made by other workers, in particular, if safety is raised as an immediate concern;
- sight evidence of worker medical clearances to return to work duties and to approve Return to Work following illness or injury including any medically determined restrictions or suitable duties arrangements;
- assist with implementation of training, education, counselling and any other requirements to fulfil fitness for work requirements and compliance with OHS legislation;
- assist with the resolution of any disputes or grievances for matters within the scope of fitness for work; and
- develop and implement fitness for work management plans in consultation with relevant workers as required.

Workers have a responsibility to:

- notify their Supervisor/Manager of any potential fitness for work risks or concerns before commencing duty;
- stop work and notify the supervisor if they become unfit for work during their work shift;
- comply with medical restrictions and return to work plans at all times;
- cooperate with Xyz Company Proprietary Limited policies and procedures regarding fitness for work, drugs, alcohol and fatigue management as required;
- provide medical certification of fitness for work before returning to work after any non-work-related injury or illness;
- participate in drug and alcohol tests if required; and
- notify their supervisor or manager immediately if they suspect a person in the workplace under the influence of drugs or alcohol or suffering from fatigue.

Workers must not:

- consume alcohol or illegal drugs at the workplace;
- Be under the influence of alcohol or other drugs while at work, on-call, driving an organisations vehicle, or while operating plant or equipment;
- use prescribed medications or non-prescribed over the counter medications contrary to the doctor's advice or manufacturer's recommendations; and
- come to work knowingly suffering from fatigue.

PLEASE TICK THE MOST APPROPRIATE RESPONSE/S:

What sort of incident/injury occurred?

- | | | | | | |
|--|----------------------------------|--------------------------------|------------------------------------|----------------------------------|---|
| <input type="checkbox"/> manual handling | <input type="checkbox"/> bruises | <input type="checkbox"/> falls | <input type="checkbox"/> vehicles | <input type="checkbox"/> insects | <input type="checkbox"/> occupational overuse syndromes |
| <input type="checkbox"/> foreign body | <input type="checkbox"/> stress | <input type="checkbox"/> slips | <input type="checkbox"/> bicycles | <input type="checkbox"/> animals | <input type="checkbox"/> other... |
| <input type="checkbox"/> cuts | <input type="checkbox"/> burns | <input type="checkbox"/> trips | <input type="checkbox"/> chemicals | <input type="checkbox"/> plant | <input type="checkbox"/> other... |

The location the incident occurred?

Type of injury: sting bite strain sprain puncture ? ?

Safe Work Method Statements, risk assessments or standard operating procedures followed? Yes No NA

Identification of equipment/object/insect involved:

Equipment in good condition? Yes No NA Date of the last service of equipment: __/__/__ Lighting adequate? Yes No NA

Appropriate safety equipment (PPE) used? Yes No NA Housekeeping issues contributed? Yes No NA

Surface type:	<input type="checkbox"/> tile	<input type="checkbox"/> dry	<input type="checkbox"/> damaged	<input type="checkbox"/> sand	<input type="checkbox"/> carpet	<input type="checkbox"/> rocks	<input type="checkbox"/> other...
	<input type="checkbox"/> cement	<input type="checkbox"/> grass	<input type="checkbox"/> wet	<input type="checkbox"/> torn	<input type="checkbox"/> footpath	<input type="checkbox"/> gravel	<input type="checkbox"/> road
							<input type="checkbox"/> other...

Type of footwear worn: open closed boots high heels sandals none other...

Workload excessive? Yes No NA Workload boring and repetitive? Yes No NA

If it was a slip or trip:

Height of fall/slip/trip? If stairs – going up going down? Did you fall on your front back side?

Were you: running walking turning a corner jumping other?

What were you carrying (if anything) at the time?

If the incident involved chemicals:

Was a Safety Data Sheet (SDS) available? Yes No NA Disposal/handling/storage of chemical product adequate? Yes No NA