VULCAN MINE

Standard Operating Procedure
Physical and Psychological Impairment

Contents

1. PURPOSE

The purpose of this procedure is to ensure hazards and risks associated with physical and psychological impairment, are effectively managed at the Vulcan Mine.

This procedure has been developed to ensure compliance with section 42(b) of the CMSHR.

2. SCOPE

This procedure is applicable to all persons at the Vulcan Mine including employees, contractors and visitors.

The controls within this procedure are mandatory.

3. DEFINITIONS

AMA	Appointed Medical Adviser.
Authorised Person	A person who has the required competencies and who has been appointed by the Site Senior Executive to carry out a designated scope of duties.
CMSHA	Queensland Coal Mining Safety and Health Act (1999).
CMSHR	Queensland Coal Mining Safety and Health Regulation (2017).
CMW	Coal Mine Worker.
Competent Person	Competence for a task at a coal mine is the demonstrated skill and knowledge required to carry out the task to a standard necessary for the safety and health of persons.
EAP	Employee Assistance Program.
JHA	Job Hazard Analysis.
HST	Health, Safety and Training.
RRTWC	Rehabilitation Return to Work Coordinator
RTWP	Return to Work Plan
SHMS	Safety and Health Management System.
SOP	Standard Operating Procedure.
SSE	Site Senior Executive.
Take 5	Personal Risk Assessment.

4. PROCEDURE

4.1. General

Personnel who are normally fit for work may become temporarily or permanently unfit for work during the course of their employment. As such, processes for screening, monitoring and assessment of fitness encompassing issues related to physical or psychological impairment, have been established.

4.2. Impairment

If a person is concerned, they may be subject to a physical or psychological impairment, they shall report this to their supervisor or other responsible person. If a person is concerned that someone else is impaired, they shall report their concern to their supervisor. Impairment may be present in the following situations:

- Where a person shows obvious signs of abnormal physical or emotional distress or unusual behaviour while doing what is otherwise normal work.
- Where a worker begins to act in a manner that is remarkedly different from their normal character and demeanour.

A supervisor who suspects impairment in a person shall remove that person from the relevant job if there is immediate risk to:

- the health and safety of that person;
- any other person working with or around them; or
- property, environmental or reputational damage.

Possible signs of physical or psychological impairment include:

- unusual shortness of breath;
- unusual sweating, normally accompanied by pale skin tones;
- hot, but dry, skin accompanied by complaints of nausea or light headedness;
- chest pains or numbness of limbs;
- inability to focus vision or failing vision;
- vertigo or balance problems;
- weakness in limbs;
- unusual behaviour;
- vagueness or inability to concentrate on the task at hand;
- incoherent speech;
- reduced concentration span;
- withdrawing from social settings or group activities; and
- physical discomfort while performing normal activities.

4.3. Injury and Illness Reporting

All injuries and illnesses that have the potential to affect a person's fitness for work, shall be reported as soon as practicable to the supervisor as outlined in VUL-MOP-015-Incident Reporting and Investigation. This is to ensure they are managed in an appropriate manner that does not lead to exacerbation of the injury or illness or cause a hazardous situation that could cause harm to others.

Reporting of non-work-related injury or illness shall not result in employees being unduly penalised.

4.4. Declaration of Medication

All CMWs shall be requested to inform the SSE of any medication they are taking that may impact upon their fitness for work. A VUL-FRM-08-01-Medication Declaration form shall be submitted to the supervisor and kept in a secure location for use when required. This form shall be confidential and only able to be accessed in the event of an emergency situation directly involving that employee.

It is the responsibility of the individual taking the medication to obtain information on the effects of the medication from their treating medical practitioner or dispensing pharmacist.

4.5. Assessment of Impairment

Where the supervisor has reported concern for impairment, the HSET Manager shall determine whether the person needs to be relieved from dutiesand referred for appropriate assessment. Depending on the person's symptoms or behaviour, the HST Manager shall refer the person for assessment.

4.6. Employee Assistance Program (EAP)

EAP shall made available to all workers at the Vulcan Mine.

The EAP contact details shall be displayed in common areas and made available to CMWs.

4.7. Occupational Rehabilitation

All injured CMWs shall have the opportunity to remain at, or return to work as soon as possible, to aid the rehabilitation process as outlined in VUL-MOP-008-Injury Management.

4.8. Rehabilitation and Return to Work Service Providers

Rehabilitation Service Providers may be used to perform the role of VULCAN MINE's nominated. RRTWC, and or provide assistance to the company in maintaining the employee at work or returning. them to work as quickly as possible by:

- Coordinating early intervention and acute injury management services which may involve using telemedicine services or organising medical assessments at designated clinics.
- Providing an initial rehabilitation assessment and in consultation with the employee, treating doctor and RRTWC to develop a Return-to-Work Plan.
- Undertaking services considered appropriate by VULCAN MINE or by the insurer.

4.8.1. Injured or Ill Workers

Injured CMWs (work-related) shall actively participate in the Occupational Rehabilitation Program as outlined in VUL-MOP-008-Injury Management.

This includes:

- advising their treating medical practitioner of the CMW's rehabilitation program and requesting they actively participate;
- participating in an appropriate rehabilitation program that has been tailored for their needs and circumstances;
- providing medical certificates as appropriate;
- providing feedback on progress including any difficulties or obstacles; and
- adhering to any restrictions imposed in accordance with medical advice.

4.8.2. Treating Medical Practitioner

For injuries and illnesses, the employee shall be assessed by the AMA.

The CMW may use their own preferred medical practitioner however, should they be unwilling to provide any information requested by the AMA requested, they may not be able to return to work.

The CMW may be accompanied (with consent) by their supervisor and/or the return to work coordinator.

4.8.3. Occupational Rehabilitation Program

The process that is applied to an Occupational Rehabilitation Program is outlined in Appendix 1 below.

The process that is applied to an Occupational Rehabilitation Program is outlined in Appendix One below Occupational Rehabilitation Process

A Rehabilitation and Return to Work Coordinator (RRTWC) may be assigned to a nominated role. as outlined in VUL-MOP-008-Injury Management.

Rehabilitation Return to work coordinators (RRTWC) have the following responsibilities:

- Initiate and maintain regular contact with the CMW as soon as possible following the report of a work-related injury or illness, or on notification of a non-work-related injury or illness impacting on the CMW's work capacity.
- Facilitate and coordinate the Occupational Rehabilitation Program.
- Ensure personal information gathered during the occupational rehabilitation process is treated with sensitivity and confidentiality is maintained.
- Contact the initial treating medical practitioner and ensure they are aware of the commitment to safely managing the injured or ill employee and where appropriate to offer return to work options.
- Liaise with the CMW and supervisor to explain the Occupational Rehabilitation Program.
- For work-related injury or illness, ensure the CMW receives appropriate treatment from medical practitioners including the AMA if appropriate.
- Arrange and/or conduct job task analyses and provide the written report to the involved medical practitioners as appropriate.

- Develop (in consultation with CMW, supervisor and treating medical practitioner) and monitor Return to Work Plans for CMWs resuming work following injury or illness.
- Maintain detailed documentation for each case, including copies of Return to Work Programs, the CMW's written consent to obtain information or release medical information, medical certificates and a record of case activities including contact with involved parties.
- Ensure reasonable steps are taken to prevent recurrence or aggravation of the employee's injury or illness upon returning to work (also a responsibility of the supervisor).
- Maintain accurate data (e.g. duration of claims, cost of claims, time between injury and first case notation and objective goal setting case notes).
- Ensure a case file is started to store all case information in a secure location.

4.8.4. Supervisors

Supervisors have the following responsibilities:

- Ensure all injuries and illnesses are reported and they receive treatment as appropriate.
- Contact the rehabilitation and return to work coordinator and provide information on the CMW's job role such as the job demands and work tasks.
- Work in consultation with the rehabilitation and return to work coordinator to make available appropriate and meaningful duties. This includes:
    - reviewing the Return to Work Plan in consultation with the rehabilitation and return to work coordinator;
    - assisting in the modification or upgrading of tasks as appropriate;
    - maintaining close contact with the injured CMW and rehabilitation and return to work coordinator; and
    - monitoring the CMW's progress during their Return to Work Program and provide feedback to the rehabilitation and return to work coordinator.
- Ensure reasonable steps are taken to prevent recurrence or aggravation of the CMW's injury or illness upon returning to work.
- Ensure reasonable steps are taken to assist the injured CMW to maintain links with the workplace during the rehabilitation process.
- Keep accurate and objective diary notes.

4.8.5. Return to Work Plans (RTWP)

- As part of an Occupational Rehabilitation Program, it is a requirement that a plan is developed to detail how the CMW will be assisted to return to work and recorded on VUL-FRM-08-19- Return to Work Plan

The plan may vary to accommodate the nature of the injury or illness but shall include as a minimum:

- nature of injury;
- goal of program;
- medical restrictions;
- suitable duties;
- hours of work/break schedule;
- review dates;
- proposed dates or milestones of progression;
- any special requirements such as training or equipment; and
- name and signature of the injured CMW, supervisor, rehabilitation and return to work coordinator and Treating Medical Practitioner.

4.8.6. Grievance and Dispute Resolution

In the event that a worker does not agree with a decision made at the workplace regarding their rehabilitation, the worker should in the first instance raise the matter with their RRTWC.
If the matter is unresolved, the worker can escalate the matter to the HST Manager.

If the worker continues to disagree with the decision, they can request that the regulator/insurers Case Manager becomes involved to resolve the dispute.

5. ROLES AND RESPONSABILITIES

SSE	Shall review and approve this procedure.
HST Manager	Shall ensure that all provisions of this procedure are implemented, and that compliance is achieved.
Managers/Superintendents	Shall be responsible for their area of operations and the implementation and application of this procedure. Provide adequate training, information, structure, and supervision to ensure that this procedure is implemented. Carry-out a periodic review of activities to ensure the appropriate application and understanding of this procedure; and Ensure immediate and appropriate steps are taken to investigate and rectify any risks to health and safety arising from these activities.
Supervisors	Ensure all CMWs are familiar with, have access to and comply with the requirements set out in this procedure.
All CMWs (including visitors and contactor)	Shall comply with the requirements of this procedure.

6. REFERENCES

- Coal Mining Safety and Health Act 1999 (Qld)
- Coal Mining Safety and Health Regulation 2017 (Qld)
- RSHQ Safety Bulletin 25 Fitness for work
- QGN 16 Guidance Note for Fatigue Risk Management

7. RELEVANT DOCUMENTS

- VUL-MOP-008-Injury Management.
- VUL-MOP-015-Incident Reporting
- VUL-FRM-08-02-Journey Management Plan
- VUL-FRM-08-01 Medication Declaration
- VUL-FRM-08-18- Rehabilitation Checklist
- VUL-FRM-08-16- Letter to Treating Medical Practitioner
- VUL-FRM-08-17- Medical Authority
- VUL-FRM-08-19- Return to Work Plan
- VUL-FRM-08-15- Letter of Refusal to Lodge a Workers Compensation Claim
- VUL-FRM-08-14- Injury Information Pack
- VUL-FRM-05-02- Incident Report

8. REVIEW

This document shall be reviewed at a minimum every two years, or as follows:

- when there is a change of method and/or technology and/or legal or other requirement that may affect the accuracy of this document.
- when operational changes occur that effect the currency of the document.
- when there has been a significant event to which this document was relevant; and
- as a result of relevant audit findings.

9. DOCUMENT CONTROL

Version	Date	Description	Document Controller
01	21/05/2020	Initial draft	Rachael Dacker
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03	13/05/2021	Review and Formatting	Nicole Davey
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APPENDIX ONE – OCCUPATIONAL REHABILITATION PROCESS