

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

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SUMMARY	This district procedure is in place to support employees post workplace injury. This procedure aligns with and supports the NSW Ministry of Health Recovery and Return to Work Policy. It includes obligations of both staff and the organisation as well as connection to work health and safety procedures.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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Return to Work Program

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1 BACKGROUND

1.1 About this Document

This program has been developed to provide guidance for all South Eastern Sydney Local Health District (SESLHD) employees on actions that will be taken in the event a worker sustains a work-related injury or illness. It also includes a reference to where to find information on the management of a non-work related injury or illness.

The document aims to ensure a standard and consistent response to workplace injuries across SESLHD which is in line with NSW Health procedures and policies, as well as legislative requirements and guidelines from regulators. Procedures include immediate actions to be taken at the time of the injury, assistance to be provided to a worker throughout their recovery and return to work and the roles of the stakeholders in this process.

The program includes forms and standard information packages to assist supervisors/managers and workers to understand the injury management process and to outline actions each will take to support SESLHD's commitment to the worker's recovery and return to work.

1.2 Recover at Work Consultation and Implementation

This Return to Work Program and all required practices will be implemented following consultation with:

- workers, via the intranet, through the WHS Committee and relevant Health and Safety Representatives;
- industrial associations as are represented in the workplace; and
- other relevant stakeholders.

1.3 Monitoring and Review

The Return to Work Program will be monitored and reviewed every two (2) years to ensure compliance with legislation, State Insurance Regulatory Association guidelines and best practice in rehabilitation and recover at work. Review will be undertaken by the Health, Safety & Wellbeing team in consultation with employees and their representative unions. It is communicated via the SESLHD intranet, through work health & safety committees, training to managers for their communication in department and team meetings and directly to injured employees.

1.4 SESLHD Commitment

SESLHD is committed to supporting recovery at work, and if this is not possible, the early return to work of workers. Recovery at work or early return to work after a work-related injury is a critical step in a worker's recovery and safe return to work is a priority. Recovery at work enables workers to resume their usual life with minimal disruption to family, work and social interactions.

Planning a safe recovery at work should always be a collaboration between the worker, their employer; being the worker's supervisor/manager and the Recovery Partner (RP), the treating medical and allied health practitioners in conjunction with the Treasury Managed Fund Claims Manager (Claims Manager), to identify suitable duties and any required modifications to the workplace.

This commitment extends to:

1. actively providing a safe and healthy working environment to prevent injury and illness;
2. developing a Recovery at Work Plan to ensure that injury or illness is managed as soon as possible;
3. supporting the worker and ensuring a recovery at work or, if not possible, an early return to work is a priority;
4. providing suitable duties for a worker as soon as possible;
5. ensuring that workers (and anyone representing them) are aware of their rights and responsibilities, including the right to choose their own doctor and, if required, an approved workplace rehabilitation provider;
6. ensuring that workers understand their responsibility to provide accurate information about the injury and its cause;
7. consulting all stakeholders and, where applicable, workers' representatives;
8. participating and cooperating in developing injury management plans;
9. maintaining the confidentiality of a worker's records, in line with the Privacy and Personal Information Protection Act 1998 (NSW); and
10. investigating alternate duties in consultation with the worker, with the same or different employer, and assisting the worker to reach maximum medical improvement where a return to normal work is not possible.

1.5 Summary of Rights and Obligations

The worker will be notified of their rights and obligations in writing with the Employee Information Pack (refer to Appendix).

A worker who notifies SESLHD of a work related injury or illness is obliged to:

- Cooperate with their employer to prevent workplace injuries to themselves and others
- Report the injury as soon as possible after the incident occurs (within 48 hours) – this includes injuries/illness both physical and psychological in nature
- Participate in the recover at work process, which includes agreeing and adhering to the Recover at Work Plan
- Make all reasonable efforts to return to work/recover at work as soon as possible
- Maintain regular contact with their manager/supervisor and their SESLHD RP. The principal responsibility rests with the direct line supervisor/manager to monitor and support the worker in the workplace whilst on a Recover at Work Plan, with guidance and advice from the RP. If there is a conflict of interest with a worker's supervisor/manager, principal responsibility will be allocated to another supervisor/manager.
- Nominate a treating doctor to provide relevant information to assist SESLHD in the management of the injury/illness

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- Participate in the determination of capacity for work and provide a workers compensation Certificate of Capacity to support any absences related to the injury/illness
- Attend treatment outside of work hours where possible
- Workers with an incapacity to work (partial or full) will participate and cooperate in the development of an Injury Management Plan with the Claims Manager and, carry out the actions required of them within that plan
- Comply with their Injury Management Plan and Recover at Work Plan. If a worker unreasonably refuses to comply with their Injury Management Plan, weekly benefits may be suspended. Prior to suspension of benefits, the worker's compliance will be managed by the Claims Manager.

An injured worker has the right to:

- Privacy and confidentiality
- Suitable duties as reasonably practicable
- Be consulted and involved in identifying suitable duties and in developing the Recover at Work Plan
- Choice of a Nominated Treating Doctor
- Access to interpreter services where appropriate
- Protection from dismissal resulting from the injury, within six (6) months of the worker first becoming unfit for employment
- Access mechanisms for resolving complaints and disputes.

1.6 Self-Insurance Arrangement

SESLHD & NSW Health, are self-insured through the NSW Government managed fund scheme known as the Treasury Managed Fund (TMF). The TMF contracts experienced providers to manage the claims on behalf of the TMF and its Agencies, including NSW Health & SESLHD.

1.7 Key Definitions

Case conference	A meeting between two or more stakeholders to discuss matters related to the claim, injury management or return to work planning. A case conference can be held face-to-face, over the phone or by video link.
Early intervention	Following an injury/illness potential risks are identified, a worker's individual needs are assessed, and treatment and/or rehabilitation services begin as soon as possible.
Functional Capacity Evaluation	A functional capacity evaluation or assessment is a set of tests, practices and observations that are combined to determine the ability of the evaluated person to function in a variety of circumstances, most often employment, in an objective manner. This assessment must be undertaken by an allied health professional accredited by SIRA.

<p>Injury</p>	<p>Section 4 of the <i>Workers Compensation Act 1987</i>, defines injury as:</p> <p>(a) means personal injury arising out of or in the course of employment,</p> <p>(b) includes a "disease injury" , which means--</p> <p style="padding-left: 40px;">(i) a disease that is contracted by a worker in the course of employment but only if the employment was the main contributing factor to contracting the disease, and</p> <p style="padding-left: 40px;">(ii) the aggravation, acceleration, exacerbation or deterioration in the course of employment of any disease, but only if the employment was the main contributing factor to the aggravation, acceleration, exacerbation or deterioration of the disease, and</p> <p>(c) does not include (except in the case of a worker employed in or about a mine) a dust disease, as defined by the <i>Workers' Compensation (Dust Diseases) Act 1942</i> , or the aggravation, acceleration, exacerbation or deterioration of a dust disease, as so defined.</p> <p>This definition of disease injury does not apply to police officers, fire fighters and paramedics. For these classes of workers, refer to the definition of injury in the historical version of the <i>WCA 1987</i> as at 26 June 2012.</p>
<p>Injury Management Plan (IMP)</p>	<p>When notification by a worker has been received and the injury to the worker results in an incapacity for work (whether total or partial) that lasts for seven (7) days, the TMF Claims Manager must develop an Injury Management Plan customised for the worker.</p> <p>The Injury Management Plan outlines all the services required to return the worker to the workplace. It includes details about the worker and employer, information about the injury, the rehabilitation goal, and the actions required by the worker, employer, nominated treating doctor, rehabilitation provider and the TMF Claims Manager.</p>
<p>Nominated Treating Doctor (NTD)</p>	<p>A doctor selected by the worker to manage their injury/illness and recovery and to assist with a safe and sustainable return to work.</p>
<p>ÖMPQ</p>	<p>The Örebro Musculoskeletal Pain Questionnaire (ÖMPQ) is a screening questionnaire used to predict long term disability and failure to return to work due to personal and environmental factors.</p>
<p>PIAWE Pre-Injury Average Weekly Earnings</p>	<p>The income received by the worker for work performed in any employment, including:</p> <ul style="list-style-type: none"> - wages, including any paid leave and loadings - shift, overtime and other allowances paid - commission and piece rates - the amount of the JobKeeper payment received for work performed. <p>Where a worker has the use of a non-monetary benefit (for example, a motor vehicle) and after the injury they no longer have the use of that benefit, then the cash value of that benefit can also be included.</p>

Psychological injury	<p>Psychological injury or illness includes a range of cognitive, emotional and behavioural symptoms that interfere with a worker's life and can significantly affect how they feel, think, behave and interact with others.</p> <p>Psychological injury may include such disorders as depression, anxiety or post-traumatic stress disorder.</p> <p>Job stress is commonly used to describe physical and emotional symptoms which arise in response to work situations but it is not in itself a diagnosed disorder or a psychological injury.</p>
Recovery Partner	<p>Employees of SESLHD, whose key roles are:</p> <ul style="list-style-type: none"> • Identifying the needs of the worker; • Understanding any constraints on the employer; • Facilitating consultation between the worker, SESLHD, Claims Manager and treating health professionals; • Developing the Recover at Work Plan with the supervisor/manager and the worker in line with the current certificate of capacity; and • Identifying appropriate suitable duties for the worker for the development of the Recover at Work Plan.
Recover at Work Plan	An individual plan which the employer develops in consultation with the worker to manage the recovery at work.
Significant injury	An injury likely to deem a worker unable to perform their usual duties for more than seven (7) continuous days, whether or not those are work days, and whether or not the worker's incapacity is total, partial or a combination of both.
State Insurance Regulatory Authority (SIRA)	SIRA is the government organisation responsible for the regulatory functions for workers compensation insurance, motor accidents compulsory third party (CTP) insurance and home building compensation.
Suitable duties	Work that is suited to a worker's current capacity taking into account their Certificate of Capacity, skill set and capability, work experience and pre-injury employment. Reference to the worker's substantive position description may guide the identification of suitable duties.
Suitable employment	In relation to a worker, this means employment in work for which the worker is currently suited, having regard to: the nature of the worker's incapacity and the details provided in medical information including, but not limited to, any certificate of capacity supplied by the worker.
TMF Claims Manager	Day-to-day responsibility for managing workers compensation claims for NSW Health is undertaken by a number of icare-appointed insurers called TMF Claims Managers. The TMF Claims Managers work closely with SESLHD's Injury Management Team to conduct and oversee the management of workers compensation claims.
Vocational	An assessment undertaken by a qualified rehabilitation provider which

assessment	identifies appropriate vocational opportunities for workers. It considers the worker's capacity, transferrable skills, experience and interests, as well as the availability of the identified vocations through a job market analysis. A vocational assessment may be conducted where a worker is unable to return to their pre-injury role or to enable the delivery of a work capacity decision.
Work capacity	The worker's current ability to undertake any form of work, be it in their pre-injury employment or suitable alternate employment.
Worker	<p>Under section 4 of the <i>Workplace Injury Management and Workers Compensation Act 1998</i>:</p> <p>worker means a person who has entered into or works under a contract of service or a training contract with an employer (whether by way of manual labour, clerical work or otherwise, and whether the contract is expressed or implied, and whether the contract is oral or in writing). However, it does not include—</p> <ul style="list-style-type: none"> (a) a member of the NSW Police Force who is a contributor to the Police Superannuation Fund under the <i>Police Regulation (Superannuation) Act 1906</i>, or (b) a person whose employment is casual (that is for 1 period only of not more than 5 working days) and who is employed otherwise than for the purposes of the employer's trade or business, or (c) an officer of a religious or other voluntary association who is employed upon duties for the association outside the officer's ordinary working hours, so far as the employment on those duties is concerned, if the officer's remuneration from the association does not exceed \$700 per year, or (d) except as provided by Schedule 1, a registered participant of a sporting organisation (within the meaning of the <i>Sporting Injuries Insurance Act 1978</i>) while— <ul style="list-style-type: none"> (i) participating in an authorised activity (within the meaning of that Act) of that organisation, or (ii) engaged in training or preparing himself or herself with a view to so participating, or (iii) engaged on any daily or periodic journey or other journey in connection with the registered participant so participating or the registered participant being so engaged, <p>if, under the contract pursuant to which the registered participant does any of the things referred to above in this paragraph, the registered participant is not entitled to remuneration other than for the doing of those things.</p>

<p>Workers Compensation Manager</p>	<p>Employees of the public Health Agency who work in consultation with the TMF Claims Manager, and who may lead a team of Recovery Partners, to oversee the management of claims.</p>
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1.8 Legal Framework

SESLHD recognises its obligations under the following key acts in the prevention of workplace injury/illness and providing a safe working environment for all SESLHD employees.

The following legislation sets out the obligations of all stakeholders required to manage the rehabilitation, recovery and return to work for a worker.

- *Workers Compensation Act 1987*
- *Workplace Injury Management and Workers Compensation Act 1988*
- *Workers' Compensation (Dust Diseases) Act 1942*
- *Workers Compensation Reform Act 2012*
- *Workers Compensation (Bush Fire, Emergency and Rescue Services) Act 1987*
- *Workers Compensation Regulation 2016*
- *Work Health and Safety Act 2011*
- *Work Health and Safety Regulation 2017*

The State Insurance Regulatory Authority (SIRA) has guidelines for claiming workers compensation to support, inform and guide workers, employers and other stakeholders.

1. SIRA Workers Compensation Guidelines 2020
2. NSW workers compensation guidelines for the evaluation of permanent impairment
3. Workers compensation medical dispute assessment guidelines
4. Guideline for Recover at Work Planning.

1.9 Using Injury & Incident Data

SESLHD is committed to improving recover at work outcomes by analysing injury and incident data to identify trends and to identify, assess and control/eliminate hazards. Management conducts regular reviews of:

- i) Health and safety goals and objectives;
- ii) Workers compensation internal claims management audit results;
- iii) Health and safety incident notifications and investigations; and
- iv) Workers compensation statistics.

1.10 Interpreter Services

Workers have access to interpreter services through SESLHD should this be required.

The worker's file will be notated where an interpreter is required or used.

2 RECOVERY AND RETURN TO WORK FOR WORK-RELATED INJURIES OR ILLNESS

SESLHD is committed to the recovery and return to work of injured or ill workers in a safe, durable and timely manner by promoting awareness of the health benefits of good work and encouraging early access to support mechanisms. The SESLHD return to work program aims to support an organisational culture of recovery at work by fostering positive attitudes towards recovery at work. SESLHD encourages workers to maintain consistent engagement with the

workforce and builds on a focus of 'return to health' in a safe and supportive workplace environment where workers and supervisors can effectively respond to work-related injury or illness.

If a worker is unable to return to their pre-injury duties, temporary alternate suitable duties that meet the current work capacity of the worker may be offered as part of a Recover at Work Plan. The RP will facilitate the recovery and return to work process.

2.1 Immediate Response to a Workplace Injury

Workers must report all work-related injuries and illnesses to their immediate supervisor/manager as soon as practicable and at least within 48 hours. If the worker needs to leave the workplace due to injury, they must notify their manager/supervisor prior to leaving.

All incidents and injuries must be reported into SESLHD's injury management system, IMS+. (Training on how to lodge an incident is provided during induction for all new employees as an online module.) Once the injury notification has been submitted, it is reviewed by the supervisor/manager, Health and Safety and, where relevant, forwarded to the recover at work team.

In the event that it is not practicable for the worker to submit an incident report within 48 hours, their supervisor/manager must complete the injury notification on their behalf.

Failure to report an injury in a timely manner may delay access to appropriate medical treatment, return to work or access to workers compensation benefits.

When a psychological injury is raised through a grievance or other employee relations process, the Employee Relations Consultant (ERC) or Business Partner (BP) will advise the worker that their injury will be reported to the Claims Manager and they will advise the Injury Management Team for follow up. The usual requirement for reporting to the insurer within 48 hours applies.

Incidents are investigated in line with the NSW Health Policy Directive *Incident Management* PD2020_047. Steps taken include:

- Identify: all staff are responsible for identifying incidents
- Ensure safety: Managers (in consultation with Health & Safety Advisors and Business Partners & Employee Relations Consultants) are responsible for
 - o providing immediate care to the staff involved
 - o making the environment safe to prevent immediate recurrence
 - o preserving the scene for regulators (e.g. SafeWork NSW, NSW Environmental Protection Authority), the Coroner or NSW Police, if safe to do so
 - o removing faulty equipment or supplies, if safe to do so
 - o notifying security or police if needed
 - o support staff as needed e.g. Employee Assistance Program (EAP)
 - o any other immediate actions as needed
- Notify: IMS+ same day or as soon as practicable

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- Escalate: Depending on the incident severity
- Review: What happened? Why it happened? What could be done to improve safety?
- Implement and monitor actions: Dependent on the investigation findings, these could include a wide range of control measures from elimination through to administrative controls and Personal Protective Equipment.
- Feedback: Supports a just culture and an opportunity to discuss further ideas for improvement.

2.2 Acute First Aid/ Medical Treatment

Following injury/illness, the worker, with the assistance of their supervisor/manager, should seek appropriate first aid/medical attention. If immediate medical attention is required, the worker is able to access their local First Aider (noted on local notice boards), SESLHD's preferred doctor network for a priority appointment, an on-site emergency department or an ambulance can be called. If the worker does not require emergency medical intervention they should attend their nominated treating doctor or SESLHD's preferred doctor network after advising their supervisor/manager of the incident.

Workers have the right to choose their SIRA-approved medical providers and may attend an alternate treatment provider such as a physiotherapist in addition to their nominated treating doctor. It is a requirement that a Certificate of Capacity is obtained on the first visit to the doctor in instances where a worker wishes to lodge a claim for compensation in relation to the injury or illness.

2.3 Initial Notification of Injury (Part 1.1 of the SIRA Guidelines 2020)

An initial notification of an injury by a worker (or some other person acting on behalf of the worker) to the employer can be made in writing via email (SESLHD-HSW@health.nsw.gov.au) or verbally (by phone or visit to any onsite Injury Management Team members). SESLHD's Injury Notification Form is available on the intranet.

The following information is required from the worker or their manager/supervisor for the notification to be forwarded to the TMF Claims Manager:

About the worker	Name
	Contact details, including a phone number, email address and postal address
About the employer	Business name
	Business contact details
Nominated treating doctor (NTD)	Doctor's name
	Name of medical centre and address
Injury details	Date of the injury or the period over which the injury/illness emerged
	Time the injury occurred
	Description of how the injury occurred
	Description of the injury

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	Whether any medical treatment is required
	Whether there is an incapacity for work
Who is notifying of the injury (if not the worker)	Name
	Relationship to the worker or employer
	Contact details (including a phone number, email address and postal address)

Incomplete details may delay decisions related to treatment and/or liability.

A notifiable incident to the Work Health Safety Regulators, SIRA and SafeWork includes:

- Death
- Serious injury or illness
- Dangerous incident
- Contraction of COVID-19 in the workplace.

Notifiable incidents are reported to the Manager, Health & Safety (0416 239 555) or the Head of Health Safety & Wellbeing (0412 265 806) immediately. These numbers are also available on the intranet and The Manager is available on call. The Manager, Health & Safety reports incidents for SESLHD to the relevant regulators (13 10 50).

All hazards and incidents must be reported as soon as practicable after the event, through IMS+.

2.4 Workers Compensation Claim Number

Once the injury has been reported to the worker's manager/supervisor or Injury Management Team, and a certificate of capacity issued by the nominated treating doctor (NTD), the employer must notify the TMF Claims Manager within 48 hours. The TMF Claims Manager will issue a claim number and advise the worker once the claim has been lodged.

This claim number must appear on all correspondence, electronic or hard copy, relating to a worker's claim, provided to the NTD and other treatment providers.

2.5 Requirements for Claim Lodgement (Part 3.1 SIRA Guidelines 2020)

A claim for compensation by a worker must provide the following information:

- Name and contact details of the worker;
- Name and contact details of the employer (individual or organisation);
- Name and contact details of the worker's NTD;
- If applicable, the name and contact details of any witnesses and any witness statements, if the incident was witnessed;

- Description of the injury and how it occurred;
- Notification into the incident management system; and
- Information to support the medical expenses or other losses (if any) the worker is claiming.

2.6 Initial Communication with the Worker

Early communication is extremely beneficial in creating the foundation for a positive recovery at work. It ensures an ongoing connection to the workplace and reinforces the employer's support for an early and sustainable return to work.

Contact will be made with the worker within 48 hours of a claim being notified.

Supervisor/manager communication includes:

- Checking the worker's welfare;
- Identifying and addressing any hazard which may impede or impact on the worker's recovery and return to work;
- Ensuring an incident investigation is undertaken to prevent further or subsequent injuries or illnesses;
- Updating the worker about the workplace to maintain connection; and
- Supporting the identification of suitable duties.

Recovery Partner communication includes:

- confirming the worker's preferred method of contact;
- arranging a meeting to discuss additional support services available to assist with the worker's recovery and return to work. For example, a worker rated high or medium risk in the modified Orebro questionnaire, will be offered psychological support to address any non-work related or psychosocial issues which may be a barrier to recovery and return to work;
- providing the Authority for Release of Medical Information for signing to allow discussion between the stakeholders about treatment and recovery;
- clarifying the nature and cause of an injury and any treatment undertaken or proposed;
- identifying factors or barriers which may prevent early return to work and discussing a plan to overcome them;
- identifying and implementing suitable duties consistent with the current capacity of the worker;
- facilitating realistic injury management and return to work goal setting;
- information on standardised recovery timeframes and practices; and
- accessing interpreter services, if required.

TMF Claims Manager communication includes:

- Providing information to the worker about rights and responsibilities, the recover at work and workers compensation processes in general;
- Assisting with establishing an Injury Management Plan to document strategies to assist with recovery and return to work;
- Providing information in relation to liability determination and approval of reasonably necessary medical treatment; and
- Providing additional information as detailed in the points above

2.7 Early Intervention: the first five (5) days following injury

First aid and report injury

→ **Medical treatment:** attend NTD and commence medical treatment

→ **Certificate of Capacity:** report injury to supervisor/manager and provide Certificate of Capacity to supervisor/manager

→ **Communication:** contact with RP and supervisor/manager, attend treatment, understand the recover at work process

→ **Recovery and Recover at Work Plan:** meet with RP to commence planning a return to work

2.8 Stakeholder Roles and Responsibilities

SESLHD is responsible for ensuring that workers can return to work safely. To achieve this, a plan will be developed for a worker to return to work in support of their recovery. Depending on the nature of the injury and the progress of recovery, a worker might be unable to work full-time or perform all their usual duties. Workers with a reduced capacity will be provided with suitable duties, aligned with the medical restrictions indicated on their Certificate of Capacity.

Suitable duties may require adjustments and/or modifications in the workplace to support a worker during their recovery such as installing specific equipment or changing a process.

All stakeholders' responsibilities are summarised below with reference to Section 48 of the *Workplace Injury Management and Workers Compensation Act 1998*.

<p>Worker</p>	<ul style="list-style-type: none"> • Notify their supervisor/manager of any work-related injury or illness as soon as possible after it occurs and prior to leaving the workplace where possible. • Specify one (1) nominated treating doctor (NTD) who is prepared to participate in the development and ongoing management of recovery and return to work. • Authorise the NTD to provide relevant information about their injury/illness to the employer, and to the TMF Claims Manager. The worker provides this authority by signing the Certificate of Capacity and by completing the Authority and Consent Form provided by Recovery Partner (RP). • Actively participate in the development of the Recover at Work Plan. • Sign all Certificates of Capacity as required. • Review the Consent Form provided by SESLHD. The consent form is to enable active management of the claim, treatment and recovery. Consent is voluntary and must be informed. There are potential risks with not providing consent and these are outlined in the form. • Attend appointments with the NTD as required and obtain Certificates of Capacity at least one (1) day prior to the current Certificate expiring. • Provide updated Certificates of Capacity to your RP, supervisor/manager and TMF Claims Manager prior to expiration and within 24 hours of receipt. • Report any changes in capacity directly to the supervisor/manager and RP. • If unable to perform the tasks outlined in the Recover at Work Plan, immediately inform the supervisor/manager and RP. • Inform the supervisor/manager if unable to attend work for any reason. • Inform the RP if unable to attend work for any reason. • Attend all required treatments, arranging appointments outside work hours where possible or at the beginning or end of the shift. • Attend all appointments arranged by the TMF Claims Manager to assist with the management of the claim and support the graduated return to the pre-injury role or vocational goal. <p>The Worker must also tell the Nominated Treating Doctor:</p> <ul style="list-style-type: none"> • Exactly how and when the injury or illness occurred and any previous related injuries/illnesses including any previous or current treatment; • The type of duties and tasks normally performed at work, including days worked, hours and shift patterns (a position description & job demands checklist will be provided); and • The name and contact details of the RP and claim number (when obtained).
<p>Supervisor/ Manager</p>	<ul style="list-style-type: none"> • Support the worker in their recovery/return to work, including the identification of suitable duties when required. • Ensure the incident is investigated and preventative actions are implemented (see WHS better practice procedures and Incident Management Policies for detail). • Ensure any notifiable incident is reported to the Manager, Health & Safety for notifying to SafeWork NSW within the legislated timeframes. • Ensure a documented induction into the workplace is completed for an

	<p>employee commencing duties in a position/unit other than their substantive role.</p> <ul style="list-style-type: none"> • Return all signed Recover at Work Plans to the RP within required timeframes. • Contact the RP in relation to any concerns about the Recover at Work Plan or about the supervisor/manager's own ability to assist the worker in the recover at work process. • Remain in contact with the worker as agreed in the Recover at Work Plan. • Attend case conferences as requested by the RP to address any identified barriers with the Recover at Work Plan. • Forward each new Certificate of Capacity to the RP within 24 hours of receipt.
<p>Recovery Partner</p>	<ul style="list-style-type: none"> • Assist in identifying suitable duties and/or suitable employment and preparing the Recover at Work Plan. • Ensure the worker receives a copy of the Recover at Work Plan. • Arrange review meetings as required to update the Recover at Work Plan based on the Certificates of Capacity provided by the worker's NTD, prior to the completion of the current plan. • Initiate, arrange and attend case conferences with the NTD to facilitate improvement in the worker's recovery and address any issues/barriers. • Remain in contact with the worker as agreed in the Recover at Work Plan. • Support the worker in their recovery and return to work, communicating with the supervisor/manager and by ensuring all Certificates of Capacity and Recover at Work Plan are current and cover all periods of injury.
<p>Nominated Treating Doctor</p>	<ul style="list-style-type: none"> • Recommend and arrange treatment (including referrals) as needed and review the worker's condition and fitness for work, assisting with their recovery at work as needed. • Provide Certificates of Capacity until the worker is fit to return to their normal duties and no longer requires treatment and or medication. • Inform the Employer and the TMF Claims Manager about ongoing injury management needs. • Participate in case conferences and medical reviews as requested by the TMF Claims Manager and the Employer to ensure a speedy recovery and that the worker's return to work is on track. • Ensure timeframes are developed and maintained that align with evidence-based recovery for the relevant injury/illness.
<p>SIRA-Approved Workplace Rehabilitation Provider</p>	<ul style="list-style-type: none"> • Identify barriers to the worker's recovery and develop strategies to address these. • Identify suitable duties. • Conduct workplace assessments as required. • Focus on recovery in the worker's pre-injury employment or alternative suitable employment. • Assist in the redeployment, retraining and job seeking efforts when the worker is unable to return to pre-injury duties.

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TMF Case Manager	<ul style="list-style-type: none"> • Manage the workers compensation claim. • Keep the worker informed of their rights and responsibilities.
TMF Claims Manager	<ul style="list-style-type: none"> • The TMF Claims Managers are responsible for developing an Injury Management Plan, determining overall liability and approving and managing all reasonably necessary treatment and medication requests.
Union	<ul style="list-style-type: none"> • Provides support and advice to members who are injured. • Assists in the negotiation of any aspect of the recover at work process, if required.

2.9 Choosing a Nominated Treating Doctor

Workers must choose a Nominated Treating Doctor (NTD). This may be an individual doctor, treating medical specialist or medical practice.

The NTD will provide treatment, participate in the establishment of an individual Recover at Work Plan, comment on capacity for work and appropriateness of suitable duties or employment and provide Certificate(s) of Capacity for the duration of the recovery and return to work.

The initial, and any subsequent, Certificate of Capacity are to be forwarded by the worker to the RP to allow the TMF Claims Manager to assess the reasonably necessary medical treatment and return to work planning.

To assist with the development of a Recover at Work Plan and confirm any restrictions and or treatment, the RP may contact the NTD directly, following receipt of the relevant authority.

2.10 Certificate of Capacity

The NTD is required to complete a Certificate of Capacity. It is the worker's responsibility to ensure their Certificate of Capacity remains current so that weekly payments continue and treatment continues to be provided.

A Certificate of Capacity should not be backdated or cover dates prior to the date of issue. The certificate should not cover a period of more than 28 days unless there is medical justification for doing so.

The NTD should specify on the Certificate of Capacity:

- periods of capacity or incapacity;
- treatment required;
- medication required;
- the worker's capacity, such as types of activities and duration for example six (6) hours for four (4) days per week;
- referral/s for further/different treatment or to a workplace rehabilitation provider; and

- any medical reason there is a delay in upgrading work capacity or barriers to the worker's recovery.

2.11 Pre-Approved Treatment (Part 4.1 of the SIRA guidelines 2020)

Workers can receive the following reasonably necessary treatments and services without pre-approval from the TMF Claims Manager. The goal is to reduce delays in accessing early treatment.

Part 4 of the SIRA Guidelines outlines the types of medical treatments and services which are exempt from pre-approval.

The most common are:

- up to eight (8) sessions physiotherapy/ osteopathy/ chiropractic/ exercise physiology and psychology if the injury was not previously treated and is within three (3) months of the date of injury;
- up to three (3) sessions if injury not previously treated and treatment starts over three (3) months after date of injury;
- One (1) consultation with the same practitioner if he/she has treated the worker previously; and
- up to two (2) hours per provider for a case conference.

Requests for further treatment require an Allied Health Recovery Request (AHRR) to be submitted which details the expected upgrade, specific treatment modalities, recovery and discharge timeframes. Each plan will allow up to eight (8) additional sessions and must be approved by the TMF Claims Manager prior to commencement of treatment.

2.12 A worker will not be disadvantaged by participating in a recover at work program

A Recover at Work Plan is designed to return the worker to their pre-injury duties or other suitable employment as determined by medical practitioners.

If, for example, a training or professional development opportunity were expected to occur prior to the injury and the physical or psychological requirements of these tasks do not conflict with any medical restrictions issued by the doctor, the worker may continue.

Workers Compensation legislation (sections 240-250 Part 8 of the *Workers Compensation Act 1987*), directs that a worker is not dismissed within six (6) months of becoming unfit to work due to a work-related injury. Any worker dismissed because he or she is not fit for employment as a result of the injury, may apply for reinstatement, under section 241 of the *Workers Compensation Act 1987*.

2.13 When should a worker return to work after an injury?

SESLHD subscribes to the body of evidence of the health benefits of good work. Research shows that if a worker remains working (recovers at work) they have greater chance of making a full recovery. If they are unable to remain working initially, then getting back to work as soon and as safely as possible can be an important part of the recovery process. The sooner a worker returns, in any capacity, the greater their chances of making a full recovery.

Recovering/returning to work can assist a worker with getting back on track and returning to some sort of normality and routine. It also helps to prevent financial stress which can accompany long periods of absence from work.

It is therefore vital for the recover at work process to commence as soon as possible after an injury and for all stakeholders, including the worker and the NTD, to cooperate fully with the recover at work process and the return to work goal.

3 WORKPLACE ARRANGEMENTS

3.1 Communication

SESLHD is committed to maintaining positive communications between the worker, their supervisor/manager, the RP and workplace team.

Communication by the supervisor/manager is integral to an early and sustainable recovery and return to work. Regular communication should continue with the supervisor/manager to keep the worker informed and socially connected to the workplace.

Where a worker's injury or illness limits their ability to communicate directly, alternate arrangements can be made using a nominated representative such as a family member.

The RP will assist workers and managers in identifying suitable duties for a recovery at work. The RP reports directly to the Manager, Workers Compensation & Injury Management within the Health Safety & Wellbeing Team.

Names and contact details for RPs can be found on the SESLHD Intranet:

<http://seslhdweb.seslhd.health.nsw.gov.au/hsw/Contacts.asp>

3.2 Requesting Authority and Consent for the Collection and Release of Personal and Health Information (Part 3.3 of the SIRA Guidelines 2020)

An employer (including SESLHD) is required to seek a worker's consent to gather and exchange information regarding their health, injury and recovery. This consent enables the exchange of information between SESLHD, the TMF Claims Manager, the nominated treating doctor and other health practitioners. This open communication allows all parties to work collaboratively towards the common goal of supporting the worker with their recovery and return to work in their substantive position.

Once a notification of injury is received, SESLHD will seek the worker's written consent to release and exchange medical information by requesting the worker sign the "Authority and Consent for the collection and release of personal and health information" (Appendix).

Health information includes any electronic or paper-based information or opinion about a worker's:

- Physical or psychological health
- Treatment
- Rehabilitation
- Retraining
- Claims
- Injury or employment management practices to aid the recovery at work

3.3 SIRA-Approved Workplace Rehabilitation Provider

If required, the RP or the Claims Manager, may engage an external Rehabilitation Provider in consultation with the worker and their NTD. The Rehabilitation Provider may be selected from the Claims Manager's Rehabilitation Provider Panel to ensure the services support the worker's recovery and return to work. SESLHD's preferred Rehabilitation Provider is Rehabilitation Services by Altius.

Alternatively, the worker or their NTD may request the services of a SIRA-approved rehabilitation provider and this request will not be unreasonably denied. The worker's right to choose their own provider is noted in the Employee Information Pack provided to each worker at the time of claim lodgement.

The RP will communicate and collaborate with the rehabilitation provider to ensure the worker receives optimal support for their recovery and return to work.

4 THE RECOVER AT WORK PLAN

The RP will work closely with the worker, the supervisor/manager, the NTD and the worker's representative (if required).

The Recover at Work Plan will ensure that the workplace is safe and suitable for the worker's return and to minimise risks of aggravation or re-injury.

All stakeholders have a role to play in developing a Recover at Work Plan as summarised below.

4.1 The Recover at Work Plan

The Recover at Work Plan will be in writing and contain:

- the recovery goal;
- the position, department and normal days/hours where employed;
- the current capacity/medical restrictions listed on the most recent certificate of capacity;
- the suitable duties, location, hours/days to be worked including tasks to avoid, and rest and/or meal breaks to be taken;
- treatment arrangements and medical appointments;
- the commencement and review dates; and
- any additional obligations i.e. attendance at medical appointments outside of work hours where or if possible.

When developing a Recover at Work Plan, the following will be considered:

- the worker's physical and psychological capacity;
- the special needs of individual workers, for example, the communication needs of workers who speak languages other than English;
- the worker's age, education, skills and work experience;
- any occupational rehabilitation services available to the worker;
- impact on the workload of other workers; and
- whether the worker may require training in the suitable duties tasks prior to the Recover at Work Plan being implemented.

SESLHD will provide employment that is both suitable employment (as defined in section 32A of the 1987 Act) and (subject to that qualification) so far as reasonably practicable the same as, or equivalent to, the employment in which the worker was at the time of the injury. (As per WIM/WC Act Section 49 Employer must provide suitable work.)

This obligation is negated if:

- it is not reasonably practicable to do so;

- the worker voluntarily resigns from their employment, either before or after their incapacity for work; or
- employment is terminated after the injury for reasons other than the worker not being fit for work as a result of their injury.

The obligations to provide suitable employment does not take into account:

- the nature of the worker's pre-injury employment; or
- the worker's place of residence.

The responsibility to initiate the process for developing, coordinating, distributing and managing the Recover at Work Plan lies with the RP. Everyone nominated to undertake actions under the agreed Recover at Work Plan are to cooperate in implementing the requirements of the plan.

The Recover at Work Plan review process will be determined in consultation with the NTD and on receipt of certificates of capacity. The Recover at Work Plan will be reviewed at the end of each plan period (no greater than 3 months) or when there is a change in work capacity or significant change in the worker's treatment plan.

If a worker unreasonably refuses to comply with the requirements of the Recover at Work Plan after being requested to by their employer, the worker may have further entitlements to weekly payments of compensation suspended during any period that the failure continues. This action can only occur if the worker is given written notice to that effect, together with a statement of reasons for the entitlements ceasing.

The Claims Manager will explore the reasons for non-compliance prior to ceasing benefits and will advise the worker in writing, outlining the reasons and steps to be taken to avoid the suspension of weekly benefits.

The reference for the above is Section 48a of the *Workplace Injury Management and Workers Compensation Act 1998*.

1. *If a worker does not comply with an obligation imposed under section 48, the insurer may in accordance with this section:*
 - a. *suspend the payment of compensation in the form of weekly payments to the worker, or*
 - b. *terminate the payment of compensation in the form of weekly payments to the worker, or*
 - c. *cease and determine the entitlement of the worker to compensation in the form of weekly payments in respect of the injury under this Act.*

Where weekly benefits are reinstated after a period of suspension, there is no entitlement to payment for periods of non-compliance.

It is recommended that workers and their supervisor/manager read the recover at work responsibilities, documentation and understand the shared commitment to the plan to ensure the best physical and psychological recovery and outcome for all workers.

The RP will ensure that the worker has access to these documents, including where the worker needs such information in a language other than English.

Where a worker has remained unfit for a period of 12 weeks from the date of injury, the RP will ensure the claim is being strategically reviewed on a regular basis with the Claims Manager to maintain the worker's engagement with the recovery process.

This case management process is designed to reaffirm the worker's and workplace expectations regarding recovery and return to work. To support the worker's recovery by proactively engaging with the NTD through a case conference rather than waiting for the next review.

At the case conference, the barriers or obstacles which are stopping the worker from achieving these goals are identified and strategies or actions that are needed to address or prevent these barriers are agreed.

Worker engagement is key to achieving the agreed goals. The RP will maintain frequent contact and case conferences with the NTD.

4.2 Employer must provide suitable duties

Suitable duties are any duties identified that can be provided to assist with a worker's recovery and return to work. Suitable duties form one part of an overall rehabilitation and recovery strategy used to achieve a return to full capacity. Suitable duties will be provided when a worker is unable to immediately return to their normal duties.

Suitable duties must be:

- in line with the worker's capacity for work;
- provided for the purpose of increasing the worker's capacity for work or providing relevant experience for alternate vocations should the worker be certified as permanently unable to return to their pre-injury position.

The above is with reference to Section 49 of the *Workplace Injury Management and Workers Compensation Act 1998* and *Workers Compensation Act 1987* Section 32A definition of suitable employment.

1. *If a worker who has been totally or partially incapacitated for work as a result of an injury is able to return to work (whether on a full-time or part-time basis and whether or not to his or her previous employment), the employer is liable to pay compensation to the worker under this Act in respect of the injury must at the request of the worker provide suitable employment for the worker.*

4.3 Offers of suitable duties

Suitable duties within the certified work capacity will be provided where practicable to partially incapacitated workers with work related injuries.

The supervisor/manager must identify suitable duties within the worker's current capacity and the RP will facilitate this by providing a Recover at Work Plan. These duties will be as close to the worker's pre-injury role as is practicable and possible with respect to their capacity. Suitable duties may include, if necessary, duties within other departments or facilities within

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SESLHD and on rare occasions, within another public health organisation or NSW Government Agency.

The RP will consult with the supervisor/manager to identify suitable duties and with other departments/facilities if necessary. This will inform the Recover at Work Plan which will be discussed, agreed and signed by all stakeholders which may include:

- the worker;
- the worker's representative, if one is nominated;
- supervisor/manager;
- Nominated Treating Doctor; and
- RP or external SIRA-approved rehabilitation provider.

Suitable duties are time-limited, reviewed and regularly upgraded towards achieving pre-injury duties.

4.4 Reasonable Adjustments

Once a change of recover at work goal is formalised (as a worker cannot safely return to their substantive role) the RP will begin discussions with the worker and their NTD to determine whether reasonable adjustments can be made within the existing workplace to allow the worker to continue at work.

Factors to be considered are:

- The size of the worker's current workplace. In a small workgroup setting it may be more difficult to accommodate adjustments compared to a larger workgroup where there is greater capacity to equitably share different tasks or redesign work arrangements;
- Whether permanent accommodation of the worker's medical restrictions places additional risk to others in the workplace;
- Whether significant work adjustments would need to be made, disadvantaging other workers in the workplace or adversely affecting equitable access to penalties or other allowances;
- Whether it is reasonably practicable to do so;
- Impact on service delivery; and
- Ability to perform the role e.g. education and/or transferable skills.

Consultation will be undertaken with the worker and any support person they request in the form of a written request to attend a meeting, and outlining the purpose of the meeting.

The following people may be invited to attend:

- the worker;
- their support person which may be a Union representative;
- the worker's immediate line manager or supervisor;
- the RP;
- a People & Culture Business Partner or Employee Relations Consultant;
- the appointed SIRA-approved rehabilitation provider.

4.5 Suitable Duties Unavailable

Unavailability of suitable employment may impact workers compensation cost or result in a breach of a SESLHD's obligation to provide suitable employment. In some cases, it may not be reasonably practicable to provide suitable duties.

4.6 Changing Nominated Treating Doctor

Consistent medical care is essential for a worker's recovery and safe return to employment after an injury. Changing the NTD can interrupt good medical care, however there may be a good reason for change.

In cases where a worker reports that they are not receiving the level of support, treatment or communication from their NTD to progress their recovery, a change of NTD can be a productive and pro-active move towards recovery.

Reasons for changing the NTD include:

- if the NTD has moved or has ceased practising in the worker's local area and they are no longer able to see the NTD;
- there is evidence that NTD is not progressing the worker's recovery and safe return to work.

If the worker has a reason to change the NTD, the worker must inform the Claims Manager and/or employer.

If there is evidence the NTD is not assisting the worker or their employer with a safe recovery and return to work, the Claims Manager may:

- ask a doctor experienced in workplace rehabilitation (Injury Management Consultant) to review the management of the injury, and
- discuss the best course of action with the NTD and employer, or
- ask the worker to nominate another treating doctor.

4.7 Approved Workplace Rehabilitation Providers

External Workplace Rehabilitation Providers are organisations made up of health professionals (from the disciplines of Allied Health) approved by SIRA to provide specific rehabilitation related services aimed at returning workers to suitable employment.

Workers have the right to engage an independent rehabilitation provider and to change their provider. The worker's right to choose their own provider is noted in the Employee Information Pack provided to each worker at the time of claim lodgement. The RP will facilitate the integration of any such chosen rehabilitation provider, into the injury management and return to work processes.

Examples of situations where a SIRA-approved Workplace Rehabilitation Provider may be engaged include:

- the worker is likely to have an extended period of total incapacity for work;

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- there is difficulty in identifying suitable duties within a worker's certified capacity of employment;
- an assessment of the worker's physical capacity may be required to assist finding suitable alternate employment;
- the worker is unlikely to resume full pre-injury duties in the long-term;
- the worker's goal is identified to be a return to a different job with the same employer, or different job with different employer, and training, work trials or job placement may be required;
- an assessment of transferrable skills is required to assist with work trials or redeployment;
- a conflict of interest is perceived; or
- the worker has resigned or been medically separated.

SIRA recommends employers nominate one or more approved providers to assist in the rehabilitation of workers. A full listing of all approved rehabilitation providers can be found on the SIRA website www.sira.nsw.gov.au. SESLHD's preferred Rehabilitation Provider is Rehabilitation Services by Altius.

Rehabilitation providers may be engaged for a one-off service or they may be engaged to assist with the day to day injury management of complex cases.

Some of the functions and services of rehabilitation providers include:

- identifying suitable duties within a worker's certified capacity;
- identifying and coordinating rehabilitation strategies for an early and sustainable return to work;
- developing and monitoring Recover at Work Plans, with progressive upgrades to return to pre-injury duties where appropriate;
- providing education and support regarding the worker's recovery and return to work;
- assisting with job seeking and placement in alternative employment when there is a change of return to work goal; or
- conducting workplace assessments including functional, vocational and ergonomic advice.

4.8 Changing Approved Workplace Rehabilitation Provider

Requests to change SIRA-Approved Workplace Rehabilitation Provider/s will be communicated between the worker and RP.

Circumstances where a change of SIRA-Approved Workplace Rehabilitation Provider/s may be considered include, but are not limited to:

- lack of appropriate qualifications/experience in the required specialty;
- non-compliance with the service level agreement;
- communication (including language difficulties) with the provider is impeding the worker's recovery and early, safe and sustainable return to work;

- either the worker or the provider moves or the provider no longer services the required area; or
- the provider discontinues practice in the required specialty.

4.9 Scheduling medical appointments

Medical appointments should be made outside of work hours where possible, otherwise at the beginning or end of a shift with sufficient notice (not less than 72 hours) to be provided to the supervisor/manager.

4.10 Accruing leave entitlements

Workers continue to accrue annual leave during an absence on workers compensation. Whilst on a Recovery at Work Plan, Accrued Days Off (ADOs) are only accrued when working five (5) days per week.

4.11 Taking leave

Suitable duties are considered to be an integral part of a worker's rehabilitation and recovery. Workers have a legislative obligation to be available to participate in their recovery and to attend work as part of this.

All requests for leave while receiving workers compensation entitlements will be reasonably considered to ensure rehabilitation and recovery at work will not be adversely affected. Supervisors/managers who receive requests for leave from workers, should consult with their RP.

Any leave approved prior to lodgement of a claim will be discussed with a view to ensuring the recovery plan is not adversely impacted. A worker may elect to cancel or postpone their leave.

Any issues arising from requests for leave can be discussed at a case conference.

5 PSYCHOLOGICAL INJURY OR ILLNESS

Psychological injuries often present unique challenges. Best practice claims management begins with understanding this complexity and ensuring a worker feels empowered and supported throughout the recovery and return to work process. The worker's wellbeing, including wherever possible recovery at work, or a return to work, is the desired outcome of claims management.

Psychological injuries that are as a result of a workplace grievance will be managed concurrently to any employee relations action or investigation however the matters will remain separate. Acceptance or declinature of liability on any psychological claim will not impact the determination or outcome of any workplace investigation. Any investigation undertaken for the purposes of managing a workers compensation claim can only be used for this purpose. Statements gathered for the purposes of managing a grievance may only be used in managing a workers compensation claim if written permission is provided by the individual providing the statement.

6 DETERMINING LIABILITY

There is an obligation for the Claims Manager to process a claim for workers compensation and determine liability for a workplace injury within a specific, reasonable timeframe based on the information available.

The worker may request a review of the liability decision through the Claims Manager. Documentation required for a review is provided to the worker with their liability correspondence.

There are four (4) liability decisions that can be made:

1. Liability Accepted

Liability may be accepted upon receipt of the injury notification if the evidence meets legislative requirements. Liability can be accepted within 21 days from receipt of the claim form supported by an approved and complete certificate of capacity. Alternatively, liability can be accepted when provisional liability has been exhausted at the 12-week point.

2. Provisional Liability

Provisional liability can be determined within seven (7) days of notification of the injury or illness. This decision is based on the information obtained from the initial contact with the worker and the certificate of capacity provided by the NTD. Provisional liability is not a formal admission of liability; it allows the commencement of weekly benefit payments up to a period of 12 weeks whilst further information is gathered and a formal liability decision is made. Medical treatment and other reasonable expenses can be paid up to an amount of \$10,000.

3. Reasonable Excuse

A Reasonable Excuse notice may be issued where evidence does not support the payment of workers compensation or where all reasonable efforts have been made to obtain important information on which to make a formal decision. Reasonably necessary medical treatment is covered during the time the claim is reasonably excused.

4. Liability Disputed or Declined

Where there is sufficient evidence that liability should not be accepted, the Claims Manager will issue a written dispute notice to the worker.

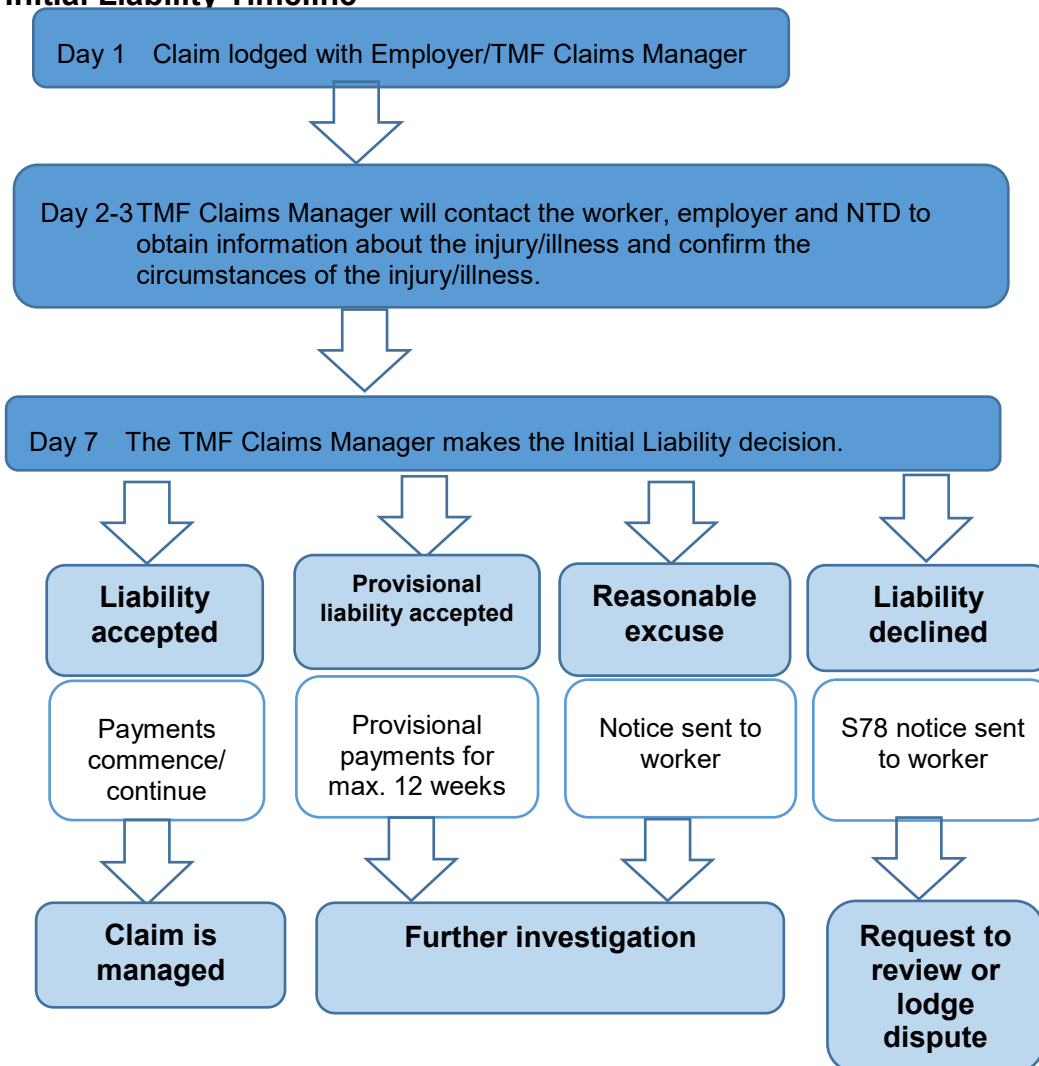
The employer will continue to support the worker in their recovery and safe return to work irrespective of the liability status of the claim.

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6.1 Initial Liability Timeline



6.2 Weekly Payment and Pre-Injury Average Weekly Earnings (PIAWE)

- The Claims Manager will issue a letter informing the worker of the liability decision and associated 'Pre-Injury Average Weekly Earnings' (PIAWE) formula.
- If a worker is undertaking suitable duties on restricted or normal hours they will be paid in accordance with their contract/award. Any difference between earnings in suitable duties, and their PIAWE entitlement will be supplemented in the worker's wage payment.
- If a claim is accepted, weekly benefits are paid in accordance with the PIAWE:
 - a rate of 95% of a worker's pre-injury average weekly earnings for the first 13 weeks;
 - following this, a reduced rate of 80% of a worker's PIAWE is paid for a worker who not returned to work or has returned to work for less than 15 hours per week.
- Weekly entitlements are separated by 'entitlement periods':

- 0-13 weeks (first entitlement period)
- 14-130 weeks (second entitlement period)
- Post-130 weeks – (after second entitlement period) weekly benefits after 130 weeks depend on the worker's capacity to work. The worker will need to apply to the Claims Manager for a continuation of benefits.

Weekly benefit payments may be paid in the following circumstances:

- the worker is back working reduced hours following an injury; or
- the worker has returned to work following an injury in a role which has a different pay grade; or
- the worker has some capacity for work but all avenues for providing suitable alternate duties have been exhausted.

Section 39 of the *Workers Compensation Act* 1987 legislation provides that weekly benefits are limited to a maximum of 260 weeks unless the level of whole person impairment has been assessed as being greater than 20%.

If a claim is declined, the TMF Claims Manager will issue a declination notice with supporting evidence attached to the notice. These notices include the mechanisms for dispute including an internal review by the Claims Manager or filing in the Personal Injury Commission through legal representation.

SESLHD employees may elect to access their leave entitlements to top up their weekly benefit entitlement. Certain awards in NSW Health also allow the worker to use annual leave entitlements to make up the difference between their pre-injury earnings and the PIAWE. Refer to the NSW Health *Leave Matters Policy Directive*.

6.3 Weekly payments from accrued leave

Whilst liability is being determined in relation to a claim lodged for workers compensation, on production of an acceptable certificate of capacity, a worker can apply for weekly payments utilising accrued leave including sick leave, annual leave and long service leave until a liability decision is made or accrued leave is exhausted.

Where the worker uses accrued annual leave, this leave shall not be reinstated following liability determination. Section 49 of the *Workers Compensation Act* 1987 states that workers' compensation weekly benefits will be paid to the employee in addition to the annual leave already paid and this includes annual leave loading which is applicable under public health Awards.

Workers can elect whether to utilise their annual leave balance with the knowledge that leave taken will not be reinstated or reimbursed.

In relation to long service leave taken for a period which then becomes a period of workers compensation, long service leave will be reinstated or reimbursed and the payment made as for workers compensation.

Section 50 of the *Workers Compensation Act* 1987 refers specifically to sick leave and states that where a worker has been paid sick leave for a period and this then becomes a period of

workers compensation, the sick leave shall be reinstated and the payment made as a workers compensation benefit.

6.4 Why payments can be reduced or stopped

There are a number of reasons payments may be reduced or stopped altogether. Weekly benefit payments can be suspended 14 days after the Claims Manager issues a notice to the worker in the following circumstances:

- Failure to provide a current Certificate of Capacity
- Failure to provide a signed declaration declaring that the worker is not engaged in other employment. If this is incomplete seven (7) days after the claim is notified, weekly benefit payments may be discontinued;
- Non-compliance with return to work obligations.
- If the worker is assessed as having some capacity to work, weekly benefit payments may be reduced or stopped on the basis of what can be earned in suitable employment;
- Not attending a medical or rehabilitation appointment as arranged without a reasonable excuse, weekly benefit payments may be suspended until the examination takes place; or
- Refusing or not participating in an assessment of work capacity may lead to a suspension of payments until the assessment takes place.

6.5 Work Capacity Decisions

A Work Capacity Decision (WCD) determines a worker's entitlement to weekly payments of compensation. The Claims Manager will undertake a work capacity assessment to determine whether a worker is fit for work or partially fit for work.

It is a process involving information gathering, usually including an assessment of the worker's functional, vocational and medical status to make a decision as to whether they are fit to return to work or not.

Once a work capacity assessment has been undertaken, the Claims Manager will review the information and make a work capacity decision.

The "work capacity decision" is a decision made by the Claims Manager about:

- the worker's current work capacity;
- what constitutes suitable employment for a worker;
- the amount the worker is able to earn in suitable employment;
- the amount of pre-injury average weekly earnings and current weekly earnings;
- whether a worker is, as a result of injury, unable, without substantial risk of further injury, to engage in employment because of the nature of that employment; or
- any other decision that affects a worker's entitlement to weekly compensation.

A work capacity decision can be made at any time throughout the life of the claim, but in particular will be made at or prior to being in receipt of weekly benefits for a period of 130 weeks of compensation (2.5 years).

This period is important as a worker is only entitled to receive weekly payments beyond 130 weeks if they are either totally unfit for work and are likely to continue indefinitely to have no current work capacity or if the work capacity decision accepts that the worker is partially unfit for work, the worker must be working at least 15 hours per week.

A work capacity decision can be appealed. The worker has the choice of either requesting for an internal review with the Claims Manager or proceeding directly to the Personal Injury Commission.

Review by the TMF Claims Manager

A worker may request an internal review of a work capacity decision by the Claims Manager after receiving the work capacity decision. The worker must give a completed Work Capacity – Application for Internal Review by Insurer form to the Claims Manager specifying the grounds on which the review is being sought with any information on why the worker disagrees with the decision and including medical information.

Review by the Personal Injury Commission

If the worker is not satisfied with the outcome of the internal review or decides not to seek an internal review, the worker may proceed directly to the Personal Injury Commission to resolve the dispute.

7 CHANGE OF RECOVER AT WORK GOAL

The goal of workplace-based rehabilitation and recovery is to return a worker to their pre-injury duties.

Where it becomes evident that a worker is unable to return to their pre-injury duties, there is an obligation for the SESLHD to assist that worker through a redeployment process. This process cannot commence until a formal change of recover at work goal has been made.

Change of goal discussions can be initiated if a return to pre-injury duties may not be realistic at the request of:

- the worker;
- relevant treating providers;
- TMF Claims Manager;
- RP; or
- external rehabilitation providers.

This may be identified following:

- prolonged incapacity;
- prolonged suitable duties;
- unchanged capacity for 13 weeks or more;
- risk assessment; and/or
- medical evidence.

Medical information required for a change of recover at work goal includes:

- The certificate of capacity which details permanent restrictions are required;
- Report from the NTD or treating specialist that the worker is unlikely or unable to resume pre-injury capacity; or
- Report from an Independent Medical Examiner (IME), Injury Management Consultant (IMC) or Independent Practitioner Consultant (IPC) appointed by the Claims Manager commenting on prognosis.

7.1 Consultation regarding the change of recover at work goal

Various stakeholders will be consulted to discuss and agree on the updated recover at work goal. Stakeholders may include:

- the worker;
- their support person;
- a Union representative;
- the worker's line manager/supervisor;
- the RP;
- a Business Partnering/Employee Relations representative; or
- a SIRA-approved external rehabilitation provider.

The purpose of the consultation is to assess the medical evidence, inform the worker of their options and the relevant support services available and to agree on a new recover at work goal, taking into account:

- permanent or temporary restrictions;
- education history;
- vocational experience;
- vocational interests;
- transferrable skills;
- suitable vocational options; and
- current available vocational options within and external to SESLHD.

7.2 Identifying a suitable vocation

Once a Recover at Work Plan has been agreed the process to identify a suitable alternate vocational options will commence. As part of this process the following may occur:

- a SIRA-approved rehabilitation provider appointed;
- a vocational assessment undertaken; and
- a functional capacity evaluation undertaken.

Priority assessment in relation to redeployment of workers will be considered in accordance with SESLHD procedure [SESLHDPR/279 - Injury Management – Redeployment of Injured Employees under Workers Compensation](#).

Where employment with a new employer is considered, the following additional support will be provided by either the rehabilitation provider, or in some cases, an external job seeking agency:

- assistance in developing a resume;
- assistance in completing application forms including online applications;
- education and training in interview skills;
- job seeking strategies including online searches, cold calling and lodgement of a resume on a proactive basis; and
- advocacy with potential employers including promotion of incentives available under the SIRA JobCover Placement Program and other incentive options such as transition to work payments.

7.3 Commencing the job seeking process

Once the change of recover at work goal has been formalised, a number of actions will commence which may include:

- Canvassing advertised job vacancies within SESLHD;
- Referral to an external rehabilitation provider for assistance with applications;
- Resume writing and job interview skills;
- Referral of the worker for a vocational assessment;
- Coordination of potential work trials for internal or external positions;
- Activate the internal redeployment process for workers.

When commencing the job seeking process, suitable employment options can be identified by the RP, the worker, external rehabilitation provider or their line manager/supervisor and assessed for consideration of a priority placement or temporary work trial in accordance with SESLHDPR/279.

During this process the worker should not unreasonably decline an offer of assignment. This may impact their workers compensation benefits.

7.4 Internal job seeking

At the commencement of the job seeking process and if medically appropriate, the worker will be assisted to find alternate suitable employment within the same location/facility or SESLHD. Although initial focus remains redeployment within SESLHD it is important that the worker also considers appropriate vocational options within other public health organisations and outside of NSW Health should they become available during this period. This is particularly important for workers with a Work Capacity Decision in place as should they be unable to secure an internal position at the conclusion of a 12-week job seeking period and be subject to a medical separation they will no longer be entitled to ongoing wages.

Where the worker identifies a potentially suitable role, contact must be made with the RP and/or Rehabilitation Provider so that appropriate procedure can be enacted. This procedure may include:

- placing an advertised position temporarily on hold;
- an evaluation of the worker's skills and experience against the selection criteria;
- assessing the job demands against the worker's medical capacity;
- arranging a work trial for the worker to temporarily undertake the duties of the role.

7.5 External job seeking

External job seeking will commence in parallel with internal job seeking. This is especially important if a suitable alternate position is unable to be identified with SESLHD, or the worker has been medically certified as being unable to return to SESLHD.

Support will be provided as outlined above to assist with job seeking strategies and advocacy with a potential employer.

7.6 Continuation of suitable duties whilst job seeking

Where possible the worker will remain in suitable duties whilst job seeking with reasonable time available to enable the worker to continue job seeking actions such as completion of selection criteria.

After 12 weeks of job seeking, a review will take place to determine if further attempts at internal redeployment are likely to be fruitful or if a medical separation is to be recommended. A worker can request a review of this timeframe which will be considered on a case-by-case basis. If medical separation is recommended, where reasonably practicable, suitable duties will be provided until if/when termination takes place.

If the worker has been unable to identify or maintain permanent and durable work or the worker's vocational options are niche the employer may agree with the worker to increase their efforts in job seeking by looking for work on a full-time basis. In this instance, the worker will be given a period of time off work to concentrate on job seeking or to attend retraining on a full-time basis.

This is not a termination of the employment contract. The worker remains employed and where eligible will receive ongoing wage benefits according to their current period of entitlement under workers compensation legislation. The Claims Manager will be responsible for advising the worker of any impact on their entitlements.

Should permanent suitable work be identified within the initial 12-week job seeking period, the timeframe may be extended to allow for the position to be fully explored and/or a work trial commenced or completed prior to consideration of medical separation.

7.7 Responsibility to reasonably consider suitable employment options

Where a suitable employment opportunity is identified either as a work trial, or a permanent redeployment, the worker has an obligation to participate in the trial and/or employment. While particular vocational options may not be the worker's preference they have an obligation to reasonably participate when the option is within their capacity.

Failure of a worker to reasonably participate in suitable employment, or workers who deliberately foil an employment option, may have a non-compliance process initiated.

7.8 Successful redeployment to an alternate employer

Workers who are successfully redeployed to an alternate employer, will be separated in accordance with the NSW Health Recruitment and Selection policy once the transition has been finalised.

7.9 Termination of employment on medical grounds

Any termination on medical grounds of ill health will be undertaken consistently with the provisions of the *Workers Compensation Act 1987* and the *Workplace Injury Management & Workers Compensation Act 1998*. The decision to terminate a worker's employment on medical grounds will be a collaborative decision between Employee Relations and recover at work staff.

8 WORKING REMOTELY

Section 4 of the *Workers Compensation Act 1987* states that workers compensation is not payable unless the worker has sustained a personal injury arising out of or in the course of employment; and Section 9A states that employment is a substantial contributing factor to the injury, or in the case of a disease, the main contributing factor to the development of the disease, or aggravation of an existing disease (Section 4(b)).

If a worker is working remotely and suffers an injury, the Claims Manager will review the nature or the requirements of their work to determine if it played a substantial role in an injury that occurred whilst they were either at home or at any other location where they worked remotely to determine if it is compensable.

Accordingly, employers need to, as far as practicable, ensure workers create a safe work environment for remote working. Where workers are working from their home, this includes (but is not limited to) ensuring as much as possible that workers have an ergonomically appropriate workspace, in an area that is free of trip hazards and with adequate lighting. Workers should also ensure that they have adequate power outlets/power boards to safely run their computer and other necessary equipment without overloading. Workers are required to complete and submit to their manager the "Workstation Risk Management Checklist" The supervisor/manager will review this to ensure the working environment is safe.

SESLHD encourages workers to take extra care for their personal safety whilst at home, including not rushing or running, and to keep a proper lookout for any general hazards just as they would in a more formal work environment.

9 REASONABLE MANAGEMENT ACTION DEFENCE

A compensable injury, either physical or psychological, is defined as one arising out of, or in the course of employment, qualifying this for psychological injury by specifying that employment must be the main or major contributing factor. Psychological injury is excluded from workers compensation if the injury was wholly or predominantly caused by reasonable management action taken or proposed to be taken by or on behalf of the employer with respect to transfer, demotion, promotion, performance appraisal, discipline, retrenchment or dismissal of workers or the provision of employment benefits.

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Immediate support for any worker is available through the sites' Employee Assistance Program (EAP) and all employees are encouraged to utilise this service should immediate and confidential support be required.

9.1 Procedures for declined liability or other disputed claims

SESLHD will continue to support the worker in their recovery and safe return to work irrespective of the liability status of the claim.

Sections 40- 49 of the *Workplace Injury Management and Workers Compensation Act 1998* is applicable whether or not liability for a claim for workers compensation is in dispute.

Workers whose claim for workers compensation has been declined or is under reasonable excuse for payment by the Claims Manager, have the following entitlements:

Benefit or Entitlement	Eligibility
Salary or wages benefits whilst on reduced hours	No Workers may access their own leave entitlements if required.
Medical expenses for treatment related to their injury	NOT covered when a claim is declined, but certain treatments may be covered whilst a Reasonable Excuse has been exercised by the Claims Manager.
Legal expenses related to the claim	Available upon application by an approved legal provider to the Independent Review Office (IRO) for funding under the Independent Legal Assistance Review Service (ILARS).
Workplace based rehabilitation	Yes By the worker's employer
Suitable duties on request	Yes

9.2 Dispute Resolution Procedure

All efforts will be made by SESLHD to resolve disagreements about the recover at work program through discussion in the spirit of cooperation.

If a dispute arises over an individual Recover at Work Plan or any aspect of the return to work process, then all parties will work towards resolution by using the following strategies:

1. The worker, or their nominated representative, will advise the RP of the dispute and they attempt to resolve it by coordinating discussions with, as appropriate, the worker, the claims staff, the NTD, other medical professionals treating the worker, a Workplace Rehabilitation Provider if involved, supervisors/managers and, where requested, the worker's nominated representative.
2. If further objective information is required to assist the dispute resolution then the RP may:

- seek further information from the treating providers;
- refer to an external Approved Workplace Rehabilitation Provider;
- refer to an Injury Management Consultant for issues regarding suitability of available duties and return to work.

An Injury Management Consultant is a doctor who is a return to work facilitator. The Injury Management Consultant is experienced in occupational injury and workplace-based rehabilitation, mediation/negotiation skills, and liaises with treating doctors, insurers, employers and workers to solve problems in complex return to work cases; and/or

- refer to an Independent Medical Examiner for issues regarding treatment or injury management.

An Independent Medical Examiner (IME) is a specialist medical practitioner with qualifications relevant to the worker's injury but is not in a treating relationship with the worker. Referral to an IME is appropriate when information from the NTD is inadequate, unavailable or inconsistent and where the referrer has been unable to resolve the problem directly with the NTD.

3. In cases where a resolution with either a claims or injury management dispute is not achieved, the SIRA Customer Contact line is able to provide assistance to help the worker and/or the employer to resolve any problems that may arise during the Workers Compensation claim, recovery and rehabilitation process.

SIRA Customer Contact Centre – phone 131500 or via email on contact@sira.nsw.gov.au

5. If a Workers Compensation claim or part thereof has been disputed, the worker may seek resolution by submitting an Application to Review Decision to the Claims Manager or if not resolved, may make an application through:

- Independent Review Office

139IRO / 139476

Complaints and enquires: complaints@iro.nsw.gov.au

Independent Legal Assistance & Review Service (ILARS): ilarscontact@iro.nsw.gov.au

General enquires: contact@iro.nsw.gov.au

or

- Personal Injury Commission:

Online form: <https://pi.nsw.gov.au/contact/contact-us>

Postal address:

PO Box 594, DARLINGHURST NSW 1300.

Phone: 1800 742 679 (within Australia)

9.3 Confidentiality of Injury Management Information

All information and records collected during the injury management process will be kept confidential in accordance with the National Privacy Provisions and will only be disclosed in

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accordance with these and/or the provisions of the *Workplace Injury Management and Workers Compensation Act 1998*.

Injury management information is information that involves the treatment, rehabilitation, retraining, claims management and employment management practices that are directed to assist a worker to return to work.

The worker is responsible for giving consent for the NTD, employer, Claims Manager, SESLHD, treating practitioners and rehabilitation providers to exchange information for the purposes of managing the injury/illness and workers compensation claim, should they choose to do so. This is done by signing the authority to release form and the initial and/or subsequent Certificate of Capacity.

The worker may withdraw consent at any time in writing to the RP or Claims Manager, however if consent is withdrawn, recover at work assistance may not proceed and it may affect the worker's entitlement to worker's compensation benefits.

Information covered by the authority to release includes, but is not limited to:

- File notes, letters, faxes, emails and Recover at Work Plans developed by the RP;
- NTD reports, medical information, file notes and assessments;
- Specialist assessments and reports if the worker was referred to the specialist by the NTD; and
- Approved Workplace Rehabilitation Provider documents.

9.4 Retention of records and maintaining confidentiality

Records of all conversations held with various stakeholders and copies of all documents and reports used in the rehabilitation and recovery process, plus all case notes relevant to the management of the Recover at Work Plan, will be maintained by the RP. These records will be kept and maintained in confidence in accordance with the *NSW State Records Act 1998* and the *Health Records and Information Privacy Act 2002*.

Workers are entitled to view and/or obtain a copy of all records held relating to their workplace rehabilitation. SESLHD will meet with the worker to review the records and explain the documents, notations and abbreviations as part of providing such records. The worker may bring a support person to this meeting.

10 NON-WORK RELATED INJURIES AND ILLNESS

SESLHD is committed to achieving an early, safe and durable return to work for all workers including employees who have sustained non-work related injuries. For details on how these injuries are managed, refer to [SESLHDPR/564 - Non-Work Related Injury or Illness Management](#).

11 DOCUMENTATION

- [Injury Management and Workers Compensation Information site](#)
- [Initial Response to Work Related Injury or Illness](#)

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- [SESLHD Form 007- Workers Compensation Injury Notification Form](#)
- [SESLHD Form 20200408- COVID-19 Workers Compensation Form](#)
- [If you get injured at work poster](#)
- [Poster - Our Commitment to Injury Management Statement](#)

12 AUDIT

This procedure will be audited during the NSW Health WHS audit program conducted every two years and the NSW Ministry of Health Workers Compensation and Injury Management case file audit.

13 REFERENCES

- [Workers Compensation Act 1987](#)
- [Workplace Injury Management and Workers Compensation Act 1998](#)
- [Work Health and Safety Act 2011](#)
- [NSW Ministry of Health Policy Directive PD2018_013 Work Health and Safety: Better Practice Procedure](#)
- [NSW Ministry of Health Policy Directive PD2020_047 Incident Management](#)
- [NSW Ministry of Health Policy Directive PD2022_002 Rehabilitation, Recovery and Return to Work](#)
- [State Insurance Regulatory Association \(SIRA\) Guidelines](#)

14 REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
April 2012	2	Terms amended by Dieter Schultejoann in consultation with SESLHD Workers Compensation Managers and Rehabilitation Case Managers
May 2012	3	Changes approved by Sharon Litchfield Director Workforce Services
June 2013	4	Amended to reflect updated Ministry of Health Policy
April 2015	5	Amendments to reflect minor changes to “Our Commitment to Injury Management” and update related document hyperlinks. Endorsed by Executive Sponsor
December 2016	6	Amendments to reflect the introduction of investigative actions to improve future performance, and the change in title from Rehabilitation Case Management and Return to Work Plan to Recovery at Work Coordinator and Recovery at Work Plan
March 2017	6	SESLHDPR/276 updated and published on SESLHD Policy webpage – minor review
August 2017	7	Document title changed – Catherine Johnson, WHS Consultant
November 2018	8	Links updated, change of title of “the insurer” to “the Fund

		Manager” – Peggy Pollock, Manager, Health Safety and Wellbeing
March 2019	8	No changes – approved by Executive Sponsor.
June 2020	9	Risk rating reduced to Medium Risk. Review date amended to November 2020 to align with Medium Risk rating. Executive Sponsor updated from Director Workforce Services to Director People and Culture. Approved by Executive Sponsor.
November 2021	10	Major review to align with the new SIRA return to work legislative requirements. Risk rating reduced to Low. Inclusion of Appendix 15.2 Approved by Executive Sponsor.
February 2022	10	Approved by Executive Sponsor following Draft for Comment period.
March 2022	10	Approved by Executive Council.

15 APPENDICES

15.1 Appendix 1: Authority & Consent for the Collection & Release of Personal and Health Information



PRIVACY STATEMENT

Your privacy is important to us as your employer. We will only collect, use or disclose your personal and health information in accordance with the Privacy and Personal Information Protection Act 1998 and the Health Records and Privacy Information Act 2002. If, as a self-insurer, our claims manager does not collect personal and health information from you for the purposes of assessing your claim or related functions, they may not be able to determine your claim. For those purposes, our claims manager may need to collect from, use and disclose your personal and health information to the following parties:

- your employer at the date of your injury, your current employer and any subsequent employer
- any health professional, hospitals, other health institutions, or service providers related to your claim or previous or subsequent claims or injuries or illnesses.
- your case manager, rehabilitation provider, vocational or functional assessor
- employment agencies, legal advisors and law enforcement authorities
- personnel engaged to conduct research related activities or other investigators
- any relevant third party (or insurer) considered to have contributed to this or any other injury, illness or impairment
- any other person assisting in the performance of the claims management functions or the exercise of associated powers
- any other entity where there is a legal obligation to do so (for example, but not limited to, responding to the direction of a court or tribunal to produce documentation)
- a court or tribunal in a proceeding connected with, or related to, your claim.

We want to ensure personal and health information collected, used, stored or disclosed is accurate, up-to-date and complete.

YOUR AUTHORITY FOR THE COLLECTION OF PERSONAL AND HEALTH INFORMATION

I Stafflink number:
(Employee's full name and employee number)

Of
(Employee's full private address)

Date of birth/...../..... Mobile phone no: Claim number

Hereby authorise and consent to any doctor, health professional, hospital or other health institution or rehabilitation provider who has examined/treated me to discuss with and provide to my employer (including in its role as a self-insurer) its claims manager or legal provider, any medical reports, clinical notes, radiology reports or other relevant information relating to this or other related and non-related conditions.

I authorise and consent to any doctor, health professional, hospital or other health institution disclosing, releasing or discussing records containing my personal medical information to my employer, its claims manager or legal provider. I understand that the medical information is required for the purposes of determining and managing my compensation claim, to assist with my treatment and rehabilitation and to assist with the management of my claim.

I authorise and consent to a photocopy of this Authority being sufficient evidence of my authority and consent to discuss or provide the medical information or records requested.

Signature.....Date...../...../.....

REFUSAL TO GIVE AUTHORITY

If you refuse or fail, without reasonable excuse, to allow our claims manager and the above parties to obtain and disclose your personal and medical information, we or they may be prevented or delayed from making provisional liability payments and/or from determining your claim, as the medical information may be required to manage and determine your claim for worker's compensation, to assist with treatment and rehabilitation and to perform other functions required by the Workers Compensation Act 1987, the Workplace Injury Management and Workers Compensation Act 1998 and the SIRA Guidelines For Claiming Workers Compensation.

15.2 Appendix 2: Employee Information Pack

Employee Information Pack

What you need to know if you're claiming workers compensation



Health
South Eastern Sydney
Local Health District

Injured at Work?

If you have a work related injury or illness that leads to you needing medical treatment and/or not being able to perform your normal duties for a time, then you can claim workers compensation. The workers compensation system may provide you with benefits and assistance to help you to recover so that you can return to your normal work and health as quickly and safely as possible.

How to lodge a workers compensation claim

- Tell your supervisor/manager straight away
- Lodge an IMS+ report – access IMS+ on the intranet: http://seslhdweb.seslhd.health.nsw.gov.au/Clinical_Governance/IMS/default.asp
- Ensure an Injury Notification Form has been filled in and signed by your supervisor/manager – look for the “Injury Notification” form under “Work Health Safety and Injury Management” at http://seslhdweb.seslhd.health.nsw.gov.au/Forms_and_Templates/Forms/default.asp
- Seek medical attention as soon as possible – you can attend your usual General Practitioner or get a priority appointment through InjuryNet (see below for more details)
- Obtain a State Insurance Regulatory Authority (SIRA) Certificate of Capacity – the doctor will know what this is and where to access it
- Sign and return the attached Authority & Consent for the Collection & Release of Personal Health Information
- Ensure all documents have been sent through to SESLHD-HSW@health.nsw.gov.au

What can workers compensation cover you for?

The workers compensation system can cover you for a range of benefits:

- **Loss of wages** - For the first 13 weeks (first entitlement period), weekly payments of 95% of your pre-injury average weekly earnings will be paid. After 13 weeks (second entitlement period) payments will be determined based on your capacity to work. After 130 weeks (after the second entitlement period) an application to your insurer in writing is required to access weekly payments after this point.
- **Reasonable medical and other expenses** - including most medical and hospital treatments, therapies, counselling, medical tests and medication.
- **Reasonable rehabilitation expenses** – covers costs associated with your return to work including a rehabilitation provider and job seeking expenses if necessary. (Most often a rehabilitation provider is appointed by your insurer, however, you are able to request one and choose your own if you prefer).
- **Reasonable other expenses** – including items such as travel, aids and equipment.

The details of these types of benefits are available from SIRA's website at www.sira.nsw.gov.au

Who is your support team and what will they do?

- Insurer – Employers Mutual Limited (EML) are SESLHD's workers compensation insurer. EML will allocate you a Case Manager who will be your contact whilst your claim is open. Your Case Manager will:
 - Determine if you're entitled to initial weekly payments within 7 days of your claim being lodged
 - Determine your rate of pay. Your Case Manager will be able to answer any questions you may have about your pay rate.
 - Formally decide whether to accept or deny your claim for workers compensation (and advise you in writing)
 - Pay for reasonably necessary medical expenses. Almost all medical expenses must be pre-approved by your insurer so please check before accessing any non-emergency medical treatment.
 - Liaise with you, your Recovery Partner and your doctor regularly – often this is done through a Case Conference between all these parties
 - Develop an Injury Management Plan within 20 days if you have not been able to return to your pre-injury duties in that time
- Nominated Treating Doctor – you'll need to nominate a doctor (or medical practice) to be your Nominated Treating Doctor (NTD). Your NTD will:
 - Arrange for necessary treatment for your injury
 - Assess your fitness for work and complete your Certificates of Capacity
 - Monitor your condition regularly (at least once per month and usually much more often)
 - Liaise with the workers compensation insurer and your employer to develop written plans for your recovery at, or return to work
 - Advise your employer about suitable duties if you need these while recovering from your injury/illness
 - Review your Return to Work Plan
- Your supervisor/manager will:
 - Remain in contact with you whether you are working or not
 - Get your perspective on how your injury/illness was caused to prevent similar injuries in the future
 - Help to find suitable duties for you at work if you can't immediately return to your pre-injury duties
- Your Recovery Partner – A SESLHD Recovery Partner will be allocated to you if you cannot immediately return to your pre-injury duties. They will:
 - Work with you, your doctor and your supervisor/manager to develop a Recovery at Work Plan
 - Liaise with your insurer, doctor, supervisor/manager and other members of the Injury Management Team to facilitate your recovery at work
- You – taking an active role in your own recovery is crucial to a good outcome. Whilst on workers compensation you will need to:
 - Speak with your Recovery Partner at the first opportunity and agree a time to meet
 - Attend your doctor to provide information about your duties and injury/illness
 - Keep in regular contact with your supervisor/manager, even when you're not working
 - Ensure you are covered by a Certificate of Capacity at all times until receiving a “final” certificate – These certificates must be submitted to your supervisor/manager, insurer and Recovery Partner prior to the expiry of the previous certificate. Hint: You can ask the administrators at your doctor's to send these for you. Failure to maintain a current certificate can affect your pay.
 - Return to, and recover at work, as soon as possible, in consultation with your doctor

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- Obtain pre-approval for any reasonably necessary treatment
- Complete any approved treatment outside of working hours (or at the beginning or end of your shift – as agreed with your supervisor/manager)
- Comply with your Injury Management Plans and your Recovery at Work Plans
- Inform your supervisor/manager and your Recovery Partner if you're not able to attend work due to your injury or you're having problems with your Recovery at Work Plan
- Comply with all usual employee requirements, policies, procedures and Code of Conduct



Health
South Eastern Sydney
Local Health District

Recovering at Work

SESLHD subscribes to the large body of evidence supporting the health benefits of good work. In general, this means that work is good for people and that recovering from workplace injury/illness is best done in the workplace wherever possible. This promotes health for individuals as well as leading to better outcomes overall.

All employers in NSW must have a written Return to Work Program describing how they will help their injured employees recover at, or return to work, following a workplace injury. This program is developed in consultation with, and agreed to, by employees. The plan is reviewed and updated every 2 years or in response to legislative or workplace changes. You can request a copy of this program by emailing SESLHD-HSW@health.nsw.gov.au

Your Recovery at Work Plan

If your doctor thinks you have capacity to work but not in your normal job, your Recovery Partner will develop a Recovery at Work Plan with you, your supervisor/manager and your treating practitioners. Your treating parties will make recommendations about your capacity and your Recovery Partner will combine this with information about available *suitable duties* to write a plan for you. This plan will provide all of the details about your recovery at work including what you can and can't do, the medical restrictions, and the hours and days of your work. You will be consulted about this plan, as will your doctor.

Suitable Duties

Suitable duties can be:

- Parts of the job you were doing before your injury
- The same job but with different hours or days
- Different duties altogether

Getting the best medical care

You have the right to choose the medical and health practitioners who treat your injury. When choosing the most appropriate providers to support you, it is important to consider:

- Your Nominated Treating Doctor will need to liaise with your employer, your insurer and any other treating practitioners you are seeing. They will need time for this as they will often be asked to participate in case conferences with you and these other parties.
- Continuity of care is beneficial for you in your recovery and so for that reason, changing your Nominated Treating Doctor once you have elected them, requires a request to your insurer.
- Not all doctors are experienced in dealing with workplace injuries and so some are not prepared to take on this work.
- Most allied health providers require accreditation from SIRA in order to be able to treat patients with workplace injury – check with your chosen provider before proceeding to avoid issues down the track with getting reimbursement and/or needing to change providers.
- Your insurer will often be able to help with sourcing a high quality, local, accredited provider so feel free to ask. From time to time they may speak with you and your doctor about recommendations for treatment programs and/or providers.

injuryNET

- injuryNET is a network of health professionals who specialise in treating workplace injury. They have been contracted by SESLHD to provide priority assessment and care for our employees who have been injured at work.
- SESLHD guarantees you up to 4 sessions with a General Practitioner and up to 4 sessions with a Physiotherapist (for those with physical injuries), without any out of pocket expenses for you and without the need to lodge a claim or have liability assessed.
- As injuryNET prioritise SESLHD employees, obtaining a fast appointment is often easier than getting in to another health care provider.

What if you can't get back to your usual job?

If medical information suggests that it's not possible for you to return to your full pre-injury role, your Recovery Partner will talk to you about the next steps. Remember though:

- In the first 6 months following your injury, you can't be dismissed from your job, for the reason of being incapable of returning.
- Even if you're eventually terminated from your role after 6 months (because you're not capable of returning), if you become fit for your job again within 2 years, you can apply to be reinstated.
- Your supervisor/manager can help you book an appointment through injuryNET by calling this number: 1300 307 418.
- An Uber can be arranged to and from your first appointment if you're travelling from work.

Employee Information Pack

What you need to know if you're claiming workers compensation

Who to contact for help

- Within SESLHD, you can contact anyone from the Injury Management Team to assist you, but your best source is the Recovery Partner allocated to your specific workplace. Contact details for the team are on the intranet: <http://seslhdweb.seslhd.health.nsw.gov.au/hsw/Contacts.asp>
- Your insurer, EML, will be in contact with you to provide you with the contact details for your allocated Case Manager. Otherwise, you can call their general line: 02 8251 900 or their toll free number: 1800 469 931.



Health
South Eastern Sydney
Local Health District