



UNIVERSITY  
OF WOLLONGONG  
AUSTRALIA

**Well@Work**

# INJURY MANAGEMENT PROGRAM

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# 1 Introduction

The University's Injury Management Program integrates the various aspects of injury management including treatment, rehabilitation, retraining, return to work and claims management, for the purposes of achieving optimum results in terms of a timely, safe and durable return to work for injured employees.

## 2 Principles

The Injury Management Program is founded on the following principles:

- injury or illness in the workplace will be prevented through the provision of a physically and mentally safe and healthy working environment
- staff and supervisors will be informed of their responsibilities under the Workers Compensation Act 1987 and the Workplace Injury Management, Workers Compensation Act 1998, and The Workers Compensation Legislation Amendment Bill 2012
- injury management will commence as soon as practicable following an injury, irrespective of an injured employee's compensation claim status
- return to work following an injury is a normal practice and expectation
- the provision of suitable duties as part of an injured employee's return to work plan is an integral part of the injury management process
- employees and relevant industrial unions will be consulted to ensure that the University injury management program operates effectively
- participation in an injury management program will not, in itself, prejudice or disadvantage an injured employee
- all injury management information is treated confidentially, in accordance with SIRA guidelines.

## 3 Definitions

### 3.1 Injury Management

The process that comprises activities and procedures that are undertaken or established for the purpose of achieving a timely, safe and durable return to work for employees following workplace injuries. (Section 42: Workplace Injury Management and Workers Compensation Act 1998 amended 2001)

### 3.2 Workplace Return to Work Program

A series of return to work commitments and procedures developed by the employer, aimed at ensuring timely, safe and durable return to work of injured employees that must be consistent with the Insurer's Injury Management Program. (Section 52: Workplace Injury Management and Workers Compensation Act 1998 as amended 2001)

### 3.3 Injury Management Program

A coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, re-training, claims management and employment management practices) for the purpose of achieving optimum results in terms of a timely, safe and durable return to work for injured employees. (Section 42: Workplace Injury Management and Workers Compensation Act 1998 as amended 2001).

### 3.4 Injury Management Plan

An Injury Management Plan is a documented plan for coordinating and managing those aspects of injury management that concern the treatment, rehabilitation and retraining of an injured employee, for the purpose of achieving a timely, safe and durable return to work.

An Injury Management Plan is developed for any employee who has a significant injury within 20 days of notification to the WHS Unit. It contains information pertaining to the worker's rights and obligations, authorised treatment procedures for changing nominated treating doctor and penalties for non-compliance. (Section 42: Workplace Injury Management and Workers Compensation Act 1998).

### 3.5 Injury

Means a personal injury arising out of or in the course of employment including:

- i) A disease contracted by an employee in the course of employment, where the employment was a contributing factor to the disease, or
- ii) The aggravation, acceleration, exacerbation or deterioration of any disease where the employment was a contributing factor to the aggravation, acceleration, exacerbation or deterioration, but

Does not include (except in the case of a worker employed in or about a mine to which the *Coal Mines Regulation Act 1982* applies):

- i) A dust disease, or
- iii) The aggravation, acceleration, exacerbation or deterioration of a dust disease.

(Section 4.1: Workplace Injury Management and Workers Compensation Act 1998)

Note: Where a person suffers from a dust disease, compensation is provided in the *Workers Compensation (Dust Diseases) Act 1942*.

### 3.6 Significant Injury

A significant injury is when an injured employee cannot undertake their usual duties for a continuous period of more than 7 (calendar) days. (Section 42: Workplace Injury Management and Workers Compensation Act 1998 as amended 2001)

### 3.7 Return to Work Plan

A written, agreed and time limited plan stating "suitable duties, restrictions, hours worked, supervision arrangements" including steps that will be taken to help the injured employee return to work. (Refer to [SIRA: Guidelines for Employers Return to Work Programs](#))

### 3.8 Suitable Employment

Suitable employment, in relation to a worker, means employment in work for which the worker is suited, having regard to the following:

- i) the nature of the worker's incapacity and details provided in medical information including, but not limited to, any certificate of capacity supplied by the worker, and
- ii) the worker's age, education, skills and work experience,
- iii) any plan or document prepared as part of the return to work planning process, including an injury management plan,

- iv) any occupational rehabilitation services that are being, or have been, provided to or for the worker, and
- v) such other matters as SIRA Guidelines may specify, and
- vi) Regardless of:
  - i) whether the work or the employment is available, and
  - ii) whether the work or the employment is of a type or nature that is generally available in the employment market, and
  - iii) the nature of the worker's pre-injury employment, and
  - iv) the worker's place of residence.

(Section 32A, Workers Compensation Act, 1987)

### 3.9 Suitable Duties

Suitable duties are intended to provide productive work for staff members to assist them in returning to their maximal work capacity at the University, consistent with their pre-injury status.

Suitable duties are proposed after consideration of varied factors including, skills, experience, and access to the work area and medical restrictions.

### 3.10 Injury Management Consultants

Injury Management Consultants (IMC) are registered medical practitioners experienced in occupational injury and workplace-based rehabilitation. They are approved by SIRA to review an injured worker's fitness for employment, assess proposed suitable duties and discuss return to work with the nominated treating doctor.

Injury management consultants will be engaged to assist workers identified as at risk of delayed recovery and in circumstances where a specific issue has been identified.

The Claims Coordinator will only refer to an IMC when:

- a worker has been identified at risk of delayed recovery
- a specific return to work or injury management issue has been identified, or
- referral has been requested by the worker (or their representative), employer, nominated treating doctor (NTD) or other treating practitioner, and
- attempts have been made to resolve the issue.

Before making a referral to an IMC the Claim Coordinator is to contact the worker to discuss the intended referral, explain the role of the IMC and the reasons for referral.

If the Claim Coordinator is considering a file review, they are to ask the worker if they would like to be involved in discussions with the IMC, via a telephone call as part of a case conference with the NTD or relevant treatment provider. Alternatively, if the worker wishes to be more actively involved, the Claim Coordinator is to offer a face-to-face appointment with the IMC instead of a file review.

If the Claim Coordinator refers to an IMC, they are to advise the NTD that the referral has been made, provide the reasons for referral, and advise that the nominated treating doctor can be paid for time taken to communicate with the IMC. Advice to the doctor will be provided within five days after the referral is made.



When referring a worker:

- to attend an appointment with an IMC, the Claim Coordinator is to:
  - ensure the IMC is located within the worker's travel restrictions
  - ensure any special requirements of the worker are accommodated, such as those arising from gender, culture, language and accessibility
  - consult the worker and take into consideration the injury type when deciding which IMC to engage
  - only engage an IMC who can provide an appointment within a reasonable timeframe
  - enquire whether the IMC records consultations (audio or video) and if so, inform the worker and seek the worker's consent for the consultation to be recorded, and
  - avoid conflicts of interest between the IMC and the NTD or employer.
  
- For an IMC file review:
  - ensure any special requirements of the worker are accommodated, such as those arising from gender, culture and language consult the worker and take into consideration the injury type when deciding which IMC to engage
  - let the worker know they will be provided with a copy of the report from the IMC file review, and that a copy will also be provided to their NTD and any other parties involved in the injury management consultation
  - avoid conflicts of interest between the IMC and NTD or employer.

The Claim Coordinator is to provide the worker with the following information at least 1 working days before attending any appointment with an IMC:

- the name, specialty and qualification of the IMC and the date, time, location and likely duration of the appointment
- the reasons for the referral
- what information or documentation the worker must take to the consultation (for example, imaging or reports of investigations/tests)
- how costs (including for travel) will be paid
- that the worker may be accompanied by a support person
- that the worker and the nominated treating doctor will both receive a copy of the report
- what the worker is to do if they do not believe the assessment is reasonable or if they have a complaint about the conduct of the IMC
- the SIRA brochure about injury management consultations, and
- that the worker can contact the WIRO or their union for assistance.

When making a referral to an IMC, the Claims Coordinator is to provide the IMC with sufficient information at least 10 working days before the appointment to support the referral, including:

- a detailed description of the reason for referral
- contact details for the worker, nominated treating doctor and employer, and
- relevant documentation from the file to enable the IMC to understand the claim.

Note: Referrals must not include questions concerning liability.

The Claim Coordinator is to make subsequent IMC referrals to the same IMC unless that IMC:

- has ceased to practise (temporarily or permanently),
- no longer practises in a location convenient to the worker, or
- the parties agree that a different IMC is required.

### 3.11 Approved Medical Specialists

Approved Medical Specialists (AMS) are senior practicing specialists with a sound knowledge of the NSW workers compensation system and workplace-based injury management. AMS are appointed by the Workers Compensation Commission (WCC) to assess disputes about medical issues for workers compensation claims lodged with the WCC on or after 1 January 2002.

### 3.12 Independent Medical Examiners

Independent Medical Examiners are registered medical practitioners who provide impartial medical examinations of an injured worker to assist decisions about:

- i. accepting a claim
- ii. ongoing liability
- iii. the employee's level of fitness for work.

The employee, their solicitor, or the employer's workers compensation insurance company can request an independent medical examination where information cannot be sought from the treating doctors.

### 3.13 Accredited Workplace Rehabilitation Providers

Accredited Workplace Rehabilitation Providers are organisations accredited by SIRA to offer specialised services to help injured workers to return to work. Accredited Workplace Rehabilitation Providers:

- i. assess the needs of the injured worker and the workplace requirements to develop a rehabilitation plan of action, listing the services needed to return the injured worker to work
- ii. employ different health professionals, such as occupational therapists, physiotherapists, psychologists and rehabilitation counsellors;
- iii. are referred to by the employer, insurer or the treating doctor to help in complex cases;
- iv. are nominated by the employer in the return-to-work program.

## 4 Roles & Responsibilities

### 4.1 University

- Demonstrate commitment to the injury management process.
- Develop a workplace injury management program and provide a copy on the University website. The program will include injury management procedures to be followed to ensure prompt assessment of individual requirements following injury.
- Ensure that a suitably qualified, experienced and accredited person is appointed to the role of designated Return To Work Coordinator, in accordance with SIRA guidelines for Category 1 employers.
- Provide information and/or training to employees regarding the University's Workplace Injury Management Program's principles and procedures to encourage employee support. This can occur through the WHS Committee, intranet resources, and Workplace Advisory Committees.

- Provide Accredited Workplace Rehabilitation Providers involved with an injured employee's injury management reasonable access to the workplace for effective facilitation of the injury management process.
- Not to dismiss an injured employee that is not fit for their employment due to a workplace injury as outlined by the *Workers Compensation Act 1987*.

## 4.2 Supervisor

- Ensure that anyone injured in the workplace receives, or is referred to, first aid &/or medical assessment, as appropriate for the injury/illness and injury severity. If the Supervisor is in doubt, they are to act on the side of caution, and refer the injured/ill person for medical assessment.
- Ensure that all sections of the Hazard & Incident Report (SafetyNet) including corrective action, risk assessment and the control measures used are completed as soon as possible following an incident or onset of a work-related medical condition.
- Refer any injured employee who requires medical assessment or treatment to the WHS Unit for advice regarding workers compensation and injury management immediately following notification of injury.
- Immediately notify the WHS Unit if an injured employee presents a medical certificate indicating that they have any restrictions or are not fit for pre-injury or normal duties.
- Assist the Claim Coordinator (and Workplace Rehabilitation Provider if involved) with identification and assessment of potential suitable duties for consideration in the injured employee's return to work plan.
- Ensure that any training and/or workplace modifications as agreed to as part of an injured employee's return to work plan is completed.
- Monitor the injured employee's return to work plan progress, and liaise with the Injury Management Coordinator (and Workplace Rehabilitation Provider if involved) regarding this.

## 4.3 Injured Worker

- Seek first aid &/or medical treatment where indicated following work or non work-related injury or illness.
- Notify the WHS Unit and Supervisor of any workplace injury as soon as possible after the injury occurs.
- Nominate a treating doctor who is prepared to participate in the development and implementation of an Injury Management Plan.
- Comply with an Injury Management Plan or Return to Work Plan.
- Make all reasonable efforts to return to work with the University after an injury.
- Attend any medical examination arranged by the University for the purpose of assessing or reviewing their injury.
- Provide any documentation relevant to their injury management/workers compensation claim to the WHS Unit as soon as possible.
- Ensure that the scheduling of any medical treatment appointments take into consideration the operational requirements of their department/unit; and notify their Supervisor regarding treatment absences. This may include attending treatment times outside of work time.
- The University acknowledges that employees undergoing injury management have the following rights:
  - To participate in consultations regarding all decisions and actions relating to their injury management.
  - To involve a union representative or other person of their choice at any time during their injury management;

- To be provided with an appropriate injury management service (in-house) and to be able to choose their rehabilitation provider. A provider may be changed where their intervention is unsatisfactory.
- To be treated by the medical and health professionals of their choice. At the initial medical consultation, the employee is required to nominate the doctor they wish to be their treating doctor for the purpose of developing their Injury Management Plan and for injury management purposes. The nominated treating doctor can only be changed in accordance with Section 47 (3).

#### 4.4 Claim Coordinator

- Undertake all claims and injury management activity as prescribed in legislation and this Injury Management Program.
- Make early contact with all relevant stakeholders for a significant injury.
- Advise both the injured worker and Supervisor of their rights and responsibilities as per the requirements of this Injury Management Program.
- Develop an injury management plan (including review) for workers with a significant injury in consultation with key stakeholders.
- Commence provisional payment of weekly benefits and medical expenses within seven days of being notified that the worker has sustained a significant injury.
- Make any needed referrals to Injury Management Consultants or Independent Medical Examiners.
- Undertake work capacity assessments, decisions or reviews.
- Manage all disputes related to injury management.
- Ensure confidentiality/privacy of all workers compensation/injury management information.

## 5 Injury Management

### 5.1 Notification of Injury

Notification of injury is the initial notification of a workplace injury that is given to the WHS Unit. A worker, Supervisor or their representative (e.g. medical practitioner) can make the initial notification of injury.

All incidents involving an injury, where workers compensation is payable or may be payable (for example medical treatment costs, loss of wages) are to be notified to the WHS Unit as soon as practicable and no longer than 48 hours after first reported to the Supervisor. The notification may be in writing (e.g. Certificate of Capacity) or verbally (including over the phone).

The minimum information required for initial notification includes:

- Worker's Information:
  - name
  - contact details
  - residential address
- Employer's information:
  - business name
  - business address.
- Treating doctor information:
  - name
  - name of medical centre or hospital (if known)

- Injury or illness and accident details:
  - date and time of workplace injury or period of time over which the illness/injury emerged from date of first symptoms
  - description of how the workplace injury happened
  - description of the workplace injury.
  - whether medical treatment is required
  - whether the injury has caused any partial or total incapacity from work and loss of income.
- Notifier information:
  - name of person making the initial notification
  - relationship to worker or employer
  - contact details, telephone and address.
- Other supporting information which is helpful during initial notification includes:
  - telephone number of treating doctor
  - date of consultation with treating doctor
  - diagnosis of workplace injury
  - worker's capacity to work and expected return to work date
  - details of any time off work
  - person to whom the payment is to be paid
  - the worker's pre injury average weekly earnings (PIAWE).

The initial notification is complete when the worker, Supervisor or representative has provided the minimum identifying information to the WHS Unit. If information is missing which is essential for Claim Coordinator to make a decision about the worker's entitlement to provisional liability, they must, within the next 3 working days, inform the person (verbally or in writing) who made the notification that the notification is incomplete.

The person may then make another initial notification. If the missing information does not prevent a decision being made, the Claim Coordinator may start payments in accordance with provisional liability requirements.

Refer to the claims management procedure [Initial Notification of Injury and Early Contact Procedure](#) for further information.

## 5.2 Triage

Upon receipt of a new injury, the details will be screened to identify any risk factors, psychosocial indicators or return to work barriers. Triage notes will be made in the 'File Notes' section of the claim file along with any suggested actions.

## 5.3 Early Contact

The Injury Management Coordinator shall make contact (known as three point contact) with the worker's Supervisor, injured worker and where necessary treating doctor for any injury requiring the injured worker to be away from their normal duties for a period of seven (calendar) days or longer.

Contact shall be documented using the Early Contact Form. If the nominated treating doctor is not required to be contacted this shall be documented on the form.

Information that is obtained during the contact shall be recorded accurately and maintained on file. The information may be used in the Injury Management Plan to:

- estimate the potential cost of the claim
- determine liability
- identify potential return to work barriers
- assist in the identification of suitable duties
- set realistic return to work goals
- develop appropriate return to work and injury management strategies.

Where contact cannot be made with a stakeholder a note shall be placed on the Early Contact Form or file note by the Claim Coordinator.

Where it is a psychological injury or illness that has been reported, early contact is critical.

During the initial stages of absence and injury/illness disclosure, managers, supervisors and HR Business Partners/Advisors can directly influence outcomes through their early behaviour and communication style.

## 5.4 Worker Consent

The University will protect the injured worker's personal and health information and ensure consent is obtained before providing, obtaining, or using this information. Such information will only be released to third parties if consent is provided and releasing such information assists with the progression of the injured worker's claim.

Worker consent will be given by a worker by signing the release of information section on the initial Certificate of Capacity or by completing the Authority to Release Information Form.

[Apply expectations of SIRA Standard of Practice 1.](#)

## 5.5 Interpreter Services

Injured workers will have access to qualified and culturally appropriate interpreter services if the need is identified. Interpreter services may be accessed via the following government service: <https://www.tisnational.gov.au/>

[Apply expectations of SIRA Standard of Practice 28.](#)

## 5.6 Injury Management Assessment

An initial injury management assessment will be conducted by the Claim Coordinator upon receipt of the initial Certificate of Capacity. This will include providing the injured employee with information on suitable treatment providers or other support which may be identified by the assessment.

Ongoing assessment of injury management will be undertaken by the Claim Coordinator in accordance with the nominated doctor's treatment reviews or where a need is identified. Further information on determining reasonably necessary treatment is outlined in Section 5.6.

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## 5.7 Injury Management Plans

When a claim is deemed significant (e.g. the worker has not returned to their pre injury duties with 7 days of the injury), the Claim Coordinator will prepare an Injury Management Plan (IMP) in consultation with the worker, treating doctor and direct Supervisor.

Once the Claim Coordinator identifies the injury is significant from the information in the Certificate of Capacity they will:

- contact the injured/ill worker within three days and explain the rehabilitation process and obtain the injured/ill worker's permission to contact their treating doctor (if not authorised on the Certificate of Capacity),
- develop an IMP after consulting all relevant parties within 20 days.

Injury Management Plans will be developed using the [IMP template](#) and include responsibilities of all relevant parties.

### 5.7.1 Review of Injury Management Plans

Injury management plans will be reviewed at 12, 26, 52 and 104 weeks. Additional reviews may occur when:

- there is a change in injury management goals
- the nominated treating doctor is not participating in injury management
- the worker's employment has been terminated
- suitable duties have been withdrawn or there are factors affecting participation in suitable duties
- there are compliance issues e.g. where any party is not actively participating or the worker has changed nominated treating doctors
- there is a change in diagnosis, treatment, health of the worker or rehabilitation
- there are additional physical complaints arising from the original diagnosis
- the presence of psychological factors becomes an issue in a claim for a physical injury, or
- an adverse Work capacity decision is made.

A new IMP will be developed and issued to all relevant parties after any review.

## 5.8 Case Conferencing

Case conferences bring together the worker, the nominated treating doctor and other parties such as the Claim Coordinator, the employer and workplace rehabilitation providers to discuss how to deliver the best possible return to work outcomes for the worker.

A case conference is a meeting (either in-person or over the phone) with the worker, the nominated treating doctor and either some, or all, of the other members of the support team such as the Claim Coordinator, employer and a workplace rehabilitation provider.

A case conference can be used to set goals, ensure roles and responsibilities are understood, and to agree on timeframes for recovery at/return to work.

A case conference is separate to the worker's scheduled medical review. If a stakeholder requests the Claim Coordinator arrange a case conference, a separate appointment should be made for it. This is usually adjacent to the worker's scheduled medical review but also may be at another time and/or date.

There may be limited circumstances where this is not possible, for instance, rural or remote locations with limited availability. The Claim Coordinator should liaise with the worker to identify an appropriate alternative, which may include conducting the case conference via video or conference call, or obtaining the worker's agreement to attend their scheduled consultation.

## 5.9 Determining Reasonably Necessary Treatment

The Claim Coordinator will determine if treatment identified by a treating doctor is reasonably necessary by considering the following principles:

- appropriateness – the capacity to relieve the effects of the injury
- effectiveness – the degree to which the treatment will potentially alleviate the consequences of the injury
- alternatives – all other viable forms of treatment for the injury
- cost benefits – the expected positive benefit, given the cost involved, that should deliver the expected health outcomes for the worker
- acceptance – the acceptance of the treatment among the medical profession i.e. is it a conventional method of treatment and would medical practitioners generally prescribe it?

If the Claim Coordinator considers an expense to not be reasonably necessary, it will notify the worker and treatment provider in writing as outlined in Section 78 of the Workers Compensation Act 1987.

## 5.10 Provider Management

Rehabilitation providers are multi-disciplinary teams of health professionals who can assist the Claim Coordinator with the provision of injury management and return to work services. Rehabilitation providers may be used for a number of reasons including specialisation, geographical distances or conflict of interest.

The following nominated accredited rehabilitation providers are available to assist when required in the injury management of workers who have sustained a workplace injury or illness:

1. Injury & Occupational Health  
32 Swan St, Wollongong  
Ph: 02 4210 7200

2. Recovery Partners  
Suite 10/11, Level 2  
63B Market Street, Wollongong  
Ph: 1300 647 789

Injured workers and/or their representatives retain the right to nominate an accredited rehabilitation provider of their own choice. Generally, the Claim Coordinator will complete the referral to a Workplace Rehabilitation Provider. However, any other parties in the injury management process may refer an injured worker to a workplace rehabilitation provider in conjunction with University approval.

The University highly recommends the services of Injury and Occupational Health (IOH) for initial medical services and provision of a nominated treating doctor for the life of a claim.

## 5.11 Procedure for Changing a Nominated Treating Doctor

The injured worker is unable to change their nominated treating doctor unless they can present a valid reason for this change (Section 47(6) of the Act).

Before changing a nominated treating doctor, the injured worker is required to phone the Claim Coordinator, and discuss the reasons for the change prior to doing so. The reason(s) for changing nominated are required to be submitted by the employee to the Claim Coordinator in writing.

Weekly benefits may not be paid for periods covered by medical certificates issued by any doctor other than the nominated treating doctor or the nominated treating doctor's medical practice.



## 5.12 Return to Work

An integral part of injury management is the ability for workers to return to work in a modified capacity in accordance with medical guidance. This process is further outlined in the [Return to Work Program](#).

## 5.13 Claims in Dispute

The University will offer an employee whose workers compensation claim has been disputed (and while the claim remains in dispute) the opportunity to participate in the return to work process as outlined in the [Return to Work Program](#).

## 5.14 Finalisation

The conclusion of injury management is a consultative process where the injured worker's progress in achieving the initially agreed upon injury management goal is reviewed by parties involved.

Injury management will conclude when an injured worker:

- resumes all pre-injury duties & hours of work and has maintained these duties for 4 weeks, or
- returns to full employment in their pre-injury position, but with modified duties acceptable to the employee and their department, or
- is appointed to another established position within the University consistent with the worker's work capabilities, or
- withdraws from their injury management plan, in which case the appropriate parties will be notified, or
- is considered by a medical or injury management professional as unlikely to gain any further benefit from continued injury management, or
- Where the worker ceases to be employed by the University the Claim Coordinator may appoint an accredited rehabilitation provider involved if appropriate to assist with the continuation of return to work.

Redeployment occurs where an injured worker is unable to return to work at the University of Wollongong. Rehabilitation assistance is offered to the worker which may include utilisation of the various SIRA programs.

These programs are designed to assist injured employees to return to employment via gaining current workplace experience in line with their rehabilitation goal, and offer new employers incentives to employ an individual with a work-related injury. Information about these programs can be found at the following links:

- [Equipment and workplace modifications](#)
- [Transition to Work Program](#)
- [SIRA WorkTrial Program](#)
- [SIRA JobCover Placement Program](#)

Psychological illness claims are often sensitive in nature and have a lesser successful return to work rate.

The following seven principles for the University to enhance the RTW outcomes of workers following injury or illness:

1. demonstrate a strong commitment to health and safety through the behaviours of all workplace parties
2. offer reasonable work adjustments so that the injured/ill worker can return early and undertake work suited to their abilities
3. RTW Coordinators ensure that the plan supports the returning worker without disadvantaging co-workers and supervisors
4. supervisors and managers are trained in mental health awareness and intervention and are included in RTW planning
5. initial contact from the employer is early, and is perceived by the worker as positive and encouraging
6. an injury management consultant takes responsibility to coordinate the RTW in consultation with all relevant parties
7. a dedicated RTW coordinator ensures contact is maintained between the employee, their support networks, health care professionals, Claim Coordinators and rehabilitation advisors.

## 6 Workers Compensation Benefits

### 6.1 Provisional Liability

Provisional Liability allows the WHS Unit to make weekly and medical expenses payments without admission of liability. Unless reasonably excused, the WHS Unit will commence weekly payments to the injured worker within seven calendar days of the initial notification of injury. Provisional weekly payments shall continue for the worker up to twelve weeks. Medical expenses may continue provisionally to a maximum of \$10,000.

The Claim Coordinator will notify the worker of the provisional liability arrangements in writing within seven days of notification of injury in accordance with the [Provisional Liability and Claims Liability Procedure](#).

[Apply expectations of SIRA Standard of Practice 3.](#)

### 6.2 Reasonable Excuse

The Claim Coordinator may have a reasonable excuse for not commencing provisional liability payments if any of the following apply:

- insufficient medical information
- the injured person is unlikely to be a worker
- contact cannot be made with the worker
- worker refuses access to information (privacy)
- injury is not work related
- there is no requirement for weekly payments
- injury is notified after two months.

If there is a reasonable excuse for not accepting provisional liability and commencing payments the Claim Coordinator will:

- give written notice to the worker within 7 days after the initial notification including all requirements as outlined in the [Workers Compensation Guidelines](#)
- inform the Supervisor as soon as practicable.

### 6.3 Evidence to Support a Decision on Liability

The Claim Coordinator will use all relevant information available to make a sound decision on liability and any other aspect of the claim. This may include:

- the initial report of injury
- the claim form
- Certificate of Capacity
- Worker Declaration Form completed by the worker
- further information received by the worker
- responses made by the worker, University and doctor.

### 6.4 Accepting Liability

When liability is accepted, the Claim Coordinator must notify the worker that workers compensation benefits will commence in writing.

### 6.5 Interim Pre-Injury Average Weekly Earnings Calculation

The Claim Coordinator will advise the injured worker that their Pre-Injury Average Weekly Earnings (PIAWE) will be used for the calculation of weekly payments within three working days from receipt of an initial notification. The Claim Coordinator will advise what evidence or information is required to make the decision. PIAWE will be determined either by:

- agreement between the worker and employer, or
- by the Claim Coordinator using the prescribed methodology to make work capacity decisions.

For claims where an interim PIAWE work capacity decision has been made, the Claim Coordinator will recalculate the injured worker's PIAWE as soon as possible following receipt of the complete information required. If the amount determined differs to the interim PIAWE amount, a new work capacity decision is to be made. PIAWE to be recalculated within five working days from receipt of required information.

If the Claim Coordinator makes a work capacity decision, and the PIAWE is more than

- the rate in the application for approval of the PIAWE agreement which was refused to be approved by the Claim Coordinator after weekly payments commenced, or
- the interim PIAWE,

the Claim Coordinator is to arrange payment for any adjustment payment due to the worker as soon as possible. Adjustment payment to the worker is to be paid no later than 14 days from the work capacity decision.

If the Claim Coordinator makes a work capacity decision, and the PIAWE is less than:

- the rate in the application for approval of the PIAWE agreement which was refused to be approved by the Claim Coordinator after weekly payments commenced, or
- the interim PIAWE,

Any overpayment made to the worker is to be dealt with in accordance with Section XX.

## 6.6 Weekly Payments

Weekly payments will be determined by the Claim Coordinator and continue to be made based on:

- pre-injury average weekly earnings of the worked as supplied by the University
- the current Certificate of Capacity and Worker Declaration supplied by the worker
- a work capacity decision by the insurer
- the application of sections 36 to 39 of the Workers Compensation Act 1987.

For claims where weekly payments may be payable, as soon as possible after notification, the Claim Coordinator is to advise the worker and employer within three days from receipt of an initial notification:

- that a worker's pre-injury average weekly earnings (PIAWE), to be used for the calculation of weekly payments, may be determined:
  - by agreement between the worker and University, or
  - by the Claim Coordinator using the prescribed methodology to make a work capacity decision
- what information and evidence is to be supplied and applicable timeframes for each approach.

Weekly payments will commence as soon as possible and be made at the University's usual period of payment i.e. every two weeks.

Written advice to the worker and employer within five working days after commencing payments.

If the University commences making weekly payments of compensation, the Claim Coordinator is entitled to request the worker to provide a Certificate of Capacity covering any period of incapacity for which payments have been or are to be made.

The request can be made to the worker or the worker's representative in writing or verbally. If the request is made verbally then it must be confirmed in writing.

When the Claim Coordinator makes the request, it is to notify the worker:

- of the period of incapacity the Certificate of Capacity is required to cover
- that the worker must give the Certificate of Capacity to the Claim Coordinator within seven days after the request or within a period agreed by Claim Coordinator and the worker
- that weekly payments may be discontinued if the Certificate of Capacity is not received by Claim Coordinator.

If it is identified that the worker will require weekly payments for greater than 12 weeks the Claim Coordinator shall notify the worker that they may need to make a claim by completing a Workers Compensation Claim Form.

Payment of Weekly Compensation benefits will be in accordance with the Workers Compensation Act 1987.

## 6.7 Reduction in Weekly Payments

Workers need to be kept informed about their claim, particularly where their entitlements are to be stepped down due to the application of the legislation.

The Claim Coordinator will advise a worker no less than 15 days before a statutory step-down in their weekly payments.

Where the employer is making weekly payments directly to the worker, the Claim Coordinator is to:

- advise the employer before a statutory step-down in the worker's weekly payments, and
- advise the employer of the correct weekly payment to be paid after the step-down.

Where weekly payments cease as per section 39 of the act, the worker will be provided with appropriate notice before payments cease. The Claim Coordinator will provide the following in writing to the injured worker at least 13 weeks before the cessation of weekly benefits in accordance with section 39:

- the date on which payments will cease and the date the last payment will be processed
- supporting documentation for the assessment of permanent impairment
- the date on which entitlement to medical benefits will cease
- information regarding the worker's entitlement to vocational and return to work assistance programs
- information on how to contact Centrelink, and
- who to contact for further information (including [WIRO](#)).

Workers affected by the 12-month limit to weekly payments after a worker reaches retirement age will be provided with 13 weeks notice prior to the cessation of weekly payments. The notice will include:

- the date on which payments will cease and the date the last payment will be processed
- the date on which entitlement to medical benefits will cease, and
- who to contact for further information (including [WIRO](#)).

## 6.8 Reasonably Necessary Treatment

Reasonably necessary treatment for the compensable injury will be approved by the Claim Coordinator once the need for treatment has been justified in a report or treatment plan which specifies:

- the services proposed
- the anticipated outcome
- duration
- frequency
- cost of service.

The Claim Coordinator will also determine:

- whether the service provider is appropriately qualified to provide the service
- whether the proposed fees are appropriate and/or consistent with workers compensation fees orders, and
- whether the services requested align to appropriate billing/payment codes.

When approving services from workplace rehabilitation providers, insurers are to ensure that services are consistent with the Guide: Nationally consistent approval framework for workplace rehabilitation providers and the NSW Supplement to the Guide.

The Claim Coordinator is to review service provider invoices before payment and ensure:

- rates and items billed align with approvals
- rates do not exceed the maximum amount prescribed by any relevant workers compensation fees orders, and
- invoices contain all relevant information, including application of GST or input tax credits where appropriate.

The Claim Coordinator will acknowledge a claim for medical or related treatment by email to the injured worker within 10 working days and keep them informed of the status of their claim.

Workers may receive treatment for the medical and allied health provider or hospital treatment without prior approval as per Part C of the SIRA Guidelines for Claiming Workers Compensation.

If there is insufficient or inadequate information upon which to make a soundly based decision, further information should be requested from the treatment provider. Failing this, it may be necessary to obtain an independent medical opinion. The Claim Coordinator will advise parties within two working days after a decision is made regarding the outcome and reasons for a decision regarding liability for medical or related treatment.

The University will make timely payments (no later than 10 working days from receipt of a valid invoice or within a provider's terms whichever is the later) to service providers to guarantee continuity of service provision providing preapproval has been given for the service or the service is within the exemption limit.

The Claim Coordinator are to review service provider invoices before payment and ensure:

- rates and items billed align with approvals
- rates do not exceed the maximum amount prescribed by any relevant workers compensation fees orders, and
- invoices contain all relevant information, including application of GST where appropriate.

Where there is likely to be a delay in payment of an invoice, for example in the case of illegible invoices or invoices submitted more than 12 months after treatment, the Claim Coordinator is to advise the relevant party within 10 working days upon receipt of the reasons for delay and the anticipated resolution time.

The Claim Coordinator is to reimburse workers for expenses within 10 working days upon receipt that do not require pre-approval or for which pre-approval has been obtained as soon as practicable after receipt of relevant documentation.

The Claim Coordinator is to advise the worker within 10 working days of receipt of the reasons for any delayed reimbursement and the anticipated time to resolution. For example, in the case of receipts submitted more than 12 months after the expense was incurred or where insufficient evidence was provided.

When the Claim Coordinator receives a Certificate of Capacity that identifies an additional or consequential medical condition not previously diagnosed or reported, they are to seek advice from the treating doctor to establish the reason for inclusion on the certificate of the additional or consequential condition. This is to be completed within five working days after receipt of certificate.

If the treating doctor considers that the additional or consequential medical condition may result from the compensable injury, the Claim Coordinator is to contact the injured worker to establish whether they intend to make a claim for reasonably necessary treatment for the condition. This is to be completed within five working days after receipt of certificate.

If the worker makes a claim for treatment or weekly benefits for the additional or consequential medical condition, the insurer is to make a liability decision within 21 days of lodgment of a claim form.

If the worker is not making a claim for treatment or weekly benefits for the additional or consequential medical condition, this is to be documented on the claim file.

Workers whose medical benefits are due to cease will be provided with appropriate notice before the cessation of those benefits. The Claim Coordinator will provide written notification to a worker and the nominated treating doctor before the cessation of medical benefits and must include:

- the date on which compensation for reasonably necessary medical treatment and services is due to cease, and in the case of the worker, who to contact for further information (including [WIRO](#)).

The worker will be provided 13 weeks notice before cessation of benefits.

## 6.9 Recurrence or Aggravation of a Previous Workplace Injury

The Claim Coordinator will consider all available evidence to determine whether an injury is the recurrence of a previous injury or a new injury, and all reasonable support will be provided to the worker in either case.

If the Claim Coordinator determines that an injury is a recurrence of a previous injury or a new injury to a previously injured body part, the Claim Coordinator is to contact the worker and Supervisor to advise of the reasons for that decision and its implications within two working days after the decision.

Liability decisions will be made in accordance with section 6.7.

## 6.10 Changes in Capacity

An injured worker's work capacity will be re-assessed promptly upon receipt of new information indicating a change in work capacity.

If an injured worker submits a certificate of capacity reflecting a change in capacity, the Claim Coordinator will promptly conduct a work capacity assessment to investigate the reason for the change. The change in capacity may change the amount of the weekly payment of compensation payable to the worker.

The Claim Coordinator is required to consider this new information and review the injured worker's capacity for work (perform a work capacity assessment) and determine the injured worker's current work capacity. This work capacity assessment should involve talking to the nominated treating doctor about the change in capacity.

A work capacity decision can be simple and based on available information (e.g. the certificate of capacity), or it can be more complex (e.g. to determine what is suitable employment where the worker has some capacity but cannot return to their pre-injury employment). A more complex work capacity assessment may require the sourcing of additional information through assessments such as a functional or vocational assessment.

The outcome of the work capacity assessment may or may not change the amount of weekly payments the worker receives, however, when a Claim Coordinator makes a decision about a worker's current work capacity they are making a work capacity decision.

The Claim Coordinator is required to inform the worker of the outcome of the work capacity assessment and decision, and clearly communicate changes (if any) to the amount of weekly payments. The information must also advise the worker of the review options available if they do not agree with the decision.

A Claim Coordinator can advise the worker of the work capacity decision in different ways. Where the decision doesn't change the amount of weekly payments the worker receives, the worker should be contacted to inform them of the decision, and their right to request an internal review if they do not agree with the decision. This conversation should be noted in the worker's file.

Where the decision reduces or discontinues payment of weekly payments to a worker, then communication to the worker must be in person or by post and should be communicated by telephone as well.

## 6.11 Making a Claim for Workers Compensation

Claims are to be made as soon as practicable and within 6 months of the injury. However claims made outside of this period may be accepted under certain circumstances as prescribed by section 60A of the *Workplace Injury Management and Workers Compensation Act 1998*.

Before a worker can make a claim the worker must give notice of injury to the employer except in special circumstances. The notice of injury can be given verbally or in writing and must be given to the WHS Unit or to the worker's Supervisor. The notice of injury must state:

As a minimum, a claim for compensation must provide the insurer with 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 medical practitioner
- if applicable, the name and contact details of any witnesses or witness statements, including details to identify any witnesses known to the worker if the incident was witnessed
- description of the injury and how it happened
- information to support the medical expenses and other losses the worker is claiming.

University employees should report any injury in the workplace using the online Hazard and Incident reporting system, SafetyNet.

### 6.11.1 Need for a Claim Form

The need for a claim form can be waived and the claim is taken to have been made if the injury was notified through the University's hazard and incident reporting system and provisional liability payments have commenced. However, a claim form is required if:

- a reasonable excuse notice has been issued and the reason continues to exist
- compensation is claimed or payable beyond the provisional liability period for weekly payments of compensation or where medical expenses under provisional liability may exceed \$10,000 and there is insufficient information to determine ongoing liability
- an injury notification is made but there is insufficient information to determine liability.

### 6.11.2 Minimum Information Required to Make a Claim

If a claim is to be made it is to be completed using the UOW Workers Compensation Claim Form. The claim form must be completed to the full extent that the relevant information is available. Further information in support of the claim should be provided as soon as possible after it is received. In making a claim, the worker must provide all reports and documents that they rely upon in making the claim as soon as possible after that information is received to the Claim Coordinator.

If the claim is for weekly payments of compensation, the worker must provide to the Claim Coordinator a Certificate of Capacity (if one has not already been provided).



If a worker has completed a claim form in relation to one claim for an injury, that information is relevant for any subsequent claim for weekly payments or section 60 expenses that is related to the same injury.

Where an injury has been sustained by a worker while on a journey, a Journey Claim Form is to be completed.

If the worker has sustained a psychological injury, a Psychological Claim Form is to be completed.

### 6.11.3 Actions When Served With a Claim Form

Once the Claim Coordinator receives the claim for weekly compensation or medical compensation benefits, they are responsible for gathering further information from all relevant sources to enable the claim to be determined within 21 days, unless one of the following reasons for not determining the claim applies:

- expiry date beyond the due date, i.e. the expiry date of the expected provisional liability period for weekly payments is greater than the claim determination due date. If a determination is still required, the Claim Coordinator must determine the claim prior to the conclusion of the approved period of provisional liability
- returned to work, i.e. the worker has returned to work on pre-injury duties and received payments for the amounts claimed, and is not expected to be entitled to receive any further compensation benefits resulting from the injury
- medical expenses only, i.e. the claim is for only medical compensation benefits and liability has been provisionally accepted for the claimed expenses
- deficient claim, i.e. within 7 days after the Claims Coordinator received the claim, the Claim Coordinator has notified the worker in writing that the claim contains an error that is material, i.e. not obvious or typographical and how to correct that deficiency. This could include:
  - worker has failed or refuses to sign the declaration form
  - no Certificate of Capacity or Worker Declaration received (where weekly compensation payments are claimed).

The worker may correct the error at any time. When the error is corrected, the claim is then made and the Claim Coordinator must determine it within 21 days of the correction being notified to them.

The Claim Coordinator is also to notify the worker's Supervisor within 7 days that a claim has been made by their worker.

## 6.12 Lump Sum Compensation Claims

A worker is eligible for lump sum compensation under section 66 of the Workers Compensation Act if they have sustained an injury that has resulted in a permanent impairment greater than 10%.

### 6.12.1 Minimum Information Required for a Worker to Initiate a Claim

The worker must complete a Permanent Impairment Claim Form to initiate a claim for permanent impairment in respect of the injury. A claim for compensation (e.g. weekly payments and medical treatment etc.) does not equate to a claim for lump sum compensation.

The University and injured workers are not precluded from reaching an agreement on a worker's degree of permanent impairment. Seeking to reach agreement on the degree of permanent impairment can reduce time, costs and the likelihood of disputes.

An agreed degree of permanent impairment must be confirmed through a complying agreement. Where a worker enters into a complying agreement, section 66A(3) of the 1987 Act gives power to the Workers Compensation Commission (the Commission) to award additional compensation subject to the provisions of section 66(1A) of the 1987 Act. Relevant Particulars About a Claim

The following relevant particulars are required to be included as part of the claim:

- the injury received as identified in the claim for workers compensation
- all impairments arising from the injury
- whether the condition has reached maximum medical improvement
- the amount of whole person impairment assessed in accordance with the SIRA Guides for the evaluation of permanent impairment
- a medical report completed in accordance with the SIRA Guides for the evaluation of permanent impairment by a medical specialist with qualifications and training relevant to the body system being assessed who has been trained in the SIRA Guides
- if there is more than one impairment that requires assessment by different medical specialists, one specialist must be notified as lead assessor and determine the final amount of whole person impairment
- if the claim is for permanent impairment of hearing, a copy of the audiogram used by the medical specialist in preparing the report that accompanies the claim.

### 6.12.2 Timeframe for Decision

Upon receipt of the Permanent Impairment Claim Form, the Claim Coordinator must determine liability for the claim by the latest date of either:

- 1 month after the degree of permanent impairment first becomes fully ascertainable, as agreed by the parties or as determined by an approved medical specialist, or
- 2 months after the worker has provided to the Claim Coordinator all relevant particulars about the claim.

Fully ascertainable as agreed to the parties means that:

- the worker has reached maximum medical improvement
- the medical report has been prepared by a SIRA trained assessor of permanent impairment in accordance with the SIRA Guides for the evaluation of permanent impairment
- the medical report has been provided to the insurer
- the level of permanent impairment (as per the medical report) is agreed by the insurer.

### 6.12.3 Deficient Claim

If the claim does not contain all of the relevant particulars, the Claim Coordinator is to provide written advice to the worker of any deficiency within 2 weeks of receipt of the claim and how to correct the deficiency.

If the required information is not forthcoming within 10 working days the Claim Coordinator can arrange an independent medical examination or apply to the Workers Compensation Commission (WCC) for an assessment of the degree of permanent impairment.

### 6.12.4 No Response by the University

If the University does not respond to a claim for permanent impairment within 2 months, the worker can seek assistance from WIRO via phone on 13 94 76, their online form or email at [complaints@wiro.nsw.gov.au](mailto:complaints@wiro.nsw.gov.au). The worker may lodge a dispute with the Workers Compensation Commission quoting the SIRA reference number or letter to commence proceedings in the WCC.

### 6.12.5 Acceptance of Claim for Permanent Impairment

If the University is satisfied with the claim made, and the level of impairment properly assessed in accordance with the SIRA Guides for the evaluation of permanent impairment there may be no need to obtain further assessments and an offer of payment may be made to the worker in accordance with section 66 of the Workers Compensation Act.

Any payment for permanent impairment is to be in accordance with the level of permanent impairment assessed by a trained assessor in accordance with the SIRA guides for the evaluation of permanent impairment. An agreement may be made on the degree of permanent impairment between the University and the worker. An agreed degree of permanent impairment must be confirmed through a complying agreement. The University will provide workers with copies of relevant reports and other evidence at least 5 working days before negotiating the degree of permanent impairment, to allow for informed negotiation. Any agreement entered into must satisfy the requirements of section 66A of the 1987 Act and the Workers Compensation Guidelines.

The offer is required to include:

- the date of the injury
- the injury to which the offer relates
- the amount of the offer or extent of pre-existing condition or abnormality, if any
- the reports and documents relied upon in making the offer
- the reports and documents served and relied upon by the worker in support of the claim
- a statement that if the offer is not accepted, the worker can:
  - contact WIRO on 13 94 76
  - seek assistance from the worker's union or lawyer
  - apply to the Registrar for determination by the WCC one month after the offer is made (including the postal and email address of the Registrar)
  - a statement that the matters that may be referred to the WCC are limited to matters notified in writing between the parties concerning the offer of settlement.

If the Claim Coordinator is of the opinion that supplying the worker with a copy of a medical report would pose a serious threat to the life or health of the worker or any other person, they may instead supply the medical report to a medical practitioner nominated by the worker for that purpose.

### 6.12.6 Complying Agreements

Prior to making a payment to the worker for permanent impairment the insurer must be satisfied that a worker has obtained independent legal advice, or has waived the right to obtain independent legal advice, before entering into the complying agreement.

The following details must be included in the complying agreement:

- degree of permanent impairment
- medical reports relied on to assess the degree of permanent impairment
- amount of compensation payable in respect of degree of permanent impairment
- date of agreement certification by the University that it is satisfied that the worker has obtained independent legal advice or has waived the right to obtain independent legal advice

If the worker has waived the right to obtain legal advice the agreement must also include acknowledgement by the worker that the worker is aware:

- they can only make one claim for permanent impairment compensation in respect of the permanent impairment that results from an injury
- the permanent impairment that is assessed and agreed constitutes the claim being made and determined for the purposes of section 66 (1A)
- compensation paid for permanent impairment less than 15% will mean the worker cannot claim for work injury damages.

The complying agreement may be contained in one or more documents which must be kept on the claim file by the University.

### 6.12.7 Liability Disputed

If the University disputes liability in respect of a claim for permanent impairment, the insurer must issue a Section 78 notice in accordance with Section 8 of these guidelines.

### 6.12.8 Commutation

A commutation is where the worker with a catastrophic injury and insurer agree to a lump sum, and the insurer is no longer liable to pay future weekly payments and/or medical, hospital and rehabilitation expenses for the injury.

Commutations will be conducted in accordance with Part 9 of the [Workers Compensation Guidelines](#).

## 6.13 Work Injury Damages

A claim for work injury damages (WID) must meet two criteria:

- the work injury is a result of the negligence of the employer, and
- the work injury resulted in at least 15% permanent impairment.

A claim for WID can only be made where a claim for lump sum compensation for the work injury has been made pursuant to section 66 of the 1987 Act. The claim under section 66 must be made before or at the same time as the claim for WID.

Before a worker is entitled to claim for work injury damages the degree of permanent impairment must have been assessed to be at least 15% and the permanent impairment benefit must have been paid. The assessment of permanent impairment must have been made in accordance with the *SIRA Guides for the Evaluation of Permanent Impairment*.

To make a claim for WID the worker must provide particulars about the claim and the evidence to be relied upon.

This must include:

- details of the injury to the worker caused by the negligence or other tort of the employer
- degree of assessed permanent impairment
- evidence of the negligent act/s of the employer
- economic loss that is being claimed as damages.

Court proceedings for WID must be commenced within 3 years after the date on which the injury was received.

Upon receipt the Claim Coordinator is to determine the claim:

- within 1 month of the permanent impairment being fully ascertainable, or
- within 2 months after all relevant particulars have been supplied, whichever is the later.

The Claim Coordinator is to determine the claim by:

- accepting liability and making a reasonable offer of settlement, or
- disputing liability.

The Claim Coordinator is to notify the worker of the determination. This notification is to include whether or not the Claim Coordinator accepts that the degree of permanent impairment of the injured worker resulting from the work injury is sufficient for an award of damages.

Where liability is disputed the Claim Coordinator is to issue a notice pursuant to section 74 of the Workplace Injury Management and Workers Compensation Act in accordance with the requirements of SIRA Guidelines.

Where liability is accepted and an offer of settlement is made it is to specify an amount of damages or a manner of determining an amount of damages.

Where only partial liability for the claim is accepted the offer is to include details sufficient to ascertain the extent to which liability is accepted.

## 6.14 Commutation

A commutation is an agreement between the injured worker and University to pay all of the injured worker's entitlements to weekly benefits, medical, hospital and rehabilitation expenses as a lump sum.

By agreeing to a commutation the injured worker's entitlements to weekly payments and all other expenses will no longer be paid and the University will not be liable for further claims with regards to the injury.

SIRA must also certify the commutation meets all the criteria set out in Section 87EA of the 1987 Act. A commutation is only available when the following preconditions have been met:

- the injured worker must have a permanent impairment that is at least 15% whole person impairment
- compensation for permanent impairment and pain and suffering has been paid
- it is two or more years since the worker first received weekly payments for the injury
- all opportunities for injury management and return-to-work have been fully exhausted
- the worker has received weekly benefits regularly and periodically throughout the previous six months
- the worker must be entitled to ongoing weekly benefits
- weekly benefits have not been stopped or reduced as a result of the worker not seeking suitable employment.

Prior to receiving a commutation:

- the worker must receive independent legal and financial advice
- the University and worker must agree with the commutation
- SIRA must approve the commutation
- all agreements must be registered with the Workers Compensation Commission.

Claims for commutation must be made in writing to the Claim Coordinator by the worker or their representative for assessment. Upon receipt the Claim Coordinator will ensure the particulars above can be met prior to any further action and will advise the worker of the outcome in writing within 30 days.

## 6.15 Information and Records management

Information retained in association with injury management or the claim will be kept in accordance with the University's [Records Management Policy](#) and related procedures.

## 6.16 Complaints Management

Any complaint regarding the injury management or claim can be made in writing to the Claim Coordinator directly or the Manager WHS. A response to the complaint will be provided in 14 days from receipt of the complaint.

Alternatively the complaint may be raised with [SIRA](#) on 13 10 50 or [WIRO](#) on 13 94 76.

## 6.17 Management of Death Claims

Death claims will be managed with empathy and respect, and liability decisions and payment of entitlements in relation to death claims will be prioritised and not unnecessarily delayed.

If the Claim Coordinator becomes aware of a death that may be work-related, they are to proactively investigate the circumstances of the death in association with the WHS Unit, including in cases where the death occurred sometime after a work-related injury. The investigation will commence within five working days after becoming aware of the death.

When the Claim Coordinator is notified of a death that may be work-related, they are to contact the worker's family, the family's legal representative or another appropriate party within 5 days to advise them of the Claim Coordinator's role.

The Claim Coordinator is to determine liability for death claims as soon as practicable, and where a liability decision is likely to be delayed, they must document the steps taken to obtain information relevant to determining liability. Liability will be determined within 21 days after becoming aware of the death (unless not reasonably practicable to do so).

In circumstance where more than one dependant or potential dependant is identified, the Claim Coordinator will no later than 10 days after accepting liability:

- make an application to the Commission to apportion the lump sum death benefit,
- seek the details of all persons who may have an entitlement, including potential dependents who may be eligible for the lump sum death benefit and potential dependent children who may be eligible for weekly payments, and
- write to all persons who may have an entitlement to advise that they may be able to claim in relation to the lump sum death benefit, of the need to lodge an application to the Commission for apportionment of the lump sum, the nature of proceedings in the Commission and the availability of independent legal advice through ILARS.

The Claims Coordinator is to advise the family or legal representatives of the deceased as soon as possible and not longer than two working days after a liability decision is made. The Claims Coordinator are to commence weekly payments for dependent children as soon as possible and not longer than 10 working days after liability is accepted.

If weekly payments are payable to an adult dependent child (18-21 years in full-time education), the Claims Coordinator is to advise the surviving parent or guardian (or legal representative) to seek advice regarding the tax implications of such payments.

## 6.18 Quality Assurance Services

Feedback on the University's claims management can be provided to the Claim Coordinator directly or through the intranet to the Quality Assurance team, see link below:

- <https://intranet.uow.edu.au/qualitycentral/feedback/index.html>.

The University will undertake a self-audit of its Injury Management Program on an annual basis. As a self-insurer, the University of Wollongong is required to report results of at least one self-audit to SIRA in the period prior to license renewal. This report can be received any time in the renewal period and must be at least 6 months prior to licence renewal.

The Self-Insurer Case Management Audit Tool will be used to conduct the audit and consist of a sample representation of the number of significant injury claims in the previous 12 month period. The Audit report will include a summary of achievements and any non-conforming criteria. The report will also include an action plan, details of those responsible and a time frame for completion.

A review of all open claims will occur at least every 6 months. The review will be undertaken by the Claim Coordinator and Manager WHS.

## 7 Work Capacity

Work capacity is as an important part of return to work planning and determination of entitlement to weekly payments. Work capacity assessments, decisions and reviews will be conducted by the Claim Coordinator in accordance with the [SIRA Guidelines for Claiming Workers Compensation](#)

General information on work capacity is outlined below.

### 7.1 Work Capacity Assessment

A work capacity assessment is an assessment conducted by the Claim Coordinator of an injured worker's current work capacity in accordance with Section 44A of 1987 Act. Current work capacity is defined in Section 32A of the 1987 Act.

A work capacity assessment is a review of the worker's functional, vocational and medical status and is not to be conducted for a seriously injured worker unless the worker requests it.

A work capacity assessment considers all available information and may include (but not limited to):

- reports from the treating practitioners (doctors and allied health professionals)
- certificates of capacity
- independent medical reports
- injury management consultant reports
- the worker's self-reports of their abilities and any other information from the worker
- injury management plans and return to work plans
- reports from a workplace rehabilitation provider such as a workplace assessment report, return to work plans, functional capacity evaluation reports, vocational assessment reports, work trial documents, job seeking logs, activities of daily living assessments, etc.
- information from the employer such as documents relating to return to work planning
- information obtained and documented on the claim file.

If a further referral or examination is required as part of the work capacity assessment, the worker is to be advised in writing. The letter is to explain what a work capacity assessment is and that the worker has a legal obligation to attend and participate in a work capacity assessment.

Before making a work capacity decision that may result in a reduction or discontinuation of the workers weekly payments, UOW will at least three (3) weeks prior to the decision, communicate the proposed decision making process to the worker in a manner appropriate to the circumstances of the case. This will generally be in person, or by telephone. The discussion will be followed up in writing.

Advice provided to the worker shall include:

- notification that a review of their work capacity is being undertaken and that a work capacity decision is to be made
- an explanation of the potential outcome of the review and possible decisions, including how a decision is made
- providing the worker with the opportunity (14 days) to supply UOW with any further information for consideration when the decision is expected to be made
- the Claim Coordinator is to document the discussion with the worker via a file note, as well as provide the worker a letter detailing the conversation.

## 7.2 Work Capacity Decisions

Work capacity decisions are decisions defined in section 43 of *the 1987 Act* as:

- (a) a decision about a worker's current work capacity
- (b) a decision about what constitutes suitable employment for a worker
- (c) a decision about the amount an injured worker is able to earn in suitable employment
- (d) a decision about the amount of an injured worker's pre-injury average weekly earnings or current weekly earnings
- (e) a decision about whether a worker is, as a result of injury, unable without substantial risk of further injury to engage in employment of a certain kind because of the nature of that employment
- (f) any other decision of an insurer that affects a worker's entitlement to weekly payments of compensation, including a decision to suspend, discontinue or reduce the amount of the weekly payments of compensation payable to a worker on the basis of any decision referred to in paragraphs (a)–(e).

The following are not work capacity decisions:

- (a) a decision to dispute liability for weekly payments of compensation
- (b) a decision that can be the subject of a medical dispute under Part 7 of Chapter 7 of the 1998 Act.

When making a decision, the process will be consistent with SIRA's Case Management Principles, that outline best practice decision making. The Claim Coordinator will ensure that when making a work capacity decision:

- all reasonable opportunities to establish capacity for work have been provided to the worker
- an Injury Management Plan is tailored to the worker's injury and recovery
- all available evidence is evaluated
- the decision making process is clear and concise and the information provided to the worker is an understandable format that provides reasons for the decision



- further information will be sought as appropriate to ensure the worker's current capacity for work is fully understood
- the worker is provided with an opportunity to contribute additional information, particularly if the decision may result in a reduction or discontinuation of the worker's weekly payments
- those making work capacity decisions have the appropriate expertise, ability and support to make the decisions, and
- the decision which is made 'is more likely than not to be correct'.

### 7.3 Notification of a Work Capacity Decision

Upon making a decision that will result in a reduction or discontinuation of the worker's weekly payments, the Claim Coordinator will communicate by phone and in writing providing the following information:

1. inform the worker that a work capacity decision has been made
2. explain the consequences of the work capacity decision including any effects on the worker's entitlement to weekly payments and future medical, hospital and rehabilitation services under Division 3 of Part 3 of the Workers Compensation Act 1987
3. reasons for the decision
4. the information considered
5. the date the work capacity decision takes effect including when the required period of notice will cease
6. the process for requesting an internal review of the decision
7. the date by which the employee needs to apply for a stay of the decision to operate
8. that if the worker requests a review:
  - a. they may provide any additional information relevant to the request for the internal review
  - b. they need to specify the decision or decisions for review and the grounds on which the review is sought
  - c. the operation of any stay on the original decision during the review
9. the review process after an internal review
10. the Work capacity – application for internal review by insurer form
11. that the worker can seek help from their insurer, SIRA's Customer Service Centre on 13 10 50, the Workers Compensation Independent Review Officer (WIRO) on 13 94 76, or their trade union.

### 7.4 Internal Review

In accordance with Section 44A of the Workers Compensation Act 1987, a worker may request the University to conduct an internal review of a work capacity decision.

The requirements applying to these internal reviews and detailed in the [Workers Compensation Guidelines](#).

If a worker wishes to refer a work capacity decision for an internal review, they should lodge a completed [Application for Review of a Work Capacity Decision Form](#) with the Claim Coordinator within 30 days of receiving the work capacity decision. The application must be in the approved form, specify the grounds on which the review is sought and provide any additional information for consideration.

The Claim Coordinator will decline to review a decision if an application for a review:

1. is not lodged in the form approved by SIRA
2. if the review application is or becomes frivolous or vexatious.

The Claim Coordinator will provide the worker with written advice if a review is not to proceed on any of the above grounds (and the reason for it). If the internal review request is accepted, the Claim Coordinator will acknowledge in writing to the worker that the internal review will proceed within 30 days of receiving the application.

The review is to be conducted by a person independent of the original work capacity decision. The following roles at the University have the delegated authority to undertake work capacity decision reviews on behalf of the University:

- Claim Coordinator not associated with the original decision
- Manager Workplace Health and Safety
- another independent person with appropriate skills and experience appointed by the Director Human Resources (this may be internal or external to the University)

The Claim Coordinator will acknowledge in writing to the worker, receipt of the internal review request within 7 days of receiving the application. The Claim Coordinator must write to the worker within 30 days of receiving the application for internal review advising of the outcome.

An internal review of a work capacity decision will result in a new decision being made. The new decision may be the same as the original decision or it may be different. The notification must be in writing and must include the decision, its impacts and reasons (same as the original decision notice criteria). The notification must also advise the worker about the availability of further review options.

## 7.5 Stay of Work Capacity Decision

Where a work capacity decision is made by the University, the employee is able to request the work capacity decision be reviewed. Where the work capacity decision involves discontinuation or reduction of an employee's weekly payments, an application for review may act to stay the operation of the work capacity decision.

Where a stay operates, it temporarily prevents the University taking action (e.g. reducing weekly payments) on the decision for the period between the application for the review and the notification of the decision or findings of the review, or the application is withdrawn.

## 7.6 Workers Compensation Commission

If the worker does not agree with the internal review, or does not receive a reply within 30 days, or they can proceed to directly to the WCC to have the dispute resolved via your legal representative. The Workers Compensation Commission is an independent tribunal that helps resolve workers compensation disputes between workers, employers and/or insurers. WIRO Assistance

Workers can contact the Workers Compensation Independent Review Office (WIRO) for assistance.

WIRO is an independent statutory office with a variety of roles, including helping find solutions to workers compensation complaints by contacting the insurer on behalf of the worker.

For more information about how WIRO can help workers:

- visit their [website](#),
- call WIRO on 13 94 76, or
- send an email to [complaints@wiro.nsw.gov.au](mailto:complaints@wiro.nsw.gov.au).

As far as possible, insurers are to ensure that a person with knowledge of the relevant claim and who holds appropriate delegation to make decisions and provide instructions to legal providers is either in attendance in person or available by phone during Commission dispute resolution processes.

## 8 Disputing Liability

There may be instances where the University has medical and/or factual evidence to indicate that it is not liable for all or part of the claim, which may include:

- not commencing weekly payments, or
- cease or reduce weekly payments after they have started, or
- decline to pay for a service which has been requested.

In the event of a dispute over an individual injury management case, the dispute shall be handled in the following manner:

1. the Claim Coordinator shall attempt to informally resolve the dispute by co-ordinating discussions with, as appropriate, the employee, the injury management team (i.e. doctors, accredited workplace rehabilitation provider if involved), Supervisors/managers, and where requested, the employee's union and the Manager WHS,
2. should the dispute not be resolved satisfactorily in this manner, the matter may, at the instigation of either party be referred to a SIRA Injury Management Consultant to facilitate resolution of issues regarding fitness for work and suitability of duties offered to the injured employee,
3. in issues relating to the medical management and the ongoing treatment requirements, further information may be required by an Independent Medical Examiner (IME),
4. the Claim Coordinator will refer to an independent treatment consultant when there is a specific dispute in relation to the provision of treatment. This may include inappropriate treatment, excessive number of treatments, cost or multiple services being delivered.

If the dispute cannot be resolved using the above methods the Claim Coordinator will conduct an internal review of all available evidence considered in arriving at the decision before giving notice of the decision to dispute liability or terminate/reduce weekly payments of compensation, on all or part of the claim. The review is to be conducted independent of the original decision, by someone with requisite expertise.

Matters in dispute will be raised with the worker in writing in accordance with Section 78 of the 1988 Act and clause 35 of the Workers Compensation Regulation 2016. This will include:

- a statement of the matter(s) in dispute
- a statement indicating that the matters that may be referred to the WCC are limited to matters notified in the dispute notice or in a dispute review notice
- reasons the University disputes liability or is reducing/terminating weekly payments of compensation
- a statement of University and claimant issues relevant to the matter in dispute

- a statement identifying all reports and documents relevant to the claim or aspect of the claim to which the decision relates
- a statement identifying the reports and documents submitted by the workers in making the claim
- a statement identifying that all reports and documents relevant to the decision to dispute the claim or terminate/reduce weekly payment as referred to in point 5, (and which are in the possession of the University), are attached to the dispute notice
- a statement indicating that the worker can request a review of the claim by the University (optional review) using the Request for Internal Review form
- the notice shall also include a statement advising that the worker may:
  - contact SIRA's Assistance Service on 13 10 50
  - seek assistance from the worker's unions or a lawyer
  - refer the dispute to the Registrar for determination by the WCC.
- matters above will be written in plain language and include the following headings:
  - Reasons and Issues In Disputing Liability
  - Reports and Documents submitted by the Worker
  - Reports and Documents considered in the Decision
  - Request for Review of the Decision
  - Where to seek Assistance
  - Where to refer for Determination of the Dispute.

A further dispute notice will be issued where the University continues to dispute the claim or maintain its original decision following the optional review. The content of this notice will contain the same type of information as the original notice. Any further reports that have come into possession of the University and that are relevant to the review decision are to be attached.

If the matter remains unresolved, the issue should be referred to the Workers Compensation Commission. The Commission can be contacted on 1300 368 040. The Commission aims to provide a fair and flexible dispute resolution process so that injured employees can resume their pre-injury life quickly and with minimal impact on their long term health. Workers can contact the Workers Independent Review Office (WIRO) 13 9476 for information on legal representation.

## 9 Closing a Claim

Appropriate consultation should occur with relevant stakeholders prior to the closure of a claim, to ensure that the reasons for and implications of the closure are clearly understood. All relevant stakeholders will be notified prior to the closure of a claim.

Before closing a claim, the Claim Coordinator is to contact the worker, the employer and any relevant service providers to advise of the intention to close the claim, including the reasons for doing so, and provide an opportunity for any outstanding invoices or reimbursements to be paid.

The Claim Coordinator is to finalise all outstanding invoices before closing the claim.

The Claim Coordinator is to confirm in writing within two working days of the closure of a claim to the worker and the supervisor, including:

- the date the claim was closed
- the date on which medical benefits will cease (not applicable to exempt workers), and
- what to do if the worker or supervisor believes the claim needs to be re-opened.

## 10 Access to Personal Information

Workers will be provided with convenient and timely access to their personal and health information in accordance with relevant privacy and workers compensation laws.

The Claim Coordinator is to advise workers of their right to access their personal and health information. The Claim Coordinator will ensure third-party providers are aware that any report provided in relation to a worker may be released to the worker.

The Claim Coordinator is to promptly respond (within 10 working days) to any request by the worker or their representative for information contained in the claim file.

## 11 Miscellaneous

### 11.1 Claim Handover

Where there is a need to change the person undertaking the role of Claim Coordinator a handover of the claim will occur. This will include reviewing the background, medical treatment, any return to work barriers for the injured worker.

Notification of the claim handover will be provided to the injured worker, treating doctor, supervisor and any other key stakeholders within three working days of the claim being handed over.

### 11.2 Fraud

If any instances of fraud is identified by the Claim Coordinator it will be reported to the SIRA Customer Service Centre on 13 10 50 or in writing to [contact@sira.sw.gov.au](mailto:contact@sira.sw.gov.au) or by writing to Compliance, Investigations and Prosecutions, Locked Bag 2906, Lisarow NSW 2252.

Examples of workers compensation fraud are outlined by [SIRA on their website](#).

### 11.3 Factual and Surveillance Investigations

Factual investigations will only be used when necessary and will always be undertaken in a fair and ethical manner. Factual investigations are required when information cannot be obtained by another less intrusive means. The Claim Coordinator will clearly document the purpose for undertaking any factual investigation.

If the worker is requested to participate in a factual investigation, the Claim Coordinator is to advise the worker in writing and provide the following information at least five days\* before the proposed factual interview:

- the purpose of the factual investigation and the contact details of the investigator
- the anticipated duration of the each interview, which is expected not to exceed two hours
- that the worker can nominate the place of the interview and may have a support person (including union representative) present
- that the worker may request an interpreter if required, who does not count as a support person
- that the worker will receive a copy of their statement or transcript within 10 working days of the interview
- that the worker can identify witnesses to be considered to assist the investigation, and
- advice to the worker that they are not obligated to participate in the factual investigation, however the factual investigation may be used to help determine liability for their claim.

\* If a shorter time is required because of exceptional and unavoidable circumstances, a reduced timeframe is to be agreed by all parties.

## 11.4 Surveillance

Decisions to engage surveillance services will be based on firm evidence; surveillance will be conducted in an ethical manner; and information obtained through surveillance will be used and stored appropriately.

The Claim Coordinator may conduct surveillance of a worker when:

- there is evidence that the worker is exaggerating an aspect of the claim or providing misleading information in relation to a claim, they reasonably believe that the claim is inconsistent with information in their possession, or they believe that fraud is being committed, and
- the Claim Coordinator is satisfied that it cannot gather the information required through less intrusive means and that the benefit of obtaining the information outweighs the intrusion into the worker's privacy, and
- the surveillance is likely to gather the information required.

The Claim Coordinator will ensure that any surveillance meets the following requirements:

- the scope and duration of the surveillance is clearly articulated
- surveillance is only conducted in or from places regarded as public
- the surveillance does not interfere with the worker's activities while under observation
- the surveillance does not include any acts of inducement, entrapment or trespass, including the use of social media with the intention to induce, entrap or deceive
- the surveillance is undertaken in a way that demonstrates sensitivity to the privacy rights of children, takes reasonable action to avoid video surveillance of children, and where possible does not show images of children in reports and recordings
- where possible, reports and recordings are redacted or censored to minimise the likelihood of other individuals being identifiable
- communication is not undertaken with other individuals in a way that may reveal (directly or indirectly) that surveillance is in place, and
- recordings and any other materials collected are securely stored.

The Claim Coordinator will not to provide misleading information in response to a question from a worker about whether surveillance is in place, however, will take into consideration an investigator's safety and the worker's wellbeing when responding to a worker's question.

If the Claim Coordinator provides material gathered through surveillance to a third party, the insurer is to inform the third party about relevant confidentiality and privacy obligations.

## 11.5 Recoveries

Claims will be screened early by the Claim Coordinator to determine whether any third-party recoveries are to be pursued. Initial screening will occur within 15 working days of receipt of a new claim and noted on the claim file.

Risks relating to overpayment or duplication of payments to workers will be mitigated where practicable while ensuring efficient management of claims, and overpayments will be managed in a fair and transparent manner. Where the Claim Coordinator identifies an overpayment to a worker due to an error and wishes to seek recovery, the Claim Coordinator is to advise the worker of the details of the payment(s) and clearly describe the error and the potential impact to the worker.

Where the Claim Coordinator negotiates a repayment arrangement with the worker, the Claim Coordinator is to demonstrate they have considered the individual circumstances of the worker and potential financial hardship.

The Claim Coordinator is to obtain informed consent from the worker before commencement of any repayment arrangement.

## 11.6 Medicare and Centrelink Clearance

Due care will be given in the management of claims to mitigate risks arising from the interaction between Medicare and the workers compensation scheme.

The Claim Coordinator is to consider whether to request a notice of past benefits from Medicare when:

- an application for dispute resolution has been lodged with the Workers Compensation Commission (excluding disputes that only relate to work capacity decisions)
- accepting liability for a condition that is contracted or caused by gradual process or that may be an aggravation of a disease
- there is a retrospective entitlement to compensation (when liability for medical expenses had been disputed but subsequently accepted six months or more after the liability dispute date), or
- a settlement of a claim for compensation is initiated that will exceed \$5,000.

Where appropriate, Medicare notice of past benefits to be initiated within five working days of relevant event.

The implications of lump sum payments for Centrelink benefits, including possible repayments to Centrelink or temporary preclusion from Centrelink benefits, will be proactively managed to minimise impacts on workers.

The Claim Coordinator is to provide appropriate documentation to Centrelink when:

- settlement occurs for commutation or damages matters or other matters settled in the Workers Compensation Commission, and
- in the case of workers whose entitlements have been affected by delays or reconsideration of entitlements, outstanding amounts owed to the worker are calculated by the Claim Coordinator.

## 12 Non-Work Related Injuries

As part of its commitment to all its employees, the University of Wollongong offers access to a graduated return to work process for employees with non-work related injuries/illnesses, where practicable.

### 12.1 Criteria to Participate

To participate in the return to work process the worker must:

1. provide medical evidence to support the nature of their injury/illness including a medical certificate stating diagnosis and restrictions
2. self-refer to the return to work process either personally or via a chosen representative through their HR Advisor, Staff Services, or be referred to the WHS Unit after consultation with the employee and the Supervisor

3. undertake an initial assessment to determine suitability to participate in a graduated return to work program
4. give written consent for the Injury Management Coordinator to contact all relevant treating practitioners to determine the employee's likely needs and restrictions as well as diagnosis and prognosis, expected capacity for work and current treatment
5. voluntarily participate in the formulated return to work plan, and
6. have a reasonable expectation, given the diagnosis, to return to their pre-injury duties within a reasonable time frame.

## 12.2 Provision of Suitable Duties

Suitable duties are to be provided by the University where it is reasonably practical to do so, on a temporary basis only. The provision of suitable duties to employees with non-work related injuries is undertaken with the expectation the employee will return to their substantive position.

Suitable duties will be for a limited period, monitored closely and regularly upgraded as set out by the SIRA Guidelines for return to work programs.

An independent medical examination may be required to provide further medical opinion.

On occasions where it is not reasonably practical to provide suitable duties for an injured employee as determined by the Injury Management Co-ordinator and the injured employee's Supervisor, the injured employee is to be advised.

Where it is medically identified that the employee will be unable to resume their full pre-injury duties, consultation regarding the University's ability to provide alternate duties will be evaluated on a case by case basis and will include the following considerations:

1. the range of activities and hours the injured employee is capable of performing
2. the abilities and expertise of the injured employee
3. the availability of positions matching 1 and 2.

## 13 Communication, Reporting and Prevention

The Injury Management Program will be communicated to University employees via the University website: <https://www.uow.edu.au/about/services/safe-at-work/workers-compensation/injury-management-program/>

Reporting of claims will be provided to the WHS Committee and University Council in accordance with [WHS Performance Measurement and Reporting Guidelines](#).

The University is committed to preventing physical and psychological injuries and illness in the workplace and this is reflected in the University Work Health and Safety Policy and supporting WHS Management System.

Key prevention strategies include:

- consultation arrangements including committees and representatives
- hazard inspections
- risk assessments
- safe work procedures
- training
- health and wellness initiatives.

Further information on the University's WHS management system can be found at the WHS website: <https://www.uow.edu.au/about/services/safe-at-work/>.



## 14 Referenced Documents

- [Workers Compensation Act 1987](#)
- [Workplace Injury Management and Workers Compensation Act 1998](#)
- [Workers Compensation Guidelines](#)
- [Workers Compensation Regulations and Standards of Practice](#)

## 15 Version Control Table

Version Control	Date Released	Approved By	Amendment
1	November 1997	Manager OHS	New document created.
2	April 2003	Manager OHS	Document updated to reflect legislative requirements.
3	April 2007	Manager OHS	Document updated to reflect legislative requirements.
4	July 2009	Manager OHS	Update to include QBE arrangement and regular review.
5	August 2010	Manager OHS	Document updated to incorporate the Personnel name change to Human Resources Division.
6	March 2012	Manager OHS	Rebrand
7	August 2012	Manager WHS	Document updated to reflect legislative requirements and Unit name change
8	June 2014	Manager WHS	Document updated to reflect legislative changes, WorkCover guidelines and other minor changes.
9	August 2017	Manager WHS	Scheduled review no significant changes. Approval provided by SIRA on 11 August 2017.
10	February 2020	Manager WHS	Document updated to include reference to mental health and psychological injury in the principles, injury management and making a claim for workers compensation sections
11	August 2020	Manager WHS	Updated in line with SIRA Guide for Injury Management Programs.