Injury Management Program Procedure

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1. Introduction to the Workplace Injury Management Program

Workplace injury management is about returning injured workers to productive employment as efficiently and as safely as possible following a work-related injury or illness. The underlying principle of workplace injury management is that rehabilitation in the workplace, rather than at home or in a medical institution, is both more effective and more productive.

In Accordance with Section 42 of the Workplace Injury Management and Workers Compensation Act 1998, UNSW advocates a co-ordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, retraining, 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 workers.

This Workplace Injury Management Program Procedure must be read in conjunction with the UNSW Workplace Return to Work Program Procedure which is required under Section 52 of the Workplace Injury Management and Workers Compensation Act 1998 (as amended 2001).

UNSW supports the commencement of return to work as soon as practicable following a work-related injury and/or illness and is committed to the principle of workplace injury management.

2. Legislative Provisions

The University is committed to assist in securing the health, safety and welfare of workers

- to establish a system that seeks to achieve optimum results in terms of a timely, safe and durable return to work for workers following workplace injuries to provide:
  - for prompt treatment of injuries
  - for effective and proactive management of injuries
  - reasonable and necessary medical and vocational rehabilitation following injuries in order to assist injured workers and to promote their return to work as soon as possible
  - injured workers and their dependents with income support during incapacity, payment for permanent impairment to death, and payment for reasonable treatment and other related expenses.

This aligns with the objectives and pursuant to the:

- Workers Compensation Act 1987 (as amended) and the Workplace Injury Management and Workers Compensation Act 1998
- Workers Compensation Regulation 2010 (the Regulation)
- State Insurance Regulatory Authority Guidelines for Claiming Workers Compensation 2016
- State Insurance Regulatory Authority Guidelines for Workplace Return to Work Programs 2017

Chapter 3 Section 43(1) of the Workplace Injury Management and Workers Compensation Act 1998 states that:

‘An insurer must establish and maintain an injury management program and must revise its injury management program from time to time or when the Authority directs. An insurer must lodge a copy of its injury management program, and any revised injury management program, with the Authority.’

3. Health and Safety Commitment

UNSW recognises its obligations under the NSW Work Health and Safety Act 2011 and is committed to preventing workplace injury/illness by taking all reasonable precautions to protect the health, safety and welfare of its workers and visitors whilst they are on University premises or engaged in approved work for UNSW.
UNSW aim is to provide a physically safe, healthy and secure learning and working environment for all workers and visitors. To achieve this goal, everyone attending a UNSW workplace is required to ensure their actions do not adversely affect the health and safety of themselves or others.

UNSW Management will consult with workers as outlined in HS337 Health and Safety Consultation Procedure and through mechanisms such as, WHS Committees, WHS representatives and other methods and groups as required meeting our consultation obligations. UNSW commitment to WHS is clearly outlined in the UNSW Health and Safety Policy along with strategies to reduce injuries and risk in the workplace via our Health and Safety Plan 2016-2018.

4. Injury Management Commitments

UNSW makes the following commitments to injury management and the rehabilitation of all injured workers who suffer a work-related injury or illness.

UNSW will:

• Ensure that injured workers return to work as soon as practicable, and that returning to work is a normal practice and expectation.


• Commence Injury Management activities as soon as practicable following an injury, irrespective of an injured worker’s compensation claims status. These activities are aimed at assisting an injured worker recover from injury, including access to all reasonable and necessary treatment and/or rehabilitation services through the provision of suitable employment/duties.

• Provide suitable duties/employment, where reasonably practicable, for injured workers as an integral part of the injury management process.

• Ensure that participation in the injury management program will not, of itself, jeopardise job security.

• Consult with injured workers and relevant stakeholders to ensure the program operates effectively.

• Maintain confidentiality of information relating to injured workers on rehabilitation (return to work) programs.

• Ensure that all injured workers at UNSW have access to the Injury Management Program which is made available on UNSW’s Safety & Sustainability / Workers Compensation website.

• Ensure that all employees are aware of their responsibilities, obligations and penalties under the Injury Management Program and that the requirements of the Program are properly communicated and understood (e.g. through departmental induction programs, at WHS meetings, UNSW Workers Compensation website information, internal productions, training courses and team briefings).

• The UNSW Injury Management Program will be reviewed for effectiveness and as advised by SIRA at least on a 2-yearly basis and/or if legislative or regulation changes occur and are required to be updated in the program.

5. Self-Insurance Statement

For the purpose of injury management and workers compensation, UNSW is a licensed self-insurer under Section 211 of the NSW Workers Compensation Act 1987.

6. Injury Management Obligations

Workplace injury management requires co-operation between all parties involved to achieve a timely, safe and durable return to work for injured workers following workplace injuries. Individual responsibilities are detailed below:

6.1. Injured Worker’s Obligations

Injured Worker’s must:

• Notify their direct manager or supervisor of any work-related injury or illness as soon as possible after the injury happens.
• Nominate a treating doctor for the purposes of an injury management plan, being a medical practitioner who is prepared to participate in the development of and in the arrangements under, the plan.

• participate and co-operate in the establishment of an injury management plan required to be established for the worker.

• comply with obligations imposed on the worker by or under an injury management plan for the worker.

• A medical practice can be nominated as the treating doctor if the worker is seen by other doctors from the same medical practice from time to time.

• must authorise the nominated treating doctor to provide relevant information to UNSW for the purposes of developing an injury management plan on behalf the worker.

The injured worker will:

• Attend any medical examination arranged by the University for the purposes of assessing or reviewing their injury.

• Make all reasonable efforts to return to work as soon as possible, having regard to medical advice and the nature of the injury. An injured worker will report on their progress at regular intervals while participating in an Injury Management Plan.

• Schedule any medical treatment appointments outside of work hours where possible. Any treatment that is required within working hours due to availability is to be negotiated with the direct supervisor/manager of the area with consideration of the operational requirements of their department/unit.

6.2. Employer Obligations

When the Manager or supervisor becomes aware of a work-related injury they must ensure that the injured worker completes UNSW’s online notification of injury via myUNSW within 48 hours of an injury occurring. If the injured worker is unable to complete the online notification due to, special circumstances the manager and or supervisor must record the incident on behalf of the injured worker. UNSW must provide suitable employment so far as reasonably practicable, for an injured worker who has been totally or partially incapacitated and is able to return to work on a full-time or part-time basis. “Suitable employment” in relation to a worker, means employment in work for which the worker is currently suited, having regard to the workers’ incapacity, age, education, skills and work experience.

Suitable employment identified by UNSW will be provided to an injured worker on a temporary basis only. UNSW will not terminate an injured workers’ employment within the first 6 months of injury on the basis of injury.

6.3. UNSW Self Insurer Obligations

• When an injury has been identified as a “significant injury”, UNSW will establish an injury management plan on behalf of the injured worker within 20 working days.

• The injury management plan will be established in consultation with the injured worker, manager/supervisor and the nominating treating doctor

• UNSW’s Return to Work Co-Ordinator, (or in their absence the Claims Officer) will contact the injured worker, manager/supervisor and the nominated treating doctor, within three working days from the time the injury has been identified as a “significant injury”. The Injury Management Plan will be established based on certificates of capacity provided by the injured workers’ Nominated Treating Doctor, and or on additional relevant medical reports

• The injured worker is advised of their obligations in writing regarding their participation and or failure to comply with their injury management plan.

• UNSW is committed to providing education to the UNSW community regarding the processes and obligations of the Injury Management Program.

6.4. Manager/Supervisor Obligations

• Managers/supervisors have an obligation to provide suitable duties for their injured workers wherever and whenever possible or reasonably practicable. When advised that a worker has suffered a work-related injury or illness and will require medical or other treatment and/or time off work for their injury/condition:
• The manager/supervisor must contact Workers Compensation, within 48 hours to report the injury and provide any information available at that time.

• The manager/supervisor must also advise the injured worker to contact Workers Compensation as soon as possible so that sufficient information can be obtained to commence the workers compensation process and determine claim entitlements.

• The manager/supervisor must immediately notify the Return to Work Coordinator if the injured worker presents a Certificate of Capacity or other medical certificate which advises medical restrictions that prevent the completion of their normal duties.

• The manager/supervisor should ensure that any medical recommendations are abided by until adequate assessment can be instigated

6.5. Interpreter Services

If an injured worker speaks languages other than English and is finding it difficult to understand spoken or written correspondence regarding injury management, including their obligations, they should contact the Return to Work Coordinator so that appropriate interpreter services can be arranged on their behalf.

6.6. Confidentiality

All personal information and records in the injury management process will be collected and kept confidential in accordance with the National Privacy Provisions and will only be disclosed in accordance with these and/or the provisions of the Workplace Injury Management and Workers Compensation Act 1998.

7. Injury Management Process

The fact that an injured worker is injured does not mean that they cannot work at all. UNSW is committed to providing suitable duties at the earliest opportunity wherever and whenever practicable. If the injury permanently prevents an injured worker from returning to their pre-injury duties, UNSW will consider retraining of the injured worker if necessary.

Depending on the severity of the injury, and the injured worker’s preference, the injured worker should first seek appropriate first aid/medical attention.

All work-related injuries and illnesses must be reported to the immediate supervisor as soon as practicable after they occur; the injury is also to be reported to UNSW Workers Compensation Department within 48 hours. The Supervisor and/or the injured worker can report the injury online via myUNSW: https://my.unsw.edu.au.

Alternatively, a notification of injury can be made by another person acting on behalf of the injured worker, for instance the injured worker’s Nominated Treating Doctor, their union, or by Human Resources.

An injured worker must provide a Certificate of Capacity and Worker Declaration covering any period for which weekly payments have been, or are to be made, to the Workers Compensation Department as soon as reasonably practicable, ideally within 48 hours.

In most circumstances a certificate of capacity should cover a period up to 28 days. If the Nominated Treating Doctor states in the certificate the special reasons why the certificate covers the longer period and, if the Workers Compensation Department is satisfied, for the special reasons stated, the certificate should be accepted.

The certificate of capacity is used to facilitate a tailored approach to injury management and recovery at work planning.

Once notified, the Return to Work Coordinator will liaise with the injured worker to determine the expected capacity for work and current treatment. If it appears that the injured worker will not be able to resume their pre-injury duties and/or usual hours of work, the Return to Work Coordinator will, after obtaining the injured worker’s consent, contact the Nominated Treating Doctor to determine the injured worker’s likely needs and restrictions.

An individual Recover at Work Plan will be developed by the Return to Work Coordinator (or accredited rehabilitation provider if involved) when the injured worker has been assessed with a capacity to resume work in some form of employment (as per medical advice).

The Recover at Work Plan will identify or indicate potential suitable duties for a future return to work and outline the steps that will be taken to facilitate this return.
In developing Recover at Work Plans for injured workers, the following will be considered:

- The special needs of individual injured workers. For example, injured workers of a non-English speaking background.
- The personal circumstances of injured workers that may impact on suitable duties. For example, child care arrangements.
- Modification of any factors that may have contributed to the injury.
- Ways to minimize the workload impact on other employees.
- Industrial or other issues in the workplace particularly maintaining industrial harmony.

7.1. Early Contact

Following notification, the Return to Work Coordinator and/or Claims Officer will obtain the injured worker’s consent before obtaining, using or disclosing injury management information. This can be in the form of a Certificate of Capacity signed by the injured worker or a signed Authority to Release Medical Information form provided by UNSW.

The Return to Work Coordinator and/or Claims Officer will then liaise with the injured worker, the supervisor and, if necessary, the Nominated Treating Doctor within 3 working days of becoming aware that the workplace injury is significant.

- Early contact can assist in:
  - Clarifying the nature and cause of an injury and any treatment undertaken or proposed
  - Providing information to the worker about rights and responsibilities and the injury management and workers compensation processes in general
  - Obtaining consent to liaise with treating medical professionals (e.g. medical certificates)
  - Identifying factors (or barriers) which may prevent early return to work and discussing a plan to overcome them
  - Identifying and implementing suitable duties that are consistent with the current capacity of the injured worker
  - Assisting with establishment of an Injury Management Plan to document the appropriate strategies that will assist with the return to work and recovery from injury
  - Facilitating realistic injury management and return to work goal setting
  - Assist with identifying if interpreter services are required.

7.2. Significant Injuries

After notification of a significant injury, action must be initiated under the UNSW Workplace Injury Management Program either by the Return to Work Coordinator and/or the Claims Officer within 3 working days. Contact must be made with the injured worker, their supervisor and (if appropriate and reasonably practicable) the injured worker’s treating doctor. A working day is any day except a Saturday, Sunday or public holiday.

An Injury Management Assessment will be undertaken by the Return to Work Coordinator to establish treatment needs. To return to work the injured worker must be provided with information with respect to the Injury Management Plan.

The Injured worker’s Nominated Treating Doctor must be supplied with all relevant information that will assist the doctor with the Injury Management Plan and Recovery at Work Plan.

UNSW will meet all reasonable costs for the doctor’s involvement in developing the Injury Management Plan and Recover at Work Plan, regardless of liability issues.

7.3. Injury Management Plans

The purpose of an Injury Management Plan is to establish a coordinated and managed return to work of an injured worker who has suffered a significant injury. This should be timely, safe and durable and concern all aspects of the treatment, rehabilitation and retraining of the injured worker. An Injury Management Plan will be done for all significant injuries within 20 working days of notification of the injury being significant.
Any Injury Management Plan is to be developed in consultation with the injured worker, Nominated Treating Doctor and the injured worker’s manager/supervisor.

The Injury Management Plan has a review process, which is determined in consultation with the Nominated Treating Doctor and on receipt of Certificates of capacity. The Injury Management Plan will be reviewed at the end of each plan period (no greater than 3 months) or when there is a change in work capacity or significant change in the injured workers treatment plan.

The responsibility for developing, coordinating, distributing and managing the Injury Management Plan lies with the UNSW Workers Compensation Department / Return to Work Coordinator. Approval for treatment is advised in writing to the injured worker by the Claims Officer and is included on the plan.

All parties nominated to undertake actions under an injury management plan are to comply with the requirements of the Plan.

An injured worker who has current work capacity must, in co-operation with the University, make reasonable efforts to return to work in suitable employment or pre-injury employment at UNSW or another place of employment. Failure to comply with that obligation may result in suspension, termination or cessation of a worker’s entitlement to weekly compensation.

7.4. Recovery at Work Plans

Once the need for occupational rehabilitation has been established and the injured worker has been assessed to resume work in some capacity, the Return to Work Coordinator will develop an individual Recover at Work Plan.

In the case of significant injuries, the Recover at Work Plan will form part of the individual Injury Management Plan.

UNSW will endeavour to provide suitable employment (duties) to workers who, as a result of an injury, are unable to immediately return to work in their pre-injury duties.

Recovery at Work and Suitable Employment options will be determined by the following return to work hierarchy:

1. Same duties/Same Employer
2. Different Duties/Same Employer
3. Same Duties/Different Employer
4. Different Duties/Different Employer

7.5. Re-deployment Procedure

When it is medically determined by the Nominated Treating Doctor or specialist that it is not appropriate for the injured worker to return to their pre-injury duties, permanent medical restrictions will need to be determined.

When permanent medical restrictions are determined, consultation with the injured worker’s supervisor will be completed to determine if alternate duties are able to be offered.

The injured worker will be referred to a Rehabilitation Provider where an assessment will be completed to further assist with the identification of other vocational skills for alternate employment either within UNSW or external to UNSW.

In cases of redeployment, UNSW will consider accessing vocational programs administered by SIRA under Section 53 of the Workplace Injury Management and Workers Compensation Act 1998.

Support Services:

New employment assistance of up to $1,000 is available when a worker is unable to return to work with their pre-injury employer.

A cumulative total of $1,000 can be claimed for expenses involved in commencing to work with a new employer, including for example, transport, childcare, clothing, education or training, or equipment.

To be eligible, the worker must have accepted a written offer of employment for a period of three months or more with a new employer. Additionally, the worker will need to confirm:

- how the item or service will assist them to return to work
- the amount being claimed along with supporting quotes or invoices.
Following a claim for new employment assistance, the insurer has 14 days to determine whether to accept the claim.

Where costs exceed the maximum $1,000, there are vocational rehabilitation programs that may be used in conjunction with the new employment assistance.

**Vocational Programs:**

There are a number of options available to assist workers to return to work; these include:

- **Work Trials:**
  Provides opportunity for worker to be placed with a host employer so that the worker can gain skills and improve capacity. The insurer pays any costs associated with the placement, including the workers’ travel, clothing etc.

- **Equipment and workplace modification:**
  Provides funding for workplace equipment or modifications that may assist a worker return to work.

- **Training:**
  Covers costs associated with training to develop new skills and qualifications to assist with return to work. This may involve formal study, short courses and licenses.

- **Transition to work:**
  Provides financial assistance to a worker to assist with the costs of job seeking (Tier 1 up to $200) and to address a financial barrier to accepting a job with a new employer (Tier 2 up to $5000). Examples of how this program can be used include relocation expenses and child care.

- **JobCover Placement Program:**
  Provides financial assistance to a new employer to employ a worker who cannot return to work with their pre-injury employer. This includes a financial incentive paid over a 12-month period for an amount up to $27400.

**7.6. The Role of the Return to Work Coordinator and Claims Officer within UNSW Workers Compensation**

The Claims Officer at UNSW has the overall claims management. Claims acceptance or dispute is provided initially in the form of a letter and subsequently in the injury management and recover at work plans.

The Return to Work Coordinator provides information to the injured worker on the rehabilitation process and has responsibility to:

- Maintain confidentiality of rehabilitation information with regards as to access to rehabilitation records and consent to release information. All personal information and records in the injury management process will be collected and kept confidential in accordance with the National Privacy Provisions and will only be disclosed in accordance with these and/or the provisions of the Workplace Injury Management and Workers Compensation Act 1998.

- Liaise with the following parties, as required, to assess the needs of the injured worker; to coordinate services necessary to meet those needs; and to nominate suitable employment:
  - Injured worker
  - Treating doctor
  - Manager(s) or supervisor(s)
  - Accredited rehabilitation provider (where involved)
  - Accredited health professionals/therapists
  - Claims Officer
  - Union representative (where requested by the injured worker)

- Ensure that injured workers with capacity to return to work on suitable duties have their specific Recover at Work Plan, that is distributed to all parties involved and, in the case of significant injuries, that an Injury Management Plan is established and implemented within 20 days.

- Monitor the progress of rehabilitation at appropriate intervals.

The nominated Return to Work Coordinator can be contacted at:
7.7. Procedure for Changing the Nominated Treating Doctor

An injured worker may be permitted to change Nominated Treating Doctor if they can provide a valid reason verbally or in writing in line with Section 47(6) of the Workplace Injury Management and Workers Compensation Act 1998.

UNSW recognises that in cases where an injured worker is not recovering from injury or is not happy with the level of treatment/communication received from a Nominated Treating Doctor, that a change of Nominated Treating Doctor can be a productive and pro-active move towards recovery.

Consistent medical care is essential to assist the injured worker with recovery and safe return to employment after an injury. Changing the doctor can interrupt good medical care.

If an injured worker has a reason to change their Nominated Treating Doctor, they must contact the Workers Compensation Department and inform them of the reason. The Workers Compensation Department may ask for this advice in writing.

In some circumstances, UNSW as a Self-Insurer, may request that the injured worker change Nominated Treating Doctor. Reasons may include:

- The doctor is consistently unavailable or unwilling to cooperate in the development and review of any Injury Management Plan.
- Continual improper completion of Certificate of Capacity including the backdating of certificates.
- Communication (including language difficulties) with the doctor is impeding medical management and an early, safe and durable return to work.
- Either the injured worker or the doctor moves to another area.
- The doctor discontinues practice.

7.8. Attendance of Medical Treatment

Medical treatment and appointments must be attended outside of working hours where possible. For any treatment or appointments that cannot be scheduled out of working hours due to availability of appointments, the time to attend these appointments is to be negotiated with the direct supervisor/manager of the area with consideration of the operational requirements of the department/unit.

7.9. Use of Injury Management Consultants

The primary role of the Injury Management Consultant is one of facilitating a resolution of issues arising in relation to an injured worker’s capacity for work.

UNSW may use an Injury Management Consultant to enable clear communication, planning and support for progressing an injured workers return to work. The primary role of an Injury Management Consultant is to review medical, rehabilitation and other relevant reports, speak directly to the treating doctor about the medical condition and the Recover at Work plan, identify and assist with overcoming any barriers that may prevent an injured worker from returning to work.

The Injury Management Consultant can also conduct a physical examination, visit the workplace, talk to other treating health professionals (e.g. Physiotherapists) and discuss any questions regarding the NSW Workers Compensation system.

An Injury Management Consultant cannot arrange or give advice regarding treatment, liability or impairment.

7.10. Independent Consultants

SIRA has appointed a network of Independent Consultants whose role is to provide an independent peer review regarding physical (physiotherapy, chiropractic, osteopathic), psychological or counselling treatment presently being undertaken by an injured worker.

The independent consultant has a number of roles which include to:
• Determine whether further treatment is considered reasonably necessary
• Consult and work with the treating therapist to reach agreement on future treatment content and duration to achieve the best outcomes for the injured worker
• Advise the treating therapist, the insurer (UNSW Workers Compensation), and the injured worker on the ongoing need for further treatment
• Control costs by recommending the cessation of the service delivery that is not reasonably necessary, or provide recommendations for more appropriate treatment.

The treatment provider can also request the insurer make a referral to an independent consultant to assist them in determining future appropriate treatment/management of the injured worker. Injured workers can also be referred to an Independent Consultant by UNSW Workers Compensation claims officer, if they have concerns with the type of treatment provided or proposed, and if there is a failure of the injured worker to make functional improvements and/or return to work despite treatment.

If, following a review by an independent consultant, an injured worker is not satisfied with the insurer’s decision regarding treatment they may request an internal review by the insurer. If the injured worker is dissatisfied with the insurer’s response, they may seek advice from the:

Workers Compensation Commission
Level 20, 1 Oxford Street
Darlinghurst NSW 2010
Phone: 1300 368 040

SIRA can provide further information and assistance on phone 13 1050.

Further information regarding the Role of Independent Consultants can be obtained from the link below: https://www.sira.nsw.gov.au/for-service-providers/A-Z-of-service-providers/independent-consultants.

7.11. Independent Medical Specialist

An Independent medical examination means an impartial assessment based on the best available evidence that is requested by a worker, a worker’s solicitor or UNSW and undertaken by an appropriately qualified and experienced medical practitioner (who is not in a treating relationship with the worker) for the purposes of providing information to assist with workers compensation injury and claims management.

Medical questions that arise must be directed to the treating doctor in the first instance. The Claims Officer may request an independent medical examination when:

• Information from the treating doctor is inadequate, unavailable or inconsistent.
• The question cannot be resolved directly with the treating doctor.
• A medical question can arise in a number of circumstances. For example,
  • UNSW has evidence that the injured worker’s medical condition as a result of the injury has changed.
  • UNSW has evidence of a changed in the injured worker’s health not as a result of the work-related injury.
  • UNSW has evidence of a material change with regards to reasonable and necessary medical treatment.
  • The injured worker makes a claim for Section 66 lump sum permanent impairment or Work Injury Damages.
  • The worker requests a review pursuant to notices issued under Section 54 or Section 74 of the 1998 Act and includes additional medical information that UNSW is asked to consider.
  • There has been at least 6 months since the last Independent medical examination required by UNSW.

Under Chapter 4, Division 7, Section 119 of the Workplace Injury Management and Workers Compensation Act 1998, an injured worker must attend a medical assessment at the request of the University. UNSW will pay for reasonable costs associated with the medical assessment.
7.12. Finalisation of Injury Management

Workplace injury management will conclude when the injured worker achieves the goal specified within the Injury Management Plan. This will generally be on the resumption of full pre-injury duties or where the injured worker is successful in obtaining another permanent suitable employment either within UNSW or with a new employer.

Monitoring of a successful return to work will continue for a four-week period before injury management is concluded to ensure the Injury Management goal achieved is durable. A closure letter will be sent to the injured worker once there is confirmation that pre-injury duties have been maintained without the need for ongoing treatment.

Injury management may also conclude in other circumstances, including but not limited to:

- The worker is unable to continue to participate in injury management activities for reasons unconnected with the injury, e.g. due to personal injury or illness that is not work-related.
- The available medical evidence indicates that the injured worker has achieved maximum medical improvement and is considered likely to gain no further benefit from continued rehabilitation; the injured worker’s Claim is ended by way of legal determination (e.g. WCC determination) or settlement (e.g. Common Law, commutation).
- The worker resigns from employment with UNSW for reasons unconnected with the injured worker’s injury or claim.

8. External Workplace Rehabilitation Providers

External Workplace Rehabilitation Providers are organisations made up of health professionals (from the disciplines of physiotherapy, occupational therapy, counselling and medicine) that are approved by SIRA NSW to provide specific rehabilitation related services aimed at returning the injured worker to suitable employment.

In some cases the Return to Work Coordinator may need to enlist the services of an approved Workplace Rehabilitation provider. Approval for these services are provided by the Claims Officer and monitored by the Return to Work Co-ordinator. Some examples of situations where a Rehabilitation Provider might be engaged may be where:

- The injured worker is likely to have an extended period of total incapacity to work
- There is difficulty in identifying duties within an injured worker’s certified capacity of employment
- An assessment of the injured worker’s physical capacity may be required to assist finding suitable employment
- The injured worker is unlikely to resume full pre-injury duties in the long-term
- The injured worker’s goal is identified to be return to different job with the same employer or different job with different employer and training, work trials or job placement may be required

An assessment of work experience and transferrable skills is required to assist redeployment. SIRA requires employers to nominate one or more accredited providers to assist in the rehabilitation of injured workers. A full listing of all accredited rehabilitation providers can be found on the SIRA Web page.

Rehabilitation Providers may be engaged for a one-off service or they may be engaged to assist with the day-to-day injury management of complex cases. Some of the functions and services they provide include the following:

- Identifying and designing duties within a worker’s certified capacity of employment for the injured worker
- Identifying and coordinating rehabilitation strategies to return to and maintain work
- Monitoring return to work and individual Recover at Work Plans, with gradual upgrades to return to pre-injury duties where appropriate
- Providing education and advice regarding management of an injury
- Arranging appropriate retraining and placement in alternative employment when the injured worker is identified as unable to return to pre-injury duties long term e.g. JobCover placement programs and work trials
- Performing workplace assessment and providing ergonomic advice
- Performing a functional or vocational assessment
8.1. Engaging an Approved Workplace Rehabilitation Provider

The injured worker, manager and supervisor will be advised of the intention to involve a rehabilitation provider to assist in the return to work/injury management of an injured worker. UNSW has provided a list of three nominated Rehabilitation Providers taking into consideration proximity to UNSW and to the home locations of workers.

While it is usually UNSW Workers Compensation Department who makes the decision on which workplace rehabilitation provider will be used in each situation, the injured worker should be consulted on the decision and given the opportunity to refuse or request a change in provider.

Changing Approved Workplace Rehabilitation Provider

An injured worker may be permitted to change their Approved Workplace Rehabilitation Provider. Requests to change Approved Workplace Rehabilitation Provider will be reviewed on a case-by-case basis and agreed between UNSW and the injured worker.

Circumstances where UNSW as a Self-Insurer may suggest the worker, or consider the request of the injured worker to, change Approved Workplace Rehabilitation Provider may include but are not limited to:

- The Provider does not have appropriate qualifications/ experience in the specialty required.
- Communication (including language difficulties) with the Provider is impeding injury management and an early, safe and durable return to work.
- Either the worker or the Provider moves, or the Provider no longer services the required area.
- The Provider discontinues practice in the required specialty.

The injured worker may request to change their Approved Workplace Rehabilitation Provider in writing either personally; by facsimile; by email or by mail to their Claims Officer. The request is required to state the reasons for wishing to change Provider and the name, address and phone number of the Provider preferred to take over the role.

8.2. External Workplace Rehabilitation Providers Conformance and Management

A Workplace Rehabilitation Provider is to conform at all times with the requirements of this Injury Management Program and other SIRA Accreditation requirements. Service Level Agreements are in place between the providers and UNSW. These will be monitored by the UNSW Workers Compensation Department to ensure that the appropriate level of service is being provided by the provider and is cost efficient.

The University’s nominated providers are:
- Recovre
  Level 36 & 37
  225 George St
  Grosvenor Place
  Sydney NSW 2000
  Ph: 1300 550 216

- The Rehabilitation Specialists
  Level 12
  50 Carrington St
  Sydney NSW 2000
  Ph: 1800 073 422

- Workers Health Centre *(Nominated by Union[s]*)
  7 Harris St
  Harris Park NSW 2150
  Ph: (02) 9749 7666
A full list of occupational rehabilitation providers in NSW is available at SIRA’s website:
Direct link:

9. Nominated Occupational Physicians

UNSW can utilise the services of an occupational physician to assist with injury management when it appears that recovery from injury is not progressing towards a return to Pre-Injury Duties or when there are complex issues or concerns about the recovery at work process. UNSW will arrange an appointment in consultation with the injured worker and has nominated the following medical professional organisation in that regard. The contact details are as follows;

- Immex Green Square
  
  561 Botany Road
  
  Alexandria NSW 2017
  
  Ph: 9319 5999

10. Claims Management

10.1. Initial Notifications and Provisional Liability

A notification is the first notification of a workplace injury received by the University. UNSW employees who are injured at work must notify their managers or supervisors as soon as possible after the injury happens unless special circumstances apply. Initial notifications can be made by the worker, their supervisor or representative (Doctor, union representative) in writing (including by email) or verbally (including over the phone).

Initial notifications are triaged by UNSW Workers Compensation Department based on the circumstances of the injury, certificates of capacity and other medical information. This allows UNSW to effectively manage injuries to ensure that injured workers receive prompt reasonable and necessary medical treatment and or weekly payments.

This can be categorised into 3 distinct types of claims:

1. Significant Injuries – means a workplace injury that is likely to result in the worker being incapacitated for work for a continuous period of more than 7 days, whether or not any of those days are work days and whether or not the incapacity is total or partial or a combination of both.

2. Non-Significant Injuries - Minor injuries (medical expense only) lower priority whereby the injured worker is fit for normal duties and requires minimal medical intervention.

3. Notification only injuries – Worker confirms verbally or in writing that the injury is a notification only. The Workers Compensation department forwards an initial notification acknowledgment letter to the worker’s home address and emails to their work email, which outlines the detail of the workers compensation process in the event the worker wishes to pursue a claim at a later date.

The Acceptance of liability on a provisional basis does not constitute an admission of liability by UNSW, it simply allows UNSW to provide the injured worker with financial assistance and early intervention whilst undertaking any necessary investigations to determine liability on the claim.

UNSW may make provisional payments before it determines liability of up to 12 weeks of payments for loss of income and up to $7,500 for reasonable necessary medical treatment.

Note: Refer to Part 3 regarding exemptions from the requirement that workers obtain prior approval for medical and allied health provider or hospital treatments.

Once UNSW Workers Compensation is notified of an initial notification of injury provisional payments must commence within 7 calendar days unless a reasonable excuse exists. A reasonable excuse may apply to provisional weekly payments, but not to provisional medical payments.

A provisional letter will be sent to the injured worker advising that payments have commenced on a provisional basis.

The provisional letter will include the following:

- Expected duration of provisional payments
Calculation of Pre-injury average weekly earnings including copy of UNSW payroll information on which earnings have been determined.

Workers’ rights to review PIAWE decision by submitting SIRA Work Capacity decision – application for internal review by insurer form.

10.2. Making a Claim

An injured worker can make a claim for compensation at any time as long as it is made within the time limits specified by legislation. An injured worker does not have to make a claim for weekly benefits or medical expenses if an initial notification of their injury was made, and the injured worker was paid provisional liability payments. However, the injured worker must make a claim if:

- The worker requires benefits that exceed their entitlements under provisional liability; that is, weekly payments for more than 12 weeks or compensation for medical expenses more than $7500.00 (as outlined in the SIRA guidelines under s280 of the Workplace Injury Management and Workers Compensation Act 1998).
- Provisional liability payments have stopped and the worker believes they are still entitled to more benefits
- The insurer/self insurer requests that a claim be made.

To make a claim for workers compensation, the injured worker must complete a worker’s compensation claim form and forward it to the Workers Compensation Department.

10.3. Liability

Determination of a claim must be completed within the statutory period of 21 days following receipt of a worker’s compensation claim form unless provisional liability (maximum of 12 weeks) has already been accepted for a period greater than 21 days.

10.4. Claims Review

Claims will be reviewed by the Claims Officer at each provision of a Certificate of Capacity (within 28 days), and/or if further medical information is received. Claims are also reviewed at the following intervals for claim estimations, as per SIRA Estimation Guidelines and Manual 2012: 3 months, 6 months, 12 months and then 6 monthly thereafter or as circumstances change.

Claims handover is required when a claims officer goes on leave, for the continuity of care and effective claims management. The handover sheet states the date of handover, date Certificate of Capacity to expire, case manager details and action required in the absence and actions completed in the absence of the original case/claims officer.

10.5. Medical treatment and expenses

Medical entitlement period extended

The entitlement period for medical treatment and services for all claims has been extended with legislative reforms effective from December 2015. All workers have an entitlement for up to 2 years after their claim was first made, or from the date the worker’s weekly payments stopped being payable, whichever is the later except: for all workers injuries medical expenses extended to 2 years and with a permanent impairment of more than 10 per cent but not more than 20 per cent, the period extends up to 3 years and for workers with a permanent impairment of more than 20 per cent who will be entitled to medical treatment and services for life. The Insurer is still required to pre-approve any treatment or service that has not been provided, and the maximum amounts payable for the treatment or service as set by the Authority will apply.

UNSW will meet the cost of any reasonably necessary medical treatment in relation to an injury for which Provisional Liability or Liability has been accepted.

In some cases, reasonably necessary medical treatment and procedures for the compensable injury must be approved by the insurer once the need for treatment has been justified in a report or a treatment plan.

In determining what “reasonably necessary” medical treatment is, UNSW will consider the following:

- 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 injured 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?

Reasonably necessary services for the compensable injury must be approved by the insurer once the need for treatment has been justified in a report or a treatment plan.

If UNSW considers upon review of requested treatment that the medical treatment is not reasonably necessary, the worker will be notified in writing under Section 74 of Workplace Injury Management and Workers Compensation Act 1998, declining to pay for any medical treatment that is considered not reasonably necessary.

Secondary surgery is now available for all eligible workers. From 4 December 2015, all injured workers who require secondary surgery may be entitled to medical compensation for the surgery itself, as well as any post-surgery treatment such as medication or physiotherapy.

In order to be eligible for this benefit the secondary surgery must: be directly consequential to an earlier surgery and affect a body part affected by the earlier surgery, and be approved by the insurer within two years of the earlier surgery being approved (or later if the claim is disputed).

Previously, surgery benefits were limited to 12 months following the end of weekly payments. Now, the approval timeframe for secondary surgery has been extended, allowing injured workers and their doctors more time to schedule follow-up surgery without risk of out-of-pocket expenses.

Lifetime medical entitlements for workers with high and highest needs

10.6. Workers with high and highest needs will be entitled to receive reasonably necessary medical treatment and services for life. Payment of Medical Treatment

The amount payable by UNSW for any medical treatment is not to exceed the amount specified by SIRA Guidelines and as per gazetted AMA rates.

A treatment provider cannot seek to recover from an injured worker an amount which exceeds any applicable maximum.

If the medical treatment has been paid for by the injured worker, UNSW will reimburse the injured worker for the expense (providing it is considered to be reasonably necessary), within 14 days of receiving the invoice / receipt from the injured worker.

Where a medical expense, not already paid by the injured worker, is submitted to UNSW, payment will be made within 30 days of receiving the invoice.

10.7. Treatments and services (and related travel expenses) exempt from the requirement for prior insurer approval

10.7.1 Workers Compensation Commission determination

• Any treatment or service provided to an injured worker where liability has been initially declined but where the Workers Compensation Commission or subsequently finds for the worker on liability and it is agreed or determined that the treatment or service provided was reasonably necessary.

• Any treatment or service provided to an injured worker where there is a dispute about reasonably necessary treatment or service and the Workers Compensation Commission has found that the treatment or service provided was reasonably necessary.

10.7.2 Registrar's Interim Payment Direction

Any treatment or service provided to an injured worker that is the subject of an Interim Payment Direction by the Registrar (or Delegate) of the Workers Compensation Commission ordering that the medical expenses be paid.

10.7.3 Permanent impairment medical certificate

The obtaining of a permanent impairment medical certificate and any examination required for the certificate taken to be a medical related treatment for the purposes of Division 3 of the Workers Compensation Act 1987 by section 73(1) of that Act.
10.7.4 Nominated Treating Doctor
Any consultation with the Nominated Treating Doctor in relation to the injury claimed, or case
conferencing, apart from telehealth and home visits within 1 month of the date of injury

10.7.5 Medical Specialists
Any consultation and treatment during the consultation within 3 months of the date of injury. (Medical
specialist in accordance with the Schedule 4 of Part 1 of the Health Insurance Regulations 1975, who is
remunerated at specialist rates under Medicare.

10.7.6 Pharmacy
Prescription and over-the-counter pharmacy items prescribed by the Nominated Treating Doctor or
specialist medical practitioner, within (1) month of the date of injury.

10.7.7 Diagnostic investigations
All plain x-rays performed on referral from the Nominated Treating Doctor or specialist medical
practitioner in relation to the injury claimed and provided within 2 weeks of injury.
Ultrasounds, CT scans or MRIs within 3 months of date of injury if referred by a medical specialist. Note:
A General Practitioner’s MRI referral must meet the Medicare Benefits Schedule criteria.

10.7.8 Public hospital
Any services provided in public hospitals that are provided by or consequent upon presentation at the
hospital’s emergency department for the injury claimed that are within one month of the date of injury.

10.7.9 Physiotherapy, Osteopathy or Chiropractic treatment
1. The first 8 treatments of physiotherapy, chiropractic and osteopathy not previously treated and
treatment starts within (3) months of the date of injury.
Up to (3) consultations per Allied health recovery request (AHRR) if the same practitioner is continuing
treatment within (3) months of the date of injury and the practitioner sent and AHRR to UNSW and or
UNSW did not respond within 5 days of receiving the AHRR.
(1) Consultation with the same practitioner if the practitioner previously treated the injury over (3)
months ago. This is a new episode of care.
(2) A consultation with a different practitioner if the injury was previously treated.
Up to 2 hours per practitioner for case conferencing that complies with the applicable Fees
Order.
Up to $100.00 per claim for reasonable incidental expenses for items the worker uses independently
(such as strapping tape, TheraBand, exercise putty, disposable electrodes and walking sticks.
Note: Consultations with an accredited exercise physiologist require a referral for a medical practitioner.
All treatments exclude home visit, telehealth and practitioner travel.

10.7.10 Psychology treatment or counselling
1. Up to 8 consultations if a psychologist or counsellor has not previously treated the injury and
treatment starts within 3 months of the date of injury.
2. Up to 3 consultations if a psychologist or counsellor has not previously treated the Injury and
treatment starts over 3 months after the date of injury.
3. Up to 3 consultations per Allied health recovery request (AHRR) if the same practitioner is continuing
treatment within 3 months of the date of injury and; the practitioner sent an AHRR to UNSW, and UNSW did not respond within 5 working days of receiving the AHRR.
(1) 1 consultation with the same psychologist or counsellor if the practitioner previously treated the
injury over 3 months ago. This is a new episode of care.
(2) 1 consultation with a different psychologist or counsellor if the injury was previously treated.
6. Up to 2 hours per practitioner for case conferencing that complies with the applicable Fees
Order.
7. Up to $100.00 per claim for reasonable incidental expenses for items the worker uses
independently (such as relaxation CDs and self-help books).
Note: These consultations require a referral from a medical practitioner. All treatment to exclude visits for
telehealth and practitioner travel.

8 The preconditions to be met before the exemption will apply are:
   a) The psychologist must be SIRA approved and
b) The injured worker’s Nominated Treating Doctor or treating specialist medical practitioner who is a psychiatrist must make the referral for treatment.

10.7.11 Hearing needs assessment

The hearing service provider must be approved by SIRA and the initial hearing needs assessment, where the nominated treating doctor has referred the worker to a medical practitioner who is an ear, nose and throat (ENT) physician to determine that the hearing loss is work-related and to assess the binaural hearing loss. The ENT makes the referral for treatment.

10.8. Weekly Benefits

Weekly benefits are payable when an injured worker’s injury results in incapacity leading to wage loss. Weekly payments will only be for a period that is covered by a properly completed Certificate of Capacity.

UNSW will advise injured workers in writing of the amount of weekly compensation payable on a Claim, as well as any change in rate (other than a change that arises simply due to a variation in the injured worker’s hours of work as part of a return to work process).

If, for any reason, UNSW determines not to pay weekly payments for any period, the injured worker may apply to be paid sick leave or other accrued leave to cover this period in accordance with the usual leave application process at UNSW.

Calculation of an injured worker’s weekly benefits

The pre-injury average weekly earnings (PIAWE) are the average of weekly earnings over the 52-week period prior to the injury. The calculation of earnings must take into account any periods of paid leave, but must not include any periods of unpaid leave.

Stage 1 Weekly Compensation Benefits (First Entitlement Period) - 0 to 13 weeks

An injured worker has an entitlement to weekly payments during the first entitlement period when they have reduced capacity for work because of a workplace injury that has resulted in a loss of earnings.

UNSW will continue to pay salary in accordance with the current enterprise agreement from 0-13 weeks. If the injured worker’s entitlement period of incapacity exceeds 13 weeks, they will be notified in writing as to the calculated change in their entitlement to ongoing weekly compensation.

Stage 2 Weekly compensation benefits (Second Entitlement Period) - 14 to 130 weeks

(Note: from Week 53 overtime and shift allowances are excluded from the pay structure)

A worker has an entitlement to weekly payments during the second entitlement period when they have reduced capacity for work because of a workplace injury that has resulted in a loss of earnings.

Where the worker has no capacity for work, or has capacity for work and is not working (or working less than 15 hours per week), the weekly payment is made up to 80% of pre-injury average weekly earnings less any current earnings.

Where the worker has capacity for work and is working 15 hours or more per week the weekly payment is made up to 95% of pre-injury average weekly earnings less any current earnings.

Stage 3 of your weekly compensation benefits (Third Entitlement Period) - 131 to 260 weeks

A worker has no entitlement to weekly payments after receiving weekly payments for 130 weeks unless:

- The worker has completed an Application for continued weekly payments after 130 weeks Form with their insurer
- The worker is working 15 hours or more per week and earning at least $183 per week (this rate is indexed twice yearly from 1st April and 1st October), and has been assessed by the insurer as indefinitely incapable of undertaking further employment to increase their earnings
- The worker is seriously injured with greater than 20% permanent impairment

Weekly payments are calculated based on the lesser of:

- 80 per cent of the worker’s pre-injury average weekly earnings minus their current weekly earnings, or the amount that they have been assessed as able to earn in suitable employment and the value of any deductible amount, or
- The maximum weekly compensation amount (which is indexed twice yearly 1st April and 1st October). The rate applicable in the Workers Compensation Benefit Guide

Injured workers who are working reduced hours in accordance with medical advice:
• Must submit promptly to the Manager/Supervisor, who will forward medical certificates to Workers Compensation Department. These must be properly completed Certificate(s) of Capacity confirming the number of hours and days to be worked during a specified period.

• Are not entitled to “rostered days off” or to accumulate flexi hours whilst under any reduced working hours arrangements.

• May be required to alter the days and hours they usually work in accordance with rehabilitation requirements (but not contrary to medical certification).

• Will be expected to work the total number of hours prescribed and attend routine medical appointments outside these hours where practicable or make up the time lost as negotiated with the injured workers supervisor.

• Will only receive salary loading (e.g. shift allowance, higher duties allowances, regular rostered overtime) if these are being earned as a result of work actually performed or are claimable under the Workers Compensation Act.

Shift and overtime allowances will be excluded from pre-injury average weekly earnings (PIAWE) at week 53.

Section 39 – Cessation of weekly payments after 5 years (260 weeks)
Weekly payments are available for a maximum (aggregate) period of 5 years (260 weeks). This applies unless the worker has been assessed as having a permanent impairment of more than 20%.

A part of a day is called a full day and counted towards a week’s entitlement.

Workers will continue to receive reasonable necessary medical treatment and services as follows;

- Lifetime for crutches, artificial members, eyes or teeth & other artificial aids or spectacles, including hearing aid batteries, home or vehicle modifications.
- Secondary surgery if the surgery is directly consequent to an earlier surgery and affects a part of the body affected by the earlier surgery, and the surgery is approved by the insurer within 2 years after the earlier surgery was approved (or the surgery is approved at a later date due to a dispute that arose within the 2 years).

For injured employees with 0 to 10% permanent impairment, a further 2 years of medical or related treatment from the date the workers weekly payments ceased is entitled.

For injured employees with 11 to 20% permanent impairment, they have an entitlement of a further 5 years of medical or related treatment from the date the workers payments ceased.

The Insurer will contact the injured employee and treating doctor or health professional, to ensure the necessary steps are fully understood and the required level of support continues to be provided.

In cases where the injured employee is no longer entitled to receive weekly benefits under the Workers Compensation Act 1987, there may be an entitlement to Centrelink payments.

The injured employee is encouraged to take the necessary time to undertake their own research by visiting the Centrelink website: http://www.humanservices.gov.au or contacting their call centre on: 13 24 68.

To assist with the assessment process, workers can apply to Centrelink up to 13 weeks in advance of cessation of weekly payments by:
- obtaining a letter from the Insurer confirming the:
  - Agreed total number of weekly payments paid to date, the projected date of their last weekly payment and, the reason for cessation of weekly payments.
- having an up to date medical certificate and other supporting information (within the last 4 weeks of their application) about all health conditions
- having relevant financial information available (including details of any lump sum amount & date of payment, spouses’ earnings etc.).

Further information can be found on the SIRA website: http://www.sira.nsw.gov.au/

10.9. Fraud
An injured worker must not make a statement in a claim knowing that the statement is false or misleading in a material particular (Section 258 of the 1998 Act). This may result in a fine or imprisonment or both.
If the University as a Self-Insurer (Claims Officer and/or Return-to Work Coordinator) suspects suspicious activities of a person or it may appear they are defrauding the workers compensation system, they will report it direct to the Fraud Investigations Branch by:

- Calling the SIRA Customer Service Centre 131050
- Emailing contact@sira.nsw.gov.au
- Writing SIRA Compliance Investigations & Prosecutions, Locked Bag 2906, Lisarow NSW 2252

Fraud referrals can also be made anonymously by the University, by calling SIRA on 13 10 50 for more information about fraud investigation.

10.10. Recoveries

The University may seek recovery of benefits paid to a worker where there is a third party that holds a potential liability for the injury/illness. The University, as a self-insurer seeks recovery of associated claims costs when a person recovers damages in respect of an injury, and also when another managed fund insurer has accepted liability to pay compensation to the worker in respect of the injury concerned.

The recovery would be sought by the claims case manager, attempting recovery. The case manager would pass the matter to a University legal representative to claim recovery if no response is received by contacting them further by letter of demand.

The recovery process would not have an impact on the injury management or benefits available to the worker, indeed from the worker’s perspective there would be no difference in the injury management that they receive.

10.11. Disputes-Internal Grievance / Complaints Management

UNSW is committed to creating a fair and co-operative environment for Workplace Injury Management. However, in the event a grievance or complaint should arise during the course of the claim, the following steps are available:

- Discuss the complaint or grievance with the person it relates to.
- Discuss the complaint or grievance with the Workers Compensation Senior Manager
- If the grievance is still unresolved discuss it with the Director of Safety & Sustainability
- Refer to [http://www.workerscompensation.unsw.edu.au](http://www.workerscompensation.unsw.edu.au) for further information.

10.12. Claims Disputes

In cases where disputes arise regarding decisions on claims, for example liability, the University will do the following:

Before giving notice of the decision to dispute liability on any part of a claim, the University will carry out an internal review of the evidence used in reaching the dispute decision. However, if UNSW disputes liability in respect of a claim, or any aspect of a claim, the injured worker must be notified in writing. The notice must include:

1. A statement of the matter(s) in dispute
2. A statement indicating that the matters that may be referred to the Workers Compensation Commission are limited to matters notified in the dispute notice or in a dispute review notice;
3. Reasons the insurer disputes liability
4. A statement of the insurer and claimant issues, relevant to the matter in dispute
5. A statement identifying all reports and documents which were relevant to the claim or aspect of the claim to which the decision relates
6. A statement identifying the reports and documents submitted by the worker in making the claim
7. A statement identifying that all reports and documents relevant to the decision to dispute the claim referred to in 5 above (and which are in the possession of the insurer) are attached to the dispute notice
8. A statement indicating that the worker can request a review of the claim by the insurer (optional review).
An injured worker can request a review of the claim by the University. They may, at any time before an application for dispute resolution is lodged with the Workers Compensation Commission, request a review of the University’s decision by completing the “Application for Review” form. The University has 14 days to respond to a review request.

The request for a review and any information should be sent to:

Workers Compensation Department  
University of New South Wales  
Level 1 Room 119 The Chancellery  
UNSW SYDNEY 2052.

Further advice or assistance about the dispute process can be obtained from:

- The SIRA Customer Service Centre (telephone: 131 050)
- Your union
- A lawyer

10.13. Injury Management Disputes

Successful rehabilitation of injured workers should be the paramount concern of injury management and all parties should be involved in monitoring the effectiveness of the injury management process. If a dispute arises over an individual injury management / Recover at Work Plan then the dispute will be addressed in the following manner:

The Return to Work Coordinator should be advised of any problem which could result in a conflict situation. If a dispute arises, the Return to Work Coordinator will attempt to resolve the dispute by coordinating discussions between the relevant parties concerned, i.e. doctors, rehabilitation provider (if involved), supervisors/managers and, where requested, the appropriate union official.

UNSW will utilise Injury Management Consultants to assist in resolving disputes over the suitability of selected duties that may arise during the course of an injury management / Recovery at Work plan.

10.14. Permanent Impairment Lump Sum Payments

If an injured worker is assessed by a qualified medical specialist to have a permanent impairment as a result of a workplace injury or illness, they may be entitled to receive a lump sum permanent impairment compensation.

The injured worker’s level of permanent impairment must be present before payment can be made. The minimum level must be greater than 10% permanent impairment, for any injury after 19 June 2012.

The injury must have reached maximum medical improvement. This means the condition has been medically stable for the previous three months and further recovery or deterioration of more than three per cent is not expected in the next 12 months.

Should a claim for permanent impairment be made it would need to be determined by a trained assessor of permanent impairment, SIRA accredited medical specialist.

Lump sum permanent impairment and pain and suffering payments are made in addition to payments and expenses that may generally be available through the workers compensation system.

A complying agreement is a written agreement between the injured worker and the insurer regarding the lump sum payment for permanent impairment and, if eligible, for pain and suffering.

Prior to making the payment for permanent impairment, the insurer must be satisfied that the injured worker has obtained independent legal advice or has waived the right to independent legal advice.

The insurer is required to record evidence that this advice has been obtained, or that it has not been obtained, and the details of the agreement.

The maximum lump sum payment for permanent impairment injuries incurred:

- between 1 January 2002 and 31 December 2006 is $200,000, with an additional five per cent for permanent impairment of the spine for injuries on or after 1 January 2006
- on or after 1 January 2007 the maximum amount is $220,000 (plus an additional five per cent for permanent impairment of the spine).

The injured worker is responsible for their own legal costs with regard to their claim for lump sum compensation but the Workcover Independent Review Office (WIRO) has established the Independent Legal Assistance and Review Service. This service provides access to free independent legal advice to injured workers through the provision of a grant, where there is disagreement with insurers regarding their claim for lump sum compensation for permanent impairment.

You can call the WIRO on 13 94 76 or contact them by email to complaints@wiro.nsw.gov.au.

10.15. Work Injury Damages (Common Law)

New South Wales workers compensation arrangements allow injured workers to sue for modified common law damages in certain circumstances. These are known as work injury damages claims.

Damages are the term used to describe a sum of money that a court may award to a worker to compensate for the loss, harm or injury suffered. Work injury damages are modified common law damages - the worker is limited to claiming past loss of earnings and future loss of earning capacity.

The work injury must be because of the negligence of the employer and must have 15% whole person impairment (WPI), as assessed by a specialist trained in the use of SIRA Evaluation of permanent impairment guidelines and this has been accepted by the insurer or determined by the Workers Compensation Commission.

If an injured worker thinks they may be eligible to lodge a work injury damages claim and would like to proceed, they should first seek legal advice.

For further information contact:
- SIRA Customer Service Centre on 13 10 50
- WorkCover Independent Review Office (WIRO) on 13 94 76
- Workers Compensation Commission on 1300 368 040
- a Union Solicitor

10.16. Workers with high and highest needs

They have been assessed by a trained assessor of permanent impairment as having more than 20 per cent permanent impairment, or an assessment is pending as an examination has been made by an approved medical specialist. The specialist has declined to make the assessment because maximum medical improvement has not been reached and the degree of permanent impairment is not fully ascertainable, or the Insurer is satisfied that the degree of permanent impairment is likely to be more than 20 per cent. The Insurer is still required to pre-approve any future treatment or service that has not yet been provided, and the maximum amounts set by the Authority will apply. Workers with impairment above 30% are entitled to highest needs workers compensation entitlements which also include lifetime medical expenses.

10.17. Commutations

A commutation is an agreement between the injured worker and UNSW as a self-insurer 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

SIRA must also certify the commutation meets all the criteria set out in Section 87EA of the Workers Compensation Act 1987.

A commutation is only available when the following preconditions have been met:
- The injured worker must have a permanent impairment that is at least a 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 UNSW as a self – insurer and worker must agree with the commutation
  • SIRA must approve the commutation.

10.18. Claim Finalisation
A claim may be closed when a decision can be made that a worker has no ongoing entitlement to benefits and this decision is not being disputed. Factors to be considered include:
• The worker has achieved optimal return to work and health outcomes
• All payments have been made
• No recovery action is current

Prior to closing a claim, the worker is to be notified in writing giving the reason for the decision and that the claim may be reopened on receipt of sufficient reasons.

10.19. Claim Reopening
A claim can be re-opened after it has been closed for the following reasons:
• Recurrence of original injury
• Further payments and recoveries
• Claim is litigated
• Claims administration

If a claim is re-opened again other than for administration purposes, a decision on the additional compensation benefits must be determined again within 21 days.

11. SIRA Customer Service Hotline
In cases where a resolution with either a claims or injury management dispute is not achieved, the SIRA Customer Feedback line is able to help help the injured worker, the employer or Insurer to resolve any problems that may arise during the workers compensation claims process.

SIRA Customer Service Centre - phone 131050, email contact@sira.nsw.gov.au

12. Work Capacity
Work capacity is contained in Section 43 of the Workers Compensation Act 1987 – work capacity decision by insurer, Section 44 – Review of work capacity decisions, Section 44A – Work capacity Assessment & Section 44B – Evidence as to work capacity.

“Current work capacity” is defined in S32A of the 1987 Act as: “employment in work for which the worker is currently suited”: having regard to: The nature of the workers incapacity and the details provided in medical information including, but not limited to any certificate of capacity supplied by the worker (under S44B).

Work capacity is an important part of recover at work planning and determination of entitlement to weekly payments. Work capacity assessments, decisions and reviews will be conducted by the Claims Officer (s) in accordance with: SIRA Work Capacity Guidelines.

Work capacity has guiding principles of: promoting recovery, reducing the risk of long-term disability and loss of employment, and improves quality of life and wellbeing. SIRA and the University want to support the injured worker to stay at work as part of their rehabilitation wherever possible, and participate in opportunities to improve their capacity for employment. All parties are to work together to achieve early development of clear return to work goals, the Injury Management Plan (IMP) and regular reviews of the plan which are important elements to support the workers rehabilitation.
The implementation of the Claims Officer’s approach and any associated work capacity decisions must include plain language communication and be considerate to the injured worker’s primary language, cultural background and literacy skills.

A work capacity assessment considers all available information which may include, but is not limited to: reports from treating doctors, specialists, or other allied health professional, Certificate of Capacity, independent medical reports, injury management consultant reports, the workers self-report of their abilities and any other information from the worker, the injury management plan, reports from a workplace rehabilitation provider such as workplace assessment reports, recover at work plans, functional capacity evaluation reports, vocational assessment report, work trail documents, job seeking logs, activities of daily living assessments etc., information from the University such as documents relating to recover at work planning and information obtained and documented on the claim file.

Workers with high and highest needs are not subject to work capacity assessments unless they request it and the insurer considers such assessment to be appropriate. A high need injured worker is usually a worker who has been assessed as having more than 20-30% permanent impairment.

If a worker who has an existing claim (made before 1 October 2012) requests a review of a work capacity decision, the insurer cannot take action, such as reducing or ceasing weekly benefits, as the stay of the decision is not restricted to the date the claim was lodged.

12.1. Work Capacity Assessments

A work capacity assessment is an assessment conducted by the insurer of a worker’s current work capacity in accordance with Section 44A Workers Compensation Act 1987 (1987 Act) within first 78 weeks of the life of the claim or any other time throughout the life of the claim.

It is an ongoing process of information gathering, assessment and reassessment of a worker’s functional, vocational and medical status to inform decisions about the worker’s ability to return to work in pre-injury employment or suitable employment with their pre-injury employer, or at another place of employment.

An insurer may in accordance with the SIRA Guidelines require a worker to attend for and participate in any assessment that is reasonably necessary for the purposes of the conduct of a work capacity assessment. Such an assessment can include an examination by a medical practitioner or other health care professional.

If a worker refuses to attend an assessment under this section or the assessment does not take place because of the worker’s failure to properly participate in it, the worker’s right to weekly payments is suspended until the assessment has taken place.

12.2. Work Capacity Decisions

A work capacity decision is a discrete decision made by an insurer within 78 weeks of the claim life based on:

- A worker’s current work capacity,
- What constitutes suitable employment for a worker,
- The amount an injured worker is able to earn in suitable employment,
- The amount of pre-injury average weekly earnings or current weekly earnings,
- 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,
- Any other decision that effects a worker’s entitlement to weekly payments of compensation, including a decision to suspend, discontinue or reduce weekly payments of compensation based on the above points.

A work capacity decision does not relate to any decision regarding liability on the claim or medical disputes.

Work capacity decisions will be made at many points throughout the life of a worker’s claim, for example on receipt of new information relating to the worker’s capacity for employment in line with Section 43(1) of the Workers Compensation Act 1987.
12.3. Notification of a Work Capacity Decision

At the time of review for a work capacity decision the insurer is required to phone and speak to the worker 2 weeks prior to making the assessment. 2 weeks (plus allow for 4 days postage) is allowed for the letter to be sent advising of this.

This notice is called, “Fair Work Notice” and is required to be sent in writing to the worker. This notice should include: why the work capacity review and decision will be made, when the decision will be made, how it will affect their entitlements and consequences and what has led to this decision. The internal process and review process is to be explained along with advice on how a review application will be sent with the notice. If it is an adverse decision 3 months’ notice is to be provided to reduce or discontinue the weekly payments.

The notice should also include details on section 59A medical expenses if these are affected by an adverse decision being made and weekly benefits are being reduced to nil.

The notice will also advise that weekly payments will continue at the current rate and cannot be changed until this work capacity decision has been made and the relevant period applicable for Section 54 notice to reduce or discontinue applies.

Work Capacity Disputes:

Work capacity informs decisions about the ability of the worker to return to work (either in the pre-injury job, or another suitable job with the pre-injury employer, or at another place of employment).

Disagreements can occur with: what constitutes suitable employment for the worker, how much the worker can earn in suitable employment and whether the worker has current work capacity.

You may seek assistance from a legal practitioner regarding an application for merit review by SIRA if you disagree with a work capacity decision. From 16th December 2016, the Insurer is liable to pay costs for advice given regarding an application or proposed application for merit review of an original work capacity decision. Legal costs are not payable if you seek legal advice more than 30 days after you were notified of the internal review decision.

The guidelines for claiming compensation August 2016 provides further guidance.

12.4. Review of work capacity decisions

Internal Review

A worker may request an internal review of a work capacity decision by the insurer a soon as practicable after receiving a work capacity decision notice/decision letter. A worker must submit a completed Work Capacity – application for internal review by insurer form to the insurer specifying the grounds on which the review is being sought and providing any new information that may not have been available at the time of the work capacity decision.

This will then be reviewed by a representative of UNSW who did not make the original work capacity decision and has experience in Workers Compensation.

A stay applies where the worker applies to the Insurer within 30 days of receiving a work capacity decision for an internal review.

12.5. Merit Review

If an injured worker disagrees with the internal review, or does not receive a reply within 30 days, they can proceed to a Merit Review, which is conducted by SIRA. The worker must provide the Case Manager with a copy of the Work capacity – Application for Merit Review by Authority form before or at the same time as SIRA. The application must be applied within 30 days of receiving the internal review decision, or the due date of the internal review decision if the Insurer has not notified the worker of its decision. SIRA will request a reply to the review application, and copies of all related documents from the University, which are to be provided electronically. SIRA will advise the worker and University of the decision and its impact within 30 days. Guidelines for work capacity internal reviews by insurers and merit reviews by the Authority are available on the SIRA website.

The reviewer may decline to review a decision if: it determines that the application is frivolous or vexatious, the worker does not provide information that it has requested and/or the application is made outside the 30-day timeframe outlined above.

A stay applies where the worker applies to SIRA within 30 days of receiving the Insurer’s internal review decision (or after 30 days from making an application to the Insurer for an internal review, where the insurer has failed to conduct the internal review and notify the
A worker can now obtain legal advice relating to an application for a merit review of a work capacity decision, if the original work capacity decision date is on or after 16 December 2016.

Legal costs are not payable for legal services in connection with a merit review application where the insurer’s original work capacity decision was made prior to this date.

A worker is eligible to access paid legal advice in connection with a merit review application where:

- the insurer has undertaken an internal review and notified the worker of the review decision, or
- the insurer has not completed the internal review of the work capacity decision within 30 days, after the worker made the internal review application.

An insurer’s liability to pay legal costs is limited as follows:

- only one amount for legal costs is payable for each application or proposed application for a merit review, irrespective of the number of work capacity decisions to be reviewed under that application or proposed application, and only one legal practitioner is entitled to be paid or recover legal costs in respect to providing legal advice.

The prohibition on legal costs will continue to apply for legal advice to a worker in relation to:

- an application for an internal review by the insurer, an application for procedural review by the Workers Compensation Independent Review Office (WIRO).
- The insurer is liable to pay legal costs in connection with a merit review application.
- Costs are payable regardless of whether or not the worker makes an application for a merit review (e.g. a worker may obtain legal advice and then decide not to proceed with the merit review).
- The maximum costs that a legal practitioner may recover for providing a legal service to the worker is: if the application is made and results in a favourable finding or recommendation, up to $1,800 plus GST, in any other case, up to $1,200 plus GST.
- A favourable finding means a finding or recommendation of the Authority that has the effect of increasing the amount of weekly payments of compensation payable to the worker, as compared with the amount payable as a result of: the internal review decision, or the original work capacity decision that was the subject of the application for internal review, whichever is the most recent decision.
- The insurer should make timely payment directly to the legal practitioner on receipt of their tax invoice.


If the Work Capacity issue is still unresolved, the worker may lodge an application for review with the WorkCover Independent Review Officer (WIRO) for procedural review. This is a free service review of University procedures in making the decision. The worker must apply using the WIRO Application for a procedural review form within 30 days of receiving the SIRA reviewer’s merit review decision. The form is available from [http://www.wiro.nsw.gov.au/](http://www.wiro.nsw.gov.au/). The worker must also notify the Insurer of the procedural review application by providing them with a copy of the application form. WIRO has 30 days to review the issue and communicate the decision. Recommendations made by the WIRO are binding on the University and SIRA.

WIRO is an independent office established by the NSW Government to assist injured workers and employers navigate through the Workers Compensation Scheme. It also oversees the operations of the scheme to ensure there is a fair, efficient and effective workers compensation system in NSW & reports to the Minister and Parliament on their responsibilities. Specifically, the procedural review conducted by WIRO examines the Insurer’s procedures in making a work capacity decision and it does not assess the merits of making this decision.

The reviewer may decline to review a decision if: it determines that the application is frivolous or vexatious, the worker does not provide information that it has requested and the application is made outside the 30-day timeframe outlined above.

Insurers have agreed to provide a response within 2 business days to assist WIRO with a solution. Negotiations can exceed this expectation and complaints are generally resolved within 10 days.

WIRO also manage the provision of funding for legal advice and assistance for injured workers who are involved in a dispute with the insurer. Approved lawyers are listed on the WIRO website and an application must be made to that lawyer.
WIRO also manage the administration of the Independent Legal Assistance and Review Service (ILARS).

A stay applies applicable for procedural review, where the worker applies to WIRO within 30 days of receiving the merit review findings, and before the work capacity decision has taken effect after the required notice period.

For further information enquiries, an injured worker has regarding work capacity they can contact: the insurer, SIRA Customer Service Centre 13 10 50 or, the WIRO 13 94 76.

12.7. Stay of a work capacity decision

Section 44BC Workers Compensation Act 1987:

(1) A review of a work capacity decision in respect of a worker operates to stay the decision that is the subject of the review and prevents the taking of action by an insurer based on the decision while the decision is stayed.

(2) However, a review operates to stay the decision that is the subject of the review only if the application for review is made by the worker within 30 days after the day on which the worker is notified (or required under section 44BB to be notified) of:

(a) the work capacity decision to be reviewed (in the case of an application for internal review), or
(b) the decision on the internal review (in the case of an application for review by the Authority), or
(c) the findings of the merit review (in the case of an application for review by the Independent Review Officer).

(3) A stay operates from the time the application for review is made until the worker is notified of the findings of the review (or the application for review is withdrawn).

Note: After a stay is lifted, weekly payments of compensation must not be discontinued or reduced in accordance with the original decision (or any decision resulting from the review of that decision) until the required period of notice under section 54 has expired. See sections 44BD and 44BE for the effect of a review on that notice period.

(4) A stay of an original decision to discontinue, or reduce an amount of, compensation does not operate to extend the required period of notice with respect to the discontinuation or reduction.

In general terms, a “stay” of a work capacity decision puts the decision “on hold” temporarily for the period between when a worker makes an Application for Review and when the worker is notified of the findings of the review, or the application is withdrawn.

The insurer is unable to discontinue or reduce a workers’ weekly payments of compensation until the end of the stay period, applicable to all work capacity decisions since 1 October 2012. All applications for review lodged on or after 4 December 2015 will need to be received within 30 days of being notified of a work capacity decision or outcome of a review in order to have the stay applied.

13. UNSW Quality Assurance

The University is committed to improving injury management outcomes by using statistical techniques to analyse injury trends.

The Director of Safety and Wellbeing shall review the capacity, suitability and effectiveness of the UNSW WHS and resources allocated to satisfy the requirements of the SIRA Self Insurer’s Model and legislative requirements. This will be achieved by reviewing:

1) WHS strategic goals and objectives set in the current UNSW Work Health and Safety Plan (this will be achieved by the submission of progress reports on Key Performance Targets to the Vice-Chancellor by his direct reports and via the Level 1 Health Safety and Environment Committee and UNSW Council meetings);

2) Faculty/Division Health and Safety Report;

3) The University risk profile (Health and Safety- Hazard & Risk Register in Safe Sys (electronic risk management system));

4) Health, Safety & Management System (HSMS) audit results;

5) Health and Safety and Workers Compensation statistics.

The procedure outlines the responsibilities of senior management to use both positive performance indicators and outcome indicators to allow the University to monitor and review HS performance and to
implement action to reverse adverse injury trends. As indicated in point 5 above, statistical information, such as type or duration of injury from a workers compensation claim may be used in trend analysis.

13.1. Audits

Health, Safety & Management System (HSMS)

The Injury Management program is an integral part of UNSW Injury Management System. The HSMS is audited in accordance with the UNSW Health and Safety audit program.

Injury Management Program

In accordance with Self Insurance licensing conditions, this Injury Management Program is to be:

- Reviewed and revised every two years; and
- Submitted to SIRA for approval.

The Injury Management Program may be revised at an earlier time in response to any legislative reform or SIRA procedure or directive that may impact UNSW injury management policies and procedures. If this leads to any substantive change to the content of the Injury Management Program, the Program will be submitted to SIRA for approval.

Any changes to the Program will be communicated and consulted through the WHS Committee meetings and distributed to senior management at UNSW.

Case Management

In accordance with Self Insurance licensing conditions, UNSW will undertake an annual self-audit of its case management. The audit will be conducted in accordance with the Insurer Claims Management Audit Manual – September 2017. UNSW may use a suitably qualified external body to conduct this audit on behalf of UNSW.

The case management audit results will be submitted, as required, to SIRA as part of any Self-insurance license renewal process.

Record keeping and Storage

Confidentiality

All Workers Compensation, return to work and rehabilitation case records are kept in accordance with the Privacy & Personal Information Protection Act 1998 b and SIRA requirements. Access to relevant information is confined to those who have a direct responsibility for coordinating, monitoring or providing services to assist in the case management and/or injury management process.

Case information will not be accessible/disclosed to staff of UNSW other than:

- Vice President of Human Resources
- Director, UNSW Safety and Wellbeing
- Return to Work Coordinator
- Claims Officer
- Workers Compensation Manager
- The supervisor/manager and/or senior manager of an injured worker

Case information will only be accessible/disclosed to a third party where:

- It is legally required as part of a claim or dispute process;
- For the purpose of providing proper instruction to a medical, rehabilitation or other service provider involved in any aspect of case management;
- For audit purposes associated with self-insurance license requirements.

Case File

A separate Claims and Rehabilitation Case file will be established by the Workers Compensation Department in relation to any injury to a worker that results in medical treatment and/or incapacity for work. This file will be separate to the injured worker’s employment file. These case files will contain any information relating to the injured worker’s injury, claim, treatment, return to work, rehabilitation, retraining, claims management and injury management.
All case files are stored in the Workers Compensation Department and only accessible to the Workers Compensation Officer / Return to Work Coordinator or persons authorised by the Director of Human Resources to access those file, e.g. an auditor.

The Return to Work Coordinator is responsible for the maintenance, storage and confidentiality of all Workers Compensation files.

Workers Compensation files are to be retained in accordance with the State Records Act and the *Workers Compensation Act 1987* Section and Injury Management Records Procedures.

Workers Compensation files are not to be removed from the Personnel Unit / Building without the prior written approval of the Director of Human Resources.

### 14. Review of the UNSW Injury Management Program Procedure

The Injury Management Program is to be reviewed every 2 years from the date of submission to SIRA and on changes to relevant legislation that occur within the period.

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<th>Accountabilities</th>
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<tr>
<td><strong>Responsible Officer</strong></td>
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<th>Supporting Information</th>
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<th>Parent Document (Policy)</th>
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<tr>
<th>Related Documents</th>
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<tr>
<td>UNSW Return to Work Program Procedure</td>
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<td>UNSW Health and Safety Policy</td>
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<th>Superseded Documents</th>
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<tr>
<td>Injury Management Program – Procedure 2016, v1.0</td>
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<th>Definitions and Acronyms</th>
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<td><strong>Approved Medical Specialist</strong></td>
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<td><strong>Current work capacity</strong></td>
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<td>(Section 32a: Workers Compensation Act 1987)</td>
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<td><strong>Independent Medical Examiner</strong></td>
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<td>Injured Worker</td>
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| Injury Management | Injury management means 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 injured workers following workplace injuries.  
*Section 42: Workplace Injury Management and Workers Compensation Act 1998 amended 2001* |
| Injury Management Consultant | Injury management consultants are doctors who are return to work facilitators experienced in occupational injury and workplace based rehabilitation. They are approved by State Insurance Regulatory Authority (SIRA) to review an injured worker’s fitness for employment and assess proposed suitable duties. He/she has a familiarity with workplace matters, mediation/negotiation skills, and liaises with the nominated treating doctor. |
| Injury Management Program | Injury Management Program is defined as a coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, retraining, 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 workers.  
*Section 42: Workplace Injury Management and Workers Compensation Act 1998 amended 2001* |
| Injury Management Plan | Injury Management Plan means a plan for coordinating and managing those aspects of injury management that concern the treatment, rehabilitation and retraining of an injured worker, for the purpose of achieving a timely, safe and durable return to work for the injured worker.  
*Section 42: Workplace Injury Management and Workers Compensation Act 1998 amended 2001* |
| Nominated Treating Dr | Nominated treating doctor means the treating doctor nominated by an injured worker for the purposes of an Injury Management Plan for the injured worker. |
| Recovery at Work Plan (Return to Work Plan) | Return to Work Plan (or Recover at Work Plan) is a plan which indicates and identifies potential suitable duties for a future return to work and outlines the steps that will be taken to facilitate the return for the purpose of achieving optimum results in terms of a timely, safe and durable return to work for injured workers.  
*Refer to SIRA NSW: Guidelines for Employers Return to Work Programs, 2017* |
| Serious Incidents | Some examples of a serious incident as listed under clause 36 of the *Work Health and Safety Act 2011* are:  
A **serious injury or illness of a person** means an injury or illness requiring the person to have:  
(a) immediate treatment as an in-patient in a hospital, or  
(b) immediate treatment for:  
(i) the amputation of any part of his or her body, or  
(ii) a serious head injury, or  
(iii) a serious eye injury, or  
(iv) a serious burn, or  
(v) the separation of his or her skin from an underlying tissue (such as degloving or scalping), or  
(vi) a spinal injury, or  
(vii) the loss of a bodily function, or  
(viii) serious lacerations, or  
(c) medical treatment within 48 hours of exposure to a substance, and includes any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind. |
### Significant Injury

Significant injury is a workplace injury that is likely to result in the injured worker being incapacitated for a continuous period of more than 7 days, whether or not any of those days are work days and whether or not the incapacity is total or partial or a combination of both.


### Suitable Employment

Suitable Employment in relation to a worker, means employment in work for which the worker is currently suited:

Having regard to:

(a) the nature of the worker’s incapacity and the details provided in medical information including, but not limited to, any certificate of capacity supplied by the worker (under section 44B), and

(b) the worker’s age, education, skills and work experience, and

any plan or document prepared as part of the return to work planning process, including an injury management plan under Chapter 3 of the 1998 Act, and any occupational rehabilitation services that are being, or have been, provided to or for the worker, and

such other matters as the SIRA Guidelines may specify, and

(b) regardless of:

whether the work or the employment is available, and

whether work employment is of a type or nature that is generally available in the employment market, and

the nature of the worker’s pre-injury employment, and

the worker’s place of residence.

### Workplace Injury

Workplace injury means an injury to a worker in respect of which compensation is or may be payable under the *Workers Compensation Act 1987*. Workplace injury means an injury and/or illness to a worker in respect of which compensation is or may be payable under the *Workers Compensation Act 1987*, arising out of or in the course of employment includes a disease injury, which means: a disease that is contracted by a worker in the course of employment but only if the employment was the main contributing factor to contracting the disease, and the aggravation, acceleration, exacerbation or deterioration in the course of employment of any disease, but only if the employment was the main contributing factor to the aggravation, acceleration, exacerbation or deterioration of the disease, and does not include (except in the case of a worker employed in or about a mine) a dust disease, as defined by the Workers’ Compensation (Dust Diseases) Act 1942, or the aggravation, acceleration, exacerbation or deterioration of a dust disease, as so defined.

### Revision History

<table>
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<tr>
<th>Version</th>
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<tr>
<td>1.0</td>
<td>Vice-President, Campus Life &amp; Community Engagement</td>
<td>1 September 2016</td>
<td>1 September 2016</td>
<td>New document</td>
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<tr>
<td>2.0</td>
<td>Vice President, Human Resources</td>
<td>2 February 2018</td>
<td>2 February 2018</td>
<td>Full review with minor amendments made due to changes in NSW workers compensation legislation. The program is also required to be reviewed from time to time or when the authority (SIRA) directs as per Section 43 (1) Workplace Injury Management Workers Compensation Act 1998 amended 2001. (NSW)</td>
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