Injury Management Program Procedure

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Procedure Statement

Purpose
Co-ordinated and managed program that integrates all aspects of injury management for the purposes of achieving optimum results in terms of a timely, safe and durable return to work for injured workers.

Scope
Applicable to all NSW based University of New South Wales workers

Are Local Documents on this subject permitted? No

Yes, however Local Documents must be consistent with this University-wide Document

Procedure Processes and Actions

Contents
1. Introduction to the Workplace Injury Management Program ................................................3
2. Legislative Provisions .................................................................................................................. 3
3. Health and Safety Commitments .............................................................................................. 4
4. Injury Management Commitments .......................................................................................... 4
5. Self-insurers Obligations ........................................................................................................... 5
6. Injury Management Obligations ............................................................................................... 5
   6.1. Workers Obligations ........................................................................................................... 5
   6.2. A worker has the right to: .................................................................................................. 5
   6.3. Employer Obligations ......................................................................................................... 6
   6.4. UNSW Self Insurer Obligations ......................................................................................... 6
   6.5. Manager/Supervisor Obligations ...................................................................................... 6
7. Provision of workplace rehabilitation assistance ..................................................................... 7
   7.1. Engaging an Approved Workplace Rehabilitation Provider ............................................. 7
   7.2. Changing Approved Workplace Rehabilitation Provider ................................................. 7
   7.3. External Workplace Rehabilitation Provider Conformation ............................................. 8
8. Notification of incident ............................................................................................................... 8
9. Workers Consent ....................................................................................................................... 8
10. Triage ...................................................................................................................................... 8
11. Early Contact .......................................................................................................................... 9
12. Interpreter Services ................................................................................................................ 9
13. Injury Management Assessment ............................................................................................ 10
14. Liability .................................................................................................................................... 10
15. Additional or consequential medical conditions ................................................................. 11
16. Recurrence or Aggravation

17. Weekly payments – Calculation of Pre-Injury Average Weekly Earnings (PIAWE)

17.1 Calculations of a worker’s weekly benefits

17.2 Section 39 – Cessation of weekly payments after 5 years (260 weeks)

18. Work Capacity Assessment and Decisions

18.1. Requesting a review by the insurer

18.2 Applications to the Workers Compensation Commission

18.3 Stay of a work capacity decision

19. Permanent Impairment

20. Work injury damages

21. Commutation

22. Injury Management Planning implementation and review

23. Case conferencing

24. Medical Payments

25. Wage reimbursements

26. Reductions of payments in compensation

27. Dispute Resolution

28. Finalisation

29. Section 59a notification

30. Retiring age notification

31. Closing a claim

32. Claim handover

33. Information and records management

34. Fraud

35. Factual and surveillance investigations

36. Recoveries

37. Medicare and Centrelink Clearances

38. Complaints Management

39. Quality Assurance Systems

39.1 Case Management

40. Management of death claims

41. Treatment Practices

41.1 Determining reasonably necessary treatment

42. Injury Management Consultants

43. Independent Medical Examinations

44. Independent consultants

45. Provider Management
**1. Introduction to the Workplace Injury Management Program**

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

Reference Section 42 of the **Workplace Injury Management and Workers Compensation Act 1998 (NSW)**.

The following procedures align with claims management principles to achieve better claims management experiences and return to work outcomes for UNSW workers. These principles include fairness and empathy, transparency and participation, timeliness and efficiency. The State Insurance Regulatory Authority (SIRA) has developed standards of practice that support insurers in managing claims in line with these principles.

UNSW 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 (NSW)**.

**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 and to provide:

- for prompt treatment of injuries
- for effective and proactive management of injuries
- reasonably necessary medical and vocational rehabilitation following injuries in order to assist workers and to promote their return to work as soon as possible
- workers and their dependents with income support during incapacity, payment for permanent impairment or death, and payment for reasonable treatment and other related expenses.

This aligns with the objectives and pursuant to the:

- **Workers Compensation Regulation 2016** (the Regulation)
- State Insurance Regulatory Authority **Standards of Practice: Expectations for insurer claims administration and conduct**, 21 October 2019 effective 1 January 2019
State Insurance Regulatory Authority Customer service conduct principles, July 2019 - consistent customer service conduct principles across the insurance schemes that SIRA regulates and the mechanism by which they will be monitored. UNSW aligns the Injury Management Program Procedures with these principles ensuring workers who make claims within these schemes know the standard of service they should receive and that all participants (employers/health providers) within SIRA regulated schemes understand what customer service is expected from Insurers.


Chapter 3 Section 43(1) of the Workplace Injury Management and Workers Compensation Act 1998 (NSW) provides that UNSW must establish and maintain an injury management program and must revise its injury management program (every 2 years), in accordance with legislative changes 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 for approval.

3. Health and Safety Commitments

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's 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 HS339 Health and Safety Consultation Guideline and through mechanisms such as, WHS Committees, WHS representatives and other methods and groups as required to meet 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 2019-2023.

4. Injury Management Commitments

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

UNSW will:

- Ensure that workers return to work as soon as practicable, and that returning to work is a normal practice and expectation.
- Inform workers of their responsibilities under the Workers Compensation Act 1987 (NSW) and the Workplace Injury Management and Workers Compensation Act 1998 (NSW) and the Workers Compensation Legislation Amendment Bill 2012.
- Commence Injury Management activities as soon as practicable following an injury, irrespective of a worker’s compensation claims status. These activities are aimed at assisting a 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 workers as an integral part of the injury management process.
- Ensure that participation in the injury management program will not, in itself, jeopardise job security.
- Consult with workers and relevant stakeholders to ensure the program operates effectively.
- Maintain confidentiality of information relating to workers on rehabilitation (return to work) programs.
• Ensure that all workers at UNSW have access to the Injury Management Program which is made available on UNSW's Safety & Wellbeing / Workers Compensation website and UNSW Governance website.

• Ensure that all workers 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-insurers Obligations

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 workers following workplace injuries. Individual responsibilities are detailed below:

6.1. Workers Obligations

• Notify UNSW of any workplace injury as soon as possible after the incident occurs

• Make all reasonable efforts to return to work with UNSW as soon as possible

• A worker must provide informed consent before an insurer releases or requests information from a third party, but a worker does not have an obligation to provide informed consent. Insurers must respect a workers personal and health information at all times and this information should be dealt with in accordance with the workers consent.

• Nominate a treating Doctor who has a key role in the recovery and rehabilitation of a worker and who is authorised by the worker, to provide relevant information to UNSW and other parties involved in the management of the injury

• Maintain regular contact with their Manager/Supervisor and Return to Work Coordinator (RTWC)

• Attend independent medical appointments arranged by UNSW's Workers Compensation department

• Advise the UNSW Workers Compensation department prior to changing the nominated treating doctor

• Support all absences and inability to return to pre-injury duties related to the injury with a Workers Compensation Certificate of Capacity

• Attend treatment outside of working hours where practicable, as treatment is intended to facilitate return to work, not impede it

• Actively participate and cooperate in their Recovery at Work Plan

• Actively participate in determination of capacity for work

• Comply with their obligations under an Injury Management & Recovery at Work Plan.

6.2. A worker has the right to:

• Privacy and confidentiality

• Choice of a nominated treating doctor
• Refuse or request a change in rehabilitation provider, however they must contact the RTWC to discuss alternative rehabilitation provider options
• Access to interpreter services where appropriate
• Be consulted in the development of, and participation in, a Recovery at Work Plan
• Protection from dismissal because they are not fit for employment resulting from the injury, within six months of the worker first becoming unfit for employment
• Access to mechanisms for resolving complaints and disputes
• Apply for reinstatement if they are terminated in relation to a work injury.

The Penalties for a worker for non-compliance with a Recovery at Work Plan include:
• Suspension of any weekly compensation entitlements until compliance is met; and/or
• Reduction or termination of weekly compensation entitlements where a worker refuses to participate in suitable duties.

6.3. Employer Obligations
When the Manager or supervisor becomes aware of a work-related injury they must ensure that the worker completes UNSW's online notification of injury via myUNSW at https://my.unsw.edu.au/ within 48 hours of an injury occurring. If the 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 worker. UNSW must provide suitable employment so far as reasonably practicable, for a worker who has been totally incapacitated and can return to suitable employment 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 worker's incapacity, age, education, skills and work experience. Suitable employment identified by UNSW will be provided to an worker on a temporary basis only.

6.4. 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 worker within 20 business days
• The Injury Management Plan will be established in consultation with the worker, manager/supervisor and the nominating treating doctor
• UNSW’s RTWC (or in their absence, the Workers Compensation Manager or Claims Officer) will contact the 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 workers' nominated treating doctor, and/or on additional relevant medical reports
• The 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
• To meet SIRA Standards of Practice and expectations for insurer claims administration and conduct.

6.5. Manager/Supervisor Obligations
• 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 the Workers Compensation unit, within 48 hours to report the injury and provide any information available at that time. They can complete
an online notification via myUNSW on behalf of an injured worker when they are unable or do not have access to do so

- Managers/supervisors have an obligation to provide suitable duties for their workers wherever and whenever possible or reasonably practicable
- The manager/supervisor must advise the worker to contact the Workers Compensation team as soon as possible to ensure clear transmission and clear expectations are understood by the worker as to their obligations around participating and cooperating throughout their recovery at work and injury management process
- The manager/supervisor must immediately notify the Return to Work Coordinator if the 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 adhered to until adequate assessment can be instigated.

7. Provision of workplace rehabilitation assistance

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 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 worker is likely to have an extended period of total incapacity to work
- There is difficulty in identifying duties within a worker’s certified capacity of employment
- An assessment of the worker’s physical capacity may be required to assist finding suitable employment
- The worker is unlikely to resume full pre-injury duties in the long-term
- The worker’s goal is identified to be return to a different job with the same employer or a different job with a 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. UNSW as an employer/insurer can nominate one or more accredited providers to assist in the rehabilitation of workers. The appointed Rehabilitation Provider is to have SIRA accreditation. A full listing of all accredited Rehabilitation Providers can be found on the SIRA website.

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.

7.1. Engaging an Approved Workplace Rehabilitation Provider

The 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 a 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 the UNSW Workers Compensation unit who makes the decision regarding which workplace Rehabilitation Provider will be used in each situation, the worker should be consulted on the decision and given the opportunity to refuse or request a change in provider.

7.2. Changing Approved Workplace Rehabilitation Provider

A worker may be permitted to change their Approved Workplace Rehabilitation Provider. Requests to change Approved Workplace Rehabilitation Provider’s will be reviewed on a case-by-case basis and agreed between UNSW and the worker.
Circumstances where UNSW as a Self-Insurer may suggest the worker, or consider the request of the 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 and is not SIRA accredited.
- 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 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.

7.3. External Workplace Rehabilitation Provider Conformation

A Workplace Rehabilitation Provider is to conform at all times with the requirements of this Injury Management Program Procedure and other SIRA Accreditation requirements. They will be monitored by the UNSW Workers Compensation Unit to ensure that the appropriate level of service is being provided by the provider and is cost efficient.

8. Notification of incident

A notification is the first notification of a workplace injury received by the University. UNSW workers 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).

Below is the link to reporting a notification of incident at UNSW:

https://my.unsw.edu.au/

9. Workers Consent

Protecting a worker’s personal and health information and ensuring a worker’s consent is obtained prior to providing, obtaining or using information about a worker’s injury and recovery, promotes trust and integrity of the workers compensation scheme. Confidentiality of worker’s personal and health information will be respected at all times with personal and health information dealt with only in accordance with their consent.

Informed consent is where a worker is given information before consenting to the release and exchange of information. It ensures the worker understands the benefits of providing consent and the risks of not doing so.

The kind of health information that may be required to be released and/or exchanged to aid a worker’s recovery at work includes: any electronic or paper-based information or opinion about a worker’s, physical or psychological health, treatment, rehabilitation, retraining, claims and injury or employment management practices.

UNSW may use the Certificate of Capacity to obtain consent initially. Alternatively, prior to requesting the worker to complete the UNSW standard consent for release of personal information form, the RTWC will contact the worker to advise of the implications of agreeing to sign the form (which will assist with communication and transparent decision-making between all stakeholders) or refusing to sign the consent form.

10. Triage

Initial notifications are triaged by UNSW Workers Compensation unit based on the circumstances of the injury, certificates of capacity and other medical information. This allows UNSW to effectively manage injuries to ensure that workers receive prompt reasonable and necessary medical treatment and or weekly payments.
If circumstances change, i.e. claim changes from medical treatment only to a loss time claim then liability will be reviewed by the UNSW claims officer.

If UNSW has a reasonable excuse not to commence provisional weekly payments, information to the worker will be provided (in addition to the notice requirements set out in section 268 of the Workplace Injury Management and Workers Compensation Act 1998) and this will include: how the excuse can be resolved, details about how further information can be sought from the insurer (UNSW), that the worker can seek assistance from their union, a legal representative or the WIRO, and that the worker has a right to seek an expedited assessment by the Workers Compensation Commission. 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 expenses only) whereby the worker is fit for normal duties and requires minimal medical intervention.

3. Notification only injuries – Worker confirms in writing that the injury is a notification only and they are not intending on making a claim for workers compensation.

11. Early Contact

Following notification, the Return to Work Coordinator will obtain the worker’s informed consent before obtaining, using or disclosing injury management information as per the workers consent section in line with standard of practice 1. The certificate of capacity, with the injured person’s consent, can be used initially until the standard consent form is received signed.

The Return to Work Coordinator will then liaise with the 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 through the Initial Recover at Work and Injury Management Information letter
- Obtaining consent to liaise with treating medical professionals (e.g. medical certificate or standard consent for release of personal information)
- 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 worker to assist in the recovery at work process
- 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.

12. Interpreter Services

If a 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 qualified interpreter services can be arranged on their behalf.

UNSW will engage the services of a qualified interpreter if the worker asks for an interpreter, indicates a preference for communicating in their own language, does not appear to understand questions, or is not easily understood.
UNSW will engage a NAATI-certified interpreter (for languages where this certification is available). We will then consider whether the communication should be face-to-face or whether using a telephone interpreter is sufficient, ensure there is no conflict of interest, ensure consideration of the workers cultural background, and explain the purpose of the communication to the interpreter.

13. Injury Management Assessment

Upon notification of an incident, the RTWC will review the information (notification of incident and/or certificate of capacity) provided by the worker to determine whether injury management assistance is required.

Should the information provided not be sufficient, the RTWC will as part of the early contact process obtain information either verbally or in writing from the nominated treating doctor, treating specialist or other allied health professional.

Once this information is reviewed the RTWC will be able to assess the treatment needs and support required to assist a safe and durable recovery at work to commence the development of a suitable Injury Management Plan.

14. Liability

Liability decisions are required at various points during the life of the claim. Liability decisions are to be made promptly and in consultation with key stakeholders and based on all available evidence. When determining liability for an injury/condition or reasonably necessary medical or related treatment, the Workers Compensation Unit will gather evidence, consult with the worker and key stakeholders to ensure the decision is made in a timely manner and communicated accordingly. Liability decisions must be made in accordance with the legislation.

The acceptance of liability on a provisional basis does not constitute an admission of liability by UNSW, it allows UNSW to provide the worker with financial assistance and early treatment 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 $10,000 for reasonably necessary medical treatment.

Once the UNSW Workers Compensation unit 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. Where a reasonable excuse is applied, the following information has been provided to the worker: a notice of reasonable excuse as per s268 of the Workplace Injury Management and Workers Compensation Act 1998 will be provided with information on how the excuse can be resolved; details about how further information can be sought from the insurer; that the worker can seek assistance from their union, a legal representative or the WIRO; and the worker has a right to seek an expedited assessment by the Workers Compensation Commission.

Within 7 days after receiving an initial notification of injury UNSW will either: start provisional payments, delay starting provisional weekly payments by issuing a reasonable excuse or determine liability (day of notification = day 0). A reasonable excuse may not be applied to provisional medical payments.

A provisional letter will be sent to the 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 (PIAWE) including a copy of UNSW payroll information on which earnings have been determined.
- Workers’ rights to review PIAWE decision – application for internal review by insurer form.

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.
Where liability is disputed, a decision notice is given under section 78 of the *Workplace Injury Management and Workers Compensation Act 1998*. Procedures on procedural fairness and claims can be reviewed by the enclosed Application to resolve form which is explained by UNSW in the S78 notice.

UNSW will provide a review of the Application once received within 14 days and the decision will be reviewed by someone that has not made the original liability decision.

15. **Additional or consequential medical conditions**

The Workers Compensation unit will take immediate action to assess any additional or consequential medical conditions that have been added to a certificate of capacity over the life of the claim. This will include communication with the worker and key stakeholders. To ensure the worker continues to receive workers compensation entitlements and support, liability will be determined within 21 calendar days.

In the event the additional or consequential medical condition is not work-related, key stakeholders are notified immediately to prevent any delay in the management of the non-work-related medical condition.

UNSW Workers Compensation will take prompt and proactive consideration to the development of additional or consequential medical conditions to ensure that workers continue to receive appropriate compensation and support. Prompt action will be taken to assess any additional or consequential medical condition identified on the certificate of capacity.

An additional or consequential medical condition may have an impact on the management of a claim including the need for treatment, and any potential degree of permanent impairment.

If the additional medical condition or consequential condition is accompanied by a request for treatment, UNSW must make a liability decision within 21 calendar days to determine if it is liable for costs and expenses related to the condition.

If liability for an additional or consequential condition is disputed, a decision notice is provided under S78 of the *Workplace Injury Management and Workers Compensation Act 1998*. Procedural fairness is provided with details for completion of an Application for Review if further information can be provided to support the claim. Options are also advised on other information or assistance that can be provided by: Union, Solicitor, SIRA, WIRO, WCC.

16. **Recurrence or Aggravation**

In determining the distinction between a recurrence or aggravation of a previous workplace injury Workers Compensation will consult with the worker and key stakeholders as well as rely upon the facts and available medical evidence and apply the following principles:

- A recurrence is when the symptoms of a previous injury recur spontaneously without any external cause
- An aggravation is when symptoms of a pre-existing injury are increased by a new and definable event.

If a worker suffers a new work-related injury to a body part that has previously been injured at work, the insurer should decide which of the two injuries caused or materially contributed to the incapacity or need for treatment.

If UNSW Workers Compensation determines that an injury is a recurrence of a previous injury or a new injury to a previously injured body part, UNSW will contact the worker to advise of the reasons for that decision and its implications. This advice will be provided to the worker within 2 working days after the decision.

17. **Weekly payments – Calculation of Pre-Injury Average Weekly Earnings (PIAWE)**

Weekly payments are based on a calculation of a worker’s pre-injury average weekly earnings (PIAWE). PIAWE includes allowances and loadings, shift and overtime, piece rates and commissions and the value of non-monetary benefits (only where you are no longer entitled to the use of that benefit following injury).
Any Non-monetary benefits that you receive as part of your employment that may include:

- Residential accommodation
- Use of a motor vehicle
- Health insurance
- Education fees
- Other

and will be excluded from the calculation if retained in use after the injury. This is known as a deductible amount.

PIAWE is also subject to the following exceptions:

- Compulsory employer superannuation contributions
- Workers compensation payments for loss of earnings
- Discretionary bonus payments

The Workers Compensation Claims Officer obtains salary information from the UNSW payroll system (PiMS) and calculates the PIAWE in accordance with Part 3, Division 2, Sub-division 4 of the *Workers Compensation Act 1987* (NSW).

The amount of weekly payments payable depends on, but is not limited to:

- the worker’s current work capacity
- the worker’s PIAWE and current weekly earnings
- how long the worker has received weekly payments
- the worker’s ability to earn in suitable employment
- whether the worker’s income includes non-pecuniary benefits from UNSW e.g. residential accommodation, use of a car, health insurance or education fees.

### 17.1 Calculations of a worker’s weekly benefits

The weekly payment entitlement period starts on the day of the worker’s first incapacity, whether total or partial, from a work-related injury or illness.

When weekly payments commence, a notice is provided to the worker detailing:

- that weekly payments have started as UNSW has commenced provisional or claim liability for them
- the amount payable and how that amount was calculated
- what to do if the worker disagrees with the calculation and an explanation of the review process
- that to continue to be entitled to ongoing weekly payments, a worker is required to provide ongoing Workers Compensation Certificates of Capacity.

The Workers Compensation claims officer is responsible for the calculation and payment of weekly payments in a timely manner and, where possible, in the pay period in which the entitlement arises.

Weekly payments are reviewed by the Worker’s Compensation Claims Officer on a regular and ongoing basis throughout the life of the claim to ensure ongoing entitlement and correct rate is applied to weekly payments.

Where weekly payments change as a result of the expiration of entitlement periods the Workers Compensation Claims Officer will inform the worker in writing.

Workers are required to notify the UNSW Workers Compensation Department of any change in employment that affects their earnings, such as commencing work for another employer.
The University will continue to pay your salary or wages in line with your current Enterprise Agreement for the first 13 weeks. This means you will have no reduction in pay for either partial or total incapacity for work during this period.

UNSW will advise 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 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 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.

17.2 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%.

PIAWE will be determined by agreement between the worker and UNSW or by the University calculating the PIAWE using the prescribed methodology to make a work capacity decision. Communication will occur between UNSW and the worker within 3 days from receipt of initial notification.

Calculation of an entitlement week commences in any week in which a payment of weekly compensation has been made or is payable (including part of a day, or a full day). This is counted as one week of entitlement.

If a worker has not received a payment of weekly compensation in a particular week, that week is not to be counted as an entitlement week. An entitlement week commences on the day the worker is first incapacitated (total or partial) due to a work-related injury and that results in a weekly payment of any amount. A week is counted over the following seven-day period.

Workers with serious needs above 21% whole person impairment will continue to receive reasonably necessary medical treatment and services as follows: Lifetime entitlement for crutches, artificial members, eye or teeth and other artificial aids or spectacles, including hearing aids and hearing aid batteries, home or vehicle modifications.

Secondary surgery is available for all eligible workers, if the surgery is directly consequential to an earlier surgery and affects 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).

Medical or related treatment is payable for a further 2 years from the date of the workers weekly payments ceased for workers with 0-10% permanent impairment.

A further 5 years of medical or related treatment from the date the workers weekly payments ceased for workers with permanent impairment from 11-20%.

UNSW will keep the workers Injury Management Plan updated at all times to reflect the current rehabilitation, treatment and return to work goals of the worker. Support service programs specific to the worker’s needs will continue to be identified and made available.

UNSW will contact the worker and treating doctor or health professionals (where appropriate), to ensure the necessary steps are fully understood and the required level of support continues to be provided.

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

Workers should be fully informed and prepared as to what Centrelink payments and services may be available.

Centrelink assess each application based on individual circumstances. Workers are encouraged to take the necessary time to undertake their own research by visiting their local Centrelink office, the website or by contacting Centrelink’s call centre on: 13 24 68.

If not already completed, the worker will need to:

- ensure they have created a MyGov account
• complete a self-assessment online to determine the type of benefits that may be available to them.

Centrelink are generally unable to assess eligibility for payment support until a claim is lodged by the worker.

To assist with the assessment process, workers can start an application to Centrelink up to 13 weeks in advance of cessation of weekly payments by:

• obtaining a letter from their insurer confirming the:
  • agreed total number of weekly payments paid to date
  • 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 last four weeks of their application) about all health conditions
• having relevant financial information available (including details of any lump sum amount and date of payment, spouse’s earnings etc.).

Please note: While an application for JobSeeker Payment can commence before weekly payments cease, to be eligible, the worker should not finalise the application until after the end of the entitlement period for weekly payments.

18. Work Capacity Assessment and Decisions

A work capacity assessment is an assessment conducted by UNSW as a self-insurer of a worker’s current work capacity in accordance with Section 44A Workers Compensation Act 1987 (NSW) within the first 78 weeks of the life of the claim or any other time throughout the life of the claim i.e. when the worker has some capacity but cannot return to their pre-injury employment.

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. As soon as practicable upon receipt of a Certificate of Capacity indicating a change in a worker’s capacity, a work capacity assessment is to be undertaken, a work capacity decision made and advise the worker of the outcomes of the assessment and decision.

Upon receipt of a Certificate of Capacity indicating a change in a worker’s capacity, UNSW as a self-insurer will investigate the reasons for a change in a worker’s capacity, which may require consultation with the worker, the nominated treating doctor and any treating specialists or workplace rehabilitation providers.

An insurer may, in accordance with the SIRA Guidelines, require a worker to attend 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.

The purpose of the assessment and appointment must be advised to the worker and will include:

The location of the appointment, purpose and information advising consequences of non-attendance to appointment. A worker cannot be required to attend more than 4 appointments per work capacity assessment.

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 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 affects 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, and advice is to be provided to the worker within 2 working days, 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.

Work capacity decisions: If you are a worker and you disagree with the insurer's work capacity decision, you have the choice to apply for a review of the decision by the insurer, or proceed directly to the Workers Compensation Commission to have the dispute resolved.

WIRO's Solutions Group deals with complaints and inquiries from all workers. WIRO will fund Approved Lawyers to provide workers with advice and assistance in relation to work capacity decisions.

The Workers Compensation Independent Review Office (WIRO) can advise you (the worker) and your representative about how to get advice from a lawyer approved under the Independent Legal Assistance and Review Service (ILARS) at no cost to you. The lawyer will review your case and may make an application to WIRO to see if funding is available for independent legal advice to assist in resolving your dispute.

18.1. Requesting a review by the insurer

Workers, or their legal representatives, can ask for an optional review of a decision by the insurer, by someone other than the person who made the initial decision. If you are a worker and you are requesting a review by the insurer, you (or your legal representative) should explain why you are requesting it and include any additional information that you think is relevant to help the insurer review the decision. For guidance, you can use or refer to the Review form - Application for Review by the insurer.

The insurer must respond to you in writing within 14 days of receiving the request for a review. The review will be conducted by someone other than the person who made the initial decision.

Workers who requested an internal review by the insurer prior to 1 January 2019 are not able to use the Workers Compensation Commission’s dispute resolution services for that work capacity decision.

18.2 Applications to the Workers Compensation Commission

If you are a worker and you do not wish to seek a review by the insurer or you are not satisfied with the insurer's decision after a review, you or your legal representative can lodge an application to have the dispute resolved by the Workers Compensation Commission.

The Workers Compensation Commission is an independent tribunal that helps resolve workers compensation disputes between workers, employers and/or insurers.

For more information please visit the Workers Compensation Commission website or call 1300 368 040.

18.3 Stay of a work capacity decision

A review by the Workers Compensation Commission may ‘stay’ (temporarily suspend) the effect of the work capacity decision made by the University as the insurer on your weekly payments, providing the application to resolve the dispute is lodged with the Commission prior to the expiry of the period of notice as stated in the decision notice issued by the insurer. This means your weekly payments may continue. WIRO can explain how a stay may apply to your claim. The University as an insurer also advises how the stay applies to your claim. This is advised by letter and email to the injured
employee. UNSW will advise that until the matter is determined, the “stay” in salary or wages continues and your weekly benefits payable remains until resolved.

19. Permanent Impairment

Claims for lump sum compensation for injuries that occurred on and from 1 January 2002 are based on an assessment of permanent impairment. For claims made on or after 19 June 2012, then a worker must have 11 per cent or more permanent impairment for a physical injury or 15 per cent or more for a primary psychological injury to be entitled to receive permanent impairment compensation. No permanent impairment compensation is available for secondary psychological injuries.

Only one claim for permanent impairment compensation can be made in respect of the injury. However, if a claim is made for permanent impairment before 19 June 2012, the worker may be entitled to make one further lump sum compensation claim if your condition has deteriorated.

The degree of impairment must be assessed by a medical specialist listed on this SIRA website as a trained assessor of permanent impairment.

If a 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 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.

UNSW is to objectively consider any report on the assessment of permanent impairment to determine whether the assessment is consistent with the (NSW workers compensation guidelines for the evaluation of permanent impairment (Permanent impairment Guidelines).

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.

Prior to making the payment for permanent impairment, the insurer must be satisfied that the worker has obtained independent legal advice or has waived the right to independent legal advice. UNSW will provide workers with copies of all relevant reports and other evidence before negotiating the degree of permanent impairment, to allow for informed negotiation.

When UNSW and the worker agree regarding the degree of permanent impairment, UNSW is to ensure that any agreement entered into satisfies the requirements of S66A of the Workers Compensation Act 1987 and the Workers Compensation guidelines.

The 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 workers through the provision of a grant to an Approved Lawyer.

20. Work injury damages

NSW workers compensation arrangements allow 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 a worker thinks they may be eligible to lodge a work injury damages claim and would like to proceed, they should first seek legal advice.
21. Commutation

A liability may be commuted to a lump sum where the relevant pre-conditions are met and with the agreement of the worker, with a formal lump sum agreement entered into.

Compensation for catastrophic injuries are not to be commuted.

Before the commutation agreement is entered into, the insurer is satisfied the worker received advice from a legal practitioner independent of the insurer and employer.

On reaching an agreement of the commutation amount, an application is made to SIRA for a commutation certificate confirming that the worker has met the pre-conditions, and then an application is made to the Commission to register the agreement. Section 87EA of the Workers Compensation Act 1987.

22. Injury Management Planning implementation and review

The purpose of an Injury Management Plan is to establish a coordinated and managed return to work of a 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 worker. An Injury Management Plan will be done for all significant injuries within 20 business days of notification of the injury being significant.

Any Injury Management Plan is to be developed in consultation with the worker, nominated treating doctor and the 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 workers treatment plan. The plan will be updated within 7 working days on obtaining the updated information.

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 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 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.

23. Case conferencing

There can be times during the progress through the claim when it is necessary for all parties to meet or discuss progress, set goals, ensure roles and responsibilities are understood, and to agree on timeframes for recovery /return to work. Case conferences bring together the worker, the nominated treating doctor and other parties such as the insurer, the employer and workplace rehabilitation providers to discuss how to deliver the best possible return to work outcomes for the worker.

A case conference should be separate to a scheduled medical review unless it is agreed with the worker and the nominated treating doctor. This is usually adjacent to the worker’s scheduled medical review but also may be at another time and/or date.
There may be limited circumstances where it is not possible for a face to face conference, for
instance, rural or remote locations with limited availability, and or due to the COVID-19 situation.
UNSW Workers Compensation will liaise with the worker to identify an appropriate alternative,
which may include conducting the case conference via video (if available) or conference call or
obtaining the worker’s agreement to attend their scheduled consultation.

Case conferences will be conducted in a manner that promotes return to work and respects the
workers’ right to confidential medical consultations.

24. Medical Payments

UNSW will make prompt payments of invoices and re-imbursements for medical, hospital and
rehabilitation services, no later than 10 working days to workers from receipt of a valid invoice or
receipt within a provider’s terms or within the month.

Invoices and rates are to be reviewed against approvals and determined that they do not exceed
the maximum amount prescribed by any relevant workers compensation fees orders and that the
application of GST is appropriate.

25. Wage reimbursements

Weekly payments to workers will commence as soon as possible and they will not be
disadvantaged if the Insurer (UNSW) has insufficient information to calculate the PIAWE, to make
a complete calculation, or an application for agreement between the worker, and UNSW as to
PIAWE which has not yet been approved. (as per calculations of PIAWE in 17.1)

UNSW maintains wage payments to the worker throughout the process as working time is paid
and journalled as workers compensation time lost when approved. If the claim is not accepted,
other leave options are advised. UNSW continues to pay workers salary or wages in line with the
current Enterprise Agreement for the first 13 weeks. This means there is no reduction in pay for
either partial or total incapacity for work during this period.

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

UNSW will advise 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
worker’s hours of work as part of a return to work process).

26. Reductions of payments in compensation

Any change in rate including statutory stepdown in weekly payments (other than a change that
arises simply due to a variation in the worker’s hours of work as part of a return to work process)
will be advised in writing formally to the worker. A reasonable period of time advising of the change
will be provided no less than 15 working days before the reduction in payments.

Weekly payments are available for a maximum (aggregate) period of 5 years (260 weeks). A
worker has no entitlement to weekly payments of compensation beyond 260 weeks unless the
injury has resulted in a permanent impairment of more than 20%.

This will be advised formally to workers applicable and in advance 3 months from date applicable.

27. Dispute Resolution

UNSW will ensure that the claims officer/manager has knowledge of all the relevant claims to
make decisions and provide instructions to legal providers, and to attend and participate in
Commission teleconferences/conciliations and arbitrations.

UNSW will adhere to the principle of procedural fairness which intends to ensure that the decision
making under the legislation that impacts a worker’s rights, interests or entitlements is fair and
reasonable, free from bias, and made only on the basis of relevant material evidence. UNSW will
follow correct procedural fairness by:

- giving the worker notice of all issues in detail
- providing the worker with an opportunity to respond to any adverse material and
  provide new material
• ensuring that the decision-maker is not biased to an outcome
• providing the worker with all information the University has considered in making its decision.

UNSW will provide procedural fairness, empathy and assistance, with correct and fair treatment for both the worker and decision maker for openness and impartial mindset to every decision made on the claim.

UNSW will inform the worker of any reduction or discontinuation of weekly benefits and explain the potential outcome, providing the worker an opportunity to supply any further information and the date that this information is to be provided by.

Possible conflicts of interest can arise through the decision maker’s professional, personal or family interests and should be addressed as soon as possible.

Decisions made by UNSW should be provided in plain English and easily understood. The dates and the decision taking effect and the options for review and appeal and any legal or other services available to the worker, to provide assistance, in relation to the decision, will be provided by UNSW.

28. Finalisation
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.

Ensuring the return to pre-injury duties is durable (for at least a period of 4 weeks).

Following the finalisation of a claim the procedures to close a claim will commence.

29. Section 59a notification
UNSW will provide early notification before cessation of medical benefits to ensure workers have sufficient time to prepare for cessation. This will be provided at least 13 weeks before cessation. UNSW will include the date the treatment and services will cease and who the worker can contact for further information (including WIRO) Section 39 notification(S17).

UNSW will provide early notification before ceasing weekly benefits, ensuring workers have sufficient time to prepare for cessation and make any necessary arrangements.

UNSW will provide written notification to a worker at least 13 weeks prior before ceasing weekly entitlements in accordance with S39 of the Workers Compensation Act 1987, and this will include the date weekly wages and/or medical payments will cease, supporting documentation for the assessment of permanent impairment, information regarding the workers entitlement to vocational and return to work programs, information how to contact Centrelink and who to contact for further information (WIRO).

30. Retiring age notification
UNSW will provide at least 13 weeks notification before cessation of weekly payments ceasing for workers affected by ceasing payments 12 months post reaching retirement age notification. The notification will include written notification of the date the last weekly and medical benefits payment will be processed, and who to contact for further information (including WIRO).

31. Closing a claim
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

UNSW will contact the worker and any relevant service providers to advise of the intention to close the claim, including the reasons for doing so, and provide an opportunity for any outstanding invoices or reimbursements to be paid.
UNSW will confirm in writing the closure of a claim to the worker including:

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

### 32. Claim handover

In the instance that there is a permanent change in personnel in the management of your claim, a claim handover will be undertaken to ensure that there is continuity in managing the claim and any outstanding claims matters are handled timely and appropriately. The worker will be notified of that change in writing once it has taken place.

### 33. Information and records management

All workers compensation return to work and rehabilitation case records are kept in accordance with the *Privacy & Personal Information Protection Act 1998* (NSW) and SIRA requirements. UNSW will respond to any request by the worker, or worker representative, for information contained in their file within 10 working days from receipt of a request.

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, Human Resources
- Director, UNSW Safety and Wellbeing
- Return to Work Coordinator
- Claims Officer
- Workers Compensation Manager
- The supervisor/manager and/or senior manager of a 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.

A separate Claims and Rehabilitation Case file will be established by the Workers Compensation unit 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 worker’s employment file. These case files will contain any information relating to the worker’s injury, claim, treatment, return to work, rehabilitation, retraining, claims management and injury management.

All case files are stored in the Workers Compensation unit and only accessible to the Workers Compensation Officer / Return to Work Coordinator or persons authorised by the Vice-President, Human Resources to access those files, 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 1998* (NSW) and the *Workers Compensation Act 1987* Section and Injury Management Records Procedures.

### 34. Fraud

A 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 *Workplace Injury Management and Workers Compensation Act 1998*). 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 to 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.

35. Factual and surveillance investigations

UNSW will only undertake factual investigations when the required information cannot be obtained by another less intrusive means and must clearly document the purpose of undertaking any factual investigation.

UNSW must provide the worker with:

- reasons for the factual investigation and details of the investigator
- the anticipated duration of each interview and advise that the worker can nominate the place of the interview and may have a support person
- a copy of their statement or transcript within 10 working days of their interview
- advice that the worker can identify witnesses to be considered to assist the investigation
- information so that they understand that they are not obligated to participate, however the factual investigation may be used to help determine liability for their claim.

UNSW will engage surveillance services based on firm evidence, and it will be conducted in an ethical manner. Surveillance by UNSW will only be conducted when there is evidence that the worker is exaggerating an aspect of the claim, or there is inconsistent information, or fraud, and the University is satisfied they cannot gather the information required through less intrusive means and that the workers privacy is not impacted.

UNSW is to ensure that certain requirements are met:

- the scope and duration of the surveillance is clearly articulated and is only conducted in or from places regarded as public
- that the workers activities are not interfered with
- the surveillance does not include any acts of inducement, entrapment or trespass, including the use of social media with this intention
- surveillance is undertaken in a way that demonstrates sensitivity to the privacy rights of children, and where possible shows no images of children in reports or recordings
- reports and recordings are redacted or censored to minimise the likelihood of others being identified
- communication is not undertaken with other individuals in a way that reveals the surveillance in a direct or indirect way
- surveillance recordings and other materials are store in a secure confidential manner.

UNSW will take into consideration the safety of the investigator and the workers wellbeing when responding to questions as to whether surveillance is in place.

If UNSW was to provide gathered material through surveillance to a third party, then they are to inform the third party about relevant confidentiality and privacy obligations.

36. Recoveries

The University may screen all new claims for potential recovery, making records of investigation undertaken to determine whether recoveries are relevant, and the outcome of the investigation.
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 officer attempting recovery. The claims officer would pass the matter on to a University legal representative to claim recovery if no response is received. The legal representative will contact them further by letter of demand.

Where an overpayment to a worker has been identified due to an error and UNSW wishes to seek recovery, UNSW is to advise the worker of the details of the payment(s) and clearly describe the error and the potential impact to the worker. UNSW must obtain consent from the worker before commencement of any repayment arrangement.

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.

37. Medicare and Centrelink Clearances

Proactive engagement with Medicare Australia and correct attribution of medical costs help to ensure prompt payment of entitlements and reduces the risk that a worker will be inadvertently subject to recovery action from Medicare.

UNSW should consider whether to request a notice of past benefits from Medicare when: an application for dispute resolution has been lodged with the WCC, accepting liability for a condition that is contracted or caused by gradual process or that may be an aggravation of a disease, if there is a retrospective entitlement to compensation (initially disputed decision overturned), or if there is a settlement of a claim for compensation initiated that will exceed $5,000.00.

UNSW will provide appropriate documentation to Centrelink when a settlement occurs for commutation or damages matters or other matters settled in WCC. This shows proactive management to minimise impact to workers.

Information is to be provided to Centrelink within 5 working days of the relevant settlement date.

38. 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 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 Manager.

If the grievance is still unresolved, discuss it with the Director of Safety & Wellbeing.

Workers that are unhappy about decisions regarding liability, work capacity decisions, permanent impairment or injury management, can apply for an internal review of a decision, or can proceed directly to the WCC.

SIRA will manage issues of complaint as they arise regarding UNSW as an employer, and WIRO will manage issues of complaint of UNSW as an insurer.

SIRA handles complaints made by workers regarding, employers & providers. SIRA will assess, review and attempt to resolve a complaint. Workers can contact SIRA by phone, online form, email, by mail or in person. If they have been unable to resolve your workers compensation issue with the insurer in the first instance, there are pathways you can take:

13 10 50 – SIRA
13 94 76 - Workers Compensation Independent Review Office (WIRO). A worker (or their representative) with an unresolved workers compensation enquiry, or a complaint about the insurer, can contact WIRO for support.

If you are experiencing any type of emergency affecting your personal safety, please call triple zero (000) immediately.
39. Quality Assurance Systems

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) Health and Safety strategic goals and objectives set in the current UNSW Work Health and Safety Plan (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 Reports;

3) the University risk profile (Health and Safety - Hazard & Risk Register in WHS monitor (electronic risk management system))

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

5) Health and Safety and Workers Compensation statistics.

The above 5 points outline 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.

39.1 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 UNSW 2020, and UNSW will 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.

40. Management of death claims

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

UNSW will pro-actively investigate the circumstances of the death, within 5 days of becoming aware of the death. UNSW will contact the workers family, legal representative or another appropriate party without delay to advise of UNSW role as a self-insurer. Liability for a death claim will be decided by UNSW within 21 days and where liability is delayed UNSW will document the steps taken to obtain the information.

41. Treatment Practices

41.1 Determining reasonably necessary treatment

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.

Before the worker seeks treatment for the injury they should call the claims officer to discuss what your doctor or health providers have recommended.

Once approved the worker can quote the claim number as provided above and UNSW details as a self-insurer to the workers’ health providers for the invoice to be sent to UNSW for payment.

Medical treatment and service costs will only be payable if they relate to services that are reasonably necessary for the workers injury and are provided by appropriately qualified (SIRA) approved allied health practitioners.
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 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?

Medical expenses will be payable in accordance with NSW gazetted fees. If your treatment provider charges more than the gazetted fee, they are not able to ask you to pay the difference.

Please note that you will require separate approval for any surgery and/or private hospitalisation. Failure to obtain approval prior to receiving treatment may leave you liable for the costs involved.

Pursuant to **Section 60 (2) (a) (b) (c) (d)** of the **Workers Compensation Act 1987**, UNSW is not liable under this section to pay the cost of any treatment or service (or related travel expenses) if:

- a) the treatment or service is given or provided without the prior approval of UNSW (not including treatment provided within 48 hours of the injury happening and not including treatment or service that is exempt under the Workers Compensation Guidelines from the requirement for prior insurer approval), or
- b) the treatment or service is given or provided by a person who is not appropriately qualified to give or provide the treatment or service, or
- c) the treatment or service is not given or provided in accordance with any conditions imposed by the Workers Compensation Guidelines on the giving or providing of the treatment or service, or
- d) the treatment is given or provided by a health practitioner whose registration as a health practitioner under any relevant law is limited or subject to any condition imposed as a result of a disciplinary process, or who is suspended or disqualified from practice.

You can claim travel to attend medical, hospital and rehabilitation appointments. The maximum amount payable if you are using a private motor vehicle is $0.55 per kilometre. You will need to keep a record of kilometres if you use a private motor vehicle and receipts for public transport.

If you require an escort to travel with you for approved medical treatment or services, they are also able to be reimbursed for fares or travel costs that have been necessarily and reasonably incurred.

UNSW has 21 days to make a liability decision from the date the request is received. If further time is required to determine a decision, then UNSW will make the decision by day 21 (i.e. decline the request and issue a s78 notice stating insufficient medical information and then review the decision once the additional information has been received via a report/treatment plan).

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 for medical expenses, whichever is the later except: for workers with a permanent impairment of more than 10 per cent but not more than 20 per cent, the period extends up to 5 years; and for workers with a permanent impairment of more than 20 per cent will be entitled to medical treatment and services for life. UNSW as 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 review service provider invoices before payment and ensure all rates and items invoiced will align with approvals, that rates do not exceed the maximum amount prescribed by
any fee orders and that invoices contain relevant information, including application of GST or input tax credits where appropriate.

42. Injury Management Consultants

UNSW may refer to an Injury Management Consultant (IMC) to enable clear communication, planning and support for progressing a worker’s return to work. Referral to an IMC is appropriate when a worker is identified as at risk of delayed recovery or there is a specific return to work or injury management issue.

An IMC helps the nominated treating doctor, worker, insurer and employer progress a worker’s recovery at/return to work and optimise health and work outcomes. An IMC is to assess the situation, examine the worker (if necessary), and discuss possible solutions with all parties (specifically the nominated treating doctor). IMCs are not involved in the treatment of a worker, though they may comment on treatment in respect to recovery at/return to work. The IMC may also visit the workplace.

A referral to an IMC may occur in the following circumstances:

- confused goals
- complexity of the injury or the workplace environment
- poor communication between insurer, employer or nominated treating doctor
- perceived conflict between the recommendations of the nominated treating doctor and workplace requirements
- unexpected changes in work capacity
- disagreement about the suitability of work
- difficulties in upgrading duties at work as anticipated
- current treatment (or lack of treatment) which may be creating a barrier to recovery at work.

Where a nominated treating doctor, employer or worker identifies the need for an IMC for any of the reasons stated above, they may contact UNSW Workers Compensation to organise a referral.

The IMC can also conduct a file review of all relevant information, 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.

IMCs are not responsible for directing treatment of a worker, though they may comment on treatment in respect to recovery at/return to work.

An IMC functions do not include:

- an opinion on causation or liability
- undertaking a functional capacity evaluation or work capacity assessment for the insurer.

Prior to arranging an IMC, UNSW will contact the worker to discuss the intended referral and explain the role of the IMC and the reasons for the referral. The referral will be made in accordance with SIRA standard of practice 14.

43. Independent Medical Examinations

An Independent Medical Examination (IME) 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.

An IME is an assessment conducted by an appropriately qualified and experienced medical practitioner to help resolve an issue regarding injury or claims management.

The UNSW Workers Compensation unit may direct a worker receiving weekly payments of compensation to attend an IME. An insurer may arrange an IME when information from the
nominated treating doctor or treating specialist is inadequate, unavailable or inconsistent, and the insurer has not been able to resolve the issue directly with the treating doctor or specialist.

Medical questions that arise must be directed to the treating doctor in the first instance. For further information regarding an IME please refer to the link below:


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

### 44. 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 a worker. They are experienced in the assessment, treatment and management of work-related injuries. They can help ensure appropriate and effective treatment for workers.

The independent consultant may conduct one of the following

**Stage 1** File review

This involves a review of allied health recovery requests (AHRRs) and/or other relevant documentation, to help the insurer determine reasonably necessary treatment services or equipment prescription. This is only to occur where the specialised skills of an independent consultant are required.

**Stage 2** File review and discussion with treating allied health practitioner

A stage 2 review involves the consideration of all AHRRs and other relevant documentation, as well as a discussion with the treating allied health practitioner.

The discussion with the treating practitioner is likely to include current treatment outcomes, proposed treatment, and intervention to build the worker’s capacity for employment.

**Stage 3** Assessment of worker and discussion with treating allied health practitioner

If after reviewing the referral information, the independent consultant determines an assessment of the worker is required for an effective review, they will ask the insurer to advise the worker of what is involved and arrange an appointment.

The independent consultant will contact the treating practitioner to discuss current treatment outcomes, proposed future treatment, and intervention to build the worker’s capacity for employment.

After the review, the independent consultant will write a report with their recommendations within approximately 10 working days. The report will be provided to the insurer, treating practitioner, and nominated treating doctor.

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 worker. Workers can also be referred to an Independent Consultant by a 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 worker to make functional improvements and/or return to work despite treatment.

### 45. Provider Management

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

### 46. Qualified / Accredited Providers

The University’s nominated providers are:
47. Employment Management Practices

There is a UNSW wide initiative to promote the health and wellbeing of the campus community. The UNSW Wellbeing vision is to be recognised as an exemplar for workplace wellbeing programs. UNSW’s approach is built on the premise that wellbeing drives vitality, engagement and a high-performance culture. A Workplace Wellbeing Strategy has been developed to position UNSW as a leader in the market for world-class researchers, academics and professional talent.

Many factors, both inside and outside the workplace, contribute to an individual’s wellbeing – and there is an interplay between the two. UNSW has characterised a person’s safety and wellbeing in four pillars that govern the approach to workplace wellbeing: Healthy Mind, Healthy Body, Healthy Places and Healthy Culture.

UNSW also provides an Employee Assistance Program (EAP) - a confidential counselling, coaching and wellbeing service free for all UNSW workers and their immediate family members. The service can help workers achieve lifestyle, work, personal and family goals and assist them to manage work and life experiences, issues or concerns that arise from time to time.

The UNSW EAP service is provided by Benestar (previously known as Davidson Trahaire Corpsych), and allows workers access to professional face-to-face counselling, telephone support, Live Chat support and a vast library of online health and wellbeing resources.

UNSW Human Resources consultants and supervisors will take an active role if a worker’s compensation claim is disputed and the matter becomes sick leave. It is the supervisor’s role to manage the absence from work and any employment related issues with the assistance of Human Resources.
48. Providing education and information to employers about their obligations

UNSW as an employer/insurer provides information to the worker and manager at the commencement of the claim and education is continually provided throughout the life of the claim. When Injury Management Plans are reviewed and updated the worker and the manager are reminded of their obligations.

The UNSW Workers Compensation unit continues to communicate pro-actively, providing education and information regarding the workers compensation and injury management process and their obligations under workers compensation legislation, guidelines and injury management.

49. Injury Management Program Communication

The Injury Management procedures/Program is communicated and displayed via various mediums, such as: health and safety consultation committees, staff induction training, health and safety e-newsletters, informing unions and the Workers Compensation website.

The Injury Management procedures/program is continually monitored and reviewed by the Return to Work Co-ordinator and the Workers Compensation Manager to ensure the program is up to date and in line with changes in legislation and/or guidelines. The program is reviewed every two years and approved by SIRA.

50. Claims Data Analysis – Identifying opportunities for improvement

UNSW Workers Compensation unit provides data to the Health & Safety unit which is discussed and analysed at level 1 quarterly safety committee meetings.

UNSW maintains its monthly reportable data to SIRA is as accurate and up to date as possible recognising data in real time, as it is most useful for recovery at work and SIRA statistical purposes. UNSW instils correct and timely claims information through data reporting to SIRA, providing up to date data each month with any outstanding data errors reviewed and corrected.

51. Injury Prevention Strategies

Weekly reporting is sent from UNSW Workers Compensation to UNSW Health & Safety identifying areas and mechanisms of where incidents are occurring so that they are aware of incidents in particular faculties/divisions that are leading to workers compensation claims.

UNSW has awareness training and programs, both online and face to face to raise awareness in the aim to prevent injury. Manual Handling training, ergonomic advice and health and wellbeing program provided by Health and Safety Unit UNSW.

UNSW has a good safety culture and encourages hazard and incident reporting.

The use of the Hazard incident reporting system is a UNSW injury prevention strategy, where any hazard injury or near misses are reported and the identified issue is addressed by the supervisor, estate management, safety committee or appropriate person.

Accountabilities

<table>
<thead>
<tr>
<th>Responsible Officer</th>
<th>Director UNSW Safety and Wellbeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Officer</td>
<td>Workers Compensation Manager</td>
</tr>
</tbody>
</table>

Supporting Information

Legislative Compliance

This Procedure supports the University’s compliance as a licensed self-insurer under Section 211 of the NSW Workers Compensation Act 1987 with the following legislation:

*Workplace Injury Management and Workers Compensation Act 1998 (NSW)*

Parent Document (Policy)
### Definitions and Acronyms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
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<tbody>
<tr>
<td>Approved Medical Specialist</td>
<td>Senior practising specialists with a sound knowledge of the NSW workers compensation system and workplace-based injury management. AMS are appointed by the Workers Compensation Commission to assess disputes about medical issues for workers compensation claims lodged on or after 1 January 2002.</td>
</tr>
<tr>
<td>Current work capacity</td>
<td>In relation to a worker means a present inability arising from an injury such that the worker is not able to return to his or her pre-injury but is able to return to work in suitable employment. (Section 32a: Workers Compensation Act 1987)</td>
</tr>
<tr>
<td>Independent Medical Examiner</td>
<td>Specialist medical practitioner with qualifications relevant to the injured worker’s injury but is not in a treating relationship with the injured worker and is used to assist in independent assessment of injured workers where required. They assist in decisions concerning accepting a claim, ongoing liability and the injured worker’s capacity for employment.</td>
</tr>
<tr>
<td>Injury Management</td>
<td>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)</td>
</tr>
<tr>
<td>Injury Management Consultant</td>
<td>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.</td>
</tr>
<tr>
<td>Injury Management Program</td>
<td>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)</td>
</tr>
<tr>
<td>Injury Management Plan</td>
<td>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)</td>
</tr>
<tr>
<td>Nominated treating doctor</td>
<td>The treating doctor nominated by an injured worker for the purposes of an Injury Management Plan for the injured worker.</td>
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</tbody>
</table>
| **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 this 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. (Section 42: Workplace Injury Management and Workers Compensation Act 1998) |
| **SIRA** | State Insurance Regulatory Authority |
| **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 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. |
| **WCC** | Workers Compensation Commission |
| **WIRO** | Workers Compensation Independent Review Office |
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>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Approval date</th>
<th>Effective date</th>
<th>Sections modified</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>
</tr>
<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>
</tr>
<tr>
<td>3.0</td>
<td>Vice-President, Human Resources</td>
<td>9 June 2020</td>
<td>9 June 2020</td>
<td>Full review with significant amendments made due to changes in NSW workers compensation legislation in line with SIRA’s Injury Management Program Checklist 2019 and Standards of Practice. 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 (NSW)</td>
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