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1. BACKGROUND

It is important that through leadership and training, Public Health Organisations recognise the importance and benefits of providing effective workplace-based rehabilitation and the underlying principles associated with it.

Recovery at work (R@W) or early return to work after a work-related injury is a critical step in a worker's recovery and safe return to work is a priority. Recovery at work enables workers to resume their usual life with minimal disruption to family, work and social interactions.

NSW Health recognises that early intervention, support and commitment by all parties is essential to ensure the best possible recovery and return to work outcomes.

1.1. About this document

This document has been developed to provide information for [xxx insert agency xxx] employees on actions that will be taken in the event they sustain a work-related injury or illness. It also includes actions for the management of a disputed or non-work-related injury or illness (NWRI). It acts as the Return to Work Program for [xxx insert agency xxx].

This document aims to ensure a standard and consistent response to workplace injuries across [xxx insert agency xxx] which is in line with NSW Health procedures and policies, as well as legislative requirements and guidelines from regulators. Procedures include:

- immediate actions to be taken at the time of the injury
- assistance to be provided to a worker throughout their recovery and return to work, and
- the roles of the stakeholders in this process.

1.2. Recover at Work consultation, implementation and training

This Rehabilitation, Recovery and Return to Work Procedure and all required programs will be implemented following consultation with:

- workers, via the intranet or other accepted means of communication, through work health and safety (WHS) committees and relevant Health and Safety Representatives,
- industrial associations which are represented in the workplace, and
- other relevant stakeholders.

Draft documents are circulated amongst stakeholders via email, inviting feedback, which is reviewed and incorporated where appropriate.

This procedure is displayed on WHS noticeboards and also on the intranet. It is also made available to any injured workers.

Training is provided through the Injury Management Unit, as well as in induction and department/ team meetings. Training includes where to access this program as well as highlighting its contents. [insert any local training specifics].

Review of this program takes place every two (2) years, by the Ministry of Health and the [xxx insert agency xxx] Injury Management staff. The effectiveness of the program is monitored through review of customer satisfaction results and return to work outcomes on a quarterly basis.

1.3. [XXX insert agency name XXX] commitment

[xxx insert agency xxx] is committed to providing a safe work environment and systems of work for all workers and a safe environment for all those on our site(s). We are committed to regulatory compliance and will ensure work practices reflect our policy and strategic objectives.

Safety is up to each and every one of us to keep front of mind, and ensuring we foster a positive safety culture is a top priority at [xxx insert agency xxx]. Our aim is for all workers to finish their shifts both physically and mentally well, having been supported to undertake their work safely.

The [Work Health and Safety Act 2011](#) (NSW) and [Work Health and Safety Regulation 2017](#) (NSW) requires provision of a safe workplace and contains specific requirements for both [xxx insert agency xxx] and its workers which can be enforced by a range of measures.

As a public sector agency, NSW Health is committed to, and expects all workers to commit to:

- eliminating unsafe practices of both physical and psychosocial origins, to reduce the incidence of workplace injury and illness
- fostering a positive safety culture which identifies, reports and controls hazards and unsafe actions
- complying with legislative and regulatory requirements
- engaging in consultation regarding ways to improve the safety of our staff
- when planning a safe recovery of an injured worker, collaborating with the worker, the worker's supervisor/ manager, the Recover at Work Coordinator, the treating medical and allied health practitioners and TMF Claims Manager
- the identification of, provision of, and participation in, suitable duties (including reasonable modifications to the workplace, if required and where reasonably practicable).

This commitment further extends to:

- collaboratively developing a Recover at Work Plan to ensure that injury or illness is managed as soon as possible
- supporting the worker and ensuring a recovery at work or, if not possible, an early return to work is a priority
- participating and cooperating in the development of injury management plans
- ensuring that workers (and anyone representing them) are aware of their rights and responsibilities, including the right to choose their own doctor and, if required, a State Insurance Regulatory Authority (SIRA) approved workplace rehabilitation provider

- ensuring that workers understand their responsibility to provide accurate information about the injury and its cause
- consulting all stakeholders and worker’s representatives, where applicable
- maintaining the confidentiality of a worker’s records, in line with the [Privacy and Personal Information Protection Act 1998](#) (NSW) [PIIP Act]
- investigating alternate duties in consultation with the worker, with the same or different employer, and assisting the worker to reach maximum medical improvement where a return to pre-injury duties is not possible
- investigating and addressing any health and safety issues which may have led to injury.

1.4. Summary of rights and obligations

Workers will be notified of their rights and obligations in writing following notification of an injury/ illness, as well as throughout their recovery by their R@WC. A summary is below:

Worker Rights	Worker Obligations
Privacy and confidentiality	Comply with advice of medical professionals and Recover at Work Plan, to minimise risks of exacerbation or re-injury
Employment that is suitable and, as far as reasonably practicable, the same as or equivalent to their pre-injury employment	Report work-related injury/ illness as soon as possible (early intervention within 48-hrs)
Be consulted and involved in identifying suitable duties and in developing the Recover at Work Plan	Participate in the recover at work process
Choice of a Nominated Treating Doctor	Make all reasonable efforts to recover and return to work as soon as possible
Access to interpreter services where required	Maintain regular contact with the TMF Claims Service Provider and R@WC
Protection from dismissal resulting from the injury, within six (6) months of first becoming unfit for employment	Nominate a treating doctor and provide regular certificates of capacity to support any absences related to the injury/ illness
Access mechanisms for resolving complaints and disputes.	Attend treatment outside of work hours wherever possible
Have a say in the choice of their rehabilitation provider (where one is required)	Participate and cooperate in establishing an Injury Management Plan and comply with the actions required within this plan
	Participate in treatment as directed by the nominated treating doctor

1.5. Key definitions

Case conference	A meeting between two or more stakeholders to discuss matters related to the claim, injury management or return to work planning. A case conference can be held face-to-face, over the phone or by video
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	link.
Consultation	A communication process between the employer and workers (&/ or their representatives), involving the two-way exchange of information where the views of workers are sought and considered prior to decision making.
Early intervention	Following an injury/ illness, potential risks are identified, a worker's individual needs are assessed, and treatment and/or rehabilitation services begin as soon as possible.
Early Stakeholder Intervention (ESI) or Support Action Strategy (SAS) call	A collaborative case management approach to managing complex and psychological claims. This is known as the Early Stakeholder Intervention (ESI) process or Support Action Strategy (SAS) and involves a teleconference between some key stakeholders at the earliest juncture from when the injury/ illness is notified.
Functional Capacity Assessment	A functional capacity evaluation or assessment is a set of tests, practices and observations that are combined to determine the ability of the evaluated person to function in a variety of circumstances, most often employment, in an objective manner. This assessment must be undertaken by an allied health professional accredited by SIRA.
Independent Medical Examiner (IME)	<p>A specialist medical practitioner with qualifications relevant to the worker's injury but is not in a treating relationship with the worker.</p> <p>Referral to an IME is appropriate when information from the NTD is inadequate, unavailable or inconsistent and where the referrer has been unable to resolve the problem directly with the NTD.</p>
Injury	<p>The Workers Compensation Act 1987 (NSW) Section 4 defines injury as:</p> <ul style="list-style-type: none"> (a) means personal injury arising out of or in the course of employment (b) includes a disease injury, which means— <ul style="list-style-type: none"> (i) a disease that is contracted by a worker in the course of employment but only if the employment was the main contributing factor to contracting the disease, and (ii) the aggravation, acceleration, exacerbation or deterioration in the course of employment of any disease, but only if the employment was the main contributing factor to the aggravation, acceleration, exacerbation or deterioration of the disease, and (c) 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 (NSW), or the aggravation, acceleration, exacerbation or deterioration of a dust disease, as so defined.
Injury Management	A doctor who is a return to work facilitator. They are experienced in

Consultant	occupational injury and workplace-based rehabilitation, mediation/negotiation skills, and liaises with treating doctors, insurers, employers and workers to solve problems in complex return to work cases.
Injury Management Plan (IMP)	<p>An IMP is a customised plan for co-ordinating and managing those aspects of injury management that relate to the treatment, rehabilitation and retraining of an injured worker, for the purpose of achieving a timely, safe and durable return to work for the worker. An IMP can provide for the treatment, rehabilitation and retraining to be given or provided to the injured worker.</p> <p>It is also a document created by the insurer in consultation with the worker and other stakeholders and is required when there is an injury which results in an incapacity for work (whether total or partial) that lasts for seven (7) days.</p>
Nominated Treating Doctor (NTD)	A doctor selected by the worker to manage their injury/ illness and recovery and to assist with a safe and durable return to work.
Pre-Injury Average Weekly Earnings (PIAWE)	<p>The weekly average of the gross pre-injury earnings received by the worker for work in any employment in which the worker was engaged at the time of the injury, including:</p> <ul style="list-style-type: none"> • wages, including any paid leave and loadings • shift, overtime and other allowances paid • commission and piece rates • any government subsidies provided in lieu of work performed. <p>Where a worker has the use of a non-monetary benefit (for example a motor vehicle) and after the injury they no longer have the use of that benefit, then the cash value of that benefit can also be included.</p>
Psychological injury	<p>Psychological injury or illness includes a range of cognitive, emotional and behavioural symptoms that interfere with a worker's life and can significantly affect how they feel, think, behave and interact with others. Psychological injury may include such disorders as depression, anxiety or post-traumatic stress disorder.</p> <p>Job stress is commonly used to describe physical and emotional symptoms which arise in response to work situations, but it is not in itself a diagnosed disorder or a psychological injury.</p>
Public Health Organisation (PHO)	Refers to a range of health entities including local health districts, specialty networks and non-government affiliated health organisations that fall under the collective management of NSW Health.
Recover at Work Coordinator (R@WC)	<p>Employees of [xxx insert agency xxx], whose key roles are:</p> <ul style="list-style-type: none"> • identifying the needs of the worker • understanding any constraints on the employer • facilitating consultation between the worker, [xxx insert agency xxx]

	<p>xxx], TMF Claims Manager, and treating health professionals</p> <ul style="list-style-type: none"> • developing the Recover at Work Plan with the supervisor/ manager and the worker in line with the current certificate of capacity, and • identifying appropriate suitable duties for the worker for the development of the Recover at Work Plan. <p>Details of the relevant R@WCs for [xxx insert agency xxx] can be found on the local intranet page [xxx insert link xxx].</p> <p>R@WCs are sometimes called Recovery Partners, Return to Work Coordinators or Recovery Business Partners.</p>
Recover at Work (R@W) Plan	An individual plan which the employer (or an approved rehabilitation provider) develops in consultation with the worker to manage the recovery at work.
Significant injury	An injury likely to deem a worker unable to work for more than seven (7) continuous days, whether or not those are workdays, and whether or not the worker’s incapacity is total, partial or a combination of both.
State Insurance Regulatory Authority (SIRA)	SIRA is the government organisation responsible for the regulatory functions for workers compensation insurance, motor accidents compulsory third party (CTP) insurance and home building compensation.
Suitable duties/ work	<p>Work that is suited to a worker’s current capacity, taking into account their certificate of capacity, medical information, skill set and capability, work experience and pre-injury employment.</p> <p>Where possible, suitable duties should tap in to the health benefits which come with good work and, so far as reasonably practicable be the same as, or equivalent to, the employment in which the worker was at the time of the injury.</p>
Suitable employment	<p>Employment for which the worker is currently suited:</p> <p>(a) having regard to:</p> <ul style="list-style-type: none"> (i) 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 of the <i>Workers Compensation Act 1987 No 70</i>), and (ii) the worker’s age, education, skills and work experience, and (iii) any plan or document prepared as part of the return to work planning process, including an injury management plan under Chapter 3 of <i>Workplace Injury Management and Workers Compensation Act 1998</i>, and (iv) any occupational rehabilitation services that are being, or

	<p>have been, provided to or for the worker, and</p> <p>(v) such other matters as the Workers Compensation Guidelines may specify, and</p> <p>(b) regardless of:</p> <p>(i) whether the work or the employment is available, and</p> <p>(ii) whether the work or the employment is of a type or nature that is generally available in the employment market, and</p> <p>(iii) the nature of the worker’s pre-injury employment, and</p> <p>(iv) the worker’s place of residence.</p>
TMF Claims Manager/ TMF Claims Service Provider	Day-to-day responsibility for managing workers compensation claims for NSW Health is undertaken by a number of icare-appointed insurers called TMF Claims Managers or Claims Services Providers. The TMF Claims Managers work closely with the Recover at Work Coordinators and workers to conduct and oversee the management of workers compensation claims.
SIRA Accredited Rehabilitation Provider	External workplace rehabilitation providers are organisations made up of health professionals (from the disciplines of allied health) approved by SIRA to provide specific rehabilitation related services aimed at returning workers to suitable employment.
Vocational assessment	An assessment undertaken by a qualified rehabilitation provider which identifies appropriate vocational opportunities for workers. It considers the worker’s capacity, transferrable skills, experience and interests, as well as the availability of the identified vocations through a job market analysis. A vocational assessment may be conducted where a worker is unable to return to their pre-injury role or to enable the delivery of a work capacity decision.
Work capacity	The worker’s current ability to undertake any form of work, be it in their pre-injury employment or suitable alternate employment.
Worker	Under the Workplace Injury Management and Workers Compensation Act 1998 (NSW) worker means a person who has entered into or works under a contract of service or a training contract with an employer (whether by way of manual labour, clerical work or otherwise, and whether the contract is expressed or implied, and whether the contract is oral or in writing).

1.6. Legal and legislative framework

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

- [Guidelines for workplace return to work programs](#)
- [Workers Compensation Act 1987](#) (NSW)

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- [Workplace Injury Management and Workers Compensation Act 1998](#) (NSW)
 - [Workers' Compensation \(Dust Diseases\) Act 1942](#) (NSW)
 - [Workers Compensation Legislation Amendment Act 2012](#) (NSW)
 - [Workers Compensation Legislation Amendment Act 2018](#) (NSW)
 - [Workers Compensation \(Bush Fire, Emergency and Rescue Services\) Act 1987](#) (NSW)
 - [Workers Compensation Regulation 2016](#) (NSW)
 - [Work Health and Safety Act 2011](#) (NSW)
 - [Work Health and Safety Regulation 2017](#) (NSW).

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

- [Workers compensation guidelines](#)
- [NSW workers compensation guidelines for the evaluation of permanent impairment](#)
- [Workers compensation medical dispute assessment guidelines](#)
- [Recover at work planning tool](#).

1.6.1. Self-Insurance arrangement

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

1.7. Using injury data to improve performance

[xxx insert agency xxx] is committed to improving recover at work outcomes. One way of achieving this is by analysing injury data to identify trends and to identify, assess and control/eliminate hazards. Performance data must include lead and lag indicators, examples include:

- Performance against health and safety goals and objectives
- Workers compensation internal claims management audit results
- Health and safety incident notifications and investigations
- Workers compensation statistics and
- People matter employee survey/ other employee engagement or culture survey results.

Quarterly review of trends, performance and actions are conducted between [xxx insert agency xxx] and both icare and the Claims Service Provider.

1.8. Interpreter services

Workers have access to interpreter services through [xxx insert agency xxx], should this be required. A note will be made on the worker's file when an interpreter is required or used.

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

[xxx insert agency xxx] is committed to the recovery and return to work of injured or ill workers in a safe, durable and timely manner. Our rehabilitation, recovery and return to work program aims to foster positive attitudes and champion early access to treatment and support services. NSW Health encourage workers to maintain consistent engagement with the workplace and be focused on a 'return to health' in a safe and supportive workplace environment.

While a worker is recovering post injury, if they are unable to immediately return to their pre-injury duties, recovery at work is best practice. This will be facilitated through the provision of temporary alternate suitable duties, that meet the current work capacity of the worker, reflected in a Recover at Work Plan. The Recover at Work Coordinator (R@WC) will assist the worker and their supervisor/ manager with the recovery and return to work process.

See Section 7 for guidance on where a change of rehabilitation goal (away from return to pre-injury duties) is medically required.

2.1. Immediate response to a workplace injury

Workers must report all work-related injuries and illnesses to their immediate supervisor/ manager as soon as practicable, preferably within 24-hours. Where possible and safe to do so, this must be before leaving the workplace following an injury.

All incidents and injuries will be reported into the injury/ incident management system (ims+). This must be as a 'worker' incident to ensure all the relevant information about the injured worker is included. Training in this system and how to register an incident or injury is provided as mandatory training on commencement of employment. Once the injury notification has been submitted, it is reviewed by the supervisor/ manager, Work Health and Safety and, where relevant, forwarded to the recover at work team.

In the event that the worker is unable to submit an incident report within 24-hours of an injury, their supervisor/ manager must complete the injury notification on their behalf.

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

Any injury or illness as a result of alleged bullying/ harassment will concurrently be referred to the relevant workforce support team to ensure additional support is offered. Information on progression of other processes to investigate the incident will be provided direct to the worker and will not impact the determination of their claim for compensation.

When a psychological injury is raised through a grievance or other employee relations or human resources process, the usual requirement for reporting to the Claims Manager within 48-hours, still applies (see Section 2.4). The human resources department will therefore

advise the worker that their injury will be reported to the Claims Manager and they will advise the recovery at work team for follow up and reporting.

All incidents and injuries are reviewed by senior management and the relevant work health and safety teams. Where required a formal investigation will be undertaken (see NSW Health Policy Directive *Incident Management* ([PD2020_047](#))). These reviews and investigations are necessary to ensure:

- workers remain safe in the workplace
- prevention of further injuries/ illnesses
- any faulty equipment or supplies are removed
- correct notifications are made, such as to SafeWork NSW, NSW Police or NSW Health
- relevant escalations are undertaken including completion of a reportable incidents brief
- open communication and consultation between the workplace and workers
- a determination of What, Why and How is made and relevant actions taken
- implementation of actions, controls or mitigation measures are tracked and assessed
- feedback is provided to the worker, manager/ supervisor (if not the investigator) and any other interested parties.

Some incidents may be notifiable to SafeWork NSW. If anyone (manager/ workers) believes an incident is a [notifiable incident](#) contact the local WHS unit [[xxx insert contact details here xxx](#)] and/or the senior manager on site immediately. Notifiable incidents must be notified to SafeWork immediately, and include those related to:

- Death
- Serious injury or illness
- Dangerous incident.

Further information regarding notifiable incidents and reporting requirements are detailed in [Work Health and Safety: Better Practice Procedures](#).

2.2. Acute first aid/ medical treatment

Following injury/ illness, the worker, with the assistance of their supervisor/ manager, should seek appropriate first aid/ medical attention. If immediate medical attention is required, the worker is to attend [[xxx insert local first aid/immediate treatment options, including first aid kit locations, first aid room locations, any injury/ first aid hotlines etc – link a local first aid policy if you have one xxx](#)] or an ambulance must be called. First Aid Officer details are available on the intranet. [[xxx insert local first aid officers xxx](#)]

If the worker does not require emergency medical intervention, they are to attend their Nominated Treating Doctor (NTD) [[or xxx insert/modify as relevant eg or local staff health unit xxx, preferred doctor network](#)] after advising their supervisor/ manager of the incident. This includes workers experiencing psychological distress following an incident (such as exposure

to violence or a traumatic incident) who should be offered immediate support and encouraged to speak with the Employee Assistance Provider or their NTD.

Workers have the right to choose their medical providers and may attend an alternate treatment provider such as a physiotherapist in addition to their NTD, as long as the provider is approved by the State Insurance Regulatory Authority (where required).

A certificate of capacity should be obtained on the first visit to the doctor in instances where a worker wishes to lodge a claim for compensation in relation to the injury or illness.

2.3. Initial notification of injury

An initial notification of an injury to the employer by a worker or some other person acting on behalf of the worker can be made in writing (either online or email) or verbally (including by phone or face-to-face). The standard notification template can be found here [\[xxx insert intranet link/location xxx\]](#). Incomplete details may delay decisions related to treatment and/or liability.

The following information is required for the notification to be forwarded to the TMF Claims Manager:

About the worker	Name Contact details, including a phone number, email address and postal address
About the employer	Business name Business contact details
Nominated treating doctor (NTD) *if known	Doctor's name Name of medical centre and address
Injury details	Date of the injury or the period over which the injury/ illness emerged Time the injury occurred Description of how the injury occurred Description of the injury Whether any medical treatment is required Whether there is an incapacity for work
Who is notifying the injury (if not the worker)	Name Relationship to the worker or employer Contact details (including a phone number, email address and postal address)

2.4. Workers compensation claim number

Once the injury has been reported to the worker's supervisor/ manager or R@W team (whichever is first), [\[xxx insert agency xxx\]](#) must notify the TMF Claims Manager immediately. Employers must report all injuries to the claims manager within 48-hours of becoming aware. This timeframe commences from any notification to the employer of the injury, such as an ims+ entry, notification of injury form or verbal report to a supervisor/ manager.

The TMF Claims Manager will issue a claim number and advise the worker once the claim has been lodged. Where possible a certificate of capacity issued by the NTD should be provided with the notification, but it is not required to complete the notification.

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

2.5. Requirement for claim lodgment

The initial notification of a claim allows for the TMF Claims Manager to accept provisional liability before making a formal determination of liability. To make a claim for workers compensation benefits that continue beyond provisional liability the following information is required.

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

Name and contact details of the worker

Name and contact details of the employer (individual or organisation)

Name and contact detail of the worker's NTD

If applicable, the name and contact details of any witnesses and any witness statements, if the incident was witnessed

Date and time of the injury or period over which the injury emerged

Description of how the injury happened

Information to support the medical expenses or other losses (if any) the worker is claiming

2.6. Initial communication with the worker

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

Contact will be made by [xxx insert agency xxx] with the worker within two (2) business days of an injury being notified.

Supervisor/ manager communication includes:

Checking the worker's welfare

Identifying and addressing any hazard which may impede or impact on the worker's recovery and return to work

Ensuring a WHS investigation is undertaken to prevent further or subsequent injuries or illnesses

Updating the worker about the workplace to maintain connection,

Description of the injury and how it occurred, and

Supporting the identification of suitable duties.

Recover at Work communication includes:

Confirming the worker's preferred method of contact

Arranging a meeting to discuss additional support services available to assist with the worker's recovery and return to work. For example, a worker indicating psychosocial concerns may be offered psychological support to address issues which may be a barrier to recovery and return to work

Recover at Work communication includes:

Providing the authority for release of medical information form to allow discussion between the stakeholders about treatment and recovery

Clarifying the nature and cause of an injury and any treatment undertaken or proposed

Identifying factors or barriers which may prevent early return to work and discussing a plan to address them

Facilitating realistic injury management and return to work goal setting

Information on standardised recovery timeframes and practices, and

Identification of, and consultation regarding, suitable work

Accessing interpreter services, if required

Communicating all of the above with the TMF Claims Manager, to assist in the development of the Injury Management Plan.

TMF Claims Manager communication includes:

Providing information to the worker about rights and responsibilities, the recover at work and workers compensation processes in general

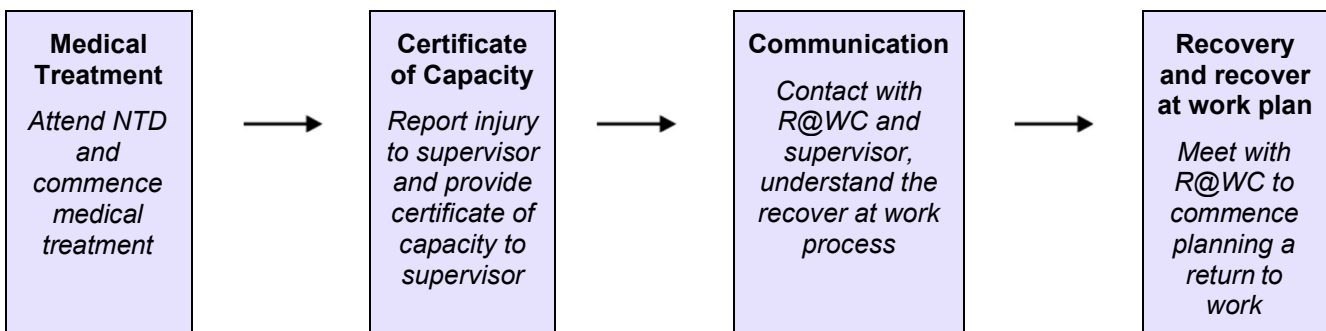
Assisting with establishing an Injury Management Plan to document strategies to assist with recovery and return to work

Providing information in relation to liability determination and approval of reasonably necessary medical treatment, and

Providing additional information as detailed in the points above.

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

First aid and report injury



2.8. Stakeholder roles and responsibilities

All stakeholders' responsibilities are summarised below with reference to [Section 48 of the Workplace Injury Management and Workers Compensation Act 1998](#) (NSW).

2.8.1. [xxx insert agency xxx]

[xxx insert agency xxx] is responsible for ensuring that workers can return to work safely. To do this they will develop a plan for a worker to return to work in support of their recovery. Depending on the nature of the injury and the progress of recovery, a worker might be unable to work full-time or perform all their usual duties. Workers with a reduced capacity will be provided with suitable duties, aligned with the medical restrictions indicated on their certificate of capacity.

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

Potential duties should be carefully considered to ensure they don't pose physical or psychosocial risks to the worker.

2.8.2. Worker

The worker must notify their supervisor/ manager of any work-related injury or illness as soon as possible after it occurs and prior to leaving the workplace where possible and safe to do so.

All workers will be proactive in aiding in the prevention of workplace injuries to themselves and others. This includes not performing duties which do not comply with their certified capacity.

Workers must cooperate with [xxx insert agency xxx] to meet recover at work obligations and to make all reasonable efforts to return to work. This includes collaborating in the development and implementation of an injury management plan and carrying out the actions this plan requires of them, which would require:

- specifying one NTD who is prepared to participate in the development and ongoing management of their recovery and return to work, and authorising this doctor to provide relevant information to the TMF Claims Manager and [xxx insert agency xxx].
- reviewing the Consent Form provided by [xxx insert agency xxx]. The Consent Form is to enable active management of the claim, treatment and recovery. Consent is voluntary and must be informed. There are potential risks with not providing consent and these are outlined in the form.
- actively participating in the development of the R@W Plan. Signing all certificates of capacity.
- attending appointments with the NTD as required and obtaining certificates of capacity at least one day prior to the current certificate expiring. Reviews should be booked in advance in order to meet this obligation.
- providing updated certificates of capacity to the R@WC and supervisor/ manager prior to expiration and within 24-hours of receipt.
- reporting any changes in capacity directly to the R@WC and (where it impacts on work duties) their supervisor/ manager.

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- immediately informing the supervisor/ manager and R@WC if unable to perform the tasks outlined in the R@W Plan or if unable to attend work for any reason.
 - attending all required treatments, arranging appointments outside work hours where possible or at the beginning or end of the shift.
 - attending all appointments arranged by the TMF Claims Manager to assist with the management of the claim and support the graduated return to the pre-injury role. (Noting relevant guideline requirements for insurers on arranging appointments).
 - completing Section 3 of each Certificate of Capacity – Employment Declaration.

The worker must also tell the nominated treating doctor (NTD):

- exactly how and when the injury or illness occurred and any previous related injuries/ illnesses including any previous or current treatment
- the type of duties and tasks normally performed at work, including days worked, hours and shift patterns, and
- the name and contact details of the R@WC and claim number (when obtained).

2.8.3. Supervisor/ manager

The supervisor/ manager must support the worker in their recovery/ return to work, including the identification of suitable duties when required. They must also ensure the incident is entered into ims+, is investigated and preventative actions are implemented (see NSW Health Policy Directive Work Health and Safety: Better Practice Procedures ([PD2018_013](#)) and NSW Health Policy Directive *Incident Management* ([PD2020_047](#)) policies for detail).

The principal responsibility rests with the direct line supervisor/ manager to monitor and support the worker in the workplace whilst on a R@W Plan, with support, guidance and advice provided by the R@WC.

Supervisors/ managers must also:

- ensure any notifiable incident is immediately reported to senior management/ WHS unit so that it can be reported to SafeWork NSW within the legislated timeframes (see Section 2.1 for detail).
- ensure a documented induction into the work/ workplace is completed for an employee commencing duties in a position/ unit other than their substantive role.
- return all signed R@W Plans to the R@WC within required timeframes.
- contact the R@WC in relation to any concerns about the R@W Plan or about their own ability to assist the worker in the recover at work process.
- ensure the worker is not asked to perform duties outside of their certified capacity.
- remain in contact with the worker as agreed in the R@W Plan.
- attend case conferences as requested by the R@WC to address any identified barriers with the R@W Plan.

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- forward each new certificate of capacity to the R@WC within 24-hours of receipt.
 - maintain usual rostering systems and practices including HealthRoster entries.

2.8.4. Recover at Work Coordinator

[xxx insert agency xxx] is committed to participating and cooperating in developing a R@W Plan for an injured worker through the R@WC. The R@WC details can be found [xxx insert link here xxx]

The R@WC carries out the day-to-day duties of the R@W Program and is the link between the worker and their support team. The R@WC has the authority to represent and make decisions for the employer in relation to the functions specified below. The R@WC does not make decisions on claims liability or funding for treatment, this is the insurer's responsibility. Duties of the R@WC include:

- Compiling the initial notification information.
- Coordinating the worker's recovery at work, including identifying suitable work opportunities.
- Liaising with all key stakeholders, both internal and external. Including but not limited to:
 - the injured worker
 - the supervisor/ manager
 - the NTD
 - insurer
 - treatment providers
 - union, and
 - workplace rehabilitation provider.
- Preparing, implementing, monitoring and reviewing a R@W Plan (in consultation with key parties), that documents the worker's capacity and the duties available.
- Supporting the redeployment of workers (internally or externally) into suitable work, when they cannot return to their pre-injury duties.
- Keeping injury and recover at work statistics.
- Keeping confidential case notes and records in line with laws and guidelines.
- Promoting the health benefits of good work to the workforce.
- Contributing to the improvement of relevant policies and systems.
- Providing the worker with the SIRA [Injured at Work: A Recovery at Work Guide for Workers](#)
- Arrange review meetings as required to update the R@W Plan based on the certificates of capacity provided by the worker's NTD prior to the completion of the current plan.

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- Initiate, arrange and attend case conferences with the NTD to facilitate improvement in the worker's recovery and address any issues/ barriers.
 - Remain in contact with the worker as agreed in the Injury Management Plan and R@W Plan.
 - Support the worker in their recovery and return to work, communicating with the supervisor/ manager and by ensuring all certificates of capacity and R@W Plan are current and cover all periods of injury.
 - Assisting workers and supervisors/ managers in understanding their rights and responsibilities.

If there is a conflict of interest with the worker or the worker's supervisor/ manager, [xxx insert health organisation xxx] will consult with the worker and supervisor/ manager to ensure an appropriate alternate is allocated.

2.8.5. Nominated Treating Doctor

A NTD is the medical practitioner the worker nominates (normally a general practitioner) to manage their recovery from injury and to assist in safe recovery at/ return to work.

The NTD will:

- recommend and organise treatment for the workers injury or illness.
- cooperate and communicate with:
 - [xxx insert health organisation xxx],
 - the claims manager
 - treating health professionals, and
 - rehabilitation provider (if involved)

about the injured worker's condition, needs, progress and capacity for work.

- work with the TMF Claims Manager and [xxx insert health organisation xxx] to develop the worker's Injury Management Plan.
- complete the certificate of capacity.
- review the workers condition and capacity for work on a regular basis.
- recommend and arrange treatment (including referrals) as needed and review the worker's condition and fitness for work, assisting with their recovery at work as needed.
- inform the employer and the TMF Claims Manager about ongoing injury management needs.
- participate in case conferences and medical reviews as requested by the TMF Claims Manager and [xxx insert health organisation xxx] to ensure a speedy recovery and that the worker's return to work is on track, ensuring timeframes are developed and maintained that align with evidence-based recovery for the relevant injury/ illness.

2.8.6. SIRA-approved workplace rehabilitation provider

The SIRA-approved workplace rehabilitation provider will:

- identify barriers to the worker's recovery and develop strategies to address these.
- identify suitable duties.
- conduct workplace assessments as required.
- focus on recovery in the worker's pre-injury employment or alternative suitable employment.
- assist in the redeployment, retraining and job seeking efforts when the worker is unable to return to pre-injury duties.

2.8.7. TMF Case Manager

The workers compensation case manager is a person assigned to manage a worker's claim. They are employed by the TMF Claims Manager.

2.8.8. TMF Claims Manager

The TMF Claims Managers are responsible for developing an Injury Management Plan, determining overall liability and approving and managing all reasonably necessary treatment and medication requests.

The TMF Claims Manager for [\[xxx insert agency xxx\]](#) is [\[xxx claims manager details xxx\]](#).

Workers will be consulted and involved in identifying suitable duties and in developing the R@W Plan. The TMF Claims Manager is required to develop an Injury Management Plan where a worker is not able to complete their usual duties for a period of seven (7) days.

Workers compensation legislation refers to "an incapacity to work" whether total or partial. If a worker unreasonably refuses to comply with their Injury Management Plan, weekly benefits may be suspended. Prior to suspension of benefits, compliance by the worker will be managed by the TMF Claims Manager.

2.8.9. Union

A union may provide support and advice to members who are injured. They may also assist the worker to negotiate any aspect of the recover at work process, if requested.

2.9. Choosing a Nominated Treating Doctor

Workers must choose an NTD. This may be an individual doctor, treating medical specialist or medical practice and is usually a general practitioner.

The NTD will provide treatment, participate in the establishment of an individual R@W Plan, comment on capacity for work and appropriateness of suitable duties or employment and provide certificate(s) of capacity for the duration of the recovery and return to work.

All certificates of capacity are to be forwarded by the worker to the R@WC and TMF Claims Manager as soon as possible. This is to allow the TMF Claims Manager to assess the treatment and for return to work planning.

To assist with the development of a R@W Plan and confirm any restrictions and or treatment, the R@WC may contact the NTD directly, following receipt of consent from the worker.

2.10. Certificate of Capacity

The NTD is required to complete a certificate of capacity. It is the worker's responsibility to ensure their certificate of capacity remains current (and provided to the R@WC and TMF Claims Manager) so that weekly payments continue, and treatment continues to be provided.

A certificate of capacity must not be backdated (dated prior to the date of examination). If a certificate covers a period prior to the date of examination (maximum of 90-days – [see Section 44B\(5\) of the Workers Compensation Act 1987](#) (NSW)), there should be an adequate reason (such as the worker has been in hospital and is now visiting their NTD at the earliest availability). The certificate must not cover a period of more than 28-days unless there is medical justification for doing so.

The NTD is to specify on the certificate of capacity:

- periods of capacity or incapacity
- treatment recommended
- medication recommended
- the worker's capacity, such as types of activities and duration, for example six (6) hours for four (4) days per week
- referral/s for further/ different treatment or to a workplace rehabilitation provider, and
- any medical reason there is a delay in upgrading work capacity or barriers to the worker's recovery.

2.11. Pre-approved treatment

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

Part 4 of the SIRA [Workers compensation guidelines](#) outlines the types of medical treatments and services which are exempt from pre-approval.

The most common are:

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

Requests for further treatment require an Allied Health Recovery Request (AHRR) to be submitted, which details the expected upgrade, specific treatment modalities, recovery and discharge timeframes. This form is filled in by the injured worker's allied health practitioner.

Each plan will allow up to eight (8) additional sessions and must be approved by the TMF Claims Manager prior to commencement of treatment.

The following treatment providers must be SIRA accredited:

- Exercise Physiologists
- Chiropractors
- Counsellors
- Osteopaths
- Physiotherapists
- Psychologists.

2.12. Recover at Work (R@W) Plan

A R@W Plan is designed to return the worker to their pre-injury duties or other suitable employment as determined by medical practitioners. A worker will not be disadvantaged by participating in a R@W Plan. If, for example, a training or professional development opportunity was expected to occur prior to the injury and the physical or psychological requirements of these tasks do not conflict with any medical restrictions issued by the doctor, the worker may continue.

Workers compensation legislation (protection of injured workers from dismissal), directs that a worker is not dismissed within six (6) months of becoming unfit to work due to a work-related injury. Any worker dismissed in this manner can make an application to their employer for reinstatement (see [Section 241 of the Workers Compensation Act 1987](#) (NSW)). Workers are also informed of this protection under Section 1.4 of this document.

2.13. Return to work

[xxx insert agency xxx] supports the body of evidence of the health benefits of remaining connected to the workplace following a work-related injury/ illness. Research shows that if a worker remains working/ recovers at work, they have greater chance of making a full recovery. If they are unable to remain working initially, then getting back to work as soon and as safely as possible is an important part of the recovery process. The sooner a worker returns, in any capacity, the greater their chances of making a full recovery.

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

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

3. WORKPLACE ARRANGEMENTS

3.1. Communication

NSW Health is committed to maintaining positive communications between the worker, their supervisor/ manager, the Recover at Work Coordinator (R@WC) and workplace team.

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

Where a worker's injury or illness limits their ability to communicate directly, alternate arrangements can be made using a nominated representative such as a family member. Where possible, the worker should provide authority in writing for the nominated representative to communicate on their behalf.

3.2. Requesting authority and consent for the collection and release of personal and health information

Part 3.3 of the SIRA [Workers compensation guidelines](#) states [xxx insert agency xxx] is required to seek a worker's consent to gather and exchange information regarding their health, injury and recovery. This consent enables the exchange of information between [xxx insert agency xxx], the TMF Claims Manager, the nominated treating doctor (NTD) and other health practitioners. This open communication allows all parties to work collaboratively towards the common goal of supporting the worker with their recovery and return to work in their substantive position. These benefits are outlined in the form.

Once a notification of injury is received, the R@WC will seek the worker's written consent to release and exchange medical information by requesting the worker sign the [Authority and Consent for the Collection and Release of Personal and Health Information](#) (Refer to NSW Health Injury Management resources for the template. If a worker has returned to, or remained at work following injury, the consent form is provided face to face. If a worker is away from work, the form is provided by the R@WC via email.

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

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

See [Section 243 of the Workplace Injury Management and Workers Compensation Act 1998](#) (NSW) for details of disclosure requirements.

4. THE RECOVER AT WORK PLAN

The Recover at Work Coordinator (R@WC) will work closely with the worker, the supervisor/ manager, the nominated treating doctor (NTD) and the worker's representative (if required) to develop the recover at work plan (Refer to NSW Health Injury Management resources for a template, [NSW Health Recover at Work Plan Template](#)). The Recover at Work (R@W) Plan will ensure that the workplace is safe and suitable for the worker's return and minimises risks of aggravation or re-injury. All stakeholders have a role to play in developing a R@W Plan as summarised below.

4.1. The Recover at Work Plan

The R@W Plan will be in writing and contain:

- The recovery goal
- Position, department and normal days/ hours where employed
- Current capacity/ medical restrictions listed on the most recent certificate of capacity
- Suitable duties, location, hours/ days to be worked including tasks to avoid, and rest and/or meal breaks to be taken
- Treatment arrangements and medical appointments
- Commencement and review dates
- Anticipated timeframes for goal attainment, and
- Any additional obligations such as attendance at medical appointments outside of work hours where possible.

When developing a R@W Plan, the following will be considered:

- The worker's physical and psychological capacity
- Special needs of individual workers, for example the communication needs of workers who speak languages other than English
- The worker's age, education, skills and work experience
- Any occupational rehabilitation services available to the worker
- Impact on the workload of other workers, and
- Whether the worker may require training in the suitable duties tasks prior to the R@W Plan being implemented.

The employment that must be provided is employment that is both suitable employment (as defined in [Section 32A of the Workers Compensation Act 1987](#) (NSW)) and (subject to that qualification) so far as reasonably practicable the same as, or equivalent to, the employment in which the worker was at the time of the injury. Per [Section 49 of the Work Injury Management and Workers Compensation 1998](#) (NSW) the [xxx insert agency xxx] must provide suitable work.

This obligation is negated if:

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

The responsibility to initiate the process for developing, coordinating, distributing, managing and communicating regarding the R@W Plan, lies with the R@WC. The R@WC will work closely with the worker, the supervisor/ manager, the NTD and the worker's representative (if required) to ensure the capacity outlined in the certificate of capacity is incorporated and any concerns or queries are addressed in a timely manner. Everyone nominated to undertake actions under the agreed R@W Plan are to cooperate in implementing the requirements of the plan and should have a copy of the plan.

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

If a worker unreasonably fails to comply with the requirements of the R@W Plan after being requested to by [xxx insert agency xxx], the worker may have further entitlements to weekly payments of compensation suspended during any period that the failure continues. This action can only occur if the worker is given written notice to that effect, by the TMF Claims Manager, together with a statement of reasons for the entitlements ceasing.

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

[\(See section 48A of the Workplace Injury Management and Workers Compensation Act 1998\).](#)

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

Where weekly benefits are reinstated after a period of suspension, there is no entitlement to payment for periods of non-compliance. It is recommended that workers and their supervisor/ manager read the R@W responsibilities documentation and understand the shared commitment to the plan to ensure the best physical and psychological recovery and outcome for all workers.

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

Where a worker has remained unfit for a period of 12-weeks from the date of injury, the R@WC will ensure the claim is being strategically reviewed on a regular basis with the claims manager to maintain the worker's engagement with the recovery process. Discussions should include prognosis and timeframes for a return to suitable duties as well as the suitability of the overall return to work goal.

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

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

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

4.2. [xxx insert agency xxx] must provide suitable work

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

Suitable duties must be:

- in line with the worker's capacity for work
- provided for the purpose of allowing a worker the opportunity to recover at work, maintaining or increasing the worker's capacity for work or providing relevant experience for alternate vocations should the worker be certified as permanently unable to return to their pre-injury position, and
- so far as reasonably practicable the same as, or equivalent to, the employment in which the worker was at the time of the injury.

The above is with reference to [Section 49 of the Workplace Injury Management and Workers Compensation Act 1998](#) (NSW) and [Section 32A of the Workers Compensation Act 1987](#) (NSW) definition of suitable employment.

If a worker who has been totally or partially incapacitated for work as a result of an injury is able to return to work (whether on a full-time or part-time basis and whether or not to his or her previous employment), [xxx insert agency xxx] is liable to pay compensation to the worker under The 1998 Act and in respect of the injury must at the request of the worker provide suitable employment for the worker.

4.3. Offers of suitable duties

Suitable duties within the certified work capacity will be provided where reasonably practicable to partially incapacitated workers, irrespective of liability. The supervisor/manager will work with the R@WC and the worker to identify suitable duties and the R@WC

will facilitate this by providing a R@W Plan. Suitable duties may include reasonable adjustments to the worker's pre-injury role to assist with their recovery.

The R@WC will consult with the worker and supervisor/ manager to identify suitable duties. This will inform the R@W Plan which will be discussed, agreed and signed by all stakeholders which may include:

- the worker
- the worker's representative, if one is nominated
- supervisor/ manager
- NTD, and
- R@WC or external SIRA-approved rehabilitation provider.

Suitable duties are reviewed and regularly upgraded towards achieving pre-injury duties or the ultimate recovery goal. Pre-determined and regular review points are set to ensure progress and/ or adjustment as necessary.

4.4. Reasonable adjustments

In circumstances where a change of recover at work goal is formalised, the R@WC will begin discussions with the worker and their NTD to determine whether reasonable adjustments are necessary and can be made within the existing workplace to allow the worker to continue at work.

Factors to be considered are:

The size of the worker's current workplace. In a small workgroup setting it may be more difficult to accommodate adjustments compared to a larger workgroup where there is greater capacity to equitably share different tasks or redesign work arrangements

Whether permanent accommodation of the worker's medical restrictions places additional risk to others in the workplace

Whether significant work adjustments would need to be made, disadvantaging other workers in the workplace

Whether it is reasonably practicable to do so

Impact on service delivery, and

Ability to perform the role, such as education and/or transferable skills.

Consultation about reasonable adjustment will be undertaken with the worker and any support person they request.

The following people may be invited to discuss:

- the worker
- their support person which may be a union representative
- the worker's immediate line manager/ supervisor
- the R@WC
- a workforce or human resources representative

- the appointed SIRA-approved rehabilitation provider (if necessary).

4.5. Suitable duties unavailable or withdrawn

Unavailability of suitable duties will impact [xxx insert health organisation xxx] workers compensation costs and may result in a breach of [xxx insert health organisation xxx]’s obligation to provide suitable employment. There are some rare situations where suitable duties may not be available or may be withdrawn. In these cases, [xxx insert agency xxx] will continuously review the ability to provide suitable duties. [xxx insert agency xxx] will ensure all avenues are explored to identify suitable work, including but not limited to; consultation with the supervisor/ manager, worker and treating parties; consultation with other parts of the organisation; consideration of work with another organisation and referral to a SIRA-approved workplace rehabilitation provider.

4.6. Changing nominated treating doctor

Consistent medical care is essential for a worker’s recovery and safe return to work. Changing the NTD can interrupt medical care, however there may be a good reason for change. In cases where a worker reports that they are not receiving the level of support, treatment or communication from their NTD to progress their recovery, a change of NTD can be a productive and pro-active move towards recovery.

Some reasons for changing the NTD include:

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

If the worker has a reason to change the NTD, the worker must inform the TMF Claims Manager and [xxx insert agency xxx]. If there is evidence the NTD is not assisting the worker or [xxx insert agency xxx] with a safe recovery and return to work, the TMF Claims Manager may:

- ask a doctor experienced in workplace rehabilitation (such as an Injury Management Consultant) to review the management of the injury, and discuss the best course of action with the NTD and [xxx insert agency xxx], or
- ask the worker to nominate another treating doctor.

4.7. SIRA-approved workplace rehabilitation providers

External workplace rehabilitation providers are organisations made up of health professionals (from the disciplines of allied health) approved by SIRA to provide specific rehabilitation related services aimed at returning workers to suitable employment. Workers have the right to engage an independent rehabilitation provider and to change their provider. A full listing of all approved rehabilitation providers can be found on the SIRA website (<https://www.sira.nsw.gov.au/information-search/rehab-provider>).

If required, the R@WC or the TMF Claims Manager, may engage an external rehabilitation provider in consultation with the worker and their NTD. SIRA recommends employers

nominate one or more approved providers to assist in the rehabilitation of workers. [xxx insert agency xxx], has nominated the providers on the TMF Claims Manager Rehabilitation Provider Panel [or insert local provider panel link] to ensure the services support the worker's recovery and return to work.

Alternatively, the worker or their NTD may request the services of another SIRA-approved rehabilitation provider and this request will not be unreasonably denied. This will be communicated to workers verbally by the R@WC at the point of referral.

The R@WC will communicate and collaborate with the rehabilitation provider to ensure the worker receives optimal support for their recovery and return to work. The R@WC, in conjunction with the supervisor/ manager, will facilitate access to the workplace for the provider, and discuss any workplace specific needs/ requirements/ arrangements.

Examples of when a SIRA-approved workplace rehabilitation provider may be engaged include:

The worker is likely to have an extended period of total incapacity for work

There is difficulty in identifying suitable duties within a worker's certified capacity for employment

An assessment of the worker's physical and/or psychological capacity may be required to assist finding suitable alternate employment

An assessment of daily living activities is required

The worker is unlikely to resume full pre-injury duties in the long-term

The worker's rehabilitation goal is identified to be a return to a different job with the same employer, or different job with different employer, and training, work trials or job placement may be required

An assessment of transferrable skills is required to assist with identifying suitable duties, work trials or redeployment

A conflict of interest is perceived, or

The worker has resigned or been medically separated.

Rehabilitation providers may be engaged for a one-off service or to assist with the day-to-day injury management of complex cases. Their functions and services include:

- Identifying suitable duties within a worker's certified capacity
- Identifying and coordinating rehabilitation strategies for an early and sustainable return to work
- Developing and monitoring R@W Plans, with progressive upgrades to return to pre-injury duties where appropriate
- Providing education and support regarding the worker's recovery and return to work
- Assisting with job seeking and placement in alternative employment when there is a change of return-to-work goal, or
- Conducting workplace assessments including functional, vocational and ergonomic advice.

4.8. Changing approved workplace rehabilitation provider

Requests to change SIRA-approved workplace rehabilitation provider/s will be communicated between the worker and R@WC and can be made in writing or verbally. Examples of reasons to consider a change include:

- Lack of appropriate qualifications/ experience in the required specialty
- Non-compliance with the service level agreement
- Communication (including language difficulties) with the provider is impeding the worker's recovery and early, safe and sustainable return to work
- Either the worker or provider moves, or the provider no longer services the area, or
- The provider discontinues practice in the required specialty.

4.9. Scheduling medical appointments

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

4.10. Accruing leave entitlements

Workers continue to accrue leave during an absence on workers compensation. Whilst on a R@W Plan, Accrued Days Off (ADOs) are only accrued when working five (5) days per week (regardless of the number of hours worked). Please note there are other arrangements for Junior Medical Officers and

4.11. Taking leave

Suitable duties are an integral part of a worker's rehabilitation and recovery. Workers have a legislative obligation to be available to participate in their recovery and to attend work as part of this. All requests for leave while receiving workers compensation entitlements will be reasonably considered to ensure rehabilitation and recovery at work will not be adversely affected.

Supervisors/ managers who receive requests for leave from workers participating in a R@W Plan, are to consult with their R@WC.

Any leave approved prior to lodgment of a claim will be discussed with a view to ensuring both the worker is able to take their leave as planned and also the planned recovery will not be adversely impacted. Following discussions, there may be agreement to keep, cancel or postpone their leave.

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

4.12. Changes to employment arrangements post injury

If an injured worker requests to change their employment arrangements for reasons unrelated to their injury, this must be discussed with the R@W team and TMF Claims

Manager, prior to approval. For example, requests to reduce hours, change from full-time to part time, permanent to casual, or similar.

Whilst on workers compensation, entitlements for “non-exempt workers” are calculated using the pre-injury average weekly earnings (PIAWE), usually the 52-weeks prior to injury. Reductions in hours or changes in shift patterns (unrelated to injury), which occur post injury, will not change PIAWE calculations and can therefore result in a worker being paid above newly contracted arrangements.

5. PSYCHOLOGICAL INJURY OR ILLNESS

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

Once a psychological injury or illness is reported, the early intervention process will begin.

An early stakeholder intervention (ESI) meeting or a support assist strategise (SAS) teleconference should be held on all complex claims, particularly psychological claims.

An ESI or SAS meeting may be organised between the R@WC (and/or relevant members of the workers compensation team), the worker’s supervisor/ manager, the TMF Claims Manager and, where required, a rehabilitation provider to accurately assess underlying concerns and identify:

- support required for the worker to recover, including reasonably necessary treatment.
- any potential barriers to the worker staying at or returning to work, and strategies to overcome these barriers.
- information required to allow the TMF Claims Manager to make a sound liability decision. This may include any or all of the following (as appropriate):
 - statements from the worker and witnesses
 - a factual investigation
 - an independent medical examination
 - legal advice.

The stakeholders for an ESI/ SAS may vary in each location but each should involve at least the TMF Claims Manager and a representative from the Injury Management Unit from [\[xxx insert agency xxx\]](#).

Psychological injuries that are a result of a workplace grievance will be managed concurrently to any workforce action or investigation; however the matters will remain separate. If the grievance is in relation to the worker’s supervisor/ manager, alternate reporting line arrangements and/or mediation should be considered.

Acceptance or declinature of liability on any psychological claim will not impact the determination or outcome of any workplace investigation. Any information collected during investigation, can only be used for the purposes for which it was collected, unless written

consent is obtained from the party/ parties involved. For example, a witness statement taken for investigating a workers compensation claim, cannot be used for investigating an internal grievance claim, unless written consent is received from the witness.

For information on liability for psychological claims see Section 6.2.

6. DETERMINING LIABILITY

There is an obligation for the TMF Claims Manager to process a claim for workers compensation and determine liability for a workplace injury within a specific, reasonable timeframe based on the information available. The worker may request a review of the liability decision through the TMF Claims Manager. Documentation required for a review is provided to the worker with their liability correspondence.

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

1. Liability accepted

Liability may be accepted upon receipt of the injury notification if the evidence meets legislative requirements. Liability can be accepted within 21-days from receipt of the claim form supported by an approved and complete certificate of capacity.

Alternatively, liability can be accepted when provisional liability has been exhausted at the 12-week point.

2. Provisional liability

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

3. Reasonable excuse

A reasonable excuse notice may be issued where evidence does not support the payment of workers compensation or where all reasonable efforts have been made to obtain important information on which to make a formal decision.

Reasonably necessary medical treatment is covered during the time the claim is reasonably excused.

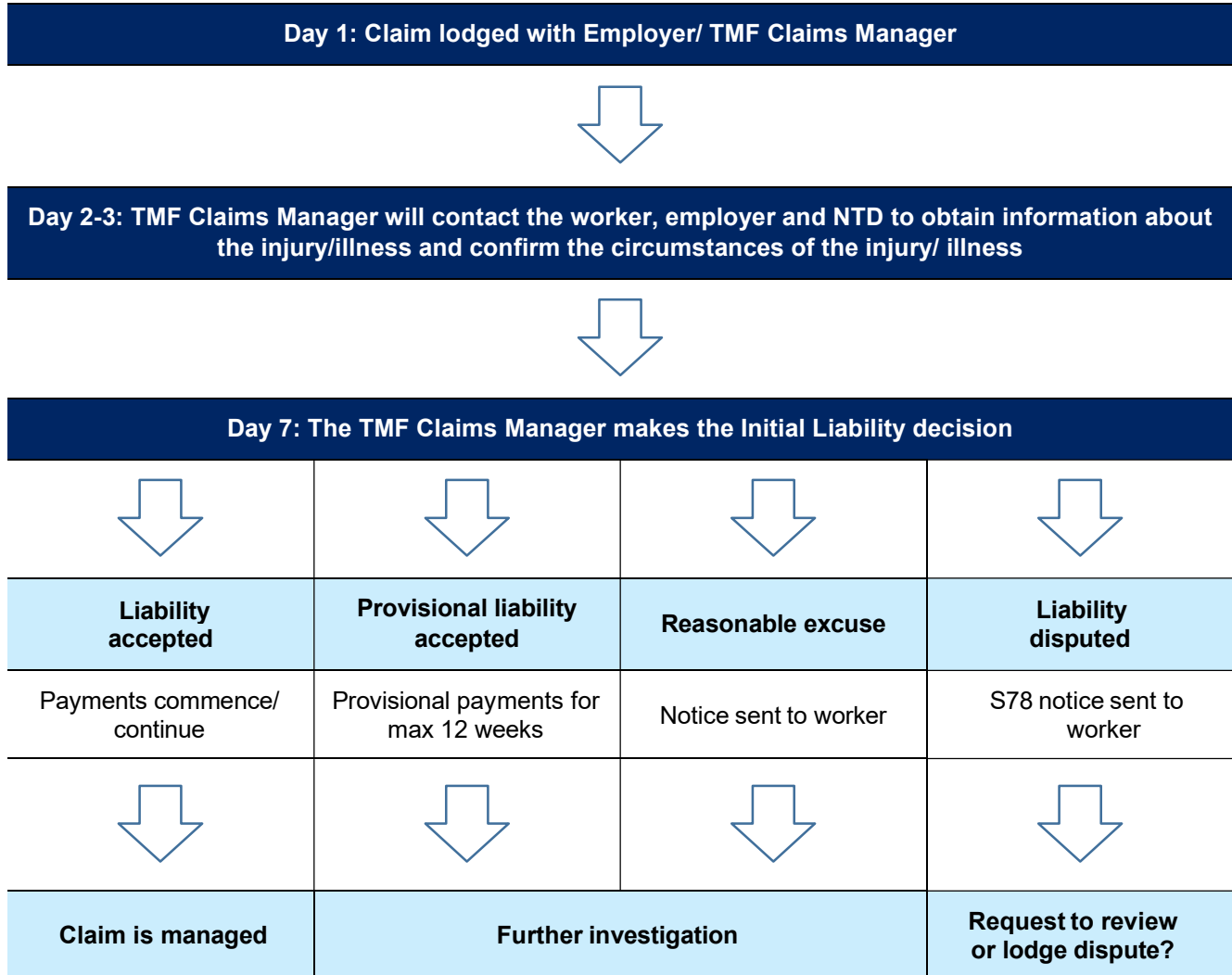
4. Liability disputed

Where there is sufficient evidence that liability is queried, the TMF Claims Manager will issue a written dispute notice to the worker.

[xxx insert agency xxx] will continue to support the worker in their recovery and safe return to work irrespective of the liability status of the claim.

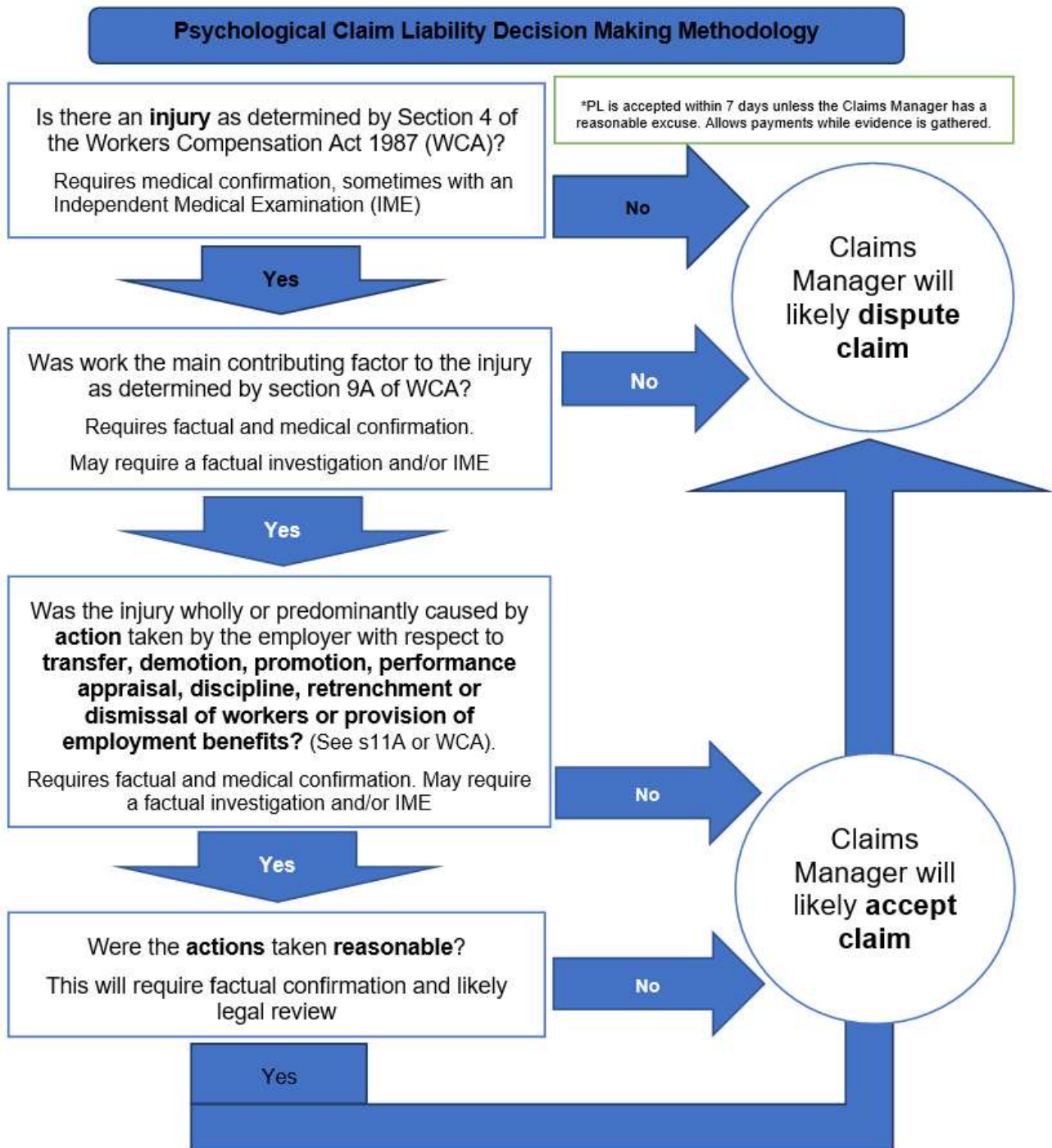
6.1. Initial liability timeline

The below flowchart indicates critical timeframes and decisions for an insurer assessing liability on a claim.



6.2. Liability for psychological claims

For a psychological claim to be compensable, work must be the main contributing factor. It is not compensable if the injury was wholly or predominantly caused by reasonable management action taken in respect to transfer, demotion, promotion, performance appraisal, discipline, retrenchment or dismissal of workers or the provision of employment benefits.



6.3. Weekly payment and pre-injury average weekly earnings

Where a worker has lost work time due to their claim, their wage payments are based on a calculation of pre-injury average weekly earnings (PIAWE) which is based on their average weekly earnings before the claim. Within seven (7) calendar days of the date of notification, [xxx insert agency xxx] submits information to the TMF Claims Manager, detailing the worker's earnings prior to the injury. The TMF Claims Manager will issue a letter informing the worker of the liability decision and associated PIAWE calculation. A copy of this letter is also supplied to [xxx insert agency xxx] via email, to allow accurate payment of weekly benefits to the worker.

Paramedics are "exempt workers" in relation to the *Workers Compensation Amendment Act 2012* (NSW), including the use of PIAWE for calculating benefits. Paramedics and their supervisors/ managers should refer to Section 6.3.1.

If a worker is undertaking suitable duties on restricted or normal hours they will be paid in accordance with their contract/ award. Any difference between earnings in suitable duties, and their entitlements (based on PIAWE and claim timeline), will be supplemented in the worker's wage payment. In most cases payment will be processed in conjunction with the normal pay/ pay cycle. The supervisor/ manager will [xxx insert agency process xxx (eg. "enter the workers compensation details, hours worked etc in to HealthRoster for HealthShare to process in the usual pay cycle")] If the worker is not receiving payment from [xxx insert agency xxx] then it will be paid by the TMF Claims Manager.

If a claim is accepted, weekly benefits are paid in accordance with the PIAWE:

- a rate of 95% of a worker's pre-injury average weekly earnings for the first 13-weeks
- following this, a reduced rate of 80% of a worker's PIAWE is paid for a worker who is not working at least 15-hours per week.

Weekly entitlements are separated by 'entitlement periods':

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

Weekly benefit payments may be paid in the following circumstances:

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

[Section 39 of the Workers Compensation Act 1987](#) (NSW) provides that weekly benefits are limited to a maximum of 260-weeks unless the level of whole person impairment has been assessed as being greater than 20%.

If a claim is disputed, the TMF Claims Manager will issue a declinature notice with supporting evidence attached to the notice. These notices can be reviewed and/or disputed in the Personal Injury Commission for which legal representation is required. Certain awards in NSW Health also allow the worker to use leave balances to make up the difference between their workers compensation entitlements and their pre-injury earnings.

Calculation of workers compensation benefits are completed and communicated by the TMF Claims Manager.

Refer to the NSW Health Policy Directive *Leave Matters for NSW Health Service* ([PD2023 006](#)).

6.3.1. Weekly payments for exempt workers (Paramedics)

Paramedics are deemed to be 'exempt workers' in relation to the *Workers Compensation Amendment Act 2012* (NSW) and weekly payments are calculated differently. Weekly payment amounts depend on, but are not limited to:

- whether there is a total or partial incapacity for work
- how long a worker has been in receipt of weekly payments
- whether a worker is able to return to work.

As paramedics are employed under an award, when unable to work, they are generally entitled to weekly benefits based on the current weekly wage rate (CWWR) before their injury. For the first 26-weeks post injury, the rate is generally 100% of the CWWR (which excludes overtime, shift work, payments for special expenses and penalty rates).

After 26-weeks of incapacity, paramedics in general would be paid at either a fixed rate (known as the statutory rate) or 90% of their average weekly earnings (AWE), whichever is the lesser. The statutory rate is indexed twice a year in April and October. AWE is the average amount a worker was receiving over a period of time (usually the last 12-months of employment, including overtime and shift allowance).

If a paramedic is partially incapacitated and working following an injury, they will earn income for the hours worked. If this income is less than what was being earned prior to the injury, they may also be entitled to a weekly payment, often known as 'make up' pay. This 'make up' pay is usually calculated based on the difference between the AWE and the amount earned while in suitable work.

The amount of 'make up' pay cannot exceed the amount that a worker would receive if they were totally incapacitated. In the first 26-weeks post injury, 'make up' pay would be calculated by taking the amount earned in suitable employment from the AWE or the CWWR (whichever is the lesser). After the first 26-weeks, payments would be capped at the statutory rate. The calculation is the same (AWE minus actual earnings) and then capped at the statutory rate and cannot be more than what would be earned if the worker was totally incapacitated.

The TMF Claims Service Provider is responsible for calculating and communicating with the worker regarding entitlement to payments.

6.4. Weekly payments from accrued leave

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

Where the worker uses accrued annual leave, this leave will not be reinstated. [Section 49 of the Workers Compensation Act 1987](#) (NSW) states that workers' compensation weekly benefits will be paid to the employee in addition to the annual leave already paid and this includes annual leave loading which is applicable under public health awards. Workers can elect whether to utilise their annual leave balance with the knowledge that leave taken will not be reinstated or reimbursed.

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

[Section 50 of the Workers Compensation Act 1987](#) (NSW) refers specifically to sick leave stating that where a worker has been paid sick leave for a period and this then becomes a period of workers compensation, the sick leave must be reinstated and the payment made as a workers compensation benefit.

As workers compensation entitlements for non-exempt workers are 95% of PIAWE at a maximum, there may be a difference in the figure when leave is recredited and workers compensation paid. For paramedics, there may be no difference in the figure as they are generally paid 100% of CWWR in the first 26-weeks post injury.

6.5. Why payments can be reduced or stopped

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

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

6.6. Work Capacity Decisions (not applicable to paramedics)

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

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

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

The WCD is a decision made by the TMF Claims Manager about:

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

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

This period is important as a worker is only entitled to receive weekly payments beyond 130-weeks in very specific circumstances (see [Section 38 of the Workers Compensation Act 1987](#) (NSW)).

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

Review by the TMF Claims Manager

A worker may request an internal review of a WCD by the TMF Claims Manager after receiving the decision. The worker must give a completed [Review form – application for review by the insurer](#) to the TMF Claims Manager specifying the grounds on which the review is being sought with any information on why the worker disagrees with the decision and including medical information.

Review by the Personal Injury Commission

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

6.7. Payments for other benefit types

The TMF Claims Manager is responsible for review and determination of benefits. Once approved, payment will be made directly to the worker. Should a payment meant for a worker erroneously be misdirected to [xxx insert agency xxx], notification will be made to the TMF Claims Manager, within 48 hours of becoming aware. The TMF Claims Manager will make the correct payment to the worker and seek reimbursement from [xxx insert agency xxx].

6.8. Procedures for claims where liability is disputed

[xxx insert agency xxx] will continue to support the worker in their recovery and safe return to work irrespective of the liability status of the claim.

Section 41A of the Workplace Injury Management and Workers Compensation Act 1998 (NSW) specifies that the requirements for workplace injury management apply even when there is a dispute as to liability.

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

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

6.9. Dispute prevention & resolution procedure

As with all workplace interactions, when dealing with workers compensation matters, employees must act in accordance with the [NSW Health Code of Conduct](#) and maintain the CORE values of Collaboration, Openness, Respect and Empowerment. Genuine enactment of these values will ensure the free exchange of information, ideas and expectations, leading to dispute minimization. All efforts will be made by [xxx insert agency xxx] to resolve disagreements about the recover at work program through discussion in the spirit of cooperation. If a dispute arises over an individual R@W Plan or any aspect of the return-to-work process (including disputes regarding weekly payments), then all parties will work towards resolution by using the following strategies:

1. The worker, or their nominated representative, will advise the R@WC of the dispute, who will attempt to resolve it by coordinating discussions with, as appropriate, the worker, the claims staff, payroll, the NTD, other medical professionals treating the worker, a workplace rehabilitation provider if involved, supervisors/ managers and, where requested, the worker's nominated representative.
2. If further objective information is required to assist the dispute resolution, then the R@WC may:
 - seek further information from the treating providers
 - refer to an external SIRA-approved workplace rehabilitation provider
 - refer to an Injury Management Consultant for issues regarding suitability of available duties and return to work.
 - refer to an Independent Medical Examiner (IME) for issues regarding treatment or injury management.
3. In cases where a resolution with either a claims or injury management dispute is not achieved, the SIRA Customer Contact Line is able to help the worker and/or the employer to resolve any problems that may arise during the workers compensation claim, recovery and rehabilitation process.

SIRA Customer Contact Centre	
Phone	131 050
Email	customerfeedback@workcover.nsw.gov.au

4. If a worker's compensation claim or part thereof has been disputed, the worker may seek resolution by submitting an application to review decision to the TMF Claims Manager, or through the:

Personal Injury Commission (PIC)	
Online Form	https://pi.nsw.gov.au/contact/contact-us
Address	Level 19, 1 Oxford St DARLINGHURST NSW 2010
Postal Address	PO BOX 594, DARLINGHURST NSW 1300
Email	registry@wcc.nsw.gov.au

OR

Independent Review Office (IRO)	
Phone	139 IRO / 139476
Complaints & Enquires	complaints@iro.nsw.gov.au
Independent Legal Assistance & Review Service (ILARS)	ilarscontact@iro.nsw.gov.au
General Enquires	contact@iro.nsw.gov.au

7. CHANGE OF RECOVER AT WORK GOAL

The goal of workplace-based rehabilitation and recovery is to return a worker to their pre-injury duties. Where it becomes evident that a worker is unable to return to their pre-injury duties, there is an obligation for [xxx insert agency xxx] to assist that worker through a redeployment process. This process cannot commence until a formal change of recover at work goal has been made.

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

- the worker
- relevant treating providers
- TMF Claims Manager
- Return at Work Coordinator (R@WC) or
- external rehabilitation providers.

This may be identified following:

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

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

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

7.1. Consultation regarding the change of recover at work goal

Stakeholders will be consulted to discuss and agree on the updated recover at work goal.

Stakeholders may include:	
the worker	a worker's support person
the NTD	the worker's line manager/ supervisor
the R@WC	a workforce or HR representative
a SIRA-approved external rehabilitation provider	a Union representative

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

Taking into account:	
permanent and temporary restrictions	education history
vocational experience	vocational interests
transferrable skills	suitable vocational options
current available vocational options within and external to [xxx insert agency xxx].	

7.2. Identifying a suitable vocation

Once a change of return-to-work goal has been agreed, the process to identify a suitable alternate vocational option will commence. As part of this process the following may occur:

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

Priority assessment in relation to redeployment of workers will be considered in accordance with [xxx insert link to local procedure xxx] and any applicable whole of government or NSW Health policy. Where employment with a new employer is considered, the following additional support will be provided by either the rehabilitation provider, or in some cases, an external job seeking agency:

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

[xxx insert health organisation xxx] has a local procedure to manage this process [xxx insert link or how to access this process].

7.3. Commencing the job seeking process

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

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

- Activation of the internal redeployment process for workers
- Update of the Injury Management Plan by the Case Manager.

When commencing the job seeking process, suitable employment options can be identified by the R@WC, the worker, their line manager/ supervisor or external rehabilitation provider and assessed for consideration of a priority placement or temporary work trial in accordance with [\[xxx insert link to redeployment procedure xxx\]](#).

Job seeking support and activities can commence as soon as there is agreement that a change in recovery goal (away from return to pre-injury duties) is necessary. It is not mandatory to wait for a formalised vocational option to have been identified, in order to commence.

During the job seeking and redeployment process the worker is not to unreasonably decline an offer of assignment. Unreasonable decline of an offer may result in a review of ongoing entitlement to workers compensation payments by the TMF Claims Manager.

7.4. Internal job seeking

At the commencement of the job seeking process and if medically appropriate, the worker will be assisted to find alternate suitable employment within the same location/ facility or the broader organisation. Although initial focus remains redeployment within [\[xxx insert health organisation xxx\]](#) it is important that the worker also considers appropriate vocational options within other public health organisations (PHOs) and outside of NSW Health, should they become available.

This is particularly important for workers with a Work Capacity Decision (WCD) in place, should they be unable to secure an internal position at the conclusion of a 12-week job seeking period and be subject to a medical separation they may no longer be entitled to ongoing wages.

Where the worker identifies a potentially suitable role, contact must be made with the R@WC and/or rehabilitation provider so all relevant recruitment and redeployment policies can be enacted, including the NSW Health Policy Directive *Recruitment and Selection of Staff to the NSW Health Service* ([PD2017_040](#)) and [\[add link/description of where to access any local redeployment procedure xxx\]](#).

This procedure may include:

placing an advertised position temporarily on hold

an evaluation of the worker's skills and experience against the selection criteria

assessing the job demands against the worker's medical capacity

arranging a work trial for the worker to temporarily undertake the duties of the role.

7.5. External job seeking

If a suitable alternate position is unable to be identified within [\[xxx insert health organisation xxx\]](#), or the worker has been medically certified as being unable to return to the organisation, then external job seeking will commence.

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

7.6. Continuation of suitable duties whilst job seeking

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

After 12-weeks of job seeking (time frame does not commence until formalising suitable vocational option/s), a review will take place to determine if further attempts at internal redeployment are likely to be fruitful or if a medical separation is to be recommended. A worker can request a review of this timeframe which will be considered on a case-by-case basis. If medical separation is recommended, where reasonably practicable, suitable duties will be provided until if/ when termination takes place.

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

This is not a termination of the employment contract. The worker remains employed and where eligible will receive ongoing wage benefits according to their current period of entitlement under workers compensation legislation.

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

7.7. Responsibility to consider suitable employment options

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

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

7.8. Successful redeployment to an alternate employer

Workers who are successfully redeployed to an alternate employer, will be separated in accordance with the NSW Health Policy Directive *Recruitment and Selection of Staff to the NSW Health Service* ([PD2017_040](#)) once the transition has been finalised.

7.9. Termination of employment on medical grounds

The decision to terminate a worker's employment on medical grounds should only take place after discussions between the worker, relevant medical practitioners, human resources/ workforce and R@W staff.

It is not considered to be in the best interests of either [xxx insert agency xxx] or workers, to prematurely proceed to medical termination, therefore all avenues for internal redeployment should be robustly explored prior to these discussions taking place.

Any termination on medical grounds of ill health will be undertaken consistently with the provisions of the [Workers Compensation Act 1987](#) (NSW) and the [Workplace Injury Management and Workers Compensation Act 1998](#) (NSW).

8. WORKING REMOTELY

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

If a worker is working remotely from a health workplace (such as at home or another location) and sustains an injury, they must be able to show that the nature or the requirements of their work played a substantial role in an injury for the injury to be compensable.

[xxx insert agency xxx] has practices in place to ensure workers create a safe work environment whilst working remotely, these can be found here [[insert link to relevant information/procedures](#)]. Where workers are working remotely, this includes (but is not limited to) ensuring as much as possible that workers have an ergonomically appropriate workspace, in an area that is free of trip hazards and with adequate lighting. Workers are to also ensure that they have adequate power outlets/ power boards to safely run their computer and other necessary equipment without overloading.

[xxx insert agency xxx] encourages workers to take extra care for their personal safety whilst remotely, including not rushing or running, and to keep a proper lookout for any general hazards just as they would in a more formal work environment.

9. NON-WORK RELATED INJURIES AND ILLNESSES

9.1. Return to work following non-work related injury/ illness

[xxx insert agency xxx] is committed to achieving an early, safe and durable return to work for all workers including workers who have sustained non-work-related injuries. In cases where a worker has been unable to work due to a non-work-related injury/ illness and medical restrictions have been recommended for their return to work, their supervisor/ manager must commence the Non-Work-Related Injury/ Illness process with the R@WC. This process will be managed in accordance with [[xxx insert link to local procedure xxx](#)] and any applicable whole of government or NSW Health policy. This will include communication with the worker and medical practitioners, if the worker provides authority (see NSW Health Injury Management resources for a template ([Authority to Release Information Non Work Related Injury/Illness](#))) to facilitate a gradual, safe and durable return to work.

The worker must provide the supervisor/ manager with a certificate from a doctor indicating any medical restrictions that may need to be considered when identifying the availability of

suitable duties or alternatively suitable employment. The worker must provide an updated certificate when these restrictions change.

The supervisor/ manager should contact R@W staff if advice is required to assist them in facilitating a safe and durable return to work for the worker. This is to be considered under [xxx insert health organisation xxx]'s duty of care and suitable duties may be offered where considered practicable by the supervisor/ manager.

There may be cases where suitable duties are not practicable to be supplied or may be withdrawn if they can no longer be operationally sustained by the work area. [xxx insert health organisation xxx] may require the worker to attend an independent medical examination should clarification of their injury/ illness be required.

9.2. Reasonable adjustments to the workplace

In cases where an injury, disability or illness is not covered by workers compensation, employees can ask for assistance in making changes to the workplace to accommodate any disability.

Any decision regarding reasonable adjustment in a workplace will be taken with regards to what is practicable and the timeline of any adjustment. A workplace adjustment is a change to a work process, practice, procedure or environment that enables an employee to perform their job in a way that minimises the impact of their injury, disability or illness.

Workplace adjustments allow a person to:

- perform the inherent or essential requirements of their job safely in the workplace
- have equal opportunity in recruitment processes, promotion and ongoing development
- experience equitable terms and conditions of employment
- steadily return to their pre-injury productivity, and
- maintain a safe working environment for all staff.

Under the [Disability Discrimination Act 1992](#) (Commonwealth), [xxx insert agency xxx] is obligated to make adjustments to accommodate an individual's disability, unless that adjustment would result in unjustifiable hardship.

9.3. Making adjustments

An adjustment is considered reasonable unless it causes "unjustifiable hardship" to the employer. Unjustifiable hardship could be in the form of financial cost, an amendment to the physical building that is not possible due to council or other restrictions, or an adjustment that would disadvantage other workers.

The Non-Work-Related Injury/ Illness process is not to be used with declined workers compensation claims where liability is in dispute.

Factors to consider when considering whether an adjustment is reasonable:

the effectiveness of the adjustment in assisting the worker with disability to perform their job

the practicality of the adjustment

the extent of any disruption caused to business operations

the financial or other costs of the adjustment

the extent of the employer's financial and other resources

The availability of financial or other assistance to help make the adjustment, such as the employment assistance fund

the nature of business activities and size of the organisation

the impact of the adjustment on other employees.

Examples of workplace adjustments that create an inclusive environment include:

allowing a worker with disability to have some flexibility in their working hours, such as working part-time or starting and finishing later, or teleworking for part of the week

redistributing minor duties, non-inherent requirements of a job, that a worker with disability finds difficult to do

purchasing or modifying equipment, such as speech recognition software for someone with vision impairment, an amplified phone for a person who is hard of hearing, or a digital recorder for someone who finds it difficult to take written notes

providing additional training, mentoring, supervision and support

providing agendas in electronic formats for people who find it difficult to manipulate pages

height-adjustable workstations

10. CONFIDENTIALITY OF INJURY MANAGEMENT INFORMATION

All information and records collected during the injury management process will be kept confidential in accordance with the [Australian Privacy Principles](#) and will only be disclosed in accordance with these and/or the provisions under information collection and sharing of the [Workplace Injury Management and Workers Compensation Act 1998](#) (NSW).

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

The worker is responsible for giving consent for the nominated treating doctor (NTD), employer, TMF Claims Manager, [xxx insert agency xxx], treating practitioners and rehabilitation providers to exchange information for the purposes of managing the injury/illness and workers compensation claim, should they choose to do so. This is done by signing the authority to release form and the initial and/or subsequent certificate of capacity.

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

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

- File notes, letters, faxes, emails and recover at work plans developed by the R@WC
- NTD reports, medical information, file notes and assessments
- Specialist assessments and reports if the worker was referred to the specialist by the NTD, and
- Approved workplace rehabilitation provider documents.

10.1. Retention of records and maintaining confidentiality

Records of all conversations held with various stakeholders and copies of all documents and reports used in the rehabilitation and recovery process, plus all case notes relevant to the management of the R@W Plan, will be maintained by the R@WC. These records will be kept and maintained in confidence in accordance with the [State Records Act 1998](#) (NSW) and the [Health Records and Information Privacy Act 2002](#) (NSW). An individual and confidential file is made for each worker, in the claims management system, [xxx insert claims management system xxx]. Workers are entitled to view and/or obtain a copy of all records held relating to their workplace rehabilitation.

The R@WC will meet with the worker to review the records and explain the documents, notations and abbreviations as part of providing such records. The worker may bring a support person to this meeting with the R@WC.

11. TEMPLATES

The following templates are available on the NSW Health Injury Management SharePoint site ([Injury Management](#)).

Further information will be added to this location as needed.

1. [Recover @ Work Plan](#) (pro forma)
2. [Letter to worker: We have received your injury notification](#)
3. [Authority and Consent for the Collection and Release of Personal and Health Information](#)
4. [Authority to Release Information – Non Work Related Injury/Illness](#)