

INTERNAL ONLY
ISLHD PROCEDURE
COVER SHEET



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SUMMARY	This policy directive has been developed to provide procedures for all Illawarra Shoalhaven Local Health District workers on action that will take in the event a worker sustained a work-related injury or illness.

1 POLICY STATEMENT

The Illawarra Shoalhaven Local Health District (ISLHD) is committed to a proactive and collaborative approach towards recovery ensuring all workers are physically and psychologically safe in our workplaces and are supported to maximise their health and wellbeing. This commitment is extended to providing best practice, evidence based support and expert advice to worker's and manager's regarding recovery at work. Recovery at work or early return to work following an injury is a crucial step in a worker's overall recovery and safe return to work. Recovery at work enables workers to resume their usual life with minimal disruption to personal, work or social interactions.

2 BACKGROUND

This Policy Directive has been developed to provide information for all ISLHD workers on actions that will be taken in the event a worker sustains a work-related injury or illness (WRI). It also includes actions and procedures undertaken in the event of a disputed claim, as well as advice in the case of a non-work related injury or health condition.

The document aims to have a standard and consistent response to all injuries sustained by staff, regardless of cause, across ISLHD which is underpinned by the Ministry of Health's '*Rehabilitation, Recovery and Return to Work*' (PD2022_02). The policy includes immediate actions to be taken at the time of an injury or upon notification that an injury or health condition has been sustained, assistance to be provided to a worker throughout their recovery and return to work and the roles of the stakeholders in this process.

The policy includes guidance material, forms and standard letters to assist supervisors/managers and workers to understand the injury management process and to outline actions each will take to support ISLHD's commitment to worker's, their recovery and return to work.

3 ISLHD's Commitment

ISLHD is committed to providing a safe work environment for all including workers, contractors, visitors and volunteers. We are committed to regulatory compliance and ensuring work practices reflect our policy and strategic objectives.

Safety is the responsibility of each and every individual at ISLHD. It is crucial to foster a safety culture that supports the continued physical and psychological safety of all workers. As a large public sector agency we are committed to, and expect all workers to committed to:

- Collaborating and assessing risks when planning a safe recovery of an injured worker between the worker, the worker's supervisor/manager, the recover at work coordinator, the treating medical doctor, allied health practitioners and TMF claims manager.
- The identification and provision of suitable duties including reasonable workplace adjustments to the workplace, if required and appropriate.

- Collaboratively developing a recover @ work plan to ensure that injury or illness is managed as soon as possible
- Supporting the worker and ensuring a recovery @ work or, if not possible, an early return to work is a priority
- Ensuring that workers (and anyone representing them) are aware of their rights and responsibilities, including the right to choose their own doctor and/or treatment provider/s and, if required, an approved workplace rehabilitation provider
- Assisting workers in understanding their responsibility to provide accurate information about the injury and its cause
- Consulting all stakeholders and, where applicable, worker's representatives; manage the confidentiality of a worker's recovery in line with the *Privacy and Personal Protection Act 1998 (PPIP Act)*
- Investigating suitable 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

4 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.

- [Workers Compensation Act 1987](#)
- [Workplace Injury Management and Workers Compensation Act 1988](#)
- [Workers' Compensation \(Dust Diseases\) Act 1942](#)
- [Workers Compensation Legislation Amendment Act 2012](#)
- [Workers Compensation \(Bush Fire, Emergency and Rescue Services\) Act 1987](#)
- [Workers Compensation Regulation 2016](#)
- [Work Health and Safety Act 2011](#)
- [Work Health and Safety Regulation 2017](#)

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

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

5 Self-Insurance Arrangement

NSW Health, including all local health districts and specialist networks, are self-insured through the NSW Government managed fund scheme known as the Treasury Managed Fund (TMF). The TMF contracts experienced providers (TMF Claims Managers) to manage the worker's compensation claims on behalf of the TMF and its agencies, including ISLHD.

6 Using Injury Data

ISLHD is committed to improving recover at work outcomes by analysing incident, near miss and injury data as well as employment experience, wellbeing information and PMES survey results to identify trends. This includes:

- Injury trend analysis and recommendations
- Worker's compensation internal claims management audit results.
- Nonclinical incident notifications and investigations; and
- Worker's Compensation statistics

6.1 Confidentiality of Injury Management Information

All information and records collected during in the injury management process will be kept confidential in accordance with National Privacy Provisions 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](#).

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, employer, claims manager, R@WC, treating practitioners and rehabilitation providers to exchange information for the purposes of managing the injury/illness and workers compensation claim. 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, if a 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 R@W plans developed by the R@WC.
- Nominated treating doctor reports, medical information, file notes and assessments.
- Specialist assessments and reports if the worker was referred to the specialist by the nominated treating doctor; and
- Approved workplace rehabilitation provider documents.

6.2 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 [NSW State Records Act 1998](#) and the [Health Records and Information Privacy Act 2002](#). Workers are entitled to view and/or obtain a copy of all records held relating to their workplace rehabilitation.

A representative from the Staff Recovery team 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.

7 Interpreter Services

Workers have access to free interpreter services through ISLHD should this be required. Managers, worker's, or others can request this service which will be noted on the claim file.

8 Key Definitions

Case Conference	A meeting between two or more stakeholders to discuss matters related to a workers injury/illness including, if applicable, status of a claim, injury management and return to work planning. A case conference can be held face-to- face, over the phone or via video/teleconference
Certificate of Capacity	A medical certification provided by a worker's nominated treating doctor, certifying capacity for work.
Disputed Injury	A disputed injury means a personal injury that is alleged to arise out of or in the course of employment, however, liability is in dispute.
Early Intervention	Upon notification of an injury/illness, a worker is provided with the support and/or treatment that require to support an early recovery in the workplace. This can comprise of evidence-based treatment, delivered by appropriate treating provider's, as well as recovery at work plan to support a return to work as soon as possible.
Functional Capacity Assessment	A functional capacity evaluation or assessment is an objective 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. This assessment must be undertaken by an allied professional accredited by the State Insurance Regulatory Authority.
Injury	Section 4 of the Workers Compensation Act 1987 , injury means personal injury arising out of or in the course of employment.
Injury Management Plan (IMP)	An IMP outlines all the services required to return the worker to the workplace. It includes details about the worker and employer, information about the injury, the rehabilitation goal, and the actions required by the worker, employer, NTD, rehabilitation provider and TMF Claims Manager. This is provided to key stakeholder's via the TMF Claims Manager.
Injury Notification Form (INF)	A form that is filled in by an injured staff member or their management in relation to a workplace injury. Submission

	of this form to ISLHD-WorkersCompensation@health.nsw.gov.au will assist in facilitating lodgement for a claim for Worker's Compensation with the TMF claims manager. [Appendix 1]
Investigating Preventable Psychological Injuries (IPPI)	An IPPI is a psychosocial risk management process facilitated by the People and Culture Directorate. This involves a conference call, facilitated by the Staff Safety and Recovery team, in collaboration with Workforce personnel to ascertain causative factors that have led to a workplace injury. Following this call, relevant actions are undertaken which may include a safety or workforce investigation to identify and mitigate relevant hazards from the workplace (Refer to Appendix 9).
Nominated Treating Doctor (NTD)	A doctor selected by the worker to manage their injury/illness and recovery and their safe and durable return to work
Pre-Injury Average Weekly Earnings (PIAWE)	The average earnings received by the worker for up to 52-weeks prior to a date of injury that is used to calculate worker's compensation payments. This includes: <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
Recover at Work coordinator (R@WC)	A R@WC is a qualified member of the ISLHD Staff Recovery team who is responsible for supporting workers as they recover at work and assist employers to meet their obligations as required under workers compensation legislation.
Recover at work plan	An individual plan developed in consultation between the NTD, R@WC and worker that outlines goals and objectives (and services required to achieve them) for a worker to return to their preinjury duties or suitable alternate vocation. It should clearly outline the worker's capacity for work including hours, days, task adjustments and review dates.
Psychological Injury	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.

Safety Advisor	A Safety specialist sitting within the Staff Safety Team that provides expert advice on all WHS matters and where required will assist in the completion of WHS investigations and/or risk assessment following an incident, injury and/or illness.
SIRA Approved Workplace Rehabilitation Provider	A rehabilitation provider external to ISLHD who is engaged by ISLHD or the TMF claims manager to support recovery at work. These providers are engaged for a range of single service and ongoing services to support workers in their recovery.
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	Temporary duties provided to a worker that considers a worker's current medical capacity, restrictions, education, skills, and work experience which are designed to assist in return to duties in line with a worker's recovery goal. Suitable duties must be meaningful, as far as reasonably practicable.
Suitable employment	Suitable employment is defined as work that considers a worker's age, education, skills and work experience and the nature of the workers injury/illness including current and future capacity. Suitable employment is considered any opportunity both within and external to ISLHD.
Support Assist Strategise (SAS) Call	A collaborative case management approach to all complex or psychological claims. This approach is known as the SAS process and involves a teleconference between key stakeholders at the earliest juncture from when the injury/illness is notified. Refer to Appendix 8.
TMF Claims Manager	Day-to-day responsibility for managing workers compensation claims for NSW Health is undertaken by a number of iCare-appointed insurers called TMF claims managers. The TMF claims managers work closely with the recovery team and workers to conduct and oversee the management of workers compensation claims.
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 Section 4 of the Workplace Injury Management and Workers Compensation Act 1998 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).
Worker's Compensation Case Manager (WCCM)	Members of the ISLHD Staff Recovery Team; whose key role is to facilitate the lodgement of worker's compensation claims, as well as to manage aspects of a claim alongside the TMF Claims Manager and R@WC.

9 RESPONSIBILITIES

There are varying responsibilities for an array of stakeholder's involved within the recovery process. It is important that all parties to collaborate and actively communicate throughout the process to ensure that recovery and return to work remains the priority.

9.1 Workers will:

- Notify their supervisor/manager of any injury or illness as soon as possible after it occurred prior to leaving the workplace where possible.
- Notify their supervisor/management of any injury or illness that may impact on their ability to work, including any non-work related injuries or health condition/s.
- Specify one NTD who is prepared to participate in the development and management of their recovery and return to work.
- Provide regular certificates of capacity to support any absences related to the injury/illness to their Line Manager and to the Staff Recovery team, as soon as possible.
- Provide authorisation to ISLHD through ISLHD's consent form (Appendix 4) to communicate relevant information about their injury/illness to the TMF claims manager, NTD and other treating parties.
- Actively participate in the development of the R@W plan as well as in the ongoing recovery process.
- Make all reasonable efforts to participate in workplace rehabilitation including attending treatment and participating in proposed duties in line with their Recover @ Work Plan.
- Maintain at the minimum, fortnightly contact with their line manager and R@WC
- Attend treatment outside of work hours wherever reasonably practicable
- Comply with the obligations set out in their injury management and R@W plans

9.2 Supervisor/Managers will:

- Support their worker in their recovery and return to work
- Actively identify workplace hazards; both psychosocial or physical in nature and where able, mitigate to reduce the risk to workers
- Facilitate a safe and respectful workplace for all, enabling workers to speak up regarding anything that may impact their safety
- Actively consult and communicate with workers regarding strategies relating to facilitation of a safe work environment
- Provide education to all new and existing workers on ISLHD's procedure in relation to the reporting of incidents and injuries/illnesses and the process to manage their rehabilitation, recovery and return to work. This includes non-work related injuries/illnesses that may impact on workers ability to undertake their usual role
- Where possible, proactively provide suitable duties to assist in the R@W early intervention process.
- 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 the supervisor/manager's own ability to assist the worker in the R@W process.
- Ensure a documented induction into the workplace is completed for all workers commencing duties in a position/unit other than their substantive role.
- Maintain regular contact with injured workers and the ISLHD Staff Recovery team as agreed in the R@W plan.
- Follow up relevant medical documentation from worker's supporting absence from the workplace and send to relevant stakeholders, including forwarding each new certificate of capacity to the R@WC within 24 hours of receipt
- Ensure that in all instances of injuries/illness, that staff's confidentiality is maintained in light of the expectations set out in ISLHD's consent form (Appendix 4)

9.2 Recovery at Work Coordinators will:

- Assist in identifying suitable duties and/or suitable employment and preparing the R@W plan.
- Ensure the worker receives a copy of the R@W plan.
- 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.
- 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 IMP and R@W plan. Support the worker in their recovery and return to work, communicating with the supervisor and/or manager and by ensuring all certificates of capacity and R@W plan are current and cover all periods of injury.

9.3 Nominated Treating Doctors will:

- Recommend and arrange treatment (including referrals) as needed and review the worker's condition and fitness for work, assisting with their recovery at work as needed.
- Provide certificates of capacity until the worker is fit to return to their normal duties and no longer requires treatment and or medication.
- Inform the employer and the TMF claims manager about ongoing injury management needs.
- Participate in case conferences and medical reviews as requested by the TMF claims manager and the employer to ensure a speedy recovery and that the worker's return to work is on track.
- Ensure timeframes are developed and maintained that align with evidence-based recovery for the relevant injury/illness.

9.4 SIRA Approved Workplace Rehabilitation Provider's will:

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

9.5 TMF Case Managers will:

- Manage a worker's claim, involving explaining the claims management and the worker's compensation process
- Determine liability of the injury/illness in line with relevant legislation.
- Coordinate the administration and approval process of all reasonably necessary treatment proposed by a worker's treating provider's.
- Obtain medical information to ascertain capacity for work and work alongside the ISLHD's Staff Recovery team to support recovery and return to work of an injured worker.

9.6 Support Person will:

- Provide support and advice to members who are injured. (This applies to workers who are part of a union)
- Assists in the negotiation of any aspect of the recover at work process, if required. (This applies to workers who are part of a union)
- Cooperate and collaborate with ISLHD surrounding all stakeholder's roles and responsibilities in the recovery process.

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

ISLHD is committed to the recovery and return to work of injured or ill workers in a safe, durable, and timely manner. The ISLHD recovery program aims to foster a culture of recovery at work by emphasising positive attitudes and championing early access to treatment and support services. ISLHD encourages workers to maintain consistent engagement with the workforce and focus on a 'return to health' in a safe and supportive workplace environment.

If a worker is temporarily unable to return to their pre-injury duties, alternate suitable duties that meet the current work capacity of the worker may be offered as part of a recover at work (R@W) plan. The recover at work coordinator will assist with the recovery and return to work process which includes developing and implementing a suitable R@W plan.

10.1 Recover at Work Program

A worker will not be disadvantaged by participating in a recover at work program. A R@W plan is designed to return the worker to their pre-injury duties or other suitable employment as determined by medical practitioner's or treating provider's.

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

Workers compensation legislation ([Protection of injured workers from dismissal](#)), directs that a worker is not dismissed within 6 (six) months of becoming unfit to work due to a work-related injury. Any worker dismissed in this manner who disagrees with this action can make an application to employer for reinstatement ([section 241 of the Act](#)).

10.2 Immediate Response Following a Workplace Injury

Workers must report all work-related incidents, injuries, and illnesses to their immediate supervisor/manager as soon as practicable. The worker must notify their supervisor/manager prior to leaving the workplace unless urgent treatment is required.

All incidents and injuries will be reported into the ISLHD's incident management system IMS+. Training in this system and how to register an incident or injury is provided as part of the mandatory training on commencement of employment with ISLHD. Where an injury has resulted an injury notification form must be submitted by the worker and/or their line manager and must be forwarded to the Staff Recovery team immediately. 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.

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

Any injury or illness as a result of alleged unacceptable workplace behaviour will concurrently be referred to the relevant Workforce support team as part of the Investigating Preventable Psychiatric Injuries (IPPI) process. This is to ensure the right supports are provided to relevant stakeholders to understand and address underlying causative factors to the development of an injury/illness. It is important to note that this process runs separately to the Worker's Compensation claim process and does not impact liability of a claim or the investigation and management of grievances.

Nonclinical incidents and injuries are reviewed by the ISLHD's Workforce Health and Safety team who may undertake a formal safety investigation. These reviews and investigations are necessary to ensure:

- Workers remain safe in the workplace.
- no further injuries/illnesses occur.
- any faulty equipment or supplies are removed.
- correct notifications are made i.e.: Safework NSW, Police or Security.
- 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.
- relevant feedback is provided to the worker, manager/supervisor, and any other interested parties.

10.3 Acute First Aid/Medical Treatment

Following injury/illness, the worker, with the assistance of their supervisor/manager, must seek appropriate first aid/medical attention. If immediate medical attention is required, the worker is to attend the on-site emergency department, or an ambulance should be called. If the worker does not require emergency medical intervention, they are to attend their NTD after advising their supervisor/manager of the incident.

Workers have the right to choose their SIRA-approved medical providers and may attend an alternate treatment provider such as a physiotherapist in addition to their NTD.

It is a requirement that a certificate of capacity is obtained on the first visit to the doctor in instances where a worker wishes to lodge a claim for compensation in relation to the injury or illness.

10.4 Initial Notification of Injury

An initial notification of an injury by a worker (part 1.1 of the SIRA guidelines) or some other person acting on behalf of the worker to the employer must be made as soon as practicable via the IMS+ system. Further notification, should the worker want to lodge a claim for compensation, should be made via an injury notification form – refer to Appendix 1. It is also imperative that a Certificate of Capacity is obtained from the NTD to ensure the claims process progresses efficiently.

The following information is required from the worker for the notification to be forward to the TMF claims manager:

About the worker	Name Contact details, including phone number, email address and postal address
About the employer	Business name Business contact details
Nominated Treating Doctor	Doctor’s name Name of medical centred 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 of the injury (if not the worker)	Name Relationship to the worker or employer Contact details (including a phone number, email address and postal address)

Incomplete details may delay decisions related to weekly and/or medical compensation.

ISLHD’s Staff Recovery team will contact a worker within two business days following notification of injury.

Workers are recommended to provide a ‘Injured Worker Statement’ (Appendix 7) upon initial contact being made by ISLHD’s Worker’s Compensation Case Manager, in order to assist in early intervention of the worker’s injury or health condition.

10.4.1 Requesting Authority and Consent for the Collection and Release of Personal and Health Information

In reference to Part 3.3 of the SIRA Guidelines 2020. An employer 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 the employer, the

TMF Claims Manager, the 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.

Once a notification of injury is received, the recover at work coordinator will seek the worker’s written consent to release and exchange medical information by requesting the worker sign the “Authority and Consent for the collection and release of personal and health information” (Appendix 4).

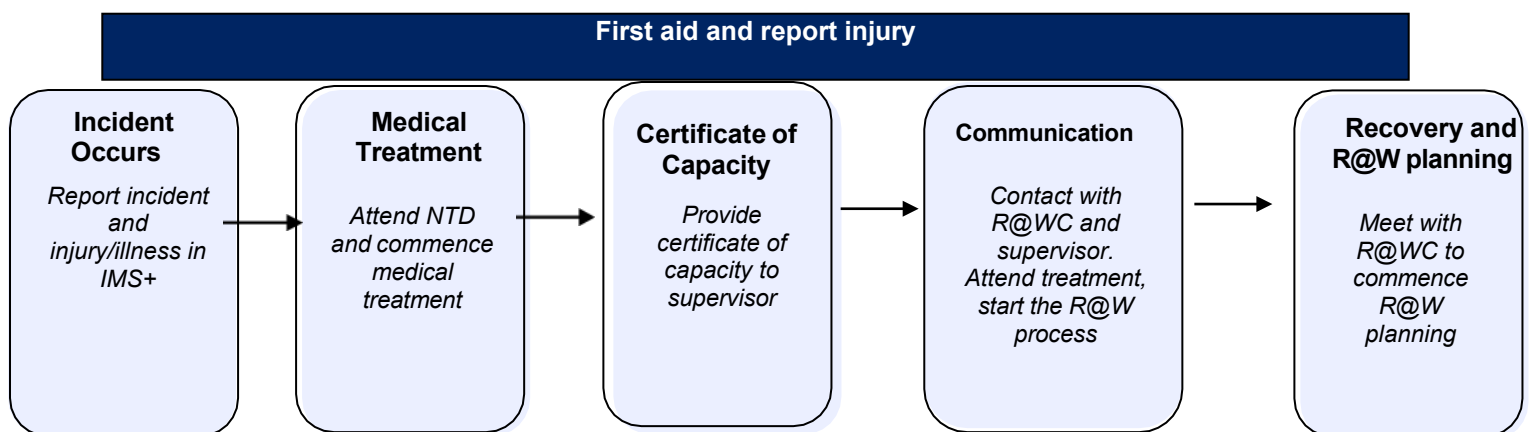
Health information includes any electronic or paper-based information or opinion about a worker’s:

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

10.4.2 Worker’s Compensation Claim Number

Following lodgement of the worker’s compensation claim, the TMF claims manager will provide a claim number to the worker and ISLHD, which workers are advised to keep on hand for all medical appointments pertaining to their claim. ISLHD’s Recovery Team will provide the claim number in correspondence following initial contact made.

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



10.6 Psychological Injury or Illness

Psychological injuries are often complex and present unique challenges that require a structured and individualised approach to support recovery and return to work. Best practice claims management begins with understanding and considering a range of factors impacting

a worker's injury or illness. In understanding this, a recovery plan can be put into place that is consultative and empowers the worker throughout the process. The worker's wellbeing, including where possible 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. This process differs from physical injury processes in that there is a number of an additional injury management tools including a 'Support Assist Strategise' (SAS) meeting.

A SAS meeting may be organised between the R@WC (and/or relevant members of the Staff Recovery team), the workplace supervisor/manager, the TMF claims manager and, where required, a rehabilitation provider to accurately assess underlying concerns and identify and potential barriers to maintaining the worker at work or returning the worker to the workplace once they have capacity. The stakeholders may vary on a case-by-case basis.

Following the SAS meeting, any psychological injury/illness will then proceed to an Investigating Preventable Psychological Injuries (IPPI) meeting. The IPPI meeting may be organised between the relevant Recovery, Safety and Workforce Support Management staff. The purpose of this meeting is to discuss the psychological claim and to clearly plan subsequent internal investigation such as:

- WHS investigations
- Workforce Investigations

The meeting is designed to clearly separate any internal investigation from the recovery process. The IPPI meeting aims to address psychosocial hazards in line with SafeWork NSW's Psychosocial Code of Practice, which requires employers to risk assess and manage psychosocial hazards in the workplace.

Psychological injuries that are a result of a workplace grievance will be managed concurrently to any workplace action or investigation, however once again, the matters will remain separate.

Acceptance or declinature of liability on any psychological claim will not impact the determination or outcome of any workplace investigation.

In cases where there is a concurrent Workforce or WHS matter and where the worker does not wish to provide further statements, they are able to provide authority to use their existing statement as a basis to assist internal investigations.

Please refer to **Appendix 8** for further reference to the process.

10.7 Choosing a NTD (NTD)

- Workers must choose an NTD. This may be an individual doctor, treating medical specialist or medical practice.

- The worker must tell the NTD exactly how and when the injury /illness occurred and any previous related injuries/illnesses including any previous or current treatment; This includes communicating if the new injury/illness has aggravated a preexisting condition as this too will need to be treated and considered with any recovery plan.
- The worker must communicate the type of duties and tasks usually 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)
- 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.
- The initial, and any subsequent, certificate of capacity are to be forwarded by the worker to the recover at work coordinator to allow the TMF claims manager to assess if treatment is reasonably necessary and return to work planning.
- To assist with the development of a R@W plan and confirm any restrictions and or treatment, the recover at work coordinator may contact the NTD directly, following receipt of the relevant authorities.

10.8 Certificate of Capacity

The NTD is required to complete a certificate of capacity. It is the worker's responsibility to ensure their certificate of capacity remains current so that weekly payments are processed, and treatment continues to be provided.

A certificate of capacity must not be backdated or cover dates prior to the date of issue. The certificate must not cover a period of more than 28 (twenty-eight) 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 required.
- medication required.
- the worker's capacity, such as types of activities and duration for example 6 (six) hours for 4 (four) 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.

10.9 Pre-approved Treatment and Investigations

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

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The table below outlines a worker’s right for treatment in accordance with Section 60 of the Worker’s Compensation Act 1987 and taking into account the exemptions indicated in Part 4 of the SIRA guidelines:

Stakeholder	Expense	Timeframe from Date of Injury to Obtain Treatment Without Approval
Initial treatment	Initial treatment	Within 48 hours
NTD	Consultation or case conferencing for the injury, apart from telehealth and home visit.	Ongoing
	Treatment During Consultation	Within one Month
Public Hospital	Services provided in the emergency department for the injury	Ongoing
	Further services after receiving treatment at the emergency department for the injury	Within one month
Medical Specialists	If referred by the NTD, any consultation and treatment during consultations for the injury (apart from telehealth). Referrals for diagnostic tests must meet the Medicare Benefits Schedule criteria. Note: Medical specialist means a medical practitioner recognised as a specialist by the Australian Health Practitioner Regulation Agency and remunerated at specialist rates under Medicare.	Within two weeks
Diagnostic investigations	If referred by the NTD for the injury; <ul style="list-style-type: none"> • Plain x-rays 	Within two weeks
	If referred by the NTD, and the worker has been referred to a medical specialist for further injury management: <ul style="list-style-type: none"> • Ultrasound and CT scans • MRIs 	Within three months

	If referred by the treatment medical specialist for the injury, any diagnostic investigations	Within three months
Pharmacy	Dispensed prescription drugs and over-the-counter pharmacy items prescribed for the injury by the NTD or medical specialist.	Within one month
	Prescription drugs and over-the-counter pharmacy items prescribed for the injury and dispensed through the Pharmaceutical Benefits Scheme (PBS)	Ongoing

Other reasonably necessary treatment and services available without pre-approval from the TMF claims manager include:

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

Requests for further treatment require an Allied Health Recovery Request (AHRR) to be submitted which details the expected upgrade, specific treatment modalities, recovery and discharge timeframes.

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

11 RECOVERY AT WORK

ISLHD 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 can be an important part of the recovery process. The sooner a worker returns, in any capacity, the greater their chances of making a full recovery.

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

long periods of absence from work. The sooner a worker returns, in any capacity, the greater their chances of making a full recovery.

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 recover at work goal.

Employers are responsible for developing a recovery plan that supports workers to return to work as soon as medically able and undertake suitable duties, if needed while they recover. Suitable duties may include making reasonable workplace adjustments to the workers usual duties or working in an alternate location for a brief period of time. Depending on the nature of the injury and the progress of recovery, a worker may require adjustments to their working hours, duties, or a combination of both. Workers, Managers, R@WCs and NTDs will all work in conjunction to document and plan a workers recovery journey including expected recovery timeframes.

All stakeholders' responsibilities are summarised below with reference to [Section 42 of the Workplace Injury Management and Workers Compensation Act 1998](#).

11.1 The Recover at Work Plan

The R@W plan (Appendix 3) will be in writing and contain:

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

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

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

The responsibility to initiate the process for developing, coordinating, distributing, and managing the R@W plan lies with the R@WC in the case of a work-related injury. 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 considered and any concerns or queries are addressed in a timely manner. Everyone nominated to undertake actions under the agreed R@W plan is to cooperate in implementing the requirements 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 months) or when there is a change in work capacity or significant change in the worker's treatment plan.

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

The 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.

The reference for the above is [Section 48a of the Workplace Injury Management and Workers Compensation Act 1998](#).

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

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

The 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 TMF claims manager to maintain the worker's engagement with the recovery process.

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

At the case conference, the barriers or obstacles which are impacting the worker from achieving these goals are identified and strategies or actions that are needed to address or prevent these barriers are agreed to, inform by the workers treating providers.

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

11.2 Employers must provide suitable duties

Suitable duties are any duties identified that can be provided to assist with a worker's recovery and return to work. Suitable duties form one part of an overall rehabilitation and recovery strategy used to achieve a return to full capacity. Suitable duties will be provided when a worker is unable to immediately return to their normal duties, however, has capacity for some type of employment. They are provided on a temporary basis and are actively reviewed upon receipt of every SIRA certificate of capacity, taking into account any other relevant medical information received by ISLHD.

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

Suitable duties must be:

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

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

This obligation is negated if:

- It is not reasonably practicable to do so.
- The worker voluntarily resigns from their employment, either before or after their incapacity for work; or

- Employment is terminated after the injury for reasons other than the worker not being fit for work as a result of their injury.

The obligations to provide suitable duties do not consider:

- Whether the worker is available.
- Whether the work is of a type or nature generally available in the employment market.
- The nature of the worker's pre-injury employment; or
- The worker's place of residence

11.3 Offer of Suitable Duties

Suitable duties within the certified work capacity will be provided where practicable to partially incapacitated workers. The supervisor/manager will work with the R@WC and the worker to identify suitable duties within the worker's current capacity and capabilities and the R@WC will facilitate this by providing a R@W plan. Suitable duties may include reasonable workplace adjustments to the worker's pre-injury role to assist with their recovery.

The R@W plan will involve consultation between various stakeholders which may include:

- The worker
- The worker's representative or support person if one is nominated
- Supervisor/Manager
- Nominated Treating Doctor; and
- R@WC and/or external SIRA approved workplace rehabilitation provider

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

11.4 Suitable Duties

The R@WC will begin discussions with the worker and their nominated treating doctor to determine whether reasonable workplace adjustments can be made within the existing workplace to allow the worker to continue at work.

Factor to be considered are as follows:

- 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 the adjustments 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 works in the workplace, or adversely affecting equitable access to penalties or other allowances
- Whether it is reasonably practicable to do
- Impact service delivery

- Ability to perform the role e.g., experience, education and/or transferrable skills

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

The following people may be invited to attend:

- The worker
- Their support person which may be a Union representative
- The worker's immediate line manager or supervisor
- The R@WC
- A workforce or human resources representative
- And if necessary, the appointment SIRA approved workplace rehabilitation provider

11.5 Suitable Duties Unavailable or Withdrawn

Unavailability or withdrawal of suitable duties may impact the ISLHD's workers compensation cost and/or result in a breach of ISLHD's obligation to provide suitable duties/employment.

Unavailability or withdrawal of suitable duties is not conducive to the aim of ISLHD's Recovery Program and must only be considered in consultation with Senior Manager Recovery Services in instances:

- Where medical capacity is limited to the degree that no meaningful or productive duties can be identified
- Where the continuing provision of suitable duties does not progress toward the agreed return to work goal.
- Where the ongoing provision of suitable duties is no longer reasonably practicable.
- Where there is an identified risk of aggravation and/or complication to either the compensable injury or concurrent non-compensable injuries.
- That impact on the organisational needs or is a demonstratable administrative burden
- When there is an identified risk or impact on the safety of other workers within the workplace in line with WHS Act 2011.

11.6 Changing Nominated Treating Doctor

Consistent medical care is essential for a worker's recovery and safe return to work after an injury. Changing in the nominated treating doctor can interrupt continuity of 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 nominated treating doctor to progress their recovery, a change of nominated treating doctor can be a productive and pro-active move towards recovery.

Reasons for changing the nominated treating doctor include:

- If the nominated treating doctor has moved or has ceased practicing in the worker's local area and they are no longer able to see the nominated treating doctor;
- There is evidence that nominated treating doctor is not progressing the worker's recovery and safe return to work.

If the worker has a reason to change the nominated treating doctor, the worker must inform the TMF claims manager and/or employer. If there is evidence the nominated treating doctor is not assisting the worker or their employer with a safe recovery and return to work, the TMF claims manager may:

- Ask a doctor experienced in workplace rehabilitation (injury management consultant) to review the management of the injury, and
- Discuss the best course of action with the nominated treating doctor and employer, or
- Ask the worker to nominate another treating doctor.

11.7 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.

The R@WC will facilitate the integration of any such chosen rehabilitation provider, into the injury management and return to work processes.

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

SIRA requires employers to nominate one or more approved providers to assist in the rehabilitation of workers. A full listing of all approved rehabilitation providers can be found on the [SIRA website](#).

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

- identifying suitable duties within a worker's certified capacity.
- identifying and coordinating rehabilitation strategies for an early and sustainable return to work.
- developing and monitoring 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 recover at work goal; or
- conducting workplace assessments including functional, vocational, and ergonomic advice.
- Mediation or facilitated workplace discussions.
- Functional capacity assessments (physical and psychological).

Workers reserve the right to their choice of SIRA approved workplace rehabilitation provider, which they can nominate. Workers are required to request this from the TMF claims manager. In the event where the provider is non-compliant with communication and provision of appropriate services, the TMF claims manager reserves the right to withdraw this service.

11.7.1 Changing SIRA Approved Workplace Rehabilitation Provider's

Requests to change SIRA-Approved workplace rehabilitation provider/s will be communicated between the worker and R@WC.

Circumstances where a change of SIRA-Approved workplace rehabilitation provider/s may be considered include, but are not limited to:

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

11.8 Scheduling Medical Appointments

Medical appointments must be made outside of work hours where possible, otherwise at the beginning or end of a shift, or by negotiation with the supervisor or manager.

11.9 Accruing Leave Entitlements

Workers continue to accrue leave during any paid absence on worker's compensation. Workers are unable to accrue allocated day's off as per '*Leave Matters for NSW Health Service*' PD2023_006.

11.10 Taking Leave

Engaging in work is considered to be an integral part of a worker's rehabilitation and recovery. Workers have a legislative obligation to be available to participate in their recovery and to attend work as part of this. All requests for leave while receiving workers compensation entitlements will be reasonably considered to ensure rehabilitation and recovery at work will not be adversely affected. Supervisors/managers who receive requests for leave from workers, are to consult with their R@WC.

Any leave approved prior to lodgement 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, the worker may elect to keep, cancel, or postpone their leave. Workers must ensure that any activities undertaken whilst on approved leave are in accordance with the restrictions outlined in their Certificate of Capacity.

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

12 CHANGE OF RECOVER AT WORK GOAL

The goal of workplace-based rehabilitation and recovery is to return a worker to their pre-injury duties. Where it becomes evident that a worker is unable to return to their pre-injury duties, there is an obligation for the employer to assist that worker through a redeployment process. This process cannot commence until a formal change of recover at work goal has been made. Further guidance on the procedure for management of recovery matters with a change in recover at work goal is provided within *ISLHD CORP PROC 09 Redeployment of Injured or Ill Workers*.

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

- The worker.
- Relevant treating providers.
- TMF claims manager.
- ISLHD
- SIRA Approved Workplace Rehabilitation Provider

This may be identified following:

- Prolonged incapacity.
- Prolonged suitable duties.
- Unchanged capacity for 13 weeks or more.
- Risk assessment; and/or
- Medical evidence

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

- The certificate of capacity which details permanent restrictions are required.
- Report from the nominated treating doctor or treating specialist that the worker is unlikely or unable to resume pre-injury capacity; or

- Report from an Independent Medical Examiner (IME) or Injury Management Consultant (IMC) appointed by the TMF claims manager commenting on prognosis and confirmation of the recover at work goal.

12.1 Consultation Regarding the Change of Recover at Work Goal

Various stakeholders will be consulted to discuss and come to a consensus on the updated recover at work goal. The stakeholders may include but are not limited to:

- The worker
- Union representative
- R@WC
- SIRA Approved Workplace Rehabilitation Provider
- Support person
- Worker's line manager/supervisor
- A workforce/HR 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 to assist in the return to safe and durable suitable employment.

Determining suitable employment takes into account:

- Permanent or temporary restrictions (medical)
- Vocational experience
- Transferrable skills
- Current available vocational options within and external to ISLHD
- Education history
- Vocational interests
- Suitable vocational options

12.2 Identifying a Suitable Vocation

Once a R@W plan has been agreed to, 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 and labour market analysis undertaken; and
- A functional capacity evaluation undertaken.

Priority assessment in relation to redeployment of workers will be considered in accordance with the respective public health organisation's local procedure. Where employment with a new employer is considered, the following additional support will be provided by either the rehabilitation provider, or in some cases, an external job seeking agency:

- assistance in developing a resume.
- assistance in completing application forms including online applications.
- education and training in interview skills.
- job seeking strategies including online searches, cold calling, and lodgement of a resume on a proactive basis; and

- advocacy with potential employers including promotion of incentives available under the [SIRA JobCover placement program](#) and other incentive options such as transition to work payments.

12.3 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 ISLHD or other organisations.
- Referral to an external rehabilitation provider for assistance with applications.
- Resume writing and job interview skills.
- Referral of the worker for a vocational assessment.
- Coordination of potential work trials for internal or external positions.
- Activate the internal redeployment process for workers.

When commencing the job seeking process, suitable employment options can be identified by the R@WC, the worker, external rehabilitation provider or their line manager/supervisor and assessed for consideration of a priority placement or temporary work trial in accordance with the relevant public health organisation redeployment procedure.

During this process the worker is to not unreasonably decline an offer of assignment.

12.4 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 public health organisations. Although initial focus remains redeployment within the public health organisations it is important that the worker also considers appropriate vocational options within other public health organisations and outside of ISLHD should they become available during this period.

This is particularly important for workers with a work capacity decision in place, should they be unable to secure an internal position at the conclusion of the 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 that process can be followed in line with **ISLHD CORP PROC 09 Redeployment of Injured or Ill Workers**.

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 workplace medical capacity
- Arranging a work trial for the worker to temporarily undertake the duties of the role
- Ensuring that the job is a 'like for like' in terms of grading

12.5 External Job Seeking

If a suitable alternate position is unable to be identified within ISLHD, or the worker has been medically certified as being unable to return to ISLHD 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.

At this point a brief will be written to the Chief Executive with recommendation for medical separation.

12.6 Withdrawal of Suitable Duties/Job Seeking

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

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

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.

12.7 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 will result in cessation of the redeployment period.

12.8 Successful Redeployment to an Alternate Employer

Workers who are successfully redeployed to an alternate employer, will be medically separated, or have the option to resign from ISLHD of their own accord under medical grounds.

12.9 Termination of Employment on Medical Grounds

Any termination on medical grounds of ill health will be undertaken consistently with the provisions of the Workers Compensation Act 1987 and the Workplace Injury Management & Workers Compensation Act 1998.

The decision to terminate a worker’s employment on medical grounds will be informed by medical evidence in consultation with the worker, relevant medical practitioners, human resources/workforce relation and Staff Recovery.

13 LIABILITY AND WEEKLY COMPENSATION ENTITLEMENTS

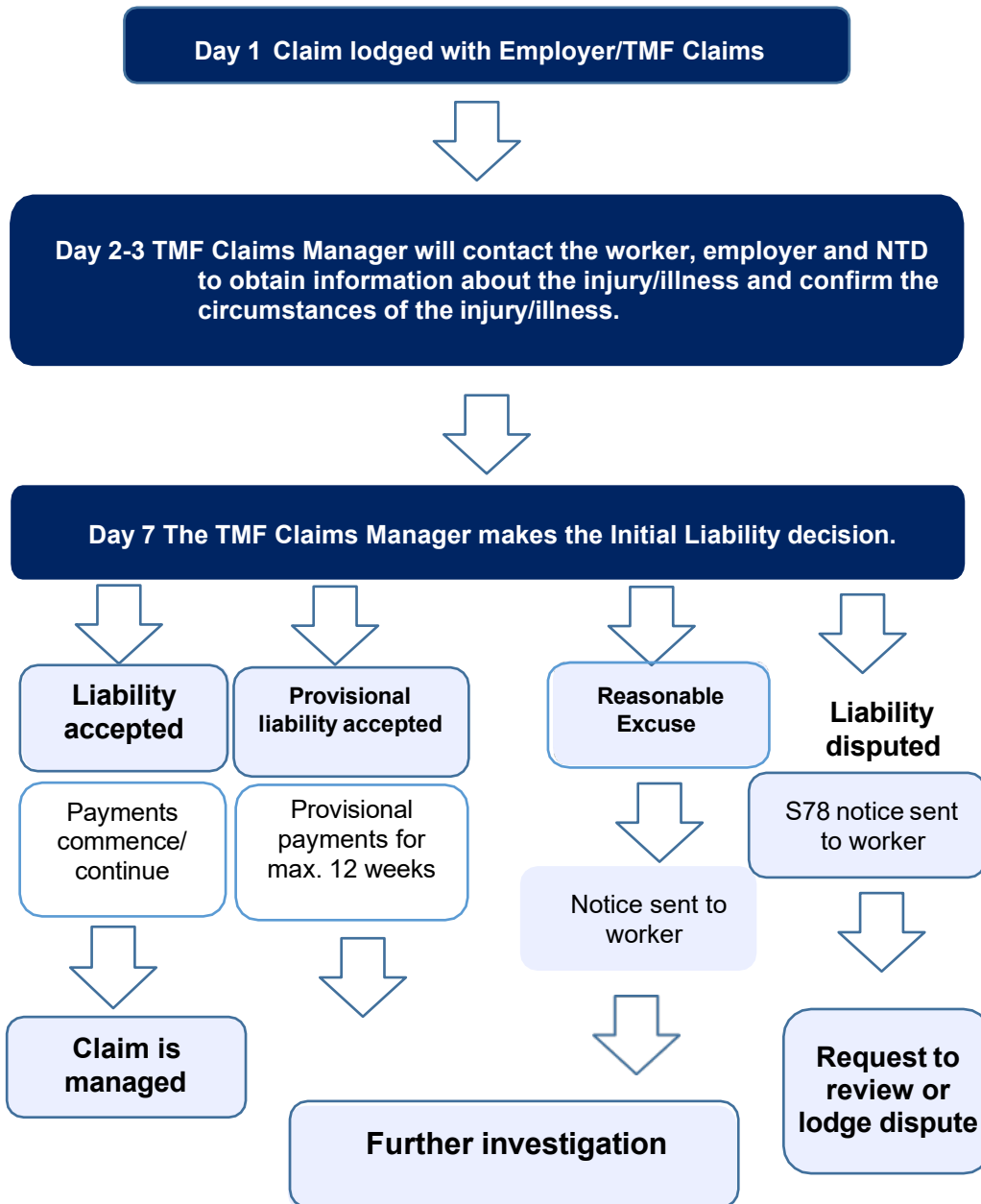
There is an obligation for the TMF claims manager to process a claim for workers compensation and determine liability for a workplace injury within a specific, reasonable timeframe based on the information available. The worker may request a review of the liability decision through the TMF claims manager.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

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

<p>Liability Accepted</p>	<p>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.</p> <p>Alternatively, liability can be accepted when provisional liability has been exhausted at the 12-week point.</p>
<p>Provisional Liability</p>	<p>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. Provisional liability is not a formal admission of liability; it allows the commencement of weekly benefit payments up to a period of 12 weeks whilst further information is gathered, and a final liability decision is made. Medical treatment and other reasonable expenses can be paid up to an amount of \$10,000.</p>
<p>Reasonable Excuse</p>	<p>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.</p> <p>Reasonably necessary medical treatment is covered during the time the claim is reasonably excused. However, no weekly benefits are payable.</p>
<p>Liability Disputed</p>	<p>Where there is insufficient evidence to support a claim in line with the Worker’s Compensation Act 1987, the TMF claims manager will issue a written dispute notice to the worker.</p>

	<p>In the notice, the TMF claims manager will provide the reasons for the dispute, as well as how to request a review of the decision.</p> <p>When a claim is disputed, no weekly or medical entitlements are payable.</p> <p>ISLHD will continue to support the worker in their recovery and safe return to work irrespective of the liability status of the claim.</p>
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13.1 Initial Liability Timeline



13.2 Weekly Payment and Pre-injury Average Weekly Earnings (PIAWE)

The TMF claims manager will issue a letter informing the worker of the liability decision and associated 'Pre-Injury Average Weekly Earnings' (PIAWE) formula.

If a worker is undertaking suitable duties on restricted or normal hours they will be paid in accordance with their contract/award. Any difference between earnings in suitable duties, and their PIAWE entitlement will be supplemented in the worker's wage payment.

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

- a rate of 95% of a worker's pre-injury average weekly earnings for the first 13 weeks;
- following this, a reduced rate of 80% of a worker's PIAWE is paid for a worker with a capacity to work less than 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 under Section 38 of the Worker's Compensation Act 1987.

Weekly benefit payments are paid in the following circumstances:

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

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

If a claim is disputed, the TMF claims manager will issue a declination 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 recommended. ISLHD workers may elect to access their leave entitlements to top up their weekly benefit entitlement. Certain awards in NSW Health also allow the worker to use annual leave entitlements to make up the difference between their pre-injury earnings and the PIAWE. Refer to the 'NSW Health Policy Directive Leave Matters for NSW Health Service' PD2023_006 and the relevant industrial award.

13.3 Weekly Payments from Accrued Leave

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

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

Workers can choose whether to utilise their annual leave balance with the knowledge that leave taken will not be reinstated or reimbursed. In relation to long service leave taken for a period which then becomes a period of workers' compensation, long service leave will be reinstated or reimbursed and the payment made as for workers compensation. [Section 50 of the Workers Compensation Act 1987](#) refers specifically to sick leave and states that where a worker has been paid sick leave for a period and this then becomes a period of workers compensation, the sick leave must be reinstated, and the payment made as a workers compensation benefit.

13.4 Why payments can be reduced or ceased

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

- Failure to provide a current certificate of capacity
- Failure to provide a signed declaration declaring that the worker is not engaged in other employment. If this is incomplete seven days after the claim is notified, weekly benefit payments may be discontinued;
- Non-compliance with return to work obligations. If the worker is assessed as having some capacity to work, weekly benefit payments may be reduced or stopped on the basis of what can be earned in suitable employment;
- Not attending an independent medical examination
- Refusing or not participating in an assessment of work capacity may lead to a suspension of payments until the assessment takes place
- Refusal to attend a vocational assessment, where the recover at work goal has been changed

13.5 Work Capacity Decisions

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 work capacity decision.

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

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

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

Review by the TMF Claims Manager

A worker may request an internal review of a work capacity decision by the TMF claims manager after receiving the work capacity decision. The worker must give a completed Work Capacity – Application for Internal Review by Insurer form to the 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, they may proceed directly to the Personal Injury Commission to resolve the dispute.

13.6 Reasonable Management Action Defence

A compensable injury, either physical or psychological, is defined as one arising out of, or in the course of employment, qualifying this for psychological injury by specifying that employment must be the main or major contributing factor. Psychological injury is excluded from workers compensation if the injury was wholly or predominantly caused by reasonable management action taken in a reasonable manner in respect to transfer, demotion,

promotion, performance appraisal, discipline, retrenchment or dismissal of workers or the provision of employment benefits.

Claims relating to reasonable management action will be reviewed by the TMF claims manager for a review of liability and potential dispute of weekly and medical entitlements. Regardless of liability outcomes, the worker will continue to be supported in their recovery by their supervisor and/or manager, as well as the Staff Recovery team.

Immediate support for any worker is available through the sites' [Employee Assistance Programs \(EAP\)](#) and all workers are encouraged to utilise this service should immediate and confidential support be required.

13.7 Procedures for Claims where Liability is Disputed

The employer 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](#) 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 wage 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. Certain treatment may be covered whilst a reasonable excuse is in effect by the TMF Claims Manager and will be assessed in line with reasonably necessary criteria outlined by SIRA.

<p>Legal expenses related to the claim</p>	<p>Available upon application by an approved legal provider to the Independent Review Office (IRO) for funding under the Independent Legal Assistance Review Service (ILARS).</p>
<p>Workplace based rehabilitation (through the Recovery Unit)</p>	<p>YES – ISLHD is committed to recovery and return to work regardless of the liability status of a claim.</p>

A disputed injury will no longer be in dispute upon:

- The decision being overturned by the claims manager internal review team
- A certificate of determination is provided by the Personal Injury Commission in favour of the applicant (worker).

However, it is important to note that injury’s where liability is in dispute, impact upon the priority that the worker may receive in being offered suitable duties or priority placement in line with *ISLHD CORP PROC 09 Redeployment of Injured or Ill Workers*.

Each case will be reviewed on its merits, however as common practice, workers who have compensable injuries will be prioritised for suitable duties or suitable employment positions over workers with a disputed injury.

In addition, where applicable workers with a disputed injury will be given more priority for suitable duties than those with a non-work-related injury or health condition. It is important to note that workers with a non-work-related injury do not typically have an entitlement to redeployment under *Management of Non-Work-Related Injuries or Health Condition ISLHD PROC_66*

13.8 Dispute Resolution Process

All efforts will be made by ISLHD 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, 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, the nominated treating doctor, 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 approved Workplace Rehabilitation Provider
 - Refer to an Injury Management Consultant (IMC) regarding suitability of available duties and return to work. *An injury management consultant is a doctor who is a return-to-work facilitator. The injury management consultant is experienced in occupational injury and workplace-based rehabilitation, mediation/negotiation skills, and liaises with treating doctors, insurers, employers, and workers to solve problems in complex return to work cases.*
 - Refer to an Independent Medical Examiner for issues regarding treatment or injury management. *An independent medical examiner (IME) is a SIRA approved medical practitioner or allied health provider with qualifications relevant to the worker's injury but is not in a treating relationship with the worker. Referral to an IME is appropriate when information from the workers treating providers is inadequate, unavailable, or inconsistent and where the referrer has been unable to resolve the problem directly with the treating providers.*
 3. In cases where a resolution with either a claims or injury management dispute is not achieved, the SIRA customer contact line is able to provide assistance to help the worker and/or the employer to resolve any problems that may arise during the workers compensation claim, recovery, and rehabilitation process
 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 if not resolved, through the Personal Injury Commission.

14 WORKING REMOTELY

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

If a worker is working remotely and 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 that occurred whilst they were either at home or at any other location where they worked remotely for the injury to be compensable.

Employers need to encourage workers to create a safe work environment whilst working remotely. Where workers are working from their home, this includes (but is not limited to) ensuring as much as possible that workers have an ergonomically appropriate workspace, in an area that is free of trip hazards and with adequate lighting. Completion of a home-based

workstation assessment is advised. Consultation with ISLHDs Workforce Health and Safety team is recommended to provide expert advice if self-assessment is not appropriate.

Workers are to also ensure that they have adequate power outlets/power boards to safely operate their computer and other necessary equipment without overloading.

Employers also need to encourage workers to take extra care of their personal safety whilst at home, including not rushing or running, and to keep a proper lookout for any general hazards just as they would in any work environment.

15 NON-WORK-RELATED INJURIES AND ILLNESSES

15.1 Return to Work Following Non-Work-Related Injury/Health Condition

ISLHD 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/ health condition and medical restrictions have been recommended for their return to work. Their supervisor/manager will commence communications with the worker and medical practitioners, if the worker provides authority (Appendix 5), 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 reasonable workplace adjustments or alternate suitable employment. The worker must provide an updated certificate when these restrictions change. If workers fail to do so, they may not be able to return to the workplace until further medical information is obtained, as ISLHD have an obligation under the WHS Act 2011 to protect all workers from foreseeable risk.

The supervisor/manager may contact either workforce or Staff Recovery team 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 the ISLHD's duty of care and suitable duties may be offered where identified and 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. ISLHD may require the worker to attend an independent medical examination should clarification of their injury/illness be required.

Management of Non-Work-Related Injuries or Health Condition ISLHD PROC_66 is the guiding procedure for all ISLHD workers to follow with respect to management of any non-work-related injury or health condition. If the injury is in dispute, it is to be managed under ISLHD's standard recovery program.

15.2 Reasonable Workplace Adjustments

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

Any decision regarding reasonable adjustment in a workplace will be taken with regards to what is practicable and the timeline of any adjustment. A reasonable workplace adjustment is a change to a work process, practice, procedure, or environment that enables a worker 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](#) (DDA), employers are obligated to make adjustments to accommodate an individual's disability, unless that adjustment would result in unjustifiable hardship.

15.3 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.

There are a number of factors to take into account 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 e.g. the employment assistance fund
- The nature of business activities and size of the organisation
- The impact of the adjustment on other workers

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, not 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; or
- Height-adjustable workstations.

16 REVISION & APPROVAL HISTORY

Date	Revision No.	Author and Approval / Date
September 2023	0	Author: Senior Manager Recovery Services
		Approval/Date:

17 APPENDIX

1. Injury Notification Form
2. OMPQ Questionnaire (WISE)
3. R@W plan
4. Authority and Consent for the Collection and Release of Personal and Health Information (consent form)
5. Authority to Release Information –NWRI
6. Letter to worker: We have received your injury notification
7. Injured Worker Statement
8. Psychological Injuries – Recover @ Work Process

All relevant claim information as required under NSW legislation is provided by ISLHD upon lodgement.

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17.1 Injury Notification Form

DO NOT COMPLETE UNLESS THERE IS TIME LOSS AND/OR MEDICAL TREATMENT REQUIRED

EMAIL completed form within 24 hours of the injury occurring to:
ISLHD-WorkersCompensation@health.nsw.gov.au or Fax to (02) 4223 8410.

INJURED WORKER DETAILS			
Name:			Employee No.:
DOB:	Click to insert	<input type="checkbox"/> Male <input type="checkbox"/> Female	IMS+ No.:
Address			
Home Phone:	Mobile:	Work phone:	
Email:			
Occupation	Shift work:		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employment Status:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (contract) <input type="checkbox"/> Casual	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (please complete below) <input type="checkbox"/> Reduced Hours (please complete below) Substantive/ contracted hours per week: Current / reduced hours per week:	
INJURY DETAILS			
Date of incident:	Click to insert	Date supervisor notified:	Click to insert
Address where the injury / illness occurred:			
Nature of injury / illness:			
Body part/s (list in order of significance, including which side of the body (left or right)):			
Description of how the injury / illness occurred:			
Has the Worker ceased work?		<input type="checkbox"/> No	<input type="checkbox"/> Yes Date: Click to insert
IF YES was worker provided with the <i>Treating Doctor flyer</i> ?		<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure
Was there loss of at least 1 full shift?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
Has the Worker returned to work?		<input type="checkbox"/> No	<input type="checkbox"/> Yes Date: Click to insert
Are suitable duties available within the department?		<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure
Does the Worker require treatment?		<input type="checkbox"/> No	<input type="checkbox"/> Yes Date: Click to insert
Does the Worker wish to claim Workers Compensation?		<input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Unsure
EMPLOYER DETAILS			
Facility / Service:			Cost Centre No.:
Department:			Site / Location:
Department Manager / Supervisor Details:			
Name:			Position:
Phone Number:			Email address:
Person completing this form (if different from Manager / supervisor)			
Name:			Position:
Phone Number:			Email address:
Signature:			Date completed: Click to insert

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17.2 Orebro Musculoskeletal Pain Questionnaire

Please see link below to find the OMPQ:

https://aci.health.nsw.gov.au/data/assets/pdf_file/0004/212908/WorkCover-Orebro-musculoskeletal-pain-questionnaire.pdf

17.3 Recover at Work Plan



Claim no:
Solv ID:
Date of Injury: Click to insert
Claims Manager: Employers Mutual Limited
Your ISLHD R@WC is:
Phone:
Email:

RECOVER @ WORK PLAN

PLAN NO:

Employee Name:		Diagnosis:	
Recovery Goal:		Nominated Treating Doctor (NTD):	
Department:		Supervisor:	
Pre-injury Position:		Contracted Hours:	
		Average Hours:	

Current Certificate of Capacity

Period of capacity covered:	Capacity for activities as per the SIRA Certificate of Capacity
From: Click to insert	Lifting\Carrying capacity:
To: Click to insert	Sitting Tolerance:
	Standing Tolerance:
	Pushing\Pulling ability:
	Bending\Twisting\Squatting ability:
	Driving ability:
	Other:
	Hours per day:
	Days per week:

Suitable Duties Plan

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Stage 1 From: Click to insert To: Click to insert	Duties/Tasks: 	Location: Pre-injury Roster: <input type="checkbox"/> OR Adjusted Days \ Hours: hours per day x days per week
Stage 2 From: Click to insert To: Click to insert	Duties/Tasks: 	Location: Pre-injury Roster: <input type="checkbox"/> OR Adjusted Days \ Hours: hours per day x days per week
Stage 3 From: Click to insert To: Click to insert	Duties/Tasks: 	Location: Pre-injury Roster: <input type="checkbox"/> OR Adjusted Days \ Hours: hours per day x days per week
Other Recommendations:		
Rest and/or Meal Breaks As per Award entitlement.		

Treatment Arrangements and Medical Appointments	All medical and treatment appointments are to be arranged outside of work hours where possible or if not, at either the beginning or end of the hours of work outlined above. Where time off work is required to attend an appointment, please advise your Supervisor/Manager <i>at least 72 hours</i> before your appointment. Confirmation of your attendance or letter of attendance should be provided.
If you experience any difficulties with your recovery, either with the agreed duties or difficulties associated with your injury, please contact your Supervisor/Manager and your R@WC immediately to assist you as required.	
Communication Plan	<ul style="list-style-type: none"> You should maintain contact with your Supervisor/Manager, either in person or by phone, on a fortnightly basis to discuss your recovery progress and any difficulties you may be experiencing with the agreed duties. You should maintain contact with your R@WC, either in person or by phone, at a minimum on a fortnightly basis to confirm your recovery progress, your ongoing treatment and any difficulties you may be experiencing that are impacting your recovery.

The following parties acknowledge they have read, understood and agreed to this plan.		
Employee Name:	Signature:	Date: Click to insert
Supervisor/Manager Name:	Signature:	Date: Click to insert

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R@WC Name:	Signature:	Date: Click to insert
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It is recommended that you read the documents which were attached to the initial injury notification acknowledgement letter, as well as the *Quick Guide to Workers Compensation* pamphlet that you received from the Recovery Unit. This information has been designed to help you understand your responsibilities and explain our commitment to your recovery and ensuring the best physical and psychological outcome for you.

Where an offer of suitable duties is made, these are of a temporary nature and are designed to assist you to return to pre-injury duties and hours or provide suitable employment whilst job seeking (if applicable). These duties are available for a limited period and should be reviewed during and at the conclusion of each plan.

If, after reasonable efforts have been made, it is determined that you are unable to return to your pre-injury duties and there is no suitable employment available, further discussion will take place with all parties regarding referral for vocational assessment, job seeking and redeployment.

17.4 Authority and Consent for the Collection and Release of Personal and Health Information (consent form)

Authority for the Collection and Release of Personal and Health Information

I _____ (print name) authorise and give consent to any doctor, health professional, hospital or other health institution or rehabilitation provider who has examined/treated me to discuss with and provide to my employer Illawarra Shoalhaven Local Health District (ISLHD - including in its role as a self-insurer), its claims manager (EML) or legal provider, icare accredited Independent Medical Assessors and icare, any medical reports, clinical notes, radiology reports or other relevant information relating to this or other related and non-related conditions.

I authorise and consent to any doctor, health professional, hospital or other health institution, icare accredited Independent Medical Assessors and icare disclosing, releasing or discussing records containing my personal medical information to my employer, its claims manager or legal provider.

I understand that the medical information is required for the purposes of determining and managing my compensation claim, to assist with my treatment and rehabilitation and to assist with the management of my claim.

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

Further I understand that information concerning relevant aspects of my injury/illness may be released to and discussed with other areas/units/sections within ISLHD where appropriate in relation to the management of my current claim.

I have reviewed the above information as well as the Privacy statement attached on the following page and confirm my understanding. I understand that I may change or cancel this authority at any time, however, my treatment and/or workers compensation benefits may be affected.

I agree for this document will be placed on my file.

Signed _____

Date ____ / ____ / ____

Name _____

Employee Number _____

Email the completed form to: ISLHD-Workerscompensation@health.nsw.gov.au and relevant Manager.

Original to:	Electronic Recovery File
Copies to:	Nominated Treating Doctor and External Claims Manager

PRIVACY STATEMENT

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

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

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

REFUSAL TO GIVE AUTHORITY

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

17.5 Authority and Consent for the Collection and Release of Personal and Health Information (NWR)

Authority to Release Information

I _____ (print name) give consent to Illawarra Shoalhaven Local Health District (ISLHD), nominated treating doctor, other treating practitioners, rehabilitation providers and Independent Medical Assessors to exchange information for the purposes of managing my injury/illness.

I understand this information may be used by ISLHD to fulfil their functions as my employer and continue to manage my non work related injury/illness.

Further I authorise the aforementioned parties to release and discuss information concerning relevant aspects of my injury/illness with representatives of other aforementioned parties. I understand the information relating to my injury/illness may be disclosed to other areas/units/sections within ISLHD where appropriate.

I understand that I may change or cancel this authority at any time, however, my ability to return to work may be affected.

I acknowledge that this document will be placed on my personnel file.

Name: (print in block letters)		Date:	
Employee number:			
Signature:			

Email the completed form to your Manager

Original to:	Electronic Personnel File
Copies to:	Nominated Treating Doctor

17.6 Letter to Work – We have Received Your Injury Notification



Claim no: INSERT
Date of Injury: INSERT
Claims Manager: Employers Mutual

Your ISLHD Recover at Work Coordinator (R@WC) is INSERT

Phone: INSERT

Email: INSERT

INSERT

INSERT
INSERT
INSERT

Dear INSERT,

We have received your injury notification

Our Recovery Team have received your injury notification. We can confirm these details and the WorkCover Certificate of Capacity have been forwarded to our TMF Claims Manager, Employers Mutual (EML). Attached is an outline of our Recovery @ Work (R@W) Program.

What happens next?

1. In the next day or so you will be contacted by INSERT from our Recovery Team to confirm the details of your claim and the best way to keep in touch with you throughout your recovery. INSERT will also arrange a time to meet with you to explain how we will support you through the recovery process and provide you with some further information. Our TMF Claims Manager, EML, will also contact you to start the process of gathering information to support your claim.
2. At the meeting with INSERT we will ask you to agree to us working with your nominated treating doctors so we can develop a Recovery @ Work (R@W) plan and understand your treatment needs. We will get you to sign a form to confirm this discussion.
3. EML have up to 7 days to make a decision on your claim. They will advise you of their decision by letter. To ensure you continue to receive wages during this time, please submit all WorkCover Certificates of Capacity as soon as they are issued to you by your doctor.
4. The R@W Plan will be developed by your Recovery Coordinator who will speak with you, your supervisor at work and your nominated treating doctor to make sure we provide suitable duties to support your recovery.
5. If EML are unable to make an initial decision regarding liability for your claim in 7 days, they may request further information to give them a clearer picture and assist them to make their liability decision. You can help by attending appointments arranged as part of your recovery.

INSERT will work with you, your nominated treating doctor and your supervisor and will stay in contact with you until you recover and return to your regular work routine. Please call INSERT with any questions.

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Yours sincerely,

**Illawarra Shoalhaven Local Health District
Recovery Team**

17.7 Injured Worker Statement

Work Health & Safety Incident
Injured Worker Statement



The purpose of this document is to obtain a statement from the Injured Worker involved in a workplace incident. This information will be used in the incident investigation process.

Name:	
Payroll number:	
Phone:	
Incident date:	

Statement

In your own words, please describe what happened and how it happened. Please consider the following in your statement as well as any other facts that you feel are relevant and/or contributed to the incident occurring:

- What was happening prior to the incident?
- Describe how the incident happened?
- Was there anything unusual happening at the time?
- Were you completing a familiar task at the time?
- If the incident involved a task, how often would you do this task?
- What were the conditions like? (normal, different, raining)
- Were you using any equipment when the incident happened? If so what was it?
- In your opinion could anything have been done to avoid this incident?

I declare that the above statement is true and accurate

Print name: _____ **Date:** / /
Signature: _____ **Time:** _____



17.8 Psychological Injuries – Recover @ Work Process

