INJURY MANAGEMENT PROGRAM
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1 Introduction

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

2 Principles

The Injury Management Program is founded on the following principles:

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

3 Definitions

3.1 Injury Management

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

3.2 Workplace Return to Work Program

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

3.3 Injury Management Program

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

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

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

3.5 Injury

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

i) A disease contracted by an employee in the course of employment, where the employment was a contributing factor to the disease, or

ii) The aggravation, acceleration, exacerbation or deterioration of any disease where the employment was a contributing factor to the aggravation, acceleration, exacerbation or deterioration, but

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

i) A dust disease, or

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

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

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

3.6 Significant Injury

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

3.7 Return to Work Plan

A written, agreed and time limited plan stating “suitable duties, restrictions, hours worked, supervision arrangements” including steps that will be taken to help the injured employee return to work. (Refer to SIRA: Guidelines for Employers Return to Work Programs, 2010)

3.8 Suitable Employment (Duties)

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

i) The nature of the worker’s incapacity and details provided in medical information including, but not limited to, any certificate of capacity supplied by the worker, and

ii) The worker’s age, education, skills and work experience,

iii) Any plan or document prepared as part of the return to work planning process, including an injury management plan,

iv) Any occupational rehabilitation services that are being, or have been, provided to or for the worker, and

v) Such other matters as SIRA Guidelines may specify, and
Regardless of:
   i) Whether the work or the employment is available, and
   ii) Whether the work or the employment is of a type or nature that is generally available in the employment market, and
   iii) The nature of the worker’s pre-injury employment, and
   iv) The worker’s place of residence.

(Section 32A, Workers Compensation Act, 1987)

Suitable duties are intended to provide productive work for staff members to assist them in returning to their maximal work capacity at the University, consistent with their pre-injury status. Suitable duties are proposed after consideration of varied factors including, skills, experience, and access to the work area and medical restrictions.

3.9 Injury Management Consultants

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

3.10 Approved Medical Specialists

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

3.11 Independent Medical Examiners

Independent Medical Examiners are registered medical practitioners who provide impartial medical examinations of an injured worker to assist decisions about:
   i) accepting a claim
   ii) ongoing liability
   iii) the employee’s level of fitness for work.

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

3.12 Accredited Workplace Rehabilitation Providers

Accredited Workplace Rehabilitation Providers are organisations accredited by SIRA to offer specialised services to help injured workers to return to work. Accredited Workplace Rehabilitation Providers:
   i) assess the needs of the injured worker and the workplace requirements to develop a rehabilitation plan of action, listing the services needed to return the injured worker to work
   ii) employ different health professionals, such as occupational therapists, physiotherapists, psychologists and rehabilitation counsellors;
   iii) are referred to by the employer, insurer or the treating doctor to help in complex cases;
   iv) are nominated by the employer in the return-to-work program.
4 Roles & Responsibilities

4.1 University

- Demonstrate commitment to the injury management process.
- Develop a workplace injury management program and provide a copy on the University website. The program will include injury management procedures to be followed to ensure prompt assessment of individual requirements following injury.
- Ensure that a suitably qualified, experienced and accredited person is appointed to the role of designated Injury Management Co-ordinator, in accordance with SIRA guidelines (SIRA, 05/97) for Category 1 employers.
- Provide information and/or training to employees regarding the University’s Workplace Injury Management Program’s principles and procedures to encourage employee support. This can occur through the WHS Committee, intranet resources, and Workplace Advisory Committees.
- Provide Accredited Workplace Rehabilitation Providers involved with an injured employee’s injury management reasonable access to the workplace for effective facilitation of the injury management process.

4.2 Supervisor

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

4.3 Injured Worker

- Seek first aid &/or medical treatment where indicated following work or non work-related injury or illness.
- Notify the WHS Unit and Supervisor of any workplace injury as soon as possible after the injury occurs.
- Nominate a treating doctor who is prepared to participate in the development and implementation of an Injury Management Plan.
- Comply with an Injury Management Plan or Return to Work Plan.
- Make all reasonable efforts to return to work with the University after an injury.
- Attend any medical examination arranged by the University for the purpose of assessing or reviewing their injury.
- Provide any documentation relevant to their injury management/workers compensation claim to the WHS Unit as soon as possible.
- Ensure that the scheduling of any medical treatment appointments take into consideration the operational requirements of their department/unit; and notify their Supervisor regarding treatment absences. This may include attending treatment times outside of work time.
- The University acknowledges that employees undergoing injury management have the following rights:
  i) To participate in consultations regarding all decisions and actions relating to their injury management.
  ii) To involve a union representative or other person of their choice at any time during their injury management;
  iii) To be provided with an appropriate injury management service (in-house) and to be able to choose their rehabilitation provider. A provider may be changed where their intervention is unsatisfactory.
  iv) To be treated by the medical and health professionals of their choice. At the initial medical consultation, the employee is required to nominate the doctor they wish to be their treating doctor for the purpose of developing their Injury Management Plan and for injury management purposes. The nominated treating doctor can only be changed in accordance with Section 47 (3).

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

5 Injury Management

5.1 Notification of Injury

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

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

- **Worker’s Information:**
  - name
  - contact details
  - residential address
  - date of birth.

- **Employer’s information:**
  - business name
  - business address.

- **Treating doctor information:**
  - name
  - if the worker is hospitalized, name of hospital.

- **Injury or illness and accident details:**
  - date and time of workplace injury or period of time over which the illness/injury emerged from date of first symptoms
  - description of how the workplace injury happened
  - description of the workplace injury.

- **Notifier information:**
  - name of person making the initial notification
  - relationship to worker or employer
  - contact details, telephone and address.

Other supporting information which is helpful during initial notification includes:

- telephone number of treating doctor
- date of consultation with treating doctor
- diagnosis of workplace injury
- worker’s capacity to work and expected return to work date
- details of any time off work
- person to whom the payment is to be paid
- the worker’s pre injury average weekly earnings (PIAWE).

The initial notification is complete when the worker, Supervisor or representative has provided the minimum identifying information to the WHS Unit. If information is missing which is essential for Case Manager to make a decision about the worker’s entitlement to provisional liability, they must, within the next 3 working days, inform the person (verbally or in writing) who made the notification that the notification is incomplete. The person may then make another initial notification. If the missing information does not prevent a decision being made, the Case Manager may start payments in accordance with provisional liability requirements.

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

### 5.2 Triage

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

### 5.3 Early Contact

The Injury Management Coordinator shall make contact (known as three point contact) with the worker’s Supervisor, injured worker and where necessary treating doctor for any injury requiring the injured worker to be away from their normal duties for a period of seven (calendar) days or longer.
Contact shall be documented using the Early Contact Form. If the nominated treating doctor is not required to be contacted this shall be documented on the form.

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

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

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

**5.4 Injury Management Assessment**

An initial injury management assessment will be conducted by the Case Manager upon receipt of the initial Certificate of Capacity. Initial treatment will be approved by the Case Manager unless there is a reasonable excuse not to do so.

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

**5.5 Injury Management Plans**

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

Once the Case Manager identifies the injury is significant from the information in the SIRA Certificate of Capacity they will:

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

Injury Management Plans will be developed using the IMP template and include responsibilities of all relevant parties.

**5.5.1 Review of Injury Management Plans**

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

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

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

5.6 Determining Reasonably Necessary Treatment

The Case Manager will determine if treatment identified by a treating doctor is reasonably necessary by considering the following principles:
- appropriateness – the capacity to relieve the effects of the injury
- effectiveness – the degree to which the treatment will potentially alleviate the consequences of the injury
- alternatives – all other viable forms of treatment for the injury
- cost benefits – the expected positive benefit, given the cost involved, that should deliver the expected health outcomes for the worker
- acceptance – the acceptance of the treatment among the medical profession i.e. is it a conventional method of treatment and would medical practitioners generally prescribe it?

If the Case Manager considers an expense to not be reasonably necessary, it is to notify the worker and treatment provider in writing as outlined in Section 74 of the 1987 Act.

5.7 Provider Management

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

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

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

2. Recovery Partners
   Suite 10/11, Level 2
   63B Market Street
   Wollongong NSW 2500
   Ph: 1300 647 789

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

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

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

Before changing a nominated treating doctor, the injured worker is required to phone the Case Manager, and discuss the reasons for the change prior to doing so. The reason(s) for changing nominated are required to be submitted by the employee to the Case Manager in writing. Weekly benefits may not be paid for periods covered by medical certificates issued by any doctor other than the nominated treating doctor or the nominated treating doctor’s medical practice.

5.9 Return to Work

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

5.10 Claims in Dispute

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

5.11 Finalisation

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

Injury management will conclude when an injured worker:

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

Redeployment occurs where an injured worker is unable to return to work at the University of Wollongong. Rehabilitation assistance is offered to the worker which may include utilisation of the work trial and JobCover Placement Programs.

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

- SIRA WorkTrial Program
- SIRA JobCover Placement Program
6 Workers Compensation Benefits

6.1 Provisional Liability

Provisional Liability allows the WHS Unit to make weekly and medical expenses payments without admission of liability. Unless reasonably excused, the WHS Unit will commence weekly payments to the injured worker within seven calendar days of the initial notification of injury. Provisional weekly payments shall continue for the worker up to twelve weeks. Medical expenses may continue provisionally to a maximum of $7,500.

The Case Manager will notify the worker of the provisional liability arrangements in writing within seven days of notification of injury in accordance with the Provisional Liability and Claims Liability Procedure.

6.2 Reasonable Excuse

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

- insufficient medical information
- the injured person is unlikely to be a worker
- contact cannot be made with the worker
- worker refuses access to information (privacy)
- injury is not work related
- injury is not significant
- injury is notified after two months.

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

- give written notice to the worker within 7 days after the initial notification including all requirements as outlined in the Guidelines for Claiming Compensation Benefits
- inform the Supervisor as soon as practicable.

6.3 Evidence to Support a Decision on Liability

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

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

6.4 Accepting Liability

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

6.5 Weekly Payments

Weekly payments will be determined and continue to be made based on:

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

Weekly payments will be made at the University’s usual period of payment i.e. every two weeks.

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

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

When the Case Manager makes the request, it is to notify the worker:

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

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

Payment of Weekly Compensation benefits will be in accordance with legislation:

<table>
<thead>
<tr>
<th>Time Period</th>
<th>Weekly Payment Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-13 Weeks</td>
<td>Up to 95% of pre-injury average weekly earnings.</td>
</tr>
</tbody>
</table>
| 14-130 Weeks| If working greater that 15hrs per week: weekly payments will be made up to 95% of pre-injury average weekly earnings.  
If working less than 15hrs per week: weekly payments up to 80% of pre-injury average weekly earnings. |
| After 130 Weeks| Workers who are fit to do some work and are not performing at least 15 hours of paid work per week by the 130th week of incapacity payment will not be entitled to payments after the 130th week.  
Workers who do achieve an actual return to work of more than 15 hours, or have no capacity for work, or have an impairment of more than 30% of the whole person are not subject to this time limit. |
| 260+ weeks  | Workers with a whole person impairment of 20% or less may only receive up to 260 weeks (5 years) worth of weekly payments.  
Workers with permanent impairment of more than 20% are not subject to this time limit. |

Weekly payments and retirement:

If an injury occurs before retiring age, a worker may be entitled to weekly payments until reaching retiring age. Note: The retiring age is defined in the Workers Compensation Act 1987 as the age a person is eligible to receive the age pension under section 23 of the Social Security Act 1991 (Commonwealth). If an injury occurs after reaching retiring age, a worker may be entitled to weekly payments in the period up to 12 months after the first date of incapacity.

Weekly payments will be reimbursed to the worker in accordance with the University payroll procedures.
6.6 Reasonably Necessary Treatment

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

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

Workers may receive treatment for the medical and allied health provider or hospital treatment without prior approval as per Part 3 of the SIRA Guidelines for Claiming Compensation Benefits.

If there is insufficient or inadequate information upon which to make a soundly based decision, further information should be requested from the treatment provider. Failing this, it may be necessary to obtain an independent medical opinion.

The University will make timely payments to service providers to guarantee continuity of service provision providing preapproval has been given for the service or the service is within the exemption limit.

6.7 Making a Claim for Workers Compensation

Claims are to be made as soon as practicable and within 6 months of the injury. Before a worker can make a claim the worker must give notice of injury to the employer except in special circumstances. The notice of injury can be given verbally or in writing and must be given to the WHS Unit or to the worker’s Supervisor. The notice of injury must state:

- the name and address of the person injured
- the cause of the injury (in plain language)
- the date on which the injury happened.

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

6.7.1 Need for a Claim Form

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

However, a claim form is required if:

- a reasonable excuse notice has been issued and the reason continues to exist
- compensation is claimed or payable beyond the provisional liability period for weekly payments of compensation or where medical expenses under provisional liability may exceed $7,500 and there is insufficient information to determine ongoing liability
- an injury notification is made but there is insufficient information to determine liability.

6.7.2 Minimum Information Required to Make a Claim

If a claim is to be made it is to be completed using the UOW Workers Compensation Claim Form. The claim form must be completed to the full extent that the relevant information is available. Further information in support of the claim should be provided as soon as possible after it is received. In making a claim, the worker must provide all reports and documents that they rely upon in making the claim as soon as possible after that information is received to the Case Manager.
If the claim is for weekly payments of compensation, the worker must provide to the Case Manager a Certificate of Capacity (if one has not already been provided).

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

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

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

6.7.3 Actions When Served With a Claim Form

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

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

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

The Case Manager is also to notify the worker’s Supervisor within 7 days that a claim has been made by their worker.

6.8 Lump Sum Compensation Claims

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

6.8.1 Minimum Information Required for a Worker to Initiate a Claim

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

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

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

6.8.3 Timeframe for Decision

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

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

Fully ascertainable as agreed to the parties means that:

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

6.8.4 Deficient Claim

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

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

6.8.5 No Response by the University

If the University does not respond to a claim for permanent impairment within 2 months, the worker can seek assistance from SIRA’s Assistance Service on 13 10 50. The worker may lodge a dispute with the Workers Compensation Commission quoting the SIRA reference number or letter to commence proceedings in the WCC.
6.8.6 Acceptance of Claim for Permanent Impairment

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

Any payment for permanent impairment is to be in accordance with the level of permanent impairment assessed by a trained assessor in accordance with the SIRA guides for the evaluation of permanent impairment.

The offer is required to include:

- the date of the injury
- the injury to which the offer relates
- the amount of the offer or extent of pre-existing condition or abnormality, if any
- the reports and documents relied upon in making the offer
- the reports and documents served and relied upon by the worker in support of the claim
- a statement that if the offer is not accepted, the worker can:
  - contact SIRA’s Assistance Service on 13 10 50
  - seek assistance from the worker’s union or lawyer
  - apply to the Registrar for determination by the WCC one month after the offer is made (including the postal and email address of the Registrar)
  - a statement that the matters that may be referred to the WCC are limited to matters notified in writing between the parties concerning the offer of settlement.

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

6.8.7 Complying Agreements

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

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

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

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

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

If the University disputes liability in respect of a claim for permanent impairment, the insurer must issue a Section 74 notice in accordance with Section 8 of these guidelines.

6.9 Work Injury Damages

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

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

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

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

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

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

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

Upon receipt the Case Manager is to determine the claim:

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

The Case Manager is to determine the claim by:

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

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

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

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

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

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

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

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

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

Prior to receiving a commutation:

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

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

6.11 Information and Records management

Information retained in association with injury management or the claim will be kept in accordance with the University’s Records Management Policy and related procedures.

6.12 Fraud

Although highly rare, if the Case Manager or worker identifies alleged fraudulent activity it should be reported to the Manager WHS in the first instance. The matter will then be raised with SIRA Fraud Investigation Branch for investigation.

6.13 Complaints Management

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

Alternatively the complaint may be raised with WIRO on 13 94 76.
6.14 Quality Assurance Services

Feedback on the University’s claims management can be provided to the Case manager directly or through the intranet to the Quality Assurance team, see link below:


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

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

A review of all open claims will occur at least every 6 months. The review will be undertaken by the Case Manager and Manager Work Health and Safety.

7 Work Capacity

Work capacity is as an important part of return to work planning and determination of entitlement to weekly payments. Work capacity assessments, decisions and reviews will be conducted by the Case Manager in accordance with:

- SIRA Work Capacity Guidelines
- Guidelines for Work Capacity Decision Internal Reviews by Insurers and Merit Reviews by the Authority

General information on work capacity is outlined below.

7.1 Work Capacity Assessment

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

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

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

- reports from the treating practitioners (doctors and allied health professionals)
- certificates of capacity
- independent medical reports
- injury management consultant reports
- the worker’s self-reports of their abilities and any other information from the worker
- injury management plans and return to work plans
- reports from a workplace rehabilitation provider such as a workplace assessment report, return to work plans, functional capacity evaluation reports, vocational assessment reports, work trial documents, job seeking logs, activities of daily living assessments, etc.
- information from the employer such as documents relating to return to work planning
- information obtained and documented on the claim file.
If a further referral or examination is required as part of the work capacity assessment, the worker is to be advised in writing. The letter is to explain what a work capacity assessment is and that the worker has a legal obligation to attend and participate in a work capacity assessment.

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

Advice provided to the worker shall include:

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

7.2 Work Capacity Decisions

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

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

The following are not work capacity decisions:

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

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

- all reasonable opportunities to establish capacity for work have been provided to the worker
- an Injury Management Plan is tailored to the worker’s injury and recovery
- all available evidence is evaluated
- the decision making process is clear and concise and the information provided to the worker is an understandable format that provides reasons for the decision
- further information will be sought as appropriate to ensure the worker’s current capacity for work is fully understood
- the worker is provided with an opportunity to contribute additional information, particularly if the decision may result in a reduction or discontinuation of the worker’s weekly payments
- those making work capacity decisions have the appropriate expertise, ability and support to make the decisions, and
- the decision which is made ‘is more likely than not to be correct’.

7.3 Notification of a Work Capacity Decision

Upon making a decision that will result in a reduction or discontinuation of the worker’s weekly payments, the Case Manager shall telephone or meet with the worker, to:

1. Inform the worker that a work capacity decision has been made
2. Explain the outcome and consequences of this decision and the information that has led the insurer to their current position
3. Explain the internal review process, and that a review application form will be sent with a formal notice
4. Advise the date the decision will be effective from (allowing 3 months plus 1 week),
5. Confirm that the decision will be conveyed in writing.

The Case Manager must notify the worker of the work capacity decision in writing using plain language. The work capacity decision notice must:

- reference the relevant legislation
- explain the relevant entitlement periods
- state the decision and give brief reasons for making the decision
- outline the evidence considered in making the decision, noting the author, the date and any key information. All evidence considered should be referred to, regardless of whether or not it supports the decision
- clearly explain the line of reasoning for the decision
- state the impact of the decision on the worker in terms of their entitlement to weekly payments, entitlement to medical and related treatment expenses and return to work obligations
- advise when the decision will take effect
- detail any support, such as job seeking support, which will continue to be provided during the notice period
- advise that any documents or information that have not already been provided to the worker can be provided to the worker on request to the insurer, and
- advise of the process available for requesting review of the decision and how to access the required form Application for Internal Review By Insurer (catalogue no. WC03304).

7.4 Internal Review

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

The requirements applying to these internal reviews and detailed in the SIRA Guidelines for Claiming Workers Compensation.

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

The Case Manager will decline to review a decision if an application for a review:

1. is not lodged in the form approved by SIRA
2. if the review application is or becomes frivolous or vexatious.
The Case Manager will provide the worker with written advice if a review is not to proceed on any of the above grounds (and the reason for it). If the internal review request is accepted, the Case Manager will acknowledge in writing to the worker that the internal review will proceed within 30 days of receiving the application.

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

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

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

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

7.5 SIRA Merit Review

If the worker does not agree with the internal review, or does not receive a reply within 30 days, they can proceed to a SIRA Merit Review. The worker must provide the Case Manager with a copy of the Work Capacity – Application for Merit Review by the Authority Form before or at the same time as SIRA. SIRA will request a reply to the review application, and copies of all related documents from the University, which are to be provided electronically. SIRA will advise the worker and University of the decision and its impact within 30 days.

7.6 WIRO Review

If the issue is still unresolved, the worker may lodge an application for review with the Workers Compensation Independent Review Officer (WIRO). This is a review of University procedures in making the decision. WIRO has 30 days to review the issue and communicate the decision. Recommendations made by the WIRO are binding on the University and SIRA.

8 Disputing Liability

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

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

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

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

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

Matters in dispute will be raised with the worker in writing in accordance with Section 74 of the
1988 Act. This will include:

- a statement of the matter(s) in dispute
- a statement indicating that the matters that may be referred to the WCC are limited to
  matters notified in the dispute notice or in a dispute review notice
- reasons the University disputes liability or is reducing/terminating weekly payments of
  compensation
- a statement of University and claimant issues relevant to the matter in dispute
- a statement identifying all reports and documents relevant to the claim or aspect of the claim
to which the decision relates
- a statement identifying the reports and documents submitted by the workers in making the
  claim
- a statement identifying that all reports and documents relevant to the decision to dispute the
  claim or terminate/reduce weekly payment as referred to in point 5, (and which are in the
  possession of the University), are attached to the dispute notice
- a statement indicating that the worker can request a review of the claim by the University
  (optional review) using the Request for Internal Review form
- the notice shall also include a statement advising that the worker may:
  - contact SIRA’s Assistance Service on 13 10 50
  - seek assistance form the worker’s unions or a lawyer
  - refer the dispute to the Registrar for determination by the WCC.

- matters above will be written in plain language and include the following headings:
  - Reasons and Issues In Disputing Liability
  - Reports and Documents submitted by the Worker
  - Reports and Documents considered in the Decision
  - Request for Review of the Decision
  - Where to seek Assistance
  - Where to refer for Determination of the Dispute

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

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

9 Non-Work Related Injuries

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

9.1 Criteria to Participate

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

1. provide medical evidence to support the nature of their injury/illness including a medical certificate stating diagnosis and restrictions
2. self-refer to the return to work process either personally or via a chosen representative through their HR Advisor, Staff Services, or be referred to the WHS Unit after consultation with the employee and the Supervisor
3. undertake an initial assessment to determine suitability to participate in a graduated return to work program
4. give written consent for the Injury Management Coordinator to contact all relevant treating practitioners to determine the employee's likely needs and restrictions as well as diagnosis and prognosis, expected capacity for work and current treatment
5. voluntarily participate in the formulated return to work plan, and
6. have a reasonable expectation, given the diagnosis, to return to their pre-injury duties within a reasonable time frame.

9.2 Provision of Suitable Duties

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

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

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

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

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

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

The Injury Management Program will be communicated to University employees via the University website: http://staff.uow.edu.au/ohs/index.html

Reporting of claims will be conducted in accordance with WHS Performance Measurement and Reporting Guidelines.

Information on the University’s WHS prevention strategies can be found at the WHS website: http://staff.uow.edu.au/ohs/index.html

11  Referenced Documents

- Workers Compensation Act 1987
- Workplace Injury Management and Workers Compensation Act 1998
- Guidelines for Claiming Workers Compensation

12  Version Control Table

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