

Injury management guide

for employers in cleaning and property services



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and property services



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Introduction

This guide has been produced by the CleanSafe Occupational Health, Safety and Welfare (OHSW) Committee to provide information about injury management to employers within the cleaning and property services industry in South Australia.

The guide is especially intended for small and medium-sized businesses that may not have the resources to develop their own injury management procedures. The guide will take you step by step through what you have to do, and it contains examples of documentation which you can use.

The aim of the guide is to help you to know:

- what to do if one of your workers is injured at work
- how to have a worker who has been off work with an injury return to work as early as possible
- what your legal obligations are.

While this guide is designed for employers, it also contains information on what workers need to know about injury management. The guide will tell you how you can use this information with your workers.

This guide is not intended to be a legal document, so where possible plain English has been used. For practical reasons the guide cannot cover all possible situations regarding injury management. The Resources section, Further information, on page 41 shows where you can get more information.

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What is injury management?

'Injury management' is a term used to describe all the processes involved in helping a worker with a work-related injury to recover and return to work, and to be compensated for losses or expenses resulting from the injury.

The aim of injury management is for the worker to recover and return to their work as early as possible. This is because statistics have shown that the longer a person is away from work the less chance there is that they will return at all.

Therefore, it is important that you, as an employer, do everything you can to get your injured worker back to work. This may mean providing different work for them for a while or it could mean putting right whatever caused the injury in the first place.

There are words or expressions commonly used in injury management which may be new to you. This guide will mostly explain those terms as they arise. However, if you are not sure what some words mean, look them up in the glossary in Section 9, Resources, on page 39.

Why is injury management important?

Firstly, you are legally responsible under the Workers Rehabilitation and Compensation (WRC) Act 1986 to provide rehabilitation and workers compensation for your workers who have a work-related injury.

Secondly, effective injury management keeps down the costs of claims. If the overall cost of claims for the cleaning and property services industry drops, there will be a beneficial impact on the workers compensation levies for the industry. If your own organisation controls its claims costs, you can be eligible for a bonus discount on your levy.

Your own organisation will also benefit in many ways. For example, if your injured workers can get back to work and stay there, you do not need to employ temporary staff or have your remaining staff work overtime; and you do not need to recruit and train new staff. Studies have shown that when an injured worker is off work, your business absorbs an extra eight to ten dollars of indirect costs for every dollar of workers compensation costs.

Another benefit is that, by correcting problems that may have caused the injury, you will be making the work safer for all your workers.

Finally, if your workers feel valued and cared about, there is likely to be better workplace morale and productivity.

What are the important principles of injury management?

Early intervention

This means that your workers should report any injuries to you immediately, you should forward details to your Claims Agent immediately, and the case manager from your Claims Agent should make early contact with you and your injured worker. You also should make early contact with your worker if they are off work to ask about their well-being and to find out if there is anything you can do to help them return to work as soon as possible.

Effective claims management

Your workers should give you all of their medical certificates and accounts for you to send to your Claims Agent. Your Claims Agent should process them in line with what is allowed under the WRC Act.

Communication and consultation

Injury management works best when there is open communication between all the parties involved. Your injured worker should be involved in all decisions regarding their rehabilitation.

Who is involved in injury management?

The key people involved in injury management are:

- you
- your injured worker
- the case manager
- the medical practitioner (doctor).

The medical practitioner issues the Prescribed Medical Certificate, which states when your worker is able to return to work and what tasks they are able to do. For an example of how a Prescribed Medical Certificate is filled in, see Section 4 on page 24, or the back pocket.

There are also various other people who may have a role in injury management. These include:

- other medical experts, for example a physiotherapist or occupational therapist (for a full list of medical experts see the glossary in Section 9 Resources on page 39)
- rehabilitation and return to work providers (definition in glossary)
- an advocate for the injured worker, for example a family member or union representative.

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Getting started

There are things you can do now that will:

- help you to manage better any injury to one of your workers
- make it less likely that an injury will occur in the first place.

Many of these are things which, under the Occupational Health, Safety and Welfare (OHSW) Act 1986, you legally must do.

What are employers' health and safety responsibilities?

Under the OHSW Act you have a duty of care to your workers to make sure the work they do is safe. Other things you must do include:

- Provide information and instruction for your workers. This must be presented in a way that your workers can understand, especially if they have difficulty understanding or reading English.
- Have policies and procedures about health and safety.
- Provide induction and training for your workers.
- Consult with your workers about anything that might affect their health and safety.
- Identify anything at work that could harm or injure your workers and do whatever you can to make it safe.
- Provide first aid facilities for your workers. This is particularly important, as immediate first aid can prevent an injury from getting worse and may even save a life.

Your workers also have responsibilities under the OHSW Act. These are outlined in the information leaflet for workers titled Rights and Responsibilities for Workers. There is a copy of this leaflet at the end of this section and in the back pocket.

One of the things workers must do is report to you any hazardous situations or incidents that they become aware of. (A hazard is anything that has the potential to cause injury or illness.) You must then take whatever action you can to make it safe for your workers.

Your workers can tell you about these things in person, but it can also be useful to record them in writing. Therefore, many employers have a hazard report form for their workers to fill in. You can record your investigations and actions on the same form and return a copy to your workers as feedback. An example of a hazard report form is at the end of this section and in the back pocket.

If you want more information about occupational health and safety responsibilities, refer to the Cleaning and Property Services Industry Occupational Health, Safety and Welfare Policies and Procedures Manual Version 2, details in Further information in Section 9, Resources, on page 41.

What is an injury management policy?

An injury management policy is a statement of your commitment to the wellbeing of your workers. It should:

- state the major responsibilities of both you and your workers in the injury management process
- be developed in consultation with your workers
- be signed by both you and a representative of your workers, and dated.

An example of an injury management policy is at the end of this section and in the back pocket. You can adapt it to your own organisation; for example it could be part of an OHSW policy.

Both your injury management policy and procedures should be clearly displayed or readily available to your workers to read.

What are injury management procedures?

The purpose of injury management procedures is that you have a clear written statement of actions and responsibilities (in other words, who will do what) in the event of one of your workers being injured at work. It means you and your workers have thought about and discussed the best way of handling injury reporting, compensation, rehabilitation and return to work processes in your organisation.

You can get information for your procedures from this guide and from your Claims Agent. Your Claims Agent can tell you what they will do if one of your workers is injured, and they may hold information sessions or give you an information manual.

Here is a list of useful forms, letters or information sheets to include in your procedures. There is an example of each at the end of this section and in the back pocket. If you wish to adapt these to your own organisation they are available (except for the Worker Report Form and Employer Report Form) for you to download from www.workcover.com

Incident/injury report form

Your workers fill this in if they are reporting an injury, or an incident that did not result in injury but could have. (If you know about near-miss incidents you can do something about them before someone is actually injured.) Under the OHSW Act you must keep a record of all work-related injuries, so using this form is one way of doing that. Some organisations use the same form to also report hazards, so it becomes an hazard/incident/injury report form.

It is also useful to encourage your workers to report to you any soreness or pain they are feeling with their work so that you can investigate it and make sure it doesn't develop into a serious problem.

Medical authority form

If your injured worker is off work, it is a good idea to contact their doctor as early as possible to ask what work they are able to do and to tell the doctor what tasks are available. However, you first need your worker's signed consent on this form and you should forward this to the doctor before you make contact. Keep a copy of the signed form for yourself and your worker. You also need to use this form before you contact any other medical experts who are treating your worker.

Letter to doctor

This is a suitable letter for making first contact with your injured worker's doctor.

List of work tasks

This is a list of all the tasks for all the jobs in your organisation, and the bodily movements and effort needed for each task. If your injured worker can't do their normal work, the doctor can use this list to choose tasks that your worker is able to do.

Information for workers

It is important that your workers know:

- what to do if they have a work-related injury or illness
- that there will be help for them to return to work as early as possible
- what their responsibilities and rights are.

You can give your workers a copy of the information leaflet Rights and Responsibilities for Workers as part of their induction or training.

Worker Report Form

This is the WorkCover Corporation form your workers must use if they are reporting a work-related injury or claiming for compensation.

The form makes three identical copies:

- the top (green) copy is called Notice of Work Related Injury
- the middle (pink) copy is called Claim for Compensation
- the bottom (blue) copy is called Worker's copy.

Additional copies of this form are available from WorkCover Corporation and major post offices.

Employer Report Form

This is the WorkCover Corporation form you must use if you receive a workers compensation claim from your worker.

The form makes two identical copies (both black). You send one copy to your Claims Agent and keep the other copy for your own records.

Copies of this form are also available from WorkCover Corporation and major post offices.

Checklist for employers

This checklist is a summary of your role in injury management. You can use it as a reminder and a guide if one of your workers is injured.

Injury management policy

This injury management policy recognises that _____

(company name) is responsible for the injury management of all its workers in the workplace.

To meet the objectives of this policy, all obligations under the Workers Rehabilitation & Compensation Act 1986 and the Occupational Health, Safety & Welfare Act 1986 will be used as the minimum requirement in achieving the highest possible standard of injury management.

Employer

- is responsible for the effective implementation of this policy
- shall fulfil its responsibilities under the Acts
- shall ensure that the agreed procedures are followed
- shall ensure that workers who have sustained a work-related injury or illness receive the best possible support and services available to them.

Workers

- shall participate in their return to work program in an active and positive manner
- shall comply with their responsibilities under the Workers Rehabilitation & Compensation Act 1986 and the Occupational Health, Safety & Welfare Act 1986 and company policies and procedures.

Signed: _____ Position: _____
(employer)

Signed: _____ Position: _____
(employee representative)

Date: _____ Review date: _____

Incident/injury report form

Please print clearly and tick the correct box

Status: Employee Contractor Other
Outcome: Near miss Injury

1. DETAILS OF INJURED PERSON

Name: _____ Phone: (H) _____ (W) _____
Address: _____ Sex: Male Female
Date of birth: _____
Position: _____
Experience in the job: _____ (years/months)
Start time: _____ am pm
Work arrangement: Casual Full-time Part-time Other

2. DETAILS OF INCIDENT

Date: ____ / ____ / ____ Time: _____
Location: _____
Describe what happened and how: _____

3. DETAILS OF WITNESSES

Name: _____ Phone: (H) _____ (W) _____
Address: _____

4. DETAILS OF INJURY

Nature of injury (eg burn, cut, sprain) _____
Cause of injury (eg fall, grabbed by person) _____
Location on body (eg back, left forearm) _____
Agency (eg lounge chair, another person, hot water) _____

5. TREATMENT ADMINISTERED

First Aid given Yes No
First Aider name: _____
Treatment: _____
Referred to: _____

SECTIONS 6-9 MUST BE COMPLETED BY EMPLOYER

6. DID THE INJURED PERSON STOP WORK?

Yes No

If yes, state date: _____ Time: _____

Outcome:

- Treated by doctor Hospitalised Workers compensation claim
 Returned to normal work Alternative duties Rehabilitation

7. INCIDENT INVESTIGATION (comments to include causal factors)

8. RISK ASSESSMENT

Likelihood of recurrence: _____

Severity of outcome: _____

Level of risk: _____

| | | Probability | | | |
|-------------|---------------------|-------------|--------|----------|-----------------|
| | | Very likely | Likely | Unlikely | Highly unlikely |
| Consequence | Fatality | Extreme | High | High | Medium |
| | Major injuries | High | High | Medium | Medium |
| | Minor injuries | High | Medium | Medium | Low |
| | Negligible injuries | Medium | Medium | Low | Low |

9. ACTIONS TO PREVENT RECURRENCE

| Action | By whom | By when | Date completed |
|--------|---------|---------|----------------|
| | | | |

10. ACTIONS COMPLETED

Signed (Manager): _____ Title: _____

Date: _____ / _____ / _____

Feedback to person involved

Date: _____ / _____ / _____

11. REVIEW COMMENTS

OHS committee / staff meeting: _____

Reviewed by Manager (signed): _____ Date: _____ / _____ / _____

Reviewed by Health & Safety Rep. (signed): _____ Date: _____ / _____ / _____

Medical authority

Company name _____

Address _____

Injury management authorisation

I (print name) _____ (injured worker)

of _____

hereby give permission for _____ (my medical expert)

to provide _____ (my employer)

with information relating to my injury or illness of _____ / _____ / _____

I understand that this consent is required to assist with my return to work/rehabilitation and that all information obtained is treated in confidence. I also understand that I can modify this authorisation at any time.

Signed _____ (injured worker) Date _____ / _____ / _____

Letter to doctor

Company name _____

Address _____

Dear Doctor _____ (insert name of doctor)

Re _____ (insert name of employee)

While I/we strive to avoid workplace injuries, this injury has occurred and _____ has nominated you as his/her treating doctor.

My/our organisation is committed to effectively managing this injury by working with you to facilitate an early return to work to suitable duties.

Attached to this letter please find:

- information about this worker's normal position and duties
- a list of all the work tasks in the organisation. Could you please complete and return this list if alternative duties are needed - a copy will be given to the worker.
- a medical authority form signed by the worker.

If you would like more information you are welcome to visit the worksite.

You can contact me/us on telephone _____

Yours sincerely

(Director / Manager / Rehabilitation Coordinator)

List of work tasks

If your injured worker can't do their normal work, the doctor can use this list to choose tasks that your worker is able to do. Note: this list is an example only. You will need to fill in the first three columns according to the particular tasks available in your organisation. (You can do this by downloading this table from www.workcover.com)

| Task | Bodily postures and movements | Equipment, if used | Doctor to choose tasks and complete columns beside tasks if needed | | How often? For how long? |
|---|--|--------------------|--|--------------------------------------|--------------------------|
| | | | Tick if yes | Any restriction of movement or force | |
| Dusting | Arm movements, various levels | | | | |
| Cleaning hand basins or sinks | Hand and arm movements, possibly some bending | | | | |
| Spot cleaning walls, desks or telephones | Hand and arm movements | | | | |
| Wiping desks and benches | Hand and arm movements, possibly slight bending | | | | |
| Emptying bins | Bending and lifting up to _____ kg | | | | |
| Sweep floors | Hand and arm movements and waking | _____sweeper | | | |
| Machine polish/scrub floors | Arm and wrist movements, forward and back and side to side movements | Polisher/scrubber | | | |
| Vacuum floors | Arm movements and some bending | Back pack | | | |
| Wet mopping | Arm and back movements, stepping, lifting and wringing mop | | | | |
| Clean toilet bowls | Hand and arm movements, some low levels | | | | |
| Clean urinals | Hand and arm movements, some low levels | | | | |
| Graffiti removal | Moderate arm/wrist/hand movements | | | | |
| Stripping beds | Moderate arm/wrist/hand movements, some low levels | | | | |
| Making beds | Moderate arm/wrist/hand movements, some low levels | | | | |
| Reception/writing/ answering phones | Sitting | | | | |
| Using computer - data entry/word processing | Sitting, wrist and hand movements | | | | |
| Photocopying | Standing, slight arm/hand use | | | | |
| Sorting mail, collating time sheets | Standing, slight arm/hand use | | | | |



There is a complete leaflet in Forms in Section 9, Resources (back pocket). Additional copies are available from WorkCover Corporation Customer Centre, telephone 13 18 55 or visit at 100 Waymouth St, Adelaide.

Worker Report Form

- Notice of Work Related Injury
- Claim for Compensation

To the worker

Do you wish to claim for expenses e.g. doctor's bills or lost wages?

| YES | Complete the whole form and give it to your employer **as soon as possible** along with a medical certificate supporting your claim and any accounts you may have. Keep the worker's copy in a **safe place** for your own record.

| NO | Complete sections 1,2,4 and 8 of this form and give the green notice of **Work Related Injury** to your employer **as soon as possible**. Keep the pink and blue copies in a **safe place** should you need to make a claim at a later date.

If you need help filling in the form, speak to:

- Your supervisor;
- Your employer's workers compensation or occupational health and safety coordinator;
- Your health and safety representative;
- The Customer Information Centre at WorkCover Corporation (phone 13 18 55 or 1800 888 508 for interstate callers). If you are unable to fill the form because it is in English staff from the Customer Information Centre will arrange interpreting services. This telephoning service is free;
- Your union representative;
- The Employee Advocate Unit at WorkCover (phone 8233 2222)

To the employer

If this notice is for a "immediately notifiable work related injury" you must, if you have not already done so, notify your Local Regional Office of Workplace Client Services of the Department for Administrative and Information Services (DAIS) by telephone or fax pursuant to Reg 6.6.1(1) of the Occupational Health, Safety and Welfare Regulations, 1995.

Additional Note for Employers with a Claims Agent

Notice of Work Related Injury (green page) must be forwarded to your Workers Compensation Claims Agent within five business days of receiving it unless:

- the disability does not, or is unlikely to, require medical treatment; **and**
- the disability is only temporary and not of a recurrent nature; **and**
- no time is lost other than the time required for treatment.

Claims for Compensation (pink page) must be forwarded to your Workers Compensation Claims Agent within five business days of receipt together with an **Employee Report Form**.

To receive further copies of this form, contact Customer Information Centre at WorkCover Corporation on 13 18 55 or 1800 888 508 for interstate calls.

There is a complete form in Forms in Section 9, Resources (back pocket). Additional copies are available from WorkCover Corporation Customer Centre, telephone 13 18 55 and from major post offices.



17 1 726 0397

Claims Management Agent's name and address:

Employer Report Form

Notes for Employers

Filling in the Employer Report Form

- This form must be filled in immediately after you receive a worker's compensation claim.
- All questions should be answered in BLOCK LETTERS.
- Please use a ball point pen and press firmly.

- 1 The **Top Copy** of the completed form must be forwarded to your Claims Management Agent within 5 business days after receipt of a Claim for Compensation. Failure to do so may incur a penalty of \$1000.
- 2 The **Second Copy** of the completed form should be retained by you for record purposes.
- 3 Any **Claim for Compensation** presented by a worker must be supported by a prescribed Medical Certificate issued by a recognised medical expert (generally a legally qualified medical practitioner). Ask the worker to provide you with any medical certificates his/her doctor has issued, for forwarding with the claim. Non-compliance with medical certificates by the worker could cause a delay in determination of the claim.

Terms used in the Employer Report Form. Please use this information for guidance when completing this form.

Occupation

Examples: cook, builder, labourer.
Please be as specific as possible. Avoid using general terms like manager, supervisor, leading hand, mechanic, administration officer, etc. without clarifying what the person manages, supervises, etc.

Main tasks

Example: the carpenter's main duties include determining plans, selecting timber, cutting timber to size, assembling and installing structures and checking the accuracy of work.

Place where the injury occurred

- if on worksite – state where, e.g. machine shop, loading bay,
- if on the road – actual location e.g. intersection of South Road, Lincoln Highway,
- if neither of the above – actual address where the accident occurred.

An important reminder for Employers

If a worker's injury is an **"immediately notifiable work related injury"**, you must, if you have not already done so, notify your Local Regional Office of the Department of Administration and Information Services by telephone or in writing to Reg 6.6.2(1) of the Occupational Health, Safety and Welfare Regulations, 1995.

An "immediately notifiable work related injury" is a work related injury that:

- causes death; and/or
- shows acute symptoms associated with exposure to a substance at work; and/or
- requires treatment as an inpatient in a hospital immediately after the injury [disregarding any time taken for emergency treatment or transporting the person to hospital].

Enquiries

For assistance or additional information, please contact your Claims Management Agent.

To receive further copies of this form, contact your Claims Management Agent, or WorkCover Corporation, telephone (08) 8733 2222.

There is a complete form in Forms in Section 9, Resources (back pocket). Additional copies are available from WorkCover Corporation Customer Centre, telephone 13 18 55 and from major post offices.

Checklist for employers

Date

- _____ Received **notification of injury** within 24 hours
- _____ Contacted DAIS **Workplace Services** if it is an immediately notifiable injury
- _____ Received **Incident/Injury Report form** from injured worker
- _____ Received **Notice of Work Related Injury form** from injured worker
- _____ Received **Claim for Compensation form** from injured worker if they are making a claim
- _____ **Forwarded to Claims Agent** within 5 days of receiving claim
 - Notice of Work Related Injury form
 - Claim for Compensation form
 - Employer Report Form
 - Prescribed Medical Certificate and any accounts
- _____ Made **contact with injured worker**, enquiring after their wellbeing
- _____ **Given to worker copies** of Rights and Responsibilities for Workers and Employee Advocate Unit brochures
- _____ Worker has signed **Medical Authority form**, consenting to you contacting their treating doctor
- _____ Made **contact with worker's doctor**, by sending letter or other means
- _____ Maintaining **confidentiality** of personal information about worker
- _____ Contacted Claims Agent and **spoken with case manager**
- _____ Investigated **circumstance leading to injury**, to prevent it happening again
- _____ **Provided suitable duties** that worker's treating doctor has certified them fit to do
- _____ Sent copies of all **accounts and Prescribed Medical Certificates** to Claims Agent
- _____ Sent **Income Maintenance Reimbursement Slips** to Claims Agent
- _____ If worker is off work for more than three weeks, the extent of their incapacity is not known, and suitable duties have not been or cannot be found, have participated in establishing a **Rehabilitation Program**
- _____ If worker is likely to be off work for more than three months but has some prospect of returning to work, have participated in establishing a **Rehabilitation and Return To Work plan**

4

If your worker is injured

The same procedures apply whether the injury happens suddenly or has developed over time. Sometimes it may be an illness rather than injury that has developed, eg, as a result of exposure to chemical substances.

Must your worker report the injury?

When a work-related injury occurs your worker must report it to you (or to their supervisor). They should do this immediately, and certainly within 24 hours where possible.

There are two alternative ways for your worker to report an injury that may or may not progress to a workers compensation claim.

Alternative one

Your worker:

- fills out a Worker Report Form
- gets you to fill in and sign the Employers Section 9 on the form
- gives you the top (green) copy called Notice of Work Related Injury.

If there are no medical expenses or time off work:

- your worker keeps the other two copies of the Worker Report Form
- you keep the green copy - you do not need to send anything to your Claims Agent.

If your worker is claiming compensation for medical expenses or time off work, they must also give you:

- the (pink) Claim for Compensation copy of the Worker Report Form
- a Prescribed Medical Certificate (the blue Agent's copy and the green employer's copy) that has been filled out by their doctor. Note: your Claims Agent may not need a medical certificate for claims where there are medical expenses only and no time off work.

For an example of a completed Prescribed Medical Certificate, see the end of this section and the back pocket.

Alternative two

When your worker has an injury that does not result in time off work or medical expenses, they simply fill in your organisation's Incident/Injury Report form.

If the injury does, or is likely to, result in medical expenses or time off work, then your worker fills in the Worker Report Form and gives you the green and pink copies as described on the previous page, along with a Prescribed Medical Certificate if needed.

Is the worker actually your employee?

This may seem a strange question but increasingly there are workplace arrangements involving various types of subcontracting. Where there is subcontracting, the details of the arrangements determine whether or not you are responsible for that worker under the WRC and OHSW Acts. For more information look up 'employee' in the glossary in Section 9, Resources on page 40.

What must you do if your worker makes a claim?

If you have received from your worker a:

- Notice of Work Related Injury form
- Claim for Compensation form and a
- Prescribed Medical Certificate;

you must then,

- fill in an Employer Report Form;

and within five days of receiving the claim from your worker you must forward to your Claims Agent the following documents:

- Notice of Work Related Injury form
- Claim for Compensation form
- Prescribed Medical Certificate(s) and any accounts
- the Employer Report Form.

Under the WRC Act you may be fined up to \$1000 if you do not do this.

Note:

A worker may make a claim for compensation up to six months after sustaining the injury.

What else should you do?

You should:

1. Contact your worker as soon as you hear of their injury and ask after their well-being. If they are off work because of the injury, provide support by regular contact and encouragement to return to work.

2. Contact your worker's treating doctor. Remember first to get your worker's signed consent on the Medical Authority form. You could phone the doctor or send a letter. Make sure the doctor has a copy of the List of Work Tasks. If possible the doctor should have this list on your worker's first visit - you could send it with your worker or you might be able to fax it.

If you think it will be useful for the doctor to have personal knowledge of the workplace, invite the doctor to do a worksite visit.

3. Investigate the circumstances that led to the injury so you can take action to prevent similar incidents happening in the future. It is generally not useful to simply blame the worker for not working safely. Therefore, look for longer-term, as well as immediate, causes. If there is a pattern of similar injuries there may be a problem with a piece of equipment or with the way the work is organised.
4. Keep in regular contact with your Claims Agent about the return to work options of your worker.

What are immediately notifiable injuries?

Under the OHSW Act, certain serious workplaces injuries must be reported immediately to Workplaces Services in DAIS (Department for Administrative and Information Services). These are injuries that result in death, that cause acute symptoms from exposure to a hazardous substance or that require in-patient hospital treatment immediately after the injury. If any of these occur you must report them to Workplace Services immediately by telephone on (08) 8303 0400, facsimile on (08) 8303 0423 or on the 24-hour emergency telephone number 1800 777 209.

Example of a completed Prescribed Medical Certificate (PMC)

When completing this section the doctor must use as near as possible the words used by the worker to describe the cause of the disability/disease.

The doctor should write an accurate and, where possible, definitive medical diagnosis of the worker's medical condition.

Return to Work Options. If the doctor ticks more than one, the dates must be consecutive but not overlapping.

'Yes' means the doctor has personally visited the workplace and viewed the types of work and duties available.

Agents Copy

South Australian Workers Compensation
Prescribed Medical Certificate

PLEASE PRINT LEGIBLY

Family name: CITIZEN Other name: SUSAN ANN
Date of birth: 1 / 1 / 60 Date of injury: 31 / 10 / 2001
Employer:

The worker's stated cause for this disability/disease is: lifting heavy polisher from van

After examining the worker it is my opinion that he/she is suffering from: Lumbosacral back strain

I consider that the disability/disease is consistent with the stated cause Yes No

In my opinion the worker is:

fit to return to his/her normal work duties as of [] / [] / []

fit to return to modified work duties from 1 / 11 / 2001 to 3 / 11 / 2001 with the following restriction: restricted heavy lifting and bending as discussed with employer

unfit for work from [] / [] / [] to [] / [] / []

Please tick all that apply to this worker: Yes No

I have personal knowledge of the worker's workplace Yes No

I have discussed with the employer the kinds of work that might be appropriate for the worker in view of the disability Yes No

I have referred the worker to a medical specialist, other health professional: []

Name of person referred to: []

I will release this worker Yes No

Other comments: []

I certify that I have examined this worker on: 31 / 10 / 2001 at 11:30 AM

Signature: G Jones Date of certificate: 31 / 10 / 2001

Name of doctor: Dr Jane Jones
Address: 5 ABC St, Adelaide
Telephone: 8123 4567
Facsimile: 8123 4567
Provider No: 0000X
E-mail: JJones@abc

Where this is a subsequent visit and where a PMC has been previously completed, the stated date of injury provided by the worker should be consistent with the previous PMC.

If the injured worker has been discharged, no further review is required.

It is important that the doctor records the time of the examination

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Working with your Claims Agent

What does your Claims Agent do with the claim?

Your Claims Agent determines your worker's claim for compensation; that is, makes a decision whether to accept or reject the claim, according to what is allowed under the WRC Act. Normally the Claims Agent appoints a case manager to handle the claim.

The Claims Agent must determine the claim within 10 working days of receiving it wherever possible.

The Claims Agent must notify you and your worker of their decision in writing. If the decision has been to reject the claim, the case manager will give the reasons and will tell your worker of their right to have the decision reviewed.

Before making a decision, the case manager may need your worker to be examined by a doctor chosen by the Claims Agent. If your worker does not agree to this, the claim may be rejected. A copy of any medical reports the case manager obtains will be sent to your worker.

Who pays for what?

If the claim is accepted and your worker is off work because of the injury, you are responsible for paying the first two weeks of their income maintenance (wages). Note: there is a buy-out option whereby WorkCover Corporation, for a minimal fee, undertakes that liability.

If your worker is injured at work and needs immediate medical treatment, you must provide transport (eg, an ambulance) to medical treatment and pay the first \$150 of that transport.

Your Claims Agent will administer payment of:

- weekly payment of wages
This is called average weekly earnings (AWE) and is the amount that your worker could reasonably have expected to earn if they were still at work. You can continue to pay wages directly to your employee and send an Income Maintenance Reimbursement Slip (IMRS) to your Claims Agent who will reimburse you. There is an IMRS in Forms in Section 9, Resources (back pocket) and a copy at the end of this section. Continuing to pay wages directly allows you to keep a closer check on the day-to-day claims management and return to work progress.
- any reasonable costs reasonably incurred for the following:
 - doctor and hospital treatment
 - medicines and other chemist expenses
 - treatment and approved rehabilitation expenses
 - paid travel to and from treatment services
 - accommodation, if the treatment requires your worker to live away from home
 - interpreting services.
- a lump sum of money if there is a permanent physical effect of the injury
This is paid according to a schedule in the WRC Act. There is also provision in the Act for a lump-sum payment to your worker's family if the person dies from the injury.

What must you tell your Claims Agent?

You must tell your Claims Agent whenever:

- your worker, who has been away from work on weekly payments, returns to work
- your worker, who has been at work part-time and receiving part-weekly payments, increases or decreases their working hours
- there is a change in the type of work done by your worker who is at work part-time and receiving part-weekly payments.

Whenever any of these happens you must tell your Claims Agent within 14 days.

You must also tell your Claims Agent if you propose to dismiss or retrench a worker who has a current workers compensation claim. You must discuss this with your Claims Agent before taking any action. You must give both your Claims Agent and the worker at least 28 days notice of your intention. (Notice is not needed if the employment is properly terminated on the grounds of serious and wilful misconduct.)

Income Maintenance Reimbursement Slip


Use one form per worker

Name of Employer:
(as per registration) _____

EMPLOYER ABN No.:

WorkCover
Registration No.: _____ Location No.:

Address where cheque is to be sent: _____



17.1.16E 6/00

| Worker's Name | Claim No. | Date of accident | Has the worker returned to work? |
|---------------|-----------|------------------|--|
| | | | Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____ No of hours/week: _____ |

Have you paid the first two weeks? Yes No Amount: \$ _____ Date from: _____ Date to: _____

Reimbursement claimed

| Date from | Date to | Amount | Number of workers Claimed |
|-----------|---------|--------|---------------------------|
| | | | |
| | | | |
| | | | |

I declare that weekly payments of income maintenance have been paid to the worker in accordance with the Workers Rehabilitation and Compensation Act, 1986, and that I have read the conditions of reimbursement printed below.

Signature of authorised officer of employer

Conditions of Reimbursement

1. WorkCover Corporation will only reimburse income maintenance paid by an employer if claimed within three months of the date of such payment to the worker.
2. WorkCover Corporation will only reimburse income maintenance payments which the worker was legally entitled to receive. It is the employer's responsibility to ensure obtaining written authorisation from the Corporation or relevant claims management agent that the worker was entitled to receive a particular payment of income maintenance.
3. WorkCover Corporation has the right, having paid a reimbursement of income maintenance, to recalculate an employer's past, present or future levy rate (including any supplementary levy or remission of levy) to take account of the income maintenance reimbursed, and has the right:
 - Offset against the reimbursement amount by which the employer incurs a greater levy, greater supplementary levy or lesser remission of levy (whether in respect of a current or previous financial year) as a result of such calculation; and/or
 - Adjust the employer's levy rate to take into account the income maintenance reimbursed
4. By making a claim for reimbursement the employer is taken to warrant that all of the details provided in the reimbursement claim are true, accurate and complete. Any knowing failure to report all claims and costs with an intent to affect the levy payable by an employer may amount to a breach of section 120 of the Workers Rehabilitation and Compensation Act, 1986.

There is an original IMRS in Forms in Section 9, Resources (back pocket). Additional copies are available from your Claims Agent or from WorkCover Corporation Customer Centre, telephone 13 18 55.

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Returning your worker to work

What is early intervention?

With many cases of work-related injury, the worker quickly returns to normal work through suitable medical treatment. However, sometimes a return to pre-injury work – or to any work – is likely to be delayed or difficult. If your worker is off work for more than a couple of days, it is important that you start talking with them, their treating doctor and your Claims Agent to find out what needs to be done to make it possible for your worker to recover and to return to work.

You should be looking for answers to these questions:

- What are the barriers that are preventing my worker from returning to work?
- How could these barriers be overcome?
- What would make it possible for my worker to return to work?

You will benefit from doing this because statistics have shown that an early return to work for workers improves their chances of making a full-time return to normal duties.

Must you provide suitable duties?

Your worker's doctor will write on the Prescribed Medical Certificate what your worker is able to do at work. For example, they may be able to work for a part of their normal hours, or do parts of their job but not others, or they may only be able to do different, lighter work. For an example of a completed Prescribed Medical Certificate, see the back pocket.

Under the WRC Act, if it is reasonably practicable for you to do so, you must provide suitable duties that the treating doctor has certified your worker is fit to perform. As your worker recovers and their capacity for work increases, the doctor will increase the working hours and normal tasks.

What are Rehabilitation Programs?

If:

- it seems likely that your worker will be off work for more than three weeks
- the extent of their incapacity is not known
- suitable duties have not been or cannot be found

then the case manager may establish a rehabilitation program.

The rehabilitation program sets out a plan for assessing your worker's capacity for work, finding suitable duties and taking whatever actions are needed to help your worker recover and return to work. You and your injured worker must take an active part in planning and carrying out the rehabilitation program.

The case manager may appoint a rehabilitation and return to work service provider (rehabilitation provider) to draw up the plan and identify and coordinate the many services that may be needed. These services could include treatment by medical experts; functional capacity evaluation of your worker; assessment of your workplace and making changes if necessary; or even retraining of your worker for a different job.

What are Rehabilitation and Return To Work Plans?

If your worker is likely to be off work for more than three months but has some prospect of returning to work, then your case manager must establish a Rehabilitation and Return To Work plan (RRTW plan). You and your injured worker must take an active part in planning and carrying out the RRTW Plan. As with rehabilitation programs, the case manager may appoint a rehabilitation provider to handle the RRTW plan.

A RRTW plan has a hierarchy (or priority order) of objectives. These are as follows:

The worker's return to:

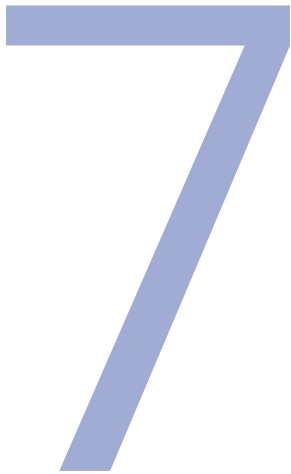
- a) pre-injury work with the pre-injury employer
- b) different work with the pre-injury employer
- c) pre-injury work but with a different employer
- d) different work with a different employer

Only when 'a)' has been thoroughly investigated and exhausted can the next objective be considered, and so on.

The RRTW plan states the actions that you and your worker must take to achieve the objective. A typical plan involves the worker gradually increasing their work tasks and hours of work (in accordance with the Prescribed Medical Certificate), and the employer making whatever changes are needed to the work environment or equipment.

You and your worker are legally bound to follow any obligations that the RRTW plan may impose.

If you want more information about Rehabilitation Programs or Rehabilitation and Return To Work plans, contact your Claims Agent.



Resolving disputes

If your Claims Agent makes a decision that you disagree with, there are several things you can do. This applies to both you and your worker.

Firstly you should talk about it with your case manager. As well as stating your case, listen theirs. They may simply be following the WRC Act; on the other hand you may have information they have not taken into account.

If you need further information or advice you may be able to get help from your industry or employer association. Your worker can get further information and advice from the Employee Advocate Unit, telephone (08) 8233 2222. There is a leaflet about the Employee Advocate Unit in the back pocket and a copy of the leaflet at the end of this section.

If you can't resolve the disagreement with your Claims Agent, you can lodge a Notice of Dispute form with the Workers Compensation Tribunal. (Note however that you can do this only in regard to 'reviewable decisions'. Reviewable decisions are listed in section 89A of the WRC Act, or you can ask WorkCover or your Claims Agent.) You must lodge the notice within one month of receiving the decision that you are disputing.

There is an copy of a Notice of Dispute form at the end of this section. You can get Notice of Dispute forms from your Claims Agent or the Workers Compensation Tribunal at:

Level 6, Riverside Centre, North Terrace, Adelaide SA 5000. Ph (08) 8207 1089.


When the Tribunal receives a notice of dispute, it sends a copy to your Claims Agent. The Claims Agent must reconsider its decision, taking into account matters set out in the notice, and send a written reply to the Tribunal within seven days.

If you are dissatisfied with the result of the reconsideration, the Tribunal must refer the dispute to one of its conciliation officers. The conciliation officer will organise for you all to attend, within 28 days, a conciliation conference to resolve the dispute.

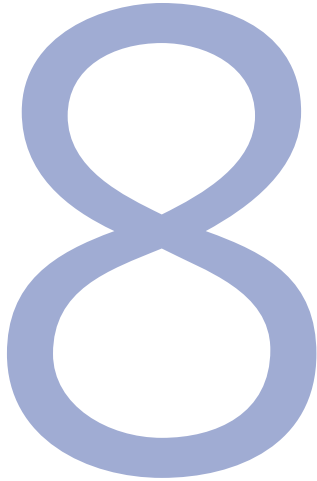
If there is still not agreement, the conciliation officer must refer the matter to arbitration or to a judicial determination within the Tribunal.



There is a complete leaflet in Forms in Section 9, Resources (back pocket). Additional copies are available from WorkCover Corporation Customer Centre, telephone 13 18 55 or visit at 100 Waymouth St, Adelaide.

| | |
|--|--|
|  SA WORKERS COMPENSATION TRIBUNAL | Action Number: /2001 <i>Office Use Only</i> |
| | NOTICE OF DISPUTE |
| Page 1 FORM 1 | |
| APPLICANT | Worker <input checked="" type="checkbox"/> |
| | Other <input type="checkbox"/> |
| | Employer <input type="checkbox"/> |
| | If Other, Specify |
| This section must be completed | |
| WORKER'S DETAILS | |
| Given Name: Address: | Family Name: |
| Date of Birth: Occupation: | Postcode: Phone: () Fax: () |
| This section must be completed | |
| EMPLOYER'S DETAILS | |
| Business Name: Address: | Postcode: Phone: () Fax: () |
| Contact Person: Job Title: | |
| If Employer is exempt, leave this section blank | |
| WORK COVER AGENT'S DETAILS | |
| Business Name: Address: | Postcode: Phone: () Fax: () |
| Contact Person: Job Title: | |
| If you ticked OTHER in APPLICANT section, complete this section | |
| OTHER APPLICANT'S DETAILS | |
| Business Name: Address: | Postcode: Phone: () Fax: () |
| Contact Person: Job Title: | |
| If APPLICANT has representation (e.g. union), complete this section | |
| REPRESENTATIVE'S DETAILS | |
| Business Name: Address: | Postcode: Phone: () Fax: () |
| Contact Person: Job Title: | |
| Internal Reference: | |
| This section must be completed | |
| CLAIM DETAILS | |
| Date of Injury: Description of Injury: | Claim No: |

Copies of Notice of Dispute Form are available from Workers Compensation Tribunal, telephone (08) 8207 1089.



Responsibilities and rights

Both you and your injured workers have responsibilities and rights in the injury management process.

What are your responsibilities as an employer?

Your many responsibilities have been described throughout this guide.

As a summary, there is a checklist at the end of this section and in the back pocket.

Another major responsibility you have is to make sure you do not reveal confidential personal information about your worker, except as may be necessary to help their rehabilitation and return to work. (Personal information includes details of medical conditions and treatments, or information about family, financial or emotional matters). Any files you have about your worker's injury management must be kept in a locked place or if on a computer must be password-protected.

You must also continue to employ your injured worker. If in extreme cases this is not possible, you must give 28 days notice of your intention to terminate employment, as described in Section 5, Working with your Claims Agent, on page 25.

What are your rights?

You are entitled to:

- have a copy of the current Rehabilitation Program/Rehabilitation and Return To Work Plan
- ask your Claims Agent to have your injured worker examined by a recognised medical expert
- ask your Claims Agent to provide:
 - 1) a copy of medical reports relating to the claim
 - 2) a report on your worker's medical progress and their capacity for work
- ask your Claims Agent to review the claim if you believe there are reasonable grounds to have your worker's weekly payments stopped or reduced.

What are your workers' responsibilities?

Your injured workers' responsibilities have also been described throughout this guide.

In summary, your workers must:

- report the injury
- seek proper treatment for it and give you a copy of any medical certificates
- take part in planning their return to work
- do suitable duties that their doctor says they are fit to do
- where necessary, be examined by a doctor chosen by your Claims Agent.

What are your workers' rights?

Your injured workers are entitled to:

- choose their own doctor
- have a copy of their current Rehabilitation Program/Rehabilitation and Return To Work Plan
- have any personal information about themselves kept confidential by the parties involved
- have a representative present at any meeting to discuss their claim or rehabilitation (eg, family member, union representative)
- be provided with a copy of any medical report relating to their claim
- seek a second opinion if at any time they become dissatisfied with the medical treatment they are receiving
- have an interpreter present at meetings and appointments.

Checklist for employers

Date

- _____ Received **notification of injury** within 24 hours
- _____ Contacted DAIS **Workplace Services** if it is an immediately notifiable injury
- _____ Received **Incident/Injury Report form** from injured worker
- _____ Received **Notice of Work Related Injury form** from injured worker
- _____ Received **Claim for Compensation form** from injured worker if they are making a claim
- _____ **Forwarded to Claims Agent** within 5 days of receiving claim
 - Notice of Work Related Injury form
 - Claim for Compensation form
 - Employer Report Form
 - Prescribed Medical Certificate and any accounts
- _____ Made **contact with injured worker**, enquiring after their wellbeing
- _____ **Given to worker copies** of Rights and Responsibilities for Workers and Employee Advocate Unit brochures
- _____ Worker has signed **Medical Authority form**, consenting to you contacting their treating doctor
- _____ Made **contact with worker's doctor**, by sending letter or other means
- _____ Maintaining **confidentiality** of personal information about worker
- _____ Contacted Claims Agent and **spoken with case manager**
- _____ Investigated **circumstance leading to injury**, to prevent it happening again
- _____ **Provided suitable duties** that worker's treating doctor has certified them fit to do
- _____ Sent copies of all **accounts and Prescribed Medical Certificates** to Claims Agent
- _____ Sent **Income Maintenance Reimbursement Slips** to Claims Agent
- _____ If worker is off work for more than three weeks, the extent of their incapacity is not known, and suitable duties have not been or cannot be found, have participated in establishing a **Rehabilitation Program**
- _____ If worker is likely to be off work for more than three months but has some prospect of returning to work, have participated in establishing a **Rehabilitation and Return To Work plan**

9

Resources

Glossary of commonly used terms

Case manager

A person working for the Claims Agent who is responsible for coordinating and implementing the injured worker's occupational rehabilitation and claims management.

Claim

Any claim by an injured or ill worker for workers compensation.

Claims Agent

An insurance agent contracted by WorkCover Corporation to provide workers rehabilitation and compensation services for employers registered with that Claims Agent. The Claims Agent provides these services on behalf of WorkCover.

A Claims Agent:

- manages and coordinates the rehabilitation and return to work of an injured worker
- manages the claim for compensation of an injured worker
- provides an advisory service for employers and workers on rehabilitation and compensation
- provides an advisory service for employers on health and safety in the workplace.

A list of Claims Agents is on the WorkCover Corporation website (see Further information in Section 9, Resources, on page 41). Once a year you have the option to change your Claims Agent if you wish, but to make this change you must notify the Corporation in writing.

Claims management

The processes involved in managing a claim for workers compensation in accordance with the Workers Rehabilitation and Compensation Act 1986. It includes assessing the eligibility of the claim and compensating the injured worker for treatment expenses and time off work.

Worker

If there is a contract between you and a worker 'P', the worker 'P' is deemed to be your employee if:

- 'P' does the work in the course of your trade or business
- 'P' personally does the work (and may or may not supply their own equipment)
- 'P' does not employ any other person to do any of the work
- for general cleaning work, the value of any materials supplied by 'P' does not exceed:
\$50 if the contract is for one month or less, or an average of \$50 per month
- for window cleaning, the value of any materials supplied by 'P' does not exceed:
\$25 if the contract is for one month or less, or an average of \$25 per month.

Functional capacity assessment/evaluation (FCE)

A physical assessment of an injured worker, conducted by a physiotherapist or occupational therapist, consisting of a series of standardised physical tests. The results indicate the person's ability to safely perform work and help to determine what weights can be handled, what postures and movements are safe and which ones must be avoided, and time limits for various postures and movements.

Medical expert

Under the Workers Rehabilitation and Compensation Act, 1986, 'medical expert' means a:

- a) legally qualified medical practitioner
- b) registered dentist
- c) registered psychologist
- d) registered optician
- e) registered physiotherapist
- f) registered chiropractor
- g) registered podiatrist
- h) registered occupational therapist
- i) registered speech pathologist

Occupational rehabilitation

The process of enabling workers with work-related injury or illness to return to suitable work through treatment of the injury and consultation at the workplace. It can include activities such as assessment of the workplace, functional capacity or vocational assessment of the worker, modifications to the workplace and retraining of the worker. It should be a planned process that is started as early as possible and is most effective when there is open communication between all the participants.

Rehabilitation and return to work service provider (rehabilitation provider)

A company or individuals approved by WorkCover Corporation to provide rehabilitation services.

Workers compensation

Benefits provided as compensation for a work-related injury or illness. In South Australia, the benefits may include income maintenance, medical expenses, approved rehabilitation services, lump sum payments for non-economic loss, travel expenses for medical treatment and rehabilitation, and death benefits.

Further information

1 Cleaning and Property Services Industry Occupational Health, Safety and Welfare Policies and Procedures Manual, Version 2.

available from

Australian Building Services Association

136 Greenhill Road

Unley SA 5061

Telephone (08) 8300 0017

This manual includes sections on rehabilitation and claims management.

2 WorkCover Corporation website www.workcover.com

Includes:

- Workers Rehabilitation and Compensation Act 1986
- Occupational Health, Safety and Welfare Act 1986
- wide range of safe work, workers rehabilitation and compensation information
- cleaning and property services website (in SAfer Industries directory) containing information relevant to your industry. This guide is also on www.workcover.com with forms for you to download and adapt to your own organisation.
- list of Claims Agents.

3 WorkCover Corporation Customer Centre

Telephone 13 18 55 to talk about questions you may have about injury management or to order injury management materials.

Visit the customer centre and library on the ground floor at **100 Waymouth Street Adelaide SA 5000**, to look at injury management information and materials.

Forms

Keep these original forms in the folder for future reference and photocopy as required for your own use.

- Hazard Report Form
- Injury Management Policy
- Incident/Injury Report Form
- Medical Authority Form
- Letter to Doctor
- List of Work Tasks
- Checklist for Employers

These forms are also available on the WorkCover Corporation website www.workcover.com so that you can download and adapt them to your own organisation.

The folder also contains the following brochures and forms for your information:

- worker information leaflets:
 - Rights and Responsibilities for Workers
 - Employee Advocate Unit
- Prescribed Medical Certificate (example of a filled-in certificate)
- Worker Report Form
- Employer Report Form
- Income Maintenance Reimbursement slip

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Commercial Clean
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- Claims Agents
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- WorkCover Corporation Access and Equity Unit
- WorkCover Corporation Injury Management Department
- The graphic design of this kit, is based on the 'Health and Safety for Home and Community Workers Guidelines for Managing OHS' by Basuki Graphic Design.
- Designed and produced by WorkCover Corporation's Marketing & Communications Department.