



Your guide to
Injury Management



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Injury management information

CITY/SHIRE/TOWN OF:	
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The following manual contains the Injury Management policy, procedures and system utilised by the

City/Shire/Town of _____ and forms an integral part of our ongoing commitment to providing a safe and healthy work environment for all workers.

Injury Management Advisor

Day-to-day responsibility for injury management at the **City/Shire/Town of** _____ is held by:

Name:	
Job Title:	
Contact Number:	
Email:	

Medical treatment

If the injury incurred does not require an ambulance, then medical attention can be sought at:

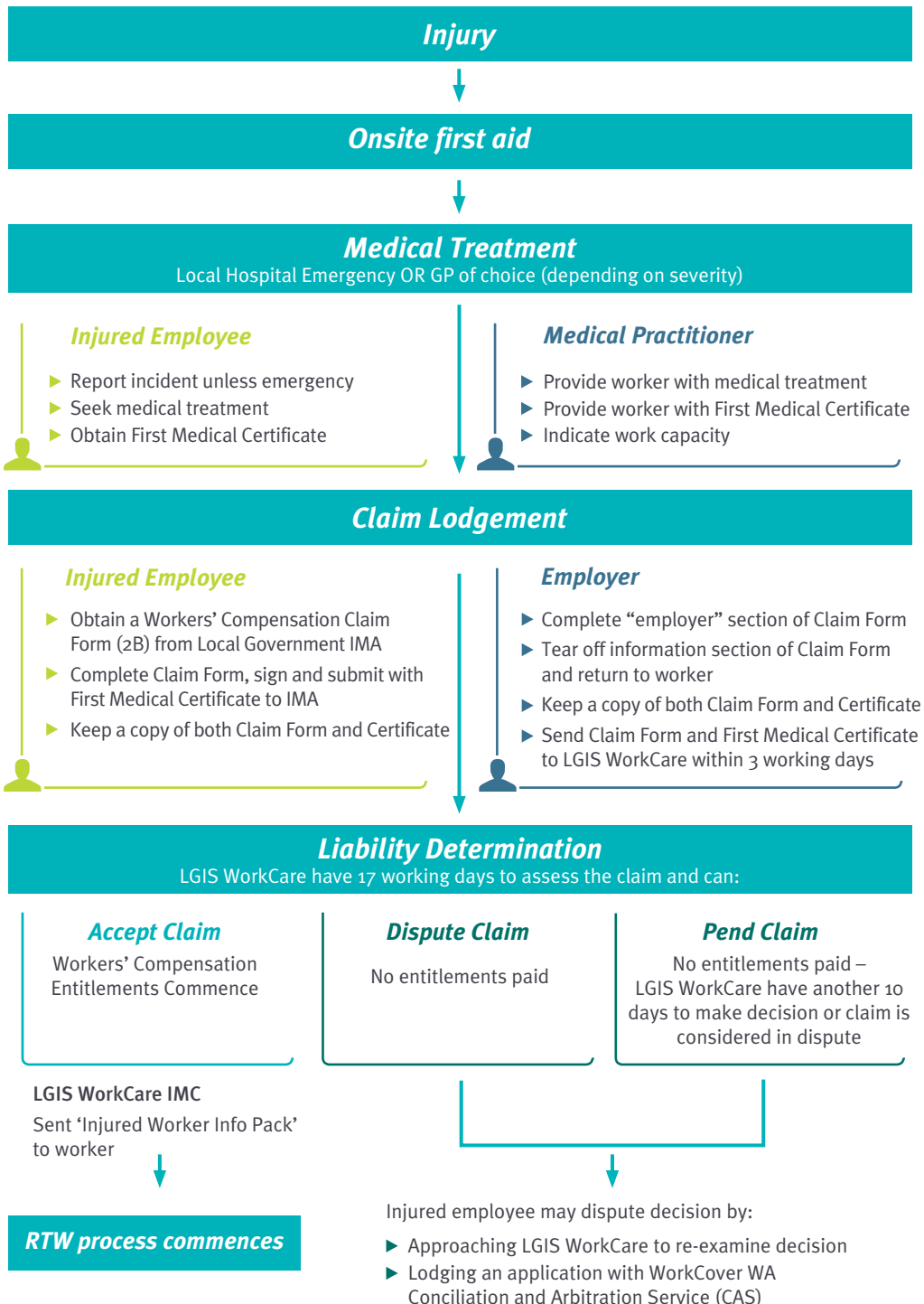
Hospital emergency department:

Doctor's surgery:

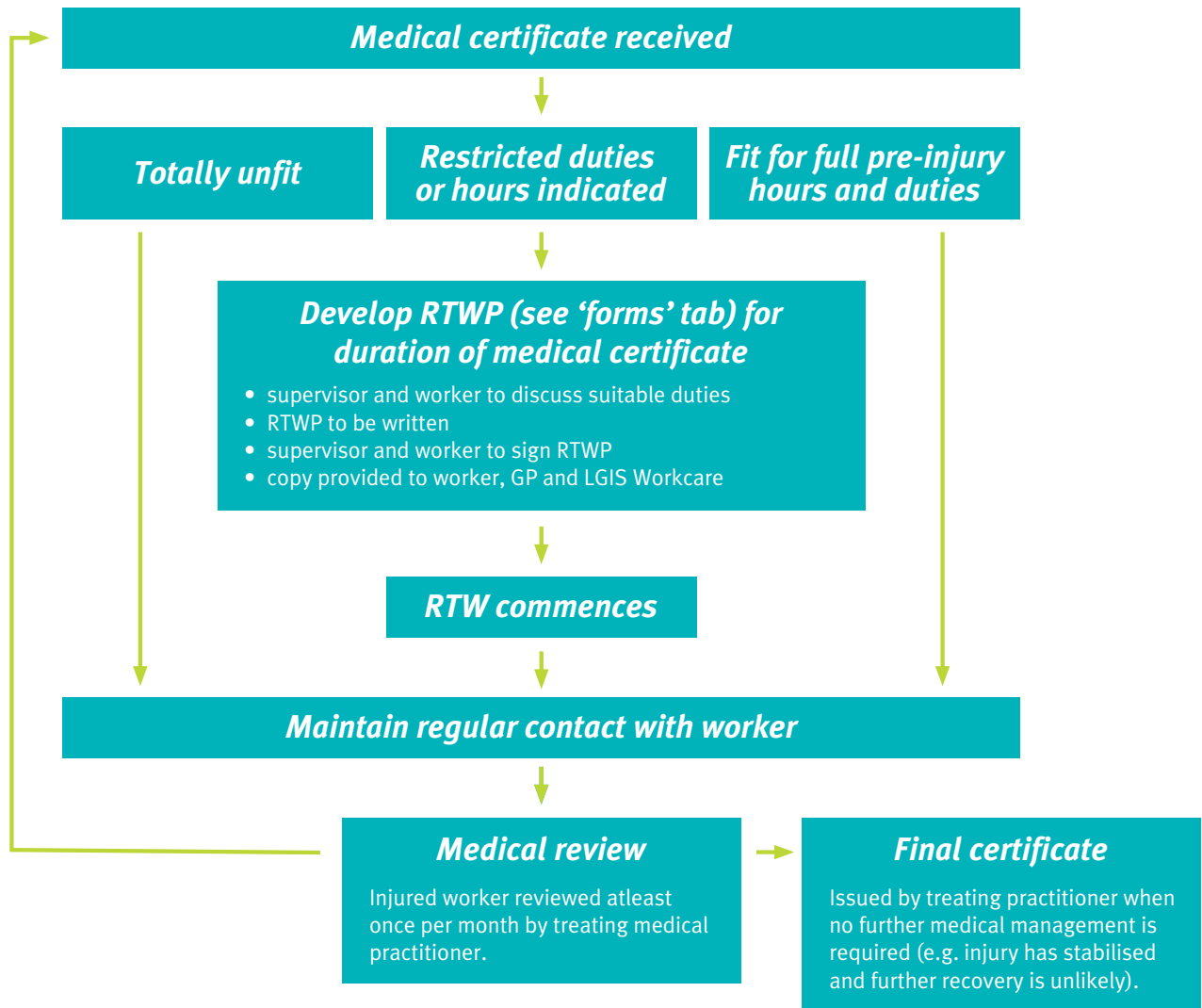
It is the right of all workers to be provided with a copy of the Injury Management System used by the

City/Shire/Town of _____ upon request.

When an injury occurs



RTW process flow chart





LGIS WorkCare

Injury management system

FOR USE BY WESTERN AUSTRALIAN LOCAL GOVERNMENT

LGIS WorkCare administers and manages workers' compensation claims on behalf of WA local governments. Services are provided by specialised and experienced claims management staff and in accordance with the Workers' Compensation and Injury Management Act (1981).

LGIS WorkCare also provides in house injury management services facilitated by dedicated and specialised injury management consultants. The LGIS Injury Management manual is an essential tool designed to aid our local government members in the effective application of injury management strategies and processes. Injury management is essentially about effective communication and coordination between claims and rehabilitation practitioners, employers, workers and medical practitioners, to ensure that injured workers are provided all reasonable support and assistance to return to the workplace as safely and quickly as possible.

LGIS WorkCare is committed to working with local governments in applying an integrated and holistic approach to workplace injuries. Our commitment extends to effectively minimising the financial and non- financial cost of injury to local government, the injured worker, and ultimately the community.

LGIS WorkCare

Injury management team

At LGIS, we have a team of experienced injury management consultants who can assist you with all aspects of injury management.

The LGIS Injury Management Consultants are available to provide expert advice on injury management, treatment, rehabilitation and RTW issues. They liaise with the worker, the employer, the claims consultant and the treating practitioner to support best-practice medical management of injured workers.

Our key services to local government include:

- *Working together with Injury Management Advisors (IMA's), or those assigned injury management responsibilities within local government, to ensure that they are well resourced, educated and informed regarding their role and its responsibilities*
- *Working together with key stakeholders (employer, injured worker and treating practitioner) to ensure "best practice" injury management is provided to injured workers at all times*
- *Working together to provide specific return to work and case management advice to IMA's dealing with injured workers at local government level*
- *Working together with the LGIS claims consultants and local government to ensure that all aspects of legislative compliance within the workers' compensation system are being met by key stakeholders*

At LGIS we also have a team of experienced claims consultants.

The claims consultants role includes all or some of the following:

- *Developing a claim strategy*
- *Making decisions*
- *Processing compensation and entitlements*
- *Liasing with the injured worker, the employer, the treating practitioner and other stakeholders involved in the claim*
- *Coordinating the injury management and rehabilitation*
- *Resolution of claims.*

Contact your IM consultant on 9483 8888

LGIS WorkCare

Injury management policy

Our commitment

LGIS WorkCare is committed to *working together* with local government to assist them to attain a safe and healthy work environment for their workers and prevent work-related illness and injury.

In the event of illness or injury being sustained by a worker within local government, *LGIS WorkCare* is committed to ensuring that the worker is provided with injury management and support services to promote recovery and facilitate a timely and durable return to work.

LGIS WorkCare's injury management policy should also be considered with reference to other relevant local government and Scheme policy including (but not limited to) those pertaining to:

- OSH
- EEO and diversity
- Hazard reporting
- Healthy workplace
- Leave management
- Code of Conduct

Guiding legislation

A major purpose of the *Workers' Compensation and Injury Management Act 1981 (The Act)* is to provide for the management of work related injuries in a manner that is directed at enabling injured workers to return to suitable and sustainable work. Injury management provisions in **The Act** are supported by the *Workers' Compensation Code of Practice (Injury Management) 2005 (The Code)*, which has the status of a subsidiary legislation under section 155A (4) of **The Act**.

The purpose of this document is to describe LGIS WorkCare's injury management policy and procedures.

Relevant legislation includes, but is not limited to:

- *Workers' Compensation and Injury Management Act 1981 (The Act)*
 - Section 155B – Requirement for an injury management system
 - Section 155C – Requirement for establishing return to work programs for individual workers
- *Workers' Compensation Code of Practice (Injury Management) 2005 (The Code)*
- *Guidance Notes for the Code of Practice (Injury Management) 2005*

Policy statement

LGIS WorkCare and local government are working together to make provision for the occupational health and injury management of all workers who have sustained a work related illness, injury or disability.

Injury management in this context is described as,

“the management of workers' injuries in a manner that is directed at enabling injured workers to return to work. It is a workplace based process incorporating employer and medical management from the time of the injury or onset of illness to facilitate where practicable, efficient and cost effective maintenance in or return to work”.

LGIS WorkCare are working together with local government to adhere to the legislative requirements of **The Act** and **The Code** when assisting injured workers involved in the workers' compensation system, and will ensure that workers of local government are provided with the opportunity to either remain at work or return to suitable work when it is deemed medically appropriate. They will ensure that key stakeholders within the system are informed of their rights and responsibilities under **The Act** and that the local government IMA, injured worker, relevant supervisor and the worker's treating medical practitioner are involved in an agreed and coordinated return to work process, reflective of injury management 'best practice'.

LGIS WorkCare

Injury management core values

The injury management team at LGIS WorkCare provide assistance, education, advice and support to local government, to ensure they are meeting their legislative responsibilities and providing the highest standard of injury management assistance possible for injured workers within the sector.

We acknowledge that by *working together* we are able to maximise the provision of injury management services to local government workers so they re-enter the workforce after injury, as quickly and productively as possible.

Central to the provision of our injury management services to local government are a number of core beliefs and values including:

- *Work is generally good for health and wellbeing*
- *All workers have the right to a safe work environment*
- *Where illness or injury occurs at work, the injured worker is entitled to assistance to return to employment as soon as medically appropriate*
- *A worker's right to confidentiality is of paramount importance and will be respected at all times throughout the injury management process*
- *Better return to work outcomes occur when a worker is supported by their workplace in their efforts to return to work*
- *Statistically, the quicker an appropriate RTWP is initiated, the greater the chance of the worker returning to work*
- *The injured worker, their treating practitioner, local government and LGIS WorkCare are working together to ensure timely and durable return to work after injury*

Glossary of Terms

The Scheme:

LGISWA

LGIS WorkCare

LGISWA segment division providing services to assist local government with the development and implementation of 'best practice' injury management

The Act

Workers' Compensation and Injury Management Act 1981

The Code

Workers' Compensation Code of Practice (Injury Management) 2005

Injury

This term will be used to denote both injury and/or illness

IMC

LGIS WorkCare, injury management consultant

IMA

Local government-based worker assigned with the responsibility of overseeing and implementing LGIS WorkCare's Injury Management system and the return to work process

References

Workers' Compensation and Injury Management Act 1981

Workers' Compensation Code of Practice (Injury Management) 2005

Guidance Notes for The Code of Practice (Injury Management) 2005



CHARTER OF PRINCIPLES

LGIS is a signatory organisation to the Australian Consensus Statement of the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) on the Health Benefits of Good Work

Signatories to the Consensus Statement are committed to actively implementing the principles articulated in the Consensus Statement to create safe, healthy workplaces. As signatories, we acknowledge that good work can play a central role in contributing to people's health and wellbeing.

A commitment to realising the health benefits of good work means:

- When practicable, we encourage and accommodate people to remain connected to the workplace while recovering from illness or injury, as this facilitates shorter recovery times and prevents unnecessary disability.
- We embrace the spirit of inclusive employment practices which helps to reduce the risk of unemployment, social and economic inequality and associated poor health outcomes.
- If injured or ill, we promote best practice rehabilitation and injury management for workers.
- Where appropriate, we encourage people with chronic illness and disabilities to be accommodated in the workplace with a supportive work culture.
- We promote the mental and physical health and well-being of people by fostering a supportive working environment and good interpersonal relationships.
- We understand that good work promotes good health and increases productivity.
- We advocate for safe and healthy work practices knowing this has socioeconomic benefits for both business and the wider community.
- We recognise that involvement in good work can promote social cohesion and increase peoples' sense of contribution to society

Dr Beata Byok

President

Australasian Faculty of Occupational and Environmental Medicine

Injury management rights and responsibilities

Informing a worker

Once a claim for workers' compensation has been lodged by an injured worker and accepted by LGIS WorkCare, the worker must be informed of their rights and responsibilities under The Act. LGIS WorkCare is *working together* with local government to achieve this by sending every worker who has an accepted workers' compensation claim their comprehensive Injured Worker Information Pack.

The appointed IMA within your organisation will receive a letter from LGIS WorkCare at the time of claim acceptance (for lost time injury claims), to advise them of the contact details for their LGIS WorkCare IMC and outline the help and support they can offer. This letter will inform them that the Injured Worker Pack has been sent to their worker.

Key stakeholder rights and responsibilities

All key stakeholders within the Workers' Compensation system have rights and responsibilities to which they must adhere during the injury management process.

These include:

Injured worker

Rights

- Choice of treating medical practitioner and workplace rehabilitation provider (WRP)
- Access to the prescribed amount
- Respectful and confidential management of personal information
- To a return to work program as soon as practicable after the treating practitioner indicates in writing that they have a partial capacity for work
- Involvement in developing the return to work program and a copy of the program in writing

Responsibilities

- Keep the employer and treating practitioner informed about changes in medical status or work capacity
- Participate in the agreed return to work program to the best of their ability
- Obtain regular medical information in the form of progress medical certificate regarding fitness for work and injury status
- Attend a medical examination, if requested by LGIS WorkCare, in order to gain further medical information

Employer

(represented by local government appointed IMA)

Rights

- Regular, updated medical and work fitness information is supplied by treating practitioner via progress medical certificate
- Seek a referral to a workplace rehabilitation provider (WRP) for assistance with return to work, following consultation with LGIS WorkCare imc
- To have an injured worker reviewed by a medical practitioner of their choice (this process is coordinated by LGIS WorkCare)

Responsibilities

- Have workers' compensation insurance for all workers and an injury management system in place
- Hold an injured worker's position for 12 months following injury, where reasonably practicable
- Give an injured worker and WorkCover WA 28 days notice in writing if intending to terminate the worker's position
- Work with the injured worker and treating practitioner to develop a suitable return to work program, when required
- To support the injured worker to return to productive employment as soon as medically appropriate

Treating Practitioner

Rights

- Be informed by the employer regarding duties that may be suitable for an injured worker to carry out whilst on a return to work program

Responsibilities

- Review an injured worker regularly and provide a progress medical certificate at each review, unless fully recovered
- Indicate in writing via progress medical certificate or otherwise, if a return to work program is required and any restrictions that the worker may have
- Provide a final medical certificate once the injured worker is fully recovered

Employer penalties for non-compliance with injury management legislation

Under Section 155B of the Workers' Compensation and Injury Management Act (1981), an employer is obliged to ensure:

- *An injury management system is established in relation to the employer's workers*
- *The establishment, content and implementation of the injury management system are in accordance with The Code*

The penalty for an employer not complying with Section 155B of The Act is \$2,000

Under Section 155C an employer is also obliged to provide a worker with a RTWP as soon as practicable after either of the following occurs:

- *the worker's treating medical practitioner advises the employer in writing that a return to work program should be established for the worker*
- *The worker's treating medical practitioner signs a medical certificate to the effect that the worker has a total or partial capacity to return to work*

The employer must also ensure that the establishment, content and implementation of the RTWP is in accordance with The Code.

The penalty for an employer not complying with Section 155C of The Act is \$2,000



LGIS WorkCare

Injured worker information pack

LGIS WorkCare are committed to ensuring that all injured workers within the Scheme are informed of their rights and responsibilities with regards to workers' compensation, as soon as possible. By providing this information, LGIS WorkCare are not only assisting you as the employer to meet your statutory obligations, but we are also facilitating open lines of communication and distribution of information integral to best practice injury management.

Following lodgement of a Workers' Compensation Claim Form by the worker and obtaining of a first medical certificate, this paperwork should be sent to LGIS WorkCare as soon as possible, so that liability on the claim can be determined and the injury management process, where necessary, commenced as soon as possible.

An injured worker information pack will be sent directly to the worker by LGIS WorkCare for an accepted lost time injury claim.

A letter will also be sent to you, the employer, to advise that your worker has received the injured worker information pack and inform you of the important action you must take to ensure the return to work process can commence as quickly as possible.

{DATE}

The Chief Executive Officer

City/ Town/ Shire of Smithsville

1 Smith St

SMITHSVILLE WA 6666

Dear

Re: workers compensation and injury management

Following the recent lodgement of a claim for workers compensation made by Mr/Ms _____, we would like to advise that Mr/Ms _____, has been sent an Injured Worker Information Pack from LGIS, to inform them of their rights and responsibilities under the Workers' Compensation and Injury Management Act (1981).

LGIS administers claims on behalf of local government to best manage their workers compensation and injury management. We have a team of consultants who are able to provide you with advice in relation to any of these matters.

With regard to injury management, it is the employer's responsibility to ensure that Mr/Ms _____, is adhering to their obligations under The Act and that you, as the employer are facilitating the return to work process. It is your responsibility to:

- ensure that the worker is having regular medical reviews with their chosen practitioner
- obtain regular certificates of capacity from the worker indicating their capacity for work
- develop a Return to Work (RTW) program reflecting medical certification (a template for a RTW program can be found in the LGIS Injury Management manual)
- maintain communication with the worker, their supervisor and medical practitioner to ensure that the medical information is being accurately reflected in the assigned duties and that the Return to Work program is being updated and modified as necessary

Please ensure that you maintain regular contact with LGIS. Your claims consultant can provide you with help, advice and assistance on all aspects of claims and injury management and can be contacted on 08 9483 8888 during business hours.

We look forward to working with you to assist Mr/Ms _____, to return to work as soon as medically appropriate.

Kind regards

LGIS claims consultant/team leader

LGIS WorkCare and the health benefits of work

LGIS WorkCare

Thank you for completing the workers' compensation claim form in relation to your recent workplace injury. Your employer's workers' compensation insurance is provided by an administered scheme, recognised by WorkCover WA and operating as LGIS WorkCare.

At LGIS WorkCare, we are committed to assisting your employer provide you with the highest standard of injury management assistance possible. We recognise that long term work absence due to injury or ill health has a negative impact on the health, quality of life and financial status of a worker and that research suggests that being at work is generally good for health and wellbeing.

What is injury management?

Injury management is a workplace managed process to facilitate the quickest and safest possible return to work after workplace injury. The process is based upon the interaction of three key stakeholders; you - the injured worker, your treating medical practitioner and your employer. Pro-active injury management requires open lines of communication between these key parties at all times and focuses on early intervention and prompt return to work.

A return to work program is a legal requirement that outlines the duties and work hours for which a worker is fit, following a workplace injury that prevents them from undertaking their normal, pre injury duties and/or work hours. Your treating medical practitioner will provide guidelines on a progress medical certificate that indicates any restrictions you may have and you and your employer will then agree to the duties and hours you will work, based on these medical recommendations.

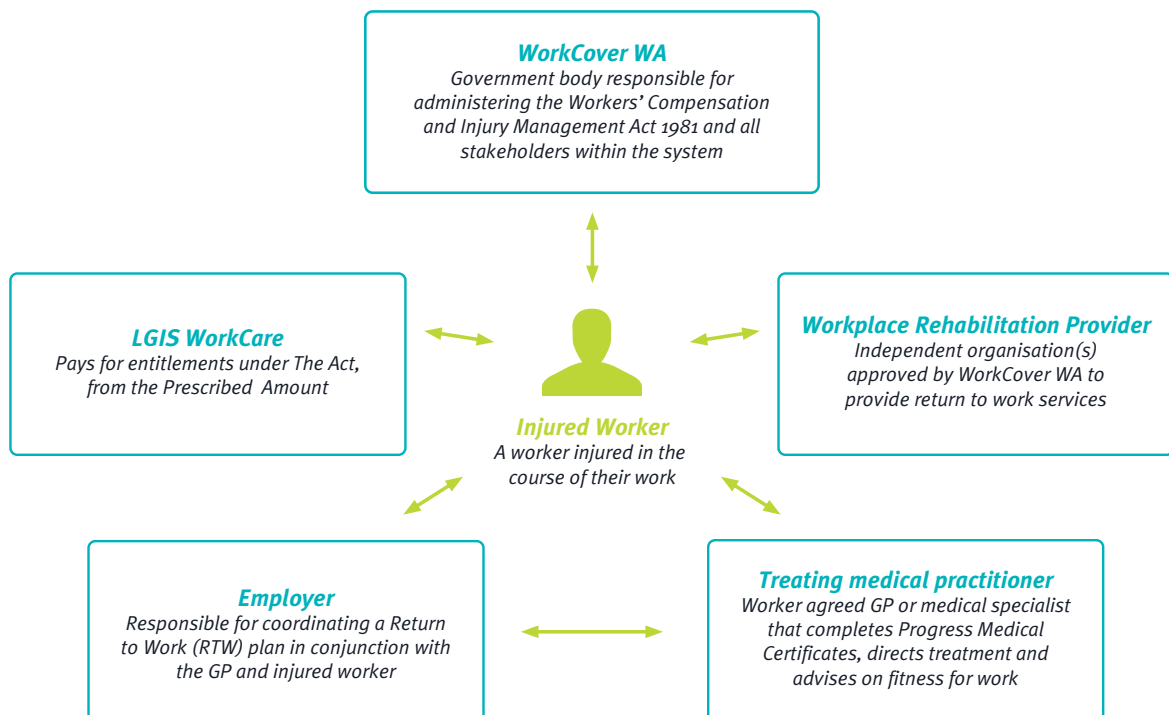
To ensure that all parties are clear on the agreed return to work goal and the hours and duties to be undertaken, a written return to work program must be compiled by your employer. This program provides the guidelines for your return to work whilst you are recovering and ensures that all parties are aware of any restrictions that you may have.

More information

We encourage you to discuss concerns regarding your injury management or return to work program with the relevant person at your workplace. There are also a number of other information sources and facts contained within this pack will provide you with an understanding of what you can expect from the injury management process and help you to return to all the activities that you enjoy, as soon as possible.

LGIS WorkCare injury management and you

LGIS WorkCare have a team whose primary focus is to assist with the management of your compensable claim and ensure you are able to return to work as quickly and safely as possible after your injury. There are also a number of other parties who may be involved in this process including:



The following information and services are provided to assist you with your claim and the return to work process:

Workcover wa

Workcover WA have an advisory service information line on 1300 794 744 and can assist in explaining your rights and responsibilities under The Act. They also produce a brochure entitled “workers’ compensation and injury management – important information for workers”, included in this pack and run a free seminar entitled “understanding workers’ compensation and injury management” for injured workers. For details of where and when this seminar is held, contact ifap on 9333 9945.

Employer

Your workplace will be able to provide relevant information regarding your claim and return to work, and can gain this information on your behalf from the advisory injury management team at LGIS WorkCare. They will assist with the provision of appropriate duties for your return to work, in line with the recommendations made by your treating medical practitioner. They are also responsible for ensuring that there is a return to work program in place whilst you are recuperating from your injury and until you are fit for your pre-injury position. It is extremely important that you maintain open lines of communication with your workplace at all times and you may also request a copy of the injury management system used by your workplace, at any time.

Facts about your rights and responsibilities

Fact 1:

It is your right to choose the treating medical practitioner or treating medical specialist involved in your medical treatment and you are able to change your practitioner and/or specialist at your discretion, although continuity of care is preferable.

Fact 2:

LGIS WorkCare or your workplace may choose to refer you to an external workplace rehabilitation provider (WRP) for further help with your return to work. Whilst they may have a preferred provider who understands the work that you do, it is your right to choose the provider with whom you work, if you wish to. A list of providers is available on the WorkCover WA website at www.workcover.wa.gov.au.

Fact 3:

The Act advises that in all cases where medically appropriate (and is within 12 months of the date you first became incapacitated for work), your workplace shall hold your pre-injury position for you or a position of similar status and pay.

Fact 4:

Assuming it is medically appropriate, a return to same employer/same duties is always the primary goal of any return to work program. If this is not possible based on medical information, then the goal will be determined using the following hierarchy:

Same employer/same duties
same employer/modified duties
same employer/new duties
new employer/ new duties
other workplace rehabilitation options

Fact 5:

If you are referred to, or choose to have a workplace rehabilitation provider, they will assume responsibility for coordinating your return to work, liaising with you, your treating medical practitioner and your workplace about suitable duties and ensure that a clear vocational goal is in place at all times.

Fact 6:

You are required to have a current progress medical certificate (provided by your treating medical practitioner or specialist) in place in order to indicate your fitness for work. Ideally, these certificates should not extend for more than four weeks at a time and indicate what, if any, restrictions you may have in regards to work duties or hours.

Fact 7:

Research conclusively demonstrates that workers recover better if they are provided with medically appropriate duties and work hours, as soon as possible after injury. Your employer, treating medical practitioner and in some cases, workplace rehabilitation provider, will work with you to ensure that medically appropriate selected or alternative duties are made available to assist your return to work as quickly as possible.

Fact 8:

It is your responsibility to inform your workplace or your workplace rehabilitation provider of any changes to your medical status at any time during your recovery and have a current progress medical certificate in place at all times. This will ensure your return to work program reflects your current injury status and the best possible program can be developed to meet your needs.

Fact 9:

To assist in developing clear lines of communication between all key stakeholders, you may be asked to attend a medical case conference with your treating medical practitioner, employer/supervisor and a workplace rehabilitation provider, if you have one. These meetings are very useful for negotiating appropriate return to work and ensuring that all parties share the same return to work or vocational goal.

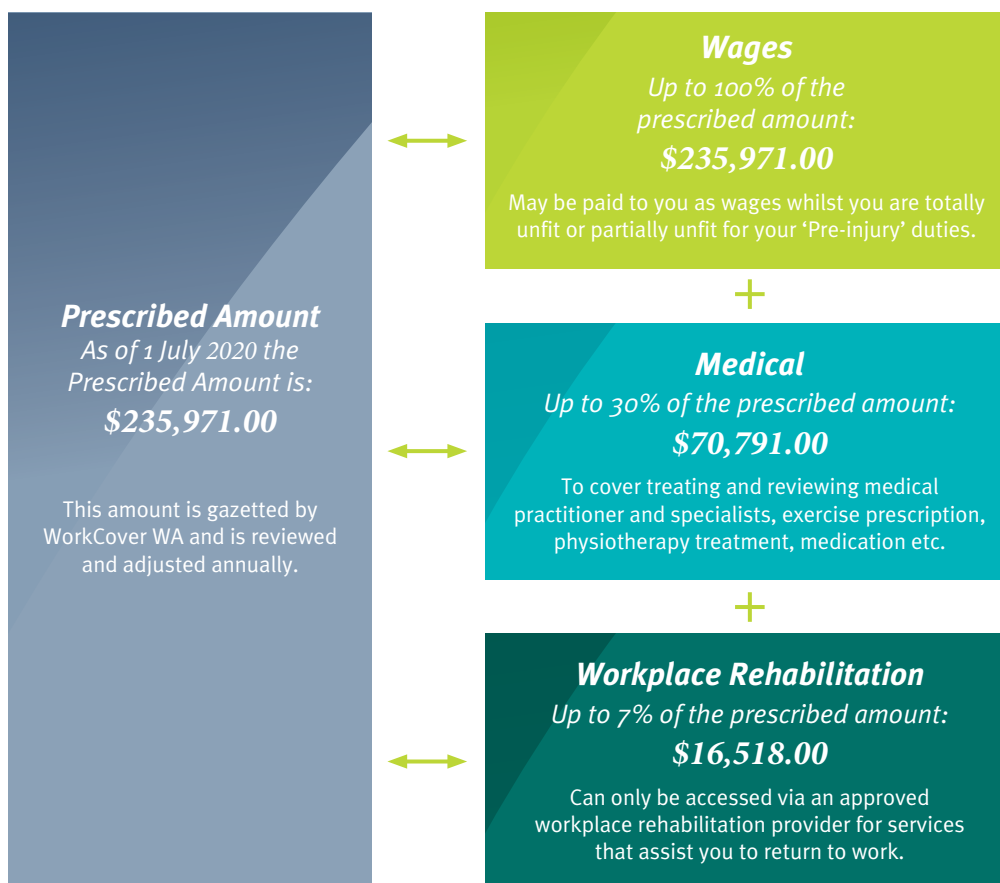
Fact 10:

To help obtain clear medical information, you may be requested by LGIS WorkCare or your employer to attend a medical appointment with a reviewing practitioner. This practitioner will not offer treatment, but will provide a report to LGIS WorkCare with an overview of your medical situation and any recommendations regarding treatment or return to work. Unlike your treating medical practitioner, you do not have the choice of reviewing practitioner and must attend the practitioner with whom an appointment has been made.

WorkCover WA prescribed amount for 2020/2021

If your claim is accepted, you may be eligible to receive payments to compensate for loss of earnings, medical expenses, vocational rehabilitation, travel expenses and permanent impairment (if applicable).

Limits apply to the total amounts or value of compensation you can receive for different entitlements over the life of your claim. Maximum amounts are adjusted annually based on the Australian Bureau of Statistics (ABS) Wage Index.



<https://www.workcover.wa.gov.au/wp-content/uploads/2020/06/Indexation-of-Workers-Compensation-Payments-202021.pdf>

Return to work program (RTWP)

What is a RTWP?

A return to work program is a document that matches the medical restrictions and recommendations made by an injured worker's treating practitioner with the duties and tasks available in the workplace. In the first instance, the aim of the program is to return the injured worker to their pre-injury hours and duties as quickly and safely as possible.

When is a return to work program (RTWP) required?

An employer is required to develop a formal (written) RTWP for a worker when the medical practitioner:

- Advises the employer in writing that a RTWP should be established for the worker
- Signs a medical certificate indicating that the worker has partial capacity to return to work
- Signs a medical certificate indicating that the worker has total capacity to return to work, but for some reason is not able to return to the position held immediately prior to injury.

Goal setting

Prior to commencing the return to work process, it is essential that a return to work goal is established and agreed to by key stakeholders. The return to work goal describes what the injured worker will be doing when they have returned to their best possible work capacity and ensures that all key stakeholders are working towards a common aim.

The RTW goal must be:

- *Agreed by the treating doctor, worker and employer*
- *Included in the RTWP*
- *Based on the hierarchy of RTW outcomes*
- *Changed only on the basis of medical advice and with the consent of key parties*

Change of vocational rehabilitation goal

If at any point during the RTWP medical evidence suggests that a return to the injured worker's pre-injury position is no longer viable, a review or change of vocational goal may be necessary.

Hierarchy of RTW outcomes

If medically appropriate, the first goal should always be to return a worker to their pre-injury employer and position. If, due to the nature of the injury or other circumstances, this is not possible, then the following outcomes should be explored based on the medical evidence available (in order of preference):

- *Return to work with the same employer in the same job*
- *Return to work with the same employer in a modified job*
- *Return to work with the same employer in a new job*
- *Return to work with a new employer in a new job*
- *Other workplace rehabilitation options*

Redeployment

Redeployment to another position internally or externally may also occur if the injured worker has been unable to return to their pre-injury position within 12 months of the date of their original incapacity.

If you have a worker who is unable to return to their pre-injury position due to medical factors, or for whom it is no longer viable to hold their pre-injury position (post 12 months since date of incapacity), it is strongly recommended you discuss the specifics of the case with your LGIS WorkCare IM consultant.

A permanent change of duties may be required due to the nature of the worker's injury and/or when the treating doctor has indicated medical restrictions will be permanent. Carefully consider the worker's ability to accommodate any changes in the long term. Try to anticipate the future impact these changes will have on the injured worker, co-workers and the business, before deciding on a course of action.

The LGIS WorkCare IM team will be able to advise on redeployment options for an injured worker and will arrange for assistance of a WRP to coordinate the process. Priority will be given to maintaining medically approved employment of equivalent status, pay, opportunity and conditions for the injured worker.

Return to work program guidelines

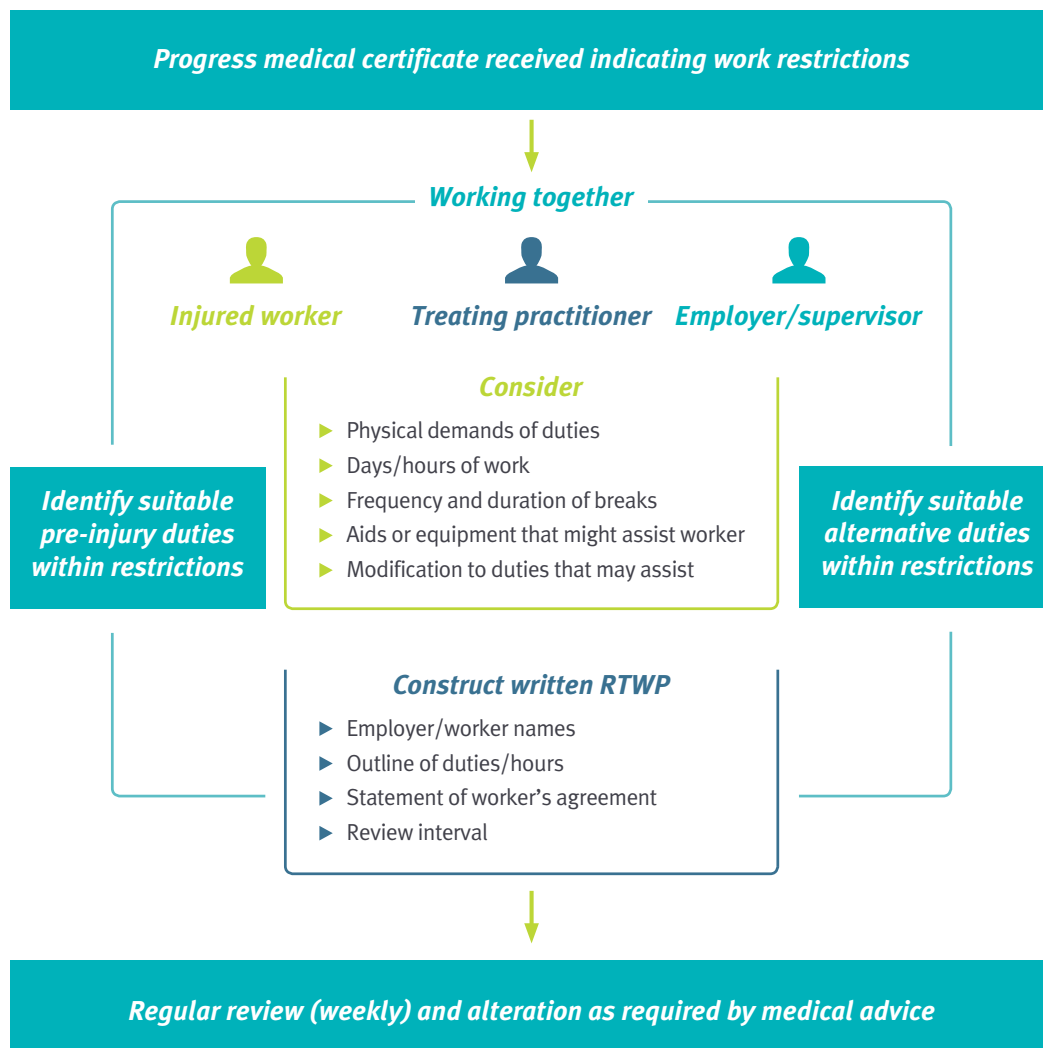
The return to work program is an important method of ensuring that a worker's medical restrictions are appropriately accommodated in the workplace and that the restrictions and expectations for the return to work process are agreed and clearly communicated to all key parties.

The RTWP must:

- Be a written document based on medical advice
- Include the name of the injured worker and employer
- Describe the goal of the program
- Outline The Actions to be taken to enable the worker to return to work and who is to carry out The Actions

- Include reasonable steps to involve the worker and supervisor in its development
- Have a statement as to whether the worker agrees to the content of the program
- Incorporate meaningful work duties for which the worker is skilled
- Involve regular review and alteration, in line with medical advice
- Be provided to all involved parties including the injured worker, supervisor, treating practitioner and LGIS WorkCare

Return to work program development



Top tips for managing return to work (RTW)

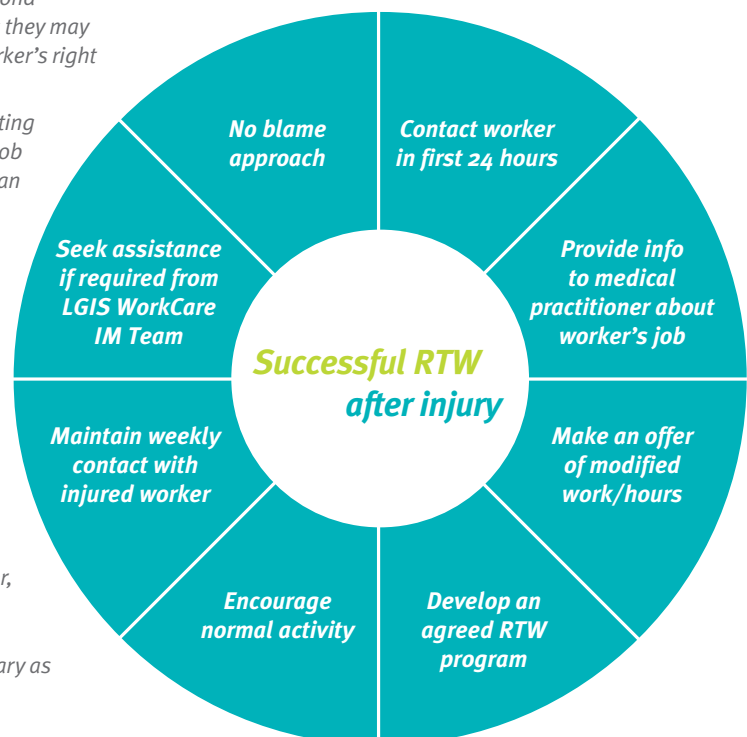
Current research on return to work after injury has identified a number of key factors common in timely and durable return to work outcomes.

When implemented, these steps can result in reduced time away from work and decreased claim and associated costs and most importantly, will direct the focus from the injured worker's injury to promoting work ability.

These simple steps to follow are:

- Take a "no blame" approach to the workplace injury. This is particularly relevant once liability on a claim for compensation has been accepted by LGIS WorkCare, as WA has a "no fault" system and your worker may be demotivated if they feel their injury's legitimacy is questioned
- Make contact with the injured worker within 24 hours of the injury. Assure them of their workplaces commitment to their well-being and respond quickly or seek answers to any questions they may have, whilst being considerate of the worker's right to privacy and confidentiality
- Provide information promptly to the treating medical practitioner about the worker's job description, modifications to work that can be made whilst they are recovering and your return to work policy
- Make an offer of modified work or work hours to the injured worker and their medical practitioner, if they are restricted in capacity, so that they can make a safe and early return to work activities suitable to their abilities. Make sure that the modified work does not disadvantage co-workers and supervisors
- Discuss the RTW program and seek the agreement of key stakeholders (employer, medical practitioner and injured worker). Document the program details in a RTW program template and modify as necessary as the worker's capacity changes

- Encourage normal physical, social and psychological functioning for the injured worker. Resumption of normal daily routines brings everyone a step closer to the shared goal of a return to pre-injury capacity, with the only exception being resumption of activities that are outside of the worker's current medical restrictions
- Keep in regular contact with the injured worker on a weekly basis (minimum) in order to provide support, ensure that their recovery is progressing as anticipated and receive updated medical information. Make the contact positive and supportive.
- Ask for help. Workplace injury and recovery can be a complicated process within the workers' compensation system. Remember the LGIS WorkCare IM team are there to help you with your workplace injury management needs and are only a phone call away



Selecting duties for a RTWP

Extensive research has established that the longer a worker is off work, the less likely it is that they will return to work in the long term.

A study* found that a worker off work for 20 days, had a 70% chance of returning to work and if the number of days away from the workplace was increased to 70, then the likelihood of return to work reduced to only 35%.

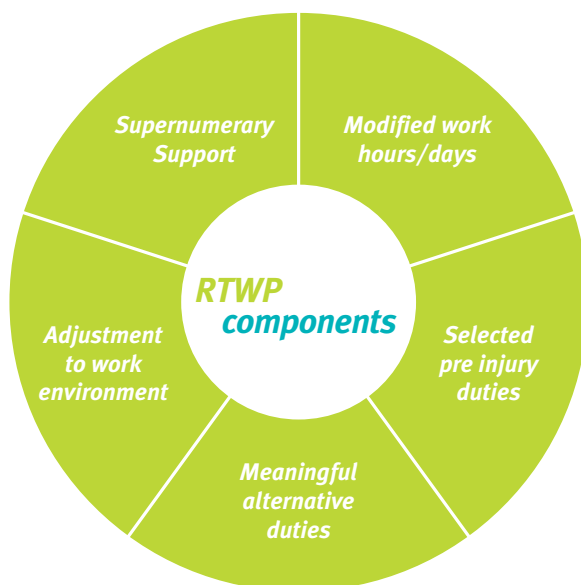
There are a number of ways that a worker's pre-injury role may be modified in the short term to accommodate their injury-related and medically advised restrictions. These methods are:

Work hours/days:

Medical restrictions may include the following:

- The number of hours worked per day
- Breaks taken throughout the workday
- Time spent undertaking any one particular work task
- How much work they should achieve in a specific time period
- The number of days per week they are working

Workers in receipt of workers' compensation benefits should not engage in any extra work or overtime during the period that they are restricted for work.



Modifying duties:

Modifying duties to accommodate an injured worker may assist them with their return to work. Work can be modified by:

- Providing assistance with equipment
- Modifying the work environment
- Changing the schedule or rate of production for work tasks

Utilising aspects of the worker's pre-injury role in the RTWP is also an ideal method of facilitating their return to the workplace.

Suitable alternative duties:

Where it is not possible to return an injured worker to parts of their pre-injury role (selected pre-injury duties), suitable alternative duties should be located for the RTWP.

Alternative duties should be:

- Meaningful
- Connected to the worker's pre-injury role where possible
- Supported with training if it involves learning new skills

A worker may undertake any combination of alternative, modified or pre-injury duties in the course of their RTWP.

Supernumerary support:

If a worker's capacity to undertake their role is severely limited by their restrictions, or if they are undertaking alternative duties outside of their normal role on the RTWP, you may seek assistance from LGIS WorkCare to cover their wages.

Making a worker "supernumerary" will support the worker with a gradual return to duties and/or work hardening.

The need for supernumerary assistance to aid a worker to return to their pre-injury role should be discussed with LGIS WorkCare.

* Study conducted on behalf of the Victorian WorkCover Authority by Johnson and Fry (2002) entitled, 'Factors Affecting Return to Work After Injury'

Progressing a RTWP

As an injured worker's medical status improves, the RTWP will gradually alter to reflect the worker's changed capacity and progression towards the agreed vocational goal.

It is advisable for an injured worker to be reviewed at least once a month by their treating medical practitioner, so that updated information on their work capacity and treatment requirements can be indicated via a progress medical certificate (PMC).

Regular review and follow-up meetings should be held to discuss/check the worker's progress against the RTWP. Where changes are required to the program, an updated version must be written and copies of the program provided to the worker, treating medical practitioner, supervisor and LGIS WorkCare.

When progress is not occurring

In situations where progress is not reflected in medical certificates, there are a number of strategies that may be implemented:

- *Contact the treating medical practitioner verbally to confirm the vocational goal and discuss how to progress the RTWP*
- *Provide the treating medical practitioner with information regarding the available duties and hours*
- *Send the treating medical practitioner a proposed RTWP with increased hours or duties and seek their written support. (If approved, this may require the worker to revisit the medical practitioner to obtain an updated Progress Medical Certificate)*
- *Attend an appointment with the treating medical practitioner and injured worker to discuss the RTWP (this should be done with an injured worker's permission and the agreement of the medical practitioner)*
- *Discuss referral of the worker to a Workplace Rehabilitation Provider (WRP) with LGIS WorkCare*
- *Review the claim with LGIS WorkCare who may make recommendations on the RTWP or refer them for a second medical opinion (Independent Medical Examination or IME)*

Finalising a workers' compensation claim

In most cases, a workers' compensation claim will be finalised when a worker receives a final medical certificate from their treating medical practitioner, indicating that their injury has resolved and they have reached maximum medical improvement.

In some instances, a worker may be left with a permanent impairment or incapacity for work, and may therefore be entitled to a lump sum payment to finalise their workers' compensation claim.

There are different pathways and rules for settling workers' compensation claims depending on whether the settlement relates to a statutory compensation claim or a common law action.

LGIS WorkCare will coordinate the settlement process where necessary as part of the ongoing management of a workers' compensation claim and ensure that a worker's entitlements are received.

Workplace Rehabilitation Providers

What is a workplace rehabilitation provider?

Workplace rehabilitation providers (WRP) are approved by WorkCover WA and their costs are covered by the prescribed amount in every workers' compensation claim and paid by LGIS WorkCare.

Approved WRP are generally allied health professionals such as physiotherapists, occupational therapists or psychologists who are able to provide additional assistance to injured workers and employers in order to facilitate the return to work process.

Who can refer to a workplace rehabilitation provider?

An injured worker, employer or treating medical practitioner can initiate a referral to a WRP from a list of WorkCover accredited providers. In most cases, LGIS WorkCare will make the referral to a WRP acting on the workplace's behalf. To comply with their conditions of approval, the WRP must ensure all parties agree to the referral for rehabilitation services and in all cases, the worker has the right to a choice of provider.

To refer a worker for assistance with workplace rehabilitation, a WorkCover VR1 form should be completed (see forms section). LGIS WorkCare are able to complete this form on your behalf to initiate the rehabilitation process.

When should a referral take place?

When there are difficulties, early referral to a WRP soon after injury improves the likelihood of a successful rehabilitation program. Early indicators for referral to a WRP may be:

- Difficulty in identifying suitable duties
- Nature and severity of injury
- Difficulty in determining the worker's capacity
- Other barriers in the workplace that may affect the return to work process

In other cases, referral to a WRP may be warranted at a later stage of the recovery process. Indicators for referral to a WRP at this point may include but are not limited to:

- If the injury or resulting impairment prevents the worker carrying out any pre-injury duties
- If the injury is a recurrence or aggravation of a previous injury, or it seems likely that carrying out pre-injury duties may aggravate an existing injury
- If modifications are required in the workplace, or the worker requires specialist review for equipment or workplace modification
- If there is a need for redeployment outside the worker's current workplace
- Where the rtwp is not progressing towards the identified return to work goal within the anticipated time frame
- Where it is considered by any of the key parties that involvement of an external service provider may be beneficial

If you believe that an injured worker's situation warrants the intervention of a WRP, then the need for referral should be discussed with your nominated LGIS WorkCare Injury Management Consultant as soon as possible.

Working together in this way is essential for obtaining good return to work outcomes for all involved parties.

What does a WRP do?

Once a referral is made to a workplace rehabilitation provider they will conduct an assessment to determine what service/s may be required.

Services offered by WRP

The range of services offered by WRP includes:

- *Support counselling*
- *Vocational counselling*
- *Purchase of aids and appliances*
- *Case management*
- *Retraining criteria assistance*
- *Specialised retraining program assistance*
- *Training and education*
- *Workplace activities*
- *Placement activities*
- *Assessments (functional capacity, vocational, ergonomic, job demands, workplace and aids and appliances)*
- *Travel*
- *Medical*
- *General reports*

If a WRP becomes involved in an injured worker's RTWP, then it is imperative that open lines of communication are maintained to ensure they are familiar with the workplace and expectations of the key parties.

LGIS WorkCare will work closely with any WRP involved in ongoing RTWP development in order to ensure an optimal information exchange and return to work planning occurs at all times.

Workers' Compensation Claim Form

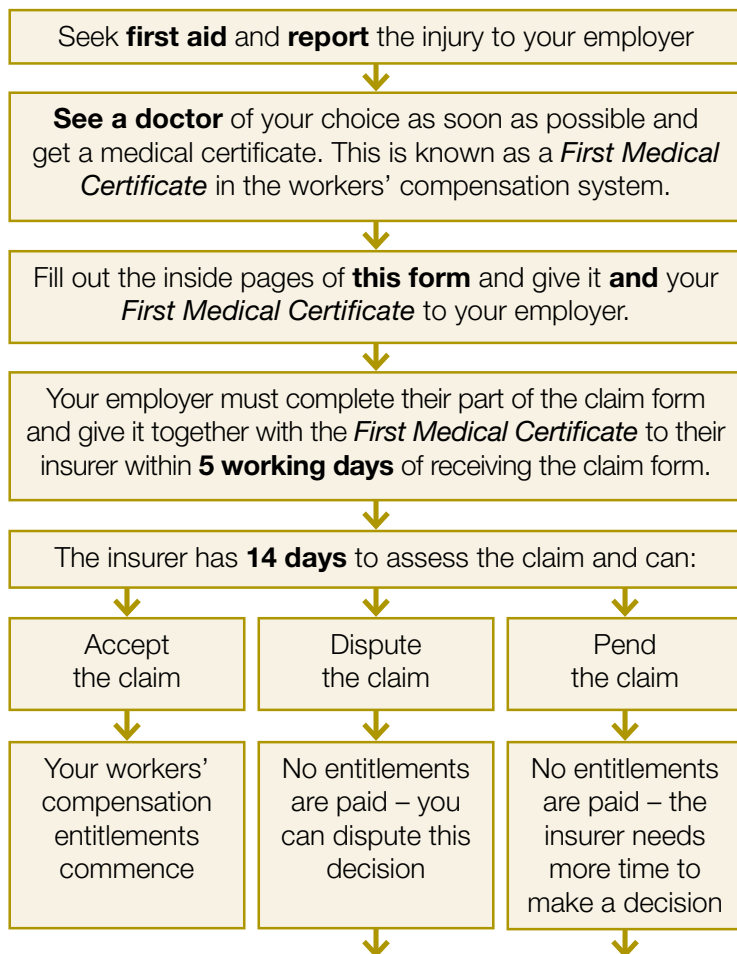


Workers – tear off and keep this section for your information

Who can make a claim?

You are entitled to make a claim if you sustain an ***injury in the course of your employment and are defined by law as a worker***. The legal definition of a ***worker*** includes full-time, part-time, casual, seasonal, piece and commission workers. Working directors, contractors and sub-contractors may also be defined as workers depending on their working arrangements.

How to claim:



What happens if you don't agree with the insurer's decision?

Your employer's insurer has an internal dispute resolution process. You can approach the insurer to re-examine their decision.

In addition, WorkCover WA provides assistance regarding resolving disputes.

To find out more about having a dispute resolved or for general information about workers' compensation and injury management contact **WorkCover WA's Advisory Services on 1300 794 744**.

How to make a claim with self-insurers

Some employers have been approved by WorkCover WA as self-insurers. This means that the employer covers the cost of its workers' compensation claims.

The process for making a workers' compensation claim is the same. However your **employer has 17 days** to assess your claim once they receive your completed claim form and **First Medical Certificate**.

You can ask your employer if they are a self-insurer. A list of self-insurers is available on the WorkCover WA website at www.workcover.wa.gov.au under Service Providers.

What happens when my claim is pended?

An insurer can pend your claim if they need more time or more information to make a decision. They may contact you during this time for more information about your claim.

While your claim is being assessed, consider using any accrued leave (sick leave or annual leave) to provide you with interim financial support. If your claim is accepted, any leave you have used will be reinstated by your employer.

If a decision has not been made within **19 days** of you lodging your claim form and **First Medical Certificate** with your employer, you should contact Advisory Services on 1300 794 744 for more information.

WorkCover WA is the government agency responsible for overseeing the *Workers' Compensation and Injury Management Act 1981*.

What does workers' compensation cover?

Once your claim is accepted you become entitled to workers' compensation payments. These may include:

- **wages** that should be paid on your normal pay day for any time that your doctor has certified you unfit for work
- **medical expenses** for hospital, medical and allied (eg physiotherapy) health treatment referred by your doctor and approved by the insurer. Your medical expenses are covered only up to a workers' compensation rate which is set by WorkCover WA. Be sure to check that your doctor charges this rate otherwise you may be left with a gap payment
- **rehabilitation expenses** to cover the cost of engaging an **approved workplace rehabilitation provider** to help your return to work
- **travel and accommodation** expenses in certain situations.

Contact WorkCover WA for publications about your rights, responsibilities and entitlements.

Wages, medical and rehabilitation payments are limited and subject to maximum amounts. You can call our Advisory Services staff on 1300 794 744 or visit www.workcover.wa.gov.au/Workers for further information.

While your claim is being assessed, you can ask your employer to pay you sick leave or annual leave you have already accrued. If your claim is accepted, you will receive your workers' compensation entitlements and your employer will reinstate your leave. **Remember you must have a medical certificate to cover any time you are away from work.**

Know and understand your rights and responsibilities

You:

- have the right to **choose your own treating doctor** and **workplace rehabilitation provider**
- have the right to **claim lost wages from other jobs** if you have another job/s your injury prevents you doing
- have the responsibility to **attend certain medical appointments** at the request of your employer
- have the responsibility to fully participate in your **return to work program** once developed.

Your employer:

- has the right to **request a medical review** via their insurer before or after a claim has been accepted
- has the **right to discuss your return to work** with the treating doctor
- has the responsibility to have an **injury management system in place** and implement a **return to work program** when a doctor declares you fit for work in any capacity
- has the responsibility to keep **your original position available** for 12 months following a claim.

Together:

- you have the responsibility to work with your treating doctor in developing an appropriate **return to work program**.

Disclosure of Personal Information (consent authority)

Your employer's insurance company needs to collect, use and disclose personal information to assess, investigate and otherwise deal with your claim. **If you do not provide the information requested, this may affect the insurer's ability to assess your claim. This may cause significant delays in the claims process.**

By signing the *consent authority* on the Claim Form, you agree to the insurer:

- a. collecting and using your personal information for the purpose of assessing, investigation and otherwise dealing with your current claim or any future claims.
- b. disclosing personal information (on a confidential basis) to and collecting personal information from:
 - your employer, the insurer's entities, its investigators, auditors, medical service providers or any other party providing services to the insurer or any agent of these
 - other insurers, insurance intermediaries, government regulators or insurance reference bureau
 - lawyers and law enforcement agencies.

Checklist and handy hints

For the Worker

- ☐ Complete the form with a ballpoint pen.
- ☐ If you need help completing the form, you can get your employer, a friend or family member to help you or you can call WorkCover WA on 1300 794 744. If required, an interpreter can also be arranged by WorkCover WA free of charge.
- ☐ The claim form is printed on carbonised paper which produces an exact copy on the sheet below it. Make sure you write on the centre sheets only and press firmly.
- ☐ Provide **all** the information requested. Give your full name, postal and email address and daytime contact phone number in case you need to be contacted.
- ☐ It may be helpful to attach a separate sheet to your claim form **if more space is needed** to provide information about your injury, how it happened and your medical history.
- ☐ Read and sign the **worker's declaration** and the **consent authority (optional)**.
- ☐ Attach the **First Medical Certificate** you received from your doctor to this claim form (your claim cannot be processed until both your claim form and **First Medical Certificate** are received).
- ☐ Keep records! Take a photocopy of your claim form and keep a record of the date you gave the claim form and medical certificate to your employer.
- ☐ Tear off the information section of this form and keep for your future reference.

For the Employer

- ☐ **Tear off the information section of this form and give it to the injured worker.**
- ☐ Make sure the worker has completed all sections of the claim form. If they have difficulty completing it, let them know that they can seek help from you, or a family member or friend.
- ☐ Make sure you complete the employer details section.
- ☐ Review the **First Medical Certificate**. Has the doctor indicated that the worker has **capacity to work** in either their pre-injury job or in alternative duties? If so, you are required by law to **develop a return to work program**. Visit the WorkCover WA website www.workcover.wa.gov.au for further information and templates or contact your insurer for assistance.
- ☐ If the doctor has indicated that the worker will be off work for more than three days or can't return to normal duties, they will be expecting you to contact them.
- ☐ Keep records! Develop a case file, photocopy all relevant paperwork and keep it in a safe and private location and date all correspondence.
- ☐ Forward this form to your insurer within **five working days** of receiving it. Make sure you attach:
 - the worker's **First Medical Certificate** and any subsequent medical certificates
 - medical accounts (if any)
 - any other reports your insurer asks you to complete.
- ☐ If an injury is likely to prevent an employee from working for **10 consecutive days**, you must also notify WorkSafe on (08) 9327 8800. A list of reportable injuries and diseases can be found at www.commerce.wa.gov.au/WorkSafe. There are also reporting requirements for **all injuries in the mining sector**, for more information visit www.dmp.wa.gov.au.

Workers' Compensation Claim Form

Insurer please complete

Insurer name Estimated time off work:
Claim number ☐ less than one day
ANZSIC Code ☐ 1-4 work days (inclusive)
Policy number ☐ 5-9 work days (inclusive)
WorkCover number ☐ 10-20 work days (inclusive)
Has employer contacted ☐ Y ☐ N ☐ more than 20 work days
medical practitioner? ☐ Y ☐ N ☐ fatality

Date form received from employer

DATE STAMP

ASCO (office use only)

Employer please complete

Name of policy holder/employer: _____
Trading as (if different to above): _____
Address: _____ Postcode: _____
Contact person name: _____ Phone No: _____ Email: _____
Address of injured worker's usual workplace or base: _____ Postcode: _____
Major activity of workplace (eg sheep farming, plumbing): _____
Date employer received the completed claim form from the injured worker: _____
Date employer received First Medical Certificate from the injured worker: _____
Date employer sent the claim form and medical certificate/s to insurer: _____

Worker please complete

Surname: <input type="text"/>	D.O.B. <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female
Other names: <input type="text"/>	Preferred language (if not English) <input type="text"/>
Address: <input type="text"/>	At the time of the injury I was working as a:
Suburb/City/Town: <input type="text"/> Postcode: <input type="text"/>	<input type="checkbox"/> direct employee <input type="checkbox"/> sub contractor
Email: <input type="text"/>	<input type="checkbox"/> working director <input type="checkbox"/> visa worker
Daytime contact phone no: <input type="text"/>	<input type="checkbox"/> contractor <input type="checkbox"/> other
Occupation (eg first class welder) <input type="text"/>	<input type="checkbox"/> employee of contractor If other, please specify: <input type="text"/>
Main tasks/duties performed (eg welding of high pressure steam pipes) <input type="text"/>	
<input type="checkbox"/> full time (F) <input type="checkbox"/> part time (P) <input type="checkbox"/> permanent (P) <input type="checkbox"/> temporary (T) <input type="checkbox"/> casual (C)	

Other Employment

If more than one employer, please attach details on separate sheet

Do you have any other job? ☐ Y ☐ N If yes, please give details: _____
Employer name: _____ Phone no: _____ Hours per week: _____

Occurrence details

Attach separate sheet if more space is required

Day of occurrence: eg Monday	Date of occurrence: <input type="text"/>	Time of occurrence: <input type="checkbox"/> AM <input type="checkbox"/> PM
At what address did the occurrence happen? <input type="text"/>		
Did you have to stop working? <input type="checkbox"/> Y <input type="checkbox"/> N	If so when? Date: <input type="text"/>	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Were you: <input type="checkbox"/> working – at your normal workplace <input type="checkbox"/> on work break – at normal workplace <input type="checkbox"/> working – away from normal workplace <input type="checkbox"/> on work break – away from normal workplace <input type="checkbox"/> working – road traffic accident commuting/journey <input type="checkbox"/> other duty status	Describe the occurrence. Include: (i) What action was involved (ie fall, struck by object) (ii) What object/machine/substance was involved (ie fumes, door frame) (iii) The most serious injury or disease caused (ie fracture, burn, abrasion) (iv) The bodily location of the injury or disease (ie upper arm, eye)	WorkCover WA Staff Only Mechanism Agency Nature Bodily location

Worker please complete

Occurrence report – Describe how it happened

Attach separate sheet if more space is required

Where did the occurrence happen? (ie store room, machinery shop)	
What were you doing at the time of the occurrence?	
What were the normal working hours for that day? Starting time:	<input type="checkbox"/> AM <input type="checkbox"/> PM Finish time: <input type="checkbox"/> AM <input type="checkbox"/> PM
When did you first report the occurrence? Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Who did you report the occurrence to?	
Name: _____	Position: _____ Phone No: _____
If you didn't report the occurrence immediately, please state the reason if any: _____	
Please provide the name and daytime contact phone number of witnesses of the occurrence:	
1. Name: _____	Phone No: _____
2. Name: _____	Phone No: _____

Medical help/history – this occurrence

Attach separate sheet if more space is required

When did you first seek medical attention? Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
If not immediately, please state the reason: _____	
Was the part of the body affected by this occurrence healthy before this occurrence? <input type="checkbox"/> Y <input type="checkbox"/> N	
If not, please give details: _____	
Is the present injury completely related to this occurrence? <input type="checkbox"/> Y <input type="checkbox"/> N If not, please give details: _____	
Please give details of any similar injury prior to this occurrence: _____	
Name and contact details of your usual medical practitioner and any health provider who has treated you for a similar injury:	
Name: _____	Address: _____ Phone no: _____

Other/Previous claims

Attach separate sheet if more space is required

Are you claiming compensation from any other source? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, from whom? _____	
Have you had any similar or related workers' compensation claims? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please give details: _____	
Name of Employer: _____	Address: _____
Name of insurer (if known): _____	Type of injury or disease: _____

Worker's declaration

I solemnly and sincerely declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief. I take notice that, under the provisions of section 59(2) of the *Workers' Compensation and Injury Management Act 1981*, I am required to notify my employer in writing within 7 days if I commence work with another employer after making a claim, or while receiving weekly payments of workers' compensation.

Dated this: _____ day of: _____ Year: _____

Signature of worker _____ Signature of witness _____

Consent authority (to be signed at the option of the worker) I authorise any doctor who treats me (whether named in this certificate or not) to discuss my medical condition, in relation to my claim for workers' compensation and return to work options, with my employer and with their insurer.

Dated this: _____ day of: _____ Year: _____

Signature of worker _____ Signature of witness _____

Consent authority – to be signed at the option of the worker

I consent to my employer's insurer and its appointed service providers collecting personal information, inclusive of sensitive information such as medical information about me and using it for the purpose of assessing and managing my workers' compensation claim, including determining liability and whether my claim is true. This consent extends to my employer's insurer disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing my claim. My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to my employer's insurer disclosing my personal details to WorkCover WA which is authorised to use this information to fulfil its functions and obligations under the *Workers' Compensation and Injury Management Act 1981*. I have read all the information on this form regarding the consent authority and I consent to the Insurer dealing with my personal information in the manner described.

Signed _____ Witness signature _____

Print your name _____ Witness print name _____

Date _____ Date _____

IMPORTANT: FAILURE TO PROVIDE YOUR SIGNATURE ON EITHER THE DECLARATION OR THE CONSENT AUTHORITIES MAY DELAY A DECISION BY THE INSURER ON YOUR CLAIM

Further information and assistance

WorkCover WA is the government agency responsible for overseeing the *Workers' Compensation and Injury Management Act 1981* (the Act) in Western Australia.

The role of WorkCover WA is to monitor compliance with the Act, inform and educate parties on all aspects of the workers' compensation and injury management system and provide an independent dispute resolution service.

If you would like further information about workers' compensation and injury management or information about seminars for injured workers contact:

WorkCover WA

2 Bedbrook Place
Shenton Park WA 6008

Advisory Services 1300 794 744

TTY (hearing impaired) (08) 9388 5537

www.workcover.wa.gov.au

An interpreter service is available by arrangement with WorkCover WA.

Injury Management

Injury management is about managing workers' injuries in a manner that is **directed at enabling injured workers to return to work.**

Your employer should have a **written description of an injury management system** in your workplace and this should be made available to you if you ask for it.

You should be involved with decisions regarding your return to work.

It is important for you to:

- keep in touch with your employer, your doctor and other treatment providers
- submit medical certificates to your employer as soon as possible and on a regular basis to help keep your employer informed of your medical condition and level of fitness for work.

If your treating medical practitioner finds that you are partially fit to return to work in some capacity, a written return to work program will be established by your employer.

Workers should fully participate with their employer and medical practitioner in developing an appropriate return to work program. This will help develop a supportive environment that has the commitment of all parties to a successful return to work process. You have the responsibility to actively participate in your return to work program once developed.

Make sure you have a say in determining your future at work by being involved in discussions that affect you.

Publications for workers, employers and insurers are available from WorkCover WA.

EMPLOYER'S REPORT FORM

***THIS FORM MUST BE COMPLETED AND ACCOMPANIED BY
CLAIM FORM 2B AND OTHER SUPPORTING DOCUMENTATION***

EMPLOYER:

THE WORKER

Surname:..... Other Names:.....
Occupation: Main Duties:.....
Date of Accident/...../..... Date Employer Received Claim :/...../.....
Cost Centre Code: ☐☐☐☐☐ Department Code Description
Date commenced employment/...../.....
Has the worker resumed normal duties? Yes ☐ No ☐ If yes/...../..... at am/pm
Has the worker resumed alternative duties? Yes ☐ No ☐ If yes/...../..... at am/pm
Full Time ☐ Part Time ☐ Casual ☐ Permanent ☐ Temporary ☐ (please tick the two (2) relevant boxes)
Number of days worked in the working week or fortnight
Number of hours worked each week..... or fortnight..... Does the worker get an RDO? Yes ☐ No ☐
Weekly Compensation Payments to commence from:...../...../.....
Please Tick Relevant Box: Off on Full Time Workers Comp ☐ from:/...../.....
No Time Lost ☐ Time Lost Visiting Doctor Only ☐

PAYMENT DETAILS - FULL TIME WORKER (COVERED BY INDUSTRIAL AWARD)

PAYMENT FOR FIRST 13 WEEKS

Weekly average for 13 weeks prior to the date of incapacity \$.....*

*** PLEASE COMPLETE IN FULL THE WORKSHEET OVERLEAF TO CONFIRM CALCULATION**

(Includes total Award payment plus overtime, allowances, bonuses, incentives and any over award or service payment.)

PAYMENT AFTER 13 WEEKS

Weekly wage/salary as per Award or EBA plus any regular over Award or Service payment (**Exclude** all overtime or allowances) \$.....*

PAYMENT DETAILS - FULL TIME WORKER (NOT COVERED BY INDUSTRIAL AWARD)

PAYMENT FOR FIRST 13 WEEKS

Average earnings for 12 months prior to the date of incapacity..... \$.....*

(**Include** overtime, allowances, bonuses, allowances etc)

PAYMENT AFTER 13 WEEKS

85% of average weekly earnings for 12 months prior to date of incapacity \$.....*

*** NOTE: Weekly Payments are subject to a "Capped" amount - (Please check with WorkCare)**

If **ACCEPTANCE OF THIS CLAIM** is recommended please sign this form. If not, please state reason/s on Form 6.

Signature:

Date:/...../.....

Print Name:

Position Title:

PAYMENT DETAILS – PART TIME WORKER**HOURS WORKED FOR THIS EMPLOYER**

Number of days worked in the week

Number of hours worked each week.....

Hourly Rate Paid \$.....

Weekly earnings \$.....

HOURS WORKED FOR OTHER EMPLOYER/S

Name/s of other Employer/s:

Number of days worked in the week

Number of hours worked each week.....

Hourly Rate Paid \$.....

Weekly Earnings \$.....

Total Weekly Earnings \$.....*

PAYMENT DETAILS – CASUAL WORKER

Average earnings over 12 month period prior to date of incapacity \$.....*

Average number of days worked in the week

Average number of hours worked each week.....

*Worksheet (Must be completed as per WorkCover Compliance)***Calculation of Weekly Wages for First 13 Weeks for Full and Part-Time Workers covered by an Award or EBA**

Provide Wages details for the 13 weeks prior to date of incapacity.

***Do not include any time lost from work due to sick or annual leave or any other non-work related matter.**

Week	Hrs Worked	Wkly Award Rate	Overtime	Allowances	Other	* Total Wage
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
Total	(1)					(2)\$

TOTAL WAGE (2) DIVIDED BY ACTUAL HOURS WORKED (1) HOURLY RATE HOURLY RATE X NORMAL HOURS WORKED PER WEEK

=

WEEKLY RATE FOR 1ST

13 WEEKS

Transfer calculation to Payment Details on front of form.

After 13 Weeks – Following the first 13 weeks the Worker is entitled to the rate of weekly earnings payable under the relevant Industrial Award or EBA plus any over award or service payments paid on a regular basis.* (Overtime and Allowances are **excluded**)

Other supporting documentation to be provided where appropriate

- *Photos*
- *Incident report*
- *Witness statement*
- *Correspondence*
- *Position descriptions*
- *Alternative duties list*

WorkCover WA - FIRST certificate of capacity

1. WORKER'S DETAILS

First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Address	<input type="text"/>		

2. EMPLOYMENT DETAILS

Worker's job title	<input type="text"/>	Employer's name	<input type="text"/>
Employer's address	<input type="text"/>		

3. CONSENT AUTHORITY

I consent to any medical practitioner who treats me (whether named on this certificate or not) to discuss my medical condition with my employer, insurer and other medical or allied health professionals for the purpose of my claim for workers' compensation and return to work options.

Worker's signature	<input type="text"/>	Print name	<input type="text"/>
		Date	<input type="text"/>

4. WORKER'S DESCRIPTION OF INJURY

Date of injury	<input type="text"/>
What happened?	<input type="text"/>
Worker's symptoms	<input type="text"/>

5. MEDICAL ASSESSMENT

Date of this assessment	<input type="text"/>
Clinical findings	<input type="text"/>
Diagnosis	<input type="text"/>
The injury is consistent with worker's description of how injury occurred <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> uncertain	
The injury is: <input type="checkbox"/> a new condition <input type="checkbox"/> a recurrence of a pre-existing condition	

6. WORK CAPACITY

Worker's usual duties

Having considered the health benefits of work, I find this worker to have:

- ☐ **full capacity for work** from ☐ but requires further treatment
- ☐ **some capacity for work** from to performing:
- ☐ pre-injury duties ☐ modified or alternative duties ☐ workplace modifications
- ☐ pre-injury hours ☐ modified hours of hrs/day days/wk
- ☐ **no capacity for any work** from to (outline clinical reason below)

Worker has capacity to:

(Please outline the worker's physical and/or psychosocial capacity – refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning.)

- ☐ lift up to kg
- ☐ sit up to mins
- ☐ stand up to mins
- ☐ walk up to m
- ☐ work below shoulder height

7. INJURY MANAGEMENT PLAN

Activities/interventions	Purpose/goal (likely change in symptoms, function, activity and work participation)
I would like: <input type="checkbox"/> more information about available duties <input type="checkbox"/> a RTW program to be established <input type="checkbox"/> to be involved in developing the RTW program	

Examples of injury management activities/interventions include:

- further assessment - diagnostic imaging, medical specialist consults, worksite assessment
- intervention - physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation
- return to work planning - identify suitable duties, establish return to work program

8. NEXT REVIEW DATE

- ☐ Worker does not need to be reviewed again (FIRST and FINAL certificate of capacity)
- ☐ I will review worker again on (if greater than 14 days, please provide clinical reasoning)

Comments

9. MEDICAL PRACTITIONER'S DETAILS

Name	<input type="text"/>	AHPRA no. MED	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Signature	<input type="text"/>
Fax	<input type="text"/>	Date	<input type="text"/>

(Practice stamp – optional)

WorkCover WA - PROGRESS certificate of capacity

1. WORKER'S DETAILS

First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Claim no.	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		

2. EMPLOYER'S DETAILS

Employer's name	<input type="text"/>	Employer's phone	<input type="text"/>
Employer's address	<input type="text"/>		

3. MEDICAL ASSESSMENT

Date of this assessment	<input type="text"/>	Date of injury	<input type="text"/>
Diagnosis	<input type="text"/>		

4. PROGRESS REPORT

Activities/interventions	Actual outcome <i>(change in symptoms, function, activity and work participation)</i>	Still required?*	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

*(If management activities/interventions are still required, please also list them in Section 6 'Injury Management Plan')

☐ Other factors appear to be impacting recovery and return to work

Comment

5. WORK CAPACITY

Worker's usual duties

Having considered the health benefits of work, I find this worker to have:

<input type="checkbox"/> full capacity for work from <input type="text"/>	<input type="checkbox"/> but requires further treatment
<input type="checkbox"/> some capacity for work , from <input type="text"/> to <input type="text"/> performing:	
<input type="checkbox"/> pre-injury duties	<input type="checkbox"/> modified or alternative duties
<input type="checkbox"/> pre-injury hours	<input type="checkbox"/> workplace modifications
<input type="checkbox"/> modified hours of <input type="text"/> hrs/day	<input type="text"/> days/wk
<input type="checkbox"/> no capacity for any work from <input type="text"/> to <input type="text"/>	(outline clinical reason on next page)

5. WORK CAPACITY (CONTINUED)

Worker has capacity to:

(Please outline the worker's physical and/or psychosocial capacity – refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning.)

<input type="checkbox"/> lift up to	<input type="text"/>	kg	
<input type="checkbox"/> sit up to	<input type="text"/>	mins	
<input type="checkbox"/> stand up to	<input type="text"/>	mins	
<input type="checkbox"/> walk up to	<input type="text"/>	m	
<input type="checkbox"/> work below shoulder height			

6. INJURY MANAGEMENT PLAN

Activities/interventions	Purpose/goal <i>(likely change in symptoms, function, activity and work participation)</i>

- ☐ I support the RTW program established by the employer/insurer/WRP dated
- ☐ I would like more information about available duties
- ☐ I would like to be involved in developing the RTW program
- ☐ Please engage a workplace rehabilitation provider *(If you have made a referral, provide name and contact details below)*

Examples of injury management activities/interventions include:

- further assessment - diagnostic imaging, medical specialist consults, worksite assessment*
- intervention - physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation*
- return to work planning - identify suitable duties, establish return to work program*

7. NEXT REVIEW DATE

- ☐ I will review worker again on *(if greater than 28 days, please provide clinical reasoning)*

Comments

8. MEDICAL PRACTITIONER'S DETAILS

Name	<input type="text"/>	AHPRA no. MED	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Signature	<input type="text"/>
Fax	<input type="text"/>	Date	<input type="text"/>

(Practice stamp – optional)

WorkCover WA - FINAL certificate of capacity

1. WORKER'S DETAILS

First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Claim no.	<input type="text"/>
Phone	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		

2. EMPLOYER'S DETAILS

Employer's name	<input type="text"/>	Employer's phone	<input type="text"/>
Employer's address	<input type="text"/>		

3. MEDICAL ASSESSMENT

Date of this assessment	<input type="text"/>	Date of injury	<input type="text"/>
<input type="checkbox"/> The worker's condition is unlikely to change substantially in the next 12 months			

4. WORK CAPACITY

Having considered the health benefits of work, I find this worker to have:

☐ **full capacity for work** from ☐ but requires further treatment *(outline specifics below)*

☐ **capacity for work** performing hours per day and days per week from

as outlined below: *(Please outline the worker's physical and/or psychosocial capacity for work, functional limits, ongoing need for workplace modifications, and/or further treatment needs)*

<input type="checkbox"/> lift up to <input type="text"/> kg	<input type="text"/>
<input type="checkbox"/> sit up to <input type="text"/> mins	
<input type="checkbox"/> stand up to <input type="text"/> mins	
<input type="checkbox"/> walk up to <input type="text"/> m	
<input type="checkbox"/> work below shoulder height	
<input type="checkbox"/> The worker's incapacity is no longer a result of the injury	

5. REASON FOR CAPACITY/INCAPACITY

Please outline your clinical reason for the worker's capacity/incapacity:

6. MEDICAL PRACTITIONER'S DETAILS

Name	<input type="text"/>	AHPRA no. MED	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Signature	<input type="text"/>
Fax	<input type="text"/>	Date	<input type="text"/>

(Practice stamp – optional)

RETURN TO WORK PROGRAM



Program #:

Date:

Developed by:

CONTACT DETAILS:

Employee Name		Claim Number	
Job Title		Telephone Number	
Address			
Date of Injury		Date of Surgery	
Nature of Injury		Nature of Surgery	

City/Town/Shire			
Address			
RTW Coordinator		Supervisor	
Email/Telephone Number		Email/Telephone Number	

Insurer	LGIS		
Address	Lvl 3, 170 Railway Parade, West Leederville WA 6007		
Injury Management Consultant		Email/Telephone Number	
Claims Consultant		Email/Telephone Number	

MEDICAL DETAILS:

Treating Practitioner		Doctor Contacted	<input type="checkbox"/> Yes <input type="checkbox"/> No
Email/Telephone Number		Date of Contact	
Address			
Date of Current Medical Cert		Medical Cert Expiry Date	
Restrictions <i>(as outlined in medical certificate/ discussed with medical practitioner)</i>			
Treatment/Medication			
Date of Next Appointment		Timeframe for Estimated Recovery	

RETURN TO WORK GOAL:

Same Employer / Same Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	New Employer / Similar Job	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same Employer / Modified Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	New Employer / Modified Job	<input type="checkbox"/> Yes <input type="checkbox"/> No
Same Employer / New Job	<input type="checkbox"/> Yes <input type="checkbox"/> No	New Employer / New Job	<input type="checkbox"/> Yes <input type="checkbox"/> No

PROGRAM DETAILS:

Week Commencing	Hours of Work (Start & Finish Times)	Days of Work	Duties	Restrictions	Review Dates
Stage 1					
Stage 2					
Stage 3					
Stage 4					
	Pre-injury hours	Pre-injury roster	Pre-injury duties	N/A	

REQUIRED ACTIONS:

Action	Person Responsible	Completion/Review Date
Attend required treatment and maintain current medical certification		
Cease any tasks causing symptom aggravation and notify supervisor		
Further return to work review meeting		

AGREEMENT:

Worker's Signature: _____

Date: _____

Employer's Signature: _____

Date: _____

Medical Practitioner's Signature: _____

Date: _____

WAGES/SALARIES REIMBURSEMENT SCHEDULE

EMPLOYER _____

POSTAL ADDRESS

Telephone: (08) 9483 8888

Facsimile: (08) 9483 8898

Worker's Name	Claim No.	Date of Injury	First 13 Weeks Weekly Rate Paid	After 13 Weeks Weekly Rate Paid	Period Paid		Full Days Paid	Partial Hours Paid	Total Hours Paid	Compensation Paid \$ c	Comments & Invoice No.
					From	To					
						TOTALS					

REFER NOTES ON BACK OF FORM

TOTALS

*** NOTES TO ASSIST IN COMPLETING THIS FORM**

- Complete ALL columns with required data
- Payment for full days to be shown in the FULL DAYS PAID column
- Payments less than a full day to be shown in the PARTIAL HOURS PAID column
- Show the total hours paid in the TOTAL HOURS PAID column

EXAMPLE:

Worker's Name	Claim No.	Date of Injury	First 13 Weeks Weekly Rate Paid	After 13 Weeks Weekly Rate Paid	Period Paid		Full Days Paid	Partial Hours Paid	Total Hours Paid	Compensation Paid \$ c	Comments & Invoice No.
					From	To					
Bill Brown	2154	28/01/02	650.00	495.00	28/1/02	28/1/02		4.5	4.5	76	INV 4523
					29/1/02	31/1/02	3		22.8	390	INV 4523 RTW 3/2/02

- If the worker is paid different hours on different days use a separate line for each day - Refer example:

Worker's Name	Claim No.	Date of Injury	First 13 Weeks Weekly Rate Paid	After 13 Weeks Weekly Rate Paid	Period Paid		Full Days Paid	Partial Hours Paid	Total Hours Paid	Compensation Paid \$ c	Comments & Invoice No.
					From	To					
Bill Brown	2154	28/01/02	650.00	495.00	28/1/02	28/1/02		4.5	4.5	76	INV 4523 Physio
					29/1/02	29/1/02		3.5	3.5	59	INV 4523 Physio
					30/1/02	30/1/02		5.0	5.0	85	INV 4523 Physio

- Workers are entitled to the higher rate for the first 4 weeks or up to 152 hours if working a 76 hour fortnight. It is not necessary to attach an invoice. You may wish to write your invoice number in the appropriate column

APPLICATION FOR EXPENSES REIMBURSEMENT

Dear Sir/Madam

In order to claim reimbursement of travel and other expenses this form is to be completed in accordance with the instructions and returned to your employer for payment of reasonable expenses incurred.

Name: _____ Claim Number: _____

Address: _____

Employer's Name: _____

INSTRUCTIONS FOR COMPLETING THIS FORM

To verify attendance for medical treatment acknowledgement by the service provider is required in the column highlighted (Refer other side)

Write your name, address, claim number, and employer's name in the spaces above.

Fill in the details of the travel for which you are claiming in the spaces over the page, making sure you sign and date the declaration at the bottom of the page.

If you are claiming for fares paid for public transport or taxis or other "out of pocket" expenses
please attach tickets or receipts

NOTE: Transport by taxi must be confirmed by the treating doctor, as being medically necessary.

If you are claiming for the use of your own car, show the distance travelled for each trip to the nearest 1/10th of a kilometre.

Example for completing the back of this form

Date of Expense	From Suburb	To Suburb	Reason for Travel	Means of Travel	Distance	Type of Expense	Amount of Expense
11/8/02	Fremantle	Dr Smith West Perth	Consultation	Bus			\$2.20
11/8/02	West Perth	Fremantle	Home after Doctor	Bus			\$2.20
14/8/02	Fremantle	Mr Jones Melville	Physiotherapy	Car	7.4km		
14/8/02	Melville	Fremantle	Go home after Physiotherapy	Car	7.4 km		
15/8/02						Medication	\$17.00

APPLICATION FOR EXPENSES REIMBURSEMENT

[illegible]

I declare that the details on this form are true and correct and that they relate to my compensable disability.

Name: _____

Claim Number: _____

Signature: _____

Date: ____/____/____

OFFICE USE ONLY	
Total Kilometres	@ ¢ per km \$
Total of other expenses incurred	\$
Total	\$

Workplace Rehabilitation Provider	
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Details

Worker's Name	
Insurer	
Claim Number	
Date of Injury	
Phone	

Referral

<input type="checkbox"/> <u>Specific Service</u>	<input type="checkbox"/> Functional Capacity <input type="checkbox"/> Vocational <input type="checkbox"/> Ergonomic	<input type="checkbox"/> Job Demands <input type="checkbox"/> Workplace <input type="checkbox"/> Aids & Appliances
<input type="checkbox"/> <u>Rehabilitation Program</u>		

Status of Worker

<input type="checkbox"/> Working / Full Capacity <input type="checkbox"/> Working / Partial Capacity	<input type="checkbox"/> Not Working / Full Capacity <input type="checkbox"/> Not Working / Partial Capacity <input type="checkbox"/> Not Working / No Capacity
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Employer Details

Company			
Contact Name			
Address			
Phone		Email	

Medical Practitioner

Practice			
Name			
Address			
Phone		Email	

Source of Referral

<input type="checkbox"/> Medical Practitioner	<input type="checkbox"/> Employer	<input type="checkbox"/> Insurer	<input type="checkbox"/> Legal Representative/Worker
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Referrer

Signature	
Name	
Date	

Insurer – Submit referral into WorkCover WA Online
Employer, Medical Practitioner and Worker – Provide form to the Insurer or WRP
WRP – Provide form to the Insurer

How to make a Workplace Rehabilitation Referral

Where factors are identified that may interfere with an employer's ability to develop a return to work program for an injured worker, the assistance of an approved workplace rehabilitation provider may be sought. Either the employer or treating medical practitioner is able to initiate a referral, in consultation with the other key parties.

Referral Type

There are two types of referrals that can be made:

1. Referral for a **Workplace Rehabilitation Assessment**:

This form of referral requires consultation between all **key parties**, that is, the treating medical practitioner, employer and injured worker. Consultation refers to verbal or written communication between those key parties obtaining support for the referral. For example, if you are an employer requesting the referral, you are required to consult with the treating medical practitioner and indicate this by ticking the box.

If a referral is required for an assessment it may or may not proceed to a full rehabilitation programme.

Examples of when a referral for assessment may be required include:

- If the injured worker, due to their injury, cannot carry out pre-injury duties
- If there is a need to assess the suitability for a return to work programme with a new employer
- To determine the need for retraining
- There is difficulty determining suitable duties.

2. Referral for **Specific Services**:

A referral for a **Specific Service** can be initiated by either the employer or treating medical practitioner in consultation with the worker. This referral is for a one off intervention or specialist service.

In both cases the referring party must indicate that they have consulted with the worker and the worker has nominated the chosen provider.

A list of Approved Workplace Rehabilitation Providers is available from WorkCover WA.

Types of specific Workplace Rehabilitation Services

Specific Services are a one off intervention or specialist service required to assist key parties in the injury management coordination. Below are some examples of specific services.

Functional Capacity Assessment

A Functional Capacity Assessment is an assessment the worker's functional capacity. This assessment objectively measures an injured worker's physical abilities and limitations.

This assessment is best utilised when a specific job or duties have been identified and clarification of the injured worker's physical ability to undertake the identified job is required.

Ergonomic Assessment

Activities associated with assessing how a particular work environment would affect the worker. Can include the delivery of client training and education for injury management and related topics, e.g. back education and relaxation and stress management.

Job Demands Assessment

Identifies the full range of demands of a specific job e.g. physical, cognitive, sensory and psychological demands.

This can assist a medical practitioner understand the full range of requirements of particular jobs. It is important the medical practitioner understands the job requirements so they can provide appropriate medical clearance and assist setting realistic vocational goals.

Workplace Assessment

Activities associated with assessing the suitability of various workplace alternatives and other job options to identify possible suitable duties or make recommendations for workplace modifications and/or job redesign to accommodate an injured worker's return to work or promote a safe work environment.

This assessment can be of benefit when an employer is unsure if they have any duties that would be suitable for the injured worker in their workplace or the treating Medical Practitioner requires advice if the employer has any duties that would be suitable for the injured worker. It is also of assistance if job redesign or additional equipment would assist the injured worker to return to work.



Resources and Information

LGIS WorkCare

9483 8888

LGIS Website

www.LGISwa.com.au

WorkCover WA website

www.workcover.wa.gov.au

WorkCover WA Advisory Service Telephone

1300 794 744

*Workers' Compensation and Injury Management
Act (1981)*

*Workers' Compensation Code of Practice
(Injury Management) 2005*