



# Injury Management Program

Australian Capital Territory



**Don't go it alone**

# Injury Management Program

## Introduction

The ACT *Workers Compensation Act 1951* states that: An Insurer must establish and maintain an Injury

Management Program and must review the effectiveness of its Injury Management Program at least once every two years and revise the program in accordance with the results of the review. An Insurer must give a copy of its Injury Management Program, and any revised Injury Management Program, to the Minister.

The work, health and safety of all employees and other persons at the workplace is paramount, and resources should be made available to ensure a safe and healthy workplace. If an injury does occur, sound planning and appropriate resourcing will assist in returning injured workers back to work in a timely manner – hence the importance of an Injury Management Program. The following is Guild Insurance Limited's documented Injury Management Program.

Note: words appearing in bold are explained in the Definitions section at the end of this document.

## Objective

To return an Injured worker to meaningful employment in a timely, safe and durable manner following a Workplace injury.

For a large number of work related conditions, rehabilitation is more effective if it occurs in the workplace rather than at home or in medical premises and unless particular circumstances necessitate otherwise, rehabilitation at the workplace will be a primary objective of this Program.

This Injury Management Program is to be circulated to all Guild Insurance Limited Workers Compensation Policyholders in the ACT to ensure that an Injured worker:

- > returns to work as soon as practicable and that a return to work is a normal expectation;
- > is provided with suitable duties (wherever possible), as part of the return to work process. Such duties should be specified in a return to work plan;
- > can be assured that participation in the Injury Management Program will not, of itself, endanger job security; and
- > has a forum where consultation with relevant stakeholders can ensue for the effective operation of the Injury Management Program.

## Injury management obligations

The obligations for Injury management are shared by the employer, the Injured worker and the Insurer (in conjunction with a rehabilitation provider and the Nominated Treating Doctor).

The Employer must:

- a. display a Workplace Summary Notice which contains a summary of the requirements of the Workers Compensation Act for making a claim. The notice must be displayed in a conspicuous place and must contain the name of the Insurer and their address;
- b. comply with reasonable obligations imposed on the employer by or under the Injury Management Program;
- c. make sure that their Injured workers record details of all injuries in the Register of Injuries. The register must be located in a place accessible to all their workers;
- d. notify the Insurer of an injury either in writing or verbally within 48 hours of being made aware of a Workplace injury. If verbal notification occurs, the notice of injury must be confirmed in writing either by post, fax or email within three days of the verbal notification; ***(NB: If Notifiable Incident – advise WorkSafe ACT immediately)***

- e. supply claim forms (supplied by the Insurer) to their Injured worker;
- f. forward the completed claim forms with an approved medical certificate to the Insurer urgently;
- g. respond to the Insurer's request for information within seven days of receipt by the employer;
- h. participate and co-operate in the establishment of a Personal Injury Plan for the Injured worker;
- i. comply with reasonable obligations imposed on the employer by or under the Personal Injury Plan;
- j. establish, maintain and display a Return to Work Program in consultation with workers, relevant unions and an approved rehabilitation provider. The Return to Work Program must contain policies and procedures for the rehabilitation of injured workers of the employer;
- k. notify the Insurer of an injury within the timeframes stated in **(d) above. If the employer is notified of a Workplace injury but does not notify the insurer, then the employer is liable to pay the Injured worker's weekly compensation until the Insurer receives the notice of injury.** The employer must not be indemnified by the Insurer if the timeframes stated in (c) above are not adhered to; and
- l. within six months after the day the Injured worker became entitled to weekly compensation, provide suitable work for full-time, part-time and casual workers who are totally or partially incapacitated for work because of a Workplace injury. The employer must provide employment to the Injured worker that is, so far as reasonably practical, the same as, or equivalent to, the employment in which the worker was employed at the time of the injury.

The Worker must:

- a. notify their employer that they have sustained a Workplace injury as soon as possible after the injury occurred;
- b. enter details of their Workplace injury into the Register of Injuries;
- c. complete and submit to the employer a completed claim form and an Approved Medical Certificate giving details of their Workplace injury. However, if at the end of seven days after the date of injury, the worker has not made a claim for compensation (i.e. a completed claim form and an approved medical certificate), weekly compensation will cease on the beginning of the eighth day. Weekly payments will recommence once the claim is received. Payments will not be backdated to the eighth day;

- d. comply with obligations imposed on the Injured worker by or under the Insurer's Injury Management Program;
  - e. participate and co-operate in the establishment of a Personal Injury Plan. If the Injured worker does not take part and co-operate in establishing the worker's Personal Injury Plan, the Insurer may, subject to ministerial direction, stop payments;
  - f. comply with reasonable obligations imposed on the worker under the worker's Personal Injury Plan, including any obligation to receive medical treatment or rehabilitation services;
  - g. only appoint a Nominated Treating Doctor who is prepared to participate in the development of, and in the arrangements under the Personal Injury Plan;
  - h. change their Nominated Treating Doctor if that doctor does not wish to participate in their Personal Injury Plan;
  - i. authorise their Nominated Treating Doctor to provide relevant information to the Insurer or the employer for the purposes of their Personal Injury Plan;
  - j. make all reasonable efforts to return to work with his/her pre-injury employer as soon as possible, having regard to the nature of the injury; and
  - k. submit for examination by a medical practitioner, if requested by the employer and/or Insurer. The employer and/or Insurer must pay all reasonable costs associated therewith. Note: the worker is entitled to obtain a copy of the medical assessment within five working days of the employer and/or Insurer receiving these results.
- e. contact each of the following people:
    - i. the Injured worker,
    - ii. the employer;
    - iii. the Injured worker's Nominated Treating Doctor, and
    - iv. the rehabilitation provider (if necessary) within three business days after the first Continuous period of seven days incapacity ends; i.e. if a Significant workplace injury results in the worker being unable to attend work for a Continuous period of longer than seven days;
  - f. establish a Personal Injury Plan for the Injured worker for any Workplace injury which appears to be a Significant Injury. This must be in agreement with the employer and the Injured worker to the maximum extent that their co-operation and participation allow;
  - g. Appoint a Rehabilitation Provider if the Injured worker has not returned to their pre injury duties and hours within 4 weeks after the day the worker gave notice of the injury. We may appoint a Rehabilitation Provider earlier if necessary;
  - h. provide both the employer and the Injured worker with information with respect to the Personal Injury Plan. This information is to state that the Injured worker, employer, Nominated Treating Doctor and Insurer must comply with the obligations imposed under such a plan;
  - i. ensure as far as possible that an Injured worker with a Significant Injury, who is under a Personal Injury Plan, is provided with vocational rehabilitation; and
  - j. pay for any medical treatment for the workplace injury provided to the Injured worker by the Nominated Treating Doctor and the cost of any medical and rehabilitation services described in the Personal Injury Plan.

The Insurer must:

- a. establish and maintain an Injury Management Program which is to be reviewed every two years;
- b. take appropriate steps to ensure that each employer they insure is made aware of the employer's obligations imposed by workers compensation legislation and is kept aware of changes to the Injury Management Program;
- c. within three business days after the day the Insurer receives an injury notice, take action under the Insurer's Injury Management Program;
- d. contact each of the following people:
  - i. the Injured worker,
  - ii. the employer, and
  - iii. the Injured worker's Nominated Treating Doctor (if appropriate and practical) within three business days after they have received an injury notice, if there are reasonable grounds for them to believe that the injury is a Significant Injury;

## Injury management process – personal injury plan

A Personal Injury Plan must be established for an Injured worker with a Significant Injury, within three working days after the worker has been absent from work for a Continuous period of longer than seven days.

The Personal Injury Plan must be established in agreement with the employer, the Injured worker and the Nominated Treating Doctor. If the Injured worker is to be off work over four weeks a rehabilitation provider must be appointed, but we may appoint them earlier if necessary. Information in a Personal

Injury Plan is to include a statement to the effect that the Injured worker's entitlement to weekly compensation may stop if the Injured worker unreasonably fails to comply with the requirements of their Personal Injury Plan or the Injury Management Program.

The Personal Injury Plan must provide a way for the worker to change their Nominated Treating Doctor.

A Personal Injury Plan will include:

- > the Injured worker's, employer's and Insurer's obligations under the Personal Injury Plan;
- > a statement informing the Injured worker that their entitlement to weekly compensation may stop if the Injured worker unreasonably fails to comply with their obligations under their Personal Injury Plan;
- > the inclusion of all matters relevant to a particular claim;
- > advice from the Nominated Treating Doctor of the anticipated length of time the Injured worker will be totally incapacitated;
- > whether a graduated return to work program will be necessary i.e. Vocational Rehabilitation;
- > the availability and nature of suitable duties with the employer;
- > the necessity for any additional treatment (eg. physiotherapy, specialist referral); and
- > timelines and milestone dates agreed with the involvement of all parties.

### Appoint a rehabilitation provider if appropriate

As the Insurer, Guild Insurance is to keep the employer and the Injured worker, approved rehabilitation provider and Nominated Treating Doctor informed of any significant steps taken, or proposed to be taken, under the Personal Injury Plan for the Injured worker.

A medical certificate required under a Personal Injury Plan (in relation to a claim for ongoing compensation under the Workers Compensation Act) must be from the Injured worker's Nominated Treating Doctor. The Personal Injury Plan may provide for the Insurer to pay for the cost of any medical or rehabilitation services or treatment for the Workplace injury. That is, if the Nominated Treating Doctor is prepared to take part in the arrangements under the Personal Injury Plan, or the cost of other treatment described in the plan that is provided to the Injured worker for the Workplace injury. Any payments made under the Personal Injury Plan until the claim is accepted or denied are not an admission of liability.

## Dispute resolution

Disputes relating to the claims process shall be resolved through Conciliation, unless the claim is rejected.

Once a claim for compensation is accepted, an Injured worker and/or the worker's employer may have a dispute relating to any part of the claims process. If a worker or the worker's employer has asked a Conciliator to help them reach agreement on a matter arising from the worker's claim for compensation, the Conciliator who receives the request must, as soon as practicable: (a) set a time and place for the Conciliation; and (b) notify each party participating in the Conciliation in writing, of the time and location of this meeting.

Each party to the Conciliation must, at least seven days before the day of Conciliation, provide to each other and the Conciliator written details of any relevant matter arising from the worker's claim for compensation. The written details must include information available and known to the party which it reasonably believes would help both sides reach agreement on the matter.

The function of a Conciliator is to help Injured workers and their employers to reach agreement about matters arising from workers' claims for compensation. A Conciliator is an impartial person appointed by the Minister who has no particular alliance to Injured workers, employers or Insurers and who has expertise in dispute resolution relating to workers compensation.

Conciliation is not available if the Insurer has rejected a worker's claim for compensation. The rejection of a claim for compensation is a matter which must be resolved by the parties themselves or through arbitration. Guild Insurance is liable for the normal costs associated with Conciliation. If Conciliation fails to achieve agreement then the Magistrates Court is the final arbiter.

## Definitions

**Approved medical certificate** A medical certificate required to accompany a claim for weekly compensation must:

- a. comply with the requirements for medical assessments prescribed under the regulations and must contain:
  - i. the aetiology (cause) of the worker's injury;
  - ii. the diagnosis of the injury;
  - iii. the prognosis for the injury; and
  - iv. the recommended medical treatment for the injury.
- b. include a statement of the doctor's assessment of whether the worker's condition is consistent with the worker's employment being a substantial contributing factor to the injury.

**Approved rehabilitation provider** means a person approved by the Minister to provide vocational rehabilitation for the ACT Workers Compensation Act.

**Conciliator** a person approved by the Minister with expertise in dispute resolution relating to workers compensation. The conciliator's function is to help Injured workers and/or employers to reach agreement about matters arising from the claims process.

**Conciliation** the process used with the help of a Conciliator to resolve issues and disputes arising from the claims process between Injured workers and/or employers.

**Continuous period** in relation to a worker's incapacity, this relates to an uninterrupted period of time:

- a. irrespective of whether any of the days in the period are business days; and
- b. irrespective of whether the incapacity is total or partial or a combination of both.

**Injured worker** a worker who has sustained a Workplace injury.

**Injury management** the process that comprises the activities and procedures that are undertaken or established for the purpose of achieving a timely, safe and durable return to work by the Injured worker.

**Injury management program** a co-ordinated and managed program that integrates all aspects of Injury management (including treatment, rehabilitation, retraining, claim management and employee management practices) for the purpose of achieving optimum results in terms of a timely, safe and durable return to work for Injured workers.

**Insurer** an Approved Insurer. For the purpose of this document, Guild Insurance Limited is the Insurer.

**Nominated treating doctor** the treating doctor nominated from time to time by the worker for the purpose of creating a Personal Injury Plan for the Injured worker. A medical practice may also be nominated.

**Personal Injury Plan** for an Injured worker, means a plan for co-ordinating and managing the aspects of Injury management, that relate to the treatment, rehabilitation and retraining of the Injured worker in order to achieve a timely, safe and durable return to work for the Injured worker.

**Significant injury** a Workplace injury that is likely to result in the Injured worker being incapacitated for work for a continuous period of longer than seven days.

**Vocational rehabilitation:**

- a. the assessment of the needs of the Injured worker;
- b. the provision of appropriate, adequate and timely services for the Injured worker aimed at maintaining the Injured worker in employment or returning the Injured worker to suitable employment;
- c. for the definition of Vocational rehabilitation, services are taken to be appropriate, adequate and timely if they are in accordance with a relevant protocol.

**Workplace injury:** an injury to an Injured worker in respect of which compensation is or may be payable under the Act.

Under the ACT regulations, rehabilitation providers have a number of responsibilities when it comes to injury management/personal injury plans. They can provide expertise and services such as in the following areas:

**Initial needs assessment** examining the current medical situation and employment status to determine any specific occupational rehabilitation needs, to maximise recovery and achieve maintenance at or return to suitable work.

The development and implementation of a Personal Injury Plan with the co-operation of the Insurer, employer, Nominated Treating Doctor and the Injured worker.

**Functional assessments:** the measurement of an Injured worker's physiological functioning to identify their work capabilities.

**Work conditioning:** an individually prescribed, work-oriented process which involves the Injured worker in tasks to progressively increase their physical capacity, stamina, and tolerance – with the goal of remaining at work or returning to suitable work.

**Vocational rehabilitation:** a condition of a rehabilitation provider's approval is that the rehabilitation provider maintains an organisational structure that allows the rehabilitation provider to provide appropriate, adequate and timely Vocational Rehabilitation services for Injured workers. In particular the rehabilitation provider must be able to contact an Injured worker by close of business on the following day after the Injured worker is referred to the rehabilitation provider for Vocational Rehabilitation.

**Penalties** – This Injury Management Program must be complied with by: the Injured worker, the employer and the Insurer. In the event of non compliance certain penalties may be imposed under the *Workers Compensation Act 1951*.

**For all workers compensation insurance enquires, please contact the:**

**Guild Insurance Canberra Office**

Suite 5, 31 Thesiger Court, Deakin ACT 2600

GPO Box 5357, Sydney NSW 2001

**Freecall** 1800 810 213

**Facsimile** (02) 7200 2891

**ABN** 55 004 538 863

For additional information regarding injury management, please contact: WorkSafe ACT website: [worksafe.act.gov.au](http://worksafe.act.gov.au)

1800 810 213  
[guildinsurance.com.au](https://www.guildinsurance.com.au)



**Don't go it alone**

Insurance issued by Guild Insurance Ltd, ABN 55 004 538 863, AFSL 233791 and subject to terms, conditions and exclusions. This information is of a general nature only, please refer to the policy for details. For more information call **1800 810 213**. WRK282914 Workers Compensation Injury Management Program ACT 12/2022