

Group of Companies Return to Work Program

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LEADERSHIP AND COMMITMENT

1. About this document

This document has been developed for all employees of the companies under The Group which include;

HOBAN Recruitment PTY LTD (ABN 88 052 201 313) and HOBAN Recruitment's specialist trading brand Staff Solutions Bilingual (ABN 88 052 201 313), RED Appointments (ABN 35 138 057 510) Brexa Finance Shared Services (ABN 25 006 776 343), Clicks Recruit ABN (87 078 625 242), Index (ABN 33 123 720 043), and RED Appointments NT (ABN 83 153 591 586) and RAP2 (ABN 25 630 066 482).

Its purpose is to provide information on actions that will be taken in the event they sustain a work-related injury or illness. It also includes actions for the management of a disputed or non-work-related injury or medical condition. It acts as the Return to Work Program for The Group.

This document aims to ensure a standard and consistent response to workplace injuries across which is in line with The Group's procedures and policies, as well as legislative requirements and guidelines from regulators. The Return to Work program will be reviewed on a yearly basis.

2. The Group's commitment

The Group recognises the importance and benefits of providing effective workplace-based rehabilitation and the underlying principles associated with it. Our consultative approach involves engagement of all parties and stakeholders e.g. workers, unions, rehab providers, health and safety representatives, fosters a positive cultural that promotes recovery at work as well as promoting the health benefits at work.

Returning to work on suitable duties or pre-injury duties after a work-related injury is a critical step in a worker's recovery and a safe return to work is a priority. Return to work enables workers to resume their usual life with minimal disruption to family, work and social interactions. The Group recognises that early intervention, support and commitment by all parties is essential to ensure the best possible recovery and return to work outcomes.

The Group's companies are committed to providing safe work environments and systems of work for all workers and safe environments for all those placed at Host sites. We are committed to regulatory compliance and will ensure work practices reflect our policy and strategic objectives. Safety is the responsibility of all staff and ensuring we foster a positive safety culture is a top priority at The Group. Our aim is for all workers to finish their shifts both physically and mentally well, having been supported to undertake their work safely.

The [Work Health and Safety Act 2011 \(NSW\)](#) and [Work Health and Safety Regulation 2017 \(NSW\)](#) requires provision of a safe workplace and contains specific requirements for both The Group and its workers which can be enforced by a range of measures.

The Group is committed to, expects and encourages all workers to commit to:

- eliminating unsafe practices of both physical and psychosocial origins, to reduce the incidence of workplace injury and illness
- fostering a positive safety culture which identifies, reports and controls hazards and unsafe actions
- complying with legislative and regulatory requirements
- engaging in consultation regarding ways to improve the safety of our staff
- when planning a safe recovery of an injured worker, collaborating with the worker, the worker's supervisor/manager, the RTW Coordinator, the treating medical and allied health practitioners and Insurer's Claims Manager
- the identification of, provision of, and participation in, suitable duties

This commitment further extends to:

- collaboratively developing a Return to Work Plan and/or letter to the NTD to ensure that injury or illness is managed as soon as possible
- supporting the worker and ensuring a return to work is a priority
- participating and cooperating in the development of injury management plans
- ensuring that workers (and anyone representing them) are aware of their rights and responsibilities
- ensuring that workers understand their responsibility to provide accurate information about the injury and its cause

- consulting with all stakeholders and worker’s representatives, where applicable
- maintaining the confidentiality of a worker’s records, in line with the Privacy and Personal Information Protection Act 1998 (NSW) [PPIP Act]
- investigating alternate duties in consultation with the worker, with the same or different employer, and assisting the worker to reach maximum medical improvement where a return to pre-injury duties is not possible
- investigating and addressing any health and safety issues which may have led to injury

3. Legal and legislative framework

The following legislation sets out the obligations of all stakeholders required to manage the rehabilitation, recovery and return to work for a worker.

- [*Guidelines for workplace return to work programs*](#)
- [*Work Health and Safety Act 2011 \(NSW\)*](#)
- [*Workplace Injury Management and Workers Compensation Act 1998 NSW*](#)
- [*Workers’ Compensation \(Dust Diseases\) Act 1942 NSW*](#)
- [*Workers Compensation Legislation Amendment Act 2012 NSW*](#)
- [*Workers Compensation Legislation Amendment Act 2018 NSW*](#)
- [*Workers Compensation Regulation 2016 NSW*](#)
- [*Work Health and Safety Act 2011 NSW*](#)
- [*Work Health and Safety Regulation 2017 NSW*](#)

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

- [*Guidelines for workplace return to work programs*](#)
- [*NSW workers compensation guidelines for the evaluation of permanent impairment*](#)
- [*Workers compensation medical dispute assessment guidelines*](#)
- [*Recover at work planning tool*](#)

WORKPLACE ARRANGEMENTS

1. Key Definitions

Case conference	A meeting between two or more stakeholders to discuss matters related to the claim, injury management or return to work planning. A case conference can be held face-to-face, over the phone or by video link
Consultation	A communication process between the employer and workers (&/or their representatives), involving the two-way exchange of information where the views of workers are sought and considered prior to decision making.
Early intervention	Following an injury/illness, potential risks are identified, a worker’s individual needs are assessed, and treatment and/or rehabilitation services begin as soon as possible.

<p>Early Stakeholder Intervention (ESI) or</p>	<p>A collaborative case management approach to managing complex and psychological claims. This is known as the Early Stakeholder Intervention (ESI) process and involves a teleconference between some key stakeholders at the earliest juncture from when the injury/illness is notified.</p>
<p>Functional Capacity Assessment</p>	<p>A functional capacity evaluation or assessment is a set of tests, practices and observations that are combined to determine the ability of the evaluated person to function in a variety of circumstances, most often employment, in an objective manner. This assessment must be undertaken by an allied health professional accredited by SIRA.</p>
<p>Independent Medical Examiner (IME)</p>	<p>A specialist medical practitioner with qualifications relevant to the worker’s injury but is not in a treating relationship with the worker.</p> <p>Referral to an IME is appropriate when information from the NTD is inadequate, unavailable or inconsistent and where the referrer has been unable to resolve the problem directly with the NTD.</p>
<p>Injury</p>	<p>The Workers Compensation Act 1987 NSW Section 4 defines injury as:</p> <ul style="list-style-type: none"> (a) means personal injury arising out of or in the course of employment (b) includes a disease injury, which means— <ul style="list-style-type: none"> (i) a disease that is contracted by a worker in the course of employment but only if the employment was the main contributing factor to contracting the disease, and (ii) the aggravation, acceleration, exacerbation or deterioration in the course of employment of any disease, but only if the employment was the main contributing factor to the aggravation, acceleration, exacerbation or deterioration of the disease, and (c) does not include (except in the case of a worker employed in or about a mine) a dust disease, as defined by the Workers’ Compensation (Dust Diseases) Act 1942 (NSW), or the aggravation, acceleration, exacerbation or deterioration of a dust disease, as so defined.
<p>Injury Management Consultant</p>	<p>A doctor who is a return to work facilitator. They are experienced in occupational injury and workplace-based rehabilitation, mediation/ negotiation skills, and liaises with treating doctors, insurers, employers and workers to solve problems in complex return to work cases.</p>
<p>Injury Management Plan (IMP)</p>	<p>An IMP is a customised plan for coordinating and managing those aspects of injury management that relate to the treatment, rehabilitation and retraining of an injured worker, for the purpose of achieving a timely, safe and durable return to work for the worker. An IMP can confirm the treatment, rehabilitation and retraining which is to be given or provided to the injured worker.</p> <p>It is also a document created by the insurer in consultation with the worker and other stakeholders and is required when there is an injury which results in an incapacity for work (whether total or partial) that lasts for seven (7) days.</p>
<p>Nominated Treating Doctor (NTD)</p>	<p>A doctor selected by the worker to manage their injury/illness and recovery and to assist with a safe and durable return to work.</p>

<p>Pre-Injury Average Weekly Earnings (PIAWE)</p>	<p>The weekly average of the gross pre-injury earnings received by the worker for work in any employment in which the worker was engaged at the time of the injury, including:</p> <ul style="list-style-type: none"> • wages, including any paid leave and loadings • shift, overtime and other allowances paid • commission and piece rates • any government subsidies provided in lieu of work performed. <p>Where a worker has the use of a non-monetary benefit (for example a motor vehicle) and after the injury they no longer have the use of that benefit, then the cash value of that benefit can also be included.</p>
<p>Psychological injury</p>	<p>Psychological injury or illness includes a range of cognitive, emotional and behavioural symptoms that interfere with a worker’s life and can significantly affect how they feel, think, behave and interact with others. Psychological injury may include such disorders as depression, anxiety or post-traumatic stress disorder.</p> <p>Job stress is commonly used to describe physical and emotional symptoms which arise in response to work situations, but it is not in itself a diagnosed disorder or a psychological injury.</p>
<p>Return to Work (RTW) Coordinator</p>	<p>A permanent employee/s of The Group, whose key roles are:</p> <ul style="list-style-type: none"> • identifying the needs of the worker • understanding any constraints on the employer facilitating consultation between the worker, The Group, Insurer Claims Manager, and treating health professionals developing the RTW Plan with the supervisor/manager and the worker in line with the current certificate of capacity • identifying appropriate suitable duties for the worker for the development of the RTW Plan. <p>Details of the relevant RTW Coordinator’s for The Group can be found by:</p> <p>HOBAN/SSB: In the Induction Booklet on https://www.hoban.com.au/hoban-on-hire-employees</p> <p>Clicks/Index: Will be displayed in the contractor portal that is currently being developed</p> <p>RED: In the Induction book provided at registration</p> <p>HOBAN/SSB: Alyssa Shoppee – RTW & Safety Manager Email: alyssas@hoban.com.au Phone: 0488 017 907</p> <p>Clicks/Index: Naomi Vanderkley – Employee Experience Manager Email: naomi.vanderkley@clicks.com.au Phone: (07) 3027 2559 Mobile: 0420 314 502</p> <p>RED Appointments: Stephen Hall – Commercial ER/IR Manager Email: stephenh@redappointments.com Phone: (08) 7071 7350 Mobile: 0414 822 460</p>

Return to Work (RTW) Plan	An individual plan which the employer (or an approved rehabilitation provider) develops in consultation with the worker to manage the recovery at work.
Significant injury	An injury likely to deem a worker unable to work for more than seven (7) continuous days, whether or not those are workdays, and whether or not the worker’s incapacity is total, partial or a combination of both.
State Insurance Regulatory Authority (SIRA)	SIRA is the government organisation responsible for the regulatory functions for workers compensation insurance, motor accidents compulsory third party (CTP) insurance and home building compensation.
Suitable duties	Work that is suited to a worker’s current capacity, which is advised on their certificate of capacity, any other medical information, skill set and capability, work experience and pre-injury employment. Where possible, suitable duties should, so far as reasonably practicable be the same as, or equivalent to, the employment in which the worker was at the time of the injury.
Suitable employment	Employment for which the worker is currently suited: (a) having regard to: (i) the nature of the worker’s incapacity and the details provided in medical information including, but not limited to, any certificate of capacity supplied by the worker (under section 44B of the <i>Workers Compensation Act 1987 No 70</i>), and (ii) the worker’s age, education, skills and work experience (iii) any plan or document prepared as part of the return to work planning process, including an injury management plan under Chapter 3 of <i>Workplace Injury Management and Workers Compensation Act 1998</i> , and any occupational rehabilitation services that are being, or have been, provided to the worker, and (iv) such other matters as the Workers Compensation Guidelines may specify, and (b) regardless of: (i) whether the work or the employment is available (ii) whether the work or the employment is of a type or nature that is generally available in the employment market (iii) the nature of the worker’s pre-injury employment (iv) the worker’s place of residence
Insurer Claims Manager/ Insurer Claims Service Provider	Day-to-day responsibility for managing workers compensation claims for The Group is undertaken by several icare-appointed insurers called Claims Managers. The Claims Managers work closely with the RTW Coordinators and workers to oversee the management of workers compensation claims.
SIRA Accredited Rehabilitation Provider	External workplace rehabilitation providers are organisations made up of health professionals (from the disciplines of allied health) approved by SIRA to provide specific rehabilitation related services aimed at returning workers to suitable employment.

Vocational assessment	An assessment undertaken by a qualified rehabilitation provider which identifies appropriate vocational opportunities for workers. It considers the worker’s capacity, transferable skills, experience and interests, as well as the availability of the identified vocations through a job market analysis. A vocational assessment may be conducted where a worker is unable to return to their pre-injury role or to enable the delivery of a work capacity decision.
Work capacity	The worker’s current ability to undertake any form of work, be it in their pre-injury employment or suitable alternate employment.
Worker	Under the Workplace Injury Management and Workers Compensation Act 1998 NSW worker means a person who has entered into or works under a contract of service or a training contract with an employer (whether by way of manual labour, clerical work or otherwise, and whether the contract is expressed or implied, and whether the contract is oral or in writing).

2. Sira-approved workplace rehabilitation providers

External workplace rehabilitation providers are organisations made up of health professionals (from the disciplines of allied health) approved by SIRA to provide specific rehabilitation related services aimed at returning workers to suitable employment. Workers have the right to engage an independent rehabilitation provider and to change their provider. A full listing of all approved rehabilitation providers can be found on the SIRA website (<https://www.sira.nsw.gov.au/information-search/rehab-provider>).

If required, the RTW Coordinator or the Insurer Claims Manager, may engage an external rehabilitation provider in consultation with the worker and their NTD. SIRA recommends employers nominate one or more approved providers to assist in the rehabilitation of workers. The Group has preferred providers on the Insurer Claims Manager Rehabilitation Provider Panel to ensure the services support the worker’s recovery and return to work.

Alternatively, the worker or their NTD may request the services of another SIRA-approved rehabilitation provider and this request will not be unreasonably denied. This will be communicated to workers verbally by the RTW Coordinator at the point of referral.

The RTW Coordinator will communicate and collaborate with the rehabilitation provider to ensure the worker receives support for their recovery and return to work. The RTW Coordinator, in conjunction with the supervisor/ manager, will facilitate access to the workplace for the provider, and discuss any workplace specific needs/requirements/arrangements.

Examples of when a SIRA-approved workplace rehabilitation provider may be engaged include:

- The worker is likely to have an extended period of total incapacity for work
- There is difficulty in identifying suitable duties within a worker’s certified capacity for employment
- An assessment of the worker’s physical and/or psychological capacity may be required to assist finding suitable alternate employment
- An assessment of daily living activities is required
- The worker is unlikely to resume full pre-injury duties in the long-term
- The worker’s rehabilitation goal is identified to be a return to a different job with the same employer, or different job with different employer, and training, work trials or job placement may be required
- An assessment of transferrable skills is required to assist with identifying suitable duties, work trials or redeployment
- A conflict of interest is perceived
- The worker has resigned or been medically separated

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

- Identifying suitable duties within a worker’s certified capacity
- Identifying and coordinating rehabilitation strategies for an early and sustainable return to work

- Developing and monitoring RTW Plans, with progressive upgrades to return to pre-injury duties where appropriate
- Providing education and support regarding the worker's recovery and return to work
- Assisting with job seeking and placement in alternative employment when there is a change of return-to-work goal
- Conducting workplace assessments including functional, vocational and ergonomic advice

The Groups nominated rehabilitation provider is WorkFocus Australia

www.workfocus.com

Suite 1, Level 15, 1 Market Street
Sydney, NSW 2000
(02) 9098 2600

3. Changing approved workplace rehabilitation provider

Requests to change SIRA-approved workplace rehabilitation provider/s will be communicated between the worker and RTW Coordinator and can be made in writing or verbally. Examples of reasons to consider a change include:

- Lack of appropriate qualifications/experience in the required specialty
- Non-compliance with the service level agreement
- Communication (including language difficulties) with the provider is impeding the worker's recovery and early, safe and sustainable return to work
- Either the worker or provider moves, or the provider no longer services the area
- The provider discontinues practice in the required specialty

4. Communication

The Group is committed to maintaining positive communications between the worker, their supervisor/manager and the RTW Coordinator.

Communication by the supervisor/manager is integral to an early and sustainable recovery and return to work. Regular communication should continue with the supervisor/manager to keep the worker informed and socially connected to the workplace.

Where a worker's injury or illness limits their ability to communicate directly, alternate arrangements can be made using a nominated representative such as a family member. The worker will need to provide authority in writing, or voice recording if writing/typing is not possible, for the nominated representative to communicate on their behalf.

5. Return at work program consultation, implementation and training

This Return to Work Program is in place following consultation with workers, via the intranet or other accepted means of communication. Communication mediums include; WHS fortnightly in-person meetings, monthly, bi-monthly and quarterly meetings, survey's to on-hired staff, feedback to on-hired staff during site visits, toolbox talks and the Health and Safety section of the National Monthly Business Meeting.

Any draft documents of the RTW program, including additions or updates are circulated amongst stakeholders via email, inviting feedback, which is reviewed and incorporated where appropriate. This program is displayed on the intranet and the internal database. It's available under the Work, Health and Safety Section of the HOBAN Website <https://www.hoban.com.au/hoban-on-hire-employees/> and it is also made available to any injured workers as required.

Training for permanent internal staff members is provided through the Induction Program 6 - WHS v6, and department/team meetings. Training includes where to access this program as well as highlighting its contents. Training for on-hired staff on how to notify an injury is contained in the workers induction booklet during employment onboarding and induction and is refreshed every 2 years.

The Return to Work program review takes place on a yearly basis or following the need to improve the program, the review is completed by The Group's Injury Management staff. The effectiveness of the program is monitored through reviewing the return to work outcomes on a monthly basis.

6. Using injury information to improve performance

The Group is committed to improving RTW outcomes. One way of achieving this is by analysing injury data to identify trends and to identify, assess and control/eliminate hazards. Performance data must include lead and lag indicators, examples include:

- Performance against health and safety goals and objectives
- Workers compensation internal claims management audit results
- Health and safety incident notifications and investigations
- Workers compensation statistics
- Employee survey/other employee engagement or culture survey results.

Quarterly review of trends, performance and actions are conducted between The Group and both icare and the Claims Service Provider

RIGHTS AND OBLIGATIONS

1. Summary of rights and obligations

Workers will be notified of their rights and obligations in writing following a notification of an injury/ illness, as well as throughout their recovery by the Return to Work Program. A summary is below:

Worker Rights	Worker Obligations
Privacy and confidentiality	Comply with advice of medical professionals and Return to Work Plan, to minimise risks of exacerbation or re-injury
Employment that is suitable and, as far as reasonably practicable, the same as or equivalent to their pre-injury employment	Report work-related injury/illness as soon as possible (early intervention within 48-hrs)
Be consulted and involved in identifying suitable duties and in developing the RTW Plan	Participate in the return to work process
Choice of a Nominated Treating Doctor	Make all reasonable efforts to recover and return to work as soon as possible
Access to interpreter services where required	Maintain regular contact with the Insurance Claims Service Provider and Return to Work Coordinator
Protection from dismissal resulting from the injury, within six (6) months of first becoming unfit for employment	Nominate a treating doctor and provide regular certificates of capacity to support any absences related to the injury/illness
Access mechanisms for resolving complaints and disputes.	Attend treatment outside of work hours
Have a say in the choice of their rehabilitation provider (where one is required)	Participate and cooperate in establishing an Injury Management Plan and comply with the actions required within this plan
	Participate in treatment as directed by the nominated treating doctor

2. Stakeholder role and responsibilities

All stakeholders' responsibilities are summarised below with reference to [Section 48 of the Workplace Injury Management and Workers Compensation Act 1998 NSW](#)

a. The Group

The Group is responsible for ensuring that workers can return to work safely. To do this they will develop a plan for a worker to return to work in support of their recovery. Depending on the nature of the injury and the progress of recovery, a worker might be unable to work full-time or perform all their usual duties. Workers with a reduced capacity will be provided with suitable duties, aligned with the medical restrictions indicated on their certificate of capacity.

Suitable duties may require adjustments and/or modifications in the work or the workplace to support a worker during their recovery such as installing specific equipment or changing a process.

Potential duties should be carefully considered to ensure they don't pose physical or psychosocial risks to the worker

b. The Worker

The worker must notify their supervisor/manager of any work-related injury or illness as soon as possible after it occurs and prior to leaving the workplace where possible and safe to do so.

All workers will be proactive in aiding in the prevention of workplace injuries to themselves and others. This includes not performing duties which do not comply with the capacity advised on the certificate of capacity.

Workers must cooperate with The Group to meet return to work obligations and to make all reasonable efforts to return to work. This includes collaborating in the development and implementation of an injury management plan and carrying out the actions this plan requires of them, which would require:

- specifying one NTD who is prepared to participate in the development and ongoing management of their recovery and return to work and authorising this doctor to provide relevant information to the Insurer's Claims Manager and The Group.
- reviewing the Consent Form provided by The Group. The Consent Form is to enable active management of the claim, treatment and recovery. Consent is voluntary and must be informed.
- actively participating in the development of the RTW Plan. Signing all certificates of capacity.
- attending appointments with the NTD as required and obtaining certificates of capacity at least one day prior to the current certificate expiring. Reviews should be booked in advance to meet this obligation.
- providing updated certificates of capacity to the RTW Coordinator and supervisor/manager prior to expiration and within 24 hours of receipt.
- reporting any changes in capacity directly to the RTW Coordinator
- immediately informing the supervisor/manager and RTW Coordinator if unable to perform the tasks outlined in the RTW Plan or if unable to attend work for any reason.
- attending all required treatments, arranging appointments outside work hours where possible or at the beginning or end of the shift.
- attending all appointments arranged by the Insurer's Claims Manager to assist with the management of the claim and support the graduated return to the pre-injury role. (Noting relevant guideline requirements for insurers on arranging appointments).
- completing Section 3 of each Certificate of Capacity – Employment Declaration. The worker must also tell the nominated treating doctor (NTD):
 - exactly how and when the injury or illness occurred and any previous related injuries/ illnesses including any previous or current treatment
 - the type of duties and tasks normally performed at work, including days worked, hours and shift patterns, and
 - the name and contact details of the RTW Coordinator and claim number (when obtained).

c. Supervisor/Manager - at HOST sites and internally

The supervisor/manager must support the worker in their return to work, including the identification of suitable duties when required. They must also ensure the incident is investigated and preventative actions are implemented.

Supervisors/managers must also:

- ensure any notifiable incident is immediately reported to the RTW Coordinator or senior management so that it can be reported to SafeWork NSW within the legislated timeframes

- ensure a documented induction into the work/workplace is completed for an employee commencing duties in a position other than their substantive role
- return all signed RTW Plans to the RTW Coordinator within required timeframes
- contact the RTW Coordinator in relation to any concerns about the RTW Plan or about their own ability to assist the worker in the recover at work process
- ensure the worker is not asked to perform duties outside of their certified capacity
- remain in contact with the worker as agreed
- attend case conferences as requested by the RTW Coordinator to address any identified barriers with the RTW Plan
- forward each new certificate of capacity to the RTW Coordinator within 24-hours of receipt

d. Return to Work Coordinator

The Group is committed to participating and cooperating in developing a Return to Work Plan for an injured worker through the RTW Coordinator.

The RTW Coordinator carries out the day-to-day duties of the Return to Work Program and is the link between the worker and their support team. The RTW Coordinator has the authority to represent and make decisions for the employer in relation to the functions specified below. The RTW Coordinator does not make decisions on claims liability or funding for treatment, this is the insurer's responsibility. Duties of the RTW Coordinator include:

- Compiling the initial notification information
- Coordinating the worker's RTW, including identifying suitable work opportunities
- Liaising with all key stakeholders, both internal and external. Including but not limited to:
 - the injured worker
 - the supervisor/ manager
 - the NTD
 - insurer
 - treatment providers
 - workplace rehabilitation provider
 - HOST site representatives where necessary
- Preparing, implementing, monitoring and reviewing the RTW Plan (in consultation with key parties), that documents the worker's capacity and the duties available
- Supporting the redeployment of workers (internally or externally) into suitable work, when they cannot return to their pre-injury duties
- Keeping injury and recover at work statistics
- Keeping confidential case notes and records in line with laws and guidelines
- Promoting the health benefits of good work to the workforce
- Contributing to the improvement of relevant policies and systems
- Providing the worker with the SIRA [Injured at Work: A Recovery at Work Guide for Workers](#)
- If workers consent allows, arrange review meetings as required to update the RTW Plan based on the certificates of capacity provided by the worker's NTD prior to the completion of the current plan Initiate, arrange and attend case conferences with the NTD to facilitate improvement in the worker's recovery and address any issues/barriers or ensure the SIRA approved rehabilitation consultant is present
- Remain in contact with the worker as agreed in the Injury Management Plan
- Support the worker in their recovery and return to work, communicating with the supervisor/manager and by ensuring all certificates of capacity and Return to Work Plan are current and cover all periods of injury
- Assisting workers and supervisors/managers in understanding their rights and responsibilities.

e. NTD - Nominated Treating Doctor

An NTD is the medical practitioner the worker nominates (normally a general practitioner) to manage their recovery from injury and to assist in safe recovery/return to work.

The NTD will:

- recommend and organise treatment for the workers injury or illness.

- cooperate and communicate with:
 - The Group
 - the Insurer claims manager
 - treating health professionals, and
 - rehabilitation provider (if involved) about the injured worker's condition, needs, progress and capacity for work.
- work with the Insurer's Claims Manager to develop the worker's Injury Management Plan
- complete the certificate of capacity
- review the workers condition and capacity for work on a regular basis
- recommend and arrange treatment (including referrals) as needed and review the worker's condition and fitness for work, assisting with their return to work as needed
- inform the employer and the Insurer Claims Manager about ongoing injury management needs
- participate in case conferences and medical reviews as requested by the Insurer's Claims Manager and The Group to ensure a speedy recovery and that the worker's return to work is on track, ensuring timeframes are developed and maintained that align with evidence-based recovery for the relevant injury/ illness

f. SIRA-approved workplace rehabilitation provider

The SIRA-approved workplace rehabilitation provider will:

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

g. Insurer Claims Manager

The Claims Managers are responsible for developing an Injury Management Plan, determining overall liability and approving and managing all reasonably necessary treatment and medication requests. Workers will be consulted and involved in identifying suitable duties and in developing the RTW Plan. The Claims Manager is required to develop an Injury Management Plan where a worker is not able to complete their usual duties for a period of seven (7) days.

Workers compensation legislation refers to "an incapacity to work" whether total or partial. If a worker unreasonably refuses to comply with their Injury Management Plan, weekly benefits may be suspended. Prior to suspension of benefits, compliance by the worker will be managed by the Insurer Claims Manager

AFTER AN INCIDENT

1. Immediate response to a workplace injury

Workers must report all work-related injuries and illnesses to their immediate supervisor/manager and/or the HOST site supervisor as soon as practicable, preferably within 24 hours. Where possible and safe to do so, this must be before leaving the workplace following an injury.

First aid treatment will be initiated at the location of the injury. If the incident occurs at a HOST client, the process will be in line with the Client WHS checklist assessment in place for workers at that site. If the incident occurs at one of The Group's offices, the first aid procedure will be provided as determined by the Office WHS checklist assessment for that office. If an incident occurs to a permanent staff member whilst they are in transit they will contact their manager, the business manager, the RTW Coordinator or a Health and Safety team member for assistance.

Incident reports can be made by calling, emailing or texting The Groups Recruitment Consultant, Account Manager, Business Manager or by using the 'Report a Workplace Hazard, Accident, Workplace Bullying or harassment' link on the HOBAN Website <https://www.hoban.com.au/hoban-on-hire-employees/>

For on-hired employees reporting/register of Injury notifications information is also provided in the On-hired Employee Handbook which is provided and signed off on at the onboarding stage. The On-hired Employee Handbook is also available on the relevant websites. HOST sites also have register of injuries procedures which on-hired staff are trained in at their first day inductions. Reporting an incident and register of injuries reminders and/or re-training is communicated by various means e.g. bulk sms', individual conversations, emails, toolbox talks and provided as an on needs basis i.e. following an incident, periodic communication depending on the length of the placement.

An investigation report must be completed by the Recruitment Consultant, Account Manager, Branch Manager, Area Manager within 24 hours of the injury being reported.

All investigation reports will be reported to the RTW Coordinator. As soon as practicable and within 48 hours. It is reviewed by the RTW Coordinator, the supervisor/manager, Work Health and Safety team.

Failure to report an injury in a timely manner may delay access to appropriate medical treatment, return to work or access to workers compensation benefits.

Any injury or illness because of alleged bullying/harassment will concurrently be referred to the relevant RTW Coordinator and/or Business Manager, Area Manager etc. to ensure additional support is offered.

When a psychological injury is raised through grievance or other employee relations or human resources process, the usual requirement for reporting to the Claims Manager within 48 hours still applies.

All incidents and injuries are reviewed by senior management. Where required a formal investigation will be undertaken. These reviews and investigations are necessary to ensure:

- workers remain safe in the workplace
- prevention of further injuries/illnesses
- any faulty equipment or supplies are removed
- correct notifications are made, such as to SafeWork NSW
- relevant escalations are undertaken including completion of a reportable investigation report
- open communication and consultation between the workplace and workers
- a determination of What, Why and How is made and relevant actions taken
- implementation of actions, controls or mitigation measures are tracked and assessed
- feedback is provided to the worker, manager/supervisor (if not the investigator) and any other interested parties i.e. HOST sites

Some incidents may be notifiable to SafeWork NSW. If anyone (manager/workers) believes an incident is a [notifiable incident](#) they should contact the appropriate Group representatives listed below; and/or the senior manager on site immediately. Notifiable incidents must be notified to SafeWork NSW immediately, and include those related to the below list and this can be referenced <https://www.safework.nsw.gov.au/notify-safework>

- Death
- Serious injury or illness
- Dangerous incident

HOBAN/SSB: Alyssa Shoppee – RTW & Safety Manager

Email: alyssas@hoban.com.au

Phone: 0488 017 907

Clicks/Index: Naomi Vanderkley – Employee Experience Manager

Email: naomi.vanderkley@clicks.com.au

Phone: (07) 3027 2559 Mobile: 0420 314 502

RED Appointments: Stephen Hall – Commercial ER/IR Manager

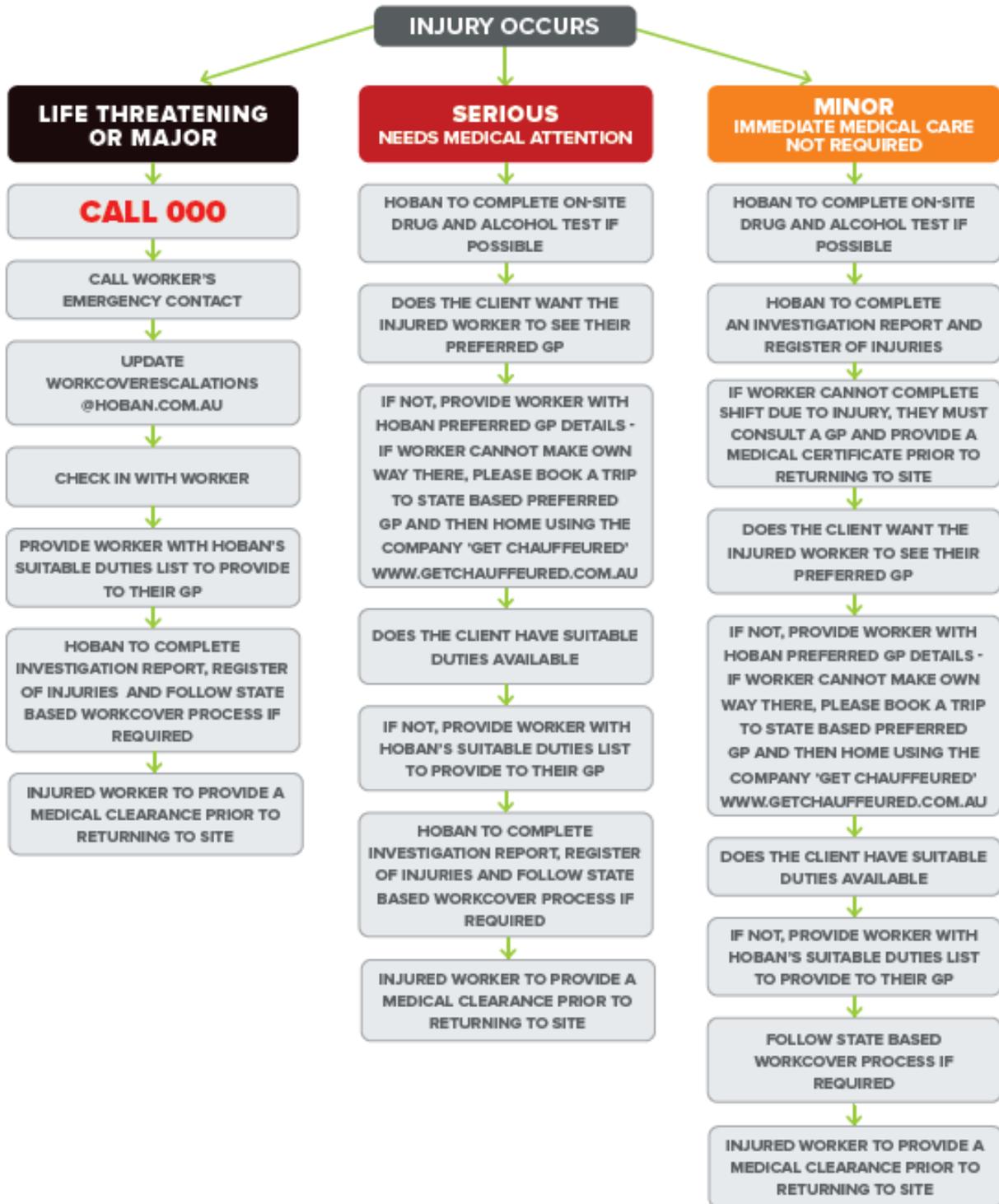
Email: stephenh@redappointments.com

Phone: (08) 7071 7350 Mobile: 0414 822 460

2. Injury Management Process

HOBAN'S INJURY MANAGEMENT PROCESS

TARGET - NO LOST-TIME INJURIES



ALWAYS REMEMBER TO ACTION IMMEDIATELY

- Attend site to conduct an investigation
- Request to view a copy of footage if they have CCTV
- Take photos of area/equipment
- Confirm with host site the duties being performed
- Ask injured worker to write/type a statement of events
- *If there are witnesses. ask them to provide a statement

3. Initial notification on injury

An initial notification of an injury by a worker or some other person acting on behalf of the worker can be made in writing (either online or email) or verbally (including by phone or face-to-face) to the employer. It can also be lodged independently of The Group using the icare portal.

The following information is required for the notification to be lodged with the Insurer:	
About the worker	Name Contact details, including a phone number, email address and postal address
About the employer	Business name Business contact details
Nominated treating doctor (NTD) *if known	Doctor's name Name of medical centre and address
Injury details	Date of the injury or the period over which the injury/ illness emerged Time the injury occurred Description of how the injury occurred Description of the injury Whether any medical treatment is required Whether there is an incapacity for work
Who is notifying the injury (if not the worker)	Name Relationship with the worker or employer Contact details (including a phone number, email address and postal address)

4. Worker compensation claim number

Once the injury has been reported to the worker's supervisor/manager or RTW Coordinator (whichever is first), The Group representative must complete an investigation report immediately and provide this to RTW Coordinator. Employers must report all injuries to the Insurer within 48 hours of becoming aware. This timeframe commences from any notification to the employer of the injury, such as an email, sms, notification of injury form or verbal report to a supervisor/ manager.

The Insurer will issue a claim number and advise the worker once the claim has been lodged. Where possible a certificate of capacity issued by the NTD should be provided with the notification, but it is not required to complete the notification. This claim number must appear on all correspondence, electronic or hard copy, relating to a worker's claim, provided to the NTD and other treatment providers.

5. Requirements for insurer lodgement

The initial notification of a claim allows for the Insurer's Claims Manager to accept provisional liability before making a formal determination of liability. To make a claim for workers compensation benefits that continue beyond provisional liability the following information is required.

A claim for compensation by a worker must provide the following information:

- Name and contact details of the employer (individual or organisation)
- Name and contact details of the worker
- If applicable, the name and contact details of any witnesses and any witness statements, if the incident was witnessed
- Date and time of the injury or period over which the injury emerged
- Description of how the injury happened
- Information to support the medical expenses or other losses (if any) the worker is claiming

6. Determining liability

There is an obligation for the Insurer Claims Manager to process a claim for workers' compensation and determine liability for a

workplace injury within a specific, reasonable timeframe based on the information available. The worker may request a review of the liability decision through the Insurer Claims Manager. Documentation required for a review is provided to the worker with their liability correspondence.

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

a) Liability accepted

Liability may be accepted upon receipt of the injury notification if the evidence meets legislative requirements. Liability can be accepted within 21 days from receipt of the claim form supported by an approved and complete certificate of capacity.

Alternatively, liability can be accepted when provisional liability has been exhausted at the 12-week point.

b) Provisional liability

Provisional liability can be determined within seven (7) days of notification of the injury or illness. This decision is based on the information obtained from the initial contact with the worker and the certificate of capacity provided by the nominated treating doctor (NTD). Provisional liability is not an admission of liability, it allows the commencement of weekly benefit payments up to a period of 12 weeks whilst further information is gathered, and a formal liability decision is made. Medical treatment and other reasonable expenses can be paid up to a maximum amount of \$10,000.

c) Reasonable excuse

A reasonable excuse notice may be issued where evidence does not support the payment of workers' compensation or where all reasonable efforts have been made to obtain important information on which to make a formal decision.

Reasonably necessary medical treatment is covered during the time the claim is reasonably excused.

d) Liability disputed

Where there is sufficient evidence that liability is queried, the Insurer Claims Manager will issue a written dispute notice to the worker.

The Group, where reasonably practicable, will continue to support the worker in their recovery and safe return to work irrespective of the liability status of the claim.

7. Liability for psychological claims

For a psychological claim to be compensable, work must be the main contributing factor. It is not compensable if the injury was wholly or predominantly caused by reasonable management action taken in respect to transfer, demotion, promotion, performance appraisal, discipline, retrenchment or dismissal of workers or the provision of employment benefits.

SUPPORT FOR THE WORKER

1. Initial communication with worker

Early communication is extremely beneficial in creating the foundation for a positive Return to work. It ensures an ongoing connection to the workplace and reinforces our support for an early and sustainable return to work. Contact will be made by the appropriate representative of The Group with the worker within two (2) business days of an injury being notified.

a) RTW Coordinator communication may include:

- Checking the worker's welfare
- Identifying and addressing any hazard which may impede or impact on the worker's recovery and return to work
- Ensuring a WHS investigation is undertaken to prevent further or subsequent injuries or illnesses
- Updating the worker about the workplace to maintain connection
- Description of the injury and how it occurred
- Supporting the identification of suitable duties
- Confirming the worker's preferred method of contact

- Arranging a meeting to discuss additional support services available to assist with the worker's recovery and return to work. For example, a worker indicating psychosocial concerns may be offered psychological support to address issues which may be a barrier to recovery and return to work
- Providing the authority for release of medical information form to allow discussion between the stakeholders about treatment and recovery
- Clarifying the nature and cause of an injury and any treatment undertaken or proposed
- Identifying factors or barriers which may prevent early return to work and discussing a plan to address them
- Facilitating realistic injury management and return to work goal setting
- Information on standardised recovery timeframes and practices, and
- Identification of, and consultation regarding, suitable work
- Accessing interpreter services, if required
- Communicating all the above with the Insurer's Claims Manager, to assist in the development of the Injury Management Plan

b) Insurer's Claims Manager communication includes:

- Providing information to the worker about rights and responsibilities, the recover at work and workers compensation processes in general
- Assisting with establishing an Injury Management Plan to document strategies to assist with recovery and return to work
- Providing information in relation to liability determination and approval of reasonably necessary medical treatment, and
- Providing additional information as detailed in the points above.

2. Requesting authority and consent for the collection and release of personal and health information

Part 3.3 of the SIRA [Workers compensation guidelines](#) states The Group is required to seek a worker's consent to gather and exchange information regarding their health, injury and recovery. This consent enables the exchange of information between The Group, the Insurer Claims Manager, the nominated treating doctor (NTD) and other health practitioners. This open communication allows all parties to work collaboratively towards the common goal of supporting the worker with their recovery and return to work in their substantive position. These benefits are outlined in the form.

Once a notification of injury is received, the RTW Coordinator will seek the worker's written consent to release and exchange medical information by requesting the worker sign the [Authority to obtain and release Medical Information](#) This consent form can be provided face to face, via email, via onboarding or via sms.

The information includes any electronic or paper-based information or opinion about a worker's:

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

See [Section 243 of the Workplace Injury Management and Workers Compensation Act 1998 NSW](#) for details of disclosure requirements.

3. Weekly payment and pre-injury average weekly earnings

Where a worker has lost work time due to their claim, their wage payments are based on a calculation of pre-injury average weekly earnings (PIAWE) which is based on their average weekly earnings before the claim. Within seven (7) calendar days of the date of notification, The Group submits a payroll report to the Insurer Claims Manager, detailing the worker's earnings prior to the injury. The Insurer Claims Manager will issue a letter informing the worker of the liability decision and associated PIAWE calculation. A copy of this letter is also supplied to The Group via email, to allow accurate payment of weekly benefits to the worker.

If a worker is undertaking suitable duties on restricted or normal hours they will be paid in accordance with their contract/award. Any difference between earnings in suitable duties, and their entitlements (based on PIAWE and claim timeline), will be supplemented in the worker's wage payment. In most cases payment will be processed in conjunction with the normal pay/pay cycle. The supervisor/manager will submit a suitable duties timesheet to the RTW Coordinator so the wages can be calculated and communicated to the payroll department for processing.

If the worker is no longer an employee of The Group, then wages will be paid by the Insurer Claims Manager.

The calculation of workers compensation benefits are completed and communicated by the Insurer Claims Manager.

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

- a rate of 95% of a worker's pre-injury average weekly earnings for the first 13-weeks
- following this, a reduced rate of 80% of a worker's PIAWE is paid for a worker who is not working at least 15-hours per week.

Weekly entitlements are separated by entitlement periods:

- 0-13 weeks
- 14-130 weeks
- Post 130 weeks – weekly benefits after 130 weeks depend on the worker's capacity to work. The worker will need to apply to the Insurer Claims Manager for a continuation of benefits.

Weekly benefit payments may be paid in the following circumstances:

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

If a claim is disputed, the Insurer Claims Manager will issue a declinature notice with supporting evidence attached to the notice. These notices can be reviewed and/or disputed in the Personal Injury Commission for which legal representation is required. Certain awards utilised by The Group also allow the worker to use leave balances to make up the difference between their workers compensation entitlements and their pre-injury earnings.

Section 39 of the Workers Compensation Act 1987 (NSW) provides that weekly benefits are limited to a maximum of 260-weeks unless the level of wholeperson impairment has been assessed as being greater than 20%.

4. Weekly payments from accrued leave

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

Where the worker uses accrued annual leave, this leave will not be reinstated. Section 49 of the Workers Compensation Act 1987 (NSW) states that workers' compensation weekly benefits will be paid to the employee in addition to the annual leave already paid and this includes annual leave loading which is applicable under public health awards. Workers can elect whether to utilise their annual leave balance with the knowledge that leave taken will not be reinstated or reimbursed.

In relation to long service leave being taken for a period which then becomes a period of workers compensation, long service leave may be reinstated or reimbursed and the payment made as for workers compensation.

Section 50 of the Workers Compensation Act 1987 (NSW) refers specifically to sick leave stating that where a worker has been paid sick leave for a period and this then becomes a period of workers compensation, the sick leave must be reinstated and the payment made as a workers compensation benefit.

As workers compensation entitlements are 95% of PIAWE at a maximum, there may be a difference in the figure when leave is recredited and workers compensation paid.

5. Why payments can be reduced or stopped

There are several reasons payments may be reduced or stopped altogether. Weekly benefit payments can be suspended 14 days after the Insurer Claims Manager issues a notice to the worker in the following circumstances:

- Failure to provide a current certificate of capacity
- Failure to provide a signed declaration that the worker is not engaged in other employment. If this is incomplete seven (7) days after the claim is notified, weekly benefit payments may be discontinued
- Non-compliance with return-to-work obligations. If the worker is assessed as having some capacity to work, and suitable duties are available, weekly benefit payments may be reduced or stopped based on what can be earned in suitable employment
- Not attending a medical or rehabilitation appointment as arranged, without a reasonable excuse. Weekly benefit payments may be suspended until the examination takes place, or
- Refusing or not participating in an assessment of work capacity may lead to a suspension of payments until the assessment takes place.

6. Payments for other benefit types

The Insurer Claims Manager is responsible for review and determination of benefits, i.e. travel reimbursements, medication reimbursement etc. Once approved, payment will be made directly to the worker. Should payment meant for a worker erroneously be misdirected to The Group, notification will be made from the Insurer Claims Manager, within 48 hours of becoming aware. The Insurer Claims Manager will make the correct payment to the worker and seek reimbursement from The Group.

7. Pre-approved treatment

Workers can receive some reasonably necessary treatments and services without pre- approval from the Insurer Claims Manager. The goal is to reduce delays in accessing early treatment.

Part 4 of the SIRA [Workers compensation guidelines](#) outlines the types of medical treatments and services which are exempt from pre-approval.

The most common are:

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

Requests for further treatment require an Allied Health Recovery Request (AHRR) to be submitted, which details the expected upgrade, specific treatment modalities, recovery and discharge timeframes. This form is filled in by the injured worker's allied health practitioner e.g. physiotherapist

Each plan will allow up to eight (8) additional sessions and must be approved by the Insurer Claims Manager prior to commencement of treatment.

The following treatment providers must be SIRA accredited:

- Exercise Physiologists
- Chiropractors
- Counsellors
- Osteopaths
- Physiotherapists
- Psychologists

8. Choosing a nominated treating doctor (NTD)

Workers must choose an NTD. This must be either chosen from The Groups preferred NTD providers or be an individual doctor, treating medical specialist or medical practice and is usually a general practitioner.

The NTD will provide treatment, participate in the establishment of an individual RTW Plan and sign off on this, comment on capacity for work and appropriateness of suitable duties or employment and provide certificate(s) of capacity for the duration of the recovery and return to work.

All certificates of capacity are to be forwarded by the worker to the RTW Coordinator and the Insurer Claims Manager as soon as possible. This is to allow the Insurer Claims Manager to assess the treatment and for return to work planning. To assist with the development of the RTW Plan and confirm any restrictions and or treatment, the RTW Coordinator may contact the NTD directly, following receipt of consent from the worker

9. Certificate of capacity documentation

The NTD is required to complete a certificate of capacity. It is the worker's responsibility to ensure their certificate of capacity remains current and is provided to the RTW Coordinator to ensure The Groups involvement in developing the injury management plan with Insurer Claims Manager can occur. It is the worker's responsibility to ensure a copy of the certificate of capacity is provided to the Insurer Claims Manager so that weekly payments continue, treatment continues to be provided and the injury management plan can be made current.

A certificate of capacity must not be backdated (dated prior to the date of examination). If a certificate covers a period prior to the date of examination (maximum of 90-days – [see Section 44B \(5\) of the Workers Compensation Act 1987 NSW](#)), there should be an adequate reason (such as the worker has been in hospital and is now visiting their NTD at the earliest availability). The certificate must not cover a period of more than 28 days unless there is medical justification for doing so.

The NTD is to specify on the certificate of capacity:

- periods of capacity or incapacity
- treatment recommended
- medication recommended
- the worker's capacity, such as types of activities and duration, for example six (6) hours for four (4) days per week
- referral/s for further/ different treatment or to a workplace rehabilitation provider, and
- any medical reason there is a delay in upgrading work capacity or barriers to the worker's recovery.

10. Interpreter services

Workers have access to interpreter services through The Group, should this be required. A note will be made on the worker's file when an interpreter is required or used.

RECOVERY AT WORK

1. Return to work for work-related injuries or illness

The Group is committed to the recovery and return to work of injured or ill workers in a safe, durable and timely manner. Our RTW Program aims to foster positive attitudes and champion early access to treatment and support services. The Group encourages workers to maintain consistent engagement with the workplace and be focused on a 'return to health' in a safe and supportive workplace environment.

While a worker is recovering post injury, if they are unable to immediately return to their pre- injury duties, recovery at work is best practice. This will be facilitated through the provision of temporary alternate suitable duties, that meet the current work capacity of the worker, reflected in a RTW Plan. The RTW Coordinator will assist the worker and their supervisor/manager with the recovery and return to work process.

2. Return to work

The Group supports the body of evidence of the health benefits of remaining connected to the workplace following a work-related injury/illness. Research shows that if a worker remains working and recovers at work, they have a greater chance of making a full recovery. This information is accessible at [RACP Health Benefits of Good Work®](#). If the worker is unable to remain working initially, then getting back to work as soon and as safely as possible is an important part of the recovery process. The sooner a worker returns, in any capacity, the greater their chances of making a full recovery. Recovering and returning to work can assist a worker with getting back on track and returning to some sort of normality and routine. It also prevents financial stress which can accompany long periods of absence from work. It is therefore vital for the return to work process to

commence as soon as possible after an injury and for all stakeholders, including the worker and the NTD, to cooperate fully with the return to work process and the return to work goal.

3. The return to work plan (RTW plan)

A RTW Plan is designed to return the worker to their pre-injury duties or other suitable employment as determined by medical practitioners. A worker will not be disadvantaged by participating in an RTW Plan. If, for example, a training or professional development opportunity was expected to occur prior to the injury and the physical or psychological requirements of these tasks do not conflict with any medical restrictions issued by the doctor, the worker may continue.

Workers compensation legislation (protection of injured workers from dismissal), directs that a worker is not dismissed within six (6) months of becoming unfit to work due to a work-related injury. Any worker dismissed in this manner can make an application to their employer for reinstatement; see [Section 241 of the Workers Compensation Act 1987 NSW](#)

The RTW Coordinator will work closely with the worker or the worker's representative (if required), the supervisor/manager, the nominated treating doctor (NTD) and the SIRA approved rehabilitation provider or the Insurer mobile case manager to develop the RTW plan. The RTW Plan will ensure that the workplace is safe and suitable for the worker's return and minimises risks of aggravation or re-injury. All stakeholders have a role to play in developing a RTW Plan as summarised below.

The RTW Plan will be in writing and contain:

- The workers name and contact number
- The Groups Branch Manager and contact number
- The NTD name
- Which RTW plan it is. i.e. initial or progress
- Objective of the plan to return to pre-injury duties
- Duration (dates) of the current RTW plan
- Fit for suitable duties dates from commencement of suitable duties
- Pre-injury Job Description
- Hours/days to be worked, and rest and/or meal breaks to be taken
- Suitable duties location and available duties
- Current capacity/medical restrictions listed on the most recent certificate of capacity
- Treatment arrangements and medical appointments
- If training is required
- Diagnosis
- Plan to be reviewed by
- The signatories

The employment that must be provided is employment that is both suitable employment (as defined in [Section 32A of the Workers Compensation Act 1987 NSW](#)) and so far, as reasonably practicable the same as, or equivalent to, the employment in which the worker was at the time of the injury. Per [Section 49 of the Work Injury Management and Workers Compensation 1998 NSW](#) The Group must provide suitable work.

This obligation is negated if:

- it is not reasonably practicable to do so
- the worker voluntarily resigns from their employment, either before or after their incapacity for work
- employment is terminated after the injury for reasons other than the worker not being fit for work because of their injury.

The responsibility to initiate the process for developing, coordinating, distributing, managing and communicating regarding the RTW Plan, lies with the RTW Coordinator. The RTW Coordinator will work closely the worker or the worker's representative (if required), the supervisor/manager, the nominated treating doctor (NTD) and the SIRA approved rehabilitation provider or the Insurer mobile case manager to ensure the capacity outlined in the certificate of capacity is incorporated and any concerns or queries are addressed in a timely manner. Everyone nominated to undertake actions under the agreed RTW Plan are to cooperate in implementing the requirements of the plan and should have a copy of the plan.

The RTW Plan review process will be determined in consultation with the NTD and on receipt of certificates of capacity. The RTW Plan will be reviewed at the end of each plan period (not greater than 28 days) or when there is a change in work capacity or significant change in the worker's treatment plan.

If a worker unreasonably fails to comply with the requirements of the RTW Plan after being requested by The Group, the worker may have further entitlements to weekly payments of compensation suspended during any period that the failure continues. This action can only occur if the worker is given written notice to that effect by the Insurer Claims Manager, together with a statement of reasons for the entitlements ceasing.

The Insurer Claims Manager will explore the reasons for non-compliance prior to ceasing benefits and will advise the worker in writing, outlining the reasons and steps to be taken to avoid the suspension of weekly benefits.

[See section 48A of the Workplace Injury Management and Workers Compensation Act 1998 NSW](#)

If a worker does not comply with an obligation imposed under section 48, the insurer may in accordance with this section:

- a. suspend the payment of compensation in the form of weekly payments to the worker, or
- b. terminate the payment of compensation in the form of weekly payments to the worker, or
- c. cease and determine the entitlement of the worker to compensation in the form of weekly payments in respect of the injury under this Act.

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

The RTW Coordinator will ensure that the worker has access to these documents, including where the worker needs such information in a language other than English.

Where a worker has remained unfit, the RTW Coordinator and/or OR representative will ensure the claim is being strategically reviewed on a regular basis with the Insurer claims manager to maintain the worker's engagement with the recovery process. Discussions should include prognosis and timeframes for a return to suitable duties as well as the suitability of the overall return to work goal.

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

At the case conference, the barriers or obstacles which are stopping the worker from achieving these goals are identified and strategies or actions that are needed to address or prevent these barriers are agreed. Worker engagement is key to achieving the agreed goals. The RTW Coordinator and/or OR representative will maintain frequent contact and case conferences with the NTD.

4. The Group must provide suitable work

Suitable duties are any duties identified that can be provided to assist with a worker's RTW. Suitable duties form one part of an overall rehabilitation and recovery strategy used to achieve a return to full capacity. Suitable duties will be provided when a worker is unable to immediately return to their normal duties.

Suitable duties must be:

- in line with the worker's capacity for work
- provided for the purpose of allowing a worker the opportunity to recover at work, maintaining or increasing the worker's capacity for work or providing relevant experience for alternate vocations should the worker be certified as permanently unable to return to their pre-injury position, and
- so far as reasonably practicable the same as, or equivalent to, the employment in which the worker was at the time of the injury.

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

If a worker who has been totally or partially incapacitated for work because of an injury The Group is liable to pay compensation to the worker under The 1998 Act and may be required to adhere to additional injury clauses under a specific FairWork Modern Award.

5. Offers of suitable duties

Suitable duties, within the certified work capacity, will be provided where reasonably practicable to partially incapacitated workers, irrespective of liability. The supervisor/manager will work with the RTW Coordinator and the worker to identify suitable duties and the RTW Coordinator will facilitate this by providing a RTW Plan. Suitable duties may include reasonable adjustments to the worker's pre-injury role to assist with their recovery.

The RTW Coordinator will consult with the worker and supervisor/manager to identify suitable duties. This will form the RTW Plan which will be discussed, agreed and signed by all stakeholders which may include:

- the worker or the worker's representative, if one is nominated
- supervisor/ manager
- NTD, and
- RTW Coordinator or external SIRA-approved rehabilitation provider or Insurer Mobile case manager

Suitable duties are reviewed and regularly upgraded towards achieving pre-injury duties or the ultimate recovery goal. Pre-determined and regular review points are set to ensure progress and/or adjustment as necessary.

6. Suitable duties unavailable or withdrawn

Unavailability of suitable duties will impact The Group's workers compensation costs and may result in a breach of The Group's obligation to provide suitable employment. There are some rare situations where suitable duties may not be available or may be withdrawn. In these cases The Group will continuously review the ability to provide suitable duties. The Group will ensure all avenues are explored to identify suitable work, including but not limited to; consultation with the supervisor/manager, worker and treating parties; consultation with other parts of the organisation; consideration of work with another organisation and referral to a SIRA- approved workplace rehabilitation provider.

7. Change of return to work goal

The goal of workplace-based rehabilitation and recovery is to return a worker to their pre-injury duties. Where it becomes evident that a worker is unable to return to their pre-injury duties, there is an obligation for The Group to assist that worker through a redeployment process. This process cannot commence until a formal change of return to work goal has been made.

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

- the worker
- relevant treating providers
- Insurer Claims Manager
- Return at Work Coordinator
- the certificate of capacity which details that permanent restrictions are required
- external rehabilitation providers

This may be identified following:

- prolonged incapacity
- prolonged suitable duties
- unchanged capacity for 13-weeks or more
- risk assessment
- medical evidence

Medical information required for a change of return at work goal may include:

- the certificate of capacity which details permanent restrictions are required
- report from the nominated treating doctor (NTD) or treating specialist that the worker is unlikely or unable to resume pre-injury work capacity
- report from an Independent Medical Examiner (IME), Injury Management Consultant (IMC) or Independent Practitioner Consultant (IPC) appointed by the Insurer Claims Manager, commenting on prognosis

a. Consultation regarding the change of recover at work goal

Stakeholders will be consulted to discuss and agree on the updated return to work goal.

Stakeholders may be:

- the worker/worker's support person
- the NTD
- the RTW Coordinator
- a SIRA-approved external rehabilitation provider
- the worker's line manager/supervisor

The purpose of the consultation is to assess the medical evidence, inform the worker of their options and the relevant support services available and to agree on a new return to work goal.

Taking into account:

- permanent and temporary restrictions
- vocational experience
- transferrable skills
- current available vocational options within and external to The Group
- education history
- vocational interests
- suitable vocational options

b. Identifying a suitable vocation

Once a change of return-to-work goal has been agreed, the process to identify a suitable alternate vocational option will commence. As part of this process the following may occur:

- a SIRA-approved rehabilitation provider appointed
- a vocational assessment undertaken
- a functional capacity evaluation undertaken

Priority assessment in relation to redeployment of workers will be considered in accordance with The Group and any applicable whole of government policies. Where employment with a new employer is considered, the following additional support will be provided by either the rehabilitation provider, or in some cases, an external job seeking agency:

- assistance in developing a resume
- assistance in completing application forms including online applications
- education and training in interview skills
- job seeking strategies including online searches, cold calling and lodgement of a resume on a proactive basis
- advocacy with potential employers including promotion of incentives available under the SIRA JobCover placement program and other incentive options such as transition to work payments

c. Commencing the job seeking process

Once the change of return to work goal has been formalised, several actions will commence which may include:

- Canvassing advertised job vacancies within the organisation
- Referral to an external rehabilitation provider for assistance with applications
- Resume writing and job interview skills
- Referral of the worker for a vocational assessment
- Coordination of potential work trials for internal or external positions
- Update of the Injury Management Plan by the Case Manager

When commencing the job seeking process, suitable employment options can be identified by the RTW Coordinator, the worker, their line manager/supervisor or external rehabilitation provider and assessed for consideration of a priority placement or temporary work trial.

Job seeking support and activities can commence as soon as there is agreement that a change in recovery goal (away from return to pre-injury duties) is necessary. It is not mandatory to wait for a formalised vocational option to be identified, to commence.

During the job seeking and redeployment process the worker is not to unreasonably decline an offer of assignment. An unreasonable decline of the offer may result in a review of ongoing entitlement to workers compensation payments by the Insurer Claims Manager.

d. External job seeking

If a suitable alternate position is unable to be identified within The Group, or the worker has been medically certified as being unable to return to the organisation, then external job seeking will commence. Support will be provided as outlined above to assist with job seeking strategies and advocacy with a potential employer.

e. Continuation of suitable duties whilst job seeking

Where possible the worker will remain in suitable duties whilst job seeking, with reasonable time available to enable the worker to continue job seeking actions such as completion of selection criteria.

f. Responsibility to consider suitable employment options

Where a suitable employment opportunity is identified either as a work trial, or a permanent redeployment, the worker has an obligation to participate in the trial and/or employment. While vocational options may not be the worker's preference, they have an obligation to reasonably participate when the option is within their capacity.

Failure of a worker to reasonably participate in suitable employment, or workers who deliberately foil an employment option, may have a non-compliance process initiated by the Insurer Claims Manager.

8. Changing nominated treating doctor

Consistent medical care is essential for a worker's recovery and safe return to work. Changing the NTD can interrupt medical care, however there may be a good reason for change. In cases where a worker reports that they are not receiving the level of support, treatment or communication from their NTD to progress their recovery, a change of NTD can be a productive and proactive move towards recovery.

Some reasons for changing the NTD include:

- if the NTD has moved or has ceased practicing in the worker's local area and they are no longer able to see them
- there is evidence that the NTD is not progressing the worker's recovery and safe return to work

If the worker has a reason to change the NTD, the worker must inform the Insurer's Claims Manager and The Group. If there is evidence the NTD is not assisting the worker or The Group with a safe recovery and return to work, the Insurer Claims Manager may:

- ask a doctor experienced in workplace rehabilitation (such as an Injury Management Consultant) to review the management of the injury, and discuss the best course of action with the NTD and The Group
- ask the worker to nominate another treating doctor

9. Scheduling medical appointments

Medical appointments should be made outside of work hours wherever possible, otherwise at the beginning or end of a shift, with sufficient notice (not less than 72 hours) to be provided to the supervisor/manager and RTW Coordinator

10. Accruing leave entitlements

Permanent employees continue to accrue leave during an absence on workers compensation. Whilst on a RTW Plan, superannuation is only accrued/paid on the worked days/hours per week.

11. Taking leave

Suitable duties are an integral part of a worker's rehabilitation and recovery. Workers have a legislative obligation to be available to participate in their recovery and to attend work as part of this. All requests for leave while receiving workers compensation entitlements will be reasonably considered to ensure rehabilitation and recovery at work will not be adversely affected.

Supervisors/managers who receive requests for leave from workers participating in a RTW Plan, are to consult with their RTW Coordinator.

Any leave approved prior to lodgment of a claim will be discussed with a view to ensuring both the worker can take their leave as planned and the planned recovery will not be adversely impacted. Following discussions, there may be agreement to keep, cancel or postpone their leave. Any issues arising from requests for leave can be discussed at a case conference.

12. Changes to employment arrangements post injury

If an injured worker requests to change their employment arrangements for reasons unrelated to their injury, this must be discussed with the RTW Coordinator and Insurer Claims Manager, prior to approval. For example, requests to reduce hours, change from full-time to part-time, permanent to casual, or similar.

DISPUTE PREVENTION & RESOLUTION

1. Resolving disputes

As with all workplace interactions, when dealing with workers compensation matters, employees must act in accordance with The Groups Code of Conduct. All efforts will be made by The Group to resolve disagreements about the return at work program through discussion. If a dispute arises over an individual RTW Plan or any aspect of the return to work process (including disputes regarding weekly payments), then all parties will work towards resolution by using the following strategies:

- A) The worker, or their nominated representative, will advise the RTW Coordinator of the dispute, who will attempt to resolve it by coordinating discussions with, as appropriate, the worker, the claims staff, payroll, the NTD, other medical professionals treating the worker, a workplace rehabilitation provider or mobile case manager if involved, supervisors/managers and, where requested, the worker's nominated representative.
- B) If further objective information is required to assist the dispute resolution, then the RTW Coordinator may:
 - seek further information from the treating providers
 - refer to an external SIRA-approved workplace rehabilitation provider
 - refer to an Injury Management Consultant for issues regarding suitability of available duties and return to work
 - refer to an Independent Medical Examiner (IME) for issues regarding treatment or injury management.
- C) In cases where a resolution with either a claims or injury management dispute is not achieved, the SIRA Customer Contact Line is able to help the worker and/or the employer to resolve any problems that may arise during the workers' compensation claim, recovery and rehabilitation process
- D) If a worker's compensation claim or part thereof has been disputed, the worker may seek resolution by submitting an application to review decision to the Insurer Claims Manager, or through the PIC

SIRA Customer Contact Centre

Phone: 131 050

Email: customerfeedback@workcover.nsw.gov.au

Personal Injury Commission (PIC)

Online Form: <https://pi.nsw.gov.au/contact/contact-us>

Address: Level 19, 1 Oxford St DARLINGHURST NSW 2010

Postal address: PO BOX 594, DARLINGHURST NSW 1300

Email: registry@wcc.nsw.gov.au

Or

Independent Review Office (IRO)

Phone: 139 IRO / 139476

Complaints/Enquires: complaints@iro.nsw.gov.au

Independent Legal Assistance & Review Service (ILARS): ilarscontact@iro.nsw.gov.au

General Enquires: contact@iro.nsw.gov.au

ADMINISTRATION

1. Confidentiality of injury management information

All information and records collected during the injury management process will be kept confidential in accordance with the [Australian Privacy Principles](#) and will only be disclosed in accordance with these and/or the provisions under information collection and sharing of the [Workplace Injury Management and Workers Compensation Act 1998 NSW](#)

Injury management information is information that involves the treatment, rehabilitation, retraining, claims management and employment management practices that are directed to assist a worker to return to work.

The worker is responsible for giving consent for the nominated treating doctor (NTD), employer, Insurer Claims Manager, treating practitioners and rehabilitation providers to exchange information for the purposes of managing the injury/illness and workers compensation claim, should they choose to do so. This is done by signing the authority to release form and the initial and/or subsequent certificate of capacity.

The worker may withdraw consent at any time, in writing to the RTW Coordinator or Insurer Claims Manager, however if consent is withdrawn, return to work assistance may not proceed and it may affect the worker's entitlement to worker's compensation benefits.

Information covered by the authority to release includes, but is not limited to:

- File notes, letters, faxes, emails and recover at work plans developed by the RTW Coordinator
- NTD reports, medical information, file notes and assessments
- Specialist assessments and reports if the worker was referred to the specialist by the NTD, and
- Approved workplace rehabilitation provider documents.

2. Return to work following non-work related injury/ illness

The Group is committed to achieving an early, safe and durable return to work for all workers including workers who have sustained non-work-related injuries. In cases where a worker has been unable to work due to a non-work-related injury/illness and medical restrictions have been recommended for their return to work, their supervisor/manager must commence Non-work related injury illness or medical condition process. This process will be managed in accordance with Non-work related injury illness or medical condition process.

The worker must provide the supervisor/manager with a certificate from a doctor indicating any medical restrictions that may need to be considered when identifying if suitable duties are available. The worker must provide an updated certificate when these restrictions change.

The supervisor/manager should contact RTW Coordinator if advice is required to assist them in facilitating a safe and durable return to work for the worker.

There may be cases where suitable duties are not practicable to be supplied or may be withdrawn if they can no longer be operationally sustained by the work area.

If suitable duties are available a return to work plan will be developed and issued to all stakeholders, these may be

- The worker

- The manager/supervisor at The Group or at the HOST client
- The NTD

3. Working remotely

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

If a worker is working remotely from a Client HOST site or one of the Groups offices (such as at home or another location) and sustains an injury, they must be able to show that the nature or the requirements of their work played a substantial role in an injury for the injury to be compensable.

The Group have practices in place to ensure workers create a safe work environment whilst working remotely. Where workers are working remotely, they must ensure, as much as possible that they have an ergonomically appropriate workspace, in an area that is free of trip hazards and with adequate lighting. Workers are to also ensure that they have adequate power outlets/power boards to safely run their computer and other necessary equipment without overloading.

The Group encourages workers to take extra care for their personal safety whilst working remotely, including not rushing or running, and to keep a proper lookout for any general hazards just as they would in a more formal work environment.

4. Work capacity decisions

A Work Capacity Decision (WCD) determines a worker's entitlement to weekly payments of compensation. The Insurer Claims Manager will undertake a work capacity assessment to determine whether a worker is fit for work or partially fit for work.

It is a process involving information gathering, usually including an assessment of the worker's functional, vocational, and medical status to decide as to whether they are fit to return to work or not. Once a work capacity assessment has been undertaken, the Insurer Claims Manager will review the information and make a WCD.

The WCD is a decision made by the Insurer Claims Manager about:

- the worker's current work capacity
- what constitutes suitable employment for a worker
- the amount the worker can earn in suitable employment
- the amount of pre-injury average weekly earnings and current weekly earnings
- whether a worker is, because of the injury, unable, without substantial risk of further injury, to engage in employment because of the nature of that employment, or
- any other decision that affects a worker's entitlement to weekly compensation

A WCD can be made at any time throughout the life of the claim. If not made earlier, it should be made at or prior to a worker being in receipt of weekly benefits for a period of 130 weeks of compensation (2.5 years). This period is important as a worker is only entitled to receive weekly payments beyond 130 weeks in very specific circumstances: see [Section 38 of the Workers Compensation Act 1987 NSW](#)

A WCD can be appealed. The worker has the choice of either requesting for an internal review with the Insurer Claims Manager or proceeding directly to the Personal Injury Commission

Review by the Insurer Claims Manager

A worker may request an internal review of a WCD by the Insurer Claims Manager after receiving the decision. The worker must give a completed [Review form – application for review by the insurer](#) to the Insurer Claims Manager specifying the grounds on which the review is being sought with any information on why the worker disagrees with the decision and including medical information.

Review by the Personal Injury Commission

If the worker is not satisfied with the outcome of the internal review or decides not to seek an internal review, the worker may proceed directly to the Personal Injury Commission to resolve the dispute.

5. Psychological injury or illness

Psychological injuries often present unique challenges. Best practice claims management begins with understanding this complexity and ensuring a worker feels empowered and supported throughout the RTW process. Maintaining the worker's wellbeing, including wherever possible their return to work, is the desired outcome of claims management.

Once a psychological injury or illness is reported, the early intervention process will begin.

A meeting may be organised between the RTW Coordinator (and/or relevant members of the workers compensation team), the worker's supervisor/manager, the Insurer Claims Manager and, where required, a rehabilitation provider or mobile case manager to accurately assess underlying concerns and identify:

- support required for the worker to recover, including reasonably necessary treatment
- any potential barriers to the worker staying at or returning to work, and strategies to overcome these barriers
- information required to allow the Insurer Claims Manager to make a sound liability decision. This may include any or all the following (as appropriate):
 - statements from the worker and witnesses
 - a factual investigation
 - an independent medical examination
 - legal advice

Psychological injuries that are a result of a workplace grievance will be managed concurrently to any workforce action or investigation; however, the matters will remain separate. If the grievance is in relation to the worker's supervisor/manager, alternate reporting line arrangements and/or mediation should be considered.

Acceptance or declinature of liability on any psychological claim will not impact the determination or outcome of any workplace investigation. Any information collected during investigation, can only be used for the purposes for which it was collected, unless written consent is obtained from the party/parties involved. For example, a witness statement taken for investigating a workers compensation claim, cannot be used for investigating an internal grievance claim, unless written consent is received from the witness.