

# Recovery at Work Program

## Section 1 - Scope

(1) This Program applies to all staff that are employed by ACU within Australia and overseas. The Program also applies to on and off-campus work activities, including alternate work locations.

(2) Staff employed through external agencies are typically covered under their employers' workers compensation arrangements. However, University staff should support these staff to recover from injuries whenever they are performing work activities for ACU.

(3) In some circumstances where a contractor is defined as a worker in relevant Workers Compensation legislation coverage this Program will apply.

## Section 2 - Commitments

(4) ACU is informed by its mission and recognises the importance of minimising the risk of injury and illness and supporting staff to recover at work whenever they are impacted by an incident. This Program provides a summary of the University's processes that support staff to promptly log reports of injuries, within [Riskware](#), and to access support to sustainably recover from injuries at work.

(5) The [Injury Management and Rehabilitation Policy](#) articulates ACU's commitment to supporting staff to recover from both work-related and non-work-related injuries and illnesses. The policy also articulates the University's commitments that are associated with identifying the contributing factors to injuries and applying learnings (corrective actions) to reduce the risk of similar incidents occurring.

(6) The [First Aid Policy](#) and [First Aid Procedure](#) reinforces that ACU is committed to providing effective first aid responses and supporting its staff, students and others in an emergency.

## Section 3 - Register of Injuries

(7) ACU's records of work and learning-related incidents, injuries and illnesses are maintained within [Riskware](#). Staff can access information about these records via the Quarterly WHS Report (see [Staff Communicating and Consulting](#) published on the ACU staff website). Campus WHS Committee also review the quarterly Incident and Hazard and Associated Actions Report for their campus to identify any gaps in risk management.

(8) Injured staff should ensure that they log relevant [Riskware](#) reports. Nominated supervisors and others should consult with them about the review of these incidents. These reviews should inform the application of learnings and improvements in risk management.

## Section 4 - Early Intervention and Recovery at Work

(9) Early intervention and support are critical for ensuring a safe and enjoyable place to work whenever staff are impacted by an injury.

(10) Work-related injuries and illnesses should be reported in [Riskware](#) and often lead to the submission of a workers compensation claim by staff. Personal injuries may result in other claims including Temporary Incapacity being submitted by relevant superannuation fund.

(11) A relevant Work Health and Safety Officer (performing the role of a Return to Work Coordinator), will contact a staff member within 24 working hours of receiving notification of an injury / illness to discuss the injury / illness and identify potential support and services. Suitable options for recovering at work will also be discussed.

(12) Many injured staff do not need to take time off work, and they are usually able to recover at work with reasonable adjustments and support. This support can provide a more successful return to work outcome.

(13) If a staff member is unable to perform their usual work, ACU aims to provide work that is comparable to their usual job. This may involve different work in the same team or within the University and these reasonable adjustments will be documented within a [Recover at Work Plan](#). These opportunities help to build work capacity and support a gradual progression back to usual work.

(14) ACU's Work Health and Safety Officers / external rehabilitation consultants are responsible for identifying suitable work in collaboration with an injured staff member and their nominated supervisor. These duties are informed by workers compensation medical certificates and other medical information provided by the treating doctor.

(15) Further information about workers compensation processes in each State is available in [Workers' Compensation Options](#).

## Section 5 - Flowchart: Accessing Support and Recovery at Work Options

(16) See the [Accessing Support and Recovery at Work Options Flowchart](#) for further information.

## Section 6 - Accessing Support with Work-Related Injuries

(17) Whenever staff are impacted by injuries and illnesses on campus, they should access emergency and medical support. Staff that are working remotely should purchase first aid supplies for their home and stay in regular contact with their nominated supervisor and consult the [WHSMS Lone Working Procedure](#).

(18) Section 6 below provides guidance about workers compensation claim processes and support available to recover from work-related injuries or illnesses that either occur 'on campus' or remotely.

### Contact a First Aider in an Emergency

(19) Whenever first aid is required, you can call a First Aid Officer (see the list of [First Aid Officers to Call for Assistance](#) and the [First Aid Policy](#)) directly or the local Concierge during business hours. After hours support is provided by the ACU National Security Centre on 1300 729 452 or 8888 (internal phone) or activate the first aid button within [SafeZone](#). In an emergency, call emergency services and contact the ACU National Security Centre once you have called 000.

(20) You can view the [In an Emergency poster](#) for more information about other emergency support.

## Log a Report in Riskware

(21) You should submit a report of the injury or work-related illness within [Riskware](#). This report will be reviewed by a relevant nominated supervisor for risk. Learnings (corrective actions) will be documented within a relevant [Riskware](#) Action Plan and should be applied across the relevant work area and / or University.

(22) Whenever a 'notifiable incident' occurs, Safety & Wellbeing will notify the relevant State WHS regulator (if Properties and Facilities have not already done so). Safety & Wellbeing will ensure that the directions of the regulator are communicated to relevant University staff and will review compliance. Refer to the [Incident and Hazard Reporting Procedure](#), for more information about notifiable incidents.

## Request a Workers Compensation Medical Certificate

(23) A workers compensation medical certificate<sup>[1]</sup> is required to support a workers compensation claim. Insurers will then assess claims for liability. The certificates are normally submitted at the same time as staff submit a claim form (electronic or paper).

<sup>[1]</sup> The titles of workers compensation medical certificates vary between States. The certificate is called a Certificate of Capacity in the ACT, NSW, VIC and WA, and a Work Capacity Certificate in QLD and SA.

(24) Injured and ill staff should visit their treating doctor to obtain an updated certificate before their current certificate runs out, or if their circumstances change. Workers compensation medical certificates are also required to access weekly payments and treatment services that may be provided by a relevant insurer once a claim is accepted.

## Submitting a Workers Compensation Claim

(25) You can visit [Service Central](#) to notify a WHS Officer of your injury or illness who will provide support with the claim submission process. A WHS Officer will notify the relevant insurer of the injury within 48 hours (all States except Queensland). The insurer will then commence assessing liability in most States.

(26) Work-related injuries and illnesses are generally covered under workers compensation law within the relevant State and are known as compensable injuries. If a staff member incurs medical expenses or time lost, they may be entitled to workers compensation benefits and help with their return to work.

(27) See Section 8 for information about compensation injuries and the [Workers' Compensation Options](#) staff website.

## Return to Work Coordinator Briefing

(28) A WHS Officer will contact an injured staff member within 24 hours of being notified of an injury.

(29) A WHS Officer, performing the role of Return to Work Coordinator, will check on the wellbeing of the staff member, discuss the contributing factors that lead to the injury (to support the relevant nominated supervisor to identify learnings / corrective actions), and provide a recovery at work briefing about:

- a. Claim assessment processes and associated entitlements.
- b. Support that may be required.
- c. The role that an external rehabilitation consultant may provide in the staff member's recovery.
- d. [Recover at Work Plans](#).
- e. Treatment options.
- f. Consent to discuss medical information.

(30) The WHS Officer will also brief the relevant nominated supervisor about recovery at work processes, including workers compensation options, and suitable duties if the injured staff member has restricted work capacity.

## Section 7 - Support to Recover from Personal Injuries or Illnesses

(31) Nominated supervisors should also support staff to recover at work whenever they are impacted by significant personal injuries or illnesses (non-work, related injuries). These recovery processes should be informed by medical advice and the development of a [Recover at Work Plan](#) whenever a staff member requires support to return to their normal duties.

(32) Whenever staff sustain personal injuries or illnesses, they should obtain medical clearance or a medical certificate that details any restrictions on their capacity to perform their normal role. This medical documentation will support their nominated supervisor to contribute to the staff member's recovery and comply with their duty of care (associated with minimising the risk of aggravating an existing injury or illness).

(33) ACU may also engage with medical and other treating practitioners to access more information about work capacity and suitable duties.

## Section 8 - Information about Compensable Injuries

(34) Injuries that are work-related are generally covered under workers compensation law (compensable injuries). If an injury results in medical expenses or time lost due to the injury, staff may be entitled to workers compensation benefits, including wage compensation which is capped in most States and recovery at work support.

(35) In most circumstances, the daily commute is not covered under workers compensation. However, these injuries are covered in Queensland and are likely to be compensable in other States if staff are travelling to an alternative work location and other limited circumstances.

### FAQs about Workers Compensation

Who Can Make a Claim?
A nominated supervisor, staff member or their representative can notify Safety & Wellbeing of the injury by visiting <a href="#">Service Central</a> . Safety & Wellbeing will notify the relevant insurer after becoming aware of the workplace injury (in all States except Queensland). Injured staff members in Queensland can submit claims directly via WorkCover Queensland and their medical practitioner.
Is a Claim Number Issued?
Yes. Once an injury / illness is reported, the insurer will provide a claim number. This will appear on all correspondence relating to the claim. This number is required by medical practitioners who may charge medical expenses against the claim.
When Can I Start Charging Medical Expenses Against a Claim?
You cannot charge medical expenses against a workers compensation claim until liability has been accepted by a relevant insurer. You should pay medical invoices while the claim is being assessed for liability. When accessing medical support for a work-related injury you will need to declare this and these expenses should not be charged against Medicare.
Should I Submit Leave Applications until a Claim is Accepted?
If you have no work capacity, including during the claim assessment period, you should submit a personal leave request (Staff Connect). If your claim is subsequently accepted, a relevant WHS Officer will submit a <a href="#">Service Central</a> request for this leave to be reversed and reclassified as a period of workers compensation.

#### Why do I Need a Workers Compensation Certificate?

The workers compensation medical certificate is the main way your doctor communicates with everyone that is involved in the recovery at work process. The certificate describes the nature of an injury / illness, capacity for work and the treatment that may be required. It informs injury management and recover at work plans.

Injured staff are required to provide a current certificate as they are required to access any weekly payments and treatment services that you may be entitled to. The consent section of the medical certificate, in relevant States, should be signed to enable effective communication about the injury, treating health practitioner/s, the insurer, ACU and any workplace rehabilitation provider. ACU also provides you with a [Medical Consent Form](#) to complete to facilitate your recovery.

#### What Type of Entitlements May be Provided by an Insurer?

The amount of compensation is based on the staff member's Pre-Injury Average Weekly Earnings (PIAWE) in most States and the current earnings (majority of staff) in the ACT and Queensland. Victorian staff are also eligible for 100% of their earnings for up to 12 months. Reduced earnings in some States may be less than a staff member's current earnings. These earnings are capped in many States. Entitlements also reduce over time.

#### How Quickly are Claims Assessed by Insurers?

It varies. The timelines are different in each State. See Appendix A for information about your State / Territory.

#### Who Pays for Medical Excesses that Apply to Victorian Workers Compensation Claims?

Injured staff members, who have submitted a workers compensation claim, should retain thorough records of medical expenses and forward this information to the WHS Officer who has been assigned to the claim. If a staff member has a valid work-related claim, these expenses are typically reimbursed by the relevant work area and should not be charged against Medicare. Once the medical excess is reached, Gallagher Bassett (ACU's Victorian workers compensation insurer) will commence the claim assessment process. If the claim is accepted, staff members can typically charge approved medical expenses against their claim number.

Note: The medical excess was \$735 during the financial year 2020-2021.

## Section 9 - Benefits of Recovering at Work

(36) It is important that ACU staff feel healthy (physically and psychologically), safe and valued at work to perform at their best so that they continue to develop and grow in all aspects of life.

(37) Most staff who keep working after an injury, even if they have a reduced capacity at first, get better and return to usual activities quicker than people who do not keep working.

(38) Some key benefits:

- a. Working improves health and wellbeing and reduces psychological distress.
- b. Long term absences have a negative impact upon health and wellbeing.
- c. Delays in returning to work are often associated with a delayed recovery.
- d. Good work has positive healing and lifestyle benefits.

## Section 10 - Development of Recover at Work Plan

(39) The [Recover at Work Plan](#) (also known as the Return to Work Plan) is typically developed for staff members requiring adjustment and support for a physical or psychological injury / illness. Plans may also be developed, by nominated supervisors, to provide support staff who have sustained injuries or illnesses that are not work-related.

### Recovery at Work Plan

(40) [Recover at Work Plans](#), developed while a staff member is accessing workers compensation benefits, are a

collaborative effort. The success of the plan is informed by an integration of sound clinical, workplace and insurance claims management, as well as agreement about the staff member's goals and progress.

(41) The plan is developed by the Work Health and Safety Officer and / or Rehabilitation Consultant in consultation with an injured staff member, the nominated supervisor and the treating doctor.

(42) The plan details a recovery goal and temporary suitable work that will support recovery within relevant timeframes. The plan may also include other support such as treatment, reasonable adjustment to the workplace and workstation, equipment, training etc.

(43) The plan will be reviewed and updated regularly, whenever:

- a. There is a change in capacity;
- b. before and after a medical review;
- c. if any difficulties (hurdles) are identified over time; and
- d. other changes occur; and
- e. a copy of the plan will be provided to the staff member and their nominated supervisor.

(44) The relevant Work Health and Safety Officer or an external workplace rehabilitation provider (as required) may develop an individual [Recover at Work Plan](#) if the staff member experiences an injury / illness that affects their capacity to perform their normal duties.

(45) Everyone that is involved in the recovery should understand their role. The support team consists of a relevant Work Health and Safety Officer, nominated supervisor (within or outside of the staff member's normal work area), an insurer case manager, allied health practitioner, a rehabilitation provider (if required) and the injured staff member. Each member has an important role to play in the recovery.

## **Suitable Work**

(46) Suitable work will be selected based on:

- a. the nature and severity of the injury / illness;
- b. staff member's education, expertise and work experience;
- c. medical advice from the treating doctor, treating health professionals and / or the rehabilitation provider if one is involved; and
- d. availability of duties within the staff member's work area or across ACU to facilitate an ultimate return to pre-injury employment <sup>[2]</sup>.

<sup>[2]</sup> In a rare circumstance, the goal may not be to return to pre-injury, full employment at ACU if a staff member has sustained a serious injury.

## **Ongoing Contact and Support**

(47) The Work Health and Safety Officer will contact the injured staff member each fortnight during the [Recover at Work Plan](#). The officer may request further medical information from time to time. A case conference may be scheduled that may be attended by either the relevant Work Health and Safety Officer or rehabilitation consultant, the injured staff member and their treating doctor. These conferences are scheduled to discuss the plan of treatment, the steps within the [Recover at Work Plan](#) and barriers or concerns that can impact upon optimal recovery.

## Employment Rights

(48) In rare circumstances, a staff member's recovery from an injury may be slower than expected and impact upon their return to work.

(49) If a staff member is unfit for work because of a work-related injury for an extended period, their employment rights are protected for a period under workers compensation laws.

**Table 1: Period of employment protection that is offered in specific States (from the time a staff member becomes unfit for work)**

Home State of Staff Members	Employment Period
Australian Capital Territory	6 months
New South Wales	6 months
Queensland	12 months
Victoria	ACU is required to provide suitable duties for 12 months.

Note: Limited restrictions apply in South Australia and Western Australia

## Obtaining Informed Consent

(50) To support a staff member's recovery at work, ACU will frequently need to gather and exchange information about the injury / illness to facilitate the recovery.

(51) A Work Health and Safety Officer will seek the injured staff member's consent to gather and share information about their injury and recovery prior to collecting and sharing this information. To facilitate informed consent, the relevant Work Health and Safety Officer will brief the staff member about the implications of either agreeing to / declining to provide this consent.

## Scope of Informed Consent

(52) The informed consent covers:

- Health information that may be released or exchanged that can impact upon a staff member's recovery e.g. electronic or paper-based information or opinion about the staff member's physical or psychological health, treatment, rehabilitation, retraining claims and injury or employment management practices; and
- The Medical information will only be shared with stakeholders who are engaged in recovery at work processes such as treating doctors, allied health providers, the nominated supervisor and relevant Work Health and Safety Officer.

(53) Staff can withdraw consent at any time in writing. However, if they withdraw consent, ACU may be unable to offer them some return to work assistance, and the staff member's entitlement to compensation benefits may be impacted.

## Section 11 - Roles and Responsibilities

(54) The key responsibilities of staff members and others who collaborate to achieve good recovery at work outcomes are detailed within this section.

Who?	Responsibilities
Staff	<p>Staff members take responsibility for their own health and safety. They also seek appropriate first aid and / or medical treatment as soon as possible after the incident. Staff members notify their nominated supervisor of a work-related injury / illness as soon as possible (within 24 hours) and submit a <a href="#">Riskware</a> report of the incident and actively participate in the return to work process. Staff members also:</p> <ul style="list-style-type: none"> <li>• Nominate their preferred treating doctor who is willing to participate in the recovery at work process and liaise with ACU and the insurer (if the injury prevents them from doing their normal job for seven days or more);</li> <li>• Provide copies of any workers compensation medical certificates issued by their doctor for a work-related injury to their nominated supervisor / WHS Officer) as soon as possible.</li> <li>• Provide informed consent that authorises communication between relevant parties for planning and supporting their recovery;</li> <li>• Collaborate with the insurer in the development of an injury management plan;</li> <li>• Engage and participate in the identification of suitable work and the development of a <a href="#">Recover at Work Plan</a>;</li> <li>• Play an active role in their recovery at work and make all reasonable efforts to recover at work; and</li> <li>• Advise their nominated supervisor of any issues or difficulties that they experience during their recovery at work, or that may delay their return to usual work.</li> </ul>
Nominated Supervisors	<p>Nominated supervisors support injured staff members to access appropriate first aid and / or medical treatment. They also ensure that staff members do not recommence their duties until they have appropriate work capacity and familiarise themselves with recovery at work processes.</p> <p>In the event of a notifiable incident, they preserve and isolate the incident site until advice is received from the relevant State WHS regulator (via Safety &amp; Wellbeing or Properties and Facilities) and / or internal investigation has been completed.</p> <p>Nominated supervisors also:</p> <ul style="list-style-type: none"> <li>• Ensure that all incidents and injuries are reported in <a href="#">Riskware</a> (except incidents that contain <a href="#">allegations of bullying</a>) and are reviewed internally to identify contributing factors, in consultation with any impacted staff members and others, and learnings (actions) which are documented within <a href="#">Riskware Action Plans</a>. The nominated supervisor should oversee the completion of the incident review process, review treatments (controls) and engage relevant staff and others about any changes.</li> </ul>
Nominated Supervisors	<ul style="list-style-type: none"> <li>• Visit <a href="#">Service Central</a> (select the workers compensation option within the People and Capability service listing) request to notify Safety &amp; Wellbeing about a potential workers compensation claim;</li> <li>• Maintain regular, appropriate contact with the staff member with the aim of identifying needs and providing support;</li> <li>• Assist in identifying suitable work and the development of the <a href="#">Recover at Work Plan</a>, in collaboration with the relevant WHS Officer and / or external rehabilitation consultant, and ensure that the plan is appropriate to their work area;</li> <li>• Provide appropriate supervision and training to ensure the recovery at work progresses as expected, the staff member is appropriately supported, and any issues are promptly identified and addressed; and</li> <li>• Communicate any concerns or difficulties in relation to the <a href="#">Recover at Work Plan</a> with the Return to Work Coordinator to ensure appropriate support and avoid delays in recovery.</li> </ul>
Members of the Executive/Senior Executive	<p>Members of the Executive / Senior Executive are advocates for the University's <a href="#">Work Health and Safety Management System</a> (WHSMS or framework). They also endorse, support and actively promote the implementation of the <a href="#">Recovery at Work Program</a>.</p> <p>They also:</p> <ul style="list-style-type: none"> <li>• Ensure an appropriate allocation of resources to facilitate effective implementation of the <a href="#">Recovery at Work Program</a>;</li> <li>• Proactively promote good safety behaviours and the <a href="#">Recovery at Work Program</a>;</li> <li>• Ensure recovery at work performance is monitored to identify key issues, trends and opportunities for improvement as well as ensuring preventative measures are implemented; and</li> <li>• They also review of the operations of their work area to ensure compliance with the <a href="#">Recovery at Work Program</a> and recovery at work performance.</li> </ul>

Who?	Responsibilities
Work Health and Safety Officers	<p>A WHS Officer will contact a staff member within 24 working hours of the injury notification to discuss the injury. They also identify support requirements and services required and identify initial recover at work options. WHS Officer also provide information about compensation benefits, the claim process, and explain roles and responsibilities.</p> <p>These staff also:</p> <ul style="list-style-type: none"> <li>• Explain the health benefits of recovering at work, and ACU's commitments;</li> <li>• Seek informed consent from the staff member to communicate with other parties for facilitating early intervention and recovery at work.</li> <li>• Communicate and collaborate with the staff member and their support team (manager, treating doctor, workplace rehabilitation provider, insurer and others) to identify what is needed to support recovery at work.</li> <li>• Actively monitor and review the <a href="#">Recover at Work Plan</a> and liaise with the support team as required regarding any changes.</li> <li>• Notify the insurer within 48 hours of becoming aware that a staff member has received a workplace injury and submit necessary notification information (this process does not apply to Queensland staff);</li> <li>• Notify the insurer if there are difficulties identifying or providing suitable work at any stage in the recovery process;</li> <li>• Participate in the development of an injury management plan by the insurer, where relevant;</li> <li>• Coordinate identification of suitable work to support recovery at work and the development of a <a href="#">Recover at Work Plan</a>;</li> <li>• Identify barriers to recovery and return to work and develop strategies to address these in consultation with the staff member and others involved in their recovery at work; and</li> <li>• Provide wages information (PIAWE / State equivalent) to the insurer within three working days of any request from a workers compensation insurer.</li> </ul> <p>WHS Officer also support nominated supervisors and others to identify contributing factors to injuries to inform the application of learnings / corrective actions and reduce the risk of other injuries occurring.</p>
Treating Doctor	<p>A preferred treating doctor will assess and diagnose an injured staff member following the incident. This practitioner will also recommend evidence-based treatment to support recovery.</p> <p>Other key responsibilities:</p> <ul style="list-style-type: none"> <li>• Promote the benefits of work and the importance of recovering at work;</li> <li>• Gather information about the staff member's usual work duties and demands, and adjustments that are possible to support recovery at work, including suitable work options;</li> <li>• Complete the Certificate of Capacity / Work Capacity Certificate - where applicable focusing on what the staff member can do and their restrictions;</li> <li>• Collaborate with the staff member and other members of the staff member's support team - the insurer, employer, workplace rehabilitation provider and treatment providers to facilitate recovery at work. This may include participation in case conferences to discuss diagnosis, prognosis, treatment and capacity for work;</li> <li>• Assist in providing the necessary information to inform the development of a <a href="#">Recover at Work Plan</a> including timeframes for increasing work capacity over time;</li> <li>• Regularly review the staff member's recovery progress with a focus on functional recovery over time, rather than symptoms; and</li> <li>• Regularly review treatment outcomes.</li> </ul>
Rehabilitation Providers	<p>These external providers have specialist expertise to facilitate the recovery at work. They conduct assessments to determine a staff member's capacity for work, ability to perform their usual work and alternative work that may be available to support recovery.</p> <p>They also:</p> <ul style="list-style-type: none"> <li>• Advise on strategies to reduce work demands (e.g. equipment provision, change in work environment or practices) and strategies to support recovery at work.</li> <li>• Engage injured staff and relevant nominated supervisors about the health benefits of recovering at work.</li> <li>• Collaborate with the staff member, WHS Officer and others in the support team to develop a tailored <a href="#">Recover at Work Plan</a> in consultation with the treating doctor, staff member and insurer.</li> <li>• Advise other support providers and / or therapies to facilitate recovery at work.</li> <li>• Arrange appropriate training and placement in alternative employment when the staff member is unable to return to work in any capacity within ACU.</li> </ul>

Who?	Responsibilities
Insurers	<p>The relevant workers compensation insurer (Section 13) will contact the injured or ill staff member, relevant WHS Officer and treating doctor (if necessary) within several working days to identify the needs of the staff member and University <sup>[3]</sup>.</p> <p>The insurer will also:</p> <ul style="list-style-type: none"> <li>• Assess liability and advise the staff member and ACU of the decision;</li> <li>• Undertake an investigation, whenever it is necessary, to inform the decision about the claim;</li> <li>• Assist in the identification and implementation of assessments, services and supports to address barriers to recovery promptly;</li> <li>• Approve and make payment for reasonably necessary medical and treatment services;</li> <li>• Calculate and make weekly compensation payments or reimburse ACU for the payment of weekly benefits;</li> <li>• Develop an Injury Management Plan (IMP), if required, in consultation with the staff member and their support team, and ensure all stakeholders understand and comply with their obligations under the plan;</li> <li>• Finalise a claim; and</li> <li>• Provide regular statistical reports to assist in the identification of injury trends and improvement in Recovery at Work performance.</li> </ul>

<sup>[3]</sup> Gallagher Bassett, ACU's Victorian workers compensation insurer, typically takes over the management of a claim once the medical and/or wages (two weeks) excess has been reached.

## Section 12 - Training and Competencies of WHS Staff

(55) Work Health and Safety Officers, who coordinate the University's [Recovery at Work Program](#), participate in relevant and / or State-specific mandatory Return to Work Coordinator training within two months of commencing employment. These staff renew their Return to Work Coordinator qualifications every three years and participate in multi-jurisdiction training.

(56) Complex recovery at work cases are allocated to ACU's most experienced Work Health and Safety Officer.

## Section 13 - Contacts

### Workplace Contacts, Safety & Wellbeing

(57) Claims will be allocated to:

Title	Name	Phone	Email
National Manager, Safety and Wellbeing	Dr Brett Carroll	02 9465 9034	<a href="mailto:brett.carroll@acu.edu.au">brett.carroll@acu.edu.au</a>
Return to Work Coordinator			
Work Health and Safety Officer	Rebecca Gilmore	07 3623 7496	<a href="mailto:rebecca.gilmore@acu.edu.au">rebecca.gilmore@acu.edu.au</a>

(58) Visit [Service Central](#) to contact Safety & Wellbeing about workers compensation processes.

### Rehabilitation Providers

(59) ACU collaborates with its workers compensation insurers to select providers that have achieved a track record of providing good recovery at work outcomes for the relevant insurer and the University.

(60) ACU's preferred rehabilitation providers will be selected in Quarter 1, 2021 and this Program will be updated with this information. In the meantime, please contact Safety & Wellbeing for more information.

## Contact Details, Insurers

(61) Workers compensation claims for staff at ACU are administered by Catholic Church Insurance, Gallagher Bassett and WorkCover Queensland.

Staff Member's Home State	Insurer	Phone	Website
Australian Capital Territory	Catholic Church Insurance	<a href="tel:1800011028">1800 011 028</a>	
New South Wales	Catholic Church Insurance	1800 011 028	
Queensland	WorkCover Queensland	1300 362 128	<a href="#">Online claim form</a> <a href="#">Workers compensation information</a>
Victoria	Gallagher Bassett	03 9297 9000	<a href="#">Access a claim form</a>
South Australia	Catholic Church Insurance	1800 011 028	
Western Australia	Catholic Church Insurance	1800 011 028	

## Section 14 - Communication and Training Arrangements

(62) ACU recognises that maintaining ongoing and positive communication and training is essential for achieving good recovery and for general awareness of all staff members.

(63) Relevant 'If you get injured at work' posters are published and available to staff via the ACU staff website. Updates are posted on Workplace to increase awareness and support staff to submit workers compensation claims. These posters are also published across the University.

(64) Training regarding this Program is incorporated into:

- onboarding and induction training;
- informal team discussions;
- Intranet pages and updates;
- Campus WHS Committee agendas;
- display of [Recovery at Work Program](#) and information on some staff noticeboards; and
- staff development through online training modules and programs.

## Section 15 - Consultation

(65) ACU consults with staff about its [Work Health and Safety Management System](#) (WHSMS), including the [Recovery at Work Program](#), via the ACU Staff Consultative Committee, Campus WHS Committees, Health and Safety Representatives (HSR), and forums such as team meetings.

(66) This [Recovery at Work Program](#) will be developed and reviewed in consultation with staff, including consultation forums. The Program is accessible from the Safety & Wellbeing section of the staff website and will be provided for display as requested.

## Section 16 - Internal Dispute Prevention and Resolution

(67) ACU is committed to preventing disputes by making early and regular contact with staff members to provide information and updates and provide an opportunity for questions to be answered.

(68) Staff members are encouraged to raise any issues at an early stage to their nominated supervisor and Work Health and Safety Officer who is overseeing their recovery to resolve any grievances or concerns.

(69) If concerns cannot be resolved, ACU will consult with the relevant workers compensation insurer and implement one or a combination of the following strategies:

- a. Liaise with the staff member and treating doctor to establish the basis for disagreement and negotiation of a suitable solution.
- b. Provide all assessments of the staff member's capacity to work and available workplace duties to the treating doctor.
- c. Referral to an approved Workplace Rehabilitation Provider.
- d. Referral to an Injury Management Consultant for assessment and consultation with the treating doctor.
- e. Referral to an Independent Medical Examiner.

(70) If a dispute is not resolved, the relevant staff member has the right to pursue external dispute review options (See Section 17).

## Section 17 - External Dispute Resolution

(71) External dispute resolution options for staff in their home State.

Home State	Contact Details	Type of Service
Australian Capital Territory		
Worksafe ACT	Phone 132 281 <a href="#">Worksafe ACT</a>	All workers compensation complaints.
New South Wales		
Workers Compensation Independent Review Office (WIRO)	Phone 13 94 76 Visit <a href="#">WIRO Independent Review Office</a>	To help staff with unresolved enquires or complaints about an insurer.
Customer Service Centre, State Insurance Regulatory Authority (SIRA)	Phone 13 10 50 Visit <a href="#">SIRA State Insurance Regulatory Authority</a>	To assist staff with a complaint about an employer or provider.
Workers Compensation Commission (WCC)	Phone 1300 368 040 Visit <a href="#">Personal Injury Commission</a>	The Commission assists in resolving disputes between injured staff and their employers.
Queensland		
Worksafe QLD	<a href="#">Compliment or Complain - Worksafe Services</a>	To make a complaint about the way a claim was managed.
Office of Industrial Relations (OIR)	<a href="#">Independent Review of Insurer Decisions - Worksafe</a>	To request an independent review of a claim decision.
Queensland Industrial Relations Commission (QIRC)	<a href="#">Appeal a Review Decision - Worksafe</a>	To lodge an appeal of the review of the claim decision.

Home State	Contact Details	Type of Service
Victoria		
Worksafe Victoria - Employer non-compliance	Phone 03 9641 1051 Visit <a href="#">Report Employer Issues Form</a>	To assist staff with a complaint about an employer.
WorkSafe Advisory Service	Phone 1800 136 089 Visit: <a href="#">Worksafe - More Information about Complaints</a>	Workers compensation complaints relate to dissatisfaction about the conduct of, or service provided by WorkSafe representatives, including the insurer and medical providers.
South Australia		
ReturnToWorkSA	Phone 13 18 55 Email: <a href="mailto:enforcement@rtwsa.com">enforcement@rtwsa.com</a>	To report concerns about an employer or provider.
SafeWork SA	Phone 1300 365 255 Visit <a href="#">SafeWork SA</a>	To make a complaint in relation to work, health, and safety laws and certain industrial relations laws.
Ombudsman	Phone 08 8226 8699 Visit <a href="#">Ombudsman SA</a>	To lodge a complaint about services received.
South Australian Employment Tribunal	Phone 08 8207 0999 Visit <a href="#">South Australian Employment Tribunal</a>	To apply for review of a decision made about a claim.
Western Australia		
Workers Compensation Conciliation Service	Phone 1300 794 744 Visit <a href="#">Workers' Compensation Conciliation Service</a>	To resolve a dispute in relation to a claim.
WorkCover WA – Complaints	Phone: 1300 794 744 Visit <a href="#">WorkCover WA - Do you have a complaint?</a>	To make a complaint about an insurer or workplace rehabilitation provider.

## Section 18 - Administration, Privacy and Confidentiality

(72) All information and records collected during the Recovery at Work process will be kept confidential and used or disclosed in alignment with the [Privacy Policy](#) and applicable laws.

(73) Privacy legislation requires the University to:

- a. treat personal<sup>[4]</sup> information and health information confidentially and securely;
- b. only use personal information and health information for the purposes for which it was collected; and
- c. not to disclose the information to third parties without permission unless the health or safety of the staff member is otherwise threatened.

<sup>[4]</sup> The meaning of personal information is information from which an individual can be identified. Health information is personal information about a person's physical or mental health, or health services provided to the person. Unless otherwise required by law, the University must treat personal and health information in accordance with its compliance obligations. Any agents requiring such information to perform work on behalf of the University must treat the information in the same manner.

In broad terms, privacy legislation requires the University to:

- treat personal information and health information confidentially and securely;
- only use personal information and health information for the purposes for which it was collected; and
- not to disclose the information to third parties without permission, unless the health or safety of an individual is otherwise threatened.

(74) Information relating to an injured staff members' Recover at or Return to Work Plan, or their injury.

(75) Management, will be confidential and restricted to those involved in providing rehabilitation, treatment and work health and safety. The scope of this information includes treatment, rehabilitation, retraining, claims management and employment management practices that are directed to assist an injured staff member to recover at work.

(76) The University will ensure that case files will be maintained in a complete and confidential manner. All files are securely stored on the restricted access only drive. Personal medical / injury management details will only be disclosed on a 'need to know' basis to People and Capability staff, nominated supervisors and the relevant workers compensation insurer to assist the recovery at work process.

(77) The documentation, storage, retention and disposal of rehabilitation and claim files will be consistent with the [WHSMS Records and Document Management Procedure](#), [Privacy Policy](#), [Records and Archive Management Policy](#) and associated documents.

## Section 19 - Recovery at Work Files

(78) An online file will be created for the information and documents that are required to support an injured staff member to recover at work.

(79) The following records will be maintained by relevant Work Health and Safety Officers:

- Names and contact details of all parties involved, i.e. the injured worker, their nominated supervisor, treating doctor, any other treating medical professionals, rehabilitation provider, insurer details and claim number.
- [Riskware](#) injury report.
- Copies of any employee claim forms / employer claim forms.
- [Medical Consent Form](#).
- Introduction letter to the treating doctor.
- Certificates of Capacity / Work Capacity Certificates.
- Medical reports from injured worker's nominated treating doctor.
- Copy of the Injury Management Plan (this is issued by the insurer, or WorkCover QLD, and has agreed treatment and return to work goals).
- Copy of the Recover at Work / Return to Work Plans.
- Progress notes.
- Copies of all correspondence in relation to the Recover at or Return to Work.

(80) All compensation claim files are currently maintained on ACU's Share Drive (scheduled to migrate across to HPE Content Manager / TRIM during 2021). Access to these files are strictly controlled and can only be accessed by a small number of approved staff within People and Capability.

(81) The file will be officially 'closed' once the injured staff member has successfully achieved their return to work goal (normally back to pre-injury duties) and, once closed, ensure that the file is stored securely, and confidentiality is

maintained.

## Accessing Recovery at Work Files

(82) Access to an injured staff member's recovery at work file by people within the University is restricted to those with a legitimate need to know. Access should be confined to relevant documents on the case file and limited to those who have a direct responsibility for coordinating, monitoring or providing recovery at work services to the injured staff member, and those involved in providing clerical and administrative support to these staff.

(83) Examples of people with a legitimate need to know may include the:

- a. Return to Work Coordinator (and senior officers within People and Capability);
- b. Staff member's nominated supervisor or manager within normal work area / suitable duties;
- c. Occupational physician / workplace medical officer (external);
- d. Occupational health nurse (external); and
- e. Workers compensation case manager (insurer) who is handling workers compensation claims.

## Section 20 - Monitoring Recovery at Work Outcomes

(84) Once a staff member's workers compensation claim is closed, if an external rehabilitation consultant has been appointed to support the return to work, they will contact a Work Health and Safety Officer to see how the return to work is going. This occurs at 13 weeks after the closure of the rehabilitation file. If the return to work was managed internally, the insurer will contact the Work Health and Safety Officer about the claim.

## Section 21 - Organisational Units' Liability for Insurance Excesses

(85) Work areas are responsible for insurance excesses that are associated with accepted and minor workers compensation claims in some States.

(86) Relevant Safety & Wellbeing staff will liaise with relevant nominated supervisors to coordinate the payment of the medical excess that is applicable to Victorian workers compensation claims. Whenever the medical excess is reached (see table below), Safety & Wellbeing will send the relevant work area an invoice which is issued by Gallagher Bassett.

(87) Excesses apply to claims in the following States:

Home State of Staff Member	Medical Excess	Wage Excess
Australian Capital Territory	Not applicable	5 working days (delays in injury notification will also result in additional wage excesses). This excess is waived if CCI is notified of the injury within 2 working days.
New South Wales	Not applicable	5 working days / weekly wage entitlement if ACU fails to notify the insurer, within 5 days, of being informed about a work-related injury or illness.
Victoria	\$735*	10 working days
Queensland	Not applicable	5 working days (in addition to the day that the injury was sustained)

\*2020 - 2021 financial year - indexed annually

## Section 22 - Entitlements for Victorian Staff

(88) Victorian staff are entitled to 100% of their normal salary under the [ACU Staff Enterprise Agreement 2017-2021](#) for a maximum of 12 months' workers compensation leave. The wage reimbursements, received from insurer Gallagher Bassett, are less than this amount and reflect the relevant staff member's entitlements in Victoria.

(89) Reimbursements paid by Gallagher Bassett (ACU's Victorian workers compensation insurer):

Period	Work Area Reimbursements
First 13 weeks of workers compensation leave	95% of the relevant staff member's pre-injury average weekly earnings, subject to a statutory maximum of double the Victorian average weekly earnings, \$2460 a week (as of 29 October 2020)
Week 14 - 52 of workers compensation leave	80% of the relevant staff member's pre-injury average weekly earnings, subject to a statutory maximum of double the Victorian average weekly earnings.

## Section 23 - Reimbursing Work Areas for Wage Compensation

(90) People and Capability staff coordinate the transfer of compensable wage reimbursements to relevant work areas whenever they recruit a staff member, on a temporary basis, to replace an injured staff member. These reimbursements occur once the University is paid by the relevant workers compensation insurer. The requests to transfer these monies are submitted, via [Service Central](#), every second Thursday by a Work Health and Safety Officer (prior to the pay week).

## Section 24 - Revisions made to this Program

(91) The University may make changes to this Program from time to time to improve its effectiveness. It will also be reviewed every two years. If any staff member wishes to make any comments about this Program, they should forward their suggestions to People and Capability.

(92) Unless otherwise indicated, this Policy will still apply beyond the review date.

## Section 25 - Further Assistance

(93) Any staff member who requires assistance in understanding this Program should first consult their nominated supervisor or manager who is responsible for applying the [Work Health and Safety Management System](#) within their work area. Should further information or advice be required, staff should visit [Service Central](#).

## Section 26 - Appendix A: Timelines for Notifying Insurers and Assessing Workers Compensation Claims

<b>Home State of Staff</b>	<b>Limits on Claim Notifications (Staff)</b>	<b>Obligations Upon ACU for Notifying Relevant Insurer within the Following Timeframes</b>	<b>Maximum Claim Assessment Period (relevant State-based workers compensation insurer)</b>
Australian Capital Territory Catholic Church Insurance	As soon as possible	2 calendar days to qualify to waive one week's worth of the wage claim excess	28 calendar days
New South Wales Catholic Church Insurance	6 months from date of injury	Notifications of injury: 48 hours Claim submitted: 7 calendar days after receiving the claim.	7 calendar days unless 'reasonable excuses' apply.
Queensland WorkCover Queensland	6 months from date of injury (liability is only accepted for 20 days prior to claim lodgement).	Employers' report should be provided within eight business days	20 business days
Victoria Gallagher Bassett	As soon as practical	10 calendar days whenever there is an entitlement for wage compensation and / or the excess for medical and like expenses are exceeded.	28 days after receiving the claim from ACU A claim is deemed to be 'accepted' if a decision has not been made by insurer within 39 calendar days.
South Australia Catholic Church Insurance	6 months from date of injury	5 business days after receiving the claim	10 calendar days. If not determined, 'interim payments' must be made.
Western Australia Catholic Church Insurance	12 months from date of injury	5 calendar days after receiving the claim	14 calendar days. Alternatively, the insurer can pend the claim which allows an additional 10 calendar days.

## Status and Details

<b>Status</b>	Historic
<b>Effective Date</b>	5th February 2024
<b>Review Date</b>	20th July 2024
<b>Approval Authority</b>	Vice-Chancellor and President
<b>Approval Date</b>	5th February 2024
<b>Expiry Date</b>	18th August 2024
<b>Responsible Executive</b>	Angelle Laurence Chief People Officer
<b>Responsible Manager</b>	Angelle Laurence Chief People Officer
<b>Enquiries Contact</b>	Bernardine Lynch ER and Safety Committees and Policy Officer <hr/> People and Capability