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SOUTHERN MEATS

INJURY MANAGEMENT PROGRAM

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Table of Contents

	Page Number
Introduction	3
Legislative Provisions	3
Program Statement	4
Definitions	4
Injury Management Obligations	5
Injury Management Process	8
Treatment Providers	10
Procedure for Changing Nominated Treating Doctor	13
Claims Management	13
Determination of Liability	16
Reasonable excuse	17
Benefits Reform	18
Cessation of weekly payments after 5 years	19
Suspension of Weekly Benefits	19
Work Capacity Assessment and Decisions	20
Claims Review	21
Confidentiality	21
Independent Medical Examination	21
Lump Sum Compensation	22
Determination of Permanent Assessment	22
Making a claim for Permanent Impairment	22
Commutations	23
Claim Finalisation	23
Claim Re-opening	24
Claim Handover for New Claims Managers	24
Injury Prevention	25
Grievance Handling	25
Dispute Prevention	25
Dispute Resolution	25
Penalties	26
Key Performance Measures	27
Information Strategy	27
Program Review	27
Attachment 1 – Return to Work Plan	28
Attachment 2 – Injury Management Plan	29
Attachment 3 – Authority to Release Information form	34
Attachment 4 – Acceptance of Provisional Liability and provisional payments approval	35

INTRODUCTION

The objective of Workplace Injury Management is to achieve a timely, safe and durable recovery and return to work for injured workers. The underlying principle of Workplace Injury Management is that recovery in the workplace rather than in the home or medical facility is both more effective and more productive.

The Southern Meats Injury Management Program has been developed together with and is consistent with the Southern Meats Return to Work Program, Claims Procedure Manual and Southern Meats Internal Claims Estimating Policy and must be read in conjunction with these documents. All programs form part of the operating procedures of Southern Meats for the management of workers injured at work.

Southern Meats will provide suitable employment (where reasonably practicable) and support return to work as soon as possible following work-related injury.

LEGISLATIVE PROVISIONS

Southern Meats is committed to providing rehabilitation and injury management for its workers who sustain work-related injury or illness, in accordance with the:

- ❖ Workers Compensation Act 1987 (the 1987 Act)
- ❖ Workplace Injury Management and Workers Compensation Act 1998 (the 1998 Act)
- ❖ Workers Compensation Regulation 2018 (the Regulations)
- ❖ State Insurance Regulatory Authority (SIRA) Guidelines for Workplace Return to Work Programs
- ❖ SIRA Standards of Practice
- ❖ SIRA Workers Compensation Guidelines.

The 1998 Act, Section 42(1), defines an Injury Management Program as:

"A coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, retraining, claims management, and employment management practices) for the purpose of achieving optimum results in terms of a timely, safe and durable return to work."

As a self-insurer, the philosophy of injury management at Southern Meats is to return workers to pre-injury employment as quickly and safely as possible following a work-related injury or illness.

The key principles underlying the safe and early recovery at work of workers include:

- ❖ Having effective processes in place in the event of an injury, to ensure all workers know what to do
- ❖ Appropriate early reporting of injuries and early medical intervention
- ❖ Encouraging the workplace environment to be proactive, supportive and cooperative and the most effective place for the majority of workers to recover from their injury, rather than at home or in a medical setting

- ❖ Working in consultation with all parties to facilitate recovery at work for all injured workers.

Southern Meats will comply with the 1987 and 1998 Acts in both the letter and spirit in which they have been written.

Section 52 of the 1998 Act requires an employer to have a Recovery at Work Program for rehabilitating its workers. Southern Meats' Recovery at Work Program is complementary to this Injury Management Program.

CLAIMS MANAGEMENT PRINCIPLES

As a licenced self-insurer, Southern Meats is committed to managing workers compensation claims in a manner that is supportive and non-adversarial, and in accordance with the claims management principles in the SIRA Standards of practice:

Principle 1: Fairness and empathy

The management of claims will be undertaken in an empathetic manner intended to maximise fairness for workers by:

- ❖ ensuring that workers understand their rights, entitlements and responsibilities, and making clear what workers and employers can expect from insurers and other scheme participants
- ❖ ensuring workers are afforded procedural fairness, and decisions are made on the best available evidence, focused on advancing the worker's recovery and return to work.

Principle 2: Transparency and participation

Workers, employers and other scheme participants will be empowered and encouraged to participate in the management of claims by:

- ❖ ensuring transparent and timely communication of the reasons and information relied upon for decisions and facilitating right-of-reply and prompt, independent review of decisions
- ❖ ensuring opportunities are provided to workers, employers and other scheme participants to contribute information that can support and inform claims management.

Principle 3: Timeliness and efficiency

Claims management decisions will be made promptly and proactively, and claims will be managed in a manner intended to reduce delays and costs and maximise efficiency by:

- ❖ promptly and efficiently processing claims, responding to inquiries, determining entitlements and making payments
- ❖ progressing claims without unnecessary investigation, dispute or litigation.

INJURY MANAGEMENT OBLIGATIONS

The obligation for workplace injury management is shared among the managers, supervisors, Return to Work Coordinator, Claims Manager and employees. The Claims Manager, unions, Nominated Treating Doctors and rehabilitation providers also have responsibilities towards facilitating successful workplace injury management.

Southern Meats must:

- ❖ Comply with obligations imposed on it by, or under, this injury management program for an injured worker, and
- ❖ Provide suitable employment so far as is reasonably practicable, in accordance with treating doctor restrictions and facilitate upgrading to full pre-injury duties.

Managers/ Supervisors

Managers have the duty of the employer to ensure the health, safety and welfare of their employees. Managers will be responsible for monitoring injury reporting arrangements and ensuring that injuries are notified to the Southern Meats RTWC within 48 hours. Managers will also ensure that the Injury Management process meets all injury management obligations, and that Recovery at Work Plans are implemented.

Supervisors will notify the Southern Meats RTWC immediately after workplace injury occurs. Supervisors will, where practicable, provide suitable employment for injured workers and will also facilitate a supportive environment for the recovery at work process.

Return to Work Coordinator

The Return to Work Coordinator is responsible for:

- ❖ Completing Initial Notification documentation and entering the details into the Claims Management System (including initial estimate where necessary) and notifying the Claims Manager of new claims
- ❖ Contacting the injured worker, worker's supervisor and the treating doctor within 3 days of being notified of a significant injury
- ❖ Providing each injured worker with information on the recovery at work process, workers compensation benefits, the worker's obligations and the penalties for non-compliance
- ❖ Providing each injured worker with a copy of the SIRA brochure [*Injured at work: a recovery at work guide for workers*](#)
- ❖ Managing the recovery at work process and developing Recovery at Work Plans that document suitable employment and work restrictions so that all

- parties are informed of return to work arrangements for each injured worker
- ❖ Obtaining the injured worker's consent before obtaining or releasing information about the worker's return to work
- ❖ Assisting managers and supervisors to implement the injury management requirements of [Chapter 3](#) of the *Workplace Injury Management and Workers Compensation Act 1998*.
- ❖ Assisting the injured worker to recover at work as soon as practicable and ensuring that there is a current Recovery at Work Plan in place
- ❖ Initiating and maintaining regular contact with the injured worker, worker's supervisor and Nominated Treating Doctor and other relevant parties
- ❖ Maintaining confidential records of rehabilitation cases including timely, accurate and up-to-date file notes in respect to recovery at work actions and follow ups, for all periods of total or partial incapacity or both
- ❖ Making direct referral to Injury Management Consultants (IMCs) when required to assist in promoting a safe, timely and durable recovery at work
- ❖ When necessary, enlisting the assistance of rehabilitation providers
- ❖ Supplying the injured worker with a copy of the Injury Management Plan for all significant injuries
- ❖ Calculating a worker's pre-injury average weekly earnings (PIAWE), discussing the calculated PIAWE with the worker and making weekly payments of compensation (where relevant) in accordance with section 4. Weekly payments of Southern Meats Claims Procedure Manual
- ❖ Annual review of first aid requirements against [First Aid in the Workplace Code of Practice January 2020](#) to comply with duties under the WHS Act and Regulations ensuring adequate first aid resources at Southern Meats.

Claims Manager

The Claims Manager is responsible for:

- ❖ Management of the claim, including the assessment and payment of initial and ongoing liability
- ❖ Determination of liability in consultation with the RTW Coordinator
- ❖ Completing a Recovery Plan within 20 days of becoming aware that a worker has a significant injury
- ❖ Reviewing all Recovery Plans regularly to reflect changes in the injured worker's medical condition, treatment regime or recovery status
- ❖ Provision of advice to injured workers and supervisors in relation to their workers compensation and injury management obligations
- ❖ Notifying the site if payments of weekly compensation are to cease
- ❖ Investigation of claims
- ❖ Provision to injured workers of written advice of their payments, payment periods and the status of their claim
- ❖ Checking the calculation of pre-injury average weekly earnings (PIAWE)
- ❖ Arranging independent medical examinations as necessary
- ❖ Liaising with the injured worker and the supervisor regarding the worker's progress and claim directly or via the RTWC, throughout the life of a claim
- ❖ Assessment and approval of appropriate treatment at AMA and SIRA approved rates
- ❖ Liaison with the Return to Work Coordinator regarding an injured worker's rehabilitation, treatment and return to work progress

- ❖ Developing and maintaining estimates on all claims
- ❖ Assessing work capacity and making Work Capacity Decisions
- ❖ Maintaining detailed file notes of all actions taken on a claim.

Injured workers

Injured Workers must:

- ❖ Participate and co-operate with the Recovery at Work Plan negotiated between the employer, the injured worker, Nominated Treating Doctor and any other relevant parties
- ❖ Nominate a treating doctor who will participate in the injury management / recovery at work processes
- ❖ Authorise the Nominated Treating Doctor to provide relevant information to Southern Meats
- ❖ Provide a copy of the Certificate of Capacity to the RTW Coordinator and/or Claims Manager
- ❖ Make all reasonable efforts to return to suitable or pre-injury employment as soon as possible having regard to the nature of the injury
- ❖ Comply with all obligations imposed by any Recovery Plan negotiated between the injured worker, the employer and the Nominated Treating Doctor
- ❖ Maintain regular contact with the RTWC and supply a current residential address and contactable phone number
- ❖ Attend medical or other assessments arranged by the Claims Manager.

If an injured worker fails unreasonably to comply with their obligations, it may lead to suspension or termination of their workers compensation benefits.

Nominated Treating Doctor

The Nominated Treating Doctor will:

- ❖ Provide a fully completed SIRA Certificate of Capacity advising of the injured worker's fitness for work/capacity for suitable employment and restrictions to be placed on the performance of those duties
- ❖ Participate and cooperate in the development or implementation Recovery at Work or Recovery Plans
- ❖ Consult with Southern Meats regarding suitable employment available for the injured worker
- ❖ Provide evidence-based treatment and guidance to the injured worker.

Employees

Employees are expected to maintain a commitment to workplace injury management. They must notify their workplace as soon as possible if they have suffered a work-related injury and they must keep the workplace informed of their ongoing medical and rehabilitation status.

RECOVERY AT WORK AND REHABILITATION PRACTICES

Southern Meats is committed to the following arrangements for all employees who have sustained a work-related injury:

- ❖ Ensuring that each injured worker returns to work as soon as is practicable
- ❖ Establishing and encouraging an environment where early return to work is a normal practice and expectation
- ❖ Providing suitable employment (where reasonably practicable to do so) for each injured worker as an integral part of the recovery at process
- ❖ Consulting with employees, unions and where necessary, other relevant stakeholders to ensure that this program operates effectively.
- ❖ Ensuring that participation in the injury management program will not of itself jeopardise an injured worker

Provision of workplace rehabilitation assistance

If the injured worker faces barriers in the recovery process, Southern Meats may engage the services of an accredited rehabilitation provider to assist with workplace injury management.

Injured workers have the right to choose all treatment providers including Rehabilitation Providers and injured workers will be consulted if it is decided to engage a rehabilitation provider.

The rehabilitation provider may provide the following services:

- ❖ Functional and workplace assessments
- ❖ Advice concerning job modification to facilitate identification of and return to suitable work
- ❖ Rehabilitation counselling, vocational retraining and assistance with job seeking, when return to work with a new employer is required for assistance in arranging vocational training.

Vocational Rehabilitation

Where an injured worker is unable to return to full pre-injury duties and permanent alternative duties cannot be identified appropriate to their capacity and restrictions, age, education skills, experience, and place of residence, assistance from a rehabilitation provider may be requested.

The rehabilitation provider may provide the injured worker with assistance with:

- ❖ Vocational assessment and counselling
- ❖ Advice or assistance regarding job seeking

- ❖ Advice or assistance in arranging vocational training.

SIRA has a range of programs to assist seriously injured workers who need additional assistance to return to work. These programs are funded by SIRA and include:

- ❖ *Work Trials*, which are short periods of work experience with a host employer to assist the injured worker to develop work skills and/or upgrade physical fitness in a suitable work environment
- ❖ Assistance with *retraining* if an injured worker cannot return to their pre-injury job and does not have the necessary skills to find alternative employment
- ❖ Financial assistance with *workplace equipment or modifications* to assist an injured worker to resume employment
- ❖ *Job Cover Placement Program*, where incentives are provided to a new employer when employing a worker who has had a work-related injury.

CLAIMS MANAGEMENT PRACTICES

Notification of injury

An injured worker must notify Southern Meats of an injury as soon as possible after the injury occurs. The notification of injury can be made by the worker, treating doctor, family member or worker's representative by telephone, electronic media, in writing or in person. The notifier of an injury must provide details of the injury, how it occurred and treating doctor details (if known).

To make an Initial Notification by telephone, the notifier should call Southern Meats on (02) 4824 0017.

When a workplace injury occurs, the supervisor will notify the RTWC immediately.

Following notification of injury, the RTWC will:

- ❖ Complete Initial Notification documentation and enter the details of injury into the computerised Claims Management System
- ❖ Enter the SIRA Certificate of capacity and other relevant papers into the Claims Management System
- ❖ Complete the Health Centre Treatment Register
- ❖ Enter details of the injury into the claims management database
- ❖ Forward the details of the injury to the CM.

Obtaining informed consent

Informed consent requires a worker to be properly and clearly informed about how their personal and health information will be handled before they consent to the release and exchange of information. It also ensures the worker understands the implications of not doing so.

Southern Meats will obtain informed consent from injured workers in accordance with [Standard of Practice 1](#).

At the time of initial contact, the RTWC provides advice to the worker about:

- ❖ their rights and obligations, including the right to withdraw or modify consent, and the potential impacts of doing so
- ❖ the types of information that may be collected, used or disclosed, and who is authorised to collect, use or disclose the information, including the purposes for which the information may be used.

The RTWC will request the worker to sign a consent form and advise them of their rights regarding their personal and medical information.

Information on consent will also be provided in the letter advising the worker of liability determination on their claim.

The kind of health information that may be required to be released and or exchanged to aid a worker's recovery at work includes: any electronic or paper-based information or opinion about a worker's physical or psychological health, treatment, rehabilitation, retraining, claims and injury or employment management practices.

Roles that may obtain, exchange and/or release personal and health information relating to a claim include:

- ❖ Southern Meats (employer)
- ❖ Return to Work Coordinators
- ❖ Claims Managers
- ❖ Workplace rehabilitation providers
- ❖ Nominated treating doctor
- ❖ Allied health professionals
- ❖ The State Insurance Regulatory Authority (SIRA)
- ❖ Auditors
- ❖ Legal advisors
- ❖ Independent medical or allied health consultants
- ❖ Independent Medical Examiners or Approved Medical Specialists.

Information obtained for the purposes of managing a worker's injury and recovery at work is only to be used for the purpose for which it was obtained, or a directly related purpose.

Workers will also be advised of their rights to access their personal and health information. Southern Meats promptly respond to any request by the worker or their representative for information contained in the worker's claim file within 10 working days, in accordance with [Standard of Practice 2](#).

Triage

Upon receipt of a new injury, the RTWC in consultation with the employer will identify any risk factors, psychosocial indicators or return to work barriers through the early contact process which is recorded in early contact forms.

The RTWC and CM will ensure appropriate support is in place to:

- maintain/build a supportive relationship between the Supervisor and the worker
- identify and provide suitable work
- understand and meet workers compensation obligations.

Information obtained by the RTWC and CM at the time of early contact enables development and implementation of tailored case management strategies, actions, and plans.

Required support will be identified initially through the early contact process and throughout the life of the claim.

Early contact following notification of injury

Early telephone contact with the worker, supervisor and Nominated Treating Doctor is carried out by the RTWC and/or CM within three working days of receipt of a notification of injury or illness. Initial contact with the doctor may be made by email or letter if appropriate.

Early contact focuses on open consultation between key parties and is conducted in accordance with SIRA's [Customer Service Principles](#) and [Standard of Practice 34](#). It can assist with:

- ❖ Establishing positive relationships with key parties to assess their needs
- ❖ Determination and mobilisation of necessary actions, services, resources and income support required to achieve outcomes
- ❖ Establishing facts and analysing information to facilitate sound decision making
- ❖ Identifying factors (or barriers) which may prevent early return to work
- ❖ Determining medical treatment and approval
- ❖ Developing an injury management plan for significant injuries to document the appropriate strategies to assist with the recovery at work and treatment outcomes
- ❖ Realistic goal setting and sound decision-making
- ❖ Claims estimation
- ❖ Work capacity assessments and decisions.

Early contact is focused on:

- ❖ Seeking to understand the worker's individual situation and circumstances
- ❖ Educating parties on the importance of recovery at work
- ❖ Setting expectations on the activities to be undertaken as part of injury management and recovery at work
- ❖ Setting expectations around frequency and methods of contact
- ❖ Clarifying roles & responsibilities.

Non-English-speaking or hearing-impaired workers

Assistance will be provided to workers who speak languages other than English or who have a speech or hearing impairment to help them understand the injury management process and associated paperwork, in accordance with [Standard of Practice 28](#).

Southern Meats will arrange an interpreter where the worker asks for one, indicates a preference for communicating in their own language, does not appear to understand questions or is not easily understood.

In arranging for an interpreter, Southern Meats will ensure the interpreter is NAATI-certified (where available), and will consider the worker's cultural background, ensure there is no conflict of interest, and explain the purpose of the communication to the interpreter in advance.

Interpreter assistance may be face-to-face or via telephone, depending on the worker's needs.

ASSESSMENT THROUGHOUT THE LIFE OF A CLAIM

Injury management assessment

The CM will conduct an initial injury management assessment upon receipt of the first medical certificate, to determine the injured worker's needs and any treatment approvals or support that may be required. Injury management assessments will be conducted throughout the life of the claim as new information is received and will inform the injury management planning process.

Provisional liability

The Claims Manager will consider the injury circumstances and if appropriate, commence payment of provisional weekly payments and medical expenses within seven days of the initial notification of injury, in accordance with [Standard of Practice 3](#).

Provisional payments may be made for up to 12 weeks of weekly payments and/or \$10,000 of medical expenses, having regard to the severity of the injury and the likely period of incapacity. Provisional payments allow a worker to receive benefits while further information is gathered on a claim, and do not imply an admission of liability by Southern Meats.

If provisional liability is accepted, the worker is to be notified in writing within 2 days after making the decision advising:

- ❖ That the payments have commenced on a provisional basis
- ❖ How long payments are expected to last
- ❖ That an Injury Management Plan will be developed for significant injuries
- ❖ That the worker can make a claim and how to do so

- ❖ The worker's pre-injury average weekly earnings (PIAWE)
- ❖ How PIAWE is calculated
- ❖ How and by whom the worker will be paid
- ❖ What to do if the worker disagrees with the PIAWE or does not receive payment
- ❖ What information the worker needs to provide for weekly payments to continue.

The letter will also enclose the SIRA brochure [A quick guide to workers compensation](#).

Reasonable Excuse

Southern Meats has a reasonable excuse for not commencing provisional payments if any of the following conditions apply:

- ❖ The worker fails to provide sufficient medical information
- ❖ The worker is not an employee of Southern Meats
- ❖ The worker cannot be contacted
- ❖ The worker refuses to allow access to personal or health information
- ❖ The injury is not work-related
- ❖ There is no requirement for weekly compensation
- ❖ The injury is notified 2 months or more after the injury occurring.

If Southern Meats has a reasonable excuse for not commencing provisional weekly payments, notice will be provided it writing to the injured worker. This notice will include:

- ❖ Reasons for not commencing payments
- ❖ How the excuse can be resolved
- ❖ Details about how further information can be sought from Southern Meats
- ❖ Further information required for commencing/continuing payments
- ❖ Details of how to make a claim including provision of the appropriate SIRA claim form
- ❖ That the worker can seek assistance from their union, a legal representative or the Independent Review Office (IRO)
- ❖ That they have the right to seek an expedited assessment by the Personal Injury Commission.

Making a claim and claim liability

A claim form is not required to commence the workers compensation process, but a worker may make a formal claim for compensation by completing a claim form at any time.

The [Worker's Injury Claim Form](#) is available from the SIRA NSW website and from the Southern Meats Medical Centre.

A claim form is required if the claim is likely to exceed the provisional liability entitlements, or if requested by the RTWC/CM. This requirement can be waived by the RTWC/CM if there is already sufficient information on file to determine liability.

If the injured worker is unable to complete the claim form, a friend or relative may do so on their behalf. Any person who assists the injured worker to complete the claim form should note the form accordingly. The form should **not** be completed by a representative of Southern Meats.

A duly completed SIRA Certificate of Capacity must also be provided before the claim can proceed.

Liability for a claim will be determined by the CM in consultation with the RTWC as soon as practicable, and within 21 days of receipt of a completed claim form and certificate of capacity. If provisional liability payments have commenced, the timeframe for determination of liability is extended to the end of the provisional liability period.

If liability is accepted, the worker will be notified in writing in accordance with [Standard of Practice 3](#).

Prior to disputing liability, a review will be undertaken by a person other than the original decision maker, with comprehensive knowledge of the legislation as it applies to the matter in dispute and the issues arising from it, to ensure the decision is sound.

Notice of disputed liability will be provided to the worker in writing in accordance with the requirements of [section 79](#) of the 1998 Act and [clause 38](#) of the *Workers Compensation Regulation 2016*.

Further information on disputed claims is available in this Program in the section on Dispute Prevention and Resolution.

Additional or consequential medical conditions

In the event an additional or consequential injury is identified on a medical certificate, or otherwise advised to Southern Meats, the CM will act in accordance with [Standard of Practice 13](#) and contact the worker and/or nominated treating doctor within five working days to confirm the details of the condition and reason for its inclusion on the certificate.

Prompt action will be taken to assess and address any additional or consequential medical condition identified on a certificate of capacity.

The CM will contact the worker and/or nominated treating doctor within 5 working days of receipt of the certificate to confirm the details of the condition and the reason for its inclusion on the certificate, establish whether the worker wishes to have the condition included under their claim, and determine liability.

The CM may need to obtain additional factual or medical information to assist in determining the relationship between the consequential injury and the primary injury.

Where liability for the additional or consequential condition is disputed, a formal dispute notice will be issued within 21 days.

The CM and RTWC need to be aware of any medical condition which may impact an injured worker's recovery and/return to work, whether work-related or not.

Properly responding to additional information on the certificate of capacity confirms to the injured worker and nominated treating doctor that requests for reasonably necessary treatment will be considered without delay.

If the additional or consequential medical condition is not work-related, prompt action by the CM enables the treating doctor to appropriately manage the non-work-related medical condition.

Recurrence or aggravation

When it is necessary to determine whether an injury is a recurrence or aggravation of an existing workers compensation injury, or a new injury, the CM will evaluate all available evidence to make a decision and all reasonable support will be provided to the injured worker in accordance with [Standard of Practice 5](#).

Where the worker has suffered a new injury to a body part previously injured, the CM will determine which of the two injuries has caused or materially contributed to the incapacity or need for treatment. Where both injuries contribute, the more material injury will be accepted. Consideration will be given to the implementation of sections [39](#) and [59A](#) of the 1987 Act to ensure that the worker is not unfairly impacted by this decision.

The CM will contact the worker within two working days of the decision to discuss the reasons for the decision, and its implications for entitlements.

Weekly payments – calculation of PIAWE

Weekly benefits are payable when an injured worker's injury results in incapacity leading to a wage loss. The amount of weekly benefit payable depends upon a number of variables:

- ❖ The worker's pre-injury earnings
- ❖ The worker's current work capacity
- ❖ The amount earned by the worker while performing suitable duties
- ❖ How long the worker has received weekly benefits
- ❖ The amount a worker is capable of earning in suitable employment
- ❖ The statutory maximum weekly rate.

The RTWC/CM will explain the PIAWE to the worker during the early contact conversation and request any required information at that time. The worker's Pre-Injury Average Weekly Earnings (PIAWE) will be determined within 7 days of notification of injury by reviewing the worker's earnings in their current employment over the relevant period. This is generally 52 weeks but may be a shorter period if

appropriate. The payment summary used to calculate the PIAWE is provided to the injured workers.

The work capacity decision on an injured worker's PIAWE will be advised in the initial provisional liability or liability acceptance notice and will include:

- ❖ Advice that payments have started;
- ❖ The amount payable and how that amount was calculated;
- ❖ What to do if the worker disagrees with the calculation and an explanation of the review process;
- ❖ That an injury management plan will be developed for significant injuries;
- ❖ That to continue to be entitled to ongoing weekly payments, a worker is required to provide ongoing certificates of capacity.

It may be necessary to issue an interim PIAWE decision if there is insufficient information to make a proper calculation. If this occurs the worker will be advised of the additional information required in accordance with [Standard of Practice 7](#), and the PIAWE calculation will be reviewed within 5 days of receipt of this information.

Work capacity assessments and decisions

A worker's capacity for work will be reviewed throughout the course of their claim as new information is received.

Sometimes an assessment may be accepting an upgrade in capacity as in line with the expected progression of recovery. In other cases, it may be necessary to gather additional information to explain the change in capacity.

Following receipt of a certificate indicating a change in a worker's capacity for work, the CM/RTWC will investigate the reason for the change. This may involve contacting the worker, NTD, treatment providers or other relevant parties to obtain additional information about the change.

A decision on the worker's capacity will be made as soon as practicable following receipt of the certificate, and the worker will be advised within two working days of the decision.

A work capacity assessment considers medical, functional and vocational status, and looks at all available sources of information, including but not limited to:

- ❖ Activities of daily living
- ❖ Medical evidence
- ❖ Payroll records
- ❖ Injury Management and Recover at Work plans
- ❖ Certificates of capacity
- ❖ Reports from treating medical and allied health professionals
- ❖ Reports from independent medical examiners or consultants

Should further information be required to assess work capacity, the CM may request the worker to attend an appointment. A worker cannot be requested to attend more than four appointments per assessment and there cannot be more than one appointment with the same type of specialist or type of healthcare professional. The worker cannot be requested to attend appointments that are not reasonably necessary, and if required to attend an independent medical examiner, at least ten working days' notice must be provided, unless the worker agrees to a shorter notice period. Failure to attend the appointment, or refusal by the worker to participate when

at the appointment, may result in the suspension of weekly payments until such time as the assessment is completed.

If a worker cannot return to their pre-injury employment, the CM/RTWC will consider whether they can work in other suitable employment, having reviewed all available evidence & having regard to the definition of suitable work in section 32A of the 1987 Act.

A work capacity assessment is required if it appears likely that a worker's incapacity will continue beyond 130 weeks, to assess whether benefits will be payable under the third entitlement period, except in the case of "highest needs" workers.

Work capacity decisions

Work Capacity Decisions can include decisions about:

- ❖ The worker's current work capacity
- ❖ What is suitable work for the worker
- ❖ How much the worker can earn in suitable work
- ❖ The worker's pre-injury average weekly earnings (PIAWE) or current weekly earnings
- ❖ Whether a worker is, as a result of injury, unable without substantial risk of further injury to engage in employment of a certain kind, because of the nature of that employment

or any other decision that affects a workers' entitlement to weekly payments of compensation, including a decision to suspend, discontinue or reduce the amount of the weekly payments of compensation payable to a worker on the basis of one of the decisions listed above.

If the decision does not change the amount of weekly payments that a worker receives, the worker will be advised by telephone, and a case note placed on the file. Where a decision is made that changes a worker's amount of weekly payments, the worker will be contacted by phone and provided written notice in the SIRA-approved form. If the worker has received weekly benefits for a continuous period of 12 weeks or more, they will be given a minimum notice period of three months before any change is made to their weekly payments.

The rationale for a work capacity decision will be noted on the claim file. Additionally, any decision that results in the cessation or reduction of a worker's entitlement to weekly payments will be peer reviewed and evidence of the review documented on file.

Review of a work capacity decision

A worker can request an internal review of a Work Capacity Decision at any time. The review will be conducted by a person with the appropriate expertise who was not involved with the original decision.

The review will be completed within 14 days of receipt and the worker will be advised in writing that the decision has either been affirmed or changed and avenues for further review if appropriate.

The worker may elect to refer the decision to the Personal Injury Commission at any time. It is not necessary to request an internal review first, or to wait for the outcome of the review.

Permanent Impairment

A worker may be entitled to lump sum compensation if they are assessed as having a permanent impairment.

For injuries that occurred on or after 1 January 2002, a worker must be assessed with a Whole Person Impairment (WPI) of greater than 10%, except for primary psychiatric and psychological impairments which require a minimum level of 15% WPI. There is no permanent impairment compensation available for secondary psychological injuries.

Injuries prior to 1 January 2002 are assessed in accordance with the Table of Disabilities.

A claim for permanent impairment compensation must be made in writing detailing the injury and impairments arising from it and any previous condition or employment which may contribute. It must be accompanied by a report from a SIRA-approved permanent impairment assessor which includes a statement that the condition has reached maximum medical improvement, an assessment of the percentage of permanent impairment in accordance with the NSW Workers Compensation Guidelines for the Evaluation of Permanent Impairment, and, if the claim is for hearing loss, a copy of the audiogram used for the medical report.

Only one claim for permanent impairment compensation can be made in respect of an injury. A Permanent Impairment Claim Form is available from the NSW SIRA Website or the Southern Meats Medical Centre.

Upon receipt of a permanent impairment claim, the CM will consider the accompanying report within ten working days to determine whether the assessment is consistent with the information on the claim file and the NSW Permanent Impairment Guidelines. If further information is required, or the report is not consistent with the guidelines, the insurer will request clarification or amendment from the assessor within another ten working days.

If all relevant particulars have not been provided, the CM will request the required additional information and/or arrange a medical examination with an approved permanent impairment assessor.

Within ten working days of receiving all relevant particulars, the CM will either accept liability and make a reasonable offer of settlement, or issue a notice disputing liability.

Copies of the relevant medical reports will be provided to the worker at least five days prior to the commencement of negotiations on permanent impairment to allow for informed negotiation.

If the degree of permanent impairment is agreed between the parties, a written agreement will be issued that complies with section 66A of the 1987 Act and the *Workers Compensation Guidelines*.

Southern Meats will not enter into an agreement about a worker's degree of permanent impairment until it is satisfied that the worker has obtained, or waived the right to obtain, independent legal advice regarding the consequences of entering into the agreement.

Work Injury Damages

A worker may be eligible to claim Work Injury Damages where:

- ❖ Their injury has resulted from the employer's negligence, and
- ❖ Their injury has resulted in a degree of permanent impairment of at least 15 per cent

A claim for permanent impairment must be made either before or with a claim for Work Injury Damages (WID). WID claims should be made within three years of injury, unless leave is granted by the court for a later claim.

Upon receipt of a WID claim, the CM will assess the claim to determine if all required relevant particulars have been required. If "further and better particulars" (which may include a medical assessment) are required, the CM will respond within two weeks of receipt advising of the additional information required.

The CM will determine the claim within two months of receipt of all required particulars by either accepting the claim and making a reasonable offer of settlement, or issuing a notice of dispute.

If the worker rejects the settlement offer, or the claim is disputed, the worker may then progress to issuing a pre-filing statement that includes details of the claim and the evidence relied on, and a copy of the Statement of Claim they intend to file with the court. The CM will respond to the pre-filing statement within 28 days with a pre-filing defence.

In most cases, the worker must refer a claim to the Personal Injury Commission for mediation before issuing court proceedings. Court proceedings may commence if mediation does not result in settlement, however the parties may only refer to matters raised in the pre-filing documents.

Commutations

A commutation is an agreement to pay an injured worker's entitlements as a lump sum. Accepting a commutation means that the injured worker's entitlements to weekly payments, medical, hospital, rehabilitation and all other expenses in respect of the injury will no longer be paid by the insurer.

Workers who have 'catastrophic injuries' as described in Part 9 of the *Workers Compensation Guidelines* can only commute their weekly payments and retain their entitlement to medical, hospital and rehabilitation expenses.

A commutation is only available when the following preconditions have been met:

- ❖ The injured worker has a Whole Person Impairment of at least 15%
- ❖ Compensation for permanent impairment has been paid
- ❖ It is two or more years since the injured worker first received weekly payments for the injury

- ❖ All opportunities for injury management and return to work have been fully exhausted
- ❖ The injured worker has received weekly benefits regularly in the previous six months
- ❖ The injured worker has an existing and continuing entitlement to weekly benefits

The injured worker must receive independent legal advice and a recommendation to obtain independent financial advice before a commutation can be finalised.

All commutation requests must be certified by SIRA as meeting all the criteria set out in [Section 87EA](#) of the 1987 Act. The agreement must then be registered with the Personal Injury Commission in order to take effect.

PLANNING, IMPLEMENTATION AND REVIEW THROUGHOUT THE LIFE OF A CLAIM

Risk management and recovery planning

The injury management process commences within 3 working days of becoming aware that a workplace injury is or is likely to become a significant injury and a Recovery Plan will be developed within 20 days.

The CM will conduct a risk assessment using the information gathered during the initial contact phase, as well as any additional information obtained in the initial weeks following injury notification, in accordance with [Standard of Practice 34](#).

The CM will analyse the information gathered to identify any special needs and/or risk factors for delayed recovery and/or return to work, across the four domains of personal, workplace, insurance and healthcare.

Where risks are identified, the CM will collaborate and communicate with the injured worker and all relevant members of their support team to determine, document and implement appropriate actions to address the identified risks. The support team is made up of the Nominated Treating Doctor, RTW Coordinator, Manager/Supervisor, other relevant treatment providers, Rehabilitation Provider (if involved) and any other relevant parties as agreed with the injured worker.

The CM/RTWC will establish a Recovery Plan for the worker in consultation with the worker, and their support team, in accordance with [Standard of Practice 12](#).

Recovery Plans are important and required to:

- ❖ Formalise communication between all parties;
- ❖ Mobilise and set goals for treatment being provided/or medical investigations;
- ❖ Ensure all parties are working towards the same goals and understand their roles in achieving them;
- ❖ Address identified risks and agreed actions to manage them;
- ❖ Advise the parties of their legislative obligations;
- ❖ Advise the worker of their right to nominate a treating doctor and provide them with a procedure for changing it, if circumstances warrant

This plan will outline actions and services required to assist the worker to recover and return to work. The Recovery Plan contains goals, actions, person(s)

responsible, timeframes and specifies a date for review. The plan is distributed to the worker and their support team, and a copy is retained on the claim file.

In preparing a Recovery Plan, the CM/RTWC will aim to maximise the worker's input into their recovery and consider their capabilities, preferences and goals to ensure they are equipped and supported to drive their own recovery as far as possible.

The CM/RTWC will also support the stakeholders to assist the worker's recovery by sharing information about risks, goals and work, assisting them to understand their roles, monitoring progress and liaising with parties if treatment is not contributing to the worker's goals and outcomes.

The recovery planning process continues through the life of a claim and the Recovery Plan will be reviewed regularly, where there is a significant change in the worker's work capacity and/or treatment or rehabilitation needs, or at a minimum every 12 weeks in the first year of a claim. Plans for long-term claims should be reviewed at a minimum every 6 months. All reviews will include consultation with the worker and the relevant members of their support team, and encompass review of the current risks and necessary management actions. Where there are no changes needed following review, or if additional information is shortly expected (eg an imminent specialist review, or imaging results), the CM/RTWC may extend the existing plan rather than issuing a new one.

Where claim liability is disputed, a final Injury Management Plan should be issued to the worker and Nominated Treating Doctor.

Special consideration for psychological injuries

In accordance with [Standard of Practice 33](#), special consideration will be made to appropriate support strategies for an injured worker with a primary or secondary psychological injury, taking into account any interpersonal workplace issues and the injured worker's preferred approach to disclosure. The Recovery Plan will include a collaborative and tailored communication approach and support positive and constructive engagement between the worker and employer.

The CM will consider referral to an appropriately qualified rehabilitation provider to assist with the recovery process and provide an additional level of expertise to the support team.

Case conferencing

A case conference is a meeting (either in-person or over the phone) with the injured worker, the Nominated Treating Doctor and either some, or all, of the other members of the support team such as the insurer, RTW Coordinator and a workplace rehabilitation provider. They can be used to set goals, ensure roles and responsibilities are understood, and to agree on timeframes and requirements for recovery at / return to work.

Case conferences will be conducted in a manner that promotes return to work and respects the injured worker's right to confidential medical consultations and in accordance with [Standard of Practice 16](#).

The CM/RTWC will advise the worker of the intention to organise a case conference and the reasons for doing so, and provide an agenda to all parties in advance. The conference will be arranged separately to the worker's medical consultation unless otherwise agreed by the worker and their Nominated Treating Doctor.

Medical and other treatment payments

Workers and providers will receive prompt payment of invoices and reimbursements for medical and other services in accordance with [Standard of Practice 10](#).

Payment will be made in accordance with the relevant SIRA [Workers Compensation Fees Orders](#), or as agreed prior to the service provision, no later than ten working days from receipt of a valid invoice for approved treatment or within the provider's terms, whichever is later.

Where there is likely to be a delay in payment of an invoice or reimbursement, Council will advise the relevant party within ten working days of receipt of the invoice or reimbursement.

Weekly benefits

Weekly payments to injured workers will commence as soon as possible. Payment will be made via the Southern Meats payroll system on the workers normal pay cycle.

Entitlement periods

Payments will be calculated under the relevant entitlement period in accordance with the relevant sections of the 1987 Act as follows:

- ❖ First entitlement period ([section 36](#)): applies for the first 13 weeks of payments. Benefits are calculated at 95% of the worker's PIAWE or the [statutory maximum rate](#), whichever is lower
- ❖ Second entitlement period ([section 37](#)): applies for 13-130 weeks of payments. Benefits are calculated depending on the time spend working in suitable employment each week
 - If a worker is **unfit** to work, benefits are calculated at 80% of the PIAWE or the statutory maximum, whichever is lower.
 - If a worker is fit for suitable employment and **works less than 15 hours** in a week, their benefit is calculated at 80% of the PIAWE or the statutory maximum, whichever is lower
 - If a worker is fit for suitable employment and works **15 hours or more** in a week, their benefit is calculated at 95% of the PIAWE or the statutory maximum, whichever is lower
- ❖ Third entitlement period ([section 38](#)): after receiving 130 weeks of payments, benefits are calculated at 80% of the worker's PIAWE or the statutory maximum, whichever is higher. A worker is only be entitled to receive benefits after 130 weeks if they meet all the following conditions:
 - Has applied for continuation of payments beyond the second entitlement period
 - Has returned to work for at least 15 hours a week and is earning at least \$155 per week
 - Is assessed by the insurer as likely to be unable to perform further work to increase their earnings for an indefinite period.

- ❖ Entitlement to benefits ceases after 260 weeks (five years) of payments, unless the worker is assessed as having a Whole Person Impairment of more than 20% ([section 39](#)).

Injured workers will be notified when they are approaching a statutory step-down in their weekly benefits. Written notice of the change and the new benefit amount will be provided at least 15 days beforehand, in accordance with [Standard of Practice 9](#).

Indexation

PIAWE rates are indexed twice-annually, in April and October in accordance with [section 82A](#) of the 1987 Act. The indexation rate is declared by an Order published on the [NSW legislation website](#) and reproduced in the SIRA [Workers Compensation Benefits Guide](#).

The indexed PIAWE is rounded to the nearest \$1 for amounts under \$1,000, and the nearest \$10 for amounts over \$1,000. Calculation of indexation on current claims will be made as soon as possible after the indexation rate is published, and workers advised of their new PIAWE.

Suspension of weekly benefits

Weekly payments to a worker may be suspended for the following reasons:

- ❖ Failure to participate in an assessment of ability to earn
- ❖ Failure to participate in the injury management process
- ❖ Refusal to attend or obstruction of an Independent Medical Examination
- ❖ Failure to provide a certificate of capacity after being requested to
- ❖ Failure to make reasonable efforts to return to suitable employment.

Prior to suspension the CM/RTW will attempt to contact the injured worker to ascertain the reason for the worker's failure to comply and if appropriate provide them with an opportunity to correct the failure. Should suspension proceed, the injured worker will be provided with written advice of the reason for suspension and what needs to be done for payments to be reinstated.

Termination or reduction of weekly benefits

Weekly payments may be reduced or terminated following:

- ❖ A dispute on liability for the injury
- ❖ A Work Capacity Decision that alters the amount payable to a worker
- ❖ A worker's continued failure to comply with their obligations to make reasonable efforts to return to work in suitable employment under [section 48](#) of the 1998 Act.

Workers will be provided with written notice in the event their benefits are being reduced or terminated.

Dispute prevention and resolution

Every effort should be made to resolve a dispute through discussions between the CM, the RTWC, the worker, the Nominated Treating Doctor, the supervisor, the rehabilitation provider (where relevant) and any representative of the worker. This may involve formal or informal consultation between some or all parties.

If agreement cannot be reached, Southern Meats will implement all or a combination of the following management strategies:

- ❖ Liaison with the Nominated Treating Doctor by the RTWC to establish the basis for disagreement and negotiate a suitable return to work
- ❖ Provision of all assessments of worker's capacity to work and available workplace duties to the Nominated Treating Doctor
- ❖ Referral to an approved workplace rehabilitation provider for assessment and liaison with all parties
- ❖ Referral to an Independent Allied Health Consultant
- ❖ Referral to an Injury Management Consultant for assessment and consultation with Nominated Treating Doctor
- ❖ Referral to an Independent Medical Examiner for review
- ❖ Application to the Personal Injury Commission for assessment (Approved Medical Specialist) and possibly proceed to arbitration.

Workers are urged to raise concerns or complaints at an early stage to their manager or supervisor.

Liability disputes

Before disputing liability on all or part of a claim, the file will be peer-reviewed to ensure that the decision is sound. This will include a review of all documents which are relevant to the claim or any aspect of the claim to which the decision to decline relates. The review will be undertaken by someone other than the person who has made the original decision, who has a comprehensive knowledge of the legislation as it applies to the matter in dispute and the issues arising from it.

Notice of disputed liability will be provided to the worker in writing in accordance with the requirements of [section 79](#) of the 1998 Act and [clause 38](#) of the *Workers Compensation Regulation 2016* including:

- ❖ A brief summary of the decision in the SIRA-approved [form](#)
- ❖ The date the decision was made
- ❖ The date the decision takes effect, including the notice period required under Section 80 of the 1998 Act
- ❖ The reasons for and issues in disputing liability
- ❖ A list of all documents submitted by the worker
- ❖ A list of all documents considered by Southern Meats in determining the claim (with copies provided)
- ❖ Advice on the worker's entitlement to seek an optional review of the decision, and that a request should be in writing including any further information supporting the request
- ❖ Any further information that is deemed relevant to the disputed claim
- ❖ Advice to the worker of their entitlement to seek advice or assistance from SIRA, the worker's union, from a lawyer or Independent Review Officer
- ❖ Advice to the worker that they may initiate a dispute with the Personal Injury Commission www.pi.nsw.gov.au (PIC) for workers compensation disputes directly or with assistance from their lawyer, or after review from, if they still disagree with the decision.

Internal review of decision

[Section 287A](#) of the 1998 Act allows an injured worker to request Southern Meats to review a decision to dispute their claim or any aspect of the claim at any time before an application for dispute resolution is made to the Personal Injury Commission. The review will be undertaken by someone other than the person who has made the original decision, who has a comprehensive knowledge of the legislation as it applies to the matter in dispute and the issues arising from it.

A request for internal review must:

- ❖ Be in writing, addressed to the Claims Manager
- ❖ Contain contact details for the injured worker
- ❖ Indicate the matters requiring review
- ❖ Provide reasons in support of the application
- ❖ Attach any additional reports or other information to be considered as part of the review.

When a request for review is made, Southern Meats will review the claim and provide a response within 14 days of receipt of the request for review.

State Insurance Regulatory Authority (SIRA)

The [SIRA website](#) contains detailed information on the workers compensation system and how it operates.

SIRA's Customer Service Centre provides workers with assistance regarding complaints about their employer or provider.

SIRA Customer Service Centre provides employers with assistance regarding unresolved enquiries or complaints.

The Customer Service Centre can be contacted at contact@sira.nsw.gov.au on 13 10 50.

Independent Review Office (IRO)

The [Independent Review Office](#) provides an independent external complaints resolution mechanism. IRO is responsible for:

- ❖ Investigating complaints made by workers about insurers where their entitlements, rights or obligations are affected, and making recommendations for action to be taken by the insurer or the worker
- ❖ Encouraging high quality complaints resolution
- ❖ Reporting annually to the minister and parliament on their responsibilities
- ❖ Administration of the Independent Legal Assistance and Review Service (ILARS).

IRO can be contacted at complaints@iro.nsw.gov.au or on 13 94 76.

Personal Injury Commission (PIC)

The [Personal Injury Commission](#) deals with disputes that arise out of workers compensation claims as follows:

- ❖ Claim liability
- ❖ Medical disputes
- ❖ Permanent impairment compensation
- ❖ Work capacity decisions.

Any of the above workers compensation matters that are in dispute may be referred to the Personal Injury Commission for determination.

The Personal Injury Commission can be contacted by:

- ❖ Email: at help@pi.nsw.gov.au
- ❖ Mail: Level 20, 1 Oxford Street, Darlinghurst NSW 2010
- ❖ Phone: 1300 PIC NSW (1800 742 679)

FINALISATION

Cessation of medical benefits due to legislative limits

In most cases access to benefits for reasonably necessary medical treatment or services is limited by [section 59A](#) of the 1987 Act, depending on their assessed Whole Person Impairment (WPI). This section provides that these expenses are payable:

- ❖ For workers with a WPI of 0-10%, for two years from the date of claim, or when weekly benefits ceased
- ❖ For workers with 11-20% WPI, for five years from the date of claim, or when weekly benefits ceased
- ❖ For workers with 21% WPI or more, for life.

In accordance with [Standard of Practice 19](#), the CM will provide a minimum of 13 weeks' notice to both the worker and their Nominated Treating Doctor to ensure that they have sufficient time to prepare and make any necessary arrangements.

Notice to the worker will include details of when entitlement will cease and who to contact for further information. Where possible the CM will work with the worker and the Nominated Treating Doctor to assist with identifying alternative services available.

Cessation of weekly benefits after 260 weeks

Workers are limited to a total of 260 weeks (five years) of weekly benefits payments under [Section 39](#) of the 1987 Act unless they are assessed as having more than 20% Whole Person Impairment.

The CM will communicate with workers affected by this provision to ensure that they are have time to prepare for the cessation of payments and make any necessary arrangements.

Written notification will be provided to the worker at least 13 weeks prior to the date weekly benefits are due to cease, in accordance with [Standard of Practice 17](#).

Retiring age notification

Injured workers can receive weekly payments up until the one-year anniversary of reaching retiring age.

Workers injured after retiring age are limited to weekly payments for up to 12 months after the date of their first incapacity due to the injury.

Workers will be contacted and provided with written notice at least 13 weeks before cessation of their weekly payments, in accordance with [Standard of Practice 18](#).

Closing a claim

The Claims Manager is responsible for claim closure takes place in accordance with [Standard of Practice 30](#). A claim may be finalised once all three of the below conditions are met:

- ❖ The worker has achieved optimal return to work and health outcomes
- ❖ All payments have been made
- ❖ No recovery action is current.

Claims may also be closed if liability has been declined and no further dispute action appears likely, or if the claim has been settled and all payments have been made.

Suitable evidence that a claim may be ready for closure includes:

- ❖ A final medical Certificate of Capacity/
- ❖ Rehabilitation closure report
- ❖ File notes of discussion with the injured worker
- ❖ File notes confirming successful return to work
- ❖ Documents confirming claim settlement or WCC outcome.

Before closing a claim, the CM will contact the worker to discuss the intended closure of the claim, confirm whether the worker has any outstanding reimbursements to be paid, and address any questions or concerns the worker may have. The CM will also contact any relevant service provider to advise that the claim is being closed and request any outstanding invoices for payment.

The worker will be provided with written notification of:

- ❖ The date their claim was closed
- ❖ The date when their medical benefits entitlement will cease
- ❖ What to do if they believe their claim needs to be reopened

Timeframe for closing claims

A claim can usually be closed:

- 4 weeks after the clearance date nominated in a final medical Certificate of Capacity

- 12 weeks from clearance if a final certificate is not issued but the injured worker has been cleared for pre-injury duties.
- If weekly benefits have ceased, 12 weeks from the date of the last medical treatment
- 12 weeks from the dispute date where ongoing benefits have been disputed and no legal or review documents have been received
- Immediately, when a dispute has been resolved with no entitlement to ongoing benefits and any legal expense have been paid
- Section 66 claim – immediately following payment of the agreed/awarded settlement and legal costs if there is no other activity on the claim.

Reopening a claim

A claim may need to be reopened for:

- ❖ Recurrence of the original injury (i.e. spontaneous re-emergence of symptoms needing treatment or causing incapacity as opposed to an aggravation which is a new injury)
- ❖ Secondary surgery or other medical treatment required by the worker and within the limits set by the 1987 Act
- ❖ Maintenance or replacement of artificial aids (such as hearing aids)
- ❖ Late invoices that require payment
- ❖ Litigation
- ❖ Correction of data held on the claim.

ADMINISTRATION

Claim handover

New Claims Managers will have a teleconference with the previous claims manager (if available) and the RTWC to handover and review the status of all active claims.

Injured workers will be notified in writing of the change in claims manager, and the new CM will make timely contact with them and any other appropriate stakeholders following the handover.

New Claims Managers will ensure they have read and are familiar with the

- ❖ Claims Procedure Manual
- ❖ Return to Work Program
- ❖ Injury Management Program
- ❖ Estimating Policy.

Information and records management

Southern Meats will ensure that:

- ❖ Any information regarding the injured worker's illness or injury is obtained only with the worker's written consent
- ❖ Information is disclosed to third parties only with the injured worker's written consent.
- ❖ All files created in relation to the workers' compensation process are retained in an appropriately secured location;
- ❖ Access to information in relation to workers compensation and return to work matters is strictly confidential;
- ❖ Privacy is maintained in accordance with the requirements of [section 243](#) of the 1998 Act, [Privacy and Personal Information Protection Act 1998](#), [Australian Privacy Principles](#) and [Health Records and Information Privacy Act 2002](#);
- ❖ Destruction of all documentation associated with the workers compensation process is undertaken through an appropriately secure disposal process.

Workers compensation claim files are held in electronic format within the Southern Meats claims management system. This is secured by access controls including passwords and the application of user access privileges and available only to specified system users. Access privileges can only be assigned/changed with executive approval and the system maintains detailed audit histories of any access/use.

Physical or paper-based files are maintained and secured in the Medical Centre. These files are held in a cabinet which is locked when claims staff are not in attendance.

Case notes of all actions taken throughout the life of a claim are created and retained on the relevant rehabilitation and workers' compensation claim files. These files are separate to the worker's personnel file.

Council will maintain a database recording all claims made, claims estimates and payments in accordance with SIRA [Workers Compensation Insurer Data Reporting Requirements](#).

Data will be submitted to SIRA monthly via the SIRA web portal within the specified timeframe required. Any identified errors will be corrected promptly upon identification.

Fraud

[Section 235A](#) of the 1998 Act provides that it is an offence to obtain or attempt to obtain a financial advantage in connection with the workers compensation scheme. The maximum penalty is 500 penalty units or 2 years in prison or both.

[Section 235C](#) of the 1998 Act provides that a person must not knowingly make a statement that is false or misleading in a material particular in a claim by a person, or in a medical certificate, or other document that relates to a claim. The maximum penalty is 500 penalty units or 2 years in prison or both.

The 1998 Act also provides for recovery of any financial advantage and any costs associated with the claim.

If Southern Meats identifies suspicious or fraudulent activities of a claimant or provider, the RTWC/CM will report it directly to the Fraud Investigations Branch.

Fraud referrals may also be made anonymously by any person by:

- ❖ Calling the SIRA Customer Service Centre on 131050 and asking about fraud investigation
- ❖ Emailing contact@sira.nsw.gov.au
- ❖ Writing to SIRA Compliance Investigations & Prosecutions, Locked Bag 2906, Lisarow NSW 2252.

Factual and surveillance investigations

Factual investigations

Factual investigations will only be used when necessary and will always be undertaken in a fair and ethical manner.

Factual investigations may be used to gather information to inform decision-making with respect to liability and other entitlements. Circumstances under which a factual investigation may be warranted include but are not limited to:

- ❖ Determining if a worker meets the legislative definition of a worker
- ❖ Where the issues surrounding the injury are unclear or disputed
- ❖ When there may be potential for recovery from a third-party.

If the injured worker is required to participate in a factual investigation, they will be provided with detailed written notice in accordance with [Standard of Practice 24](#).

Surveillance

Surveillance will only be arranged if Southern Meats is satisfied that it is likely to obtain the information required, that it is not possible to gather the information by other means, and that the benefit of obtaining the information outweighs the intrusion into the worker's privacy. Surveillance requests must be approved by a senior officer.

Where surveillance is arranged, it is to be conducted in a fair and ethical manner and any information obtained is to be used and stored appropriately, in accordance with [Standard of Practice 25](#).

Recoveries

Shared liability recovery

Claims will be screened within 15 working days of receipt of a new claim to identify any third party which may share a proportion of liability and determine whether recovery is to be pursued, in accordance with [Standard of Practice 6](#).

Recovery of overpayment to workers

If Southern Meats identifies an overpayment to an injured worker due to an error and wishes to seek recovery, the CM/RTWC will advise the injured worker of the payment(s) and clearly describe the error and the potential impact to the injured worker in accordance with [Standard of Practice 23](#). Informed consent will be obtained from the injured worker before commencement of any repayment arrangement.

Consideration will be given to the individual circumstances of the worker and potential financial hardship when determining whether to seek recovery and negotiating a repayment arrangement.

Medicare and Centrelink clearance

Medicare

Medicare is entitled to recovery any payments made for medical treatment which is compensable. Proactive advice to Medicare and correct attribution of the payment of medical costs in accordance with [Standard of Practice 26](#) reduces the risk that an injured worker is inadvertently subject to recovery action from Medicare Australia.

Where appropriate, Southern Meats will request a notice of past benefits from Medicare within 5 days of:

- ❖ An application for dispute resolution being lodged with the Commission (excluding work capacity disputes)
- ❖ Accepting liability for a condition that is contracted or caused by gradual process, or that may be an aggravation of a disease
- ❖ Accepting liability for an injury previously disputed more than six months ago
- ❖ Settling a claim for more than \$5,000.

Centrelink

An insurer is required to notify Centrelink where lump sum workers compensation payments of weekly benefits made to injured workers may include amounts repayable to Centrelink or result in a preclusion period for access to Centrelink benefits. Under Commonwealth law insurers are required to notify Centrelink before paying lump sum compensation payments of weekly benefits and pay any amounts recoverable by the Commonwealth.

Insurers are also required to notify Centrelink immediately where a preclusion period from Centrelink entitlements may apply.

Southern Meats will advise Centrelink within 5 working days where a lump sum for weekly benefits becomes payable to a worker in accordance with [Standard of Practice 27](#) and process any recovery requests promptly.

Complaints management

Southern Meats has a policy of dealing with grievances/complaints in a fair and equitable manner. Any injured worker who has a grievance/complaint about the handling of their claim for workers compensation benefits should advise their supervisor who will attempt to resolve the matter. If the matter remains unresolved, the supervisor will refer the matter to the Human Resources Manager for investigation. The injured worker has the right to be represented by their union delegate throughout the grievance resolution process.

Every effort will be made to resolve grievances through a process of discussion and conciliation and the injured worker will be notified of the outcome in writing.

Workers may also contact the [Independent Review Officer](#) (IRO) to make a complaint if they wish.

Quality assurance systems

Southern Meats is required to conduct a self-audit of its claims and injury management arrangements against the *Claims Management Audit Manual* and report the results to SIRA annually. Continued operation as a self insurer is dependent upon satisfactory audit performance.

Southern Meats uses the findings of the audit to check compliance and drive continuous improvement of the efficiency and effectiveness of its claims and injury management processes.

The Claims Manager will coordinate all matters associated with injury management functions within Southern Meats. The Claims Manager will be responsible for conducting regular reviews to ensure compliance with Chapter 3 of the Workplace Injury Management and Workers Compensation Act 1998 and SIRA Injury Management Guidelines.

Claims will be reviewed at 3 monthly intervals or more frequently as circumstances dictate. These may include but not limited to;

- Liability dispute
- Change in capacity
- At the request of the injured worker
- Estimate review
- Fortnightly teleconference claim review (CM & RTWC)

Program review

This Program will be reviewed every two years or more frequently as circumstances require.

Management of death claims

Where Southern Meats becomes aware of a death that may be work-related, proactive investigation of the circumstances of the death will be conducted by Southern Meats in accordance with [Standard of Practice 31](#).

Prompt action will be taken to contact the worker's family or their representative to discuss the possibility of compensation and Southern Meats' role as the insurer, and that funding for legal assistance may be obtained by contacting the [Independent Review Officer](#) (IRO).

Death claims will be managed with empathy and respect, and liability decisions and payment of entitlements in relation to death claims will be prioritised and not unnecessarily delayed.

TREATMENT PRACTICES

Changing the Nominated Treating Doctor

Injured workers are required to nominate a doctor or medical practice prepared to meet the obligations of being the Nominated Treating Doctor. An injured worker has the right to choose their treatment providers including the Nominated Treating Doctor. Continuity of care is important for effective injury management and where possible injured workers are expected to remain with their Nominated Treating Doctor for the life of their claim.

An injured worker may change their Nominated Treating Doctor for the following reasons but must notify the Return to Work Coordinator before making the change:

- ❖ The injured worker changes location or becomes dissatisfied with the medical treatment provided
- ❖ The nominated treating doctor fails to participate in the Injury Management Plan
- ❖ Any other circumstances agreed between the parties.

An injured worker can be requested to change the Nominated Treating Doctor when it is evident that the current doctor is not participating in the worker's rehabilitation and injury management. In this instance, Southern Meats will provide the injured worker and Nominated Treating Doctor with written evidence of their concerns prior to requesting a change in Nominated Treating Doctor. In the situation where an injured worker is requested to change Nominated Treating Doctor, Southern Meats will **not** nominate the new doctor.

Approval of reasonably necessary treatment and services

The CM/RTWC will assess all requests for medical, hospital, rehabilitation and treatment to ensure that they are reasonably necessary because of the injury, in accordance with Part 4 of the [Workers Compensation Guidelines](#) and [Standard of Practice 15](#).

All treatment and services should be pre-approved unless they fall within the exemptions set out in the guidelines.

When determining what is reasonably necessary, the RTWC/CM needs to consider:

- ❖ The appropriateness of the particular treatment
- ❖ The availability of alternative treatment
- ❖ The cost of the treatment
- ❖ The actual or potential effectiveness of the treatment
- ❖ The acceptance of the treatment by medical experts

Requests for treatment will be considered promptly in accordance with [Standard of Practice 4](#). All requests must be determined within 21 days by either accepting or disputing liability. There are special provisions for allied health recovery requests that require response within five working days in the first three months from the date of injury.

If a claim for medical or related treatment requires additional information to determine, it is to be acknowledged within 10 days, and the worker is to be kept aware of the status of the request. A decision is to be made at the earliest possible opportunity, and within 21 days, with advice provided to the relevant parties within two working days of the decision.

In some cases, it may not be possible to obtain the necessary information to make a decision on liability. In these cases, the CM will issue a dispute notice pending the receipt of the required information. The worker will be contacted to discuss the meaning of the dispute notice and given an indication of when it is likely that a decision will be made. The CM will keep the worker informed and make a decision as soon as possible on receipt of the information.

Workers with a capacity to work are required to attend treatment outside their working hours where practicable, as treatment is intended to facilitate the recovery at work process, not impede it. If this is not possible they should discuss arrangements with the RTWC to incorporate arrangements into the Recovery at Work Plan.

Injury Management Consultants

An Injury Management Consultant (IMC) is a doctor, approved by SIRA and experienced in occupational injury and workplace-based rehabilitation. IMCs are listed on the SIRA [website](#).

An IMC may become involved when:

- ❖ A worker has been identified as at risk of delayed recovery
- ❖ A specific return to work or injury management issue has been identified
- ❖ Referral has been requested by the worker, worker's representative, employer, Nominated Treating Doctor or other treating practitioner

and attempts have been made to resolve the issue.

The role of the IMC is to assist recovery at work in consultation with the Nominated Treating Doctor, assess any disagreements or barriers and mediate a solution to:

- ❖ Enable the worker to return to suitable duties/employment consistent with the worker's capacity to work
- ❖ Minimise the likelihood that the case will be referred to the Personal Injury Commission

An IMC does not provide comment on causation or liability, or undertake a functional assessment evaluation or work capacity assessment for the insurer or provide treatment to the worker.

The IMC may examine the worker, or just review the documentation on the claim and consult with relevant parties.

A referral to the Personal Injury Commission may occur if the IMC has contacted the Nominated Treating Doctor for a second time and the matter remains unresolved.

All referrals to IMCs are carried out by in accordance with the requirements in Part 6 of the [Workers Compensation Guidelines](#) and [Standard of Practice 14](#). Workers will be provided with a minimum of ten working days' notice of an appointment (unless a shorter timeframe is agreed). Written notice will include the information required by the Guidelines, as well as the SIRA [Injury Management Consultants](#) fact sheet.

The worker, their Nominated Treating Doctor and any other parties involved in the IMC's review will be provided with a copy of their report.

Independent medical examinations

Independent Medical Examiners are registered medical practitioners who provide impartial medical assessments of a worker to assist decisions about:

- ❖ Diagnosis of an injury reported by the injured worker
- ❖ Determining the contribution of work incidents, duties and/or practices to the injury
- ❖ Whether the need for treatment results from the injured worker's injury and is reasonably necessary
- ❖ Recommendations and/or need for treatment
- ❖ Capacity for pre-injury duties and hours
- ❖ The likelihood of and timeframe for recovery
- ❖ Capacity for other work/duties
- ❖ What past and/or ongoing incapacity results from the injury
- ❖ Physical capabilities and any activities that must be avoided
- ❖ Assessment of permanent injury

Referral for an independent medical examination will be made only when the information from treating medical practitioners is inadequate, unavailable or inconsistent and efforts to resolve the issues with treating medical practitioners have been unsuccessful. In the case of a claim for lump sum compensation, referral may also be made where an assessment of greater than 10% Whole Person Impairment has been provided.

All referrals to IMEs are made in accordance with the [Workers Compensation Guidelines](#). Workers will be provided with a minimum of ten working days' notice of an appointment (unless a shorter timeframe is agreed). Written notice will include the information required by the Guidelines, as well as the SIRA [Independent Medical Examinations](#) fact sheet.

Injured workers must attend an independent medical examination when requested by Southern Meats. Injured workers will be paid the reasonable costs associated with attendance at the examination.

Independent consultants – allied health providers

An independent consultant is registered physiotherapist, chiropractor, osteopath or psychologist approved by SIRA to provide an independent peer review of allied health practitioner treatment in the NSW workers compensation system. They are experienced in the assessment, treatment and management of work-related injuries.

Independent consultants are listed on the SIRA [website](#).

A review may be appropriate:

- ❖ After sixteen (16) treatments
- ❖ Where there are questions regarding the treatment duration, frequency or outcomes
- ❖ Where there are barriers to recovery at work, or psychological risk factors

The review may consist of a file review only, file review and discussion with the treating practitioner, or worker assessment and discussion with the treating practitioner.

A copy of the Independent Consultant's report will be provided to the treating practitioner and worker.

Provider management

Where treatment providers are engaged to assist a worker's recovery, the RTWC/CM will contact the provider to communicate clear expectations that interventions contribute to recovery at work and/or optimum outcome for the worker. Where appropriate, providers will be made aware of the [Clinical Framework for the Delivery of Health Services](#).

Regular and relevant communication will continue throughout the life of the claim.

Requests for services will be acknowledged within ten working days and the CM will keep the worker informed as to the status of their claim in accordance with [Standard of Practice 10](#).

Decisions in relation to requests for services will be made within a timely manner (not exceeding 21 days) from the receipt date of the request, unless they are exempt from prior approval as provided for in Table 4.1 of the [Workers Compensation Guidelines](#).

Once a decision has been made, the CM/RTWC will inform the relevant parties within two business days of the decision being made.

In the event there are concerns about over-servicing of a worker, the CM/RTWC will discuss their concerns with the provider, Nominated Treating Doctor and injured worker in the first instance. If the issue is not resolved, they will make a referral for review by an Independent Consultant or Independent Medical Examiner.

Qualified / accredited providers

The Southern Meats Return to Work Program nominates IPAR, Re-start Consulting, Workers Health Centre and Frame work Group as its preferred rehabilitation providers.

Workers are not obliged to use Southern Meats' preferred providers and have the right to choose their own nominated treating doctor and rehabilitation provider.

A list of all rehabilitation providers accredited by SIRA is available on their [website](#).

Allied health providers (exercise physiologists, chiropractors, counsellors, physiotherapists and psychologists) and hearing service providers must be approved by SIRA in order to provide services within the workers compensation scheme.

All approved providers are issued with a SIRA registration number. A provider's approval can be checked on the SIRA [website](#).

EMPLOYMENT MANAGEMENT PRACTICES

Injury Management Program communication and education

A copy of this Program will be displayed on the staff notice board in the canteen.

All new employees are advised of the information contained in the program as part of the induction process.

All managers and supervisors will be appraised of their responsibilities under this Program and adherence to its requirements will be monitored during the rehabilitation of each injured worker.

A copy of this Program will be provided to the Union representative on site and made available to all workers at the Southern Meats medical centre and on the company intranet.

The RTW Coordinator will outline the rights and responsibilities with each injured worker and the worker will be invited to review this Program in the workplace. In addition, each injured worker will be given a copy of the SIRA brochure [Injured at Work: A Recovery at Work Guide for Workers](#).

Material modifications to this Program will be notified to each employee via a note included with their payslips.

Claims data analysis to identify opportunities for improvement

Claims data analysis is provided to the WHS team, senior management and Board of Directors to identify trends and assist in the development of processes to prevent further work-related injury. Data reports include:

- ❖ Analysis of accident causation and trends by the RTW Coordinator and Claims Manager, with the WH&S Manager notified where WH&S intervention is required
- ❖ WHS team review of accident reports as part of risk assessments on equipment
- ❖ Reports on Lost Time Injury frequency provided to senior management and the Board to monitor trends and performance.

Injury prevention strategies

Strategies for preventing injury include:

- ❖ Continuously improvement of the identification, elimination and management of risks and hazards
- ❖ Maintaining emergency response processes in line with legal requirements and best practice within the industry
- ❖ Improving and implementing the corporate Injury Management and Return to Work Programs
- ❖ Identifying injury trends and developing proactive initiatives for future reduction of reoccurrences
- ❖ Managing and improving impacts (treatment and compensation) of injuries, illness and disease
- ❖ Regular on-the-job safety training for supervisors, as well as daily monitoring, weekly inspections and annual audits.

DEFINITIONS

The 1987 Act refers to the *Workers Compensation Act 1987*.

The 1998 Act refers to the *Workplace Injury Management and Workers Compensation Act 1998*.

Claims Manager (CM) is the Southern Meats employee (or Consultant) responsible for the processing of an injured worker's Initial Notification and/or claim for benefits under Workers Compensation legislation, and the preparation/updating of Recovery Plans.

Highest Needs Worker means a worker who has been assessed with a Whole Person Impairment of 31% or more.

Initial Notification of an injury means the first notification of the injury that is given to Southern Meats, in the manner and form required by SIRA guidelines, by the worker, supervisor or some other person acting on behalf of the worker.

Injured Worker means a worker who has received a workplace injury.

Injury Management is the process that comprises activities and procedures that are undertaken or established for the purpose of achieving a timely, safe and durable recovery at work for workers following workplace injuries.

Injury Management Consultant (IMC) is a doctor who has been approved by SIRA to assist insurers, employers and treating doctors when there is disagreement over suitable employment or return to work progress.

Injury Management Program is a coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, retraining, claim management and employee management practices) for the purpose of achieving optimum results in terms of a timely, safe and durable recovery at work for injured workers.

Insurer means Southern Meats, which is a licenced self-insurer for workers compensation.

Nominated Treating Doctor (NTD) means the treating doctor nominated by an injured worker for the purposes of managing the worker's injury.

Pre-Injury Average Weekly Earnings (PIAWE) is the weekly average of the gross earnings received by the worker in the relevant period (usually 52 weeks) before the injury.

Provisional Payments are weekly payments of compensation and medical expenses made to an injured worker following initial notification of an injury to that worker. Provisional payments continue for up to 12 weeks (depending on the nature and severity of the injury) and medical expenses up to \$10,000.00 will also be approved. Provisional payments are made without admission of liability.

Recovery Plan means a plan for coordinating and managing the injury management goals and activities that concern the treatment, rehabilitation and retraining of an injured worker, for the purpose of achieving a timely, safe and durable recovery at work for the worker.

Rehabilitation Providers are external consultants accredited by SIRA who provide professional and impartial assistance with return to work, including but not limited to work assessments, case management services, retraining assistance as well as development and monitoring of a recovery at work plan.

Return to Work Coordinator (RTWC) is the Southern Meats employee responsible for recording initial details of injury and for recovery at work planning and monitoring of any employee with a workplace injury.

Significant Injury means a workplace injury that is likely to result in the injured worker being incapacitated for a continuous period of more than 7 days, whether or not any of those days are workdays or whether or not the incapacity is total or partial or a combination of both.

SIRA is the State Insurance Regulatory Authority, the government body responsible for regulating workers compensation in New South Wales.

Suitable Duties are duties provided on a temporary basis to allow a worker to recover at work after an injury or illness. The duties are designed to fit a worker's restrictions and increase their capacity for work as they recover. Suitable duties can be part of a worker's pre-injury job, the same job on reduced hours or days, or a different job.

Work Capacity refers to a worker's ability to work in either their pre-injury employment or modified duties.

Workplace Injury means an injury to a worker in respect of which compensation is, or may be, payable in accordance with workers compensation legislation.