



CLAIMS MANAGEMENT CHECKLIST

We manage claims... better

FORWARD ALL CLAIMS AND PAPERWORK TO WORKCOVER AGENT GALLAGHER BASSETT:

Gallagher Bassett Workers Compensation Pty Ltd (GB)

Locked Bag 2570
GPO Melbourne VIC 3001

Facsimile 03 8623 9701
Email (New Claims) newclaimswcv@gbtpa.com.au
Email (Payments) gb.paymentsteamgbtpa.com.au

Catholic Parish or diocesan agencies WorkCover Information Support

Catholic Archdiocese of Melbourne (CAM)
Level 2/340 Albert Street, East Melbourne VIC 3002
PO Box 146, East Melbourne VIC 8002

Phone: (03) 9926 5780
Facsimile: (03) 9926 5655
Website: www.cam.org.au

Trish Fazzino (Human Resources Officer)

Telephone: (03) 9926 5780
Email: trish.fazzino@cam.org.au

Matthew Dunstan (Occupational Health and Safety Officer)

Telephone: (03) 9926 57662 Facsimile: (03) 9926 5662
Email: Matthew.Dunstan@cam.org.au

How to Lodge a Claim

Send to Gallagher Bassett (GB):

- Employer's claim form available at www.worksafe.vic.gov.au
- Injured Worker's claim form, available at www.worksafe.vic.gov.au
- Medical certificate (WorkSafe Certificate of Capacity)

NB: You may be subject to fines if you do not send the Injured Worker's documentation to GB within 10 days of the date of receipt. Check that both claims forms are complete and the medical certificate (WorkSafe Certificate of Capacity) are complete.

Employer Liability

Upon acceptance of a claim the Employer must:

- Pay wages for the first 10 days of time lost.
- Pay initial medical and like expenses in line with current liability limit (currently \$642 – effective 1 July 2013 and subject to annual indexation).

WorkSafe Certificate of Capacity

- Initial medical certificate must not be for a period greater than 14 days and does not need to be signed and witnessed to be valid. This initial certificate can only be issued by a doctor.
- Continuing certificate of capacity must not certify greater than 28 days. Injured Worker's must complete the patient declaration and have the certificate witnessed. This certificate can be issued by a doctor, physio or chiropractor.

Accident Make Up Pay

An employee whose absence entitles them to payments under the *Accident Compensation Act 1985* (Vic) shall be entitled to accident make up pay for a period not exceeding 26 weeks.

Return to Work (RTW) Plans/Offer of Suitable Employment (OSE)

- RTW plans must be completed by the Employer if an Injured Worker is unfit or expected to be unfit for 20 days or more
- An OSE must be completed for all Injured Workers as soon as they are certified with a capacity to undertake alternative or modified duties
- GB can assist you to complete these forms

Superannuation

The employer pays superannuation during the period of accident make up pay only and for the hours that the employee actually works whilst on the RTW. If the employee is still on workers compensation after 52 weeks the insurer will pay superannuation in respect of weekly benefits.

Reimbursement/Scheduled Fees

- Once you have paid the Employer liability, all ongoing medical accounts should be sent to GB for reimbursement
- WorkSafe sets the scheduled fees for most services engaged to assist Injured Workers recovering from injury e.g. physio, chiropractor, doctor, surgery etc. The fee schedules can be downloaded from the WorkSafe website. GB will only pay the scheduled fee and not any amounts that exceed it.

Obligation to Maintain Employment/Vocational Assessment/New Employer Services (NES)

- Following an accepted claim, the pre-injury job or an equivalent job must be made available for 52 weeks
- If at any time it is suggested that the Injured Worker will be unable to return to their pre-injury role, a vocational assessment and NES should be organised
- GB will advise you on a referral to this service

GB Contact Details

Fax: (03) 8623 9701

Phone: (03) 9297 9355

Mail: Locked Bag 3570, Melbourne VIC 3001

THE FOLLOWING CLAIMS MANAGEMENT CHECKLIST IS DESIGNED TO STEP THOSE RESPONSIBLE FOR WORKERS COMPENSATION THROUGH THE PROCESS OF INJURY MANAGEMENT TO ACHIEVE A SUSTAINABLE RETURN TO WORK.

CLAIMS MANAGEMENT CHECKLIST

1	Injury Reported	Yes	No
1.1	<p>Has the injury been recorded in the Catholic Archdiocese of Melbourne's (CAM) "Church Incident/Accident/Near-Miss Report Form"?</p> <p>This form is available on the Catholic Archdiocese of Melbourne's website at www.cam.org.au</p>		
1.2	If you answered yes for question 1.1 has the injured staff member received a copy of the report?		
1.3	Is the Injury classified as a serious or Notifiable Injury? (<i>Contact Catholic Archdiocese of Melbourne for guidance – see contact details for CAM on page 2</i>).	Call HR at CAM	
1.4	If you answered yes for question 1.3, have you contacted the HR Department at the Catholic Archdiocese of Melbourne (CAM) on 9926 5780 or 9926 5662 for guidance?		Call HR at CAM
1.5	Has an Incident Investigation Report been completed? (<i>Contact Catholic Archdiocese of Melbourne for guidance – see contact details on page 2</i>).		
1.6	Was first aid treatment required?		
1.7	Was medical attention provided by a Doctor or a Hospital?		
1.8	Where medical treatment was sought has the member of staff returned to normal duties?		Go to Q2.3
2	WorkSafe Certificate of Capacity or Medical Expense Received	Yes	No
2.1	Has the injury been recorded in the Injury Register? (Refer to Section 1 Step 1.1 to 1.5)		
2.2	Is the member of staff's certificate a WorkSafe Certificate of Capacity signed by a Medical Practitioner (Doctor)?		See Appendix A
2.3	Does Certificate of Capacity or Medical Expense exceed threshold of 10 working days or \$642 of medical expenses?	Go to Q4.1	Go to Q3.1
3	Under Threshold Claim – less than 10 days absence or \$642 in medical expenses. (First 10 days forms part of make up pay)	Yes	No
3.1	Has the member of staff completed a WorkCover "Worker's Injury Claim Form"? (http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/worker-s-injury-claim-form)		
3.2	Has the member of staff signed Section 6 of the claim form "Authority To Release Medical Information and Worker's Declaration."?		
3.3	Has Section 7 of the claim form "Employer Lodgement Details" including estimate of cost and number of days off been completed by an authorised representative of the Parish?		

3.4	Has the member of staff received a copy of the claim form?		
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3.5	Has “Original Copy” of claim form been sent to Gallagher Bassett?		See Appendix B
3.6	Has “Employer” copy of form been placed on file?		
3.7	Have medical expenses been paid?		
3.8	Have medical expenses paid exceeded \$642?	Go to Q4.5	
3.9	Has member of staff been paid for time lost?		
3.10	Has member of staff been paid for time lost in excess of 10 working days?	Go to Q4.5	
4	Standard Claim – more than 10 days absence or \$642 in medical expenses.	Yes	No
4.1	Has the member of staff completed a WorkCover “Worker’s Injury Claim Form”?		
4.2	Has the member of staff signed Section 6 of the claim form “Authority To Release Medical Information and Worker’s Declaration.”?		
4.3	Has Section 7 of the form “Employer Lodgement Details” been completed by an authorised representative of the Parish?		
4.4	Has the member of staff received “Worker’s” copy of the claim form?		
4.5	Has the “WorkCover Employer’s Injury Claim Report” been completed by an authorised representative of the Parish?		
4.6	Have the original copies of the <ul style="list-style-type: none"> • Worker’s Injury Claim Form • Employer’s Injury Claim Report • WorkSafe Certificate of Capacity, and copies of: <ul style="list-style-type: none"> • Incident Investigation Report including eye witness accounts • Other relevant documents if available e.g. receipts, invoices etc. been sent to Gallagher Bassett within 10 calendar days of the Parish receiving the completed Worker’s Injury Claim Form?		See Appendix B
5	Return To Work	Yes	No
5.1	Has the Parish received a ‘Certificate of Capacity’ or a completed “Worker’s Injury Claim Form”.	Go to Q5.2	
5.2	Has the Parish received assistance in developing a Return To Work plan from the HR Department at the Catholic Archdiocese of Melbourne? <i>(Contact Catholic Archdiocese of Melbourne for guidance – see contact details on page 2).</i>		Call HR at CAM

5.3	Does the “Certificate of Capacity” specify a capacity for suitable employment including work restrictions?	Go to Q5.4	Refer back to Doctor
5.4	Has suitable employment been identified based on the work restrictions listed in the Certificate of Capacity provided by the treating medical practitioner?	Go to Q5.5	See Appendix C
5.5	Have “Return to Work Arrangements” been developed and a copy sent to Gallagher Bassett, the treating medical practitioner and injured member of staff?		See Appendix D
5.7	Are the “Return to Work Arrangements” reviewed as each new certificate of incapacity is received and adjustments made accordingly?		Go to Q5.4
5.8	Has a final or clearance certificate been received stating that staff member is fit to resume pre injury duties and Gallagher Bassett notified?		Go to Q5.7
6	Weekly Compensation Payments	Yes	No
6.1	Has liability for the claim been accepted by Gallagher Bassett?	Go to Q6.3	Go to Q6.2
6.2	Has staff member been paid sick pay or annual leave while decision on claim is pending?	Reimburse leave on acceptance	
6.3	Have WorkCover payments to injured member of staff commenced within 7 days of acceptance of liability by Gallagher Bassett?		Contact GB
7	Claim For Reimbursement From Agent	Yes	No
7.1	Has a WorkCover Compensation Reimbursement Request Form been submitted to Gallagher Bassett?	Go to Q7.2	See Appendix E
7.2	Has a request for WorkCover Compensation Reimbursement been submitted to Gallagher Bassett within 3 months of paying the member of staff?		Contact HR at CAM

APPENDIX A –CERTIFICATES OF CAPACITY

Certificates of Capacity

Certificates of Capacity are used by WorkSafe Agents and employers to determine the worker's capacity for work and the nature of their injury. Certificates can be issued by a medical practitioner, physiotherapist, chiropractor or osteopath.

For an injured worker to receive loss of income compensation they must have a valid WorkSafe Certificate of Capacity. (Refer to sample valid certificate at the end of Appendix C)

Types of certificates:

Certificate of Capacity

The first Certificate of Capacity issued can only be signed by a **medical practitioner** and can only be issued for 14 days or less off work, unless there are special reasons (e.g. where the injured worker has a severe injury or illness) which must be stated in the comments section of the certificate. For new weekly benefits claims, the first Certificate of Capacity should be included with the Worker's Injury Claim Form.

Any subsequent Certificate of Capacity may be signed by one of the healthcare providers (see below) listed in the *Accident Compensation Act 1985*. Subsequent certificates can only be issued for a maximum of 28 days, unless there are special reasons that have been approved by the WorkSafe Agent managing the injured worker's claim.

The Employee Declaration on the back of the certificate must be completed and the certificate signed by the employee in the presence of a witness for all subsequent certificates.

Who can issue certificates?

Only the professions listed in the *Accident Compensation Act 1985* can issue a Certificate of Capacity (after a medical practitioner has issued the first certificate). Currently on that list are:

- Medical practitioners
- Physiotherapists
- Chiropractors
- Osteopaths

No other healthcare providers are able to issue a Certificate of Capacity at any time.

Attendance Certificate

An Attendance Certificate is issued when the injured worker is back at work and the employer requires proof of the worker's attendance at a medical examination or for treatment. It is only necessary for the healthcare provider to sign the certificate, provide their name and address, as well as the patient's name and date of examination.

Supporting return to work

The Certificate of Capacity provides information about the date from which the injured worker will be fit for normal, modified or alternative duties, or whether the worker is unfit for any work.

Normal duties

This means the injured worker is capable of returning to work and undertaking the same activities and hours of work as before their injury or illness occurred.

Modified duties

This refers to any changes or restrictions that should be applied to an injured worker's pre-injury activities to allow them to return to work.

Alternative duties

These are duties different from those performed by the injured worker prior to the injury or illness.

Work restrictions

Based on their diagnosis, the treating doctor may be able to suggest one of the above options with some potential restrictions. This will enable the injured worker to return to work and assist in their recovery and rehabilitation. Healthcare providers need to indicate any restrictions or activities that an injured worker is unable to or should be encouraged to perform. Common examples of restrictions include:

- No prolonged sitting or standing
- No repetitive bending or lifting
- Using right/left hand predominantly

- No contact with oils, solvents or other chemicals
- Maximum weight for lifting or handling
- Avoid repetitive use of affected body part
- Frequent rotation of job tasks
- Keep hand below waist/shoulder level
- Keep wound dry/clean/covered
- Avoid squatting/kneeling/ladders/steps

These restrictions can then be included in the injured worker's return to work plan and will support the injured worker to stay at or return to work safely.

Consultation

A key element in successful return to work is good communication.

Employers are required to consult with injured workers and their treating healthcare providers to support return to work.

Valid Medical Certificate – Example Only

Medical Certificate: The first certificate issued. The certificate is lodged with a new claim and can only be signed by a medical practitioner. The medical certificate can only be issued for 14 days or less off work.
Certificate of capacity: Subsequent to the initial certificate. It may be signed by a medical practitioner, physiotherapist, chiropractor or osteopath. The medical certificate can only be issued for 28 days or less, unless there are special reasons (must be stated in the comments section of the certificate) which can only be approved by Gallagher Bassett.
Attendance Certificate: Issued when the injured worker is back at work and the employer requires proof of the workers attendance at a medical examination or treatment. Only the worker's name, date of examination and the treating health professionals name and address must be completed.

MEDICAL PRACTITIONERS
 Accident Compensation Act 1965

CERTIFICATE OF CAPACITY

Medical Certificate - up to 14 days unless special reasons apply (under section 105 of the Act) **Continuing certificate of capacity** - up to 28 days unless special reasons apply (under section 111 of the Act) **Attendance certificate only** (this can be used to claim weekly benefits)

Patient's full name: Mr Mike Clarke Date of Birth: 3/7/63
 Patient's address: 47 Smith Street, Caroline Springs
 Description of injury/disease: Lower back strain
 Diagnosis: Lower back strain
 Other details such as any aggravation or recurrence of a previous injury or a degenerative component: _____
 Injury/disease is consistent with patient's description of cause: Yes Uncertain _____
 Treatment/medication: Rest, analgesics
Physiotherapy
 Referral to another health care provider (give details of provider and service requested, duration and frequency when relevant): _____
 Occupation: Storeman

Adequate details must be provided under the 'Diagnosis' and 'Description of Injury/Disease' so Gallagher Bassett can establish liability and determine whether there will be any ongoing incapacity relating to the injury. Where the information is inadequate, the certificate will be deemed invalid and returned to the injured worker. Comments such as "see previous certificate", "pain", "injury" render the certificate invalid.

CAPACITY FOR WORK

Discussion with the employer may assist you to determine whether suitable employment is available for your patient, given his/her injury/disease (see notes 12 & 13).

Unable to be fit for normal duties from _____ to _____
 Modified duties/restrictions from 5/10/10 to 13/10/10
 Alternative duties/restrictions from _____ to _____
 Any duties from 1/10/10 to 4/10/10

WORK RESTRICTIONS (see notes 14 & 15)

- 4 hours per day
- no lifting greater than 5kg
- sitting up to 20 minutes

Next review date: 13/10/10

The certificate must include the date from which the injured worker will be fit for normal, modified or alternative duties, or unfit for any work. If any of these dates are prior to the exam date, comments must be provided.

This section should include any restrictions that will apply when the injured worker returns or remains at work.

I certify that I have clinically examined this patient. The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.

MEDICAL PRACTITIONER IDENTIFICATION

Name, address and phone number (practice stamp if available)

Dr Yang
Caroline Springs Medical Centre
Ph: 4444 0000

Speciality: _____

Signature of medical practitioner

(signature)

Provider number or hospital name

2856LY

Date of examination*

1/10/10

Date of issue

1/10/10

The following fields must be completed by the treating health professional. Where the information is inadequate, the certificate will be returned.

*If this certificate refers to a period prior to the date of examination, please give details in Comments (above). See over for patient declaration.

EMPLOYER DETAILS

Employer's name and address

ACB Logistics
23 Brunton Avenue, Derrimut Vic 3030

Telephone number

9436 1234

PATIENT DECLARATION

(to be completed **only** for a continuing certificate, **not** for the first medical certificate or attendance certificate)

I have (tick appropriate box)
I have not

engaged in a/any form of paid employment, self employment or voluntary work for which I have received or been entitled to receive payment in money or otherwise since the last Certificate of Capacity was provided. I declare that the details I have given on this certificate are true and correct, knowing that false declarations are punishable by law.

If you have been engaged in any form of employment or voluntary work, please attach details when you forward this certificate to your employer.

Signature of patient _____ Date: *09 / 11 / 11*

Name of witness (please print) _____

Signature of witness _____ Date: */ /*

IMPORTANT NOTICE FOR WORKERS

1. ROLE OF CERTIFICATE OF CAPACITY: This certificate is one of two things you need to make a claim for compensation for your injury, the other is the claim form (see below). The certificate supplies the information needed to confirm the time that you have had off work as a result of your injury. It is important that you sign this certificate if you have already submitted a claim. Weekly benefits will only continue to be paid if this section has been completed, and your signature witnessed.

2. LODGING A CLAIM: If you suffer a work related injury leading to time off work or medical treatment, you may wish to make a claim for compensation. You should give the claim form (and this Certificate of Capacity if you require time off work) to your employer as soon as possible. This will allow processing of your claim and potentially enable the allocation of appropriate rehabilitation specialist services. This gives you the best chance of a quick and complete recovery.

WorkSafe Worker's Injury Claim Forms are available from:


- your employer
- any Victorian Post Office
- WorkSafe Advisory Service, toll free on 1800 136 089

If your injury is likely to require more than 10 days off work, \$546 worth of medical costs, or if your employer disputes liability, your employer must send your claim form and medical certificate to his/her WorkSafe Agent within 10 days to avoid penalty. As a result of your employer providing notification within this time frame, he/she helps to ensure that your injury is managed in such a way that delivers the best outcome for your recovery. Therefore, you may wish to follow up with your employer to ensure that it has been submitted within this time frame.

3. RETURNING TO WORK: If you have suffered a workplace injury, there are steps that you can take to improve your recovery, lessen the effects of your workplace injury, and to provide a safe return to work.

1. Stay in touch with your employer: Maintaining contact with your employer enables him/her to plan for your return to the workplace.

2. Focus on return to work strategies: Through the use of a return to work plan, you are taking positive steps towards your longer term recovery. Medical evidence strongly supports the role of graduated return to work as part of the rehabilitation process. In most cases, early return to work is the most appropriate outcome – you and your employer should talk to your treating practitioner about the sort of duties and hours you could do whilst you are recovering from injury.

Victorian WorkCover Authority 

The patient declaration must be completed in full by the injured worker. Where the information is inadequate, the certificate will be returned.

SAMPLE

APPENDIX B – COVER LETTER FOR FORWARDING TO AGENT

Instructions: Cut and paste letter (or copy) on to Parish letter head then modify areas marked red.

Attention: **(Insert agent contact name here – if known),**

Gallagher Bassett Services
Locked Bag 3570,
Melbourne VIC 3001

New WorkCover Claim: **(Insert claimants name here)**

Date of Injury: **(Date of Injury)**

Type of Injury: **(Describe type of injury)**

Workplace: **(List where the worker is located for normal work)**

Please find enclosed correspondence relating to a claim for **“(Insert injury sighted on claim form here)”** received from **(Insert Workers employees Name Here)**.

This claim was served on Employer **(Insert day served on employer)**

The claimant has provided a WorkCover Certificate of Capacity for **(Insert days of certified incapacity here)**.

Employer confirms that liability can be accepted for this claim in accordance with the Accident Compensation Act 1985. Or, **(Delete which statement which is not applicable)**

Employer is disputing liability for this claim based on the following grounds: **(State reasons)**

Please provide written confirmation of receipt of this claim and when a decision is required to be made in accordance with Section 109 of the Accident Compensation Act 1985.

To assist in the investigation process, please find enclosed the following documentation:

(List all documentation provided with the claim in bullets points here)

Yours faithfully,

(Insert name here)

Title

Employer

Phone:

Fax:

Email:

APPENDIX C – SUITABLE EMPLOYMENT FOR INJURED WORKERS FORM



SUITABLE EMPLOYMENT FOR INJURED WORKERS A STEP BY STEP GUIDE TO ASSESSING SUITABLE EMPLOYMENT OPTIONS

Supporting your worker to remain at or return to work benefits you and your worker. Employers have legal obligations to provide suitable or pre-injury employment to a worker following a work-related injury or illness, and to plan for their return to work. Planning an injured worker's return to work as soon as possible after the injury can help reduce the impact on your worker and your organisation.

This worksheet is a practical guide that steps you through the process of assessing suitable employment options for your worker. Using this template is not mandatory however, the completed worksheet can help to demonstrate your efforts in assessing suitable employment options.

OBLIGATION TO PROVIDE SUITABLE OR PRE-INJURY EMPLOYMENT

In accordance with the *Accident Compensation Act 1985* (the Act):

- If a worker can do some work, but cannot do all of their normal job, the employer must provide suitable employment.
- If a worker can remain at or return to their pre-injury work and hours, the employer must provide a job that is the same as or equivalent to the job held before the injury.

This obligation starts from the date you receive your worker's *WorkSafe Certificate of Capacity* or claim for weekly payments, or from the date your WorkSafe Agent (Agent) advises you they have received either of these documents whichever is earlier. It continues for the first 52 weeks that your worker has an incapacity for work. This 52 week period is not necessarily consecutive calendar weeks and may start and stop based on a number of factors. Your Agent can help explain the factors relevant to calculating this period.

WHAT IS SUITABLE EMPLOYMENT?

Suitable employment means employment for which the worker is currently suited, where they are not yet able to return to their pre-injury job. To assess suitable employment options these are some of the factors you need to consider:

- the nature of the worker's injury and incapacity for work
- the worker's pre-injury duties and whether these can be modified, reduced or performed in a supported way
- any other relevant factors such as the worker's age, education, skills, work experience, where they live
- any plan or document prepared as part of the return to work planning process
- any occupational rehabilitation services that are being provided to assist with return to work planning
- whether there are reasonable workplace supports aids or modifications that will assist the worker return to work in suitable or pre-injury employment

It could mean doing modified or alternate duties, or working reduced hours while the worker recovers and until they can return to their usual work.

Once you have assessed the suitable employment options, ideally you would document these in writing. WorkSafe has developed a *Return to Work Arrangements* template which you can use to do this. This template is available from your Agent or at worksafe.vic.gov.au.

WHEN SHOULD I PROVIDE SUITABLE EMPLOYMENT?

If your worker has a current work capacity, but cannot yet return to their pre-injury job and hours, you need to provide them with suitable employment consistent with their capacity.

You should attempt to assess and propose suitable employment options even before your worker's doctor or healthcare provider has certified that they have a capacity for work. The assessment can be based on their anticipated capacity for work, taking into account the nature of their injury and expected recovery time. Doing this shows support for your worker's return to work and provides your worker and their doctor or healthcare provider with options for suitable employment when the worker is ready to return to work.

WHO CAN HELP ME ASSESS SUITABLE EMPLOYMENT OPTIONS?

Consulting with your worker and their doctor or healthcare provider is a key part of effective return to work planning and the timely provision of suitable employment. It can help you clarify medical information and match your worker's capacity for work with duties available in your workplace.

Your Agent can also help you plan for your worker's return to work and assess suitable employment options. This may involve engaging an occupational rehabilitation provider. They can assist with return to work planning, identifying suitable employment options, and helping your worker remain at work or return to work. If you believe an occupational rehabilitation provider could help you, talk to your Agent as they must approve the cost of these services before they are provided. This assistance does not remove your obligations to plan your worker's return to work and provide them with suitable or pre-injury employment.

WHAT IF I CAN'T PROVIDE SUITABLE OR PRE-INJURY EMPLOYMENT?

An employer must provide a worker with suitable or pre-injury employment to the extent it is reasonable to do so. In most circumstances it will be reasonable for employers to provide suitable or pre-injury employment that is appropriate to a worker's capacity for work. If the employer considers that they cannot reasonably provide suitable or pre-injury employment they will have to explain why and this would form the basis of further review by WorkSafe as to whether:

- the employer is adequately meeting this obligation
- further enforcement action by WorkSafe is necessary

You must assess suitable or pre-injury employment options and ideally document these as well as your efforts at return to work planning. Completing the worksheet inside will document your efforts to assess suitable employment.

If you have assessed suitable or pre-injury employment options and believe you may not be able to provide your worker with suitable or pre-injury employment, immediately contact your Agent for assistance.

A return to work inspector may visit your workplace at any time to assess whether you are adequately complying with your legal obligations. Inspectors will help ensure you are appropriately informed about your obligations and how to comply. They may issue an improvement notice requiring you to comply with specific obligations. An employer can also be prosecuted for not adequately complying with their return to work obligations and face financial penalties of up to 180 penalty units for a natural person and up to 900 penalty units for a body corporate per offence. For information about the value of penalty units, refer to worksafe.vic.gov.au

WORKSHEET TO ASSESS SUITABLE EMPLOYMENT OPTIONS

This worksheet contains key questions to consider when assessing and/or reviewing suitable employment options for your worker during the return to work planning process.

Step through these questions each time you review your worker's return to work in readiness for their increased capacity and when their capacity changes. Speak with relevant managers, supervisors and work colleagues when assessing suitable employment options. Consult with your worker and their doctor or healthcare provider.

Examples have been provided to help you answer each question. Write your answer in the space provided as it relates to your worker and your workplace.

Answering these questions will help determine what work is appropriate for your worker's current capacity for work or likely capacity in the future.

Assessing suitable employment options	Step 1 Understand your worker's capacity for work	Step 2 Assess your worker's pre-injury duties and whether these can be modified
Considerations, questions and actions	Talk to your worker and review their <i>Certificate of Capacity</i> and any other available information. (e.g. medical or occupational rehabilitation reports). If you have the worker's consent or signed claim form, speak to their doctor or healthcare provider. You should also talk to their occupational rehabilitation provider (if involved). <ul style="list-style-type: none"> • What is the nature of your worker's injury or illness? • What is their capacity for work and their medical restrictions? • What is the expected duration of their incapacity for work? 	Try to provide suitable employment that is as close as possible to your worker's normal job. <ul style="list-style-type: none"> • What are your worker's normal duties? • What parts of their normal duties could they do with their capacity and medical restrictions? • Could they safely perform some or all of their normal duties if they were temporarily or permanently modified? (e.g. support tools or equipment, reduced hours, rest breaks, working with the support of a colleague etc).
Example	<p><i>Mike injured his back. His Certificate of Capacity says he can work 4 hours per day. He can lift up to 5kgs and can't sit for more than 20 minutes.</i></p> <p><i>Mike's doctor has said that Mike will recover over the next few weeks but will need to build up his strength to protect his back from further injury.</i></p>	<p><i>Mike's a storeman and delivery driver.</i></p> <p><i>Mike can take delivery of stock and pick up light orders with the help of a trolley. He can also enter delivery slips into the computer.</i></p> <p><i>Mike's colleagues can help him by lifting any heavier items.</i></p>
Completed by: Date: ____ / ____ / ____	_____ _____ _____	_____ _____ _____
First review conducted by: Date: ____ / ____ / ____ E.g. When new WorkSafe Certificate of Capacity issued / capacity changes	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
Second review conducted by: Date: ____ / ____ / ____ E.g. When new WorkSafe Certificate of Capacity issued / capacity changes	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____

Keep this completed worksheet for your records. Provide a copy to your WorkSafe Agent if you do not believe you can provide suitable employment.

Worker's Name

Claim Number

<p>Step 3 Look for other suitable duties</p>	<p>Step 4 Consider your worker's individual circumstances</p>	<p>Step 5 Outline suitable employment to be proposed</p>
<p>Consider whether there are any other duties available in the workplace that your worker may be able to perform safely.</p> <ul style="list-style-type: none"> • Are there different duties they could do in the immediate work area? • Are there different duties they could do in another part of your organisation? • Can your worker safely perform any of these tasks or roles? • Consider whether reasonable workplace supports, modifications or assistance (e.g. buddy system, tools, equipment, training etc) would help your worker return to work in suitable employment? 	<p>How do your worker's age, education, skills, work experience and personal circumstances impact upon their return to work? How can you accommodate these factors?</p> <ul style="list-style-type: none"> • Could your worker perform duties other than those associated with their pre-injury work? (e.g. review your worker's resume or personnel file) • Where does your worker live - does their injury affect their ability to get to and from work or a particular workplace? • Are there other things to consider to support your worker's return to work? (e.g. time to attend treatment) 	<p>After completing steps 1-4, you should be able to document some suitable employment options.</p> <p>It is also a good idea to document the proposed return to work arrangements, including suitable employment options, in writing and provide these to your worker and their doctor or healthcare provider</p> <p>An easy way to do this is by using WorkSafe's <i>Return to Work Arrangements</i> template.</p> <p>**If no duties are identified, contact your Agent to discuss what steps you need to take and what support your Agent can offer **</p>
<p><i>Mike's manager says he'd like some help in the warehouse with stocktaking. This can be done sitting or standing and doesn't require any lifting.</i></p> <p><i>The accounts and customer service departments could also use some help.</i></p> <p><i>Mike requires some training to use the computer for stocktaking.</i></p> <p><i>Mike's manager says he can sit with Mike to talk him through it.</i></p>	<p><i>Mike's 42 years old. His education, skills and work experience make it difficult for him to quickly take up accounting or customer service roles.</i></p> <p><i>Mike says he can't drive because sitting and changing the gears causes him pain.</i></p> <p><i>Mike needs to attend his back strengthening class twice a week.</i></p>	<p><i>A proposal can be made to Mike as follows:</i></p> <ul style="list-style-type: none"> - working Monday to Friday from 8am to midday. - taking deliveries and picking up light orders for 2 hours, stock-taking for 2 hours per day. - no lifting any materials above 5 kgs. - rest breaks as required. - 3 hours computer training with the manager - travel assistance will be provided
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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WHERE TO GET MORE INFORMATION

The WorkSafe Advisory Service is a free service that can:

- explain return to work, rehabilitation rights and obligations;
- answer general occupational health and safety enquiries;
- advise you on your rights, including health and safety.

Telephone

Freecall 1800 136 089

Email

info@worksafe.vic.gov.au

Website worksafe.vic.gov.au

Visit

WorkSafe Victoria
222 Exhibition Street
Melbourne VIC 3000

Write to

WorkSafe Advisory Service
GPO Box 4306
Melbourne VIC 3001

Contact your WorkSafe Agent for further advice and assistance if required.

WorkSafe Publications

All WorkSafe publications are available on our website worksafe.vic.gov.au.

Some of the WorkSafe publications you may find helpful include:

- *What to do if a worker is injured – A guide for employers*
- *Return to Work Arrangements template*
- *Original Employer Services – Helping injured workers get back to work*
- *New Employer Services – Helping injured workers get back to work*
- *WorkSafe Incentive Scheme for Employers – Helping injured workers get back to work with a new employer*

USING THIS TEMPLATE

Employers have a legal obligation under the *Accident Compensation Act 1985* to provide suitable or pre-injury employment to their injured worker following a work-related injury or illness. Employers must also plan for their worker's return to work which includes assessing and proposing suitable or pre-injury employment.

Use this template to document your worker's return to work arrangements, including details of suitable or pre-injury employment. It's not mandatory to use this template, however completed templates can be used to demonstrate your efforts in providing clear, accurate and current details of return to work arrangements, to your worker.

You should endeavour to propose suitable or pre-injury employment options even before your worker's doctor or healthcare provider has certified that the worker has a capacity for work. The proposed options should be based on the worker's anticipated capacity for work, taking into account the nature of their injury. By doing this, you can show your support for the worker's return to work and indicate suitable duties that could be made available when the worker is ready to return to work.

Once completed, this *Return to Work Arrangements* template can be used to communicate the return to work arrangements to your worker, their doctor or healthcare provider, or other people involved in the return to work process.

PLANNING RETURN TO WORK

There are a number of important steps you must take when planning your worker's return to work:

- **Obtain relevant information** about your worker's capacity for work. Review their current *Certificate of Capacity*, speak to your worker and the doctor or healthcare provider who issued the certificate.
- **Assess suitable or pre-injury employment options** that are consistent with your worker's current or anticipated capacity for work and **consider whether there are reasonable workplace supports or modifications** that will assist your worker's return to work. Talk to the people who can help, such as the worker's supervisor or colleagues. See WorkSafe's *Step by Step Guide to Assessing Suitable Employment Options*. Your WorkSafe Agent (the Agent) can also help you in this process.
- **Consult** with your worker, their doctor or healthcare provider and other key people such as an occupational rehabilitation provider (when involved).
- **Propose suitable or pre-injury employment** to your worker, their doctor or healthcare provider and any other relevant person. This template can be used to document these arrangements. Although agreement is not essential, where possible it is preferable to achieve agreement between the relevant parties on the return to work arrangements and suitable employment as this assists successful return to work.
- **Provide clear, accurate and current details** of the worker's return to work arrangements to the relevant parties. Ideally, the worker should sign these arrangements to indicate their support.
- **Implement your worker's return to work arrangements**. Ensure relevant people know what your worker can and can't do.
- **Monitor your worker's progress** and update return to work planning when appropriate.

Other important steps that can help improve the return to work planning process.

- **Consider your worker's individual circumstances**. A one size fits all approach to return to work will not meet the specific needs of your worker, their injury, their worksite, or their supervisor. Taking these circumstances into account when planning return to work can result in a more successful and sustainable outcome.
- **Maintain your worker's privacy**. Only communicate information that is essential to assist your worker's return to work. For example, the worker's supervisor will need information about the worker's duties, restrictions and breaks - they should not need medical information relating to their injury.
- **Obtain information** such as your worker's contact details and their pre-injury job description.
- **Inform your Agent** about your worker's return to work arrangements and return to work progress. An easy way to do this is to send or email a copy of these return to work arrangements to your Agent each time they are updated.

MONITOR AND REVIEW YOUR WORKER'S RETURN TO WORK

Return to work planning and arrangements should be continually monitored, reviewed and updated. This includes consultation with your worker and their doctor or healthcare provider. Ongoing monitoring and review helps support your worker and ensures that the return to work arrangements that are being implemented are consistent with the worker's capacity. It also ensures adjustments are identified and implemented as required.

Employers are expected to engage in an ongoing process of planning. Return to work planning and any arrangements that are in place would ideally be reviewed at the following stages:

- If your worker's condition changes, refer to your worker's next *Certificate of Capacity* for information about their changed condition. This review date will usually be less than 28 days from the last review.
- When you are preparing for your worker's recovery, take into account the nature of their injury. This will help you indicate duties that could be made available as your worker recovers.
- When requested by your worker, their doctor or healthcare provider, your Return to Work Coordinator or an occupational rehabilitation provider (if involved), or the Agent.
- When you become aware of any relevant change to your worker's compensable injury or circumstances.

OTHER IMPORTANT INFORMATION

- Contact your Agent for further advice and assistance whenever required.
- Your Agent may engage occupational rehabilitation providers to assist with return to work planning and help identify suitable employment. This assistance does not remove your obligations to plan your worker's return to work and provide them with suitable or pre-injury employment.
- Training is available for Return to Work Coordinators and is recommended for those who need assistance to meet their return to work obligations. Details are available from your Agent or the WorkSafe website worksafe.vic.gov.au
- For more information about how to meet your return to work obligations, refer to *What to do if your worker is injured - A guide for employers*, or the WorkSafe website worksafe.vic.gov.au
- You can also call the WorkSafe Advisory Service on (03) 9641 1444 or freecall 1800 136 089.

APPENDIX E – REIMBURSEMENT REQUEST FORM

WorkCover Compensation Reimbursement Request Form Please Fax to GB: (03) 8623 9701

- Your request for reimbursement, together with the Medical Certificate, must be sent to GIO within three months of the date you paid the member of staff
- Reimbursements will not be made if you fail to request reimbursement within 3 months, in accordance with section 114D(4) of the Act unless the WORKCOVER is satisfied that your delay in making the application is reasonable.
- The WORKCOVER reserves the right to verify your payroll records to support that you have paid the member of staff for the period claimed.

Claim number: _____

Worker's name: _____

Employer's name: _____

<i>Time period *</i> <i>Sunday - Saturday</i>	<i>Days paid</i>	<i>Compensation rate</i>	<i>Total number of hours worked</i>	<i>Gross current weekly earnings (if any)</i>	<i>Amount of reimbursement claimed</i>
-					
-					
-					

* *Employer's payment cycle*

Note: please attach certificates for the entire period indicated above

Has payment been made to the member of staff or do you intend to pay as per parish or diocesan agency pay schedule?	Yes <input type="checkbox"/> No <input type="checkbox"/> (all requests for reimbursement)
Have you provided documented reasons for the delay in seeking reimbursements outside 3 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the worker returned to work? If 'Yes': Suitable employment: Full pre-injury duties: If the member of staff has returned to work, ensure that staff member's gross current weekly earnings are indicated in the 5th column of the table above.	Yes <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Date: __/__/__ <input type="checkbox"/> Date: __/__/__
Employer's signature:	
Position:	Date:
For agent's use only:	
Reimbursement request form received on (date): ____/____/____	
Medical Certificate attached?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the Medical Certificate cover the whole period claimed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If 'No', what period is missing: _____	

