

Workplace Return to Work (RTW) Program

Standard Template for Category 1 Employers

We help people get their lives back

Introduction

All NSW employers must have a Workplace Return to Work Program (RTW Program) in place within 12 months of starting a business and then it must be reviewed every 2 years thereafter.

This template has been developed by **Trinity Insurance** to facilitate the development of a RTW Program for **Category 1 Employers**, i.e. employers insured with a specialised insurer and who employ more than 20 workers. It is important to reiterate that this template <u>is not all inclusive</u> and should it be adopted to develop a Workplace RTW Program, employers MUST include information specific to their workplace in the areas highlighted in red text as a minimum.

For additional information on developing a Workplace RTW Program the following guidelines are available on the SIRA website.

Guidelines for workplace return to work programs (March 2021)

These guidelines also include a helpful checklist that can be used to ensure that the Workplace RTW Program is aligned to the guidelines and complies with relevant workers compensation laws.

For further assistance you can also contact Trinity's Work, Health and Safety team:

p | 02 8251 9069

e | info@trinityinsurance.au

Glossary of Terms

- RTW Return to Work
- **RAW** Recover at Work (plan) Employer to supply
- **IMP** Injury Management Plan Insurer to supply
- NTD Nominated Treating Doctor

Workplace Return to Work (RTW) Program for {Entity Name}

Category 1 Employers – Employers insured with a specialised insurer and who employ more than 20 workers

This Workplace RTW Program is available to all Employees {*where / how e.g. poster displays, intranet etc.*}

Policy and procedures for: {Entity Name}

Injury Management is the process that comprises activities and procedures established and undertaken for the purpose of achieving a timely, safe and durable return to work for workers following workplace injuries / illness.

Work Health and Safety Policy

The health and safety of all persons employed in and visiting the workplace is of the utmost importance. **{Entity Name}** will ensure resources are provided to ensure the health and safety of workers and others in the workplace so far as is "reasonably practicable" as per the WHS Act 2011. The WHS Policy applies to all workers including those that may have been injured and recovering at work. *{Detail nature of resources provided, e.g. physical, financial and administrative support including training as relevant}*.

Workplace Return to Work Program (RTW Program)

{Detail how the RTW Program has been developed, e.g. In consultation with our workers and union representing them we have developed the following RTW Program.} Include information about the mechanism of consultation, e.g. WHS Committee, intranet, team meetings. The RTW Program will be reviewed every 2 years.}

Our Leaders and Management, Supervisors and RTWO Coordinator are Committed to the following:

In addition to the requirements of the WHS Act 2011 (as above), our Leaders are committed to fostering a positive culture by promoting recovery at work and the health benefits of meaningful work through consultation with WHS Committee, relevant Union Representative (if applicable) and staff.

- To return an injured worker to work as soon as possible (subject to medical opinion).
- To commence the occupational rehabilitation process as soon as possible after a workplace injury.
- To provide early access to rehabilitation services (i.e. rehabilitation providers) for workers who need them.
- To obtain a worker's consent (see Appendix 1) to exchange information via a Certificate of Capacity and / or separate relevant consent form.
- To maintain the confidentiality of rehabilitation / injury management records in accordance with relevant legislation, e.g. Privacy Act 1988.
- To follow normal payroll procedures in consultation with Trinity Insurance for managing weekly payments following an injury.
- To provide suitable duties / employment, where reasonably practicable, to injured workers and to otherwise assist them with their return to work in a safe and proper manner.

- To consult with our workers via the following mechanisms {detail the consultation process} and any union representing them to ensure that our RTW Program operates effectively and in conjunction with our Insurer's Injury Management Program (IMP), i.e. Trinity Insurance.
- To provide workers with information during induction {and inclusion in the Staff Handbook} about the RTW Program and the support they will receive in the event of an injury.
- To ensure that participation in the Insurer's Injury Management Plan (IMP) and / or the Recover at Work (RAW) Plan will not prejudice an injured worker's rights. It is {Entity Name}'s policy to fully inform workers of their rights and obligations in relation to:
 - their right of choice of nominated treating doctor (NTD) and rehabilitation provider,
 - access to interpreter services where appropriate,
 - their right not to be dismissed within six (6) months of injury, i.e. from the first day of unfit (Workers Compensation Act 1987, Section 248), solely or principally due to that injury,
 - their participation in a RAW Plan, which will not of itself, prejudice a worker in either job security, promotion or workers compensation benefits,
 - their non-participation in an IMP or RAW Plan, which may result in suspension or reduction of weekly benefits,
 - their nomination of a treating doctor who is willing to participate in the development of, and in the arrangements under an IMP and or RAW Plan,
 - their need to obtain approval from Trinity Insurance before changing the NTD.

Following an injury this information will usually be provided by the RTW Coordinator as part of their role and responsibilities (detailed below in Rights and Obligations).

If applicable – in the event of the potential dismissal of an injured worker, **{Entity Name}** will work with all parties to ensure the best possible outcome for the injured worker within the provisions of the Workers Compensation Act 1987, the Workplace Injury Management and Workers Compensation Act 1998 and the Fair Work Act 2009.

The designated RTW Coordinator(s) for {Entity Name} {is / are - delete option as required}:

{Insert Name(s)	{Insert Contact Number(s)}	
{Include a note outlining who will undertake the relevant role/responsibilities in the event that the RTW coordinator is unavailable if applicable e.g. the injured worker's supervisor / manager}		

RTW Coordinator Roles & Responsibilities

The RTW Coordinator will be responsible for:

Idential duties, e.g. the proper management and coordination of the RTW Program; ensuring prompt delivery of first aid attention; referral to the company Doctor and / or the NTD as soon as possible; advising the worker of their rights, obligations and dispute processes; obtaining informed consent for exchange of information between the injured worker and support team regarding the worker's injury, ensuring that the injured worker is aware of the support they are entitled to from the Employer; ensuring Trinity Insurance is advised of any incident, development and implementation of a RAW Plan in consultation with the injured worker, Trinity Insurance, the support support team; ensuring continuity

of wages payment, visiting the injured worker and / or their NTD, etc. N.B: the duties needs to be specific for the Employer.}

- {Include details of the training that the RTW Coordinator has undertaken, e.g. The RTW Coordinator has received training for this role via the SIRA developed RTW Coordinator training online.}
- Consider including information about the RTW Coordinator being the key contact point for the Program e.g. The RTW Coordinator acts as the focal point for support and liaison between the injured worker, *{Entity Name}*, the insurer, treatment providers, and any other relevant parties and will maintain regular communication with the injured worker and other relevant parties throughout the term of the injury.}
- Include details on how confidential information and injury records will be handled, e.g. as the RTW Coordinator may be in receipt of confidential information associated with the injury, all records relating to the injury will be maintained in a separate location and access will be restricted to the RTW Coordinator and senior management staff (if applicable).}
- Consider including details of what steps management and /or supervisors have undertaken re the Program e.g. Management have undertaken training in the principles of RTW using relevant modules from the SIRA RTW Coordinator training or other appropriate courses to increase their understanding, commitment and ability to support the injured worker during his / her recovery at work.}

The following accredited **rehabilitation provider(s)** are available to assist in the rehabilitation of workers who suffer a workplace injury / illness. Alternatively, the injured worker may nominate their own preferred rehabilitation provider and NTD.

{Name}	{Address}	{Contact Details}
{Name}	{Address}	{Contact Details}

The following medical practitioner(s) or practice(s) are available to assist in the RAW Plan

{Name}	{Address}	{Contact Details}
{Name}	{Address}	{Contact Details}

Procedures in the Event of an Injury

When an Injury occurs:

- It is to be reported immediately to the injured worker's supervisor and RTW Coordinator. They
 will be responsible for ensuring that the injured person receives first aid and if required, referral
 for treatment by a doctor or medical assistance as soon as possible.
- If there is a "<u>serious injury or illness, a death or a dangerous incident</u>", as defined by SafeWork NSW, it must also be notified immediately to SafeWork NSW on 13 10 50 by the RTW Coordinator or other management representative. (For definitions see SafeWork NSW website www.safework.nsw.gov.au)

Follow up after the injury:

- In the case of an incident involving an injury or illness to a worker, {RTW Coordinator on behalf of the Entity} will notify Trinity Insurance online, by phone, or fax within two (2) business days of becoming aware of such circumstance this mechanism can serve as the Employer's Register of Injuries providing the employee is provided with access to the information. OR, Details of the incident will be entered in the Entity's Register of Injuries accessible by the injured worker.
- The RTW Coordinator will establish that a proper claim on behalf of the injured worker, if required, has been lodged with Trinity Insurance within seven (7) days.
- The injured worker has a right to nominate a treating doctor willing to participate in the development of and arrangements made under the RAW Plan and / or Injury Management Plan (IMP) as relevant.
- Trinity Insurance will contact {the RTW Coordinator at Entity Name}, the injured worker and where practicable, the NTD within three (3) working days of being notified of a significant injury to establish a RAW Plan and / or IMP if relevant.
- Advice may be sought from the NTD on how the workplace can assist the injured worker and to determine what arrangements are necessary for successful return to work.
- The RTW coordinator will rely primarily on the informed consent inclusions on the Work Capacity Certificate for initial information.
- {Entity} will also obtain the injured worker's informed consent (see Appendix 1) to gather and exchange information regarding their injury and recovery at work with the injured worker's support team.
- The worker, {Entity Name}, NTD and Trinity Insurance must comply with the obligations imposed under any RAW Plan and / or IMP.
- Weekly payments will continue to be made and calculated in accordance with legislative requirements and in consultation with Trinity Insurance.

Recovery at Work (RAW) Plan - Provision of Suitable Duties

Identifying and providing suitable duties is an integral part of the RAW Plan. {Entity} is committed to providing suitable duties to any injured worker whenever possible. When and if the injured / ill worker is, according to medical judgement, fit to return to work on suitable duties, the RTW Coordinator will discuss with the worker, the NTD, Trinity Insurance and / or rehabilitation provider whether suitable duties could reasonably be found at this workplace and, if not, what other options are available. Suitable duties may mean a change in job and / or hours and potentially involve vocational retraining and job placement. These options will be discussed with the injured / ill worker, their supervisor, union (if

applicable) and confirmed in writing after agreement is reached, through the development of a RAW Plan.

Where RTW on pre-injury duties is not feasible {Entity} is committed to working with all parties to ensure suitable alternative employment is found.

Consultation

{Detail who has been consulted in developing the Program and how it may be reviewed, e.g. this program has been developed in consultation with the WHS committee / others and may be reviewed if requested by the committee, union and / or individual workers in addition to the standard 2 yearly review.}

For individual injuries consultation will occur initially at the time of injury and / or immediately thereafter then at regular intervals as specified in the RAW Plan or at such other times as may be relevant in individual circumstances. Consultation will be between the RTW Coordinator, the worker(s) the NTD or other medical practitioners, the supervisor or other support workers at the place of employment and the relevant union (if applicable) as to rights and obligations, arrangements for the RAW Plan on suitable duties and on the general conduct of RTW activities, policy and procedures. Where the injured worker is of non-English speaking background an interpreter will be provided as relevant.

Disputes

Disputes shall be resolved by consultation with the worker using the Employer's dispute procedures (and if applicable any union representing them) in order to maintain the spirit of this RTW Program and the individual RAW Plan. Any industry associations may also be contacted for expert advice relating to potential industrial relations issues. Should a dispute not be resolved, the worker will be advised of their rights under the dispute process as well as the following useful contacts:

- SIRA Customer Service Centre
 - Phone 13 10 50 or visit <u>www.sira.nsw.gov.au</u>
- Independent Review Officer (IRO)
 - Phone 13 94 76 or visit www.iro.nsw.gov.au
- Personal Injury Commission (PIC)
 - Phone 1800 742 679 or visit <u>www.pi.nsw.gov.au</u>

Also, contact may be made by the RTW Coordinator with Trinity Insurance, SIRA, IRO and / or PIC of NSW for assistance.

Rights and Obligations

The RTW Coordinator will inform workers of their rights and obligations as per the Workers Compensation Act 1987, the Workplace Injury Management and Workers Compensation Act 1998 and the Workers Compensation Regulation 2016.

Workers are obliged to:

- Notify their employer as soon as possible after a work-related injury occurs;
- Participate and cooperate in establishing a RAW plan;
- Carry out the actions such a plan requires of them;

- Authorise their nominated treat doctor (NTD) to provide relevant information to their insurer or employer using the certificate of capacity, claim form or other form of authority;
- Make all reasonable efforts to recover at work.

Workers have the right to:

- Nominate their own treating doctor;
- Employment that is both suitable and, so far as reasonably practicable, the same as or equivalent to their pre-injury employment;
- Be consulted and involved in identifying suitable work and developing their recover at work (RAW) plan;
- Privacy and confidentiality;
- Access mechanisms for resolving complaints and disputes.

Additional Consideration

- Failure to comply with a reasonable requirement of an IMP or RAW Plan may result in suspension
 of weekly benefits for injured workers, following written notification.
- Failure of an NTD to participate in the development of and / or in the arrangements under an IMP
 or RAW Plan will result in the request for the NTD to be changed and that treating doctor to
 develop a new plan.
- Failure by an injured worker to contact Trinity Insurance to discuss a change of treating doctor may result in medical costs not being paid.
- Failure by {Entity Name} to comply with a requirement under an IMP or RAW Plan may result in a premium adjustment.

This RTW Program will come into effect immediately. It may be reviewed and amended, subject to discussion and agreement by all parties otherwise it remains valid for 2 years.

<u>}</u>	Date:
ve Signature	Date

For further information contact:

- SIRA on 13 10 50 or <u>contact@sira.gov.nsw.au</u> or
- Trinity Insurance at <u>info@trinityinsurance.au</u>

Appendix 1: Authority / Permission Form

Authority for Obtaining / Releasing Personal Information

Worker Details

Claim Number	Insurer	
Given name(s)		Surname

Employer Details

Organisation		
Contact name of RTW Coordinator		Position
Phone	Email	

Worker's Declaration

I have discussed this consent form with my employer. I understand that any information collected will be kept in a confidential case file, with access restricted to those who are directly responsible for coordinating and monitoring my recovery at work.

I understand that my employer will:

- Only collect personal and health information that is relevant and necessary to manage my recovery at work and facilitate the workers compensation claim;
- Only use and disclose information for the purpose for which it was collected;
- Keep any information collected separate from my other personnel records;
- Take reasonable steps to protect my information by ensuring it is stored securely, kept no longer than necessary and disposed of appropriately;
- Allow me to access my information without unreasonable delay, unless providing access would be unlawful or pose a serious threat to another person's life or health.

Considering the above, I authorise ______ {name} and consent to my employer collecting, using and disclosing personal and health information relevant to managing my recovery at work and workers' compensation claim with my support team identified below:

Role	Insert specific names
Nominated Treating Doctor	
Allied Health Treatment Practitioner	
Workplace Rehabilitation Provider	
Other representative {specify}	
Other representative {specify}	

I understand my consent is voluntary and I may change or withdraw this consent at any time by notifying my employer.

Worker	
Signature	Date (DD/MM/YYYY)
Employer Representative	
Signature	Date (DD/MM/YYYY)
Interpreter	
Signature	Date (DD/MM/YYYY)
Name	

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