



Department of Education and
Early Childhood Development

DEECD Corporate WorkSafe management manual

A guide for VPS managers
and return to work
coordinators



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1. Introduction

1.1 Purpose and overview

The DEECD Non School Locations WorkSafe Management Manual is a procedural guide designed to assist managers and return to work coordinators effectively manage WorkSafe claims and the return to work of injured employees.

The Manual contains:

- the procedures to be followed when processing a WorkSafe claim and managing the subsequent return to work of an injured employee
- an information sheet for the injured employee detailing their WorkSafe entitlements and obligations (You and Your WorkSafe Claim)
- all forms required to process and manage a WorkSafe claim

1.2 WorkSafe Policy Guide

The DEECD [Corporate WorkSafe Policy Guide](#) details the Department's legislative obligations and WorkSafe management arrangements. The procedures in this manual reflect DEECD WorkSafe policies and legislative obligations.

2. Claims management and return to work procedures

Step 1: Ensure that the incident has been reported on eduSafe

If an employee sustains a work related injury, or advises that they wish to lodge a WorkSafe claim, ensure that the incident has been reported in eduSafe.

This can be done through the eduSafe system at: www.eduweb.vic.gov.au/edusafe

The completed Incident report should be sent to Corporate HR Services along with the [Worker's Injury Claim Form](#) and other documentation. This can be printed by selecting the print icon in the toolbar located above the details of the incident.

For advice and assistance with recording and reporting injuries using eduSafe call the DEECD OHS Advisory Service on 1300 074 715.

Step 2: Provide the employee with a Worker's Injury Claim Form and the information sheet about WorkSafe claims.

When an employee advises that they intend to lodge a claim, provide the employee with a copy of the information sheet '[You and Your WorkSafe Claim](#)' and a WorkSafe [Worker's Injury Claim form](#) and request that they return the completed claim form to you within 5 working days.

You must also advise the employee that if time off work is involved they must provide WorkSafe Certificates of Capacity (WorkSafe medical certificates). For further information on Certificates of Capacity please see the WorkSafe Information Sheet on Certificates of Capacity in Appendix 2.

If the claim does not involve time off work proceed to step 4 below.

Step 3: Commence initial planning for the employee's return to work

If the employee is off work or has submitted a WorkSafe Certificate of Capacity the workplace's Return to Work Coordinator should start the return to work planning process by contacting the DEECD WorkSafe Claims Advisory Service on 9637 2441 or via email at: WorkSafe.claims.advisory@edumail.vic.gov.au

The Advisory Service will assist the Return to Work Coordinator review the employee's Certificate of Capacity and discuss the doctor's diagnosis, work capacity restrictions and the implications of these for returning the employee to work.

After CGU Workers Compensation Insurance receive the claim they will contact the Return to Work Coordinator to assist with developing arrangements for the employee's return to work as explained under 2.6 below.

Step 4: Complete and check all forms and forward to Corporate HR Services

Once the employee has completed the WorkSafe Worker's Injury Claim Form and lodged it with you:

- Complete the employer section of the [Worker's Injury Claim Form](#).
- Check the details on the form and ensure the employee's ID number has been entered on the form
- Provide the employee with a copy of the completed Worker's Injury Claim Form and retain a copy on file.
- Complete the [Employer Injury Claim Report Form](#).
- Forward the:
 - Original Worker's Injury Claim Form
 - Employer Injury Claim Report Form
 - eduSafe Incident Report
 - WorkSafe Certificates of Capacity and medical accounts

within **3 calendar days** from the date you received the claim form from the employee to Corporate HR Services for forwarding to CGU Workers Compensation.

Please note that:

- The Worker's Injury Claim Form should be forwarded to Corporate HR Services as soon as you complete the employer section of the form. The Employer Claim Form and the WorkSafe Certificate of Capacity can be sent at a later date if there is likely to be a delay in completing the Employer Claim form, or the employee has not yet provided a Certificate of Capacity.
- It is a criminal offence under the Accident Compensation Act 1985 to refuse to accept a WorkSafe claim from an employee.
- The WorkSafe legislation also requires employers to forward claims to their WorkSafe insurers within 10 calendar days of the employee lodging the claim. Significant financial penalties can be applied by WorkSafe for non compliance with these legislative obligations.

For further information please refer to Completing the Employer Section of the Worker's Injury Claim Form in Appendix 2.

Step 5: Ongoing claim and payroll management

A CGU Case Manager will contact you within 48 hours of receiving the claim to discuss the determination of accepting or rejecting liability for the claim.

Within 28 calendar days of receiving the claim, the CGU Case Manager will notify you and the employee in writing of acceptance or rejection of liability for a weekly compensation claim. If CGU Workers Compensation does not accept liability for the claim the employee may appeal against the decision. For any time lost claims you will receive an email from the CGU Claims

Manager and the DEECD WorkSafe Claims Advisory Consultant advising of the return to work steps that need to be taken.

(See Section 3 Claims Liability Dispute Resolution Procedures below.)

If the claim has been accepted and the employee continues to take time off work they must continue to provide WorkSafe Certificates of Capacity for their absences.

You should ensure all WorkSafe Certificates are forwarded promptly to Corporate HR Services.

Step 6: Ongoing return to work management

A CGU Return to Work Consultant will contact you within 3 days of receiving the claim. The CGU Consultant will assist you plan for the employee's return to work and help ensure you comply with your return work legislative obligations.

In particular the Return to Work Consultant will liaise with you and the workplace Return to Work Coordinator, the employee and the employee's treating doctor and assist you with:

- Considering and proposing suitable duties to facilitate the employee's return to work. This will be based on the information contained in the employee's Certificate of Capacity and consultation with the employee and the treating doctor.
- The development of a return to work plan for the employee which must be documented in a Return to Work Arrangements Form which will include:
 - the employee's personal details including key milestone dates and claim number
 - the 'medical restrictions' from the Certificate of Capacity and/or medical reports
 - identification of workplace needs (e.g. trolley or ergonomic chair, additional staff support, etc)
 - a description of the return to work duties, which may be either modified or alternative duties
 - a working timetable section for up to a four week return to work program period that can be modified as the return to work program progresses towards full resumption of pre injury duties
 - sign off by the RTW coordinator, the injured employee and consideration by the treating doctor

When the employee is ready to return to work a completed and signed off [Return to Work Arrangements Form](#) should be immediately faxed to Corporate HR Services.

Any WorkSafe Certificates of Capacity provided by the employee at this time should be sent to Corporate HR Services no later than 24 hours after receiving the Certificates from the employee.

Ensure that meetings and other communications with the employee, health practitioners, rehabilitation providers are recorded on a file note sheet.

Step 7: Return to work issues resolution

Injured employees have the right to lodge complaints about return to work processes. The disputes must be resolved according to an agreed workplace issue resolution procedure or WorkSafe's return to work issues resolution processes.

It is recommended that central branches and regional offices adopt the generic DEECD Return to Work Issue Resolution Procedure located in Appendix 2 of the DEECD Corporate WorkSafe Policy Guide.

3. Claims Liability Dispute Resolution Procedures

If an employee disagrees with a decision made by CGU, the employee may request CGU to review the decision. The review will be undertaken by a senior officer of CGU who was not involved in making the original decision that is in dispute.

If the employee does not agree with the senior review outcome, the employee may lodge a Request for Conciliation with the Accident Compensation Conciliation Service (ACCS). The ACCS will arrange a Conciliation Conference, the purpose of which is to resolve the dispute through discussion and agreement.

If an employee has requested conciliation you will be advised by the ACCS of the arrangements for the Conciliation Conference. CGU Workers Compensation will also contact you prior to the Conciliation Conference date.

As the employee's manager, you will be required to participate in the Conciliation Conference as the DEECD representative. The other parties at the conference will be the Conciliation Service conciliator, a representative from CGU and the employee. Employees may be accompanied by a support person.

Advice concerning conciliation can be obtained from the Accident Compensation Conciliation Service on 9940 1111, or toll free on 1800 635 960 or from the CGU Case Manager who is managing the claim.

Following the Conciliation Conference, the conciliator will issue a Conciliation Certificate which will document the outcome of the conference. Before implementing the outcomes in the Conciliation Outcome Certificate you should consult with the CGU Case Manager.

If the Conciliator decides the dispute cannot be resolved then the employee may take the matter to the appropriate court.

4. Other Sources of Advice and Support

4.1 DEECD WorkSafe Claims Advisory Service

For further assistance with the WorkSafe claim processes and procedures please telephone the DEECD WorkSafe Advisory Service on 9637 2441 or email: workSafe.claims.advisory@edumail.vic.gov.au

4.2 Corporate HR Services

For further assistance when managing WorkSafe leave and pay please contact your Corporate HR Services Consultant. Phone 9637 2403 or email: personnel.vps@edumail.vic.gov.au

4.3 DEECD Health, Safety and WorkSafe website

The Health, Safety and WorkSafe website is a useful resource. <http://www.education.vic.gov.au/hr/ohs/default.htm>

4.4 CGU Workers Compensation Insurance Contacts

| | |
|--------------|----------------------------------|
| Team Manager | Shilpa Ratti Phone: 8680 7841 |
|--------------|----------------------------------|

General queries can be directed to toll free number 1800 066 204 or 8680 7841

4.5 Medical Advisory Service

The Medical Advisory Service is a free of charge telephone advisory service for principals and managers. The service is provided by a team of occupational health professionals from the Unified Healthcare Group who are familiar with DEECD's human resource management policies, employee health obligations and the operational requirements of schools.

The service is intended to assist managers to be more proactive in managing and supporting:

- employees who, because of possible health related reasons, are experiencing difficulties with coping in the workplace
- the rehabilitation or return to work of employees who have suffered a debilitating injury or disease, or have experienced a significant traumatic event.

The Medical Advisory Service can be contacted on telephone 9692 7756.

4.6 Counselling and Mediation

In some instances of work related illnesses the need to use this manual may be avoided through early intervention by utilising the counselling support that is available through the Department's [Employee Assistance Program](#) on 1800 337 068

If conflict in the workplace is an issue mediation utilising the services of a qualified mediator, independent of the Department and the parties in dispute, is available. For Mediation Services, contact Resolutions RTK on 9529 6600.

The counselling and mediation services are free of charge and strictly confidential.

5. APPENDIX 1 Documents for the Employee

[You and Your WorkSafe Claim](#)

6. APPENDIX 2 Claims Processing Forms and Information

LATE CLAIM LODGEMENT PENALTIES

Ten calendar days

If a Workers Injury Claim form is not received by CGU Workers Compensation Insurance within 10 calendar days of it being lodged by the employee at their workplace the Department may be subject to a financial penalty. The cost of any penalty will be passed on to the Unit/Branch that incurred the penalty.

If it is determined that the claim has been submitted late (after 10 calendar days from the date on which the claim was received from the employee) WorkSafe will impose a financial penalty on the Department.

If the claim is not forwarded to CGU Workers Compensation within 38 days of receipt from the employee, liability for the claim will be deemed to be accepted by CGU irrespective of the circumstances of the claim. WorkSafe will also apply a financial penalty.

How does CGU Workers Compensation determine whether a claim has been sent outside the 10 day period?

CGU Workers Compensation's decision will depend on what it determines to be the **Worker Served Date (WSD)** of the claim. If the claim is not received within 10 calendar days of the determined **WSD** a penalty will apply for late lodgement of the claim.

The **WSD** is determined by CGU as follows:

- If the Claim Form is hand delivered, the **WSD** will be the date entered by the employee in the 'Claim Given to Employer Date' section of the (Claim Form).
- If the Claim Form is delivered by facsimile or email, the **WSD** will be the date of transmission of the email or facsimile.
- If the Claim Form is delivered by courier or by post, the **WSD** will be the earliest date of :
 - The date entered by the manager (or delegate) in the 'Employer Received Date' section of the Claim Form
 - Or
 - The second working day after the worker sent the Claim Form. (The date on which the employee sent the claim form is taken to be the date entered by the employee in the 'Claim Given to Employer Date' section of the Claim Form)
- If the Claim Form is delivered by post during a vacation period and the mail is held at the post office, the **WSD** will be the date on which the mail is collected from the post office.
- If the Certificate of Work Capacity is received on a date later than the Claim Form, the **WSD** will be the date on which the Certificate of Work Capacity is received.

Completing the Employer Section of the Worker's Injury Claim Form and the Employer Injury Claim Report Form

If at the time the employee lodges the claim for weekly compensation and a WorkSafe Certificate of Capacity has not been submitted, this should be noted in the Employment Lodgement Details section of the claim form and forwarded to CGU as soon as possible. CGU will follow up the employee regarding any certificates of capacity that are required.

Completing the Employer Injury Claim Report Form

The Employer Injury Claim Report Form provides an opportunity for you to supply information about the circumstances of the claim and to advise CGU Workers Compensation if you believe liability for the claim should not be accepted.

When completing the form please note the following matters:

Employer details section

Legal Name: DEECD

Trading Name: DEECD

Employer's Scheme Registration Number: 1624618.

Employers Reference Number: A number is allocated by WorkSafe for each workplace. Corporate HR Services will enter this number on the claim form.

Street Address, Suburb contact details etc: Workplace address details.

Australian Business Number: 52705101522

ACN/ARBN, Division, Cost Centre: These details are not required in Victoria.

'When did you receive the worker's first medical certificate?' If the employee has not yet provided a Certificate of Capacity this should be noted on the claim form below this question.

It is important that this section is accurately completed as the information will be used by CGU Worker's Compensation to determine whether the claim has been submitted late, and if late, the number of days late and the penalty that will be applied for the late lodgement of the claim.

Worker's details section

Please enter the worker's **Payroll Identification Number** in the space between the boxes provided for the worker's family name and given names.

Worker's earning details

Corporate HR Services will enter this information on the claim form.

Additional information section

If you believe liability for the claim should not be accepted, please briefly enter the reasons in this section. A Circumstance Report Form in this Appendix can also be completed and attached to the claim form.

A clear factual account of the circumstances of the injury will assist CGU Workers Compensation to make a prompt decision on whether to accept or reject liability for the claim.

Employer declaration section

Make sure this is signed, witnessed and dated when all the required forms have been received from the employee.

Should you require further assistance with completing the Employer Claim Report Form please contact the DEECD WorkSafe Claims Advisory Service on 9637 2441.

EMPLOYER INJURY CLAIM REPORT FORM

The Employer Injury Claim Report is to be completed upon receipt of a Worker's Injury Claim Form for time loss and/or medical and like expenses you must forward the original to Corporate HR Services within 3 days of the employee lodging the Injury Claim Form.

For assistance in completing the form, contact the DEECD WorkSafe Claims Advisory Service on 9637 2441.



VICTORIAN WORKCOVER AUTHORITY

WORKCOVER EMPLOYER'S CLAIM REPORT

Please read these notes carefully before completing this form.

When to use this form

- This form must be completed by the employer when you receive any of the following claims:
 - a Worker's Claim Form for weekly payments for time loss
 - a Worker's Claim Form for medical and like expenses which exceeds the employer excess
 - a Dependant's Claim for Compensation form.

FILLING OUT THE FORM

- Complete all pages of this form. Use a ball point pen and print clearly.
- If there is insufficient space for answering any questions on the form, please attach additional notes.
- Sign the declaration on the form in the presence of a witness who is 18 years or older and who is not a relative.
- For a worker to claim an entitlement to overtime and/or shift allowance, the worker must have performed overtime or shift work for you at any time during the 12 months before the injury and it is likely that they would have worked overtime or shift work at some time in the next 26 weeks if not for the injury.
- If applicable, please attach a detailed schedule of overtime and/or shift allowance worked over the prior 12 month period, or if the worker has worked for you less than 12 months, the period under your employ.

REPORTING OF INJURY/CONDITION

- If a worker suffers a work-related injury or condition, he or she (or someone else if the worker is unable to) must report it to you, in writing, within 30 days of becoming aware of it. The worker can notify you by filling in a Register of Injuries that you must keep at every workplace, or he/she can give notice in other written form. The "If you are injured" poster which you must have on display at every workplace gives more information on what needs to be included in a register of injuries.
- You must then let the worker know, in writing, that you have been notified of the injury or illness.
- If the injury or condition is serious or results in death, or could have resulted in a serious injury or death, you must notify WorkCover immediately on 132 360. You must also complete and send an Incident Notification Form to WorkCover within 48 hours.

CLAIM RECEIVED

- Upon receipt of a completed WorkCover Worker's Claim Form or Dependant's Claim for Compensation, you must do the following:
 - sign and date the form
 - acknowledge receipt of the form in writing. This can be done by giving the worker/dependant a copy of the signed Claim Form
 - complete an Employer's Claim Report
- It is against the law to refuse receipt of a Worker's Claim Form or dismiss a worker for making a WorkCover claim.
- You should also keep a copy of the Worker's Claim Form or Dependant's Claim for Compensation, along with a copy of the Employer's Claim Report - all carbon copies are labelled as to who receives which copy.
- If the worker needs time off work for the injury/condition, he/she must give you a WorkCover Certificate of Capacity signed by a medical practitioner. Certificates of Capacity have a declaration on the back for the worker to indicate whether they have been working or not. The declaration does not need to be completed for the first certificate you receive from the worker. If the worker gives you more than one certificate make sure they complete the declaration for the ongoing certificates.

- After giving you a claim for weekly payments, the worker can also lodge a copy of the claim form (i.e. Early Notification Form) and a copy of the Certificate/s of Capacity on the VWA or your VWA agent. **Even if the worker chooses to notify the VWA agent of their claim you must still forward the originals of all documents to your VWA agent within 10 days of receiving them from the worker.**

EMPLOYER EXCESS

- If the claim is accepted by either yourself or your VWA agent, you must pay the first 10 days off work and relevant medical and like expenses. This is called the 'employer excess'. (Due to indexation being applied at 1 July each year, please contact your VWA agent for the current excess limit for medical and like expenses). This excess applies unless you have taken up the Buy-out Option as part of your Workplace Injury Insurance premium.

FORWARDING CLAIMS TO YOUR VWA AGENT

You must forward to your VWA agent within 10 days any of the following:

- a claim for weekly payments,
- a claim for medical and like expenses (over the employer excess),
- Dependant's Claim for Compensation.

Documentation to be forwarded includes:

- the original copy of the Worker's Claim Form or Dependant's Claim for Compensation,
- the original completed Employer's Claim Report
- the worker's completed WorkCover Certificate of Capacity, signed by a doctor, if the claim involves time off work,
- a copy of the worker's written notification of injury (either copy of entry in the register of injuries or other written form).

If you fail to forward a claim and all documents on time, you may be required to pay a penalty and/or any interest owing to the worker.

If you fail to forward a claim for weekly payments within the legislative timeframes, you may be required to pay, further to the employer excess, an additional excess which consists of weekly payments commencing the 11th day of incapacity and ceasing on the date the VWA agent receives the claim forms from you.

If the claim is for medical and like expenses only and within your employer excess (termed a Minor Claim) make all payments, complete the "Completion by employer - if claim is under excess" section of the Worker's Claim Form and forward the Minor Claim copy of the Worker's Claim form to your VWA agent, within 14 calendar days of the end of the quarter in which you receive the claim.

DETERMINING LIABILITY

Your VWA agent must tell you and the worker in writing if the claim for weekly payments is accepted or not. This must be done within 28 days of the VWA agent receiving the claim form and WorkCover Certificate/s of Capacity from you. If the worker lodges an Early Notification Form on your VWA agent, liability must be decided within:

- 28 days of the VWA agent receiving the claim form and documentation from you, if forwarded **within** 10 days; or
- 39 days of the VWA agent receiving the Early Notification Form from the worker, if you forward the claim form and documentation **outside** the legislative timeframe of 10 days (see details above regarding penalty for late lodgement).

NOTE: If you forward a claim for weekly payments to your VWA agent and it is received 29 days or more from when the worker served the claim on you, the claim will be deemed accepted upon receipt.

- If the claim is for medical and like expenses only and over your employer excess, your VWA agent has 60 days to advise you and the worker in writing if the claim is accepted or not.

To find out more about WorkCover, visit our website at www.workcovervic.gov.au or ask your VWA agent for a copy of the brochure "Introducing WorkCover: A guide for Employers".

If you have any problems completing this claim form or with the acceptance or management of this claim, you should first talk to your VWA agent. If you are still not satisfied, or you do not know who your VWA agent is, telephone the WorkCover Advisory Service on (03) 9641 1444 or, outside the metropolitan area, toll free on 1800 136 089.

CIRCUMSTANCE REPORT FORM

This form is to be completed and attached to the Employer Claim Report Form if you believe CGU Workers Compensation Insurance should not accept liability for the claim. (Please note that an employee can request copies of all statements provided by you or other colleagues.)

Please complete the information below and attach the requested documentation and statements. If you require assistance please contact the DEECD WorkSafe Advisory Service on 9637 2441.

Employer / Witness Details

1. The employee's name:

Title/position:

2. Name of person completing this document:

Title/position:

3. Please attach a signed and dated statement explaining why you believe compensation should not be paid on this claim. The statement should include a clear factual account of the circumstances that gave rise to the claim being lodged.

If the claim is for a mental injury and you believe the claim has been lodged as a result of management action/s taken (or an expectation that action would be taken) please indicate:

A chronology of the events leading up to the action or decision;

The reasons why the action or decision was taken;

Details of the circumstances and manner in which that action or decision was taken and communicated to the employee; and

Please also attach copies of correspondence and other documentation relating to the action or decision.

4. If other DEECD employees can assist with information regarding the incident please record their names, titles and contact numbers below. Please make these employees aware that the employee can request access to this information

| Name: | Title: | Telephone: |
|-------|--------|------------|
| | | |

Claims associated with complaints, unsatisfactory performance or misconduct

5. Please indicate at what stage of the complaints investigation process the employee submitted the WorkSafe claim.

If the employee has taken leave, please indicate the type of leave taken and what stage of the complaints process the leave was taken.

6. Please describe how and what advice was given to the employee as to possible consequences of the investigation.

On what date did this take place? ____ / ____ / 20 ____

7. If the Conduct and Ethics Branch and/or the Merit Protection Board have been involved please describe their involvement.

On what date did this take place? ____ / ____ / 20 ____

Employer Details

(Manager's name)

(Unit/Branch name)

(unit address)

Signed _____ Date ____ / ____ / ____

The completed WorkSafe Circumstance Report and attachments should be forwarded to:

CGU Workers Compensation

DEECD Team

GPO Box 2090S

Melbourne 3001

Fax: (03)8804 9426

CLAIMS FOR MENTAL INJURIES

Under the WorkSafe legislation Section 82(2A) of the Accident Compensation Act 1985 an employee has an entitlement to compensation **unless** their mental injury arose wholly or predominately from one or more of the following:

- Management action taken by their employer or on their employer's behalf on reasonable grounds and in a reasonable manner.
- A decision by their employer on reasonable grounds to take, or not to take, any management action
- The worker's expectation that management action would or wouldn't be taken or their expectation that a decision would be made to take, or not take management action

Under this section of the legislation management actions include, but are not limited to:

- Appraisal of the workers performance
- Counselling of the worker
- Suspension or stand-down of the worker's employment
- Transfer of the worker's employment
- Demotion, re-deployment, retrenchment, dismissal
- Promotion, reclassification
- Provision of leave of absence
- Provision of a benefit connected with worker's employment
- Training a worker in respect of the worker's employment
- Investigation by the worker's employer of any alleged misconduct
- Communication in connection with an action mentioned above.

Generally, the 'reasonable' requirement will be satisfied if any of the action taken is in accordance with the guidelines for managing complaints, unsatisfactory performance and serious misconduct which can be found at <http://www.eduweb.vic.gov.au/hrweb/workm/perform/conduct.htm>

If you believe liability for the claim should not be accepted you should indicate this in the [Employer Injury Claim Report Form](#) and complete Circumstance Report Form located in this Appendix.

JOURNEY CLAIMS

Injuries sustained while travelling to and from work that involves a motor vehicle, train or tram are covered by the *Transport Accident Act 1986*. To make a TAC claim telephone 1300 654 329. Employees are entitled to claim WorkSafe if they are injured when they are travelling in the course of their employment for approved activities or are authorised to carry out a specific task or duty that requires them to travel.

Please contact CGU on 1800 066 204 for further advice on journey claims.

WORKSAFE VICTORIA INFORMATION SHEET: CERTIFICATES OF CAPACITY INFORMATION

What is a WorkSafe Certificate of Capacity?

A *WorkSafe Certificate of Capacity* is similar to a medical certificate. It provides details about:

- the work-related injury or illness that prevents you from performing your normal duties and hours
- how long you are expected to be unable to do your normal duties and hours and any restrictions that need to be taken into account in your return to work planning
- the duties and hours you are able to perform while you recover from your injury and if you have some capacity for work
- the treatment your doctor or healthcare provider is providing or recommending to help you return to work

A *WorkSafe Certificate of Capacity* is not a referral for other medical services or a prescription for medication. Your doctor should give you these separately if you need them.

Why do you need a WorkSafe Certificate of Capacity?

When a work-related injury or illness affects your ability to perform your normal work, you need a *WorkSafe Certificate of Capacity*. The certificate is an important document:

- it lets your employer know that you have an incapacity for work. If it's your first *WorkSafe Certificate of Capacity*, this maybe the first time your employer hears about your incapacity for work
- it provides your employer with information about what you can and can't do and your ability to return to work which helps them plan for your return to work.

The *WorkSafe Certificate of Capacity* may contain information about restricted duties or reduced hours that are recommended by your doctor or healthcare provider.

It will reflect when your capacity for work changes, consistent with your recovery and when you are able to get back to your normal duties and hours

It will enable you to claim weekly payments if you lose income because of your work-related injury or illness.

If you are unable to return to your normal job, your employer has an obligation to provide you with suitable or pre-injury employment when you have some capacity for work. This obligation continues for 52 weeks.

This may not be 52 consecutive weeks as it only takes into account those periods that you are unable to do your full pre-injury duties and hours as a result of your work-related injury. This period starts from when you provide your employer with either a claim for weekly payments or your first *WorkSafe Certificate of Capacity*.

If you recover sufficiently and are able to return to your normal job and hours during this 52 week period, your employer is required to provide you with your pre-injury or equivalent role.

How do you get a WorkSafe Certificate of Capacity?

Your doctor has *WorkSafe Certificates of Capacity* and can complete one for you at an appointment. Your first certificate covers a maximum of 14 days and can only be obtained from a doctor.

Ongoing certificates can be obtained from healthcare providers such as a medical practitioner, chiropractor, physiotherapist or osteopath and can cover a maximum of 28 days.

If you continue to be unable to perform your normal work, it is your responsibility to obtain ongoing certificates by the time the previous certificate has expired. In certain circumstances, your WorkSafe Agent or self-insurer can authorise ongoing certificates for periods longer than 28 days.

What information should your WorkSafe Certificate of Capacity include?

The following are things to look for when you receive your *WorkSafe Certificate of Capacity*.

Details about the work duties you can and can't do. If you are fit to return to some form of work, your certificate should state this as well as any restrictions your doctor has identified (for example, lifting certain weights or the need for rest breaks).

All sections should be completed.

Make sure the correct certificate is used titled *WorkSafe Certificate of Capacity*.

The correct dates must be shown for your period of capacity/incapacity. If your doctor backdates or forward dates the certificate, they should provide an explanation on the certificate.

Make sure all the injuries or illnesses that you are claiming on your *WorkSafe Worker's Injury Claim Form* are listed. Tell your doctor all the symptoms you believe are a result of your work-related injury or illness.

Contact your Agent or self-insurer if you believe they are unaware of some aspects of your work-related injury or illness.

What do you need to do with your WorkSafe Certificate of Capacity?

1. Complete and sign the declaration

- You must declare any work you have done in any job during the period covered by ongoing certificates.
- The patient declaration is on the back of the certificate. Sign it and have your signature witnessed (your doctor can be the witness). Without the signed declaration, your certificate is invalid and your employer is under no obligation to pay you compensation in the form of weekly payments.
- If you know your claim number, write it at the top of your certificate.
- Your doctor may declare an injury or illness on your certificate for which you may not have submitted a claim. If this occurs, contact your Agent to discuss if liability is accepted for this injury or illness and whether you need to submit a new claim form.

2. Give your certificate to your employer as soon as possible. When you give your employer the first certificate, you will also need to provide a *WorkSafe Worker's Injury Claim Form*.

Your employer is usually responsible for paying your compensation and should pay you on your normal pay day, providing you have given them a valid *WorkSafe Certificate of Capacity*.

3. Keep a copy of your signed certificate.

Using your WorkSafe Certificate of Capacity to return to work

Your *WorkSafe Certificate of Capacity* provides your employer with information to plan for your return to work. The following are some ideas to help you return to work.

When you visit your doctor, or healthcare provider, take a copy of your position description and a list of duties. You don't have to be 100 per cent recovered to return to work. Talk about what you can do rather than what you can't. This will help your doctor or healthcare provider assess your capacity to return to work.

Ask your doctor or healthcare provider to discuss available duties at your workplace with your employer. Ask your doctor or healthcare provider to detail what work you can do on your certificate. This should include details of restrictions, supports or modifications; for example, difficulty with bending, lifting or requirements for breaks.

What if your capacity changes?

Start planning early to get back to work. Keep in regular contact with your employer so if your capacity changes they can plan for and manage your return to work in a sustainable way. Whether it's on reduced hours in your regular job or on modified or alternative duties, getting back to work is an important part of your rehabilitation.

A change in capacity resulting in your return to work will impact on your weekly payments. Further information on how your payments are calculated can be found in *Introducing the WorkSafe scheme, A guide for injured workers*, available on the WorkSafe website worksafe.vic.gov.au.

When your doctor or healthcare provider gives you a certificate stating you are able to return to your normal duties and hours, you do not need any more certificates.

Where to get more information

For more information about your return to work obligations, please:

- visit the WorkSafe website at www.worksafe.vic.gov.au
- read the WorkSafe publication *Returning to work – a guide for injured workers*
- contact your Agent
- call the WorkSafe Advisory Service on (03) 9641 1444 or freecall 1800 136 089
- contact your union representative

7. APPENDIX 3 Return to Work Information and Forms

Overview of employer legislative obligations

Under the revised WorkSafe legislation the key return to work obligations require employers to ensure that:

- each workplace has an appointed Return to Work Coordinator of appropriate seniority and competency. See the DEECD WorkSafe Policy Guide for more information
- suitable employment is proposed and provided for employees who have a capacity for work.
- return to work planning commences as soon as an employee lodges a claim or presents a Certificate of Capacity.
- return to work planning includes consultation with the employee, the treating doctor and other parties such as CGU Insurance, Rehabilitation provider etc
- each workplace has an agreed return to work dispute resolution process. See the DEECD WorkSafe Policy Guide for more information
- WorkSafe return to work information is made available for all employees. See the DEECD WorkSafe Policy Guide for more information

The legislation has also strengthened the compliance and enforcement of these obligations with increased financial penalties and increased powers for WorkSafe Return to Work Inspectors. See the DEECD WorkSafe Policy Guide for more information

Employee return to work obligations

The revised legislation requires injured employees to make reasonable efforts to actively participate and cooperate in:

- Return to work planning
- Occupational rehabilitation services
- Assessments of capacity, rehabilitation progress and future employment prospects at the request of the employer, or WorkSafe Agent

Providing suitable employment

The WorkSafe legislation requires DEECD to provide injured employees with suitable employment for 52 weeks if they have an incapacity for work and provide an employee with their pre-injury or equivalent role when they have returned to full capacity.

These return to work obligations commence from when the employer receives the employee's WorkSafe Certificate of Capacity or a claim for weekly payments, whichever is the earliest. The RTW obligation commences irrespective of whether or not CGU Workers Compensation has determined liability for the claim.

Suitable employment means employment in work for which the employee is currently suited taking account of the nature of the employee's incapacity, age, education, skills and residential location. Pre-injury employment is the same or an equivalent position held by the employee before the injury/illness.

Return to work issues resolution procedures

If a return to work dispute arises managers are required to resolve the issue in accordance with an agreed dispute resolution procedure. If there is not an agreed workplace dispute resolution procedure in place, the manager must ensure that the issue is resolved according to the WorkSafe return to work issues resolution procedures which require:

- As soon as possible, but no later than 20 calendar days after a RTW issue has been reported, the employer, the RTW coordinator and injured employee must meet to try and resolve the issue
- If the RTW issue has been raised by another party, that party must be invited to participate in the issue resolution process
- An injured employee may be represented, assisted and supported during the RTW issue resolution process
- The RTW Issues resolution procedure should be conducted in a manner and language that is agreed to be appropriate by persons who can raise a RTW issue

- The agreed procedure should be in writing and should be clear and accessible to all parties affected by a RTW issue
- If the person that raised the RTW issue requests the employer to set out in writing details of the issue, the employer must do so within 14 days of that request

For further information on what needs to be done to develop an agreed workplace return to work issues resolution process please sections 6.4 and 6.5 of the DEECD Non School Locations WorkSafe Policy Guide.

[Return to Work Arrangements Form](#)