

ALLIANZ AUSTRALIA INSURANCE LIMITED

EMPLOYER RETURN TO WORK KIT

Western Australia



Allianz 



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“Work is generally good for health and wellbeing. Long term work absence, work disability and unemployment have a negative impact on health and wellbeing.”

*The Royal Australasian College of Physicians, Australasian Faculty of Occupational and Realising the Health Benefits Work, Sydney 2011.

This package was developed to be a practical information and resource kit to assist employers in managing the return to work of their workers. This kit will help equip you to be a pro-active participant in the return to work process. Some of the information included in this document has been sourced from the regulator and is subject to change.

BENEFITS OF A RETURN TO WORK PROGRAM

A return to work program can support timely and sustainable return to work.

A return to work program:

- ✓ Is a written plan designed to help your worker recover and return to work.
- ✓ Outlines your commitment to supporting your worker's recovery at work or return to work as quickly and safely as possible following a workplace injury or illness.

It is widely recognised that long-term absence from work may be harmful to a person's physical and mental wellbeing.

Returning safely and quickly to work can have strong benefits for the individual, their family and your business.

An early return to work can achieve more favourable recovery outcomes. This means you are more likely to retain valued staff and expend less resources managing work absence.

YOUR FIRST RESPONSE

Making your workplace a safe and healthy environment can help protect your workers from injury and illnesses. However, if a workplace injury does occur a few simple steps need to be followed.

1. Attend to your worker

The most important thing in the first instance is to attend to your worker and provide immediate care. This may include first aid and transport to medical care if required.

2. Ensure the injury or illness is recorded in your 'Register of Injuries'

3. Provide information to your worker, including:

- ✓ Contact information for Allianz, your Workers Compensation insurer.
- ✓ Who the most appropriate person in your workplace is to discuss their claim.
- ✓ A Workers Compensation claim form, if your worker wishes to make a claim.



4. Send all relevant documents to Allianz, including:

- ✓ Workers Compensation First Medical Certificate.
- ✓ Completed Workers Compensation Claim Form.
- ✓ Completed Employers Claim Form.
- ✓ You have 5 working days to send the completed forms and medical certificate to Allianz

*In the case of death or serious or life threatening incidents or disease notify WA WorkSafe immediately on **1800 678 198**.*

THE BENEFITS OF EARLY NOTIFICATION

Early notification of work incidents and injuries is crucial in your worker's effective and early return to health and work.

The earlier you notify Allianz of an injury the earlier we can provide appropriate assistance to you and your worker. Early notification can lead to:

- Improved worker wellbeing.
- Faster return to health and work.
- Improved workplace culture.
- Quicker return to normal business operations and staffing levels.
- Reduced impact on your premium.
- Meeting your legal obligations and avoiding penalties imposed by WorkCover.

ALL INJURY AND INCIDENT NOTIFICATIONS CAN BE MADE TO:

-  Email: wawc.newclaims@allianz.com.au
-  Telephone: 1300 360 595
-  Fax: 1300 662 439
-  Online: allianz.com.au
-  Post: GPO Box K772, City Delivery Centre Perth WA 6842

HELPING YOUR WORKER RECOVER AT WORK

The health benefits of work are widely recognised and recovering at work rather than at home can significantly improve the outcome for you and your worker.

Research shows that workers who are off work for an extended period of time are at greater risk of negative health outcomes, and the more time spent away from work, the less likely a person is to return. If a worker is off work for:

- 20 days, they have a 70% chance of returning to work.
- 45 days, they have a 50% chance of returning to work.
- 70 days they have a 35% chance of returning to work¹.

“Workers who receive support from their employer had up to five times greater odds of returning to work, compared with workers reporting a neutral or negative employer experience.”

National Return to Work Strategy 2020–2030, SafeWork Australia

COMMUNICATING WITH YOUR WORKERS

The first conversations you have with your worker following injury will 'set the scene' for how your worker feels about their recovery. A supportive and positive approach that focuses on capacity not incapacity is likely to produce better outcomes for your worker.

When communicating with your worker you should:

- **Focus on things your worker CAN DO** rather than what they can't.
- **Listen to your worker's concerns** and action them promptly.
- **Ask your worker for their perspective** – get them actively involved in planning their recovery at work and gradual return to health and pre-injury activities.
- **Emphasise** they are a valid member of the team and an important part your business.

EMPLOYER TIPS TO SUPPORT THE ONGOING RETURN TO WORK AND HEALTH PROCESS

- **Contact your Allianz case manager** to discuss involving a workplace rehabilitation provider if required.
- **Develop a universal list of suitable duties options** available in your business and ensure the nominated treating doctor understands the duties on offer.
- **Provide suitable duties** – failing to provide suitable duties may significantly affect your premium and may be in breach of your obligations as an employer in your state.
- **List your worker's pre injury duties** on the return to work program you send to the treating doctor so they understand the return to work goal.
- **Do not hesitate to contact the nominated treating doctor** if you have any questions.
- **Keep in regular contact with your worker** to monitor progress and ensure return to work goals are achieved.
- **Send all documents to Allianz** as soon as possible to ensure efficient claims management and faster claim finalisation.

Links and reference materials

You may find the following links useful:

WorkCover WA website

workcover.wa.gov.au

Allianz Australia website

www.allianz.com.au

Please Note: The above links were correct at the time this brochure was developed.



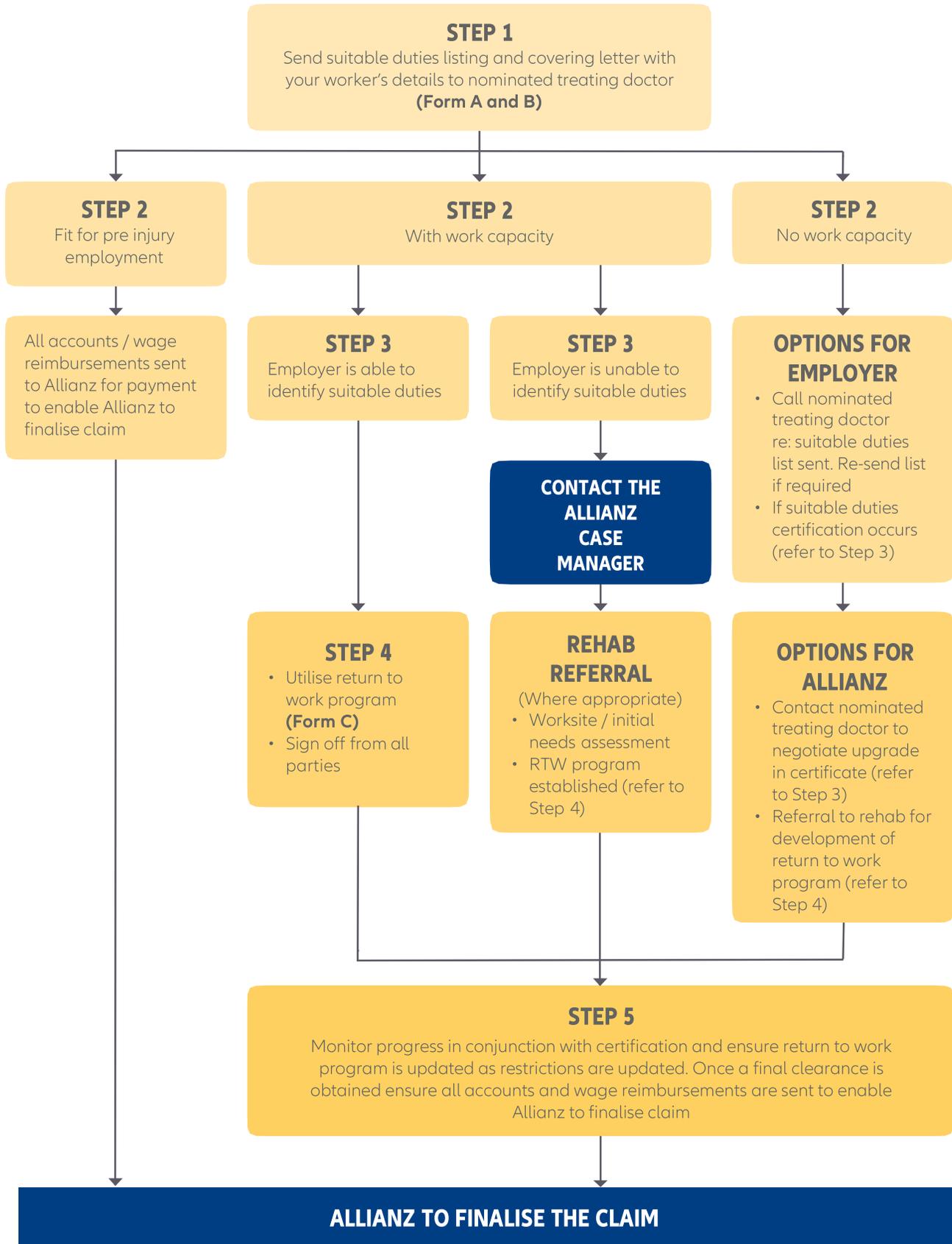
For further information or assistance, please don't hesitate to contact your Allianz Case Manager directly.

Or alternatively contact our Workers Compensation division on 1300 130 664.

RETURN TO WORK GUIDE

These are steps to help your worker return to health and recover at work.

Your case manager will be in contact with you shortly after the claim has been lodged to explain how you can support your worker and answer any questions you may have. You can contact your case manager at any stage throughout the life of the claim for advice and assistance.



ALLIANZ WORKERS COMPENSATION FORM A: SUITABLE DUTIES LETTER



Please print this form, fill in, sign and return to Allianz.

Date: _____

Doctor's name: _____

Address: _____

Suitable duties are available for _____

Dear Dr _____

I am writing about _____ who is one of our employees.

At _____, we endeavour to support a recovery at work and a return to full employment as soon as practicable following injury or illness.

Important notes

Evidence shows that getting back to work early is an important part of recovery. In most cases, the worker does not need to be 100% recovered to return to work.

We are committed to helping workers get back to normal work and life as soon as possible. I will work collaboratively with you to ensure that all reasonable return to work opportunities are made available to _____.

Your assistance in identifying work duties that _____ can complete during their recovery period will enable development of a safe and durable return to work and health.

Action required

A list of suitable duties we can provide _____ is attached. Could you please review these options, indicate your recommendations and return to:

Email: _____ Fax: _____

Alternatively, I can be contacted on _____ if you would like to discuss this information directly.

This information, along with the capabilities you outline in the 'work capacity' section on the workers compensation medical certificate will help me provide _____ with a safe and sustainable return to work program.

Once developed, this program will be sent to you for review prior to commencement.

Yours sincerely,

Signed: _____

Name and title: _____

ALLIANZ WORKERS COMPENSATION FORM C: RETURN TO WORK PROGRAM



Please print this form, fill in, sign and return to Allianz.

Return to Work Program Action Program

1. The employer will be responsible for providing duties within the recommended medical restrictions.
2. The employer will be responsible for providing appropriate training and supervision for duties unfamiliar to the worker.
3. The worker will be responsible for staying within the medical guidelines and not exceeding the return to work schedule.
4. The worker must seek assistance for any task in excess of medical restrictions.
5. The worker must advise of all appointments to be attended and these are to be documented.
6. All parties are to ensure that all of the conditions outlined below, and in this program are adhered to.
7. The worker's progress will be reviewed on a regular basis. This will require weekly self-reports from the worker to their coordinator, or representative of the case team and contact will be made with the supervisor regarding progress.
8. The program outlined will be subject to alteration as the need arises. This will require consultation between the Injury Management Coordinator/Case Team Representative, worker, medical practitioner and supervisor.

Date of this program:		Date program will be reviewed:	
RTW Program number:		Date of injury:	
Worker's name:		Claim number:	

This program is developed in consultation with the worker and nominated treating medical practitioner. The Return to Work Program has been developed to guide the worker's recovery from date of injury to return to pre injury employment. The program outlines the worker's treatment, suitable duties, timeframes and steps to be taken to support the worker's return to pre injury duties and employment. Please contact your Allianz case manager if you would like assistance with this program including the option of engaging a workplace rehabilitation provider to assist with the return to work process.

Employer/company:								
Pre injury job title:								
Work location:								
Pre injury days:	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Pre injury hours:								
Description of pre injury employment e.g. Furniture removalist:	Physical requirements associated with work task e.g. reaching above shoulder height to unload goods weighing up to 20 kgs							
Overall RTW goal:								
Date expected to achieve RTW goal:								
Current certificate of capacity:	Start date:		End date:					
Current capacity (as per certificate):								
The worker is required to:								
<ul style="list-style-type: none"> • Attend the nominated treating doctor to obtain a current medical certificate. • Make reasonable efforts to return to work in suitable or pre-injury duties if they have a current work capacity. 								

ALLIANZ WORKERS COMPENSATION FORM C: RETURN TO WORK PROGRAM

Please print this form, fill in, sign and return to Allianz.

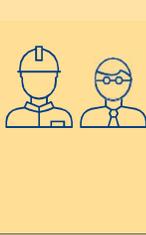
RTW PROGRAM STAGE 1									
Suitable employment role:									
Location:									
Commencement date:					Completion date:				
Person monitoring RTW:					Contact details:				
RTW days:	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	
RTW hours:									
Duties to be performed:					Duties/tasks to be avoided:				
RTW PROGRAM STAGE 2 (may require medical approval prior to commencement)									
Suitable employment role:									
Location:									
Commencement date:					Completion date:				
Person monitoring RTW:					Contact details:				
RTW days:	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	
RTW hours:									
Duties to be performed:					Duties/tasks to be avoided:				
RTW PROGRAM STAGE 3 (final progress to pre-injury employment - may require medical approval prior to commencement)									
Suitable employment role:									
Location:									
Commencement date:					Completion date:				
Person monitoring RTW:					Contact details:				
RTW days:	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	
RTW hours:									
Duties to be performed:					Duties/tasks to be avoided:				
TREATMENT – appointments are to be scheduled outside work hours unless agreed to by insurer									
Treatment type:					Appointment dates/times:				
This program (and any amendments) take effect from the day the worker and the worker's employer consent to and agree to cooperate and comply with this program (or any amendments).									
Worker:					Signature:			Date:	
Employer representative:					Signature:			Date:	
Nominated treating doctor:					Signature:			Date:	

(At a minimum, verbal approval is to be obtained)

N.B. Please provide Allianz with a copy of this RTW Program.

APPENDIX A: CLAIM LIFECYCLE – WHAT HAPPENS AND WHEN

The table below shows the typical lifecycle of a Workers Compensation claim. This table provides an overview of the claims process so you know what to expect if you need to make a claim. **This lifecycle may vary depending on the circumstances of each individual case.**

STEP 1 (Worker)		A workplace injury is reported to the employer. In the case of a serious incident or a fatality or permanent injury or illness, phone WorkCover immediately on 1800 678 198 . Notify Allianz as soon as possible.
STEP 2 (Employer)		Employer notifies Allianz as soon as practicable and is issued an incident number which is to be used in all correspondence. If the worker wishes to make a claim, the employer is to provide the worker with a claim form.
STEP 3 (Allianz)		If the injury is significant, a Case Manager will be assigned and will make contact with the employer, worker and, if necessary, the treating doctor to initiate injury management activities.
STEP 4 (Employer)		<p>The worker and employer complete the Workers' Compensation Claim Form and Employers Report form and send this together with a WorkCover First Medical Certificate to Allianz within 5 working days of the employer receiving the worker's form. This can be accessed via: https://www.workcover.wa.gov.au/wp-content/uploads/2020/10/Claim-Form-October-2020-Fillable.pdf</p> <p>Please note that in accordance with the Workers Compensation and Injury Management Act 1981, WorkCover may penalise employers \$1,000.00 for failing to report claims to their insurer within the required timeframe (s57A(2A)).</p>
STEP 5 (Allianz)		<p>On receipt of the claim forms and medical certificate, Allianz will assess the claim and in most cases, advise all parties of liability determination within 3 working days.</p> <p>If liability cannot be determined, Allianz has a further 11 days to determine liability and notify the worker and employer– after this the claim is considered to be disputed.</p>
STEP 6 (Allianz)		<p>If liability is accepted</p> <p>The Case Manager collaborates with the worker, employer and nominated treating doctor to return the worker to work as soon as possible.</p> <p>If liability cannot be determined without additional information</p> <p>The Case Manager will notify the employer and the worker of the delay in determining liability and the reason(s) why. The required additional information will be sought and a decision promptly made on receipt.</p> <p>If liability is not accepted</p> <p>The Case Manager will notify the employer and the worker of the liability decision verbally and advise the worker of their right to appeal the decision either through informal negotiation with the insurer, or by lodging a formal application for conciliation. All parties will subsequently be advised in writing of Allianz's decision and the process if the decision is disputed.</p> <p>For more information on the dispute resolution process please refer to the dispute resolution publication provided on the WorkCover WA website workcover.wa.gov.au</p>
STEP 7 (Worker and Employer)		<p>If liability is accepted, all relevant accounts and requests for wage reimbursements should be sent promptly to Allianz for payment.</p> <p>Please note the <i>Workers' Compensation and Injury Management Act 1981</i> requires an employer to make weekly compensation payments to a worker within 14 days of being advised the claim is accepted.</p> <p>Failure to comply with this requirement may result in a WorkCover penalty of \$2,000.00 for each weekly payment not made when due. Subsequent payments are required to be made on the employer's usual pay day.</p>
STEP 8 (Employer)		Allianz will keep in regular contact with the employer and worker to facilitate a prompt recovery and return to work for the worker. Assistance may be sought from specialist providers, such as occupational rehabilitation experts or medical professionals.
STEP 9 (Worker and employer)		Worker is certified fit for work with no ongoing treatment. All final accounts and wage reimbursements are sent to Allianz for payment.
STEP 10 (Allianz)		Allianz closes the claim.

ALLIANZ WORKERS COMPENSATION

Allianz Australia Insurance Limited ABN 15 000 122 850

The information contained in this brochure is current as at June 2023.

For more details, please contact Allianz in your state or visit our website.

[allianz.com.au](https://www.allianz.com.au)