

ALLIANZ AUSTRALIA INSURANCE LIMITED

# EMPLOYER RETURN TO WORK KIT

## Tasmania



**Allianz** 

This information contained in this brochure is general information only and is not meant to be legal advice. The information should be read in conjunction with the Act and its Regulations. The information is current as at June 2023.



*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 Realising the Health Benefits Work, Sydney 2011.



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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 WORK AND HEALTH PLAN

A work and health plan can support timely and sustainable return to work.

A work and health plan:

- ✓ 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.

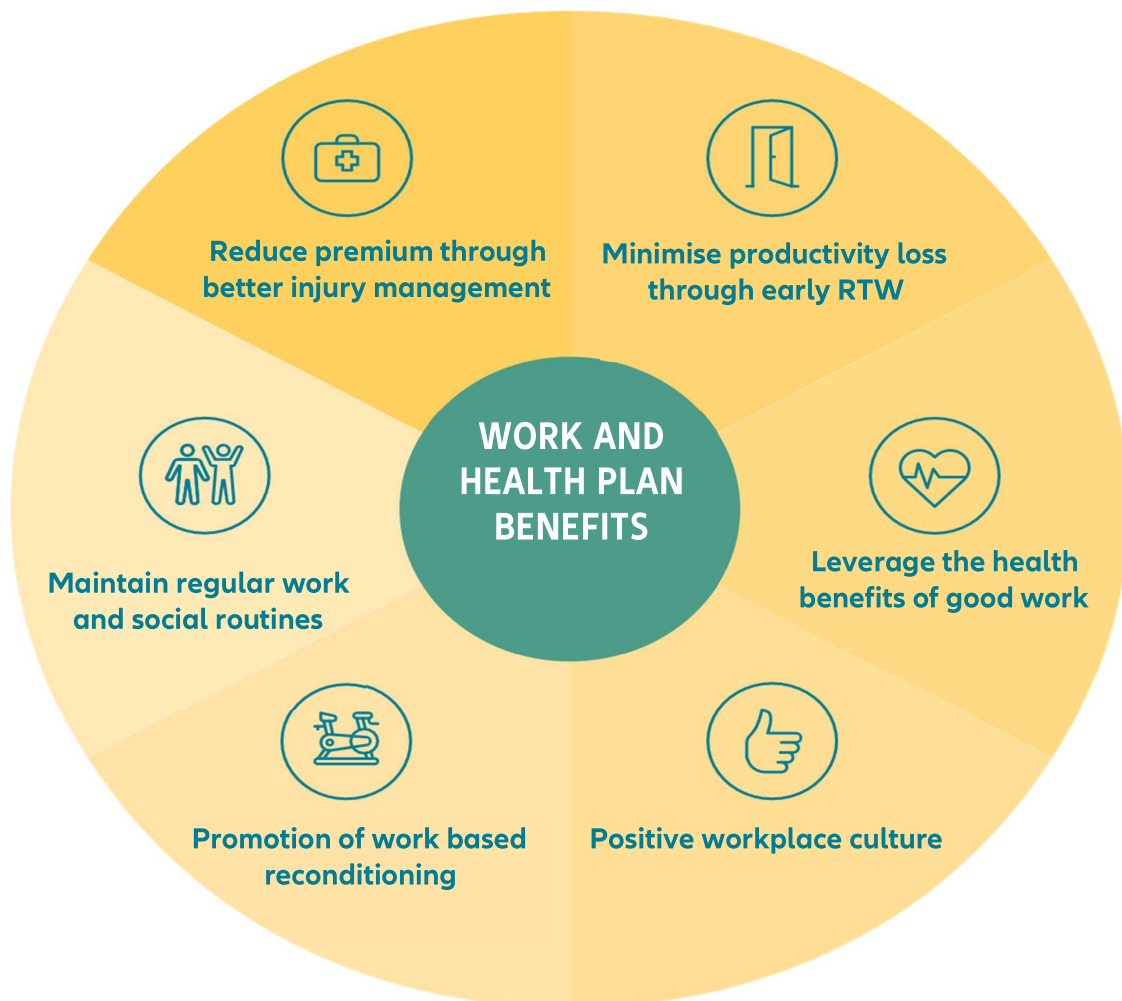
### 1. Attend to your worker

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.
- ✓ You must provide your worker a S33A notice in prescribed form. This must be done within 14 days of when you received notification of this injury from your worker.
- ✓ A Workers Compensation claim form, if your worker wishes to make a claim.



#### 4. Send all relevant documents to Allianz, including:

- ✓ Initial Workers Compensation Medical Certificate.
- ✓ Your worker's completed Workers Compensation Claim Form.
- ✓ Complete Employer's Claim Form.

Please ensure you advise Allianz within 3 days of becoming aware of an injury.

In the case of death or serious or life threatening incidents or disease notify WorkSafe Tasmania immediately by phone, **1300 366 322**. If you are calling from outside Tasmania, phone **(03) 6166 4600**. For further instructions visit [worksafe.tas.gov.au](http://worksafe.tas.gov.au).

## 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 WorkSafe.

### ALL INJURY AND INCIDENT NOTIFICATIONS CAN BE MADE TO:

- 📧 Email: [taswc.newclaims@allianz.com.au](mailto:taswc.newclaims@allianz.com.au)
- ☎ Telephone: 1300 130 664
- 📠 Fax: 1300 662 183
- 🌐 Online: [allianz.com.au](http://allianz.com.au)
- ✉ Post: PO Box 576, Launceston TAS 7250

## 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 work<sup>1</sup>.

“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 work and health plan 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:

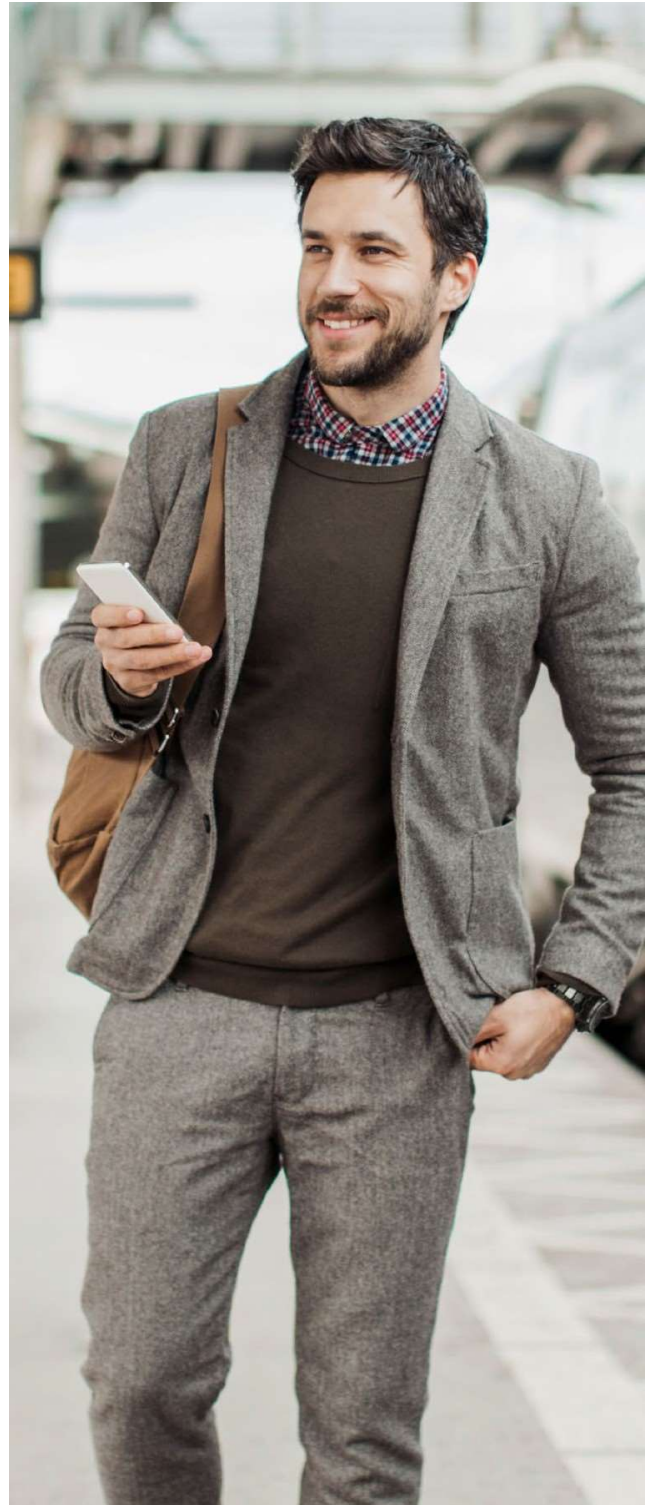
### **WorkSafe Tasmania website**

[worksafe.tas.gov.au](https://worksafe.tas.gov.au)

### **Allianz Australia**

**website** [allianz.com.au](https://allianz.com.au)

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



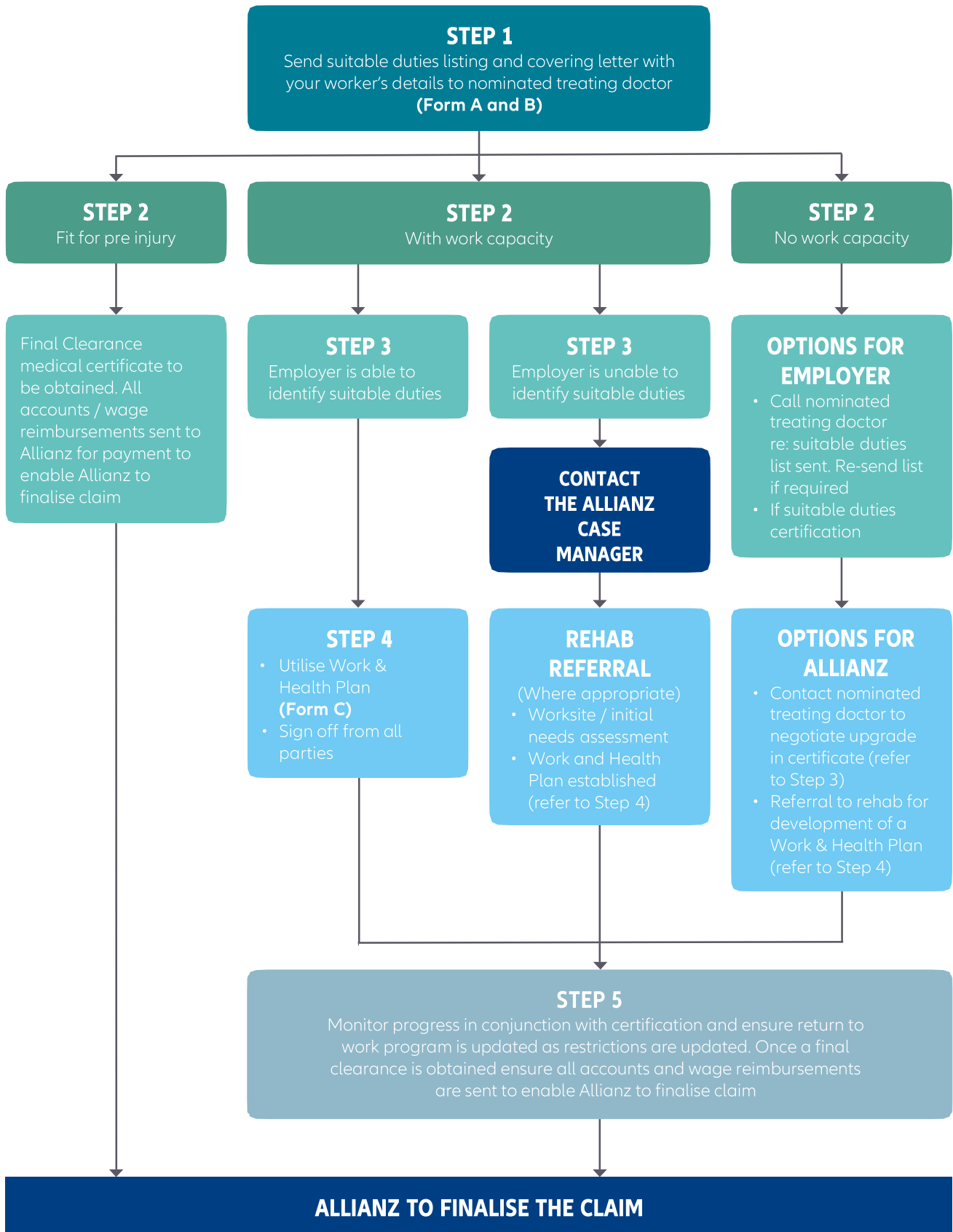
For further information or assistance, please don't hesitate to contact your Allianz Case Manager directly.

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

# RETURN TO WORK & HEALTH 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 work and health 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 B: SUITABLE DUTIES LIST**



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

<b>Name of worker:</b>		<b>Claim no.:</b>	
<b>Name of employer:</b>		<b>Date of injury:</b>	
<b>Employer ph no:</b>		<b>Employer fax no.:</b>	
<b>This section must be completed by the employer.</b>		<b>This section must be completed by the nominated treating doctor. Is this employment currently suitable?</b>	
<b>Employment</b>	<b>Yes/No</b>	<b>Modifications/timeframes</b>	
<b>Further comments:</b>			
<b>Doctor's name:</b>			
<b>Doctor's signature:</b>		<b>Date:</b>	

**ALLIANZ WORKERS COMPENSATION  
FORM C: WORK AND HEALTH PLAN**



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

<b>&lt;Worker&gt;'s Work and Health Plan</b>			
Claim number		Date of injury	
Occupation		Pre-injury hours	
Pre-injury employer		Prepared by	

<b>&lt;Worker&gt;'s Medical Certification</b>			
Doctor			
Current diagnosis			
Capacity for work		From:	To:
Certified work hours			
Certified capacity for activities			

<b>&lt;Worker&gt;'s Return to Work</b>									
Date to commence					Date to review				
Return to work employer									
Return to work location									
Return to work supervisor									
Return to work hours	Week 1	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total p/w
	Week 2	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total p/w
	Week 3	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total p/w
	Week 4	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total p/w
Suitable duties identified and available									

<b>&lt;Worker&gt;'s Treatments</b>			
Treatment	Service Provider	Details	Anticipate end date

## **<Worker>'s Commitments**

<b>Return to work and health goal</b>	
<b>Anticipated timeframe to achieve goal</b>	
<b>Commitment</b>	
<b>Commitment</b>	
<b>Commitment</b>	

## **Actions required to achieve <Worker>'s return to work goal**

### **My Return to Work Goal will be achieved by committing to the following actions:**

To undertake treatment as recommended by the Nominated Treating Doctor. Treatment appointments should be scheduled outside of working hours. If for any reason this cannot be achieved, please liaise with your manager prior to your appointment for approval.

To return to my Nominated Treating Doctor for regular review of my injury/condition, treatment and to obtain up-to-date workers compensation medical certification.

To promptly provide up-to-date workers compensation medical certificates to my employer. Discussion with your employer regarding the progress of your injury/ condition is encouraged.

To adhere to all medical advice and restrictions as part of the return to work and health process. This includes activities conducted outside of employment.

To actively participate in this Work and Health Plan. Contact your rehabilitation provider and/or Allianz if you have any concerns with this Plan or are unable to complete any of the Agreed Actions.

To attend and participate in a medical examination by a medical practitioner organised by Allianz/your employer, and to advise my case manager should I encounter any issues which may hinder my attendance at such an appointment.

To advise Allianz, as soon as practicable, of any change in personal details, my injury/condition, or employment status.

To actively and constructively engage with my rehabilitation provider, <insert company>, who is assisting me with my return to work and health.

To contact Allianz if I wish to change my Nominated Treating Doctor. If a change is to occur, Allianz will forward a Change of Nominated Treating Doctor form to you for completion and return.

### **My Nominated Treating Doctor supports my commitment to Return to Work by completing the following actions:**

To respond to requests for medical information in a timely manner to ensure consideration for liability and treatment purposes.

To review < worker> regularly, provide recommendations on the appropriate treatment, maintain a return to work focus, and to assist with achieving return to work and health goals.

To provide a detailed and evidence-based assessment of <worker>'s work capacity, documented on a workers compensation medical certificate, to help promote an early, safe and sustainable return to work.

To cooperate with <insert name of rehab company> in the return to work and health process.

### **My Employer agrees to commit to the following to enable me to achieve my Return to Work Goal:**

To submit all claim related documents to Allianz in an efficient and timely manner, contacting Allianz if there are any delays.

To regularly communicate with all parties in this Work Health Plan to ensure an early, safe and sustainable return to work and health.

To liaise with Allianz throughout the lifecycle of the claim, responding to enquiries within a timely manner as required.

To ensure that suitable duties offered are meaningful and in line with < worker>'s capacity for work as specified on the workers compensation medical certificate.

### **My Case Manager agrees to commit to the following actions to enable me to achieve my Return to Work Goal:**

To promptly process treatment approval requests and pay medical, treatment and rehabilitation accounts for reasonable services performed or conducted as a result of the workplace injury.

To obtain up-to-date medical and rehabilitation information to assist in the return to work and health process.

To arrange, when necessary, independent medical examinations to assist in the return to work and health process and provide a copy of any reports to the Nominated treatment Doctor and Injury Management Coordinator.

To monitor this Work and Health plan and ensure that all parties are meeting their obligations and are progressing towards the desired goal

**My Injury Management Coordinator agrees to commit to the following actions to enable me to achieve my Return to Work Goal:**

To ensure a Work and Health Plan is prepared and updated, either by Allianz or a rehabilitation provider, as per the requirements of the approved Injury Management Program.

To make all attempts to resolve a dispute in relation to injury management or this Work and Health Plan, including (if appropriate) the provision of informal mediation.

To ensure the return to work hierarchy is applied and injury management is implemented as per the approved Injury Management Program.

**My Rehabilitation Provider agrees to commit to the following actions to enable me to achieve my Return to Work Goal:**

To discuss the return to work hierarchy and goal setting for a gradual return to work plan.

To liaise with all parties in the Work Health Plan to ensure transparency and collaboration across the return to work and health process.

**Additional information:**

A Work and Health Plan is an 'Injury Management Plan' pursuant to section 143E of the *Workers Rehabilitation and Compensation Act 1988* and as per Allianz's approved Injury Management Program.

The *Workers Rehabilitation and Compensation Act 1988* requires a worker and the worker's employer to consent to an injury management plan. Agreement from other key stakeholders, including the Nominated Treating Doctor, is also encouraged.

The preparation of or giving of consent to an injury management plan, or the implementation of such a plan, is not an admission of liability in respect of any claim that may be made by the worker under the *Workers Rehabilitation and Compensation Act 1988*.

If a worker or the worker's employer does not take all reasonable steps to comply with any requirements of the approved injury management plan, the worker or the worker's employer may notify the Tribunal under section 143Q of the *Workers Rehabilitation and Compensation Act 1988* about the matter.

An Injury Management Coordinator (IMC) has been appointed to your claim as per section 143B of the *Workers Rehabilitation and Compensation Act 1988*. The IMC appointed to your claim is Insert IMC Name.











**Key Stakeholders and Agreement to Plan**

	Name & Phone	Consulted	Agreement to plan	Date of Agreement
<b>Worker</b>	Insert Name Insert Phone	<input type="checkbox"/> Yes		
<b>Employer Contact</b>	Insert Name Insert Phone	<input type="checkbox"/> Yes		
<b>Nominated Treating Doctor</b>	Insert Name Insert Phone	<input type="checkbox"/> Yes		
<b>Rehabilitation Provider</b>	Insert Name Insert Phone	<input type="checkbox"/> Yes		
<b>Allianz Case Manager</b>	Insert Name Insert Phone	<input type="checkbox"/> Yes		
<b>Injury Management Coordinator</b>	Insert Name Insert Phone	<input type="checkbox"/> Yes		



## 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.**

<p><b>STEP 1</b> (Employee)</p>		<p>The employee notifies their employer of their workplace injury. This notification may be given orally or in writing, and must be given as soon as practicable.</p>
<p><b>STEP 2</b> (Employer)</p>		<p>The employer advises the employee of their right to make a claim for compensation within 14 days of Step 1 and provides them with a Workers Compensation claim form if required. The employer notifies Allianz of the injury by <b>lodging an injury notification on-line*</b> or contacting Allianz using the contact methods above within three working days of Step 1.</p>
<p><b>STEP 3</b> (Employee)</p>		<p>The employee completes the Injured Worker's Report section of the claim form and lodges it with the employer, accompanied by a workers compensation medical certificate issued by an medical practitioner. The employee needs to nominate a primary treating medical practitioner in the space provided on the claim form.</p>
<p><b>STEP 4</b> (Employer)</p>		<p>Immediately upon receiving an employee's claim for compensation, the employer must complete the employer's section of the claim form and notify Allianz of the claim within three working days of receipt. The employer must submit the completed claim form and medical certificate to Allianz within five working days of receipt. The employer must commence payment of weekly compensation (this is on a without prejudice basis and regardless of whether liability is accepted).</p>
<p><b>STEP 5</b> (Allianz)</p>		<p>Upon receipt of the claim form and medical certificate, Allianz will assess the claim and in most cases advise all parties of liability determination within three working days.</p>
<p><b>STEP 6</b> (Allianz)</p>		<p><b>If liability is accepted</b> The Case Manager coordinates with the employee, employer and primary treating medical practitioner to return the injured employee to work as soon as possible.</p> <p><b>If liability cannot be determined without additional information</b> The Case Manager will notify the employer and the employee of the delay in determining liability and the reason why. The required additional information will be sought and a decision promptly made on receipt.</p> <p><b>If liability is not accepted</b> The Case Manager will notify the employer and the employee in writing and verbally that liability is in dispute and refer the claim to the Workers Rehabilitation and Compensation Tribunal for an initial hearing.</p>
<p><b>STEP 7</b> (Employee, Employer and Allianz)</p>		<p>A Work and Health Plan* needs to be developed if the employee is, or is likely to be totally or partially incapacitated for work for more than twenty eight (28) days. Employers are still able to develop and implement Return to Work Plans in accordance with their own injury management procedures. *A Work and Health Plan constitutes an <i>Injury Management Plan</i> in accordance with the Tasmanian Rehabilitation and Compensation Act 1988 and Allianz' approved Injury Management Program.</p>
<p><b>STEP 8</b> (Employer)</p>		<p>All accounts/wage reimbursements should be sent to Allianz for payment.</p>
<p><b>STEP 9</b> (Employee and Employer)</p>		<p>Allianz will keep in regular contact with the employer and injured employee to facilitate a prompt recovery and return to work of the injured employee. Assistance may be sought from specialist providers, such as injury management consultant, workplace rehabilitation experts or medical professionals.</p>
<p><b>STEP 10</b> (Allianz)</p>		<p>Allianz closes the claim.</p>

## **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)**