



## Workers' Compensation & Injury Management: A Guide for Workers



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## About WorkCover WA

WorkCover WA is the government agency responsible for overseeing the workers' compensation and injury management scheme in Western Australia.

This includes monitoring compliance with the *Workers' Compensation and Injury Management Act 1981*, informing and educating workers, employers and others about workers' compensation and injury management, and providing an independent dispute resolution system.

This publication is current at June 2021.

## Disclaimer

This publication contains information regarding workers' compensation and injury management. It is intended to provide general information only. You should not act or omit to act on the basis of anything contained herein. This brochure should be read in conjunction with the *Workers' Compensation and Injury Management Act 1981*. You should seek appropriate legal/professional advice about your particular circumstances.

For more information, visit the WorkCover WA website at [workcover.wa.gov.au](http://workcover.wa.gov.au). Workers' compensation legislation is also available from the Department of Justice website at [legislation.wa.gov.au](http://legislation.wa.gov.au)

# You and **workers'** compensation

An injury at work can have significant consequences for your personal and professional life. Workers' compensation laws in WA aim to minimise the impact of a workplace injury by ensuring injured workers are fairly compensated while they are unable to work, and assisted in their return to work following an injury.

## Your guide to workers' compensation and injury management

This booklet uses a three-step approach to help injured workers understand how the workers' compensation system operates in WA, how to best manage their claim for compensation and how to ensure the best possible outcome following an injury.

Additional information and supplementary resources for workers and employers can be accessed from the WorkCover WA website ([workcover.wa.gov.au](http://workcover.wa.gov.au)).

WorkCover WA's Advice and Assistance Service (Tel: 1300 794 744) can also provide further information and clarification on topics addressed in this booklet.





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## Understanding Workers' Compensation

### The Workers' Compensation Scheme

#### 1.1 What is workers' compensation?

Workers' compensation is financial compensation provided to workers who become injured or ill as a result of their work, and may include compensation to cover loss of earnings, permanent impairment, medical expenses, and workplace rehabilitation to assist them to return to work.

Any worker who suffers a work-related injury or disease requiring medical treatment or time off work is entitled to claim workers' compensation, regardless of who was at fault.

#### 1.2 Workers' compensation in WA

The workers' compensation scheme in Western Australia is administered by WorkCover WA in accordance with the *Workers' Compensation and Injury Management Act 1981* (The Act). The Act has two main purposes:

- ensuring workplace injuries are managed in a manner that enables a worker's prompt and safe return to work following an injury; and
- ensuring injured workers are compensated for lost wages, medical expenses and associated costs while they are unable to work.



## STEP 1

# Understanding Workers' Compensation

### 1.2.1 Rights and obligations under the Act

The rights and obligations of employers, workers and other key parties in the scheme are defined under the Act. By law, employers are required to have a current workers' compensation insurance policy covering all of their workers and a documented injury management system for their workplace. Employers must also ensure, in the event of an injury, that a workers' compensation claim is managed in accordance with conditions outlined in the Act.

WorkCover WA has introduced the *Insurer and Self-insurer Principles and Standards of Practice* and the *Workplace Rehabilitation Providers Principles and Standards of Practice* to ensure high standards of service are provided to employers and workers.

Other key parties in the scheme include insurers, doctors and workplace rehabilitation providers. Each party performs an important role in the workers' compensation process, working closely with employers and workers to minimise the impact of workplace injuries on all affected parties.

#### Workers' compensation insurance

Workers' compensation insurance protects workers and their employers from the financial impact of work-related injuries by compensating for the costs and expenses arising from a workers' compensation claim. In the event of an injury, an employer will liaise with their insurer in relation to assessment and management of a worker's compensation claim. However, there will be occasions where an injured worker may deal directly with the insurer; for example, in relation to medical reviews or payment of medical expenses.

## Workers' Compensation Claims

### 1.3 Am I eligible to claim workers' compensation?

You are entitled to claim workers' compensation if you sustain an injury during the course of your work, and you are defined by law as a worker. The definition of a worker under section 5 of the Act includes:

- full-time workers on a wage or salary
- part-time, casual and seasonal workers
- workers on commission
- piece workers

*and in some circumstances:*

- contractors and sub-contractors
- working directors

#### Important

If in any doubt as to whether the terms of your employment cover you for workers' compensation, call WorkCover WA's Advice and Assistance Service for guidance (Tel: 1300 794 744).



## STEP 1

### Understanding Workers' Compensation

#### 1.4 How do I make a claim?

To make a claim for workers' compensation, you will first need a medical practitioner to verify that the cause of your injury is work-related. If your treating doctor determines that your injury is work-related, they will issue you with a *Workers' Compensation First Certificate of Capacity*, which will outline the type and extent of your injury, your fitness to work, and any restrictions on work duties as a result of the injury. You and your employer will also need to complete a *Workers' Compensation*

*Claim Form*, which will provide details on where and when the injury occurred, the circumstances surrounding the injury and any contributing factors. Both documents are submitted to the employer's insurer, who will use the information provided to assess your eligibility to access workers' compensation entitlements. The claims process, including detailed information on how to initiate, manage and finalise your claim, is outlined in *Step 2: Managing Your Claim* (p.17 – 26).





## Workers' Compensation Entitlements

If your claim is accepted, you may be eligible to receive payments to compensate for loss of earnings, medical expenses, vocational rehabilitation, travel expenses and permanent impairment (if applicable).

### Prescribed Amount

Limits apply to the total amounts or value of compensation you can receive for different entitlements over the life of your claim. Maximum amounts are adjusted annually. For current amounts, speak to your employer's insurer or see the *Indexation of Workers' Compensation Payments* on the WorkCover WA website.

## 1.5 General entitlements

### Loss of earnings

Payments to compensate for loss of earnings are known as weekly payments; however, frequency of payments may be weekly, fortnightly or monthly, depending on how you are usually paid. The amount of compensation you receive in weekly payments will differ depending on whether you are employed on a full-time, part-time or casual basis, and whether you are employed under an industrial award or not (refer to the table on the following page). It is best to check with your employer or union about the conditions of your employment if you are unsure.

Regardless of your employment and award conditions, weekly payment amounts are capped at twice the average weekly earnings for an adult in WA. These figures are also available from the WorkCover WA website.

## STEP 1

### Understanding Workers' Compensation

Workers under an industrial award	Non-industrial award workers
<i>For the first 13 weeks, you will receive:</i>	<i>For the first 13 weeks, you will receive:</i>
<ul style="list-style-type: none"><li>the rate of weekly workers' compensation payments payable under your industrial award; plus</li><li>any over-award or service payment paid to you on a regular basis; plus</li><li>any overtime and bonus or allowance. (Overtime and any bonus or allowance paid will be the average earned over the period of 13 weeks to the time of incapacity).</li></ul>	<ul style="list-style-type: none"><li>an average of the payments (including overtime, bonuses or allowances) paid to you over the one year prior to your injury (in the same employment in which you were injured).</li><li>if you have been employed for less than one year, your earnings will be averaged over the period you were employed.</li></ul>
<i>From week 14 onwards, you will receive:</i>	
<ul style="list-style-type: none"><li>the rate of weekly workers' compensation payments payable under your industrial award; plus</li><li>any over-award or service payment paid to you on a regular basis; plus</li><li>any allowance paid on a regular basis and related to the number and pattern of hours worked; plus</li><li>any other allowance prescribed by the regulations. (Overtime, bonuses or other allowances are excluded).</li></ul>	<ul style="list-style-type: none"><li>your weekly payments will be reduced to 85% of your entitlement.</li></ul>

## Understanding Workers' Compensation

### Medical expenses

Medical expenses you can claim under workers' compensation include:

- first aid and ambulance
- medication
- medical or surgical attendance
- treatment by specialists
- dental
- physiotherapy
- chiropractic
- hospital treatment
- other treatments (including osteopathy, clinical psychology, occupational therapy, speech pathology and exercise-based programs)

If you require further medical treatment after reaching the set limit for medical expenses, you may lodge an application with WorkCover WA for an increase to your entitlement. Your social and financial circumstances will be taken into account when determining your eligibility.

### Important

Your employer's insurer is only required to pay 'reasonable' medical expenses up to the medical and allied health provider rates set by WorkCover WA. You should check the fees charged by your medical provider before commencing treatment as you will be responsible for covering any excess or 'gap' between these fees and set rates. Current rates are published on the WorkCover WA website.

## STEP 1

### Understanding Workers' Compensation

#### Workplace rehabilitation expenses

You are entitled to claim payments to cover the cost of workplace rehabilitation services if you need assistance with staying in or returning to work following an injury. More information on workplace rehabilitation is outlined under *Step 3: Managing Your Injury and Return to Work* (p.27 – 30).

#### Travel and other expenses

You can claim reimbursement for reasonable travel expenses associated with trips to and from your rehabilitation and medical treatments. If you live in a regional area, this entitlement may also include associated meals and accommodation expenses, within reason. You should keep a record and receipts of all expenses to ensure prompt reimbursement. Rates, fees and payments for travel expenses are set by WorkCover WA and available on the WorkCover WA website.





## 1.6 Compensation for permanent impairment

In addition to the statutory benefits previously outlined, an additional range of benefits, including lump sum compensation payments, are available to workers who sustain permanent impairment as a result of their work-related injuries. Eligibility for compensation, including the total amounts claimable, is based on an evaluation of a worker's whole of person impairment (WPI - expressed as a percentage) by an Approved Medical Specialist (AMS).

### Approved Medical Specialists (AMS)

Approved Medical Specialists (AMS) are medical practitioners accredited by WorkCover WA to evaluate the degree of whole of person permanent impairment (WPI) caused by a work-related injury. WPI assessments are usually conducted only when a worker's condition has stabilised and is unlikely to change. You are entitled to choose your own AMS for an evaluation. An AMS register, including contact details, is available on the WorkCover WA website.



## STEP 1

### Understanding Workers' Compensation



#### Exceptional circumstances medical payments

If assessed as having a WPI of 15% or more, you can claim up to an additional \$250,000 to cover exceptional circumstances medical payments. This amount is in excess of statutory medical payment entitlements. You should note that if you accept these payments, you automatically waive your right to pursue common law damages.

#### Specialised retraining programs

If you are unable to return to your pre-injury employment due to the nature and extent of your injury, you can claim payments to fund vocational training or tertiary education in an alternative trade or field of study. To qualify for specialised retraining, you must be assessed as having a permanent WPI of between 10% and 15%.

## Understanding Workers' Compensation

### Settlements

A lump sum compensation payment known as a Schedule 2 settlement is available to workers who have suffered a permanent impairment as a result of their injury. The amount of compensation payable depends on the specific nature and percentage of impairment.

### Common Law

In addition to the settlement options available through the statutory workers' compensation system, you may be eligible to pursue a claim for damages against your employer through the courts if you are assessed as having a WPI of 15% or more, and your injury was caused by your employer's negligence.





## STEP 1

# Understanding Workers' Compensation

### 1.7 Other types of compensation

#### Noise induced hearing loss (NIHL)

If you are exposed to noise levels about 90dB(A) or greater over the course of a typical 8-hour workday, your employer must arrange and pay for you to undergo a baseline hearing test within 12 months of your commencing employment. As a guide, 90dB(A) is roughly equivalent to the noise from an idling heavy truck at a distance of one metre. The baseline hearing test establishes your level of hearing when you start a new job. Following this test, you can make a request to your employer in writing to undertake a follow-up test every year.

If subsequent tests show a loss in your hearing of 10% or more, you may be able to claim compensation for noise induced hearing loss. For more information, refer to the *Guide to Noise Induced Hearing Loss*, available from the WorkCover WA website.

*Note: Compensation cannot be claimed for hearing loss which occurred before March 1991.*

#### Asbestos-related diseases

All claims for compensation in relation to pneumoconiosis, mesothelioma, lung cancer or diffuse pleural fibrosis are referred to the Industrial Diseases Medical Panel (IDMP) for determination. The panel operates independently, with WorkCover WA providing administrative support and funding. If you submit a claim for compensation for an asbestos-related disease, your employer has 14 days to notify WorkCover WA. WorkCover WA will refer the claim to the IDMP for determination. WorkCover WA's Advice and Assistance Service can provide further information about compensation for industrial diseases.

#### Compensation in the case of fatality

When a worker has died as a result of a work related injury, a claim for compensation can be made by the worker's dependant(s). For more information contact WorkCover WA's Advice and Assistance Service or visit the WorkCover WA website.



## STEP 2

### Managing Your Claim

#### The Claims Process

##### 2.1 Making a claim

The following steps should be taken following an injury at work:

- ☐ Seek first aid immediately, and report your accident or injury in accordance with your employer's incident reporting policy and procedures
- ☐ Make an appointment to see a doctor of your choice as soon as possible for treatment and assessment of your injury
- ☐ Ask your doctor to provide you with a *First Certificate of Capacity*
- ☐ Ask your employer for a Workers' Compensation Claim Form or download a copy from the WorkCover WA website
- ☐ Complete the worker section of the Claim Form and return this, along with your Certificate of Capacity, to your employer. Keep a copy of both documents for your records

- ☐ Your employer will need to complete their section of the Claim Form and submit the form, along with your Certificate of Capacity, to their insurer within 5 working days of receiving these documents from you.

A copy of the Claim Form and Certificate of Capacity is included at the back of this booklet.

#### Important

- You must make your claim as soon as practicable within 12 months from the onset of your injury.
- Keep copies of your Certificates of Capacity and Claim Form for your records and reference if required.
- The first point of contact for any claim specific queries should be your manager or supervisor at work.

## STEP 2

### Managing Your Claim

#### 2.1.1 Your first medical appointment

You should make an appointment to see a doctor of your choice as soon as possible after an injury. During this appointment, your treating doctor will assess your injury and issue you with a *First Certificate of Capacity* if they believe your injury is work-related. You should provide your doctor with all information relevant to your injury and ensure that the Certificate of Capacity is completed fully and accurately, as the information provided by your doctor on this certificate can have a significant bearing on the outcome of your claim. The Certificate of Capacity should:

- provide an objective diagnosis of your injury and limitations caused by the injury
- certify your fitness for work and any restrictions on duties you can undertake; and
- outline a plan for future appointments and any other proposed medical treatment.

You will be asked to sign a 'consent authority' on the Certificate of Capacity that will allow your treating doctor to discuss the claim and your injury with your employer and their insurer. If this authority is not signed, there may be delays in processing your claim.

#### Important

Employers and their representatives have no basis for being present during a worker's medical consultation. This applies even when the treatment is recommended or facilitated by the employer.



## 2.2 Claim assessment

Following receipt of documentation, a case manager allocated by your employer's insurer may contact you, your employer and your treating doctor for further information to determine liability and payment entitlements. The insurer has up to 14 days to advise you and your employer of their decision.

### 2.2.1 While your claim is being assessed

#### Medical expenses

You are responsible for covering the costs of medical treatment for your injury until a decision regarding liability is made by your employer's insurer. It is important that you keep all payment receipts during this time. These costs (minus any 'gap') will be reimbursed if your claim is accepted.

#### Optional leave payments

While waiting for a decision on a claim, you may wish to discuss with your employer the option to have your accrued leave, such as annual or sick leave, paid to you if you are unable to work during this time. When considering this option, you should note that:

- leave payments are not an alternative to workers' compensation
- accepting leave payments is voluntary and will not affect your workers' compensation entitlements in any way; and
- leave entitlements will be credited back to you if your claim is accepted.

## STEP 2

### Managing Your Claim

#### 2.3 Claim outcomes

Your employer's insurer is required to advise you and your employer in writing within 14 days if a claim has been accepted, disputed or is still undecided (pending). The insurer will provide a claim number which should be quoted in all related correspondence. If no response is received from the insurer within 14 days, you or your employer may refer the matter to WorkCover WA to determine liability.

- **Accepted** - Workers' compensation entitlements commence.

If your injury prevents you from working, your employer must commence making income replacement payments (weekly payments) as soon as advised to do so by their insurer.

- **Disputed** - No compensation will be paid.

The insurer will advise you and your employer of the reason. If you disagree with the decision, you should approach the insurer to have the matter heard under the insurer's internal dispute resolution

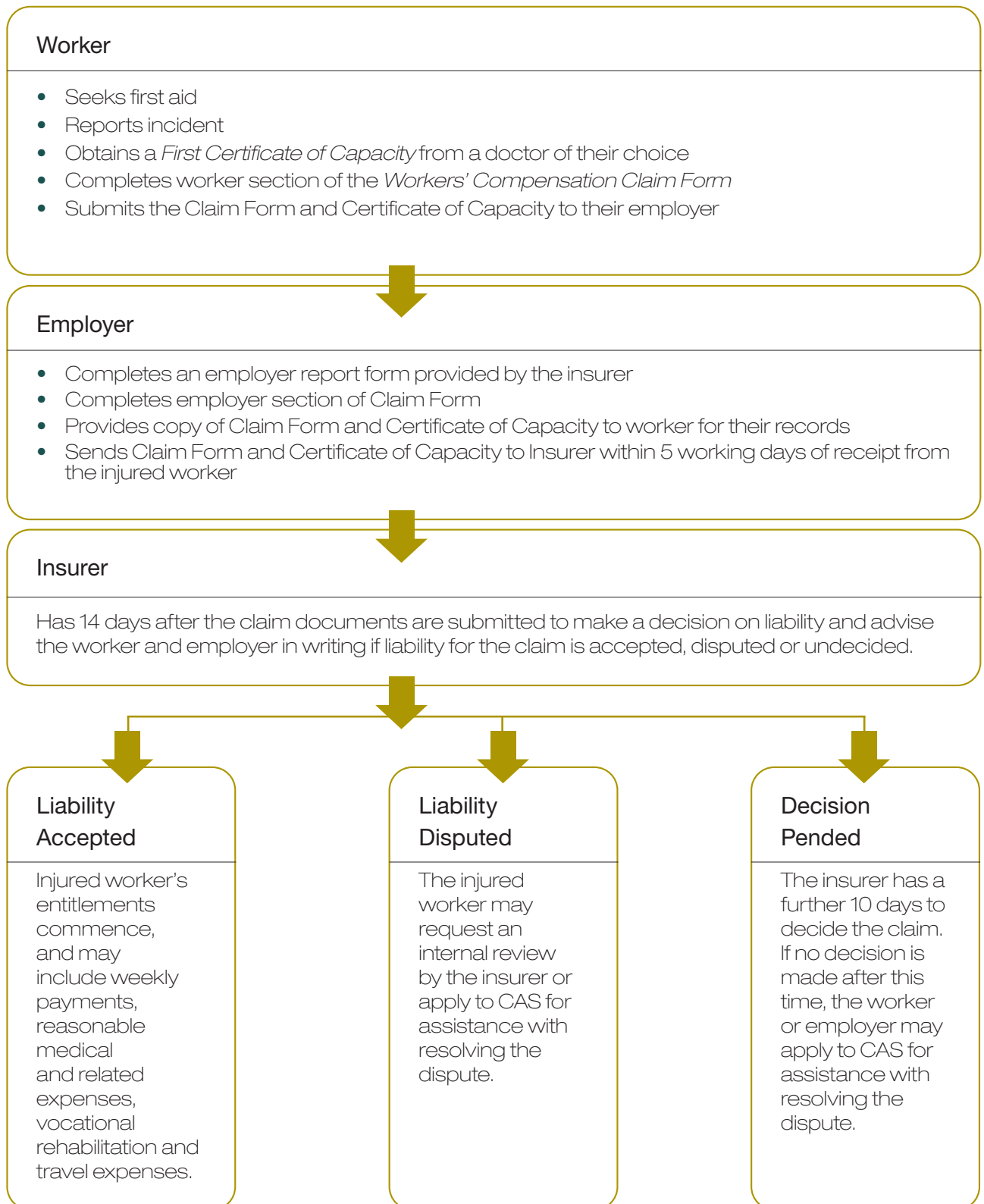
procedure. You may also apply to WorkCover WA's Conciliation and Arbitration Services (CAS) for assistance with resolving the dispute.

- **Decision Pending** - The claim is on hold pending further information.

The insurer has a further 10 days to make a decision or the claim is deemed to be in dispute, and you or your employer may lodge an application with CAS for assistance.







The Claims Process - Roles and Responsibilities

## STEP 2

### Managing Your Claim

#### Receiving Compensation

##### 2.4 Weekly payments

If your claim is accepted and your doctor certifies that your injury requires you to take time off work, you are entitled to receive payments from your employer to compensate for lost income. Your employer's insurer will calculate the weekly payment entitlements due to you and advise your employer of the correct payment amounts to make. Your employer must commence making payments as soon as notified by the insurer and pay you on your usual payday. Penalties apply for employers who do not make payments on time. See *Loss of earnings* (p.9 – 10) for more information on weekly payment entitlements.

##### 2.4.1 When do weekly payments cease?

Your employer is required to continue making weekly payments to you until advised by their insurer or WorkCover WA. Commonly, payments will cease if and when:

- you have reached the limit on your workers' compensation weekly payment entitlements (up to the Maximum Payment)
- you give your consent for payments to cease
- you return to your pre-injury duties with no restrictions
- your workers' compensation claim is finalised through a settlement; or
- you elect to pursue a common law claim.

In addition, your employer may apply to WorkCover WA to suspend or cease your weekly payments if you:

- do not comply with your Return to Work Program
- fail to attend a medical review arranged by your employer or their insurer; or
- are in prison.

## STEP 2

### Managing Your Claim

#### 2.5 Medical treatment and expenses

Most reasonable medical costs relating to your workers' compensation claim are covered while you are receiving workers' compensation.

When your claim has been accepted, forward all accounts and invoices relating to medical treatment and other approved workers' compensation entitlements to your employer, or their insurer, as soon as possible.

Alternatively, the insurer may have a billing arrangement in place with your doctor or other health provider.

You may be responsible for the cost of your own medical treatment before your claim is accepted. You can forward these costs to your employer, or their insurer, once your claim is accepted. Timeframes for insurers to make reimbursements are set out in the *Insurer and Self-insurer Principles and Standards of Practice*.

Not all medical practitioners and allied health providers charge according to the scheduled workers' compensation fees, so it is important to ask your health provider about any gap payments, prior to making an appointment.

##### 2.5.1 Medical reviews

You have the right to see a doctor of your choice for treatment and management of your injury. However, your employer or their insurer may refer you to a medical practitioner for a review or second opinion. An appointment will be made for you by the insurer, and you will be advised of the time and date of the appointment. If you fail to attend this appointment without a reasonable excuse, your ongoing payment entitlements may be affected.

You will not be required to attend a medical review more than once over a two-week period or at any time other than during reasonable hours.



## STEP 2

### Managing Your Claim

#### 2.5.2 AMS assessments

In some circumstances, you may need to see an Approved Medical Specialist (AMS) for evaluation and further assessment. Evaluation by an AMS may be required if you and your employer disagree on the level of impairment caused by your injury or if you wish to:

- make a claim for damages at common law (see page 26)
- apply for exceptional circumstances medical payments (see page 14)





## STEP 2

### Managing Your Claim

#### Settling Your Claim

The majority of workers' compensation claims conclude with an injured worker's full recovery and return to work. However, you may be entitled to seek settlement of your claim by payment of a lump sum amount through the statutory or common law systems.

A settlement finalises your workers' compensation claim. If you enter into a settlement, you will not be entitled to any further compensation for your claim, which includes medical expenses and incapacity (weekly) payments. Before deciding on a settlement option, you should seek independent legal advice or contact WorkCover WA's Advice and Assistance Service for more information.

#### Important

Accepting a settlement may affect your other benefits such as Centrelink, tax or private health insurance, so it is important you speak to your benefit providers before making a final decision.



## STEP 2

### Managing Your Claim

#### 2.6 Common law claims

In addition to the settlement options available through the statutory workers' compensation system, you may elect to pursue a claim for damages against your employer through the courts. Unlike the 'no fault' workers' compensation system, you must be able to prove that your injury was caused by negligence or other fault of your employer. The following legislative criteria must be met in order to pursue a common law claim:

- **Impairment** – you must have an assessed permanent impairment of 15% WPI or more.
- **Election** – you must lodge an *Election to Retain Right to Seek Damages Form* (available from the WorkCover WA website).

#### Important

Common law claims are complex and may affect your statutory workers' compensation entitlements. It is strongly recommended that you seek independent legal advice before electing to pursue a common law claim.

#### Resolving Disputes

If a dispute occurs that cannot be resolved with your employer's insurer, you or your employer may apply to WorkCover WA's Conciliation and Arbitration Services (CAS) for assistance with resolving the dispute. CAS provides a fair and cost-effective system for resolving disagreements over workers' compensation or injury management issues. For more information, refer to the publication *What happens if there is a dispute?*, available from the WorkCover WA website.

## Managing Your Injury and Return to Work

### Injury Management

#### 3.1 Roles and responsibilities

##### 3.1.1 Your employer

All employers are required by law to have a documented Injury Management System in place to facilitate an injured worker's early recovery and safe return to work. An Injury Management Coordinator nominated by the employer will have day-to-day responsibility for the Injury Management System and will usually act as a worker's point of contact during their recovery. In addition to their legal responsibilities, your employer should maintain ongoing communication with you, your doctor and the insurer, and provide you with ongoing support with your claim and injury management.

##### 3.1.2 Your doctor

Following the initial diagnosis of your injury, your doctor will recommend a program of treatment and monitor changes in your condition over the course of your treatment, making modifications to your treatment program as required. Periodically, your doctor will issue you with a *Progress Certificate of Capacity* and other written notice to keep your employer and their insurer updated on your progress, ongoing treatment requirements and capacity to return to work.



## STEP 3

### Managing Your Injury and Return to Work

#### 3.1.3 You

Your cooperation with your doctor and employer, and active involvement in the management of your injury will be a key factor in your recovery and safe return to work.

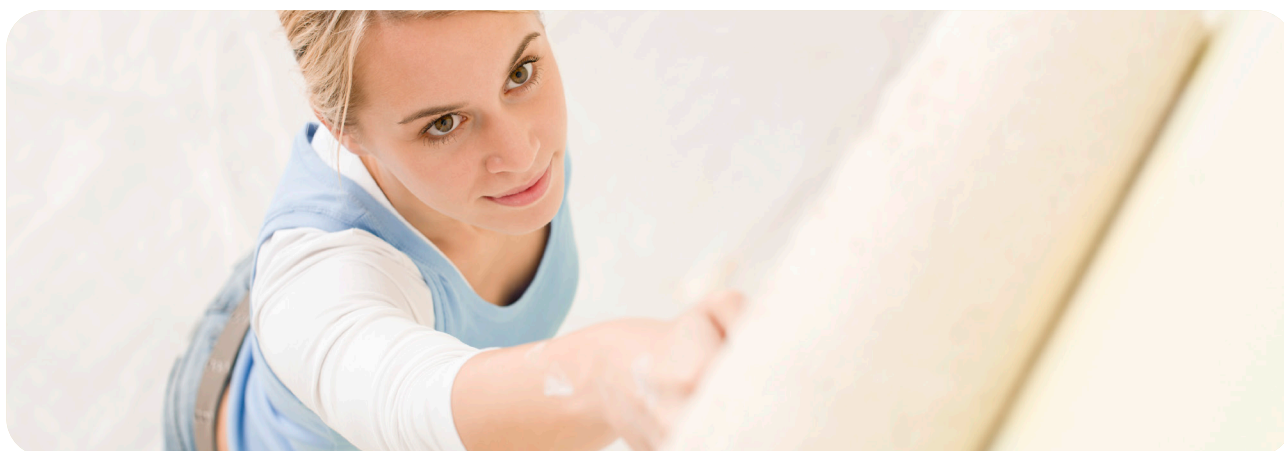
#### **Follow your recommended treatment program**

While you are recovering from an injury, it is essential that you see your doctor regularly and follow the program of treatment recommended for your injury. You may also be required to attend other medical appointments as required or arranged by your employer or their insurer. If you are unable to attend an appointment for any reason, ensure that you provide sufficient notice and make alternative arrangements.

#### **Stay active and positive**

A positive frame of mind can have a big impact on your healing and recovery. It helps to:

- stay in touch with your work mates
- talk to your manager about alternative suitable duties if your doctor assesses you as partially fit to return to work
- stay active by continuing with your usual activities as much as you can
- accept help from family and friends; and
- focus on what you can do rather than what you can't do.





## Managing Your Injury and Return to Work

### Returning to Work

Research shows that an early return to work, even on restricted duties, is an important step in your recovery and the best possible outcome for injured workers. It is important for you to work together with your employer, their insurer and your treating medical practitioner to facilitate this outcome. Your doctor will advise you and your employer when you are able to return to work and any conditions you should observe on your return.

#### 3.2 Maintaining your employment

In some cases, the severity or type of injury may keep you away from work for weeks or even months. During this period, your employer is obliged to keep your original position available for you for 12 months following an injury.

If on your return to work, the position is no longer available or you can no longer perform the role, your employer must provide you with a position that is comparable in status and pay, and that you are qualified and capable of performing. Your employer will consult with you and your treating doctor to decide on appropriate alternative duties.

If your employer wishes to terminate your employment during the

12 month period, they must give you and WorkCover WA 28 days written notice of their intention to do so. WorkCover WA may undertake further investigation to determine if there has been a breach of your employer's legislative obligations in relation to maintaining your employment.

If you commence another job during this time, you must provide written notice to your employer within 7 days of commencing employment.

#### 3.3 Returning to modified duties

If the nature of your injury is likely to require modifications, restrictions or a permanent change to your duties, your doctor may indicate the need for a documented Return to Work Program. Your employer is required to work with you and your doctor to develop a program with the agreement of all parties.

## STEP 3

### Managing Your Injury and Return to Work

The Return to Work Program must be in writing and include:

- ✓ your name and the name of your employer
- ✓ a description of the goal for the Return to Work Program
- ✓ the actions to be taken to enable you to return to work and who is responsible for those actions
- ✓ a signed statement that you agree to the content of the program.

#### 3.3.1 Approved Workplace Rehabilitation Providers

An Approved Workplace Rehabilitation Provider (AWRP) may assist you and your employer if you have difficulty in identifying suitable duties, or if there are other barriers affecting your return to work.

An AWRP can assist the employer and injured worker if there are problems with the return to work process. AWRPs are approved by WorkCover WA and have the appropriate qualifications, experience and expertise to provide relevant services based on the assessed needs of the worker and the workplace.

A list of AWRPs is available on the WorkCover WA website or by calling the Advice and Assistance Service.

The service expectations for workplace rehabilitation providers are set out in the *Workplace Rehabilitation Providers Principles and Standards of Practice*.

#### Important

If you do not participate in an agreed Return to Work Program, your employer may lodge an application with CAS for an order to reduce or even stop your weekly payments.

# ROLES AND RESPONSIBILITIES

## SNAPSHOT

### Injured Workers

#### Making a claim:

- ✓ report your injury to your employer immediately
- ✓ see a doctor of your choice as soon as possible to obtain a *First Certificate of Capacity*
- ✓ check with your health provider about charges and any potential 'gap' payments, as not all providers charge according to the scheduled workers' compensation fees
- ✓ complete the *Workers' Compensation Claim Form*
- ✓ lodge the Claim Form and Certificate of Capacity with your employer; and
- ✓ attend a medical examination, if requested by your employer.

#### Injury management and return to work:

- ✓ participate in your agreed Return to Work Program
- ✓ carry out the agreed actions as outlined in the program to the best of your ability
- ✓ immediately inform your employer and/or Injury Management Coordinator if you experience any difficulties carrying out any of the activities in your program
- ✓ continue to attend medical and other treatment appointments as required
- ✓ choose an Approved Workplace Rehabilitation Provider if required; and
- ✓ provide written notice to your employer within 7 days of commencing work with another employer



# Roles and Responsibilities

## Employers

### Following a claim:

- ✓ submit the completed Claim Form and Certificate of Capacity to their insurer within five working days of receiving these documents from you
- ✓ provide you with contact details of their insurer if you wish to contact them directly
- ✓ talk to you about paying any sick, holiday, or long service leave in lieu of your weekly wages while your claim is being assessed and you are unfit for work; and
- ✓ commence making weekly payments to you as soon as notified by the insurer

### Injury management and return to work:

- ✓ have an Injury Management System in place
- ✓ work with you and your doctor to develop a suitable return to work program if required
- ✓ refer you to an AWRP if there is a problem with the return to work process
- ✓ where reasonably practicable, keep your position available for 12 months following injury
- ✓ provide you with a position that is comparable in status and pay if you are unable to perform your pre-injury duties; and
- ✓ give you and WorkCover WA 28 days' notice in writing if they intend to terminate your employment

## Medical Practitioners

### Following a claim:

- ✓ assess your injury and provide an initial diagnosis
- ✓ provide you with a completed *First Certificate of Capacity*
- ✓ provide advice on work restrictions that may apply to you; and
- ✓ provide ongoing Certificates of Capacity or other written notice advising your employer of your capacity for work and ongoing treatment requirements

### Injury management and return to work:

- ✓ review your progress on a regular basis and provide a *Progress Certificate of Capacity* at each review if you are not fully recovered from injury
- ✓ provide written advice indicating the need for a Return to Work Program if required
- ✓ work with you and your employer to develop suitable alternative duties that are safe and of equal status and pay; and
- ✓ provide a *Final Certificate of Capacity* once you are fully recovered

## Approved Workplace Rehabilitation Providers

### Injury Management and Return to Work:

- ✓ undertake an initial assessment; and
- ✓ discuss findings of the initial assessment with you and your employer and develop a service delivery plan if required





# Roles and Responsibilities

## Insurers

### Following a claim:

- ✓ make an informed assessment and decision on whether to accept or dispute your claim
- ✓ notify you and your employer of its decision within 14 days of your employer submitting the claim documentation
- ✓ keep you and your employer informed of important matters relating to the progression of your claim; and
- ✓ provide you with advice and guidance to ensure prompt reimbursement of your claim

### Injury management and return to work:

- ✓ work collaboratively with you and your employer to achieve positive return to work outcomes; and
- ✓ appoint the most appropriate AWRP in consultation with you and your employer



## WorkCover WA - FIRST certificate of capacity

### 1. WORKER'S DETAILS

First name	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Address	<input type="text"/>		

### 2. EMPLOYMENT DETAILS

Worker's job title	<input type="text"/>	Employer's name	<input type="text"/>
Employer's address	<input type="text"/>		

### 3. CONSENT AUTHORITY

I consent to any medical practitioner who treats me (whether named on this certificate or not) to discuss my medical condition with my employer, insurer and other medical or allied health professionals for the purpose of my claim for workers' compensation and return to work options.

Worker's signature	<input type="text"/>	Print name	<input type="text"/>
		Date	<input type="text"/>

### 4. WORKER'S DESCRIPTION OF INJURY

Date of injury	<input type="text"/>
What happened?	<input type="text"/>
Worker's symptoms	<input type="text"/>

### 5. MEDICAL ASSESSMENT

Date of this assessment	<input type="text"/>
Clinical findings	<input type="text"/>
Diagnosis	<input type="text"/>
The injury is consistent with worker's description of how injury occurred <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> uncertain	
The injury is: <input type="checkbox"/> a new condition <input type="checkbox"/> a recurrence of a pre-existing condition	

## 6. WORK CAPACITY

Worker's usual duties

Having considered the health benefits of work, I find this worker to have:

- ☐ **full capacity for work** from  ☐ but requires further treatment
- ☐ **some capacity for work** from  to  performing:
- ☐ pre-injury duties ☐ modified or alternative duties ☐ workplace modifications
- ☐ pre-injury hours ☐ modified hours of  hrs/day  days/wk
- ☐ **no capacity for any work** from  to  (outline clinical reason below)

Worker has capacity to:

(Please outline the worker's physical and/or psychosocial capacity – refer to explanatory notes for examples. Where there is no capacity for work, please provide clinical reasoning.)

- ☐ lift up to  kg
- ☐ sit up to  mins
- ☐ stand up to  mins
- ☐ walk up to  m
- ☐ work below shoulder height


## 7. INJURY MANAGEMENT PLAN

Activities/interventions	Purpose/goal (likely change in symptoms, function, activity and work participation)

I would like: ☐ more information about available duties ☐ a RTW program to be established  
☐ to be involved in developing the RTW program

Examples of injury management activities/interventions include:

- further assessment - diagnostic imaging, medical specialist consults, worksite assessment
- intervention - physiotherapy, clinical psychology, exercise physiology, prescribed medications, workplace mediation
- return to work planning - identify suitable duties, establish return to work program

## 8. NEXT REVIEW DATE

- ☐ Worker does not need to be reviewed again (FIRST and FINAL certificate of capacity)
- ☐ I will review worker again on  (if greater than 14 days, please provide clinical reasoning)

Comments

## 9. MEDICAL PRACTITIONER'S DETAILS

Name	<input type="text"/>	AHPRA no. MED	<input type="text"/>
Address	<input type="text"/>	Email	<input type="text"/>
Phone	<input type="text"/>	Signature	<input type="text"/>
Fax	<input type="text"/>	Date	<input type="text"/>

(Practice stamp – optional)

## Workers' Compensation Claim Form

### Insurer please complete

Insurer name  Estimated time off work:

Claim number  ☐ less than one day

ANZSIC Code  ☐ 1-4 work days (inclusive)

Policy number  ☐ 5-9 work days (inclusive)

WorkCover number  ☐ 10-20 work days (inclusive)

Has employer contacted medical practitioner? ☐ Y ☐ N ☐ more than 20 work days

☐ fatality

Date form received from employer

DATE STAMP

ASCO (office use only)

### Employer please complete

Name of policy holder/employer:

Trading as (if different to above):

Address:  Postcode:

Contact person name:  Phone No:  Email:

Address of injured worker's usual workplace or base:  Postcode:

Major activity of workplace (eg sheep farming, plumbing):

Date employer received the completed claim form from the injured worker:

Date employer received First Certificate of Capacity from the injured worker:

Date employer sent the claim form and Certificate(s) of Capacity to insurer:

### Worker please complete

Surname: <input type="text"/>	D.O.B. <input type="text"/> <input type="checkbox"/> Male <input type="checkbox"/> Female
Other names: <input type="text"/>	Preferred language (if not English) <input type="text"/>
Address: <input type="text"/>	At the time of the injury I was working as a: <input type="checkbox"/> direct employee <input type="checkbox"/> sub contractor <input type="checkbox"/> working director <input type="checkbox"/> visa worker <input type="checkbox"/> contractor <input type="checkbox"/> other <input type="checkbox"/> employee of contractor If other, please specify: <input type="text"/>
Suburb/City/Town: <input type="text"/> Postcode: <input type="text"/>	
Email: <input type="text"/>	
Daytime contact phone no: <input type="text"/>	
Occupation (eg first class welder) <input type="text"/>	
Main tasks/duties performed (eg welding of high pressure steam pipes) <input type="text"/>	
<input type="checkbox"/> full time (F) <input type="checkbox"/> part time (P) <input type="checkbox"/> permanent (P) <input type="checkbox"/> temporary (T) <input type="checkbox"/> casual (C)	

### Other Employment

If more than one employer, please attach details on separate sheet

Do you have any other job? ☐ Y ☐ N If yes, please give details:

Employer name:  Phone no:  Hours per week:

### Occurrence details

Attach separate sheet if more space is required

Day of occurrence: eg Monday <input type="text"/>	Date of occurrence: <input type="text"/>	Time of occurrence: <input type="checkbox"/> AM <input type="checkbox"/> PM
At what address did the occurrence happen? <input type="text"/>		
Did you have to stop working? <input type="checkbox"/> Y <input type="checkbox"/> N	If so when? Date: <input type="text"/>	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Were you: <input type="checkbox"/> working – at your normal workplace <input type="checkbox"/> on work break – at normal workplace <input type="checkbox"/> working – away from normal workplace <input type="checkbox"/> on work break – away from normal workplace <input type="checkbox"/> working – road traffic accident commuting/journey <input type="checkbox"/> other duty status	Describe the occurrence. Include: (i) What action was involved (ie fall, struck by object) (ii) What object/machine/substance was involved (ie fumes, door frame) (iii) The most serious injury or disease caused (ie fracture, burn, abrasion) (iv) The bodily location of the injury or disease (ie upper arm, eye)	WorkCover WA Staff Only Mechanism Agency Nature Bodily location

**Worker please complete****Occurrence report – Describe how it happened**

Attach separate sheet if more space is required

Where did the occurrence happen? (ie store room, machinery shop)	
What were you doing at the time of the occurrence?	
What were the normal working hours for that day? Starting time:	<input type="checkbox"/> AM <input type="checkbox"/> PM Finish time: <input type="checkbox"/> AM <input type="checkbox"/> PM
When did you first report the occurrence? Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
Who did you report the occurrence to?	
Name: _____	Position: _____ Phone No: _____
If you didn't report the occurrence immediately, please state the reason if any:	
Please provide the name and daytime contact phone number of witnesses of the occurrence:	
1. Name: _____	Phone No: _____
2. Name: _____	Phone No: _____

**Medical help/history – this occurrence**

Attach separate sheet if more space is required

When did you first seek medical attention? Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM
If not immediately, please state the reason: _____	
Was the part of the body affected by this occurrence healthy before this occurrence? <input type="checkbox"/> Y <input type="checkbox"/> N	
If not, please give details: _____	
Is the present injury completely related to this occurrence? <input type="checkbox"/> Y <input type="checkbox"/> N If not, please give details: _____	
Please give details of any similar injury prior to this occurrence: _____	
Name and contact details of your usual medical practitioner and any health provider who has treated you for a similar injury:	
Name: _____	Address: _____ Phone no: _____

**Other/Previous claims**

Attach separate sheet if more space is required

Are you claiming compensation from any other source? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, from whom? _____	
Have you had any similar or related workers' compensation claims? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please give details: _____	
Name of Employer: _____	Address: _____
Name of insurer (if known): _____	Type of injury or disease: _____

**Worker's declaration**

I solemnly and sincerely declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief. I take notice that, under the provisions of section 59(2) of the *Workers' Compensation and Injury Management Act 1981*, I am required to notify my employer in writing within 7 days if I commence work with another employer after making a claim, or while receiving weekly payments of workers' compensation.

Dated this: _____	day of: _____	Year: _____
Signature of worker _____	Signature of witness _____	
Consent authority (to be signed at the option of the worker) I authorise any doctor who treats me (whether named in this certificate or not) to discuss my medical condition, in relation to my claim for workers' compensation and return to work options, with my employer and with their insurer.		
Dated this: _____	day of: _____	Year: _____
Signature of worker _____	Signature of witness _____	

**Consent authority – to be signed at the option of the worker**

I consent to my employer's insurer and its appointed service providers collecting personal information, inclusive of sensitive information such as medical information about me and using it for the purpose of assessing and managing my workers' compensation claim, including determining liability and whether my claim is true. This consent extends to my employer's insurer disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing my claim. My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to my employer's insurer disclosing my personal details to WorkCover WA which is authorised to use this information to fulfil its functions and obligations under the *Workers' Compensation and Injury Management Act 1981*. I have read all the information on this form regarding the consent authority and I consent to the Insurer dealing with my personal information in the manner described.

Signed _____	Witness signature _____
Print your name _____	Witness print name _____
Date _____	Date _____

**IMPORTANT: FAILURE TO PROVIDE YOUR SIGNATURE ON EITHER THE DECLARATION OR THE CONSENT AUTHORITIES MAY DELAY A DECISION BY THE INSURER ON YOUR CLAIM**



# Toolbox: Resources for Workers

WorkCover WA produces a range of publications and other resources to assist employers and their workers in meeting their workers' compensation obligations under the Act. All publications and forms can be accessed at [workcover.wa.gov.au](http://workcover.wa.gov.au) or by calling WorkCover WA's Advice and Assistance Service on 1300 794 744.

## Publications



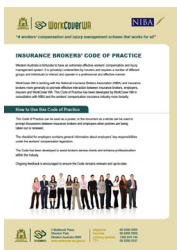
### Injury Management: A Guide for Employers

Detailed information, templates and strategies on developing injury management systems and return to work programs in accordance with the Act.



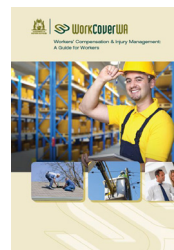
### A technical note on Contractors and Workers' Compensation

Detailed information to clarify liability and legal obligations in relation to contractors and sub-contractors.



### Insurance Brokers' Code of Practice

A best practice guide and reference for insurers and employers when dealing with a workers' compensation insurance broker.



### Workers' Compensation and Injury Management: A Guide for Workers

A comprehensive guide to assist injured workers through the compensation process, injury management and return to work.



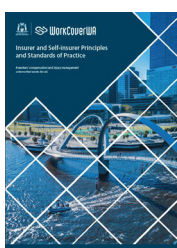
### A guide to Noise Induced Hearing Loss

Important information for employers and workers exposed to high noise levels in their workplace environments.



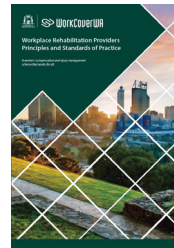
### What happens if there is a dispute?

A guide to resolving disputes that may arise between the various parties in the workers' compensation process.



### Insurer and Self-insurer Principles and Standards of Practice

Outlines WorkCover WA's service expectations for insurers and self-insurers.



### Workplace Rehabilitation Providers Principles and Standards of Practice

Outlines WorkCover WA's service expectations for workplace rehabilitation providers.



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