



EML IfNSW

Injury Management
Program

we help people get their lives back

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Legal disclaimer

This document is provided by EML IfNSW for use by EML IfNSW employees and customers.

This has been designed to provide information to assist injury management and provide general guidance in relation to employer obligations in accordance with those set by the NSW Nominal Insurer and Workers Compensation legislation.

This document was last updated 16 March 2021 and will be reviewed annually and as required.

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1. Injury management program

1.1. About EML IfNSW

We Help People Get Their Lives Back

For over 100 years, EML has been helping Australians get their lives back after workplace injuries.

As one of Australia's oldest and most respected providers of workers compensation, we're proud of our achievements to date.

Since our foundation in 1910 we've maintained a singular vision; to dedicate our services to improving work health and safety for the benefit of our members, workers and the broader community in which we support.

As the only workers compensation mutual in Australia we operate solely for the benefit of our employer members. We reinvest part of our profits back into Member Benefits, providing our members with access to a range of tools and services, designed to help them prevent and reduce workplace injuries.

Our story is one that has been shaped by the many lives we have touched and helped along the way.

It is one that will continue to evolve, as we continue to play a leading role in making workers compensation easy for those we support.

Looking to the future, you can count on us to keep doing what we do best – delivering outstanding customer service and advice to **help people get their lives back**.

1.2. Our Customer Commitments and Service Standards

Our Customer Commitments and Service Standards provide EML with a national standard of excellence in service delivery that ensures our customers, who are at the heart of our business, understand how important they are to us.

Customer Commitments

- We will Listen
- We will Work with our Customers
- We will Guide

EML Service Standards

Our [service standards](#) align with our customer commitments and were developed with feedback from our customers and our people.

Commitment

- *Early Customer Contact*- We know that early and timely assistance is important and will contact you promptly to understand your needs.
- *Customer Privacy*- We take your privacy seriously. We may record our calls with you for coaching purposes and we will let you know when this happens.

- *Ongoing Customer Commitment*- We will speak to you regularly to ensure we can help you when you need it.
- *First Call Resolution*- We will make every effort to resolve your query the first time you call.

Support

- *Customised Interaction*- We will communicate with you the way it suits you.
- *Connect Customers to Support Services*- We look at all options to help people get their lives back.

Feedback

- *Seek Customer Feedback*- Your feedback is important to us and helps us improve our services.
- *Learn from Feedback*- We take your feedback seriously and use it to continually review our services and improve your experience with us.

Communication

- *Customer Service Response Time*- We know your time is important. We will always respond to your queries as soon as possible and let you know if we need longer.
- *Quality Customer Interaction*- We know the claims experience can be complicated. We will help you understand each step and what it means for you.

We provide training and ongoing support to our people, ensuring that they do the best job they can for our customers.

1.3. Our Injury Management Program

As a Claims Manager for icare Insurance for NSW and the State Insurance Regulation Authority (SIRA), EML IfNSW is required to 'establish and maintain an Injury Management Program and must revise its injury management program from time to time (in accordance with Section 43 of the *Workplace Injury Management and Workers Compensation Act 1998*).

An Injury Management Program is defined by Section 42 as 'a coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, retraining, claims management and employment practices) to achieve optimal results in terms of timely, safe and durable return to work for workers'. This program details our approach to claims and injury management and will serve as a guide to enable our policy holders to align their own Return to Work (RTW) Program with the obligations and processes outlined in this document.

This Injury Management Program focuses on:

- Ensuring compliance with the legislative requirements.
- Assisting our employers to provide a safe workplace and promote the health, safety and welfare of their employees.
- Ensuring workers receive individual, prompt, proactive and effective treatment and management of their injuries to ensure a sustainable return to or recovery at work.
- Compliance with all legislative and regulatory requirements.

EML IfNSW manage claims for exempt and non-exempt workers and our case management practices reflect the required differences in application based on relevant legislation.

2. Working with you

2.1. EML IfNSW Obligations

EML IfNSW have responsibilities and obligations when managing claims under the Workers Compensation Legislation. These include:

Helping everyone to understand their obligations and we do this by:

- Establishing this Injury Management Program and keeping it up to date in accordance with legislative requirements.
- Making sure the Injury Management Program is available to all stakeholders.

We do this through consultation and communication with all stakeholders throughout the life of the claim:

- Within three working days of being notified that a worker has sustained a significant injury (where they are unable to perform their pre-injury duties for 7 or more calendar days), contact the employer, worker and (where necessary) the Nominated Treating Doctor (NTD) to discuss the claim. Subsequently, EML IfNSW must develop an Injury Management Plan tailored specifically for the worker in line with timeframes outlined in this Injury Management Program.
- Consult with the worker, employer and NTD as well as any required Third-Party Service Providers in the development of the worker's Injury Management Plan.
- Provide the worker, employer and NTD as well as any required Third-Party Service Providers with information on the Injury Management Plan initially and as the plan progresses.

Inform the worker of their rights and benefits under the Scheme:

- Have procedures in place for a worker to change their NTD and inform the worker of these requirements.
- Consult with the worker, employer and NTD when referring to a Workplace Rehabilitation Provider. Advise the worker that they can choose a Workplace Rehabilitation Provider and inform the worker of the process to be followed when changing a Provider.
- Ensure Vocational Programs are used appropriately and provide workers with assistance to obtain employment with a new employer if it is identified that a return to pre-injury duties or provision of suitable work with the old employer is no longer possible.
- Ensure accuracy of payment of weekly compensation payments in accordance with the pre-injury wage pattern as advised by the employer and legislative requirements.
- Provide workers with information about their weekly compensation payments and entitlements and how they may change over time, providing suitable notice of changes.

2.2. Obligations as an Employer

Under NSW workers compensation legislation, all employers are required to have workers compensation insurance.

Immediately after a workplace injury has occurred, it is essential the employer becomes actively engaged and is supportive of the return to work process. Various studies have proven that where an employer is interested and involved in the return to work process the return to work outcome will be significantly better, lowering the cost of claim.

Employers who have a policy with EML IfNSW are to:

- Ensure the health, safety and welfare of all Employees at work.
- Participate and comply with the requirements of EML IfNSW's Injury Management Program.
- Establish their own RTW Program in accordance with SIRA requirements and make details available to all Employees.
- Review and update their own RTW Program at least every two years to ensure it is amended in accordance with any potential legislation changes.
- Maintain a 'Register of Injuries' in which workers record details of work-related injuries.

When an injury occurs:

- Notify EML IfNSW within 48 hours of any work-related injury or illness to a Worker utilising online claim notification, phone, fax or hard copy claim form.
- Instigate and facilitate the rehabilitation process of a worker.
- Work with EML IfNSW to develop and provide a RTW Plan within 5 days of injury notification.
- Participate and comply with obligations of the worker's Injury Management Plan.
- Provide suitable work (as far as reasonably practicable) when a worker is able to RTW, either on a full time or part time basis.
- Provide suitable work that is (as far as reasonably practicable) the same as or equivalent to the work being performed at the time of the injury.
- Collaborate with the worker, EML IfNSW and any other Third-Party Service Provider to provide suitable work options in accordance with certified work capacity.
- Understand the rights and responsibilities of all stakeholders.
- If unable to provide suitable employment, to a worker who has the capacity for work, notify EML IfNSW immediately so that we can provide further assistance.
- Adhere to the relevant privacy laws when collecting and handling personal information of workers.
- Retain accessible records of all relevant communication with key stakeholders.

2.3. Obligations as a Worker

- Engage in safe work practices to prevent workplace injuries to themselves and co-workers.
- Notify the employer of an injury or illness within the workplace as soon as practicable.

After a workplace injury:

Workers must also comply with obligations defined by the Injury Management Program to enable proactive case management and injury management to commence as soon as possible. Such actions include:

- Actively engage with EML IfNSW and the employer to facilitate recovery at work
- Participate and cooperate in the establishment of an Injury Management Plan if the injury is significant.

- Designate an NTD to direct medical management and participate in Injury Management and return to work planning.
- Comply with return to work obligations and make reasonable efforts to return to work in suitable employment or pre-injury employment at the worker's place of employment or at another place of employment.
- Authorise the NTD to provide all relevant information to EML IfNSW or other key parties.
- Adhere to the capacity advised by the NTD both at work and away from the workplace.
- Comply with legislative obligations to ensure prompt payment of benefits.

Throughout the life of the claim:

- Keep EML IfNSW and the employer informed of progress and report changes in capacity for work immediately.
- Report any issues with the Injury Management Plan or Suitable Employment provided immediately to the employer, EML IfNSW and if required the Workplace Rehabilitation Provider.
- Attend relevant appointments with Medical Practitioners, Treatment Providers and Workplace Rehabilitation Providers for any medical examinations or assessments arranged.
- Actively participate and cooperate in assessments for the determination of capacity for work
- Comply with requests made by EML IfNSW within seven days (this may include, although is not limited to, obtaining a certificate of capacity or completing a claim form).
- Seek suitable employment with an alternative employer if medical evidence and/ or certified capacity does not support a return to pre-injury duties.

It should also be noted that failure to reasonably comply with such requirements and the RTW Plan may result in the suspension of the entitlement to weekly compensation payments.

2.4. Responsibilities of the Nominated Treating Doctor (NTD)

- Actively participate in the responsibilities outlined in the worker's Injury Management Plan.
- To support the worker to return to, and where possible to recover at work, through appropriate clinical intervention and management.
- To contribute to return to work and recover at work planning in collaboration with everyone involved in the worker's return to work. This includes EML IfNSW, the employer, other treatment providers and the Workplace Rehabilitation Provider.
- Provide updated Certificates of Capacity in line with legislative requirements and at intervals not greater than 28 days.

2.5. How We Keep Stakeholders Informed

The worker, employer and Third Party Service Providers are all able to access and view this Injury Management Program on our website: www.eml.com.au

All parties are informed of their obligations through the following strategies:

- For employers – EML IfNSW engage with the Agencies regarding proactive return to work and injury management strategies as required, and in accordance with the agreed schedule in each Business Profile.

The Business Profile outlines the key injury management communication practices between EML IfNSW and Agencies of: early contact within 3 business days of notification to commence recovery and return to work planning, discussion of potential suitable duties based on Agency provided job descriptions and potential suitable duties lists, as well as joint case conferences with the worker, NTD and treatment providers (as required). EML IfNSW regularly engage in strategic claim review forums with each Agency to agree claims management strategies to progress the worker's return to health.

- During completion of 'initial contact' following a claim, all parties are informed of the workers compensation process, service approval requirements and their obligations.
- As part of development of the Injury Management Plan (IMP) in the case of a significant injury. The IMP outlines all stakeholders' legislative and specific requirements during the workers compensation and return to work processes.

3. How we help you manage your claim

3.1. EML IfNSW Case Management Model

EML IfNSW's Case Management Model is the framework which forms the foundation of our approach to Case Management. The framework is standardised and consists of prescribed activities and review points throughout the lifecycle of the claim which have been established to assist our case managers to strategically manage a claim. The approach captures EML IfNSW's proven best practices and allows for adjustments and modifications to be made to accommodate variations in claims management practices across agencies.

In each step of the approach case managers are supported with principles, tools and templates to guide our activities to ensure necessary information is obtained and soundly based decisions are made. Underpinned by the concept of capacity management, the model has a strong focus on maximising capacity for employment, as well as maintaining independence and health outcomes for longer term workers. Our Case Management Model assists us in achieving our purpose of "helping people get their lives back"

This model supports EML IfNSW to:

- Deliver a common customer experience for workers, employers and regulators
- Tailor strategies that drive early intervention and return to work outcomes through effective communication and evidenced based practices.
- Align our people and their experience to enhance the service to our clients.
- Undertake a segmented approach to claims management, bound by timeframes with specific activities and review to drive claim strategically.

Claims are triaged into segments based on injury type (physical and psychological) and anticipated support needs of the worker.

3.2. Delegation Framework

The EML IfNSW Delegation Framework details the authorisation limit and review process for key case management activities including liability, payments, referral to external providers, surgery, disputes, and Workplace Rehabilitation cost approvals.

This process ensures appropriate control of the decision-making process. Having competent employees review critical actions and decisions assists to ensure all decisions made are soundly based and in accordance with regulatory and internal requirements.

The authorisation process also provides the opportunity for the reviewer to provide feedback and coaching to the case manager regarding their decision making to assist in their ongoing development.

3.3. Early Intervention, Notification and Reporting

EML IfNSW acknowledges that early intervention is critical to achieving positive return to work outcomes. For this reason, it is best practice and we encourage employers to report all incidents and injuries to EML IfNSW within 48 hours of first becoming aware of the incident or injury. Early reporting by the employer ensures that critical information is provided to EML IfNSW which can facilitate prompt processing of the claim and enable early decision making. This means that injury management can commence quickly and that the worker will have access to medical treatment promptly.

3.3.1. Initial Notification

An injury can be notified by the worker, the employer or some other person acting on their behalf. There are several ways in which a notification of injury can be made to EML IfNSW:

- Our Website – Online Notification
www.eml.com.au
- Phone –
EML IfNSW:
02 8071 3400 or Toll Free: 1800 365 401
- Fax –
General Enquiries and Claims Management – EML IfNSW.
02 8251 9495
- **Mail** –
GPO Box 4143, SYDNEY NSW 2001 or
DX 10175 Sydney Stock Exchange

To enable the incident notification to be processed quickly, a minimum amount of information about the worker and the injury is required. To assist in the collection of this information, our standardised injury report form (which can be downloaded from our website or completed online) contains all the information that we require. Where the notification is incomplete EML IfNSW will follow up within 3 working days and explain what additional information is required for a liability decision to be made.

All workers are advised in writing at the first available opportunity of their obligations. A copy of the brochure "Information for Injured Workers" is enclosed with the liability letter sent to each worker.

3.3.2. Triage and Segmentation

Triage and segmentation assist us to identify specific factors which may impact the successful recovery and return to work of the worker.

Critical to effective triage and segmentation is appropriate screening of claims. This refers to the process through which we can make an early identification of the needs, risks and possible barriers to achieving RTW outcomes. Once claim allocation has occurred, targeted injury management planning and case management strategies can be implemented immediately.

Claims are identified as significant (including likely significant) or non-significant (as defined by section 42 of the *Workplace Injury Management and Workers Compensation Act 1998*) and are allocated to team leaders for triage to case managers based on high and low risk. The claim characteristics considered during triage include: injury nature and severity (red flags), liability issues and presence of psychosocial factors (yellow flags) as well as existing employer relationships. Claims are re- triaged as required as the claim progresses.

This model ensures our claims are managed by a suitably qualified case manager, based on the complexity of the claim, from notification through to finalisation.

4. Case management

4.1. Initial Contact

In all cases of significant injury, the case manager attempts contact with the worker, employer and (where required) the NTD within 2 business days of notification to EML IfNSW, with the aim of completing all required contacts within three business days, in accordance with the *Workplace Injury Management and Workers Compensation Act 1998*.

If contact is not able to be established via the telephone by the third business day, written correspondence (via email, fax or post) is sent requesting the Stakeholder to contact the case manager as soon as possible. The case manager will then continue to follow up on a regular basis until meaningful contact is established.

The purpose of early contact is to:

- Establish positive rapport and working relationships with stakeholders to work together on an action plan to help the worker recover from their injury and RTW as soon as possible.
- Gather relevant information to assist with liability determination.
- To commence immediate injury management and RTW planning and where appropriate provide approval of reasonably necessary treatment or investigations.
- Establish a rehabilitation goal which essentially will guide the return to work planning.

4.2. Non-significant Injuries

When a worker has been able to resume their pre-injury duties within 7 calendar days the claim is considered non-significant. In these circumstances the case manager will contact the worker and employer and confirm the information provided. A liability decision will then be made and communicated to the stakeholders within 7 days.

4.3. Use of Interpreters

EML IfNSW have access to a range of providers for document, telephone and face to face interpreting services. When working with stakeholders from a non-English speaking background, case managers are encouraged to use professional interpreters for all interactions to ensure clear communication and understanding is achieved. EML IfNSW have not developed a preferred panel relationship with a particular interpreting service although frequently use Associated Translators and Linguists (ALT), Community Relations Commission, On call Interpreters and Translators Agency, Translating and Interpreting Service as well as T&T Interpreting Services.

4.4. Determining Liability

EML IfNSW applies a structured approach to determining claim liability, in accordance with the appropriate Acts and Guidelines.

Our approach to liability determination is to ensure all required information is received promptly and reviewed critically to allow a soundly based decision to be made within the legislative timeframes. All liability decisions are communicated in writing to all stakeholders.

4.4.1. Provisional Liability

Provisional liability enables EML IfNSW to commence weekly compensation payments for up to 12 weeks as well as implement injury management strategies without a decision on ongoing liability. Under provisional liability, interim payments can commence for reasonably necessary medical expenses up to a maximum which is currently \$10,000.

EML IfNSW will determine provisional liability within 7 calendar days from claim entered unless a 'reasonable excuse' applies.

4.4.2. Reasonable Excuse

In circumstances where a 'reasonable excuse' is applied, there is usually a lack of information available about the circumstances surrounding the injury or insufficient detail provided in the initial notification.

A Reasonable Excuse may be applied in the following circumstances:

- Insufficient medical information
- Inability to contact the worker
- Failure by the worker to report the injury to the Employer within 2 months
- The worker is unlikely to be a 'worker' under the Act
- The worker refuses access to information (privacy)
- The injury is not work related
- No requirement for weekly payments.

IfNSW will provide notice that a claim has been reasonably excused with 7 calendar days of claim being entered.

If the relevant information or evidence is supplied after a reasonable excuse has been applied, IfNSW can make a liability decision based on the evidence provided.

If the reasonable excuse is resolved, IfNSW will review the liability decision and either commence provisional liability within 7 calendar days of receiving all the required information or determine claim liability within 21 days (as per the SIRA Workers Compensation Guidelines April 2020).

If a claim form is received following a reasonable excuse being applied, IfNSW will determine liability (provisional or claim liability) within 21 calendar days (as per the SIRA Workers Compensation Guidelines April 2020).

4.4.3. Accepting Liability

When notified of a significant injury EML IfNSW will determine ongoing liability within 21 days of being notified or at the expiry of the provisional liability period (whichever is the later date).

The case manager will ensure:

- Determination of liability is communicated verbally and confirmed in writing to the employer and worker.
- Weekly compensation payments are commenced within the legislative timeframe unless a reasonable excuse is applicable.

- Approval for reasonably necessary costs (including non-invasive investigation and rehabilitation costs) prior to the determination or acceptance of liability as provision medical expenses in accordance with legislation.
- Initial medical expenses paid by the employer and worker are reviewed in accordance with NSW requirements and gazettes
- Other service provider fees and expenses are reviewed and approval determined in accordance with NSW requirements.

4.4.4. Disputing All or Part of a Claim

When liability is to be disputed for all or part of the claim, this decision is reviewed internally to confirm a soundly based decision is applied. If the dispute decision is supported by the Reviewer, the case manager will contact the worker to advise and discuss the decision. The case manager will then issue the worker with a Section 78 Dispute Notice. If there are concerns regarding the worker's or their community's safety regarding the issuing of a Section 78 notice, then this notice may be released via a third party such as the NTD or Solicitor.

The Section 78 notice will outline the reasons for which liability has been disputed and have attached the relevant reports that have been relied upon to make the decision.

Should a worker require further information or wish to dispute EML IfNSW's decision they can:

- Request EML IfNSW review the decision (this review will be undertaken by a different person, separate from the initial decision).
- Contact SIRA on 13 10 50 or contact@sira.nsw.gov.au
- Seek assistance from their Union or solicitor and for non-exempt workers, the [Independent Legal Assistance and Review Service](#) (ILARS) provides funding to pay for costs incurred by some workers when disputing decisions made by the insurer. Contact ILARS on 13 94 76 or email contact@iro.nsw.gov.au
- Contact the [Independent Review Office \(IRO\)](#) on 13 94 76 if there is any dissatisfaction at any stage throughout the process or via email at complaints@iro.nsw.gov.au
- Lodge an application with the [Personal Injury Commission](#) (PIC) by phone on 1800 PIC NSW (1800 742 679) or by email help@pi.nsw.gov.au

4.5. Claims Estimating

EML IfNSW is required to estimate all claims in accordance with the Claims Estimation Manual. This manual is developed by SIRA and applies to all open, reopened and new workers compensation claims.

The manual sets out a range of rules and approaches to estimating a claim. It states that EML IfNSW must:

- Keep claim estimates accurate and up to date, even in between scheduled and event driven review points;
- Build claims estimation into the organisation's routine case management and review processes;
- Use the amounts specified in this manual unless there is evidence otherwise, then use a soundly based decision-making process to estimate claims;
- Ignore the possible effect of inflation when estimating and always use current amounts;
- Where the estimate is constantly being changed, review the claim for accuracy in its entirety;

- Exclude payments already made, unless otherwise directed in the relevant section in this Manual;
- Exclude recovery or adjustments arising from Input Tax Credit or Decreasing Adjustment Mechanism; and
- Maintain an appropriate estimate on the claim until it is finalised

4.6. Entitlement to Weekly Payments – Benefit Payment Process

Once a decision has been made to accept liability for weekly compensation payments on the claim, timely and accurate payment of benefits ensures workers can focus on their recovery and return to work. Issues arising with delayed payment of their entitlements can potentially result in disengagement of the worker from the return to work process.

Case manager compliance with the payment of benefits to workers is achieved through training and structured internal systems to manage the payment process so that payments are accurate and timely.

Our payment process is as follows:

- Calculation of pre-injury average weekly earnings (PIAWE) is peer reviewed and verified for accuracy
- All payments are entered in our claims system. This activates a system automated workflow tool to ensure that payments are made regularly and timely
- All weekly compensation payments require coverage by a current Certificate of Capacity
- Where there is a “Wage Reimbursement Schedule (WRS) Agreement” in place, the payment is made in accordance with the accurate schedule received from the employer within 10 business days of receipt
- Weekly compensation payments outside of the WRS arrangement will be paid within five business days of the receipt of a certificate of capacity and/or earning information such as payslips, covering the period to be paid.
- All weekly compensation payments are peer reviewed and authorised by case managers within set authorisation limits
- The tasks of generating a payment and authorising a payment are completed by two separate people to ensure accuracy.

4.7. Injury Management Plans

If a worker has sustained a significant injury, EML IfNSW will develop an Injury Management Plan (IMP) in collaboration with the employer, worker and NTD. The IMP is a documented strategic plan that details the agreed case management goal/s, strategies and actions the case manager and relevant stakeholders will undertake to achieve the goal/s. The case manager develops the IMP to communicate the goal/s and key actions each stakeholder is responsible for in relation to treatment, rehabilitation and return to work of the worker. The IMP in conjunction with the RTW Plan is aimed at assisting to facilitate the timely, safe and durable return to work for the worker.

An initial IMP is developed within 20 business days of notification of a significant injury for worker who has not returned to pre-injury duties, The IMP reflects relevant information that is available at the date the plan is issued, it includes:

- Key participants in the management of treatment and RTW (worker, employer, NTD/ specialist, Workplace Rehabilitation Provider and other treatment providers)
- Return to work and return to health goals (which will be the most likely goal that can be established given the information available at that point in time).

- Procedure for changing the NTD
- Legislative responsibilities of each stakeholder
- Stakeholder actions and timeframes
- Review approach.

We will review the initial IMP at the scheduled review date. This review will take the form of an updated internal strategic plan review following appropriate stakeholder engagement. If there is a change of strategic direction on the claim, the form of communication is decided (this could take the form of telephone communication, letters and/or face to face meetings). A revised IMP will be issued to all stakeholders if deemed appropriate at scheduled, time based and event-based reviews.

4.8. Reasonably Necessary Treatment

EML IfNSW utilise the principles of evidence-based practice when determining if requested treatment is reasonably necessary. Specifically, we apply the criteria of 'reasonably necessary' specified in the SIRA Workers Compensation Guidelines to review treatment requests and ensure treatment is evidence based, facilitates recovery and durable return to work of the worker.

Case managers will access specialist resources and decision support tools to assist in making decisions to fund treatment. If further information is not able to be obtained from the Treating Provider, doctor or Specialist, then an independent opinion may be sought.

Reasonably necessary medical expenses can be claimed during specific entitlement periods. Note: There are no specific entitlement restrictions for exempt workers.

Criteria	Compensation period
Workers with no permanent impairment or permanent impairment assessed between 0 and 10%	2 Years from the last date of weekly benefits paid or from the date of notification
Workers with permanent impairment assessed as 11%- 20%	5 years form the last date of weekly benefits paid or from the date of notification
Worker assess with permanent impairment more than 20% or <ul style="list-style-type: none"> ▪ Where a Medical Assessor has declined to make an assessment as the worker has not reached maximum medical improvement ▪ Where the insurer is satisfied, the worker is likely to have a permanent impairment of more than 20% 	Life

4.9. Use of Independent Opinions

In circumstances where liability and reasonably necessary treatment or medical management needs are not clear, the case manager will initially assess the available evidence and work in partnership with the treating parties to obtain the required information. If the required information is unable to be obtained, in accordance with the SIRA Workers Compensation Guidelines and SIRA Standards of Practice the case manager may refer for an independent opinion.

Independent Medical Examinations

If after requesting further information from the treating parties the information provided is inadequate, unavailable or inconsistent, the case manager may arrange a referral for an Independent Medical Examination

(IME) with an appropriately qualified medical specialist with the expertise to provide a professional opinion on the issue.

When an IME is required EML IfNSW will arrange the assessment in accordance with the Workers Compensation Guidelines, specifically:

- The reason for referral will be very clear and the NTD, worker and employer will be advised of the referral in writing at least 10 working days before the appointment.
- The worker will be provided with a choice of three Independent Medical Examiners.
- The case manager will consider the use of the EML IfNSW panel for preferred providers.
- If the referral is a dispute of causation or treatment, the IME will be in current clinical practice.

Following receipt of the opinion, if it is determined that the requested treatment or procedure is reasonably necessary, the case manager will accept the request and notify all stakeholders.

If the IME does not support the request as reasonably necessary, the case manager will address the report with the treating party and in some cases, provide a copy of the report to the treating party to justify the rationale. If an agreement cannot be achieved the case manager will provide written notice to the worker and inform the treating party outlining the reasons for the decision. The notice will also provide information for the worker regarding the process for requesting a review of the decision.

Independent Consultants

The case manager may utilise Independent Consultants when there are questions regarding the reasonable necessity of ongoing allied health treatment. Independent Consultants can provide advice and peer support to treating therapists and case managers. SIRA approve consultants in the areas of Physiotherapy, Chiropractic, Osteopathy as well as Psychology and Counselling.

Injury Management Consultant

Differences may arise between the NTD, employer, worker and Insurer about issues of return to work such as capacity for work, suitability of duties or the ongoing return to work goal.

The case manager will first attempt to resolve any issues through consultation, collaboration and negotiation with the stakeholders. In some cases where there are ongoing workplace, interpersonal or human resource issues, the case manager may refer to an external provider for mediation.

If there remains unresolved disagreement, the claim will be referred to an Injury Management Consultant (IMC) in accordance with the Guidelines on Injury Management Consultants.

IMCs assist in providing clarification or attempt to mediate a solution about the return to work for the worker. The IMC will either undertake an examination of the worker or a file review of the claim documentation and contact the NTD as part of either type of review to achieve agreement on how to best progress the worker's recovery. If agreement is achieved, a new RTW plan is developed and implemented. If the issue or dispute remains unresolved, further referral to another IMC or an IME may be indicated to seek further medical evidence. However, failure to reach agreement may lead to an injury management dispute being heard at the Personal Injury Commission (PIC). PIC proceedings may involve conciliation, arbitration, medical assessment, mediation or expedited assessment. PIC may also arrange for a Medical Assessor to make a final decision.

5. RTW practices and planning pathways

5.1. Certificate of Capacity

The Certificate of Capacity is the formal communication tool completed by the NTD to convey information such as the diagnosis of the injury sustained, proposed treatment, recommendations and the worker's capacity to work. The Certificate of Capacity has been developed to provide a focus on what the worker can do, rather than what they cannot do.

The information contained in this document will provide the employer and/or Workplace Rehabilitation Provider with guidance when it comes to identifying suitable work options for the worker.

Using the recommendations contained in the certificate will help the worker recover at work sooner. The information communicated on the Certificate of Capacity can also help in formulating the worker's rehabilitation goal.

The Certificate of Capacity will outline capacity defined as one of the following:

- Fit for pre-injury duties – the worker is able to perform all aspects of their pre-injury role. There are no physical or psychological limitations relating to the work injury that are impacting the Worker's ability to perform their full role.
- Capacity for some type of employment - the worker has a capacity to engage in some form of employment. Specific capabilities and any limitations will be outlined on the Certificate of Capacity. It may mean the Worker can perform all elements of their pre-injury role, but on reduced hours, or fit to perform some, but not all aspects of their pre-injury role.
- No current work capacity – the worker is unable to participate in any work at that time.

5.2. Establishing RTW Goals

In relation to RTW planning, it is pertinent to work towards an end goal. As such, injury management requires the establishment of a goal that all parties can actively work towards. Primarily, the goal of returning the worker to the same job as at the time of injury is preferable. The initial goal is established and agreed to by all stakeholders once the NTD has provided a diagnosis and an expected prognosis. This goal can be changed and updated dependent upon the ongoing needs and capacity of the worker.

Achieving this goal is not always possible, given the diagnosis of the injury or the nature of the work, and suitable employment may need to be explored with a different employer – this is known as redeployment. EML IfNSW work with stakeholders to identify suitable employment goals and support workers to achieve a return to suitable employment through tailored workplace rehabilitation.

The RTW hierarchy assists in identifying the starting point for RTW planning based on the worker's circumstances and provides the following options:

- Same Job/ Same Employer
- Similar Job/Same Employer
- Different job/ Same Employer (i.e. suitable employment)
- Same Job/ Different Employer
- Similar Job/ Different Employer
- Different Job/ Different Employer (i.e. suitable employment)

5.3. Identification of Suitable Employment

Under Section 49 of the *Workplace Injury Management and Workers Compensation Act 1998*, employers are required, so far as reasonably practicable, to provide suitable employment which is the same as or similar to

the worker's pre-injury role. Suitable employment enables the worker to remain active and recover at work. Recovery at work speeds healing, reduces symptoms, promotes an active lifestyle and fosters connectedness with the workplace. As endorsed by the Australasian Faculty of Occupational and Environmental Medicine 'work is good for people', 'work is generally good for health and wellbeing' and the acknowledgement that 'long term work absence, work disability and unemployment have a negative impact on health and wellbeing'. Employers can have a positive impact on health and well-being by ensuring a positive workplace safety culture. The utilisation of vocational programs and identification of modified equipment can assist with accommodating ill or workers to remain in the workplace where possible.

The following factors should be considered when the employer is identifying suitable employment options within the workplace:

- Nature and severity of the worker's injury
- Duties are deemed safe and in line with certified physical and psychological capacity
- Contain as many tasks as the worker's normal role as possible
- May be provided in different ways (same or different workplace, same job with different hours, modified duties, different job altogether or a combination of the above).
- Discuss possible work options with the worker and supervisor and if they have any ideas about suitable work options available.
- Thought about how the workplace could potentially be modified or if equipment can be prescribed to accommodate the worker.

If the employer is experiencing difficulties in identifying suitable work options within the workplace, the employer must contact EML IfNSW as soon as possible for assistance. If the worker does have some work capacity, not offering suitable employment can contribute to escalating workers compensations costs for the employer.

5.4. Developing the RTW Plan

The RTW Plan is a formal document individualised for the worker which explains the RTW Goal, fitness for work and lists the duties in the workplace that the worker has the certified capacity to perform. Other key points found in this document include:

- Modifications made to the workplace or equipment prescribed to enable return to work
- Other terms and conditions – workplace support/ breaks
- Type and frequency of treatment to be undertaken
- Work hours and days
- Often includes a staged progression where duties or work hours are upgraded at regular intervals as the worker recovers to tolerate full duties.

A RTW Plan can be developed by an employer or accredited Rehabilitation Provider. The worker, supervisor and NTD must all agree to the RTW Plan.

The RTW Plan will need to be updated regularly so that it complies with conditions or upgrades in the capacity outlined in the most recent medical certificate.

5.4.1. Monitoring Progress

Once the worker has returned to suitable employment and is participating in the RTW Plans, regular reviews in the workplace ensures adherence to the plan and prevents problems and difficulties arising before they need to be escalated or become a dispute or complaint. It is important that any issues or problems with suitable employment or the RTW Plan are raised with EML IfNSW as soon as possible.

5.5. Management and Support for Workers who are Job Seeking

Where it has been determined that the worker does not have the capacity to return to pre-injury duties and the employer cannot offer suitable employment, the worker will be required to seek alternative employment with a new employer. In this instance EML IfNSW will provide targeted and specific support in job seeking and redeployment including:

- Referral to an accredited Workplace Rehabilitation Provider to undertake targeted RTW and career transition services and ensure that and worker has the skills and knowledge to effectively job seek
- Review of the need for vocational assessment to identify suitable employment options
- Agreement to new suitable employment goals
- Job seeking skills training
- Where required utilisation of Vocational Programs in accordance with Section 53 of the *Workplace Injury Management and Workers Compensation Act 1998*.

Case management of workers who are unable to return to suitable employment with their employer also includes:

- The worker being reminded of their obligations under Section 48 of the *Workplace Injury Management and Workers Compensation Act 1998*
- Regular follow-up of job seeking evidence, in order to continue eligibility to, and payment of, weekly compensation payments
- Where there are changes to the actions or service provisions, the IMP is updated and reissued to the key parties

5.5.1. Return to Work Assistance with a Workplace Rehabilitation Provider

EML IfNSW have developed service level agreements with a panel of local and national Workplace Rehabilitation Providers (WRP) to provide specialist return to work support WRP's are usually allied health professionals such as Occupational Therapists, Physiotherapists or Rehabilitation Counsellors with expertise in occupational rehabilitation. They are engaged to assist employers, as required, to identify suitable employment and provide guidance on the development and management of RTW Plans if an employer is unable to do so independently or if there are several presenting RTW barriers. case managers make referrals to WRP panel members except in cases where the employer or worker chooses to nominate their own preferred provider.

The WRP and case manager will identify and implement targeted and tailored rehabilitation solutions to assess, gain agreement to and obtain suitable employment goals. These solutions, where appropriate, will include utilisation of the Vocational Programs. When tailored and targeted rehabilitation has not resulted in a return to work the case manager will have been able to gather the evidence to allow a soundly based work capacity decision to be made.

5.6. Work Capacity Assessments and Decisions

A work capacity assessment is a comprehensive review of all information relevant to a worker's functional, vocational and medical status to determine their ability to return to work in their pre-injury employment or

suitable employment with the same or a different employer. Work Capacity Assessments and Decisions do not apply to workers who are exempt from the 2012 legislative amendments.

A work capacity assessment is a legislated discrete decision coordinated by EML IfNSW and may be completed at any point in time throughout the life of a claim. When conducting a work capacity assessment, the key first step to a successful decision will always be the determination of what constitutes suitable employment for that worker. Case managers review suitable employment in line with Section 32A of the *Workers Compensation Act 1987*.

At a minimum, an assessment of work capacity must commence once the worker has received a cumulative total of 78 weeks of weekly payments. Should the worker have an ongoing entitlement to weekly compensation payments beyond 130 weeks, a work capacity assessment must be made at least once every two years after this point until such time that the worker's entitlement to weekly compensation payments ceases or they have been assessed with a Whole Person Impairment (WPI) in excess of 20%. The work capacity assessment may result in a work capacity decision.

The first work capacity decision on a claim is determining the [Pre-Injury Average Weekly Earnings \(PIAWE\)](#) as per Section 43 (1)(d) of the *Workers Compensation Act 1987*.

If a worker does not agree with the Work Capacity Decision that has been made, they are able to:

- Request EML IfNSW internally review the decision (this review will be undertaken by a different person, separate from the initial decision).
- Seek assistance from their Union or solicitor
- Contact the Personal Injury Commission (PIC) as the independent tribunal for workers compensation disputes on 1800 PIC NSW (1800 742 679) or help@pi.nsw.gov.au, to lodge a dispute to challenge an insurer decision, either directly with PIC or with assistance from a solicitor.
- For information on independent advice and assistance, a worker can contact the [Independent Review Office \(IRO\)](#) on 13 94 76 or via email at contact@iro.nsw.gov.au

5.7. Management of Non-Participation in return to work, Workplace Rehabilitation or Job Seeking Activities

Section 48A of the *Workplace Injury Management and Workers Compensation Act 1998* supports that should a worker have capacity and not make reasonable efforts to return to work then the Insurer may suspend weekly payments and this may lead to termination of weekly payments.

Prior to suspending or terminating an entitlement to weekly compensation payments, EML IfNSW will contact the worker (or if contact is not able to be established request that the worker contact the case manager). In this contact the case manager will attempt to discover the reasons for the non-compliance or non-participation and if appropriate, a new plan and obligations may be developed.

If non-participation continues, a warning notice will be sent advising that the entitlement to weekly compensation payments are at risk of suspension and provide the worker detailed requirements and a timeframe within which to comply. Should the worker fail to comply within the required timeframe then the entitlement to weekly compensation payments will be suspended. Should the worker continue to fail to actively participate then the entitlement to weekly compensation payments may cease and not be reinstated. Periods of suspended benefits may not be payable if at a later date the worker becomes compliant.

*Please note that workers who are exempt from the 2012 legislative amendments can refer to Section 57 of the *Workplace Injury Management and Workers Compensation Act 1998*.*

5.8. Recoveries

Section 151Z of the *Workers Compensation Act 1987* allows for an employer to recover all or some of the compensation which it pays in relation to a worker's workers compensation benefits if they can establish negligence/fault on behalf of another party.

When recovery potential is identified the Case Manager works with the Recovery Specialist and Legal Specialist team to put in place strategies to advance the claim. The case manager will retain responsibility for the active management of the claim, which includes management of the recovery component. If the claim remains open only to pursue or finalise recovery, the claim transfers to the Recovery Specialist to follow up and finalise the claim.

5.9. Determination of Permanent Impairment

Whole Person Impairment (WPI) involves an assessment of the degree of permanent impairment that has arisen from the work-related injury. When a worker has reached maximum medical improvement (MMI) they may be assessed by a qualified medical specialist who utilises clinical assessment as well as SIRA and American Medical Association's (AMA) Guides to evaluate the WPI. This impairment is calculated as a percentage loss and equates to a monetary figure.

EML IfNSW has a team of Permanent Impairment Specialists who are dedicated to assessing permanent impairment claims in line with the regulatory framework provided by SIRA and the timeframes prescribed by the relevant legislation. Our Specialists are experts in the interpretation and application of the various methods to assess Permanent Impairment and have developed strong working relationships with both applicant and respondent legal firms. Our expertise allows us to achieve cost-effective and timely outcomes for all parties and we endeavour to manage our claims within the Model Litigant Policy.

5.10. Common Law Claims and Work Injury Damages

A claim for Work Injury Damages is a one-off lump sum to compensate a worker for past and future economic losses resulting from an injury. Unlike workers' compensation rights that arise by virtue of statute, the right to sue for damages derives from a common law right to be compensated for the injury suffered, usually due to negligence for breach by an employer of the duty of care owed to the Employee. The Workers Compensation legislation limits common law rights to work injury damages. Only workers who have 15% or more Whole Person Impairment are entitled to pursue a claim for work injury damages. On payment of Work Injury Damages a worker ceases to be entitled to workers compensation. Similarly, if a worker receives damages from another party in relation to the same injury (e.g. an occupier, motor vehicle insurer), they will generally cease to be entitled to further workers compensation benefits. In many instances EML IfNSW recover payments of compensation made. A claim for Work Injury Damages cannot be made unless a claim for lump sum compensation is made before or at the same time.

Following notice of a claim, a Pre-filing Statement is issued with the draft statement of claim. All evidence that the parties seek to rely upon must be proffered at the pre-filing stage. Fully informed, the parties attempt mediation of the claim in the Personal Injury Commission prior to court proceedings being commenced in the District Court of NSW or the Supreme Court of NSW. Although Work Injury Damages claims are limited to economic loss, a worker will often be prepared to forgo future medical expenses in favour of a lump sum payment. Work Injury Damages or Common law is the third largest expense to the scheme. These claims usually contain complex legal issues and multiple parties. EML IfNSW utilise internal Legal Specialists to manage the litigation. The case manager retains primary responsibility for management of the claim, including the injury management obligations. The single most effective way to reduce the size of a damages claim is to upgrade a worker's capacity and/or to secure a return to work.

5.11. Commutation

A commutation is an agreement to pay out all of a worker's future entitlements in a lump sum form. The commutation results in no further payments for the subject injury.

The agreement is made between the worker, the employer and EML IfNSW however, SIRA must certify that the commutation meets all the criteria set out in [Section 87EA of the Workers Compensation Act 1987](#).

If a Case Manager believes that a worker would benefit from Commutation they discuss this strategy with their Team Leader and proceed to work with the internal Senior Technical and Legal Specialists in negotiating the commutation with the worker and their legal representative prior to obtaining SIRA approval.

5.12. Claim Finalisation

Finalisation of a claim will occur when the injury is no longer impacting a worker's ability to participate in suitable employment and no further treatment is being undertaken. This may include:

- A return to work to pre-injury duties
- A return to appropriate suitable employment with no wage loss
- Retirement or withdrawal of claim
- A Work Capacity Decision which results in a nil benefit entitlement
- Commutation, Work Injury Damages or Common law settlement
- Settlement of a claim for the same injury by another party (e.g.: an occupier, motor vehicle insurer)
- Declinature of ongoing liability
- Weekly compensation payments are terminated under s48A (6)

5.12.1. Claim Reopening

EML IfNSW have a dedicated team of Technical Specialists who are responsible for the appropriate management of re-opens, reactivations and recurrences. Where requests are received to re-open or reactivate claims that have been previously closed, Technical Specialists are responsible for gathering and assessing the required information to determine whether re-open is appropriate. This includes determining a worker's entitlement to further benefits in accordance with the legislation prior to any re-open, as well as ensuring a clear liability decision is made and communicated appropriately to relevant stakeholders on the claim. When further benefits are deemed payable, the claim is reopened in the appropriate claims segment for ongoing management.

6. How we assist our policy holders

Providing education and information to employers about their obligations:

- Through client meetings – to discuss areas of concern around employer obligations such as offering suitable duties, wage reimbursement schedules, PIAWE calculation; provide information on any identified performance trends/ matters/ risks identified through claims management.
- Claim reviews – a formal forum to discuss specific claims and agree upon strategy. This forum allows for education regarding offering suitable employment and how an employer can support RTW.
- Policy welcome packs at policy renewal or for new clients at policy inception.
- As part of Member Benefits there are many tools and resources available including a free member training calendar and access to EMSafe and EMLearning.
- Education and dissemination of resources to our policy holders for information in relation to legislative reforms to premium or claims management or worker benefits.

Claims data analysis to identify opportunities for improvement:

- Through offering a suite of performance reporting
- Specific reports to identify trends or developed in line with client's needs; reporting on measure the client needs to report back to their board.

7. Management of the supplier relationship

In our quest of helping people to get their lives back, we are often required to rely on our third-party service provider panels to provide specialist services and advice outside the areas of our expertise. Some of these service providers include Workplace Rehabilitation Providers, Medical Providers, Legal Providers and Investigators.

We acknowledge that effective and efficient provider relationships are vital to our success. Whilst we purchase a range of services to support our various business units, we do not adopt the same procurement method in all cases. We do, however, aim to always achieve value for money, and to identify and work with best practice suppliers in the marketplace. Prior to appointing a supplier to our panel, we undertake a rigorous tender process. This may involve seeking proposals, asking for formal bids or tenders or conducting negotiations with prospective suppliers. In each case our objective is to minimise cost and maximise value. In addition to this, we aim to ensure that the approach we adopt is fair and clearly understood by our potential and current suppliers. Once a supplier is selected a Service Level Agreement (SLA) is developed which includes areas such as servicing expectations, KPI's, fee structures and other relevant aspects as per the NSW guidelines/ Deeds.

The performance of all suppliers is monitored through regular activities which include:

- Data Analysis: monthly performance data is obtained from our panel and employer preferred providers and benchmarked against KPI's to ascertain performance progress.
- Auditing: regular audits of all service types through use of standardised auditing tools in order to ensure quality of services purchased from the third-party service providers.
- Survey: internal claims teams are surveyed to obtain feedback regarding user experience of services purchased and customer service received whilst working with the provider.

Regular performance reviews (in line with the NSW guidelines) are undertaken with all suppliers to provide feedback gathered from the data analysis, auditing and surveys. During such meetings, any performance / engagement issues are identified and action plans are put in place with clear timeframes and monitoring arrangements. For suppliers that are identified to be experiencing significant difficulties in delivering services as per the SLA, Performance Improvement Planning is undertaken and subsequent actions are completed to facilitate desired improvement. Ad-hoc performance reviews are also undertaken for urgent matters when identified through internal / external stakeholder feedback and or business as usual activities.

In addition to the above, EML IfNSW maintains records of (including, but not limited):

- Complaints (which are managed in line with the Complaints Management Protocols),
- Supplier service areas,
- Supplier staff registry
- Supplier due diligence documents (i.e. Certificate of Currency).

8. Management of complaints and compliments

Our Commitment

EML IfNSW have a team of dedicated and experienced professionals who are trained to provide advice and guidance for employers, workers and other customers. Any concern or dissatisfaction about a process or service provided should be reported to us, because we are committed to getting things right.

How to lodge a concern or complaint:

A dedicated case manager, Underwriter, or primary contact is the first point of contact for all enquiries, concerns or complaints. If the initial response is not satisfactory we encourage further formal contact using one of the following options:

Email: custcare@eml.com.au

Telephone: NSW (02) 8251 9000

Mail: Feedback Officer c/o- EML GPO Box 4143, SYDNEY NSW 2001

Internet: www.eml.com.au Click on 'Contact Us' and then 'Feedback'

What will we do when we receive a complaint?

We will acknowledge the complaint. This will be done by phone, post or email, within two business days on receipt of the complaint. We will also provide the name and contact details of the person managing the complaint.

How we resolve customer feedback by:

- **Phone:** We are committed to contact via telephone. One of our managers will take responsibility to resolve the concern.
- **Email or letter:** All complaints will be followed up with an email or letter; this will confirm that the concern or complaint has been satisfactorily resolved. The email or letter will be sent by the manager responsible for assisting in the resolution of the complaint.

How long might it take to resolve a complaint?

Wherever possible we will aim to satisfactorily resolve a complaint within two business days where practicable.

We are committed to making contact within two business days on receipt of the complaint to acknowledge and establish a timeframe for resolution.

If additional information or time is required due to the nature of the complaint, we will immediately advise the reason as to why it is taking longer and ensure an alternate date is provided by which a resolution can reasonably be expected and we will provide updates as required.

How will we assess a complaint?

We will ensure that the complaint is managed:

- Professionally and with a sense of urgency;
- In a timely and efficient manner;
- Within legal and legislative parameters; and
- Based on sound and objective decision making.

Unresolved complaints or issues

If a complaint or issue cannot be resolved with us the matter can be referred to the following industry bodies that can help:

- **Independent Review Office (IRO):** IRO provides an independent complaints solution service for workers who are unhappy with a decision we make. IRO also provides funding for legal advice. IRO contact details are:

Telephone: 13 94 76

Email Address: complaints@iro.nsw.gov.au

Website: www.iro.nsw.gov.au

- **icare NSW:** icare manages escalated complaints about service if the complaint cannot be resolved with us. The icare Complaints Resolution Service contact details are:

Telephone: 13 99 22

Website: www.icare.nsw.gov.au

- **State Insurance Regulatory Authority (SIRA):** SIRA has a complaints solution service for workers and employers who are unhappy with decision we make. An online enquire form is available at their website or alternate contact details are listed below:

Telephone: 13 10 50

Email: contact@sira.nsw.gov.au

Website: www.sira.nsw.gov.au

- **Personal Injury Commission (PIC):** PIC is an escalation option for workers compensation disputes involving liability, medical and work injury management. PIC contact details are:

Website: www.pi.nsw.gov.au

Telephone: 1800 PIC NSW (1800 742 679)

Email Address: help@pi.nsw.gov.au

- **New South Wales Ombudsman**

Telephone: 02 9286 1000

Toll Free (outside Sydney metro) 1800 451 524

Web: www.ombo.nsw.gov.au

Email: nswombo@ombo.nsw.gov.au

Fax: 02 9283 2911

9. Dispute resolution

EML IfNSW's dispute process is in line with SIRA's Guidelines for Claiming Workers Compensation. If there is any kind of decision made on a claim, the worker will be advised formally, in writing. The worker is given the opportunity to provide additional information or evidence; or to request for EML IfNSW to reconsider the decision. An internal review application form is provided with the written notice and we encourage the worker to complete this form and return to EML IfNSW with any additional information to be considered. We will complete this review within 14 days of receipt.

The worker does also have the right to seek review by any of the following independent options:

- Seek advice / assistance from your **trade union organisation or from a lawyer**, however we note that workers are responsible for their own legal costs;
- **State Insurance Regulatory Authority (SIRA)** on 13 10 50

- Seek independent advice from the **Independent Review Office (IRO)**. IRO has also established the Independent Legal Assistance and Review Service (ILARS) which can be accessed by non-exempt workers. ILARS can facilitate access to free independent legal advice to in circumstances where there is a disagreement regarding entitlements. For more information call IRO on 13 94 76 or via email at contact@iro.nsw.gov.au.
- Disputes can also be referred for determination by the **Personal Injury Commission (PIC)**. Matters that may be referred to the Commission are limited to matters specified in a dispute Notice. PIC may not allow introduction of any information not previously notified as in dispute. Such a dispute can be referred by lodging an Application to Resolve a Dispute form to the Registrar of the Commission at Level 20, 1 Oxford Street Darlinghurst NSW 1300 or PO Box 594 Darlinghurst NSW 1300. The email address of the Registrar of the Commission is www.pi.nsw.gov.au The phone number is 1800 742 679.

Legal Proceedings

In the event of litigation, if the situation warrants, we will obtain legal advice from our panel solicitors or respond independently. EML IfNSW will discuss recommendations made with the employer and obtain their agreement regarding action to be taken. EML IfNSW retain the right to make the final decision regarding litigation and claim settlements.

10. Fraud

EML IfNSW has a zero tolerance to fraud and is committed to minimising the likelihood of fraud occurring.

Our staff attend regular mandatory training sessions on fraud awareness. Each business unit has an allocated Fraud Liaison Officer who will assist staff in reporting any fraud activity to the required authorities. All allegations of fraud will be investigated and, where substantiated, the cases will be pursued thoroughly and reported to the appropriate authorities.

11. Privacy and confidentiality

In the course of claims management, EML IfNSW will handle confidential information about a Worker in accordance with section 243 of the *Workplace Injury Management and Workers Compensation Act 1998*. Personal and health information relevant to the management of the claim will only be shared with relevant parties after the worker has provided written consent to authorise the release of such confidential and sensitive information.

Furthermore, storage and use of personal and private information is critical in the workers compensation Scheme and it is part of the underlying structure and culture at EML IfNSW to ensure that the interests of all customers are respected and protected.

The Privacy Act:

EML IfNSW is bound by the Privacy Act 1988 and Australian Privacy Principles which govern the collection and handling of personal and sensitive information to ensure that organisations clearly outline what type of information they hold, the reasons this information is held, the way in which it is used and in what circumstances it is disclosed.

In addition to the provision of the Privacy Act, we are also bound by the relevant workers compensation legislation, regulation and guidelines in the collection, use and disclosure of information relating to workers compensation claims.

EML IfNSW respects the worker's right to privacy and values the trust placed in us to handle personal and sensitive information. Maintaining the privacy of all personal and sensitive information entrusted to us is paramount, and we do this by:

We only collect information that we require to provide a service to a worker. For the purposes of Workers Compensation premium and claims management services, generally we keep a record of:

- Basic identity information such as name, address, employer details and information concerning employment relationship arrangement.
- Sensitive information directly related to a worker’s claim
- Information provided by other service providers collected for assessing and managing a Workers Compensation claim.
- Banking and taxation details.
- Information in connection with policy or claims management

Usually we will collect information directly from the worker, if we need to collect personal or sensitive information from third parties we seek the worker’s consent to do so, unless we are otherwise permitted by law to make the collection.

How we use or disclose personal information provided by the worker:

For the purpose of assessing and managing workers compensation claims, including determining liability, or

- In providing reasonably necessary clinical services (such as medical treatment, rehabilitation, medical investigations, tests or procedures); or
- If we are required or authorised by law to do so.

Stakeholder Rights

EML IfNSW aims to ensure that the personal information we hold is accurate, complete, relevant, up-to-date and not misleading.

If the worker would like to update any personal information that we currently hold in our systems; access their personal information or have concerns about the way that we have managed the information, we encourage the worker to contact us. In the second instance, by contacting the EML Group Privacy officer:

Email: privacy@eml.com.au

For further information, the EML Privacy Statement and the EML Privacy Policy are available on request via our website. There is a dedicated Privacy Officer in each business unit to champion privacy and help ensure compliance with legislation.

12. Quality assurance

Quality assurance is the responsibility of every staff member and is achieved through incorporating the following concepts into key policies and procedures:

Delegation	Provide people with the opportunity to take responsibility in line with their experience and skills.
Review	A formal review process links the manager to their ongoing responsibility for outcomes.
Feedback	A system of continuous improvement requires feeding back lessons learnt to improve practices.
Measures	What gets measured gets managed.

REFERENCES

- The Australasian Faculty of Occupational and Environmental Medicine (AFOEM) of The Royal Australasian College of Physicians (RACP) Consensus Statement '*The Health Benefits of Work*'
- SIRA Workers Compensation Guidelines April 2020
- SIRA Standards of Practice 26 June 2020
- The Workers Compensation Act 1987
- The Workplace Injury Management and Workers Compensation Act 1998
- The Workers Compensation Regulation 2010
- Australasian Faculty of Occupational & Environmental Medicine (2011). *Position Statement: Realising the Health Benefits of Work*
- Guidelines on Independent Medical Examinations and Reports 2012
- Guidelines on Injury Management Consultants 2012

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