

Summary Guide of Tasmanian Injury Management Program

Zurich is committed to adhering to the requirements of the *Workers Rehabilitation and Compensation Act 1988* (Tas) and supporting legislation in the event of a work-related injury or illness.

Zurich will maintain a shared objective regarding the injured worker's recovery, and early sustainable return to work. We support the principles and elements of the return to work and injury management process whilst creating a culture of trust and cooperation, ensuring successful return to work outcomes.

Zurich will work with the injured worker to ensure successful return to work outcomes by maintaining:

- a shared commitment to work together through cooperation, collaboration, and consultation with all parties
- support for early reporting and intervention
- promotion of health benefits of work
- promotion of behaviours and attitudes that underpin a positive workplace culture that supports injured workers
- provision of working relationship between the employer and worker
- access to information and provide support so all parties understand their roles, rights, and responsibilities
- the dignity and integrity of the worker, ensuring the worker is an active participant
- recovery and return to work as the prime goal; and
- timely, facilitated resolution of any issues

Injured workers should maintain close contact with Zurich and provide information on their progress and participate in a Return to Work Program (RTWP) or injury management plans in accordance with the Act. Any issues associated with a claim should be referred to Zurich who will endeavour to resolve these issues.

Zurich believes every claim should be treated equally. They will be handled with the same level of service and best practice injury management practices no matter what the type or size of the company. Zurich will maintain a shared commitment to work together through cooperation, collaboration, and consultation with all parties to reach a safe and durable return to work outcome.

1. Employer Injury Management Programs

At the commencement of a policy all employers have the choice to develop or amend their own Injury Management Program (IMP).

If they do not nominate either option, they will automatically default to Zurich's Approved IMP under their policy. Zurich will at the commencement, renewal or during the currency of a policy, assist an employer who chooses to develop and implement their own IMP.

If the employer develops its own IMP, they must:

- develop the IMP with regard and adherence to all legislative requirements
- develop the IMP with regard and adherence to all the WorkSafe Guidelines - A Guide to Workers Compensation in Tasmania Version 3, produced by WorkSafe Tasmania and Workplace Standards Tasmania revised September 2019
- develop the IMP with regard and adherence to Return to Work and Injury Management Model (Version 3) produced Tasmania August 2008
- support the principles of the Clinical Framework for the Delivery of Health Services
- ensure that they operate in accordance with Zurich's Approved IMP
- ensure that it educates and promotes best practice in the management of workplace injuries
- appoint their own Injury Management Coordinator (IMC) who has satisfactorily completed the training approved by the Board
- ensure they are sufficiently resourced to operate in accordance with the IMP

Employers who choose to implement their own IMP, or amend their IMP must submit them to Zurich for approval. Zurich will appoint an external IMC to conduct a site visit and assist the employer with the development or any amendments to their IMP.

Once approved, a copy of the IMP will be maintained by Zurich. Zurich will provide a report to the WorkSafe Board detailing the employer's IMP that has been approved by Zurich within the specified reporting period including any subsequent amendments to the employer IMP. The reports will be provided by 31 December and 30 June of each calendar year for the preceding 6 months period or as specified by the board.

Where an employer develops their own IMP Zurich will ensure that the employer operates in accordance with Zurich's approved IMP. If noncompliance is identified, Zurich will work together with the employer to rectify any non-compliance issues. If non-compliance continues or is not rectified, Zurich, in agreement with the employer, will appoint an independent person to resolve any non-compliance identified.

Zurich may, within 60 days, disallow the employer's IMP by notice in writing providing the reasons for non-approval of the program to the employer.

2. Rights and Responsibilities

All stakeholders have rights, responsibilities, and obligations under the Act. this ensures safe and durable return to work outcomes. These parties include the Injured Worker, the Employer, the Insurer, the injured worker's Primary Treating Medical Practitioner (PTMP), the IMC and other Rehabilitation Specialists.

Zurich will provide copies of the rights and responsibilities by way of an Obligation pack at claim notification and claim lodgement. In addition, the rights and responsibilities can be located on Zurich website.

3. Information and Communication

In accordance with appropriate Federal and State legislative and privacy requirements, and subject to Zurich and its client's rights to claim legal professional privilege, Zurich will ensure disclosure of and access to information for employers and workers. Any request for information can be directed to the Claims Advisor in writing.

Zurich will offer, and if requested by an employer or worker, will appoint a translating/ interpreting service and will provide information in other languages whenever necessary.

All legislative amendments or guidelines issued by the WorkCover Tasmania Board will be communicated in writing to all brokers, employers and injured workers with active policies and claims.

To meet the requirements of the WorkCover Tasmania Board Guidelines and Return to Work and Injury Management Model Zurich maintains policies and procedures covering all aspects of best practice claims management. These policies and procedures are subject to an annual WorkSafe Audit and Self-Assessment Audit reportable to WorkSafe ensuring all claims management practices are in line with appropriate instructions, guidelines, and legislative requirements.

In addition, Zurich also utilises a standard letter system which is subject to an annual WorkSafe Audit and Self-Assessment Audit reportable to WorkSafe. The standard letter system ensures Zurich meets its requirements that all communication is in plain English and non-threatening whilst also ensuring it includes all information and legislative requirements relevant to the communication.

4. Injury Management Coordinators (IMC)

The Act requires the appointment of an IMC on all claims where a worker is, or is likely to be, totally or partially incapacitated for work for more than a period of 5 working days.

The role of the accredited IMC will be to co-ordinate and oversee the injury management process including medical treatment, and all aspects of RTWPs/IMPs. Zurich will appoint an IMC as soon as practicable after notification of a significant injury as required by s143E of the Act.

All IMCs are required to undertake a course of training that is approved by the WorkSafe Tasmanian Board. Zurich ensures all IMCs utilised have the required certification and registration as prescribed by the Board. Registration certificates are scanned and stored on Zurich's files.

Zurich will provide formal notification of the IMC to the worker and employer and will provide the IMC's details, nature and scope of the appointment and the process for the management of any dispute arising during the appointment.

All IMCs both internally and externally will keep thorough records of claims referred to them and will ensure the appropriate diary system is in place for managing reviews.

All IMCs both internal and external are required to adhere to Zurich's IMP and policies and procedures which outline their roles and activities to be undertaken

5 Workplace Rehabilitation Providers (WRP)

Zurich will only appoint a WRP who has the relevant skills and knowledge and is accredited by the WorkCover Tasmania Board to deliver the specific services required. As the IMC is responsible for the day to day rehabilitation management a WRP is only appointed and required to undertake one-off Vocational rehabilitation assessments such as Vocational Assessment, Transferable Skills Assessment etc.

Before referral Zurich will consult with the injured worker, employer, and the treating medical practitioner to explain the process and outline the reasons for the referral and the specific services required. Zurich will seek the approval of the worker and ensure they are aware they may choose a WRP before a provider is appointed. Alternatively, if the injured worker does not have a preference, the Claims Advisor will nominate a WRP in consultation with the injured worker. If the injured worker objects to the appointed provider, they have the right to request appointment of, or nominate, an alternative accredited provider. When an established working relationship already exists between an employer and a preferred WRP, the Claims Advisor will, subject to the worker's approval, appoint the preferred WRP.

Zurich's Claims Advisor will provide formal notification of the WRP to the worker and employer and will provide the WRP's details, nature and scope of the appointment and the process for the management of any dispute arising during the appointment.

6. Return to Work Coordinators (RTWC)

A company RTWC must be appointed for all employers who employ more than 100 employees to assist in the management of the worker's claim. If the worker has suffered a significant injury, an employer with more than 50 workers must assign the worker a RTWC as soon as practicable.

The RTWC provides the injured worker with workplace based support and assistance throughout the rehabilitation and return to work process by assisting the IMC with return-to-work planning and the implementation of the worker's approved return-to-work plan or approved injury management plan. In addition the RTWC role is to assist the worker to perform the worker's designated work duties in a safe and appropriate manner, provide the worker with reassurance and encouragement in respect of the treatment of the worker's injury and the worker's return to work and encourage good relationship, and effective communication, between the worker, the worker's employer and the employer's insurer.

7. Facilitate Early Intervention and Early Reporting

Upon receipt of a notification, the Zurich's Claims Advisor will send out a notice explaining the Rights and Responsibilities of the Worker and Employer. This will assist in encouraging workers to notify their employer of any injury, even if they do not expect to make a claim for compensation so that there is a record of the incident. Employers are reminded to provide the prescribed notices of a right to make a claim to the worker within 14 days unless the employer has been served with a notice of claim.

If the claim is received by Zurich outside the prescribed three (3) working days of lodgement date by the Worker on the Employer, then Zurich will contact the Employer either by phone, email or letter and advise requirements pursuant to Section 36(1AA) of the Act. Documented discussions will be recorded by Zurich's. A letter will also be sent in the event of a late receipt claim to the employer noting the breach and reiterating their obligations.

If an employer does not comply with its notification requirements, Zurich is not liable to indemnify the employer for the amount the employer is liable to pay or has paid the worker by way of weekly payments until Zurich is notified.

Zurich will if requested provide tailored education and training programs to employers to assist in the implementation and ongoing management of the IMP. Zurich will encourage and educate employers of the importance of early reporting and lodgement of claims, as an effective way to control and reduce the costs and minimise disruption at the workplace.

Zurich encourages employers to access Zurich's Claims Reporting System (ZTrack). ZTrack provides access to a wide range of reports that will help employers to analyse, review and report accident data which can assist with identifying trends and/or measure claims performance and policy performance.

8. Liability and Payments

From receipt of the claim Zurich will make initial contact with the employer and worker within three (3) working days advising the status of the claim and initial liability determination. This contact can be made by phone, email or by letter. If the relevant information is available to make a liability decision, Zurich will endeavour to do so at this time and within three (3) working days of receipt of the claim.

Zurich will ensure that, within 28 days, the worker is notified whether a decision has been made to accept or not accept liability. If liability is not accepted within that time frame Zurich will advise the worker of the reasons why the decision has not been made and what steps they intend to take before being able to make that decision.

Where Zurich has received a claim for compensation in relation to an injury to a worker and has not accepted or disputed liability within 84 days, the claim is taken to have been accepted.

Once a decision has been made written confirmation to the worker and employer will be provided in the form of a liability determination letter, facsimile transaction, or email. If the claim is to be disputed, Zurich will serve the worker written notice that the claim is disputed within 84 days as per Section 81A of the Act.

Provisional payments are payments made, upon receiving the injured worker's claim for compensation and before liability has been determined. These payments are made on a "without prejudice basis" and do not constitute an admission of liability. Provisional payments can relate to reasonable medical, rehabilitation and other associated expenses and are capped at \$5,000.00 unless the parties agree otherwise. In addition, provisional weekly wage payments must be made when supported by a compliant medical certificate.

The obligation to make provisional payments both (medical and weekly wage payments) ceases upon determination by the Tribunal that a reasonably arguable case for disputing liability exists.

9. Primary Treating Medical Practitioners (PTMP)

Only qualified and Australian registered medical practitioners are approved to issue and sign Workers Compensation Medical Certificates (WCMC) on a form approved by the Board containing the prescribed particulars.

The worker has the option of consulting with a PTMP of their choice or alternatively they may agree to consult with their employer's preferred medical practitioner. The worker must, as soon as practicable after suffering an injury, notify the employer of their chosen PTMP as per Section 143(G) of the Act. The employer cannot force a worker to visit their preferred PTMP as the worker has freedom of choice.

WCMCs assist in keeping track of a worker's recovery, periods of incapacity and treatment plan. The medical practitioner will state whether the worker is incapacitated or capable of returning to work with or without restrictions and specify further periods of incapacity if required. Comments on the worker's condition and treatment recommendations are also recorded on the medical certificate. Weekly compensation will be paid in accordance with the relevant period specified on the certificate. Ongoing payments of weekly compensation must be supported by relevant certification to verify the period of incapacity.

If the worker chooses to change the PTMP during the course of the claim Zurich will forward a letter to the worker advising of the requirements under the Act to notify their employer of a change in medical practitioner, and to authorise their previous medical practitioner to release their medical history relating to their claim to their current medical practitioner. The letter will enclose a copy of the Authority and Consent for Release of Medical Records form.

10 , Medical Reports

On receipt of medical reports Zurich will action and correspond with relevant stakeholders to facilitate appropriate medical management and early return to work strategies.

Copies of medical reports of any kind will not be released to the employer as these often contain sensitive and private medical information and to do so would constitute a privacy breach.

11. Independent Medical Examinations (IME)

A worker may be referred to an independent medical specialist for examination throughout the claim. The worker will not be required to submit to more than one IME in any three-month period unless the worker has suffered multiple injuries, or their injury requires the consideration of medical practitioners who are specialists in different fields.

Where an IME is required, Zurich will discuss the matters of concern or reasons for the review with the injured worker and the PTMP. Zurich will provide the worker with WorkSafe Tasmania's publication on Independent Medical Examinations - IS155 and will provide confirmation of the appointment details in writing to the worker and employer.

The appointment will be organised with an appropriate specialist who has the necessary expertise to conduct the examination relevant to the injured worker's specific injury/injuries and/or disease who has also completed Tasmanian WorkSafe Whole Person Impairment (WPI) Assessment training and accreditation.

Zurich will write to the specialist conducting the examination and provide them with copies of all relevant documentation including the claim form, medical certificates, rehabilitation reports, copies of medical reports, return to work programmes, diagnostic test results, statements and/or other material considered relevant. Zurich will obtain acknowledgment that the assessor has read and had regard for the Work Cover Guideline for medical assessors on Independent Medical Examinations, by way of inclusion in the IME report.

Once the report is received Zurich will provide a copy of the report to the worker's PTMP and IMC within seven (7) days as required under Section 90B of the Act. If the Independent Medical Specialist recommends any medical or surgical treatment, the worker must submit to the treatment unless the worker is not satisfied with the report after consulting with their PTMP. If the Independent Medical Specialist recommends treatment the worker has 14 days after receiving a copy of the report to advise if they do not wish to submit for the treatment recommend and confirm that they will submit to an examination by another independent medical practitioner of their choice. The cost of this examination will be paid for by Zurich. If the report from the subsequent practitioner agrees with the original Independent Medical Specialist, the worker must as soon as practicable submit to the treatment specified.

12. Return to Work (RTW)

All claims that have more than 5 days incapacity whether partial or total incapacity must have IMP/RTWP. The IMP/RWTP will be developed by the IMC.

When developing the IMP/RTWP the IMC will have regard for the return to work hierarchy issued by the WorkSafe Board. The IMC in consultation with Zurich, the employer, injured worker and PTMP ensures the development and implementation of RTWPs/IMPs are delivered and are appropriate in meeting the needs of the worker and employer in a timely and cost effective manner.

The IMC shall discuss RTWPs/IMPs with all parties, prior to implementation and detail the estimated duration of the plans clearly to each party. The IMC will notify Zurich of any limitations during the RTWP/IMP process.

Zurich and the IMC will monitor and review all progress medical certificates or reports. If any changes to the worker's condition or restrictions are identified, Zurich will discuss the change with the IMC to amend or modify the existing RTWP/IMP.

The health benefits of work are promoted by the IMC and the Claims Advisor as part of the return to work program in line with universal evidence-based methodology. A link to the "Benefits of Returning to Work" information leaflet is included in the Acceptance Letters to the worker and employer.

Best practice protocol follows not only evidence-based methodology but also the Clinical Framework for Health Services. Zurich Claims Advisors as well as service providers, many of which are Allied Health qualified, ensure that all injury management and return to work practices follow these models and forms the basis of the claims strategy and return to work outcomes.

13. Alternate Duties

When an injured worker is certified as having a work capacity, Zurich will discuss with IMC and ensure that alternative duties are considered as part of the RTWP/IMP development.

The IMC will assist the employer in the identification and modification of suitable and meaningful alternative duties where practicable, when developing RTWP/IMP.

The IMC will ensure the injured worker is given the opportunity to participate in the identification and selection of alternative duties. Ensure workers actively contribute to and participate in the process of reviewing and providing feedback to the employer, Zurich, or IMC, on the adequacy and appropriateness of the alternative duties provided.

Employers with greater than 50 employees must provide Zurich notification of alternative duties that are available (facilitated by a list of general duties) to be supplied.

The IMC will notify Zurich within 48 hours, if the employer is unwilling and or unable to provide alternative duties, or non-compliance with any aspect of a RTWP/IMP.

Zurich will advise the employer of the consequences of failing to identify and provide alternative duties. If the employer cannot provide written reasons why it is unreasonable or impracticable to do so, Zurich may refer the matter to the WorkSafe Tasmania.

The IMC will work closely with the PTMP and employer to identify early in a claim whether a worker requires retraining or redeployment. The IMC will facilitate retraining, skill enhancement or redeployment which may include appointment of a WRP to assist with vocational assessments.

14. Managing Psychological and Complex Injuries

Zurich's policies and procedures reflect the framework supported by the Safe Work Australia publication Taking Action: A Best practice framework for the management of psychological claims in the Australian workers compensation sector.

Early identification and triage of psychological claims including PTSD and complex claims are undertaken on notification and claim receipt through our three-point contacts. The liability procedure ensures the worker is contacted within three business days from receipt of the claim to discuss the liability decision of the claim and the claim process associated with the liability decision. In psychological and complex injury claims, further information or medical assessment is often required and as such a factual statement or further documents are requested. In these instances, the claim is pended, and the worker is advised in writing of this decision and confirms that ongoing wages and medical treatment is covered during this period. The written notification clearly outlines the timeframe that Zurich must make the determination and what further information or action is required by them as the worker or us as the insurer. The worker is updated throughout this process regularly by the Zurich Claims Advisor.

The Orebro Musculoskeletal Pain Screening Questionnaire (short version) is undertaken on all significant claims. The worker is provided with a score, if the score is above 50 this indicates psychological injury (including PTSD), return to work barriers and/or psychosocial barriers.

In these cases, referral to the IMC is undertaken, if not done so already. The IMC will discuss the score and questionnaire with the PTMP to determine whether injury adjustment counselling would be of benefit. If of benefit a referral to a psychologist is made by the PTMP.

Zurich along with the appointed IMC and PTMP review every worker's claim regularly throughout the life of the claim. These reviews occur on the development of every RTWP/IMP and at every medical review in which a medical certificate is issued. As per legislated requirements this occurs at a minimum every 28 days.

All appointed IMCs are Allied Health qualified and are accredited WRPs. They have all the necessary experience and skill set in managing psychological injury claims. All IMCs appointed by Zurich have access to consultation with other consultants with specialised or psychological qualifications and background.

15. Complaint and Internal Dispute Resolution Process (IDRP)

Disputes and complaints unfortunately do occur in claims management. Dealing effectively with people who have a dispute requires understanding and an ability to see the problem from the other person's perspective. WorkSafe requires Insurers to have a fully documented internal process for the resolution of disputes between the insurer and other stakeholders within the Workers Compensation Scheme. Zurich has a robust complaint and dispute resolution policy. All stakeholders to a claim or policy can lodge a complaint or dispute and access formal IDRP.

A complaint or request for review of a dispute should be made in writing giving specifics of the issues raised. If the other party to the dispute opposes putting their dispute in writing, then Zurich can accept a verbal dispute. However, Zurich will document our understanding of the dispute.

Zurich will initially try to resolve the complaint or the dispute informally within 2 business days. If the matter cannot be resolved within this timeframe then the matter will progress to formal IDRP.

If the dispute moves to the IDRP Zurich will contact the party concerned with an action on how to progress the dispute forward. The dispute will be reviewed and determined by a senior staff member within the business that is independent to the claim's handler. A dispute acknowledgement letter will be sent to the complainant. The letter will advise them that they will be advised of the outcome within 15 working days from the date the dispute was received. If additional information is required, then this will be requested from the party. Once a decision is made, the Head of GI Complex Claims will contact the party in writing advising of the outcome of the review.

Decisions made by way of the IDRP are not binding on the other party to the dispute. If they are not satisfied with the decision, then they have the option to progress the matter further through the formal process in the Tribunal.

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