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TRANSLATIONS OF THIS BOOKLET WILL BE PROVIDED IF REQUIRED.

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INTRODUCTION

This booklet has been designed for all employees in the Local Government Industry.

The aim of the booklet is to provide general information about:

- The process to be followed when a work related injury is experienced;
- The services provided by the Local Government Association Workers Compensation Scheme (LGAWCS).

This booklet can be read in conjunction with the information provided in the “Injury Management Kit for Employees”.

INFORMATION ABOUT WORKCOVER, THE LOCAL GOVERNMENT ASSOCIATION (LGA) AND LGAWCS

The following information explains in general terms the reason for the LGAWCS being established and how it operates.

In 1986 the State Government introduced legislation called the Workers Rehabilitation and Compensation Act 1986, to cover all employees employed in South Australia.

The WorkCover Corporation is the Government appointed Administrator of the Act and oversees the operation of the Act.
In 1987 the Local Government Association on behalf of its members, that is Councils and prescribed bodies, was granted Self Insured Employer status by WorkCover.

This means Local Government has the responsibility to implement its own programmes for injury prevention and injury management.

As a Self Insured Employer the LGA must meet the requirements of:

3. The Self Insured Employer Performance Standards.
4. Code for the Conduct of Self Insured Employers under the WorkCover Scheme.

To ensure points 1 to 4 are being met, the WorkCover Corporation conducts audits of the LGAWCS and Councils.

Further, as an Self Insured Employer, the LGA:

1. Established a self funding Workers Compensation Scheme; i.e. LGAWCS.
2. Collects financial contributions from all its members to fund the LGAWCS.
3. Pays an annual levy to WorkCover for its self insured status.

Should you require any additional information about this booklet, or any matter related to Workers Compensation, please contact the LGAWCS on telephone (08) 8235 6460.
WHAT TO DO SHOULD YOU SUSTAIN AN INJURY AT WORK?

1. You must report any incident in which you suffer an injury to your Supervisor and or Manager immediately.

   Notification Only

2. Should you wish to give notice of an injury only (i.e. not make a request for weekly payments or medical and other expenses at this time), tick the “I want to give notice of an injury only (no request for weekly payments or medical and other expenses at this time)” box and complete a Claim form in full. Your employer will forward this to the LGAWCS who will register this as a Notification Only. Should you at a later date wish to make a claim for the same incident, please contact the LGAWCS for assistance.

   Lodgement of a Claim

3. Should you wish to make a claim for income maintenance and/or medical expenses, your employer will provide you with an Injury Management Kit for Employees, which contains a Claim form and general information to assist you with the lodgement of your claim.

4. The Claim form – Complete this form in full and give it to your employer as soon as possible. Should you require a copy of the Claim form, ask your employer to provide you with a photocopy.

5. If you wish to claim for weekly payments or medical expenses you must also provide a Workers Compensation Medical Certificate in support of your claim with the completed Claim Form.

6. In addition, we request that you complete and sign the Information Authority, Payment Authority Form and the Accident Investigation Form.

7. Additional Forms in the Kit are provided for your use should you require, as follows:-

   Travel Expense Form
   Physiotherapy Management Plan
   Chiropractic Management Plan
   Accounts Payable Form

8. Your employer will provide you with a Contact List advising the name of the appropriate personnel both at Council and the LGAWCS, should you have any queries in relation to your claim.

If you need help in completing any of the required forms, you can speak to your Employer, Union Representative, Health and Safety Representative or a relative or you can contact the LGAWCS direct on (08) 8235 6460.

If your preferred language is not English (including deaf sign) professional interpreting and translating services are available. If these services are required, please advise your employer who will contact the LGAWCS and make suitable arrangements.
Provisional Liability

1. Provisional Liability refers to a process, whereby if your claim is unable to be determined within 7 calendar days of receipt, provisional weekly payments are to commence unless a reasonable excuse applies.

2. Provisional weekly income maintenance is payable up to a maximum of 13 weeks and/or reasonably incurred medical expenses, may be paid on a discretionary basis up to a maximum of $5,000.00 in accordance with Section 32A of the Act. However, if a claim determination is made prior to the cessation of this period, provisional weekly payments will cease.

3. The LGAWCS will provide you with written notification within 7 calendar days of your employer receiving notification of your injury, of a decision as to whether Provisional Liability payments have been approved.

4. For Provisional Liability to be considered, all mandatory shaded sections on the Claim Form must be completed, however, to assist the LGAWCS with the decision making process, we ask that you complete all sections of the Claim Form. Provision of a Workers Compensation Medical Certificate or other credible evidence supporting you obtained medical treatment for your disability is required. In the case of hospitalisation, the name of the hospital is required. Provisional weekly payments can be discontinued if you fail to provide a Workers Compensation Medical Certificate within 10 calendar days of the initial notification.

5. A decision not to commence Provisional Liability payments is not reviewable under the Act. The LGAWCS will notify you in writing of the grounds for the decision, if a reasonable excuse applies. If you believe the explanation provided to you for not commencing provisional weekly payments was unreasonable, you may wish to discuss this with your Claims Officer. If after having been provided with new or further information and you believe the decision does not comply with the Provisional Payment Guidelines, you may make a complaint to the WorkCover Ombudsman South Australia at:-

Freecall: 1800 195 202  Telephone: (08) 8463 6593
Level 6, Chesser House  Facsimile: (08) 8204 2169
91-97 Grenfell Street   E-mail: owo@saugov.sa.gov.au
Adelaide  SA 5000
GPO Box 2434
ADELAIDE SA  5001

6. Should provisional payments be made and it is later established that you did not have a compensable claim under the Act, these payments are not recoverable from you, unless dishonesty is found.

7. Please note that a claim made under provisional liability is not an admission of liability.

8. Refer to “Decision Deferred” for information regarding incapacity exceeding 13 weeks.

For further information on provisional liability or to access the Workers Rehabilitation and Compensation Act 1986 - Provisional Payment Guidelines July 2009, go www.workcover.com.

1. Employer Notification

At the bottom of page 1 on the Claim form is a Section relating to “Date employer notified of injury”. This completion date is the date that all mandatory information was provided to your employer i.e. shaded/grey information from the Claim form, (i.e. not necessarily the date you reported your injury to your employer, if earlier than the date you provided the mandatory information).

2. Alternatively, notification of your injury can be made verbally by yourself, a family member, your legal representative or medical expert to the LGAWCS.
3. Should a verbal notification be made, you are required to provide the mandatory information specified on the claim form (shaded grey sections of the Claim Form).

Who Can Fill Out the Claim Form

- An Injured Worker
- An employer
- A representative, such as a treating doctor, first aid officer, a relative or friend

Telephone Reporting

There is provision for you to provide the mandatory information (shaded/grey areas of the Claim form) over the phone, without the requirement to complete a Claim form. Should you wish to report your injury over the phone, please contact a Claims Officer at the LGAWCS, who will assist you with this process.

Further information regarding the Provisional Liability Guidelines can be found at www.workcover.com.

Workers Compensation Medical Certificates

Workers Compensation Medical Certificates can only be issued by a legally qualified medical practitioner (i.e. general medical practitioner, specialists, physicians).

You are required to submit Workers Compensation Medical Certificates for the following:

- When submitting any Workers Compensation Claim and you wish to make a claim for weekly payments and/or medical expenses.
- For any period of time you are unfit for work due to your work related injury.
- Where there are any changes in capacity or restrictions
- As clearance for return to work either on alternative/modified duties or your normal pre-injury duties

You must provide a Workers Compensation Medical Certificate stating your fitness for work, prior to commencement of work. Medical certificates must be provided to your supervisor or IRC as soon as possible.

You are required to provide final certification when cleared to return to either your normal pre-injury or permanent modified duties. A final certificate is issued by the treating medical practitioner where there is no need for further medical reviews.

WHAT DOES COMPENSABLE DISABILITY MEAN?

Section 30 of the South Australian Workers Rehabilitation and Compensation Act 1986, defines a compensable disability as:

*A disability arises from employment if:-

a) In the case of a disability that is not a secondary disability or a disease – it arises out of or in the course of employment; or

b) In the case of a disability that is a secondary disability or a disease –
i) The disability arises out of employment; or

ii) The disability arises in the course of employment and the employment contributed to the disability.

A Secondary Disability means a disability that is, or results from, the aggravation, acceleration, exacerbation, deterioration or recurrence of a prior disability”.

HAVING REPORTED YOUR INJURY TO YOUR EMPLOYER, WHAT WILL HAPPEN NEXT?

1. If the Claim form has been lodged via your employer, they will forward your completed Claim Form, other required forms and Workers Compensation Medical Certificate(s) to the LGAWCS where these documents will be processed.

2. A LGAWCS Claims Officer will review your claim and make a determination within 7 calendar days. If a determination is unable to be made within this time-frame, provisional liability for weekly payments will be invoked unless a reasonable excuse exists. Consideration to discretional medical expenses pursuant to Section 32A of the Act will be given. (Refer to Provisional Liability section for further information).

3. Should further information be required to make a determination for a Claim for Compensation or the mandatory information has not been provided for Provisional Liability to be invoked, you will be contacted by a Claims Officer to discuss.

4. You will then be notified in writing within seven calendar days of receipt by your employer, of the LGAWCS’s decision and a copy forwarded to your employer.

5. Rehabilitation services will begin even if your claim is still being processed.

ACCEPTED CLAIMS

If your claim for compensation is accepted your entitlements may include:

Income Maintenance

If you have been certified unfit for work for any period of time, you may be entitled to income maintenance payments. These payments are based on either:-

- your current Award or Enterprise Bargaining Agreement

or

- your average weekly earnings calculated over the previous 12 months

If your claim is lodged after the 1st July 2008, your entitlement to weekly payments will be paid at the following stepped down rates:-

- 0 – 13 weeks, will be paid at 100% of your determined average weekly earnings
- 14 – 26 weeks, will be paid at 90% of your determined average weekly earnings
- 27 – 130 weeks, will be paid at 80% of your determined average weekly earnings
It is important to note, that for the purpose of calculating the step down periods a ‘week’ is defined as any week in which income maintenance payments have been made, regardless of how much of the week is paid as income maintenance. i.e. payment of a half day’s income maintenance is considered to be a week for the purpose of calculating entitlement step down periods.

Time off work to attend reasonable medical treatment requires prior approval from your LGAWCS rehabilitation consultant. If approval to attend treatment is granted, payments made to cover the lost time will not count towards the calculation of the step downs periods.

For claims lodged prior to 1 July 2008 the current reduction in weekly payments will continue to apply i.e. a reduction to 80% at 52 weeks.

Medical Expenses

Hospital, doctors fees, diagnostic investigation, physiotherapy, chiropractic treatment, chemist expenses, etc that are reasonably incurred and relate to your compensable disability.

Travelling Expenses

Reasonable travelling expenses incurred whilst undertaking medical treatment. The LGAWCS will reimburse travel in your private vehicle on the basis of the number of kilometres travelled and paid in accordance with the gazetted rate set by WorkCover. When using public transport, please keep your receipts for reimbursement. In exceptional circumstances, taxi fares may be reimbursed, however, prior approval must be obtained from the LGAWCS.

Travel expenses cannot be claimed for travelling to and from work. Should you undergo treatment on the way to or from work, only the extra kilometres travelled (if any) will be paid.

Whole Person Impairment Entitlement

This relates to a lump sum payment for non-economic loss in cases where permanent work related impairment has been sustained. To be entitled to this payment, there must be medical evidence the disability has caused a permanent loss of functional capacity. The injury must also be stable, which means it is unlikely to either deteriorate or improve. Amendments to the SA Workers Rehabilitation and Compensation Act which came into effect on the 1st April 2009, require your disability to be assessed by a WorkCover Accredited Permanent Impairment Assessor and the extent of your impairment is to be greater than 5%, for compensation to be paid.

New Claim Form Required

After your claim has been accepted there may be a requirement for you to complete another claim form. This may occur when:

- You are no longer able to work your full time hours as a result of your work injury;
- You are at work on full time hours and at a later date require further time off work e.g. surgery. This includes situations where you have not resumed your normal pre-injury duties;
- You return to work on full hours, after being off work and you then become incapacitated for work due to the same injury.
DECISION DEFERRED

If provisional weekly payments have been invoked and if at the expiration of the 13 week period:-

- your incapacity for work continues

and/or

- a determination for a Claim for Compensation is unable to made

Interim payments may be offered either at the rate of average weekly earnings, or at a rate determined by the LGAWCS. (See Interim Payments Section)

Your Claims Officer will contact you at Week 9 of your incapacity to discuss.

Reasons that a determination may not have been made include:-

1. **Insufficient information about the accident.**

   When this happens the Claims Officer may instruct an independent Assessor to investigate and gather information about the accident.

   This may include the Assessor visiting you at a mutually agreed time and place to obtain a statement. Statements may also be required from witnesses.

2. **There is insufficient or conflicting medical information.**

   The Claims Officer require an Information Authority Form to obtain a report from the treating doctor and/or treating specialist.

   In some cases, the Claims Officer may also arrange an independent medical assessment. If this is required you will be notified of the details regarding the examination in writing.

A determination will be made as soon as reasonably practicable, following the receipt of relevant information i.e. medical reports, assessor’s reports, independent specialist report.

**Interim Payments**

The Act allows for interim payments to be granted at the discretion of the LGAWCS. You need to be aware that if interim payments are approved, the LGAWCS as the right to recover these from you as a debt, should your claim be rejected.

**REJECTED CLAIMS**

If your claim is rejected you will be advised in writing of the reasons for the rejection and your right to apply for review of this decision to the South Australian Workers’ Compensation Tribunal. However, prior to lodging any appeal with the Tribunal you are encouraged to contact the LGAWCS or your Union Representative, to discuss the issues.
REDEMPTION

Redemption is a lump sum amount offered to an injured worker for future weekly payments and medical expenses, in order to finalise a claim for compensation. The amount offered is specific to each individual’s circumstances and there is no obligation on behalf of a worker to accept the offer.

Amendments to the SA Workers Rehabilitation and Compensation Act restrict the use of redemptions from 1st July 2009, applicable to all claims with a date of injury after 1st July 2006. From the 1st July 2010, the restriction on redemptions applies to all claims.

If you require further information in relation to redemptions or the restrictions coming into effect, please contact your Claims Officer at the LGAWCS.

INDEPENDENT MEDICAL EXAMINATIONS

The LGAWCS may request you attend an independent medical assessment at any stage of your claim. This involves you attending the medical provider’s rooms for assessment, only, after which the assessing doctor will forward a written report to the LGAWCS. A copy of the report will be sent to you by mail. If you refuse to attend such an assessment without reasonable grounds, your entitlement to income maintenance maybe ceased.

CONCERNS REGARDING DECISIONS

If you have a concern about a decision made in relation to your rehabilitation or workers compensation claim it is recommend that you first discuss your concern with your manager, IRC or LGAWCS.

If the matter cannot be resolved to your satisfaction you may lodge an appeal with the South Australian Workers Compensation Tribunal. All claim determinations from the LGAWCS will detail your appeal rights and time frames. Not all decisions can be appealed to the Workers Compensation Tribunal and the determination with respect to these decisions will advise of this.

COMPLAINT RESOLUTION

If you have a concern, complaint or suggested improvement with respect to the management of your rehabilitation, return to work or workers compensation claim which is not subject to the dispute resolution process (refer section on Concerns Regarding Decisions) you should discuss with any of the following:-

Manager/Supervisor
Internal Rehabilitation Consultant
LGAWCS Claims Officer or Rehabilitation Consultant

These people should be able to explain the internal complaint resolution process and assist to address your concerns. If the matter is not addressed to your satisfaction you may escalate the matter to the LGA Authorised Officer or LGAWCS Divisional Manager – Workers Compensation Services.

If the matter can still not be resolved to your satisfaction you can contact the WorkCover Ombudsman for further advice and assistance. (See under Provisional Liability in this Booklet for contact details)
**WHAT IS THE ROLE OF THE SOUTH AUSTRALIAN WORKERS COMPENSATION TRIBUNAL?**

The Workers’ Compensation Tribunal is the dispute resolution body established to hear and determine disputes relating to certain rehabilitation matters and workers’ compensation decisions. Its role is to provide a forum for resolving disputes that may occur between the parties.

When an appeal application has been lodged the first step is for the Tribunal to request the LGAWCS to reconsider its decision. If you are not satisfied with the outcome the next step is attendance by all parties at a compulsory Dispute Management Conference before a Conciliation and Arbitration Officer. The aim of this conference is for all parties to openly discuss the issues and attempt to resolve them.

If the Conciliation Conference is not successful, the matter can be referred to a Presidential Member of the Workers Compensation Tribunal to have the dispute judicially determined. That hearing and decision is known as a Judicial Determination.

You are entitled to be represented in these proceedings by a Solicitor, Union Representative, Family Representative or a friend.

**REHABILITATION SERVICES**

Rehabilitation is the process whereby an injured employee receives medical treatment from a qualified medical practitioner. At the same time a return to work on suitable duties is occurring or is being planned. The aim of this process is to obtain an optimal level of recovery and for the employee to resume their pre-injury duties.

Not all employees require rehabilitation services particularly if the injury is minor and recovery is made within a short period of time.

Direct rehabilitation services provided by the LGAWCS include;

- Early assessment of rehabilitation needs.
- Development, preparation and use of Rehabilitation Programmes or Rehabilitation and Return to Work Plan. This will occur in consultation with your Employer, treating doctor, nominated employee representative (if required) and yourself.
- Confidential Case Management.

These services are provided by the LGAWCS Rehabilitation Consultants. Rehabilitation services are initiated and provided without waiting for a decision on the claim to be made.

The key elements of the process are;

- Return to work is subject to medical expert’s approval. In most cases this is the general medical practitioner.
- A Rehabilitation Programme or Rehabilitation and Return To Work Plans are written to document suitable duties and work restrictions along with the actions that will occur to assist you to return to your optimal level of recovery and pre-injury duties.
- Your progress is reviewed on a regular basis and this process continues until you have achieved a return to your pre-injury duties, or if this is not possible, other duties consistent with advice from the medical experts.

Rehabilitation Programme and Rehabilitation and Return To Work Plan

Under the present legislation all Employees requiring rehabilitation are required to have either an active Rehabilitation Programme or a Rehabilitation and Return To Work Plan in place. A Rehabilitation Programme is used when a claim is pended. Once the claim has been accepted a Rehabilitation and Return To Work Plan is used. Both documents are a record of who is responsible to complete the agreed actions within the specified time frames. All parties receive a copy of either document.

When either is required, a meeting will be organised involving your Supervisor/Manager, Internal Rehabilitation Co-ordinator (IRC) and your nominated representative (where requested) and a LGAWCS Rehabilitation Consultant.

WORKER’S RESPONSIBILITIES

1. To notify your employer as soon as possible if you have been injured in the course of your employment. This may be a person in the workplace such as the rehabilitation and return to work coordinator, the health and safety representative or the immediate manager/supervisor.

2. To give your employer any paid accounts for reimbursement or invoices for expenses incurred.

3. To provide to the employer up-to-date Workers Compensation Medical Certificates.

4. To be actively involved in your treatment and rehabilitation and comply with the requirements of a rehabilitation and return to work program.

5. To undertake suitable employment that your doctors says you are fit to perform.

6. To ensure you do not provide any false or misleading information about a claim. (Note: It is an offence to provide false or misleading information about a claim)

WORKER’S RIGHTS

1. To be paid weekly payments, if incapacitated for work, once a claim form has been received or if a claim cannot be determined within seven days to receive provisional weekly payments, unless a reasonable excuse is applied or no income loss occurs.

2. To have reasonable medical and other expenses paid within a reasonable time frame e.g., travel.

3. To have a current copy and be meaningfully involved in all decisions regarding your approved rehabilitation program/plan.

4. To raise with the person managing your claim any dissatisfaction with your allocated rehabilitation provider

5. To have a treating doctor/specialist of your choice and obtain a second opinion from a specialist.
6. To be provided with copies of all medical reports concerning their claim within seven (7) business days of LGAWCS receiving them.

7. To have a representative or support person present at any meeting or hearing about your claim. (e.g. family member, union, employee advocate, solicitor)

8. To have any personal information kept confidential.

9. To have an interpreter at meetings and appointments if required.

**PERSONAL INFORMATION**

Personal Information is information relating to details of medical conditions and treatments, or information concerning family, financial or emotional matters.

**CHANGE OF REHABILITATION CONSULTANT**

A request for a change in Rehabilitation Consultant is not automatic. In the first instance you are encouraged to talk to the person(s) involved to clarify any perceived issues or misunderstandings. If this is unsuccessful the more formal process will begin. The reasons for requesting a transfer are to be submitted in writing to the Manager of the LGAWCS then following this, a meeting with all parties is to be arranged to try and resolve any issues. After this process has been completed, only then will the LGAWCS make a decision regarding a change in Rehabilitation Consultant. Until this decision is made, your Rehabilitation Consultant will continue assisting you until this matter is resolved. You will be notified of the final outcome by the LGAWCS.

**PARTICIPATION IN REHABILITATION**

When the rehabilitation process has started, you will be provided with a written Rehabilitation Programme and/or Rehabilitation and Return to Work Plan.

When your Rehabilitation Programme and or Rehabilitation and Return to Work Plan is signed by the relevant parties, it becomes an approved and agreed Rehabilitation Programme or Rehabilitation and Return to Work Plan under the Workers Rehabilitation and Compensation Act 1986. Should you realise at a later date you cannot complete the actions agreed within the time frames, it is your responsibility to contact your Employer and Rehabilitation Consultant to review the document.

It is no longer a requirement that a Rehabilitation Programme or Rehabilitation and Return to Work Plan be signed by the Employee, to be valid under the legislation. The Programme or Plan should still be developed in consultation with yourself, your Rehabilitation Consultant and your Employer, but once developed, your obligation is to comply with that Programme or Plan, whether or not you choose to sign. If you feel the Programme or Plan is unreasonable, you should ask to discuss this with the relevant parties.

All attempts will be made to reach an agreement satisfactory to all parties prior to signing. If no agreement can be reached you have the right to lodge a notice of dispute with the SA Workers Compensation Tribunal, who will then review the Rehabilitation Programme and or Rehabilitation and Return to Work Plan as being reasonable or not. During this period the current Rehabilitation Programme and/or Rehabilitation and Return to Work Plan still applies up to the time of the Tribunal Hearing. In other words the rehabilitation process continues and is not put on hold until the Tribunal makes its recommendations.
If your claim is accepted and you decline to undertake your Rehabilitation and Return to Work Plan or change the agreed actions without telling your Employer or your Rehabilitation Consultant, your entitlements to income maintenance may be discontinued or reduced under Section 36 of the Act.

**YOUR EMPLOYER’S ROLE IN REHABILITATION MANAGEMENT**

All members of the LGAWCS have adopted an Injury Management (Rehabilitation) policy.

This Policy requires all Employers to be committed to:

1. Providing support and assistance to the injured employee.
2. Providing suitable employment wherever possible.
3. Ensuring the employee resumes their position of employment depending on medical advice.

These commitments will not be prejudiced during any period in which an employee’s claim for compensation entitlements remains undetermined. For further information contact the person responsible for rehabilitation within your organisation.

**OCCUPATIONAL HEALTH AND SAFETY DEPARTMENT**

The aim of the LGAWCS’ Occupational Health and Safety Department is to assist Councils reduce the number of accidents and injuries occurring in the Local Government Industry.

To achieve this the Occupational Health and Safety Department provides services to all Councils, Managers, Supervisors, OH&S Committees, OH&S Representatives and Workers.

Services includes but is not limited to:

1. Assisting in accident reporting and investigation, risk assessments, use of protective equipment and implementing control measures to reduce or eliminate the hazard;
2. Worksite inspections, legislative and system audits;
3. Review of workplace environments, systems of work, plant, substances, materials and welfare facilities for employees;
4. Consultation with Council’s Management and OH&S Committees;
5. Consultation with Industry Unions.

Should you have any questions about the role of the Occupational Health and Safety Department, please contact your OH&S Co-ordinator or Representative or Supervisor.
TERMS AND DEFINITIONS

• **Average Weekly Earnings:** Are calculated on Award/EB Agreement or pre-injury average weekly earnings calculated over the previous 12 months.

• **Compensable Disability:** Any physical or mental injury including disease or disfigurement which "arises from employment".

• **Determination:** The decision made on a Claim for Compensation to either accept or reject the claim and ongoing claim management decisions

• **Independent Assessor:** Independent insurance assessor instructed by the LGAWCS to gather further information and facts to assist with the claim determination process.

• **Injury Management Kit:** A Kit which contains the documentation and information required to submit a Workers Compensation Claim.
  
  **Note:** Your Employer may have their own version of a Kit or Package of Forms for you to complete.

• **Whole Person Impairment:** Permanent loss of functional capacity arising from a compensable disability.

• **Medical Experts:**
  - Medical Practitioner
  - Dentist
  - Psychologist
  - Optician
  - Physiotherapist
  - Chiropractor
  - Podiatrist
  - Occupational Therapist
  - Speech Pathologist

• **Non-Economic Loss:**
  - “Pain and Suffering.
  - Loss of amenities of life.
  - Loss of expectation of life.
  - Any other loss or detriment of a non-economic nature

• **Notification**
  Advice only of an injury – no request for weekly payments or medical and other expenses at this time

• **Provisional Liability**
  The ability to access provisional weekly payments for up to 13 weeks and discreional medical expenses up to $5,000. Note a determination under Provisional Liability is not an admission of liability.
• **Reasonable:** Costs “reasonably incurred by the Employee in consequence of having suffered a compensable disability”. Travel by a Employee in a private vehicle “for the purpose of receiving medical services, hospitalisation or approved rehabilitation and the travel is reasonably necessary in the circumstances of the case”.

• **Rehabilitation:** A managed process involving early intervention with appropriate, adequate and timely services based on assessed needs and which are aimed at maintaining injured or ill employees in or returning them to suitable employment.

• **Redemption** Capital payment of weekly payments and medical expenses redeemed by way of agreement