

# ACC AUDIT GUIDELINES - INJURY MANAGEMENT PRACTICES

Guidelines to understanding the audit standards for the  
Injury Management Section of the ACC Partnership Programme

**Please note:** There is a separate guideline document that covers the safety management practices section of the Partnership Programme audit standards.

## **Guidelines to what?**

These guidelines will help you understand ACC's requirements of the audit standards for the injury management section of the ACC Partnership Programme.

The guidelines provide further clarification and information for employers and employees who are already part of the Partnership Programme and for employers who are considering entry into the programme.

The guidelines should be read together with the audit standards for the programme.

## **Who are they for?**

The guidelines are mainly for employers who are seeking to understand ACC's audit standards and how these generic standards might be applied in specific workplaces.

They may also be useful to other people who are interested in workplace safety management under ACC's safety discount programmes, such as auditors, health and safety consultants and third party administrators.

## **What do they look like?**

The numbering used in these guidelines refers directly to the numbering of the critical elements and the verifications in the audit standards for the Partnership Programme.

There are ten critical elements in the injury management standards that follow on from critical elements one to nine in the safety management practices section. Each critical element has varying numbers of primary, secondary and tertiary verifications that need to be met. These critical elements cover essential sections in managing workplace injuries under the programme, and provide a framework for building successful and sustainable injury management.

## **Critical Elements**

The ten critical elements are:

11. Cover decisions
12. Entitlements
13. File management
14. Administration and reporting
15. Disputes management
16. Development of rehabilitation policies, procedures and responsibilities
17. Assessment, planning and implementation of rehabilitation
18. Rehabilitation outcomes, return to work and follow-up procedures
19. Focus group interviews
20. Case studies

## **Levels of Achievement**

The ACC audit standards refer to three levels that an employer can achieve within the programme. These levels are:

**Primary** – the basic level of achievement required for programme entry

**Secondary** – further consolidation of good health and safety practices in the workplace

**Tertiary** – a well-established, continuous improvement framework

The tertiary audit standards can only be achieved when there is a clear history of established employer systems and processes functioning actively in the workplace. As a guide, most of the requirements should have been functioning over a twelve-month period.

Guideline information has been separated under primary, secondary or tertiary headings for each of the critical elements, so numbering may not always be sequential. Where it might appear that numbers from the audit standards are missing, they have been addressed further on in the same critical element, but under either the secondary or tertiary sub-heading.

## **How can the guidelines help?**

The ACC audit standards are generic standards and they have been designed this way so that there is a benchmark that can be applied to all participating employers. However, because of this, the standards are open to some interpretation as they are applied to specific workplaces.

These guidelines will help you to understand what ACC is looking for in each requirement so that you can interpret what that means in reference to your own workplace

## **How should they be used?**

The guidelines should always be viewed alongside the audit standards as an additional level of explanation and clarification. The guidelines will not be very clear unless they are read together with the Partnership Programme audit standards.

## **What if I have more questions?**

You are welcome to contact an ACC account manager, or one of the ACC Partnership Programme Advisors through (04) 918-7279 if you need any further information.

## **Important Note**

These guidelines are not intended to be an additional level of verification to the audit and should not be used or viewed in this way.

## 10. Cover Decisions

### **Objective:**

*The employer will demonstrate a procedure for making workplace injury cover decisions that complies with the legislation\* and includes review rights.*

### **Introduction**

Employers are required to have the appropriate procedures in place and access to staff with the expertise to make workplace injury cover decisions according to the legislation. Robust cover decisions will ensure that the statutory rights and entitlements of injured employees are protected and will provide employers with the assurance that they are managing their responsibilities.

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### **Primary Requirements**

#### **10.1.1**

The employers needs to have a documented procedure that details how the accredited employer (or third party administrator) will lodge a work injury claim. This procedure may include:

- the mandatory information required on an Injury Claim Form (ACC45) to be able to lodge a claim
- how a claim is registered
- how a claim number is assigned
- the system or method of lodgment that is used
- timeframes for each part of the procedure
- responsibilities for meeting requirements and timeframes

An Injury Claim Form (ACC45) contains mandatory information relating to the work injury that has been sustained, which is essential to the lodgement of a claim.

**Please note:** that the date of claim lodgement is the date a completed ACC45 is received by the accredited employer (or has been received by ACC). Therefore it is important that an accurate record of the date an ACC45 is received is maintained and can be demonstrated.

#### **10.2.1**

The employer needs to have a process to determine whether a claim meets the criteria to be accepted as a work-related personal injury (in accordance with the ACC legislation). This may be in the form of a checklist (or similar) that considers:

- whether the injury occurred during working hours
- the activities the person was engaged in at the time of the injury
- where the person was when the injury occurred
- any feedback from the employer, work records or colleagues
- timeframes

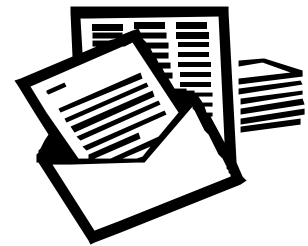
If a cover decision is not made within the legislative timeframes (refer to the ACC legislation for more information), a decision is deemed to be accepted.

**Please note:** an employee's non-compliance with workplace requirements (for example, failure to report a workplace injury) is not grounds on its own, to decline a claim for cover.

### 10.2.2

The employer needs to have example or standard letters available for notification to injured employees and for use in situations when further information is required to determine whether an injury is work-related. This may include:

- a request for further information from the line manager or supervisor
- a request for further information from the injured person
- information from the injured person about non-work activities
- a statutory declaration
- a request for further information from the treating doctor



The development of standard letters is useful for easy reference and also ensures consistency in the way in which employees are advised of decisions or the way in which further information is sought.

### 10.2.3

A documented procedure is required to confirm the way in which disputes are managed if an injured employee and an employer disagree about whether an injury is work-related or not. This procedure may include sending a letter to the line manager, employee and/or treatment provider to gather more information. The procedure may also require a discussion with key parties once further information has been gathered and reviewed.

On receipt of all information, an assessment needs to be carried out to determine whether it is more likely than not, that a work-related personal injury has been sustained. Documentation should be maintained on the file to confirm the way in which the decision was made.

### 10.3.1

The employer needs to provide evidence that cover decisions confirming the acceptance or declination of a claim are issued to an injured person in writing, that review rights have been included and that legislative timeframes are met. The cover decision letter may include:

- the claim number
- the injured employee's name
- whether the claim has been accepted/declined for cover
- the injury that has been accepted/declined for cover
- if a claim is declined, the reasons for this should be clear to the employee
- information about review rights that enable an employee to formally question the cover decision
- information regarding relevant entitlements for accepted claims
- attached information about the Code of ACC's Claimants' Rights

#### **10.4.1**

The employer needs to have a process for managing work-related injury claims that confirms that only people with knowledge of the current ACC legislation are able to make workplace injury cover decisions. While feedback from line managers or supervisors may be considered in the decision-making process, cover (as it is defined in the ACC legislation) must be confirmed or declined by someone who has knowledge of the current ACC legislation, usually a designated case manager. Whoever undertakes this role must have at least 12 months experience in making workplace injury cover decisions and in the management of claims.

Verification of the experience of the person making cover decisions can be obtained by viewing a curriculum vitae, a list of the person's qualifications and experience (or similar).

#### **10.5.1**

Confirmation is required that induction and refresher training material (or similar) exists, to ensure all employees working for accredited employers are aware of the process for lodging a work-related injury claim. This can be verified by training notes, agendas, attendee lists and brochures, for example.

#### **10.5.2**

When seeking medical treatment for workplace injuries, employees need to be provided with something that identifies them as being employed by an accredited employer. Some companies use identification cards that include the contact details for providers to send claim or invoice information, while other employers may send a letter of introduction to the treating doctor, with the injured employee.

#### **10.5.3**

The employer needs to provide evidence that information on how to lodge a work-related injury claim is provided annually to all employees. This can be verified by information brochures, letters to all staff or Intranet information, and should be dated to confirm the annual provision of information (refer to the Accredited Employer Programme Agreement clause 4.2.4 for the minimum information that must be included).



The Accredited Employer Programme Agreement requires that accredited employers provide this information to all employees within one month of commencement in the Partnership Programme, and within five days of a new employee starting work for an accredited employer. This information must be provided annually to all employees, thereafter.

#### **10.5.4**

The employer needs to provide evidence that information on the claims lodgement process is also accessible to all employees. This can be demonstrated through the use of brochures, publications, posters in the workplace, an Intranet site, etc. If an Intranet site is used, it is important that other forms of communication are also provided where all employees do not have ready access to a computer.

#### **10.6.1**

There is a documented process to transfer claims that are not the responsibility of the accredited employer (for example, claims that belong to another accredited employer or to ACC). The employer may have two processes, a basic one that is used to transfer an ACC45 that has been received incorrectly and simply needs to be sent to ACC, and a more detailed process transferring a claim where the employer has already been providing case or claims management.

The process to transfer an ACC45 may include:

- verifying if the ACC45 is for a work-related employee claim, and if not,
- the method for transferring the ACC45 directly to the relevant accredited employer or to ACC

Where the accredited employer has managed a claim, the process may include:

- verbal contact with the ACC liaison manager to confirm that ACC will accept the claim
- on receiving ACC's acceptance, written notification is forwarded to the ACC liaison manager, any relevant providers and the injured employee.
- the employee should be contacted to advise them of the transfer, the reasons for transfer, where the claim is being transferred to and if available, the contact details within ACC
- a full file summary that is completed prior to transfer (and includes review of the correctness of all payments)

### 10.6.2

The employer needs to demonstrate awareness of how claims will be transferred to either ACC or another accredited employer. While a number of employers may not have transferred claims, confirmation is still required that a process exists. The Partnership Programme has provided guidelines to accredited employers that are available on INFORME on the ACC website.

## **Secondary Requirements**

### 10.3.2

The employer needs to provide evidence that all injured employees are contacted to discuss unfavourable cover decisions prior to written notification of the decision being sent. The aim of this contact between the case manager and the employee is to ensure the employee clearly understands why the claim does not meet the requirements for cover and to discuss any other support that may be available. Providing this opportunity may also minimise the likelihood of an inappropriate application for review.

Verification may include a process (or similar) to outline the action that would be taken when a claim for cover is declined. This may include:

- what timeframe is required for contact to be made
- if an injured employee cannot be contacted within a specified timeframe, the steps that will be taken
- the way the injured employee is contacted, either phone call or meeting



This process can be demonstrated through file notes, interview sheets (or similar).

## 11. Entitlements

### **Objective:**

*The employer has developed a process for ensuring entitlements are assessed in an accurate and timely manner and claimants are notified of decisions in compliance with the legislation\*.*

### **Introduction**

An injured person may be eligible for a range of social, vocational and medical entitlements as a result of a work-related injury. When cover for a work related personal injury has been established, accredited employers are required to provide entitlements to their injured employees at a level that is at least equivalent to that specified in the ACC legislation. Some employers may elect to provide more than the statutory amount to their injured employees (for example, medical surcharges, 100% weekly compensation payments), however this is at the discretion of the individual employer.

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### **Primary Requirements**

#### **11.1.1**

To ensure all employees are aware of entitlements that may be applicable following a work-related injury, the employer needs to have a notification procedure in place. This should consider:

- fact sheets (or similar) being sent out with all cover letters; and may also include
- sources of information available throughout the workplace (for example, posters, manuals)
- entitlement information included in a written form at induction

The process should also consider any special needs that may be specific to the workplace (for example, information available in different languages, video information).

#### **11.1.2**

The employer needs to demonstrate that information on potential entitlements is accessible all employees. This may include:

- information on an Intranet site
- brochures in the workplace
- fact sheets
- posters or signs on staff notice boards
- details in a rehabilitation manual



#### **11.1.3**

The employer needs to demonstrate that employees are informed about any entitlement that may be relevant when a work-related injury claim is accepted for cover. This can be verified by file notes for example, that confirm that information brochures or fact sheets are sent with cover decision letters.

### 11.2.1

The employer needs to have a process to assess an injured employee's eligibility to entitlements following a work-related injury. One way of doing this is to use a needs assessment sheet that considers the range of entitlements available. The process to assess entitlements should consider:

- the injured employee's needs at work and at home
- the entitlements that may be relevant
- the criteria that need to be met to be eligible for each entitlement
- reference to the current ACC legislation
- the timeframes involved for making entitlement decisions
- who has the delegation to accept or decline requests for entitlements

### 11.2.2

The employer needs to have example or standard letters available to accept or decline applications for entitlements. Standard forms should also be available for injured employees to enable them to provide the correct information when claiming for entitlements (for example, home help claim forms, transport claim forms etc).

The development of standard letters not only allows for easy reference but it also ensures consistency in the way in which employees are advised of decisions.



### 11.2.3

The employer needs to demonstrate that all entitlement decisions are confirmed in writing to the injured employee. An entitlement decision letter should include:

- the claim number
- the injured employee's name
- the entitlement that has been accepted or declined
- if an entitlement is declined, the reasons for this should be clear to the employee
- review rights, even when the application for entitlement has been accepted

### 11.3.1

The Partnership Programme requires open, consultative rehabilitation management. Ensuring that an injured employee understands and consents to the collection and release of information relating to a claim is part of good rehabilitation practice to protect both the employer and employee.

The employer needs to demonstrate that injured employees have received written information on the purpose and process for a consent form when additional information to manage a work-related injury claim is required. Informed consent includes:

- the reason for collecting information
- the intended recipients of the information
- the claimant's right to respond to any information supplied
- privacy principles (for example, how the information will be stored, who will have access to the information)
- a contact person for any concerns or questions

### 11.3.2

The employer is required to have standard consent forms available for use. The consent form should include:

- the injured employee's name and claim number
- contact details of the injured employee
- purpose for collecting the information
- a statement authorising the collection and release of information relevant to the claim
- claimant declaration that the information provided is correct
- claimant signature
- date on which the consent is signed
- reference to the Privacy Act 1993 and Health Information Privacy Code 1994

It is recommended that the form is dated when the injured employee first signs the consent form and then updated every 12 months for the duration of rehabilitation.

The consent included on an ACC45 (Injury Claim Form), which has been completed as part of a medical consultation, is not sufficient if further information needs to be collected by the accredited employer, or if information needs to be released in relation to the claim. Confirmation of informed consent by the accredited employer provides the assurance that both employer and employee rights are protected.

### 11.4.1

The employer is required to have a documented procedure detailing the way in which entitlement to weekly compensation is assessed that is consistent with the current ACC legislation. This procedure should consider:

- how to determine eligibility
- how to calculate entitlement
- how to establish the periods for which compensation is payable
- what information is needed and where to get it from
- the information needed to verify incapacity
- how to include payments made from any secondary employment
- reference to relevant sections of the ACC legislation

### 11.4.2

The employer needs to provide evidence that calculation sheets are maintained on all files where an employee has entitlement to weekly compensation or abated weekly compensation. The calculation sheet on the file should be a copy, with the original sent to the injured employee (this can be confirmed by the running sheet). Information on the calculation sheet should consider:

- general information on weekly compensation
- the earnings figures used to calculate entitlement
- the amount being paid
- the period of entitlement being paid
- review rights
- responsibilities of the injured employee



### 11.4.3

When an employer elects to pay more than the legislative entitlement to weekly compensation, the employer is required to provide evidence of a procedure to inform the injured employee of:

- the calculated 80% weekly compensation entitlement (for example, the statutory entitlement)
- what the employer has elected to pay (which is at least equivalent to the 80% figure)
- that only the statutory level of entitlement will be paid if the claim is returned to ACC

#### 11.4.4

Applying indexation increases (Orders in Council) involves an annual adjustment of weekly compensation entitlements based on changes to the Labour Cost Index - representing average changes in wages. Employers are required to have a procedure to apply these increases which should include:

- what particular claims may be eligible for the adjustment
- where the information regarding adjustments can be found (for example, Informed)
- the process for advising an injured employee of any increase

#### 11.4.5

When an employee returns to work in a reduced capacity (and/or continues to receive taxable income from a secondary source), abatement calculations need to be made. Employers are required to have a procedure detailing how to calculate abatement that may include:

- what abatement is
- when it should be applied
- how it is calculated
- what information needs to be collected
- reference to relevant sections of the ACC legislation
- the process for advising the injured employee, including review rights

Copies of calculation sheets need to be maintained on files where abated payments have been made, with the original being forwarded to the injured employee.

### **Secondary Requirements**

#### 11.2.4

All injured employees should be contacted to discuss unfavourable entitlement decisions prior to written notification being sent. The aim of this contact is to ensure the employee clearly understands why they are not eligible for the entitlement and to discuss any other support that may be available. Providing this opportunity may also minimise the likelihood of an inappropriate application to have the decision reviewed.

Verification may include a process (or similar) to outline the action that would be taken when an entitlement is declined. This may include:

- when contact should be made with the employee
- if an injured employee cannot be contacted within a specified timeframe, the steps that will be taken
- the way the injured employee is contacted (for example, by telephone or a meeting is arranged at the worksite)



This process can be verified through file notes or interview sheets, for example.

## 12. File Management

### **Objective:**

*Policies and procedures are in place to ensure that all files are managed and administered in a way that complies with the legislation\*. (Templates or samples will **only** be accepted for new accredited employer applications or situations where there have been no claims.)*

### **Introduction**

Management of injuries in the workplace provides opportunities for the full advantages of supported early return to work to be realised. Workplace-based injury management also introduces another dimension to the employer-employee relationship.

It is important that employment-related issues, information or relationships do not impact negatively on the statutory management of work-place injuries. Accredited employers (or their nominated third party administrator) need to maintain injury-related information for employees in a secure and confidential manner.

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### **Primary Requirements**

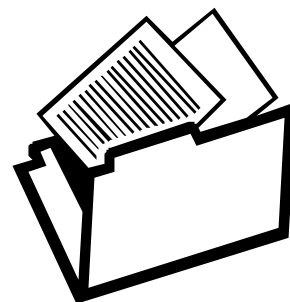
#### **12.1.1**

The employer is required to have a procedure that details the information to be included on a claim file. For example, files must contain:

- an ACC45 (Injury Claim Form)
- cover decision letter

Ongoing claims may include (where relevant):

- an application for entitlement
- signed consent form
- medical certificates (for any incapacity greater than 7 days)
- provider reports
- rehabilitation plans
- treatment provider invoices
- running sheets or case notes
- closure forms



The procedure should confirm that the employer will manage and administer information on work-related claim files in accordance with ACC legislation. For example, information on files will be held securely, files will be maintained confidentially, information on an individual claim file will only relate to the injured employee and not include details of any other injured person.

### **12.1.2**

Claim files need to demonstrate that information held on claim files is administered in a way that complies with the ACC legislation.

### **12.1.3**

The employer needs to have a range of standard letters and forms available to issue to injured employees when required. This range of letters and forms may include:

- cover decision letters
- consent forms
- transport forms
- entitlement applications
- entitlement fact sheets
- Code of ACC Claimants' Rights information

The development of standard letters and forms not only allows for easy reference but also ensures consistency in the way in which employees are advised of decisions.

### **12.2.1**

The employer needs to have a procedure that refers to the Privacy Act 1993 and the Health Information Privacy Code 1994 in relation to the collection, storage and release of personal information. This procedure may include:

- how injury-related information is collected, for example, all requests for information are accompanied by an employee consent form
- maintaining information in a locked or secure area
- ensuring only people with the appropriate authority have access to files
- ensuring that files only contain information relating to the injured employee

### **12.2.2**

The employer is required to demonstrate that the area where claims are stored is securely maintained and access is only available to designated people. A list of people with access to injury-related information needs to be maintained and will often include a signed declaration form from those people with authorised access.



### **12.2.3**

It is important that any employment and performance-related information that an employer may have access to does not affect the management of any work-related injury claim. For example, the injury management service, entitlements and support provided to a poor-performing employee should be based on legislative requirements, and should not be influenced by their work history.

It is therefore a requirement that injury related information is maintained separately from employment-related information.

### **12.2.4**

The employer needs to confirm that files only contain information relevant to the management of an individual claim. Statements in procedural manuals or viewing actual files can demonstrate this.

### 12.2.5

The employer is required to confirm that claims that do not need to be transferred to ACC will be securely stored and are accessible to ACC if required. This may be verified through a procedure, which details the way in which the closed files will be stored and how they can be accessed.

**Please note:** an employer is required to retain injury claim information for ten years following a work-place injury, according to the signed Accredited Employer Programme Accreditation Agreement.

### 12.3.1

Studies have shown that the earlier an injured person is contacted following an injury, and the sooner appropriate rehabilitation is provided, the more likely it is that the injured person will make an early and safe return to work. Because of this, an employer needs to have a procedure confirming that the injured employee will be contacted within 5 working days of injury notification and where there is likely to be a need for rehabilitation, there is discussion with the injured employee to determine whether any support is required. This procedure should consider:

- how initial contact with the injured employee is made (for example, in person or by telephone)
- who (the role) is responsible for contacting the injured employee and discussing possible needs
- information to be covered with the employee in initial contact (prompts, checklists (or similar) may be used)
- entitlements that may be applicable

Initial contact and assessment of likely support that an employer can provide is required to occur within the 5 working-day timeframe irrespective of whether the injury has been accepted for cover or not. This enables the advantages of early intervention to be realised. Many rehabilitation support options are only applicable if a claim is accepted for cover. The limited early rehabilitation support available and the need to wait for claim acceptance for some forms of support, should be discussed and clarified with the injured employee from the earliest contact.

Early contact can be demonstrated through viewing actual files to confirm that contact has actually occurred within the 5 working-day timeframe, and that there has been discussion with the injured employee to determine whether any support is required.

This early contact requirement does not apply to injuries that are likely to be medical-fees-only claims. Medical-fees-only claims are defined as injuries where there is only an initial general practitioner consultation and/or less than six provider treatments (for example, physiotherapy treatments), or where no time-off work or rehabilitation support is required.

Injury notification refers to the first time an employer (or third party administrator) is made aware of an injury and may be through receipt of an ACC45, written confirmation from the employer to the third party administrator about an injury, or through other methods of early workplace reporting.

### 12.4.1

A running sheet on a file provides a "quick reference" to anyone who is reviewing the claim. The running sheet briefly details what has been occurring on the claim and may include:

- contact details of the injured person
- injury description
- a brief summary of contact with the injured employee and any other stakeholders (for example, telephone conversations, decisions issued, case conferences, etc)
- the dates of each contact or action

Evidence is required that running sheets are maintained on files with more than initial treatment costs. This can be verified by viewing an actual file or a number of files.

### **12.5.1**

A closure form acts as a quick reference summary of the claim outcome and can be seen as an encouragement and a measure of success for the case manager. An employer needs to demonstrate that closure forms (or similar) are completed on claims when more than initial treatment costs have been paid. The form (or similar) may include:

- claimant name and ACC45 number
- injury details
- cost and duration of claim
- work status of the injured employee at claim closure

This verification is not applicable for new accredited employer applications or situations where no work injuries have occurred.

### **12.6.1**

All claims forwarded by an accredited employer to ACC for ongoing management need to include a transfer summary that includes details of the rehabilitation provided and a brief history of the claim. A transfer summary may include:

- claimant name and ACC 45 number
- date of accident
- injury covered
- current diagnosis
- general practitioner contact details
- brief history of claim management and rehabilitation
- a list of reports on file noting author and subject of report
- rehabilitation plan summary
- summary of payments issued
- weekly compensation calculation sheets

Claim transfer information is available to all accredited employers through ACC Informe.

### **12.6.2**

It is important that an accredited employer notifies an injured employee, ACC and any other relevant party prior to a claim being transferred. The employer is therefore required to have a transfer process detailing how the relevant parties are notified. This may involve a transfer process (or other similar notification) which includes:

- why a file is being transferred
- when the transfer will occur
- when compensation or entitlement payments from the employer will be transferred to ACC
- contact details of the person making the transfer
- contact details of ACC
- confirmation of notification

### **12.6.3**

All claims being transferred by an accredited employer to ACC should be reviewed and signed off by the employer to ensure the accuracy of payments and rehabilitation. This can be verified by a checklist (or similar) completed by the employer and signed off by a senior person within the company who verifies the correctness of the information.

### **12.6.4**

The employer needs to demonstrate that the procedure for transferring claims to ACC is consistent with ACC transfer guidelines (refer to Informe).

## **Secondary Requirements**

### **12.3.2**

The employer needs to provide evidence that contact is made with an injured employee within 2 working days of injury notification and that there is a discussion with the injured employee to determine whether any support may be required. Initial contact and discussion of likely support that an employer can provide, should occur within the 2 working-day timeframe, irrespective of whether the injury has been accepted for cover.



This can be verified by viewing an actual file, or number of files to confirm that contact does occur within the 48-hour timeframe and that there has been discussion with the injured employee to determine whether any support is required.

This is consistent with the concept that in many cases, early contact and setting of clear expectations can be directly linked to successful rehabilitation outcomes.

## 13. Administration and Reporting

### **Objective:**

*The employer has a computer reporting system that holds appropriate data and allows timely and accurate reporting to ACC as required by the accredited employer agreement.*

### **Introduction**

In order to understand the injury profile of New Zealanders and to be able to target effective injury prevention and injury management initiatives, ACC is required to maintain injury-related data for the whole country. This includes all work injuries, non-work injuries, motor vehicle injuries and injuries that occur to non-earners. Employers who are accredited under the Partnership Programme are responsible for recording their own workplace injury data. This workplace information then needs to be transferred to ACC each month to ensure ACC has a complete profile of all injuries.

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### **Primary Requirements**

#### **13.1.1**

The employer is responsible for supplying data to ACC each month on all work-injury claims that have occurred, that is consistent with the Partnership Programme technical specification. To enable an employer to meet this requirement a programme (computer reporting system) is required that has a backup facility. This backup facility is required to ensure that a full copy of injury management records will still exist, if the employer's computer system fails. (This requirement may be met by an external third party.)

#### **13.1.2**

It is important that an employer has technical support to assist with their programme or system, should any problems occur. The auditor needs to confirm that the employer has support available for the ongoing maintenance of the data system being used. (This requirement may be met by an external third party.)

#### **13.1.3**

The employer is required to have a user guide or manual that includes (at least):

- details the data specification required by ACC
- the entry format
- reporting timeframes
- contact details for people managing data internally or externally.

#### 13.1.4

The position within the company responsible for managing the Partnership Programme and for submitting the monthly data must be defined (either through job descriptions, procedural documents or similar). An alternative contact point within the company is also required for the management of data when the nominated person for this position is away or on leave. Both individuals must have the ability to maintain, update and transfer the data. (While this requirement may be met by an external third party, ultimate responsibility for data integrity and timeliness rests with the employer.)

#### 13.2.1

Data needs to be transferred to ACC in a specified format that captures all the information of an injury according to ACC's technical specification. The employer is required to have a computer programme formatted to the ACC data specification and business rules.

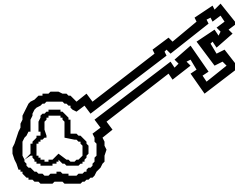
#### 13.2.2

The employer needs to provide evidence to ACC confirming the successful transfer of data within the required timeframes. A current e-mail message confirming data receipt from the ACC Partnership Programme team to the employer may demonstrate this. In situations where the employer has difficulty in submitting data within the required timeframes this can be discussed with the Partnership Programme team. ACC requires the data relating to the month ended to be transferred electronically within 5 working days of the new month beginning.

**Please Note:** not applicable for new accredited employer applications.

#### 13.4.1

The employer needs to provide evidence that all computer files or programmes used to maintain injury information are secure and that only designated people have access to information. This may be confirmed by procedural or guideline information. The employer should also maintain a list of people with access to injury claim data.



#### 13.4.2

The employer needs to confirm that computer system security is consistent with the Privacy Act 1993 and Health and Information Privacy Code 1994 relating to the storage of personal information. Verification may include sighting of declarations to this effect.

#### 13.4.3

The employer needs to confirm that there is a current digital certificate held either by the employer or the third party administrator (on behalf of the employer), to enable the secure electronic transfer of accredited employer data to ACC. For new Partnership Programme applicants this must be confirmed within one month of accreditation to allow transfer of data by the fifth day of the working month.

#### 13.5.1

A process is required to identify triggers, which in combination, may suggest fraudulent activity associated with a work-related injury claim. Triggers may include:

- repeated difficulty contacting the injured person
- significant claims history
- other conditions that may impact on recovery
- inappropriate emphasis on entitlement or blame for an injury
- use of a number of different treatment providers
- physical characteristics (for example, an individual dressing in a way that may indicate they are working – plaster dust evident on overalls when meeting with injured employee.)

This may also include identification of treatment provider behaviour suggestive of possible fraudulent behaviour. For example, provider invoices being submitted to both the accredited employer and ACC for payment.

### 13.5.2

The employer needs to provide evidence that an investigation or fraud-related event will not impact on an injured employee's current rehabilitation. This may be confirmed by a process that ensures:

- all rehabilitation continues according to an agreed rehabilitation plan during an investigation
- the person carrying out the fraud investigation is not the case manager responsible for managing the claim

Any fraud investigations must be carried out under the advice of ACC.

### 13.5.3

The employer needs to confirm that they will contact ACC promptly for expert advice regarding any concerns about work-injury fraud. Evidence may be provided in the form of a process and may include:

- the type of situations in which ACC would be contacted
- responsibility for this function
- the person within ACC who would be contacted
- the information that may need to be passed on
- the timeframes involved

### 13.6.1

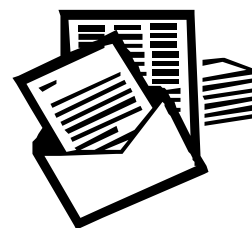
The employer is required to advise ACC of any work-related claims that are fatal, serious, sensitive, prolonged or complex in nature. This provides ACC with an opportunity to manage risk where possible, and to provide any technical assistance to the accredited employer, where necessary. In some cases this may involve discussing the possible transfer of the claim to ACC for ongoing management.

The employer is also required to advise ACC of any changes in their injury management operations or people prior to the change occurring, for example, if an employer is thinking about a change of third party administrator, or if key health and safety people change roles or leave the company. The employer needs a liaison and notification process to inform ACC if any of the above situations occur. This can be verified by a process (or similar) that considers:

- situations when ACC should be notified
- responsibility for liaison with ACC
- the notification process
- timeframes involved

### 13.6.2

The employer needs to have example or standard notifications letters available for use in liaison with ACC for any work-related injury claims that are fatal, serious, sensitive, prolonged or complex in nature or in situations when the employer's injury management operation or injury management people changes (for example standard letters or similar).



### **13.6.3**

The employer needs to provide evidence that there is a single point of contact (either internally or externally) to liaise with ACC in regard to the notification of the particular claim-types listed. Specific reference to this person or position is required.

## **Tertiary Requirements**

### **13.3.1**

Best practice injury management includes the appropriate planning of resources for the whole of the rehabilitation process. One way of planning resources is to provide financial case estimates for all ongoing claims. Case estimates need to consider:

- injury type and severity
- occupational type
- age of the injured employee

The employer needs to provide examples of completed work injury estimates used to determine ongoing costs.

Process documents are acceptable for new Partnership Programme applicants or in situations where no work injuries requiring more than initial treatment costs have been managed to date.

## 14. Disputes Management

### **Objective:**

*The employer will demonstrate procedures to manage disputes arising out of any aspect of injury management, that comply with the legislation\* and the requirements of the accredited employer agreement.*

### **Introduction**

The disputes management requirement seeks to confirm the ability of employers to anticipate and manage any dispute that may arise out of an injury management decision. Best practice injury management encourages all employers to also develop a process to deal with any complaints or concerns raised by an injured employee that may or may not be formally reviewable through the statutory review process. For example, dissatisfaction with a case manager or questions about injury management processes.

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### **Primary Requirements**

#### **14.1.1**

A documented procedure is required detailing the way in which disputes arising from injury management decisions will be managed by the employer. This may consider:

- the dispute and review process, from receiving a review application through to a formal review hearing
- the process to carry out an administrative review
- key timeframes for the administrative review and to process the application
- liaison with Dispute Resolution Services Ltd (DRSL – subcontracted provider to the ACC Partnership Programme)
- procedure for a review hearing
- payment of costs following a review hearing
- reference to the relevant sections of the ACC legislation



It should be noted that the disputes management procedure used to manage formal applications for review is different from the procedure an employer may have to manage any concern or issue that is raised.

#### **14.1.2**

The employer is required to have examples or standard letters available for use in the dispute management process. Standard letter options may include:

- a letter to be forwarded to the injured employee acknowledging an application for review
- a letter to DRSL advising of dispute or review application
- a letter to other interested parties with documents relevant to the file
- an administrative review sheet
- a letter to DRSL with relevant documents

### 14.1.3

The employer needs to provide examples of standard letters or forms that have been used in the dispute management process.

**Please Note:** templates are acceptable for new accredited employer applications or situations where no work-related reviews have occurred.

### 14.2.1

The employer is required to appoint a person (either internally or externally) who is responsible for managing any disputes arising out of the management of work-related injuries. In order to provide a new opportunity to review the decision made, it is essential that this person is not the original decision-maker.

### 14.3.1

All legislative decisions issued by ACC or an accredited employer can be reviewed by an injured person. The employer needs to provide evidence that information on the disputes management process is available to all employees. This information should include:



- the dispute management process
- contact details of the disputes manager

This can be verified by viewing information provided to employees at induction, staff brochures, posters, Intranet site, training information (or similar).

If a person external to the workplace is the designated disputes manager, it is important that this person is easily accessible to employees.

## **Tertiary Requirements**

### 14.1.4

In a number of situations, injured employees may request a formal review of an injury management decision because they do not understand the decision, or because the decision does not seem reasonable to them. It has been shown that by discussing the reason for a declined decision with the injured employee, increasing their level of understanding and providing an open opportunity for feedback, many requests for formal review may be withdrawn.

For this reason, it is both good practice and cost-effective for an employer's disputes management procedure to include opportunity for informal resolution of the dispute, between the injured employee and the accredited employer, prior to a formal disputes hearing. This procedure may include the employer making contact with the injured employee to:

- discuss the decision with the injured employee and the rationale behind the decision
- discuss the section of the ACC legislation that the decision relates to
- confirm the injured employee's understanding of the decision
- ensure all relevant information has been considered in the decision making process
- to provide opportunities for mediation or discussion with union or other support people

If the employer's decision is changed or the injured employee chooses to withdraw their application for review, written confirmation of this change is required. However, if the employee wishes to proceed with a dispute hearing, the employer must ensure that all relevant information is forwarded to DRSL within the required timeframes for the dispute process to continue.

It should be noted that there are strict timeframes for an accredited employer to submit any review application to Disputes Resolutions Services. Therefore, any informal resolution needs to occur within 10 working days of a review application being received by the accredited employer.

#### **14.4.1**

To ensure there is feedback into continuous improvement, the employers need to have an evaluation process that considers disputes management outcomes. This evaluation process may include:

- reviewing the types of decisions that have been reviewed
- identifying if the same type of decisions are being reviewed
- whether any of the employer's decisions have been overturned
- reviewing the cover and entitlement decision-making process in light of review information
- measures to maintain individual confidentiality

An outcome of this evaluation may be that certain areas for process improvement are identified. For example, if entitlement decisions are reviewed and overturned, case management staff may require additional training on accurate assessment of entitlements.

This evaluation provides the accredited employer with an opportunity to assess the decision and notification processes. Care must be taken to protect the privacy of individuals when reviewing dispute outcomes, particularly when review numbers are low. Because of the sensitivity in reviewing personal information, it may not always be appropriate to evaluate review outcomes more widely than between the case manager and the designated disputes manager.

#### **14.4.2**

The employer needs to provide evidence that an evaluation of the disputes management process has occurred. This can be verified by minutes of meetings or agendas, for example.

A demonstration of this requirement is not applicable for new accredited employer applications, or situations where no work injuries or reviews have occurred.

## 15. Development of Rehabilitation Policies, Procedures and Responsibilities

### **Objective:**

*The employer has documented policies and procedures that promote a supportive workplace environment; so that work place based rehabilitation following an injury becomes the usual course of action wherever possible.*

### **Introduction**

Best practice rehabilitation promotes the establishment of rehabilitation policies, procedures and responsibilities in consultation with key people in the workplace. By developing a workplace culture where early return to work following injury is accepted as the usual course of action, where employers have positive working relationships with employees and where there is open consultation, a safe and sustainable return to work for injured employees is more likely to be achieved.

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### **Primary Requirements**

#### **15.1.1**

A rehabilitation policy will usually be a short written document in either hard copy or electronic form that identifies the rehabilitation commitment of the employer and may include:

- management commitment to rehabilitation
- commitment to providing alternative duties for injured employees
- an opportunity for employees to have a support person involved in their rehabilitation
- a commitment to continuous improvement
- objectives and responsibilities
- consultation requirements

#### **15.1.2**

The employer needs to confirm that information on the rehabilitation policies, procedures and responsibilities is available to all employees at induction and is widely accessible to employees through staff handbooks, on Intranet sites (or similar).

#### **15.1.3**

The employer needs to provide evidence that the rehabilitation policy includes the opportunity for injured employees to have support from a representative of their choosing throughout the rehabilitation process. Often this will be the union or other nominated employee representative.

#### **15.2.1**

The employer needs to provide assurance that the person responsible for the overall management of workplace rehabilitation is appropriately qualified and experienced. Case managers are required to:

- have 24 months workplace rehabilitation experience, or
- have a tertiary qualification in rehabilitation (or equivalent) and 12 months workplace rehabilitation experience, or
- be working under the direct, close supervision of someone who meets the above requirements.

In some instances where the case manager does not have the required experience or qualifications, the employer may still meet the requirements when the case manager is under the direct close supervision of somebody who does meet the requirements. For example, a team leader working for a third party administrator who provides detailed quality review of the work undertaken by a less experience case manager. Another example may be a human resources manager experienced and qualified in rehabilitation, who provides close supervision and quality review of the on-site case manager.

### 15.2.2

In the event that the usual case manager is away or on leave, the employer must be able to access the services of another case manager. This may be either within the workplace or through a third party administrator, and must be someone who is able provide good quality case management services and meet the requirements of 15.2.1.

### 15.3.1

There must be a procedure to confirm the action that will be taken to manage the recovery of an injured employee or following the early identification of a gradual process injury. This procedure should consider:

- responsibilities of the employer
- responsibilities of the injured employee
- medical information or certification that may be required
- the process for identifying safe alternative duties
- support that will be provided within the workplace
- responsibilities for co-ordinating the process
- monitoring and support responsibilities



### 15.3.2

The employer needs to ensure that a senior manager is specifically responsible for the overall resourcing of workplace rehabilitation. This may include the co-ordination of rehabilitation management staff or the management of financial resources, or both.

### 15.3.3

There must be at least one manager at each worksite who is responsible for managing the recovery of injured employees. The responsibilities of this manager may include:

- a detailed understanding of the company's rehabilitation policy, procedures and support
- ensuring resources are made available for managing return to work
- advising and supporting other management staff involved in rehabilitation
- monitoring of the injured employee
- involvement in identifying alternative duties
- involvement in developing return to work plans

#### **15.3.4**

The responsibility for union and other nominated employee representatives to provide support in the rehabilitation process needs to be documented. This process may include:

- contribution to the development of policies to support rehabilitation
- being involved in return to work and rehabilitation planning at the request of an injured employee
- identifying alternative duties
- monitoring of return to work
- supporting return to work

#### **15.3.5**

The rehabilitation procedure must include the requirement for consultation with union and other nominated employee representatives in the development, implementation and review of early intervention policies and procedures. Where union and other nominated employees are not directly involved in the implementation of these policies or procedures, employers should provide ongoing opportunities for involvement. This can be verified by minutes of meetings, joint signing of policy documents, e-mail messages, invitations to meetings, for example.

#### **15.4.1**

The employer needs to confirm that information is available for line managers and union and other nominated employee representatives actively involved in supporting rehabilitation management. This should include information on the return to work process for injured employees and the roles and responsibilities of management and representatives in this process.

#### **15.4.2**

The employer needs to provide evidence of rehabilitation-related training for managers and union or other nominated employee representatives who are actively involved in rehabilitation management. This training should include information on maintaining injured employees safely in the workplace and/or for supporting the safe and early return to work of injured employees. Training should be delivered within 12 months of the employer's entry into the Programme. This can be verified by handouts, training agendas or attendance sheets, for example.

#### **15.5.1**

The employer needs to have a process that covers employee and management responsibilities, early return to work expectations, selected work options and the support available through union or other nominated employee representatives in the rehabilitation process. This process should consider:

- the information that will be provided to employees
- how information will be disseminated
- timeframes for distribution of information
- responsibility for ensuring information is provided
- the process to ensure the information provided is understood

#### **15.5.2**

The employer needs to provide evidence that employees are informed and understand the process and their responsibilities for rehabilitation (see clause 4.2.4 of the Accredited Employer Programme Accreditation Agreement). Information is required to be provided to all employees at least annually and can be verified through process documents, letters provided to employees or training programmes, for example.

### 15.5.3

The employer needs to demonstrate that information on the rehabilitation process is readily available to employees. This can be verified by company notifications, publications, posters, Intranet site details or similar information.

### 15.8.1

The rehabilitation policy needs to confirm the employer's commitment to provide rehabilitation opportunities to employees who have sustained non-work injuries. This does not mean that an employer is responsible for the cost of an employee's non-work injury, but rather that rehabilitation opportunities are offered to employee's who sustain non-work injuries. This may include access to preferred providers, supporting return to work plans, or access to alternative duties.

## Secondary Requirements

### 15.3.6

The employer needs to demonstrate that rehabilitation and return to work processes have been implemented throughout the workplace. This may be verified through training documents, rehabilitation plans, agendas, or case conference notes, for example.

### 15.6.1

It is important that there is an overall process to monitor, evaluate and review rehabilitation planning and outcomes to look for opportunities for process improvement. The focus of this requirement is to consider rehabilitation planning as a whole process and whether current policies and practices meet the workplace needs. Employers need a review process that considers:

- the time frame for establishing a rehabilitation plan
- the process for monitoring rehabilitation and responsibilities
- whether planned outcomes are being met and why this is or isn't occurring
- whether the rehabilitation policy requirements are being met
- the frequency of review, either by time (e.g. annually) or by volume (e.g. after every tenth or twentieth rehabilitation plan)
- whether successful rehabilitation outcomes were influenced by the services and support available from providers
- the implementation and further review of any improvements required, e.g. moving from plans being established at six weeks to plans being established at 14 days, or training for line managers and union representatives to provide better support for rehabilitation



### 15.6.2

This is covered in the information above for 15.6.1

### 15.8.2

The employer is required to demonstrate that they have been involved in supporting the rehabilitation or return to work of employees who have sustained non-work injuries. Rehabilitation plans, case conference notes or similar information can verify this. This requirement is only applicable where non-work injured employees have required rehabilitation support from the employer.

## **Tertiary Requirements**

### **15.4.3**

In order for management and nominated employees to be effectively involved in the rehabilitation process, line managers and union and other nominated employee representatives, should have received rehabilitation training in the previous two years. This can be verified by training agendas, attendance registers (or similar).

### **15.7.1**

The employer needs to provide confirmation that they have considered their individual worksite needs in the selection of treatment and rehabilitation providers. Some useful questions the employer may include:

- is access to medical treatment required 24 hours a day?
- are preferred treatment providers required at a general practitioner level or only at a specialist level?
- what particular medical specialists might be needed in relation to our workplace injuries (for example a musculo-skeletal specialist to assess occupational overuse injuries)?
- which providers are close to the workplace or easily accessible to employees?
- what are the costs involved?
- are providers willing to visit the work-site to review work tasks and support available in the workplace?

In situations where the employer does not have a list of preferred providers, the reasons for this decision should be documented. For example, local providers or ACC contracted providers may be able to meet the identified workplace needs. However, employers should establish preferred providers at a specialist level.

### **15.7.2**

The employer needs to have a list (or similar) of providers considered appropriate for their particular workplace and employees. This may include:

- contact details of the company doctor or an accident and medical clinic
- the provider's area of expertise
- the costs of treatment

### **15.7.3**

The employer is required to have a process detailing the way in which preferred providers will be monitored. This may include key performance expectations, service level agreements, or measurement against the selection criteria established in 15.7.1. Where employers elect to use the preferred provider lists from ACC Informe, employers are still required to monitor the performance of the providers they use.

### **15.7.4**

The employer needs to demonstrate that the performance of preferred providers has been monitored in the previous 12 months. This can be verified by review documentation, minutes of meetings, assessment of performance against selection criteria (or similar).

### **15.9.1**

An absentee management programme involves a structured, agreed process established in the workplace to minimise the human and economic impact of all employee absences. Many of the principles and processes that are the basis for effective injury management will also be relevant to the management of other forms of unscheduled leave such as long-term illness and bereavement. Working towards more comprehensive, effective total absentee management will benefit the whole workplace and minimise lost productivity or lower service standards.

This requirement has been included to encourage employers to consider widening their current rehabilitation management partnership approach to include other forms of workplace absence. To meet this requirement, an employer is required to confirm that they will consider implementing an absentee management programme for the workplace. This requirement can be verified by a statement in a business plan or a rehabilitation policy (or similar).

## 16. Assessment, Planning and Implementation of Rehabilitation

### **Objective:**

*The employer has active procedures in place for ensuring that timely and complete rehabilitation is provided in an open, consultative manner, and in line with agreed policies (process documents accepted for new accredited employer applications).*

### **Introduction**

Best practice rehabilitation promotes open, consultative planning and discussions between the employer, case manager, injured employee and union or other support person (on request of the injured employee) at face-to-face meetings. These meetings facilitate input from people with knowledge of the workplace, knowledge of the injured employee and an understanding of the rehabilitation process. They also encourage informed decision-making and joint accountability for outcomes.

Face-to-face consultation also allows for the assessment of any non-verbal communication, which may indicate the way a person is coping, managing or co-operating with their rehabilitation, that would not be picked up over the phone or at a distance. This model of rehabilitation enhances the partnership philosophy that is the foundation of the Programme.

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### **Primary Requirements**

#### **16.1.1**

Best practice rehabilitation includes the early assessment of the rehabilitation needs of an injured employee. The sooner injured employees begin appropriate rehabilitation, the more likely it is that they will make an early and safe return to work, or be able to remain in the workplace with the appropriate support. Employers are required to have a procedure to carry out rehabilitation assessments that considers:

- timeframes for intervention
- responsibilities of those involved
- the notification process to a third party administrator (where applicable)
- how information is transferred to a third party administrator (where applicable)
- the way in which contact is made with the injured person (for example, via telephone, in person)
- how needs are assessed



#### **16.2.1**

The employer needs to have a procedure that provides guidelines on the rehabilitation providers to be used in relation to the assessed social and vocational needs, which have been documented in the rehabilitation plan. This may include:

- home help providers used to help manage household tasks
- personal care providers used when an injured employee is unable to perform self-care tasks independently
- vocational providers used when an injured employee is unable to return to their pre-injury employment

### 16.2.2

The employer needs to provide evidence that the social rehabilitation needs of an injured employee have been assessed. The assessment needs to identify whether the injured employees require any assistance with, for example, household tasks or childcare as a result of their injuries. A person with a fractured ankle may require assistance with vacuuming, meal preparation, or with transporting children to school.

Verification that social rehabilitation needs have been assessed can be confirmed by completed needs assessments, file notes, referrals, case conference notes or individual rehabilitation plans.



### 16.2.3

The employer needs to provide evidence of consideration of the vocational rehabilitation needs of an injured employee. The assessment of vocational rehabilitation needs, identifies whether injured employees require any assistance in the workplace as a result of their injury. An employee, who is returning to work early with a fractured ankle, may require alternative duties, or an assessment of special workplace needs.

Verification that vocational rehabilitation needs have been assessed can be confirmed by completed needs assessments, file notes, referrals, case conference notes, or individual rehabilitation plans.

### 16.3.1

The employer needs a process for making referrals to providers following identification of the social or vocational rehabilitation needs of an injured employee. The process may consider:

- relevant referral information
- timeframes involved
- responsibilities for referral
- monitoring
- criteria for selecting an assessor (this may consider qualifications, gender of assessor, geographical location)
- timeframes for receiving assessor feedback

### 16.3.2

The employer needs to provide examples or actual referral letters and forms that have been used in the referral process.

### 16.4.1

The employer needs to demonstrate the policies and processes that ensure rehabilitation plans are developed within a maximum of 6 weeks of injury notification, where an employee is unable to continue in their usual work tasks or hours. The procedure should consider:

- agreed processes for consultation
- when rehabilitation plans are required
- what rehabilitation plans need to include (for example, responsibilities, signatures)
- the timeframes involved
- who should be involved in the development of a rehabilitation plan
- medical, social and vocational information that needs to be considered (for example, from the treatment provider, employer, injured employee)
- the responsibilities of those involved
- the identification of "SMART" goals

The rationale for developing a rehabilitation plan should also be considered in the procedure to ensure employees are aware of when and why rehabilitation plans are developed.

#### **16.4.2**

The development of rehabilitation plans needs to include consultation and involvement of the case manager, injured employee, line manager and (on the request of the injured employee) union representative or other support person. In addition, other key influences that may be involved in an injured employee's rehabilitation may include the employee's general practitioner, company doctor, occupational therapist or other medical professional.

#### **16.5.1**

It is important that rehabilitation plans are monitored throughout the rehabilitation process to identify and address any potential barriers at an early stage and to provide the most appropriate support to progress towards the agreed outcome. The responsibilities and the frequency for monitoring progress, should be discussed and agreed at the consultative planning meetings, and may be documented as part of the rehabilitation plan. Ideally, all active rehabilitation plans should be monitored at least weekly for the duration of the rehabilitation. For example, a rehabilitation plan may include:

- regular informal monitoring of the injured employee by the line manager
- assigned responsibilities of a support person (e.g. a union representative) to monitor the injured person daily to ensure he or she is managing the agreed tasks
- weekly contact with the case manager
- responsibilities of the injured to notify the manager or case manager of any concerns
- external advice or support that may be available to assist return to work



### **Secondary Requirements**

#### **16.4.3**

The employer needs to have a process that requires an initial rehabilitation plan or action plan to be developed with injured employees within 14 days of injury notification. This process should include consultation with the injured employee and will incorporate information from relevant providers (for example, the general practitioner, physiotherapist) as it becomes available.

Active rehabilitation management should begin as soon as possible after the initial assessment irrespective of whether the injury has been accepted for cover or not, in order to realise the advantages of early intervention. Many rehabilitation support options will only be applicable if the claim is accepted for cover. The limited early rehabilitation support available and the need to wait for claim acceptance for some forms of support should be discussed and clarified with the injured employee from the earliest contact.

#### **16.4.5**

Best practice rehabilitation promotes the development of rehabilitation plans in face-to-face interviews with the case manager, line manager, injured employee, support person (at the request of an injured employee) and any other party relevant to the injured person's rehabilitation. This provides an opportunity for the injured employee to have a support person involved, promotes opportunities for consultation and negotiation, and reduces the chances of misunderstandings or miscommunications. In addition, it allows the case manager a greater opportunity to use their professional judgement in assessing the injured employee's progress through non-verbal communication.

Where the designated case manager is unavailable on site to co-ordinate rehabilitation planning, the face-to-face requirement may be met by a management representative with training and experience in workplace based rehabilitation management to facilitate the meeting. Telephone or distance consultation on its own will not meet this requirement.

#### **16.5.2**

The employer needs to confirm that the monitoring of rehabilitation occurs at least weekly for the duration of the rehabilitation process. This may be verified by file notes, rehabilitation plans, case conference notes, or similar information.

### **Tertiary Requirements**

#### **16.4.4**

The employer needs to have a process to develop an initial rehabilitation plan or action plan with injured employees within 7 days of injury notification (where there is a need for rehabilitation support). This process should include consultation with the injured employee and will incorporate information from relevant providers as it becomes available, for example, the general practitioner or physiotherapist.

This process needs to begin as soon as possible (and may be even prior to an injury being accepted for cover) in order to realise the advantages of early intervention (ie, early, safe and sustainable return to work). Many support options will be contingent on acceptance of the claim for cover and this should be discussed and clarified with the injured employee from the earliest contact.

## 17. Rehabilitation Outcomes, Return to Work and Follow-Up Procedures

### **Objective:**

*The employer has consultative processes that support safe, early and sustainable return to work of injured employees or maintenance at work where early intervention support is identified (process documents accepted for new accredited employer applications).*

### **Introduction**

Where an injured employee cannot undertake their usual job tasks or usual hours of work because of a work-related injury, a rehabilitation plan needs to be developed. Best practice rehabilitation promotes the development of a rehabilitation plan as soon as possible following a work-related injury. A rehabilitation plan will document:

- the capabilities of an injured employee based on informed medical advice
- an agreed goal
- safe and sustainable tasks within medical guidelines
- support, monitoring and hours of work
- responsibilities for any action
- consideration of any special needs (for example, transport to treatment, social rehabilitation entitlements, etc)
- costs
- timeframes for review

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### **Primary Requirements**

#### **17.1.1**

It is important that the identification of alternative duties for an injured employee occurs through a process of consultation. Employers are required to have a process that includes guidelines for the consultative identification of alternative duties, which may consider:

- review of the injury information and medical advice provided
- consideration of the employees abilities and current capabilities
- the skills and experience of the injured employee
- how to determine safe and sustainable alternative duties through consultation
- how to facilitate input from the employer, the injured employee and the union or other nominated employee representative, on request of the injured employee
- reaching agreement and recording the decision

While a number of employers may have lists of alternative duties, a process or guideline document is still required to support the identification of appropriate alternative duties. In addition, while a list of potential alternative duties provides a good basis for discussion it should not be seen as providing the only suitable options.

### **17.1.2**

Examples of completed rehabilitation plans are required to confirm that alternative duties have been identified and agreed to between the parties involved.

NB: this is not pertinent to new Partnership Programme applications or situations where rehabilitation support from the workplace had not been required.

### **17.2.1**

Employers need to have a process that details the steps for vocational rehabilitation when an injured employee is unable to return to their pre-injury employment. This process should consider:

- relevant legislative requirements
- comprehensive medical and vocational assessment(s)
- determination of vocational rehabilitation goals
- training support
- cost-effectiveness
- the timeframes involved
- other assessments that may be required
- implementation and support needs
- vocational independence

### **17.3.1**

The employer needs to confirm that there is a process to carry out a detailed consultative review of all rehabilitation plans that have continued beyond the agreed completion date. This process should occur every 8 weeks as long as claims remain active, and should consider:

- current medical, vocational and social information
- the people and expertise involved in the review
- responsibilities
- timeframes
- realignment of goals
- date of next review

### **17.3.2**

A process is required to detail the options that may be considered and implemented during the course of rehabilitation and particularly in relation to non-progressive rehabilitation claims. This process should identify each option, describe what each option entails, and consider for example:

- vocational independence
- surgery
- referred assessment service

### **17.4.1**

The employer needs to provide evidence that any new information relating to hazards that may be identified during rehabilitation, is fed back into the hazard management. For example, the development of a gradual onset occupational overuse injury may not have led to an injury investigation. During rehabilitation management, work organisation and tight deadlines are identified as contributing to the development of the injury. This new information needs to be fed back into hazard management.

## **Secondary Requirements**

### **17.1.3**

The employer needs to provide evidence that rehabilitation outcomes have been achieved through the identification and management of suitable alternative duties. This can be verified by case conference notes, completed rehabilitation plans, medical reports, file summaries, for example.

## **Tertiary Requirements**

### **17.3.3**

The employer needs to have a documented process confirming that a consultative review is carried out for on any ongoing rehabilitation plans at least every 4 weeks when the claim has continued beyond the agreed completion date. This process should consider:

- current medical, vocational and social information
- the people and expertise involved in the review
- responsibilities
- timeframes
- realignment of goals
- Date of next review

## 18. Focus Group Interviews: – (Confirmation of safe systems in action.)

### Objective:

*The employer is able to confirm and validate hazard management systems and subsequent injury management systems through management and employee focus groups*

<u>Details of requirements</u>	<u>Suggested Prompts</u>
1. There is an understanding of what constitutes a hazard in the workplace.	<ul style="list-style-type: none"> <li>• Tell me about the hazards in your area?</li> <li>• What are some hazards in your workplace?</li> </ul>
2. There is an understanding of the process for hazard identification.	<ul style="list-style-type: none"> <li>• How do you identify hazards in your workplace?</li> </ul>
3. There is an awareness of respective responsibilities in the identification of hazards.	<ul style="list-style-type: none"> <li>• Who is responsible for identifying hazards in your workplace?</li> <li>• What do you do if you identify a hazard?</li> <li>• What do you do if an injury occurs in your area?</li> </ul>
4. #There is an understanding of the term "significant hazard" and the hierarchy of controls in the management of these hazards.	<ul style="list-style-type: none"> <li>• Are there some hazards in the workplace that are more serious than other hazards?</li> <li>• How do you decide if one hazard is more serious than another hazard?</li> <li>• Tell me about you might deal with these hazards?</li> </ul>
5. There is an understanding of reporting and recording requirements.	<ul style="list-style-type: none"> <li>• What do you do if you have an injury at work?</li> <li>• How do you report injuries?</li> <li>• Where do you record injuries?</li> </ul>
6. There is an understanding of investigation including designated responsibilities and the role of the injured employee and the manager concerned.	<ul style="list-style-type: none"> <li>• Tell me about an injury that has happened in your workplace?</li> <li>• Who reported it?</li> <li>• What happened?</li> <li>• Were you involved in the investigation?</li> <li>• What did this involve?</li> </ul>
7. There is an understanding of the responsibilities for corrective action resulting from an investigation.	<ul style="list-style-type: none"> <li>• Did you get any feedback from the injury investigation?</li> <li>• What changes have occurred in the workplace following the investigation?</li> <li>• Did any training occur following the investigation?</li> <li>• Who was involved in this?</li> </ul>
8. #There is an understanding of how to initiate rehabilitation support and assistance for any injured employees.	<ul style="list-style-type: none"> <li>• When someone is injured at work ACC becomes involved, what happens in terms of his or her ongoing employment?</li> <li>• Does your employer consider alternative duties?</li> </ul>
9. There is an understanding of the process for employee representation and the way in which to raise health and safety issues.	<ul style="list-style-type: none"> <li>• If you have a health and safety concern, who do you contact?</li> <li>• How do you let others know about your concerns?</li> <li>• Do you have a health and safety committee (or similar forum)?</li> <li>• Who represents you on health and safety matters?</li> <li>• How are they chosen?</li> </ul>
10. There is an understanding of the emergency procedures in the workplace.	<ul style="list-style-type: none"> <li>• What do you know about the emergency procedures in the workplace?</li> <li>• What types of emergencies are covered?</li> <li>• How often do you have drills?</li> <li>• Do you know who the employees are that would take control in an emergency?</li> </ul>

#While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

<u>Details of requirements</u>	<u>Suggested Prompts</u>
11. There is an understanding of what the “partnership” refers to under the Partnership Programme and how it relates to the workplace.	<ul style="list-style-type: none"> <li>• What does being in the Partnership Programme mean for you as an employee?</li> <li>• Has being in the Partnership Programme made any difference to the workplace?</li> <li>• What sort of involvement is there from staff and management in health and safety?</li> </ul>
12. Employees are aware of the claims lodgement process and how to access entitlements.	<ul style="list-style-type: none"> <li>• What happens if you have an injury at work?</li> <li>• How do you know what you are entitled to?</li> <li>• How do you find this out?</li> </ul>
13. #There is an understanding that work-related claims information is collected and stored in relation to the 1993 Privacy Act and the 1994 Health and Information Privacy Code.	<ul style="list-style-type: none"> <li>• Why are you asked to sign a consent form when you have a claim?</li> <li>• What is the consent form used for?</li> <li>• How does your employer have to store any information collected about you?</li> <li>• Who has access to information about an injury?</li> <li>• Why is injury-related information stored separately from other employer-related information?</li> </ul>
14. Employees are aware of the disputes management process and how to review decisions.	<ul style="list-style-type: none"> <li>• What happens if you don't agree with your employer on a decision made about your claim?</li> <li>• Who would you contact?</li> <li>• What does this involve?</li> </ul>
15. #There is an understanding of the key roles and responsibilities in rehabilitation (e.g. the roles of the case manager, injured employee, team manager and employee representative* on-site union representatives).	<ul style="list-style-type: none"> <li>• Who would be involved in rehabilitation if you had an injury at work?</li> <li>• Are you able to have a support person involved in your rehabilitation?</li> <li>• What role does the employer play in your rehabilitation?</li> <li>• What is your role in rehabilitation?</li> </ul>
16. Employees are aware that their medical, social and vocational needs will be assessed if they sustain a work-related injury (e.g. home help, transport, weekly compensation).	<ul style="list-style-type: none"> <li>• What sort of entitlements would you have if you had an injury?</li> <li>• If you were having difficulties at home/work because of your injury what would you do?</li> <li>• What sort of treatment would be available to you?</li> </ul>
17. #There is an understanding of the rehabilitation process, and there is support from management for the early return to work of injured employees.	<ul style="list-style-type: none"> <li>• Why is rehabilitation important?</li> <li>• Why is early intervention and early return to work important?</li> <li>• Why is it good for your employer to be involved in your rehabilitation?</li> <li>• What does it mean if a person is doing alternative duties?</li> <li>• Tell me about any employees who have come back to work on alternative duties.</li> <li>• Who was involved in this process?</li> </ul>

#While these questions may be asked at the management and employee focus groups, primary responsibility for understanding rests with the management focus group.

## 19. Case Studies: – (Confirmation of safe systems in action.)

### Objective:

The employer is able to confirm and validate hazard management systems and subsequent injury management systems through the presentation of a requested number of lost-time-injury case studies.

### Claim File:

<u>Details of requirements</u>	<u>Verified By:</u>
1. There is an ACC45 claim form for the work-related injury on file.	1. ACC45 claim form
2. There is an individual file uniquely numbered containing only information relevant to the injury.	1. Claim file containing only injury-related information
3. There is written confirmation of the cover decision issued within the timeframes specified in the legislation* that includes review rights.	1. A copy of the cover decision with review rights included
4. There is signed consent valid for the duration of the claim (not the ACC45).	1. Signed consent form on file (ACC45 sufficient for medical fees only claims)
5. There is a completed needs assessment (or similar).	1. Needs assessment completed within 5 working days of injury notification
	2. Needs assessment completed within 2 working days of injury notification
6. There is written confirmation that all entitlement decisions (including accepted decisions) contain review rights.	1. Copies of decision letters (where relevant) with review rights included
7. Where incapacity is greater than 7 days, entitlement to weekly compensation has been calculated and a copy forwarded to the injured employee.	1. A copy of the calculation sheets 2. A copy of calculation sheets for abatement (where relevant) 3. Where more than 80% entitlement is paid, there is written confirmation to the employee informing them of this
8. Referrals have been made to the appropriate provider as per the needs assessment (where applicable).	1. Copy of referral letters (or similar)
9. There is a signed rehabilitation plan on file that is based on medical advice that includes: - goals - actions - responsibilities for actions - timeframes - costs	1. Medical certificates/ reports, records of telephone conversations with medical provider (or similar) 2. Rehabilitation plan developed within 6 weeks of injury notification
	3. Rehabilitation plan/action plan developed within 14 days of injury notification
	4. Rehabilitation plan/action plan developed within 7 days of injury notification
10. Evidence that the rehabilitation plan is developed and monitored "face-to-face".	1. Rehabilitation plan signed by those involved in its development 2. File containing evidence of case conference meetings
11. Evidence that the opportunity for social rehabilitation support (e.g. home help, childcare, transport) has been offered to the injured employee in the development of a rehabilitation plan.	1. File notes, signed rehabilitation plan, needs assessment (or similar)
12. Consideration has been given to other rehabilitation intervention for non-progressive rehabilitation claims (where applicable).	Evidence of initial occupational and medical assessments, medical case review, (or similar) incorporated into rehabilitation plan

**Interview with employee/management/case manager/union or other employee-support person where applicable:**

<u>Details of requirements</u>	<u>Verified By:</u>
1. The injury was reported and recorded in the injury register	1. Interview with employee and manager or supervisor
2. The injury was investigated by designated staff and included input from the injured employee and the manager or supervisor.	1. Interview employee and manager or supervisor to confirm involvement
3. Hazard management, injury prevention and training issues arising from the injury investigation were reported, action was taken and issues communicated to staff (where applicable)	1. Interview with employee, manager or supervisor and health and safety manager (or similar) 2. Evidence of feedback from the injury investigation into hazard management (where applicable)
4. The employee was aware of the claims lodgement process or where to find information about the process.	1. Interview with employee 2. Employee identification card (or similar)
5. The employee was informed of acceptance of the claim for cover (including review rights) and entitlements were paid in a timely manner.	1. Interview with employee, manager and rehabilitation co-ordinator/case manager
6. Contact between the injured employee and the workplace was maintained throughout the period of incapacity and continued for the time while on alternative duties.	1. Interview with employee, manager and rehabilitation co-ordinator/case manager
7. Employee responsibilities to participate in the rehabilitation process were understood.	1. Interviews with employee, manager and rehabilitation co-ordinator/case manager
8. The employee was aware of the dispute management process and how to formally question a decision.	1. Interview with employee to confirm understanding
9. Social rehabilitation needs were assessed according to the needs of the injured employee.	1. Interview with employee, case manager
10. Consultative rehabilitation meeting(s) took place for the duration of incapacity.	1. Interviews with employee, manager, rehabilitation co-ordinator/case manager and employee representative (as appropriate)
11. Inclusion of a support person was offered to the employee throughout the rehabilitation process.	1. Interviews with employee, manager and rehabilitation co-ordinator/case manager
12. Selected work within the medical restrictions was discussed, agreed on and documented in a signed rehabilitation plan	1. Interviews with employee, manager and rehabilitation co-ordinator/case manager
13. Monitoring and review of the rehabilitation plan was agreed on and responsibilities were assigned.	1. Interviews with employee, manager and rehabilitation co-ordinator/case manager