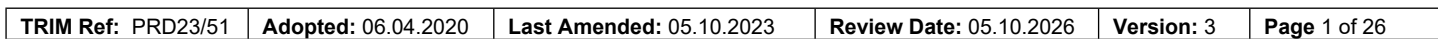


1.0 SUMMARY / FLOWCHART



2.0 RESPONSIBILITY

Organisational Level	Health and Safety Responsibilities
Level 1 (<i>Chief Executive Officer, Directors</i>)	Provide adequate financial, physical and human resources to ensure that SCC's Injury Management Program is developed, maintained and implemented, and that the implementation is effective.
Level 2 (<i>Department Manager, Unit Manager / Unit Co-ordinator, Project Manager</i>)	After being notified that the employee has suffered a significant injury the employer will make contact with the employee, the Manager/Supervisor and the Nominated Treating Doctor. The employer will then: <ul style="list-style-type: none"> a) Participate and cooperate in the development of an P27.F01 Injury Management Plan (IMP) b) Provide suitable duties, in accordance with Section 49 of the 1998 Act, as advised by the Nominated Treating Doctor by provision of a Certificate of Capacity, unless it is not reasonably practicable to do so, and c) Establish a program for the rehabilitation of injured employees. Maintain all files in a confidential manner to comply with Section 243 of the 1998 Act and adopt national privacy principles.
	Managers are required to ensure the health, safety and welfare of their employees, as detailed in the Work Health & Safety Act 2011 and the policies and procedures of SCC. Managers and Supervisors will be responsible for monitoring the daily operational aspects of the P26.F01 Return to Work/Recover at Work Plan (RTW/RAW Plan) to ensure compliance.
	Managers and Supervisors should, where practicable, assist in the identification and provision of suitable duties for the injured employee. They should facilitate a supportive work environment for injured employees and their colleagues.
Level 3 (<i>Coordinator within a Unit, Team Leader, Supervisor, Ganger or Leading Hand or Operator</i>)	After being notified that the employee has suffered a significant injury the employer will make contact with the employee, the Manager/Supervisor and the Nominated Treating Doctor. The employer will then: <ul style="list-style-type: none"> a) Participate and cooperate in the development of an IMP, b) Provide suitable duties, in accordance with Section 49 of the 1998 Act, as advised by the Nominated Treating Doctor by provision of a Certificate of Capacity, unless it is not reasonably practicable to do so, and c) Establish a program for the rehabilitation of injured employees. Maintain all files in a confidential manner

	to comply with Section 243 of the 1998 Act and adopt national privacy principles.
	Managers are required to ensure the health, safety and welfare of their employees, as detailed in the Work Health & Safety Act 2011 and the policies and procedures of SCC. Managers and Supervisors will be responsible for monitoring the daily operational aspects of the RTW/RAW Plan to ensure compliance.
	Managers and Supervisors should, where practicable, assist in the identification and provision of suitable duties for the injured employee. They should facilitate a supportive work environment for injured employees and their colleagues.
Level 4 (<i>Team Member, Operator Attendant, Trainee, Apprentice</i>)	Employees are expected to notify their Supervisor of any work-related injury or illness as soon as possible and of their ongoing medical and rehabilitation status as frequently as practicable.
	<p>An injured employee who lodges a workers' compensation claim will also be obliged to:</p> <ul style="list-style-type: none"> a) Actively participate and cooperate in the development of the IMP, b) Make all reasonable efforts to return to work with SCC as soon as possible, c) Nominate a treating doctor to provide relevant information for the purpose of developing an IMP, d) Comply with the obligations under the IMP, e) Attend any medical appointment proposed by SCC's Claims Management Unit, with due consideration given to any existing medical conditions and full disclosure of the specialty of the consultant, f) Support all absences related to the compensable injury with a Certificate of Capacity.
Employee Rights	<p>The injured worker has the following rights:</p> <ul style="list-style-type: none"> a) Choose your Nominated Treating Doctor (NTD) b) Choose an Approved Workplace Rehabilitation Provider if required c) Have a say in your RTW/RAW Plan d) Choose your treatment providers as well as occupational and or retraining providers.

	The employee cannot be dismissed within the first 6 months of the injury due to being unfit for employment as a result of the injury. Even if you were terminated, after 6 months and became fit for your old job within 2 years, you can apply to be reinstated.
Workers Compensation Coordinator	Develop an IMP and comply with the obligations imposed upon the employer under the IMP.
	Provide the injured employee and their Manager, Supervisor, the Nominated Treating Doctor and the insurer (by the most practical means) information in respect of this IMP.
	Consult with the injured employee, the injured employee's Manager/Supervisor, and if required, the Nominated Treating Doctor.
	When necessary in conjunction with the injured employee, the Workers Compensation Claims Coordinator may enlist the assistance of external Approved Workplace Rehabilitation providers.
	Authorise, in conjunction with the Nominated Treating Doctor, reasonably necessary treatment and associated injury management services
Return to Work Officer	Develop a RTW Plan for the injured employee after discussions with the employee and the Treating Doctor and keep it current.
	Assist injured employees to return to work as soon as practicable.
	Maintain open communication with all relevant stakeholders.
	Maintain confidential records of rehabilitation cases.
Nominated Treating Doctor	<p>The Nominated Treating Doctor is responsible for:</p> <ul style="list-style-type: none"> a) Completing Certificates of Capacity. b) Arranging and monitoring appropriate treatment. c) Specifying work capacity and advising on the suitability of duties offered by the employer. d) Providing information to the insurer and employer in relation to Injury Management and Return to Work Plans for injured workers. e) Reviewing the progress of recovery of the injured worker. f) Arranging referral to an Approved Workplace Rehabilitation provider, if required, and if not initiated by the employer or insurer.

3.0 PURPOSE & SCOPE

3.1 PURPOSE

3.1.1 This procedure documents Shoalhaven City Council's (SCC's) framework for the management of injuries to ensure the following;

- 3.1.1.1 an increased return to work rate,
- 3.1.1.2 decreased claim costs,
- 3.1.1.3 improved employer and employee relations, and
- 3.1.1.4 reduced interruption to operational and non-operational duties and employee levels.

3.1.2 Three case management principles have been described by SIRA in their document, "Injury Management Program – A guide and checklist for insurers" issued in October 2019. These principles are as follows:

- Fairness and Empathy
- Transparency and Participation
- Timeliness and Efficiency

SCC adopt these principles and will consider the needs of injured employees as individuals, maintain an open and consultative approach to case management and implement activities that promote early and cost-effective recovery from injury.

3.2 SCOPE

3.2.1 SCC ensures a continuing commitment to the health, welfare and safety of workers and the public, as set out in the Work Health and Safety Act 2011 and the Work Health and Safety Regulation 2017.

3.2.2 SCC will strive to meet its obligations pursuant to Chapter 3 of the Workplace Injury Management and Workers' Compensation Act 1998 ("the Act") as set below.

4.0 PROCEDURE

4.1 INJURY MANAGEMENT PROCESS

4.1.1 The injury management process will be used to return employees to productive employment, as quickly as possible, following a work-related injury.

4.1.2 The key actions and timeframes in the injury management process are summarised as follows:

Action	Timeframes
Early Reporting & Recording and Triage	Immediately
Stakeholder contact	<3 days
Assessment of Provisional Liability & Payment	Within 7 working days
Develop P27.F01 Injury Management Plan (IMP) & forward to all parties	Within 20 working days
Monitor, review & RTW action	Ongoing

4.2 INJURY NOTIFICATION – EARLY REPORTING & RECORDING

- 4.2.1 The injured employee will report the injury to their Manager / Supervisor immediately.
- 4.2.2 The supervisor and / or Return to Work Officer will assist the injured worker as required to receive first aid
- 4.2.3 The RTW Officer will coordinate and if trained to do so, administer appropriate first aid.
- 4.2.4 When an injury or an illness is notified the first aid attendant will be responsible for triage to ensure that the injured person receives necessary and adequate first aid. Where necessary workers will be transported to their nominated treating doctor and should the injury require urgent medical attention the Ambulance Service of NSW will be called. If due to operating hours the nominated treating doctor is unavailable, then arrangements can be made for initial treatment only at a convenient medical facility following the informed consent of the injured worker.
- 4.2.5 If the worker is "OFF-SITE" when the injury arises, the worker must contact their supervisor or Return to Work Officer to facilitate assistance and report the injury.
- 4.2.6 Injuries (or incidents) that are any of the following are deemed a 'notifiable incident':
 - the death of a person
 - a 'serious injury or illness', or
 - a 'dangerous incident',

arising out of the conduct of a business or undertaking at a workplace. Any incident deemed to be a 'notifiable incident' is to be reported to SafeWork NSW immediately. Contact the Claims Management Unit immediately after first aid has been rendered.
- 4.2.7 The Manager / Supervisor will notify the Work health & Safety Unit directly by utilising the "Injury and Incident Hotline" number, (02) 4429 3542 with full details immediately upon being informed of the occurrence of the injury.
- 4.2.8 Notification of an injury to the RTW Officer will be given, as soon as possible, and may be done in the following methods:
 - 4.2.8.1 Verbally (in person, over the phone)
 - 4.2.8.2 In writing (Incident Report, Worker Injury Claim Form); or
 - 4.2.8.3 By electronic notification (e-mail).
- 4.2.9 The notification, as far as reasonably practicable, will include the following information:
 - 4.2.9.1 Employee's name
 - 4.2.9.2 Employee's address
 - 4.2.9.3 Phone number
 - 4.2.9.4 Employee's date of birth
 - 4.2.9.5 Employee's Treating Doctor's name or name of Hospital,
 - 4.2.9.6 Date & time of injury
 - 4.2.9.7 Description of how the workplace injury happened, and

- 4.2.9.8 Description of the workplace injury
- 4.2.9.9 The need for medical treatment
- 4.2.9.10 Whether the injury has caused any reduced capacity for work and loss of income.
- 4.2.10 The following notifier information is also collected:
 - 4.2.10.1 Notifier's name
 - 4.2.10.2 Relationship to injured employee, and
 - 4.2.10.3 Contact details.
- 4.2.11 Within 3 days of notification, this information will be verified by the Claims Management Unit.

4.3 EARLY CONTACT

- 4.3.1 The RTW Officer
 - 4.3.1.1 The RTW Officer will contact the Employee, the Employee's Supervisor and the Nominated Treating Doctor, (if appropriate) within 3 days following notification of a significant injury. The RTW Officer will explain the claim lodgement process with the worker. Contact with the Treating Doctor can be direct through Verbal Communication or the supply of the Suitable Duties Letter at the first consultation. A file note will record the date and time of contact.
 - 4.3.1.2 Early contact will allow the determination of following:
 - a) Understanding the injury and causation
 - b) Determining provisional or claim liability
 - c) Identifying factors (or barriers) which may prevent early return to work
 - d) Developing an IMP to document the appropriate strategies to assist with the return to work and treatment outcomes
 - e) Estimating a claim, and
 - f) Realistic goal setting and sound decision-making.

4.4 PROVISIONAL LIABILITY – ASSESSMENT & PAYMENTS: CLAIMS MANAGEMENT UNIT

- 4.4.1 Provisional Liability allows for payment of weekly and medical expenses without admitting liability. This enables early payments to an employee without delay.
- 4.4.2 Upon receipt of a notification of injury, a check is done to ensure that the minimum information is present, i.e. minimum identifying information for initial notification, the WHS Incident Report Form and, if available, Certificate of Capacity completed by the Nominated Treating Doctor.
- 4.4.3 Following initial notification of injury, SCC will:
 - 4.4.3.1 Issue a claim number
 - 4.4.3.2 Make early contact with the employee
 - 4.4.3.3 Commence Injury Management if the injury is significant

- 4.4.3.4 Approve and commence provisional weekly compensation benefits within 7 days of initial notification, except where a reasonable excuse applies or claim liability is disputed, including calculating Pre-Injury Average Weekly Earnings (PIAWE).
- 4.4.3.5 To calculate PIAWE the Claims Management Unit will request information from SCC payroll and analyse this information to calculate PIAWE in accordance with Part 4 of the Workers Compensation Regulation 2016 and Schedule 3 of Workers Compensation Act 1987 (1987 Act). This will be a work capacity decision or agreement as provided by the Regulation. An interim PIAWE can be made by the Claims Management Unit if required (refer Standard 7).
- 4.4.4 Provisional payments are to commence within 7 days after the initial notification, as described in Section 267(1) of the 1998 Act and Standard 3 of the SIRA Standards of Practice. An acceptance letter will be forwarded to the injured employee notifying them of acceptance under the provisional liability legislation.
- 4.4.5 Provisional liability entitlements up to 12 weeks and/or medical expenses up to \$10,000 will be made after receiving all necessary information. SCC will send a letter to the injured worker advising of their determination on whether provisional payments will be made by way of weekly compensation and/or medical expenses. Such payments, if made, are made without admission of liability and may cease subject to receipt of further information or a decision on liability generally.
- 4.4.6 If a reasonable excuse is determined, a notice in writing, as described in section 268 of the 1998 Act and the Standards, will be provided to the employee within 7 days after the initial notification is made.
- 4.4.7 SCC has a reasonable excuse for not commencing provisional liability payments if:
 - 4.4.7.1 There is insufficient medical information
 - 4.4.7.2 The injured person is unlikely to be a worker
 - 4.4.7.3 SCC is unable to contact the worker
 - 4.4.7.4 The injured person refuses access to information
 - 4.4.7.5 The injury is not work related
 - 4.4.7.6 There is no requirement for weekly benefits
 - 4.4.7.7 The injury is notified after 2 months.
- 4.4.8 If the injured employee requires further information regarding a reasonable excuse determination by SCC, they can contact:
 - 4.4.8.1 SCC Workers' Compensation Claims Coordinator – (02) 4429 3375
 - 4.4.8.2 The Workers Compensation Commission – Tel: 1300 368 040
 - 4.4.8.3 Their Union or
 - 4.4.8.4 Their Solicitor.
 - 4.4.8.5 Workers Compensation Independent Review Office (WIRO) – 13 9476.

4.5 CLAIM LIABILITY – INITIAL and ONGOING ASSESSMENT & DETERMINATION

- 4.5.1 Upon receipt of a Workers Compensation Claim, a check is done to ensure that the basic documentation for a worker's compensation claim is present. SCC requires a Workers Injury Claim Form to be completed, and, for injuries, where the worker has an incapacity for work, a Certificate of Capacity is required.
- 4.5.2 Although other documents are necessary for the ongoing processing of the Claim, liability for the Claim cannot be determined until the required forms have been submitted and are correctly completed. If all of the required forms are not received or not properly completed, the claimant is to be advised that the claim is "Not Duly Made".
- 4.5.3 Once it has been determined the claim has been made, SCC will abide by the legislative requirements and adopt the Standards then:
 - 4.5.3.1 Register the claim in Figtree and allocated a Claim Number
 - 4.5.3.2 Consider liability. If liability is accepted, send acceptance letter to the employee within 7 calendar days of receipt of the claim form.
 - 4.5.3.3 If claim liability cannot be determined, send a letter advising liability will be determined within 21 days & make arrangements to investigate the claim.
 - 4.5.3.4 If claim liability is to be disputed, send a dispute notice to the employee detailing the reasons and the options available to the claimant to seek advice.
 - 4.5.3.5 Create claim file.
 - 4.5.3.6 Estimate the claim in accordance with the Claims Estimation Manual.
 - 4.5.3.7 If liability is accepted, commence processing of service provider accounts if reasonable and necessary and arising from the injury.
 - 4.5.3.8 Investigations will be arranged when less intrusive means cannot provide the information required. When arranging investigations SCC will provide relevant known information and documents to the company appointed to ensure they are briefed appropriately to be in a position to best collect the information.
 - 4.5.3.9 Injured workers will be advised of the appointment of any factual investigators in accordance with Standard 24. Standard 25 is adopted by SCC as the practice for engagement of covert surveillance operatives.
- 4.5.4 A claim may also be made for a secondary injury (an additional or consequential condition) and consultation with stakeholders needs to be undertaken to identify if there is a causal link arising from the initial injury or incident. If it is identified but the claim is not made for it then a file note is to be recorded else a decision is to be made within 21 days of notification of that secondary condition (refer Standard 13).
- 4.5.5 There may be history of prior workers compensation claims to the same body part and the insurer must determine whether the injury is a

recurrence of a prior injury or a new injury (including an aggravation) and advise the injured worker the impact this will have upon their entitlements. (refer Standard 5)

- 4.5.6 Where weekly compensation payments are to cease by operation of Section 39 (5 years expiry) or Section 52 (retirement age) of the 1987 Act, the applicable notice period and written notification will be provided to the injured worker at least 13 weeks prior to cessation in accordance with Standards 17 and 18.
- 4.5.7 The entitlement periods of paid compensation have different rates of compensation payable. To ensure the worker remains informed of changes to weekly compensation, Standard 9 requires SCC to notify the injured worker at least 15 days prior to the change.

4.6 INJURY MANAGEMENT PLANNING

- 4.6.1 SCC acknowledges that a significant injury is defined in Section 42(1) of the 1998 Act as a workplace injury likely to result in more than 7 days off, whether or not any of those days are work days and whether or not the incapacity is total or partial of a combination of both.
- 4.6.2 When it has been identified that the employee has suffered a significant injury, the employee will be notified of their rights and obligations by the Claims Management Unit

4.7 INJURY MANAGEMENT PLAN (IMP) DEVELOPMENT

- 4.7.1 When a notification of injury is received for a significant injury, an IMP is developed by the Workers Compensation Claims Coordinator within 20 days from the report of a significant injury.
- 4.7.2 An IMP is a written plan for coordinating and managing those aspects of injury management that concern the treatment, rehabilitation and retraining of an injured employee with a significant injury to achieve a timely, safe & durable return to work. It can also assist in managing medical and treatment related costs.
- 4.7.3 Assessment of the injury and management requirements occurs at the early contact phase and continues throughout the life of the claim and reflected in the IMP which is reviewed at set points i.e. at the determined date at the implementation of the Plan and with any significant changes in the status of that claim or treatment regime. Review dates are to be recorded into Microsoft Outlook “tasks” with a reminder.
- 4.7.4 A copy of the IMP is to be retained on each claim file.
- 4.7.5 IMPs are required for the following reasons:
 - 4.7.5.1 To formalise communication between all parties,
 - 4.7.5.2 To manage the treatment services being provided and set review points for the treatment,
 - 4.7.5.3 To define approved services and/or medical investigations,
 - 4.7.5.4 To advise the employee of their legislative obligations,

- 4.7.5.5 Confirmation to the employee of whom they have nominated as their Treating Doctor, and should that change, provides them with a procedure for changing it,
- 4.7.5.6 To advise the employee of the consequences of their failure to comply with their IMP,
- 4.7.5.7 A copy of the IMP will be sent to the employee, the Employer, the Nominated Treating Doctor and the RTW Officer by the most practical means (i.e. internal mail, surface mail, email, fax or in person).
- 4.7.6 The RTW Plan will be separate to the IMP. The RTW Officer will liaise with all relevant stakeholders to commence a RTW Plan as soon as possible. The RTW Plan can be initiated before development of the IMP if the RTW Officer has all the relevant information for a safe and sustainable return to work.
- 4.7.7 At all levels within SCC, employees are to be familiar with the principles of Recover at Work. The responsibilities / obligations of the Injury Management and Return to Work Programs will be accessible and communicated by utilising resources within SCC including but not limited to:
 - 4.7.7.1 Structured Training Sessions
 - 4.7.7.2 Corporate Inductions
 - 4.7.7.3 WHS Committee Meetings
 - 4.7.7.4 Team Briefs.
 - 4.7.7.5 Accessible Policies and Procedures
- 4.7.8 The Claims Management Unit will liaise with stakeholders and may arrange for a case conference where they arrange to meet with the nominated treating doctor, injured worker and if required, a rehabilitation provider to discuss what changes may be implemented to progress rehabilitation. This may involve reassessing return to work goals, a change to suitable duties or referral to other service providers for example, medical specialists.
 - 4.7.8.1 Prior to a case conference the injured worker will be advised of reasons for the meeting and a statement and agenda for the meeting will be provided by SCC for all parties. Such meetings are arranged separately to an injured workers usual consultation (refer Standard 16)
- 4.7.9 In cases where a person requires provision of suitable duties, SCC will, on the first instance place the employee in their normal workplace. If this is not possible other areas of SCC will be contacted for placement of that person.
- 4.7.10 When new positions are available within SCC, HR will obtain a list of suitably qualified persons for consideration of re-deployment if required.

4.8 PROCEDURE FOR CHANGING NOMINATED TREATING DOCTOR

- 4.8.1 Procedure for changing the Nominated Treating Doctor (NTD) by employee:

- 4.8.1.1 SCC's Injury Management Plan will provide the procedure for changing the worker's NTD (Section 47(6) of the 1998 Act).
- 4.8.1.2 An employee is unable to change their NTD without a valid reason for the change.
- 4.8.1.3 SCC may request the employee to put these reasons in writing.
- 4.8.1.4 Weekly benefits may not be paid for periods covered by medical certificates issued by any doctor other than the NTD or that medical practice.

4.9 CHANGE OF NOMINATED TREATING DOCTOR REQUESTED BY SCC

- 4.9.1 SCC may request a worker to change NTD for the following reasons:
 - 4.9.1.1 Certificates of Capacity are being backdated; or
 - 4.9.1.2 The doctor is unavailable or unwilling to cooperate in the development and review of an IMP; or
 - 4.9.1.3 Communication with the doctor obstructs an early and safe return to work.

4.10 RETURN TO WORK PLAN (RTW PLAN)

- 4.10.1 A RTW Plan is a written plan established prior to returning an injured employee to work following a significant injury. It outlines the medical restrictions imposed on the employee and details the suitable duties the employee will undertake when they return to work.
- 4.10.2 A RTW Plan is to be developed by the RTW Officer in consultation with the appropriate parties and should be reviewed on a regular basis to ensure that progress is being made. The RTW Plan should be adjusted to reflect any changes in the employee's condition or capacity for work, as per the Certificate of Capacity supplied at the NTD reviews, and a copy should be retained on the workers' compensation and rehabilitation file.
- 4.10.3 Reasonable effort will be made for the RTW Plan to be signed. Copies of the Plan are attached to the Rehabilitation file. Should the Plan not be signed off, a file note is to be recorded on the rehabilitation file by the RTW Officer.
- 4.10.4 SCC is committed to providing meaningful and appropriate suitable duties for injured employees as an integral part of the rehabilitation process. In providing suitable duties for an injured employee, it is important to consider Section 49(1) of the 1998 Act:
- 4.10.5 "If a worker who has been totally or partially incapacitated for work as a result of an injury is able to return to work (whether on a full-time or part-time basis and whether or not to his or her previous employment), the employer liable to pay compensation to the worker under this Act in respect of the injury must at the request of the worker provide suitable employment for the worker."
- 4.10.6 Suitable duties may be provided in many different ways:
 - 4.10.6.1 Same or different worksite,

4.10.6.2 Same job with modified hours and/or modified duties, or

4.10.6.3 Different job altogether.

4.10.7 All offers of suitable duties should be in writing, listing the specific duties to be performed, working hours, and any physical or medical restrictions specified on the Certificate of Capacity and clearly indicated on the Injury Management and Return to Work Plans.

4.10.8 Where suitable duties are questionable the Claims Management Unit will engage with the Return to Work Officer and appropriate parties to emphasise employer obligations and make suggestions / approve services to assist with removing barriers.

4.11 WORKPLACE REHABILITATION ASSISTANCE PROVIDERS

4.11.1 These regulator approved services offer multi-faceted professional assistance to help address risk factors affecting an employee's ability to recover at work. These factors may include difficulty identifying suitable work, complex injury, delayed recovery or communication breakdown.

4.11.2 All referrals to Approved Workplace Rehabilitation providers are to be a joint decision by the RTW Officer and the injured employee, in consultation with the Workers Compensation Claims Coordinator. Further consultation may involve the Human Resource Manager if required.

4.11.3 All providers are required to submit monthly reports to the Claims Management Unit.

4.11.4 The list of preferred rehabilitation providers is kept by the Claims Management Unit.

4.11.5 SCC currently utilise Injury & Occupational Health Nowra.

4.12 WORK CAPACITY – ASSESSMENT, DECISION & REVIEW

4.12.1 Work Capacity Assessment / Decisions

4.12.1.1 A work capacity assessment undertaken by SCC is a review of the injured worker's functional, vocational & medical status. A work capacity assessment may be conducted at any stage throughout the life of a claim and is an ongoing process of assessment and reassessment that commences on notification of a workplace injury and continues throughout the life of a claim.

4.12.1.2 A work capacity assessment considers all available information which may include, but is not limited to:

- a) Reports from the treating doctor, treating specialist or other allied health professionals.
- b) Certificates of Capacity.
- c) Independent medical reports.
- d) Injury Management Consultant reports.
- e) The injured worker's self-report of their abilities & any other information from the worker.
- f) The Injury Management Plan.

- g) Reports from a workplace rehabilitation provider such as workplace assessment reports, return to work plans, functional capacity evaluation reports, vocational assessment report, work trial documents, job seeking logs, activities of daily living assessments, etc.
- h) Information from the employer.
- i) Information obtained and documented on the Insurer's file.

4.12.1.3 At the request of SCC, the injured worker must attend and participate in any evaluation required as part of the work capacity assessment. If the worker does not attend or participate their weekly payments may be suspended until the assessment has taken place, in accordance with Section 44A of the Workers Compensation Act 1987 subject to Standard 11.

4.12.1.4 At a minimum, SCC will commence a review of the injured workers capacity for work once the injured worker has received a cumulative total of 78 weeks of weekly payments. If an injured worker has an ongoing entitlement to weekly payments beyond 130 weeks, SCC will conduct a work capacity assessment at least once every two years after this point, until such time the injured workers entitlement ceases. However, work capacity assessments are not to be conducted for seriously injured workers unless the injured worker requests it.

4.12.1.5 Work Capacity decisions are decisions defined in Section 43(1) of the Workers Compensation Act 1987 as:

- a) A decision about an injured worker's current work capacity.
- b) A decision about what constitutes suitable employment for an injured worker.
- c) A decision about the amount an injured worker is able to earn in suitable employment.
- d) A decision about the amount of an injured worker's pre-injury average weekly earnings or current weekly earnings.
- e) A decision about whether an injured worker is, as a result of injury, unable without substantial risk of further injury to engage in employment of a certain kind because of the nature of that employment.
- f) Any other decision of an insurer that affects the injured worker's entitlement to weekly payment of compensation, including a decision to suspend, discontinue or reduce the amount of weekly payments of compensation payable to an injured worker on the basis of any decision referred to above.

4.12.1.6 Before making a work capacity decision that may result in the reduction or discontinuation of the injured worker's weekly

payments SCC will, at least two weeks prior to the work capacity decision, communicate this to the injured worker in a way that is appropriate in the circumstances of the case by telephone, and is confirmed in writing. This will be done to:

- a) Inform the injured worker that a review of their current work capacity is being undertaken and that a work capacity decision is going to be made.
- b) Explain that this review may include further discussions with other parties such as their employer, NTD or other treatment providers.
- c) Advise the potential outcome of this review & detail the information that has led SCC to their current position.
- d) Provide an opportunity for the injured worker to supply any further information to the insurer for further consideration and the date this information is to be provided by.
- e) Tell the injured worker when the decision is expected to be made.

4.12.1.7 Upon making a work capacity decision that will result in a deduction or discontinuation of the injured worker's weekly payments, SCC will telephone and speak to the worker at the time of the decision, and confirm the decision in writing, to:

- a) Inform the worker that a work capacity decision has been made.
- b) Explain the outcome and consequences of this decision and information that has led the insurer to their current position including the relevant notice period.
- c) Explain the internal review process and that a review application will be sent with the notice.
- d) Confirm the decision will be conveyed in writing in accordance with Section 78 of the 1998 Act.

4.13 WORK CAPACITY REVIEWS

4.13.1 An injured worker may refer a work capacity decision for an internal review by SCC by lodging a completed Application for Review of a Work Capacity Decision Form with SCC. The Application must be in the Approved form, specifying the grounds on which the review is being sought and any additional information to be considered.

4.13.2 SCC will acknowledge the referral in writing to the injured employee within 7 days of receiving the application.

4.13.3 The 'Application for Review' will be reviewed by a team member that was not involved with the original decision within 14 days of receipt and a written notice pursuant to Clause 38(1) of the Workers Compensation Regulation 2016 will be issued.

4.13.4 The injured employee reserves the right to apply to the Workers Compensation Commission to have any dispute resolved.

4.14 LUMP SUM COMPENSATION / DETERMINATION OF PERMANENT IMPAIRMENT and DEATH CLAIMS

- 4.14.1 Where a worker sustains an injury that may result in a permanent impairment & has requested payment of lump sum compensation, arrangements may be made for the injured worker to be examined by a “trained assessor” of permanent impairment and in accordance with the Regulator’s Guidelines for the Evaluation of Permanent Impairment and Standard 21.
- 4.14.2 Once the assessment of an injured worker’s permanent impairment is quantified, a response to their claim should be made in writing to the injured worker. This offer should include a copy of the assessment, and advising they may seek legal advice concerning the payment.
- 4.14.3 Details of payments made for lump sum compensation are to be recorded on the claim file.
- 4.14.4 Should a claim for lump sum compensation be made by an injured worker’s legal representative in the first instance, the injured worker’s entitlements are to be determined within 1 month after the degree of impairment is fully ascertainable, and/or 2 months after all relevant particulars are provided.
- 4.14.5 A decision regarding liability in respect of lump sum compensation is to be provided in writing to the injured worker’s legal representative enclosing evidence and/or reasons for said decision.
- 4.14.6 If a claim for lump sum compensation is disputed or falls below the legislated threshold, this advice is to include details of how to refer this dispute for resolution (S78 notice).
- 4.14.7 Where injury or disease leads to the death of a worker whether immediate or subsequent the sensitivities, impact to family, SCC, and associated costs, make it a potentially complex claim. Standard 31 provides an overview of insurer expectations to be met and SCC will refer the matter to its acting solicitors for assistance with any required investigation, liaising with the deceased worker’s family representatives, identifying dependents and trust funds, and providing advice on liability. Once determined and where payable, weekly compensation payments will be made to dependents and lump sum payment released, plus funeral expenses as limited by the gazette.

4.15 COMMON LAW

- 4.15.1 In the event a claim for Work Injury Damages under Common Law is made and the threshold of greater than or equal to 15% Whole Person Impairment (WPI) is met, the matter should be referred to SCC’s legal representative immediately.
- 4.15.2 Response to the pre-filing statement is to be made within 28 days.
- 4.15.3 Where a claim for Work Injury Damages under Common Law is determined and/or settled, payment of settlement monies should be made without delay, upon receipt of all relevant documentation, including Centrelink and Medicare notices.
- 4.15.4 Details of such payments are to be recorded on the claim file and it dissolves liability for the claim.

4.16 COMMUTATION

- 4.16.1 Consideration for commutation is to be given to claims where they meet the requirements of S87EA of the WCA 1987 and the Guidelines.
- 4.16.2 Certification of commutation is to be obtained from the Regulator, prior to payment being made.
- 4.16.3 Details of payment for commutation are to be recorded on the claim file.

4.17 CLAIMS ESTIMATES / REVIEW

- 4.17.1 Claims will be reviewed by the Workers Compensation Claims Coordinator on an ongoing basis but specifically at the following intervals: 12 weeks, 26 weeks, 52 weeks and then every 26 weeks thereafter.
- 4.17.2 Claims are to be estimated within the case management database, based on all relevant information available on file, giving appropriate consideration to the Claims Estimation Guidelines. A file note or notation on the estimate sheet will be completed detailing the reason for any variation from the Claims Estimation Guidelines. An estimate worksheet is to be completed for the initial estimate and for each subsequent estimate change.
- 4.17.3 The estimate work sheet should detail the following:
 - 4.17.3.1 Relevant components making up the total estimate.
 - 4.17.3.2 Date the estimate was completed.
 - 4.17.3.3 Signature of the person completing the estimate worksheet.
- 4.17.4 The claims estimate is to be reviewed when the injured workers capacity for work changes, when a claim for further benefits is made (e.g. lump sum compensation) and/or at the following review points:
 - 4.17.4.1 12 Weeks.
 - 4.17.4.2 26 Weeks.
 - 4.17.4.3 52 Weeks.
 - 4.17.4.4 78 Weeks.
 - 4.17.4.5 104 Weeks.
 - 4.17.4.6 And/or every 26 weeks thereafter as part of the biannual claims review.
- 4.17.5 Documented claims reviews will also be undertaken for all current claims should a handover to a new or temporary Claims Management Unit case manager be required. If the duration is longer than two (2) weeks, contact with injured workers will be undertaken and documented to assist with a transparent handover.

4.18 SERVICE PROVIDERS MANAGEMENT AND PAYMENTS

- 4.18.1 The Claims Management Unit are supported by a network of external providers. These services are utilised when specialist knowledge and skills are required to achieve claim outcomes, including claim investigations. The team may appoint, but monitors and manages

these providers to ensure we obtain quality service from trusted companies. Part of assurances we expect from these providers are:

- a) that services are provided and in accordance with SIRA Guidelines and rates for each relevant service provider.
- b) that they maintain appropriate qualifications such that they maximise benefit to the recovery of injured workers or to effectively service the personal injury management (insurance) industry. E.g. investigators hold the relevant Commercial Agent and Private Inquiry Agent (CAPI) Master Licence for New South Wales or other relevant state where investigative operations are conducted.
- c) not unduly extend services or provide unsuitable services on a claim or to the industry as a whole.

4.18.2 Where required, SCC will consider treatment plans and when appropriate, provide prior approval for treatment and related expenses, e.g. Physiotherapy Plans, Rehabilitation Plans and radiology requests such as MRI.

4.18.3 Provider invoices will be paid in a timely manner in accordance with Standard 10, that being within 10 working days of receipt excluding exceptions as provided in the standard. This should guarantee continuity of service provision.

4.18.4 SCC will arrange payment of medical/treatment and related expenses in accordance with the Regulator's gazetted fees orders.

4.18.5 SCC will record details of all payments made to service providers in the database for each claim file.

4.19 DETERMINING REASONABLY NECESSARY TREATMENT

4.19.1 Reasonably necessary services will be approved by SCC once the need for treatment/services has been justified in a report or a treatment plan which specifies:

- 4.19.1.1 The services proposed.
- 4.19.1.2 The anticipated outcome.
- 4.19.1.3 Duration.
- 4.19.1.4 Frequency.
- 4.19.1.5 Cost of the service.

4.19.2 If there is insufficient or inadequate information upon which to make a soundly based decision, SCC will arrange to obtain further information from the treatment provider, or where applicable an Independent Medical Examiner.

4.19.3 The treatment or service will have the purpose and potential effect to:

- 4.19.3.1 Alleviate the consequences of injury;
- 4.19.3.2 Maintain the injured workers state of health; or
- 4.19.3.3 Slow or prevent its deterioration given the injury.

4.19.4 A decision about reasonably necessary treatment or services will include consideration of all of the following plus adopting the relevant Standards and Guidelines:

- 4.19.4.1 Appropriateness – capacity to relieve the effects of injury.
- 4.19.4.2 Effectiveness – the degree to which the treatment will potentially alleviate the consequences of the injury.
- 4.19.4.3 Alternatives – consideration will be given to all other viable forms of treatment for the injury.
- 4.19.4.4 Cost Benefit – there will be an expected positive benefit, given the cost involved that should deliver the expected health outcomes for the injured worker.
- 4.19.4.5 Acceptance – the acceptance of the treatment among the medical profession will be considered, i.e. is it a conventional method of treatment & would medical practitioners generally prescribe it.
- 4.19.5 Worker reimbursements for approved treatment will be paid in a timely manner in accordance with Standard 10, that being within 10 working days of receipt excluding exceptions as provided in the standard.
- 4.19.6 Where medical and associated payments are to cease by operation of Section 59A of the 1987 Act, the applicable notice period and written notification will be provided to the injured worker at least 13 weeks prior to cessation in accordance with Standard 19.

4.20 CLAIMS FINALISATION

- 4.20.1 Claims are to be reviewed for finalisation where applicable and SCC adopts Standard 30.
- 4.20.2 SCC will consider finalisation where the injured employee has no ongoing entitlement to weekly payments or medical / treatment expenses, and this decision is not being disputed and at the following times:
 - 4.20.2.1 4 weeks post return to work on pre-injury duties.
 - 4.20.2.2 At the 12, 26, 52, 78 and 104 week review points.
 - 4.20.2.3 Following settlement of a claim where all outstanding monies have been paid.
 - 4.20.2.4 3 months post denial of liability where this decision is not being disputed.
- 4.20.3 Factors to be considered include:
 - 4.20.3.1 Injured Worker has achieved optimal return to work & health outcomes.
 - 4.20.3.2 All payments have been made.
 - 4.20.3.3 No recovery action is current.
- 4.20.4 Prior to closing a claim, a letter should be sent to the injured employee advising that an assessment of the claim has identified that all benefits have been paid & that their file will be finalised.
- 4.20.5 Once closed a confirmation letter is sent to the injured employee including potential scope of entitlements and that the claim may be reopened.

4.21 CLAIM RE-OPENING

- 4.21.1 A claim can be re-opened after it has been closed for the following reasons:
- 4.21.1.1 Recurrence of original injury.
 - 4.21.1.2 Further payments or recoveries.
 - 4.21.1.3 Claim is litigated.
 - 4.21.1.4 Claims administration.
- 4.21.2 If a claim is re-opened again other than for administrative purposes, a decision on the additional compensation benefits will be determined again by SCC within 21 days.

4.22 DISPUTE PREVENTION & RESOLUTION

- 4.22.1 Dispute Prevention
- 4.22.1.1 SCC will take all reasonable steps to resolve return to work grievance through discussion with the NTD, the employee's Manager/Supervisor and the RTW Officer. In the case of medical disputes, the Workers' Compensation Claims Coordinator will ensure all attempts will be made to refer the matter to an appropriate facilitator.
 - 4.22.1.2 Should a grievance arise, employees are to be referred the "Preventing Workplace Harassment and Bullying Policy and Grievance Resolution Procedures (section 4) and the Employee Assistance Program.
- 4.22.2 Injury Management Consultants (IMC)
- 4.22.2.1 An Injury Management Consultant may be engaged to facilitate resolution of issues that arise regarding an injured employee's fitness for work and the suitability of duties offered to an injured employee.
 - 4.22.2.2 The role of the IMC is to facilitate return to work with the NTD and assess any such dispute towards mediating a solution to:
 - a) Enable the employee to return to suitable duties consistent with the employee's functional capacity, and
 - b) Minimise the likelihood that the case will be referred to the Workers' Compensation Commission.
 - 4.22.2.3 A referral to the Workers' Compensation Commission will occur if the original IMC has contacted the NTD for a second time and the matter remains unresolved.
 - 4.22.2.4 SCC adopts Standard 14 and the Guidelines with regards to the engagement of an IMC, the associated notification to the employee and briefing of the IMC.
- 4.22.3 Independent Medical Examination (IME) made within section 119 of the 1998 Act may be engaged by the Claims Management Unit for an opinion:
- 4.22.3.1 On the medical management and the ongoing treatment requirements.

- 4.22.3.2 Regarding whether the injury or disease is related to the workplace.
- 4.22.3.3 Regarding work capacity and other reasons as provided by the Guidelines
- 4.22.4 Independent Physiotherapy (IPCs) and other Allied Health Consultants:
 - 4.22.4.1 SCC will refer to an Independent Physiotherapy or other allied health consultant when there is a specific dispute in relation to the provision of treatment. This may include inappropriate treatment, excessive number of treatments, cost and multiple services being delivered.
 - 4.22.4.2 Referrals to an IPC are carried out by the Claims Management Unit in consultation with the RTW Officer.
- 4.22.5 Employee complaints regarding the activities of the Claims Management Unit may be referred to WIRO (refer 4.25) but should in the first instance be discussed with that unit to attempt a resolution.

4.23 WORKERS COMPENSATION COMMISSION

- 4.23.1 The Workers Compensation Commission deals with all disputes that arise out of workers' compensation claims. The Commission aims to provide a fair and flexible dispute resolution process so that injured employees can resume their pre-injury life quickly and with minimal impact on their long-term health. These disputes may refer to:
 - 4.23.1.1 Weekly payments of compensation,
 - 4.23.1.2 Work capacity decisions
 - 4.23.1.3 Workplace injury management,
 - 4.23.1.4 Medical and related expenses,
 - 4.23.1.5 Permanent impairment/pain and suffering,
 - 4.23.1.6 Death of the employee, or
 - 4.23.1.7 Property damage.
- 4.23.2 SCC participates in conferences and at hearings with our representative solicitors to ensure that instructions can be provided where possible to resolve the dispute.
- 4.23.3 An Approved Medical Specialist (AMS) is a specialist doctor appointed by the President of the Workers' Compensation Commission. An AMS forms part of the Commission and can only be accessed if there has been a formal dispute registered with the Commission.
- 4.23.4 An AMS will deal with medical disputes by the issue of Medical Assessment Certificates (MAC), which is conclusive only if it relates to permanent impairment but not conclusive on any other medical question.
- 4.23.5 Contact Details - Workers Compensation Commission:
Telephone: 1300 368 040 or the Telephone Interpreter Services 131 450. Web: www.wcc.nsw.gov.au

4.24 WORKERS COMPENSATION INDEPENDENT REVIEW OFFICER (WIRO)

4.24.1 WIRO is an independent statutory organisation which:

- 4.24.1.1 Resolves complaints made by workers about insurers (where possible).
- 4.24.1.2 Facilitates access to independent legal advice for injured workers to resolve disputes about entitlements.
- 4.24.1.3 Encourages the establishment of a dispute resolution process between employers & insurers.
- 4.24.1.4 Offers a telephone service that provides injured employees and employers with assistance regarding the following issues:
 - a) Payment of benefits,
 - b) Delays concerning treatment and medical expenses,
 - c) Return to Work issues, and
 - d) Reporting of injuries (where the usual channels through employer or insurer are not successful).
- 4.24.1.5 Reports to the Minister on relevant matters.

4.25 Disputed Claims and Resolution:

- 4.25.1 Prior to all or part of a claim being disputed or denied, consultation will be made between the Workers Compensation Claims Coordinator, the RTW Officer and the relevant Group Directors.
- 4.25.2 If SCC disputes liability in respect of a claim or any aspect of a claim, the employee will be notified in writing (and in plain English):
 - a) The reason SCC is disputing liability;
 - b) Information as required by Clause 38 of the Regulation 2016
 - c) Any further information that is deemed relevant to the disputed claim; and
- 4.25.3 If a worker is told that liability is denied for the claim, the employee may take the following action:
 - a) Forward the 'Request for Review' form attached to the dispute notice to the Workers Compensation Claims Coordinator requesting a review of the decision and providing any relevant information that may assist in this process. The claim and further information and documentation will be reviewed and a response sent to the employee within 14 days of receipt by SCC.
 - b) Contact the Workers Compensation Independent Review Office (WIRO)
 - c) Request advice from your Union.
 - d) Contact a Solicitor.
 - e) Contact the Workers Compensation Commission.

4.26 FRAUD

- 4.26.1 False Claims: A person is guilty of an offence if they make a false claim:
 - 4.26.1.1 In a claim for compensation made by an employee, or
 - 4.26.1.2 In a medical certificate or other information that relates to a claim for compensation,

- 4.26.1.3 or when furnishing information to any person concerning a claim for workers' compensation (whether the information is furnished by the employee who is making the claim)
- 4.26.2 The maximum penalty is 500 penalty units or 2 years imprisonment (s.235C of the 1998 Act).
- 4.26.3 As a government entity Council will work with the Regulator with identifying fraud committed by claimants, providers and internally.
- 4.26.4 Any suspected case of Fraud will be discussed with the Worker Compensation Claims Coordinator, & consideration will be given to referral to the Regulator's Fraud Investigation Branch. A referral form is to be completed & sent to fraudinvestigation@sira.nsw.gov.au . Advice regarding possible fraud can be sought from the Regulator's Fraud hotline 02 4321 5755.

4.27 RECOVERIES

- 4.27.1 During claim screening, where SCC identified that a third party is responsible for an incident that has resulted in a compensable injury, recovery should be sought from the third party, or their insurer. Prior to initiating a recovery consideration will be given to any conflicts of interest.
- 4.27.2 Where recovery is sought due to an overpayment of benefits to the injured employee, a repayment arrangement will be established in accordance with Standard 23.

4.28 INTERPRETER SERVICES

- 4.28.1 SCC will arrange assistance as appropriate to the circumstances to:
 - 4.28.1.1 Hearing/speech impaired employees.
 - 4.28.1.2 English literacy impaired employees.
 - 4.28.1.3 Non-English speaking employees.
- 4.28.2 Assistance will be provided through arrangement of interpreter services as part of the Return to Work process with consideration of Standard 28.
- 4.28.3 The following services are available within the community and where possible are NAATI certified:
 - 4.28.3.1 Interpreters
 - Community Relations Commission
 - Interpreting & Translation
 - Phone: 1300 651 500.
 - 4.28.3.2 Telephone Interpreters Service
 - Department Immigration Citizenship Translating & Interpreting Service
 - Phone: 13 14 50.

4.29 CONFIDENTIALITY

4.29.1 All injury management information will be managed by SCC in accordance with:

- Section 243 of the Workplace Injury Management & Workers Compensation Act 1998.
- Standard 2
- National Privacy Principles.

4.29.2 All injury management information concerning an injured worker is confidential & should not be discussed with, shown to, or read by anyone who is not directly involved in the injured workers return to work.

4.29.3 Consent is to be obtained from the injured worker in order to allow the NTD, SCC, other treating practitioners, Approved Workplace Rehabilitation Providers & the Regulator to exchange information relating to a work injury. This is obtained on the completed Certificate of Capacity and undertaken in accordance with Standard 1.

4.30 INFORMATION & RECORDS MANAGEMENT

4.30.1 All injury management records will be kept in accordance with SCC's Document Control and Records Management Procedure. Formal documentation for all aspects of the Injury Management Program will be completed on the forms attached to this procedure.

4.30.2 Claim information is maintained in a password secure database accessible only by those involved in the Claims Management Unit.

4.31 QUALITY ASSURANCE

4.31.1 Continuous Improvement

4.31.1.1 SCC views both its Work Health and Safety (WHS) framework and associated Injury Management Program as systems subject to continuous improvement. In this regard, SCC is committed to an auditing program.

4.31.1.2 The WHS Management System is audited annually. The Injury Management Program is a component of the audit process.

4.31.1.3 To enhance the audit process, a review will be conducted at the closure of some claims by the Human Resources Manager.

4.31.1.4 Claims management is audited on an annual basis in accordance with the SIRA issued Insurer Audit Manual

4.32 REVIEW OF INJURY MANAGEMENT DATA / INJURY PREVENTION STRATEGIES

4.32.1 SCC will review injury and claim statistics on a monthly basis in conjunction with its Policies and Procedures identifying links and trends.

4.32.2 SCC will use this information in consultation to reduce risks of injuries and improve return to work time frames.

5.0 RECORDS

- 5.1** All records generated as a result of the operation of this procedure will be managed in accordance with the requirements documented within P04 Document Control and Safety Records.

6.0 REFERENCES & ASSOCIATED DOCUMENTS

- 6.1** Workers Compensation Act 1987 (1987 Act)
- 6.2** Workplace Injury Management and Worker's Compensation Act 1998 (1998 Act)
- 6.3** Workers Compensation Regulation 2016
- 6.4** Work Health Safety Act 2011
- 6.5** Work Health Safety Regulation 2017
- 6.6** Workers Compensation Guidelines (the Guidelines)
- 6.7** A reference to a Standard is a reference to SIRA Standards of Practice
- 6.8** Injury Management Program – A Guide & Checklist for Insurers
- 6.9** Return to Work Program
- 6.10** WHS Policy
- 6.11** WHS Consultation Policy
- 6.12** WHS Strategy
- 6.13** Employee Induction Training
- 6.14** Employee Assistance Programme Procedure
- 6.15** Standard Operating Procedures for Claims Management in WHS Team
- 6.16** A quick guide to workers compensation - information for workers - SIRA08078
- 6.17** Independent medical examinations fact sheet
- 6.18** Guidelines for Workplace Return to Work Programs
- 6.19** NSW Claims Estimation Manual – December 2012
- 6.20** P27.F01 Injury Management Plan (IMP)
- 6.21** P26.F01 Return to Work/Recover at Work Plan (RTW/RAW Plan)

APPENDIX 1 DEFINITIONS

Injured Employee	An employee who has received a workplace injury or disease.
Injury Management	The process that comprises activities and procedures that are undertaken or established for the purpose of achieving a timely, safe and durable return to work for the employee.
Injury Management Program	A coordinated and managed program that integrates all aspects of injury management (including treatment, rehabilitation, retraining, claim management and employee management practices) for the purpose of achieving optimum results in terms of a timely, safe and durable return to work for injured employees.
Injury Management Plan (IMP)	An IMP is a written plan for coordinating and managing those aspects of injury management that concern the treatment, rehabilitation and retraining of an injured employee to achieve a timely, safe and durable return to work for injured employees.
Insurer	A licensed insurer, specialised insurer or self-insurer.
Nominated Treating Doctor	The treating doctor nominated by an employee for the purposes of an injury management plan. Nominated Treating Doctors (NTD) are responsible for coordinating all aspects of treatment and return to work management.
Regulator	The State Insurance Regulatory Authority (SIRA) “the Authority” regulation includes the workers compensation insurance system. SafeWork NSW regulate workplace safety.
Return to Work Program	A system that manages workers who have sustained a workplace injury or illness to assist in their return to pre-injury duties in the workplace.
Significant Injury	A workplace injury that is likely to result in the employee being incapacitated for a continuous period of more than 7 days, whether or not any of those days are workdays and whether or not the incapacity is total or partial or a combination of both.
Workplace Injury	An injury to an employee in respect of which compensation is or may be payable under the Act.