# ACT Workers Compensation Act 1951 Description of the Summary to be displayed at workplaces

### Workers compensation insurance

It is compulsory for all ACT employers, as determined under the ACT Workers Compensation Act 1951, to have a current ACT Workers Compensation Policy in place with an Approved Insurer. An 'employer' is anybody who employs a worker with whom there is a 'Contract of Service', or, in some circumstances, a 'Contract for Service', whether the contract is expressed or implied, orally or in writing.

# When is a worker covered for workers compensation?

A worker may be entitled to compensation for an injury or disease that occurs/arises during the course of employment; or, by an incident arising out of employment; or, on a journey to or from work.

# Early notification of injury

An injury must be notified to the employer responsible for the workplace in which the injury happened. Notification must be as soon as practicable, and before the worker has voluntarily left that employment. Notification may be given: by entry into the 'Register of Injuries', or orally, in writing, or in electronic form to the employer, any person designated for the purpose by the employer, or any person by whom the person is supervised.

#### **Register of injuries**

A 'Register of Injuries' is kept by the employer where it is readily accessible to the workers. It records every injury that occurs in the workplace, regardless of whether or not a claim is made. If details of the injury are entered in the register as soon as possible after the injury happens, the entry is taken to be notice of the injury given to the employer by the injured worker for the Workers Compensation Act 1951.

#### Injured worker's responsibility – is to:

- Notify their employer as soon as possible after becoming aware of a workplace injury
- Nominate a doctor, or medical practice, as worker's treating doctor for the worker's Personal Injury Plan
- Provide a compliant ACT medical certificate with all claims for compensation
- Make all reasonable efforts to return to work with their employer as soon as possible
- ▶ Take part in and cooperate with the establishment of their Personal Injury Plan
- Comply with reasonable obligations under the Personal Injury Plan including medical or surgical treatment, rehabilitation, retraining
- Authorise their nominated doctor to provide information to the employer or the insurer
- If compensation is to be claimed for an injury, make the claim for compensation as soon as possible

# Employer's responsibility - an employer must:

- Display this notice (Note: Penalties apply for failure to display information as required)
- Give notice of injury to an insurer within 2 days (48 hours) of becoming aware of the injury (Note: Penalties apply for late notification for time lost claims). If a compliant verbal notification provided it must be followed up in writing to the insurer within 3 days.
- > Send any claim documentation to the insurer within 7 days of receipt
- Maintain a register of injuries and produce it when requested
- Make available workers compensation claim forms available free of charge on request
- Assist and cooperate in the establishment of a Personal Injury Plan
- Establish a written Return-to-Work program and have it displayed or notified at places of work of the workers to whom it relates or may relate
- Provide suitable employment, as part of the Return-to-Work program

#### The insurer's responsibility – an insurer must:

- Take action under their Injury Management Program within 3 business days after receiving the injury notice, including making contact with the worker, the employer and treating doctor
- Ensure that each insured employer is aware of their injury reporting and injury management obligations
- Develop a Personal Injury Plan in cases of significant injury (incapacity likely to be at least 7 days straight)
- Consult and maintain communication with all stakeholders in the development and ongoing management of Personal Injury Plans

Name of employer:				
Employer's Workers Compensation policy number:				
Employer's contact name:			Telephone:	

