

Helping Union Members with their **ACC Claims**

A Guide for Union Delegates and
Health and Safety Representatives



THE NEW ZEALAND



COUNCIL OF TRADE UNIONS

The Code of ACC Claimants' Rights

The Code of ACC Claimants' Rights guides how ACC works with claimants.

It sets out what claimants can expect in their dealings with ACC and specifies their right to:

- **Be treated with dignity and respect**
- **Be treated fairly and have their views considered**
- **Have their culture, values and beliefs respected**
- **A support person or persons**
- **Effective communication**
- **Be fully informed**
- **Have their privacy respected**
- **Complain.**

Employers who are part of the ACC Partnership Programme (see page 4) and people acting as agents for ACC must also comply with the Code in all their work with claimants.

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Welcome

Welcome to *Helping Union Members with Their ACC Claims* – a guide for union delegates and health and safety (H&S) representatives involved in helping people in the workplace with their ACC claims.

As a union delegate or H&S rep, you can play a valuable part in the whole claim, recovery and back to work process – especially when a person's injury means they need time off work and/or other help from ACC.

By offering knowledge, experience and support, you can make it easier for your workmates to focus on recovering from their injuries and getting back to work. You can also be their advocate, representing them and their interests in all their dealings with ACC.

For example, you can:

- Guide them through the claim process
- Help them during their rehabilitation
- Provide them with information on ACC and the kind of help they're entitled to
- Support them at meetings with their ACC case manager and others
- Keep in touch with them and their families while they recover
- Work with their employer to identify alternative work options and make sure the injured person gets the help and support they need while they're recovering at work
- Take a 'big picture' view of how the person's injury (and their recovery process) may affect other people and jobs in the workplace.

This guide was produced by the New Zealand Council of Trade Unions (NZCTU) and ACC. It covers important steps in making a claim and recovery and answers the questions most commonly asked. It also includes a

checklist you can use to make sure you have everything covered (see page 36) and a list of other resources you may find useful (see page 37).

If you have any questions...

If you have any questions about this guide or would like information on subjects it doesn't cover, try visiting www.acc.co.nz or call 0800 101 996. Alternatively, you can contact your local union organiser or the NZ Council of Trade Unions on 0800 my union (698 6466) during normal business hours.

Is your employer part of the ACC Partnership Programme?

If your employer is part of the **ACC Partnership Programme** (often called an accredited employer), they are responsible for managing injury claims on ACC's behalf. They may do this themselves or employ someone else (a **third party administrator**) to manage the claims for them.

Accredited employers must provide at least the same help as ACC and comply with the requirements of the Injury Prevention, Rehabilitation, and Compensation Act 2001. If they wish, they can offer entitlements above and beyond the legal minimum. If your employer is an accredited employer, make sure you find out what injured employees' entitlements are, or talk to your union organiser about the claim.

In this document most references to ACC also apply to accredited employers.

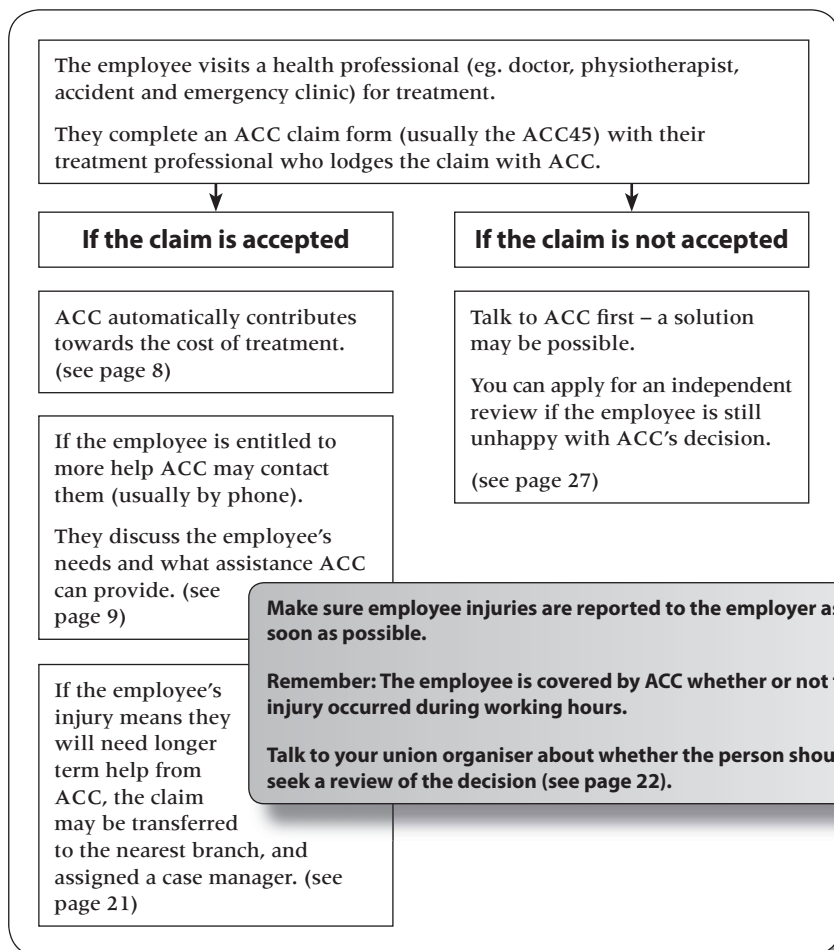
Acknowledgements

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How things usually work

Here's a quick overview of the usual process for an injured employee who needs help from ACC. Every case is different, so please talk to ACC about the process for the person you're helping.

Getting help from ACC after an injury



When an injury happens...

When an employee is injured – whether at work, at home, or on the road – they need to follow a few steps to lodge their claim with ACC. This section covers the early stages of the ACC process – lodging a claim and what happens next.

As a union delegate or H&S rep, you can provide invaluable support for a newly injured employee. Using this guide, you'll have key information to help them through the claim lodgement process, and you'll be able to keep your employer informed of what's happening and when. Plus you can gather information and establish important contacts with ACC, the employee's family and the employee's health professional(s) for future use.

What does ACC cover?

ACC cover:

- Anyone who suffers a 'personal injury' in an accident – whether they are at work, at home, on the road or playing sport
- People who have a work-related disease, infection or gradual process condition
- People with injuries caused by treatment from a registered health professional
- People dealing with the physical and mental effects of sexual abuse or sexual assault.

ACC also help with funeral grants and other financial support for partners and dependants of people who die because of an accident.

Once ACC have accepted a claim for cover, the employee may be eligible for entitlements such as weekly compensation or home help. ACC assess all claims according to the Injury Prevention, Rehabilitation, and Compensation Act 2001.

How does an injured person make an ACC claim?

Most people only need short-term help for their injury, such as one or two visits to a health professional or perhaps a short course of treatment. However, people with more serious injuries may need extra help, especially financial support while they're not getting paid. They may also need other services such as childcare and home help. ACC's job is to get them the help they need to recover from their injury and get back to work (or as close as possible to normal life) as soon as they can.

People usually claim for help from ACC when they first see a health professional for their injury, such as a doctor, dentist or physiotherapist. They can see a health professional of their choice, although ACC or their employer may require a second opinion from another professional (whoever requests the second opinion pays for it).

The health professional and the employee complete a claim form (the ACC45), which is sent to ACC. The health professional should give the employee a copy of the ACC45 to keep. However, this sometimes is forgotten by the health professional. If you see the employee before they go for treatment, encourage them to ask for a copy of the ACC45.

Want to help?

If the employee has a copy of the ACC45, ask them if you can make a copy for your records.

What happens once the claim has been lodged?

ACC decide whether they can cover the injury and write to the claimant either accepting or declining the claim.

ACC accept most claims and pay the cost of treatment. Sometimes treatment providers charge more than ACC pay – in this case it is the claimant's responsibility to pay the extra.

In most cases the claimant's dealings with ACC will be few. The only contact they have is a letter confirming their claim has been accepted for treatment costs. ACC usually pay treatment costs directly to the treatment provider.

What if the claimant needs extra help from ACC?

Once ACC have accepted a claim for cover, the claimant can request entitlements (such as home help or weekly compensation – see pXX for more information).

If ACC establish from the ACC45 that the claimant needs this help, they may contact the claimant – usually by phone. However, we recommend that if the employee needs assistance they should contact ACC as soon as possible.

Want to help?

If you think the employee may be entitled to additional help, encourage them to contact ACC (0800 101 996).

It's a good idea for the claimant to keep copies of all records relating to their injury, such as medical certificates, letters and receipts. For example, ACC ask for receipts before they will reimburse pharmaceutical costs.

If the injury is serious, the claimant is assigned an ACC case manager from the local ACC branch. Their case manager is there to help them through their rehabilitation. They will develop an individual rehabilitation plan (IRP) with the employee, which outlines the steps ACC and the employee agree are part of the rehabilitation process. Other people may also be involved in developing the plan, such as health professionals, the claimant's employer and their family. You are an important part of this process as the employee's representative and advocate.

How long does the cover decision take?

Most claimants find out if they're covered by ACC within a few days. However, ACC legislation allows for longer timeframes for complex claims, such as those for work-related gradual process injuries.

With these complex claims it can take up to several months for ACC to make a decision. ACC cannot make payments until they have accepted the claim. In this situation, your employer may be willing to help the injured employee. Ask them how the company can help.

Want to help?

Keep in touch with the employee if they are off work and waiting to hear if ACC can accept their claim – this is a stressful time for them.

For simple claims:

- ACC have up to 21 days to decide on cover. If this isn't possible, ACC write to the claimant to let them know that they need more time
- If ACC need more information to make the decision, they can take up to four months from the date the claim was lodged to get the information and make the decision.

For complex claims:

- ACC have two months to investigate the claim and decide on cover. If ACC require more time or information in order to make a decision they will write to the claimant asking for a time extension of another two months
- ACC can request time extensions up to nine months from the date the claim was lodged.

If ACC fail to meet the timeframes, the claim is automatically accepted.

What if the employee can't go back to work?

If the employee's injury means they can't go back to work, they may be entitled to weekly compensation and other ACC help.

Their doctor or another registered medical professional must sign a certificate saying they are 'incapacitated' – i.e. that because of their injury, they can't do the job they had at the time of their injury.

What happens with their pay?

If the employee can't work because of their injury, ACC can help with weekly compensation. Weekly compensation payments are usually 80% of the employee's weekly pay before tax.

Want to help?

When preparing a request for weekly compensation make sure the employee has their tax code, IRD number, a pre-printed bank deposit slip and proof of their identity (i.e. a driver's licence or passport) when they apply for weekly compensation. ACC will need these.

How weekly compensation works

ACC weekly compensation payments begin a week after the employee stops working because of their injury.

If the injury happened at work the employer continues to pay the employee for the first week off work

If the injury happened outside of working hours, the employee covers lost income for the first week. The employee can request to use their sick leave, or annual leave, if they have any available.

After the first week off work, ACC provide weekly compensation, using earnings information provided by the employer. If the employer is part of the ACC Partnership Programme, they (or any third party they use) use the same process as ACC.

Some collective agreements provide that the employer will top-up wages to 100% of the usual income. It is worth talking to the employer to see if they are willing to do this.

Want to help?

Keep in mind other possible options for financial help for the employee – such as workplace welfare funds or Work and Income.

What can you do?

Contact the employee

Let the employee know that you can help them through the claims process. Ask them if they would like your help; if they would, they need to give you written permission as well as details of their injury, contact details for their health professional etc.

The checklist on page 36 includes a permission form you can use. Health professionals may require this. (Some may accept Union membership authorisation forms but most will prefer this permission form).

Contact the employer and ACC

Let the employer and ACC know you're helping the employee through the process. Make sure they are aware you may attend meetings with the employee and will take an active role in ensuring they get the help they need and the entitlements they qualify for.

Supporting the employee

How much help the employee needs from you will depend on their injury, and on their awareness of how to get help from ACC. Help may range from assisting them to fill in forms or making phone calls on their behalf, to representing them at meetings and helping with the development of their individual rehabilitation plan.

Talk to them about what they need and how much you can help.

Be an information-gatherer

Encourage the employee to keep copies of all documents and information relating to their injury. Offer to store copies of documents such as the:

- ACC Injury Claim Form (ACC45)
- Accident report
- Individual Rehabilitation Plan (IRP)
- Medical files – the employee will need to write to their treatment provider for these
- ACC files – the employee will need to write to ACC for these.

If the employee may not be able to return to their old duties, keep an eye on any other suitable job opportunities, vacancies or retraining opportunities within your workplace.

If the employee's injury prevents them from getting out and doing their usual tasks, they can often feel isolated. Think about setting up a roster of visits from workmates – who are often willing to help but may be unsure how to go about it.

The checklist on page 36 covers most of the steps you need to take at this early stage. You may find it helpful to photocopy it.

Financial and other help ACC provide

Once ACC have accepted a claim, the employee may be entitled to a number of different kinds of help, depending on their injury and their personal needs.

Entitlements include:

- Payment of treatment costs. ACC pay the full costs of emergency care and emergency ambulance services, but usually only part of the costs of GP treatment. If ACC pay only part of the costs, the employee will have to pay the difference
- Help with the costs of:
 - Specialist medical and dental treatment
 - Prescriptions
 - X-rays
 - Surgery
 - Replacing or repairing dentures that were damaged when the injury happened
- Weekly compensation for pay lost because of the injury (there's more about this on page 16)
- Personal support, such as if the employee needs help to look after themselves, their home or people who depend on them (such as their children)
- Travel costs, such as to and from treatment and rehabilitation
- Special equipment, such as wheelchairs
- Changes to the employee's home, such as wheelchair ramps
- Training to help the employee adjust to their injury

For more information on entitlements please call ACC 0800 101 996.

If the injury has resulted in permanent impairment, the employee can also apply for **lump sum compensation** (a one-off, non-taxable payment). Assessments for lump sums are done either when the condition has stabilised or after two years.

Some types of treatment require ACC approval before employees can access them. These include:

- Non-urgent (elective) surgery at a private hospital – even if the employee has medical insurance
- Any non-urgent treatment
- A second course of treatment
- Some types of dental work.

How much is weekly compensation?

Weekly compensation is usually paid at the rate of 80% of the employee's weekly earnings. This is calculated using various rules depending on whether the employee is:

- A permanent employee
- A casual employee, or
- In employment that was due to end within 12 months of the incapacity.

The calculations are complex and the final weekly compensation amount will depend on a number of factors. These include whether, during the calculation period, the employee was paid for overtime, whether they took annual, sick or parental leave, and whether there were any public holidays in that time.

ACC will work out the exact calculation. If you or the employee have any queries about it, talk it over with the ACC case manager.

Entitlement periods for weekly compensation

Entitlement period	When?	Who pays?	What is payment based on?
First week	The first day the employee stops working (either to get treatment, or because they are certified unfit to work), and the next six days	if the injury occurred while working, the employer pays If the injury occurred outside of work hours the employee covers their first week off (such as through sick leave)	80% of the earnings the employee would have earned in that week
Short term	From day eight of incapacity to day 35 i.e. week two to week five	ACC (or the accredited employer)	80% of the employee's weekly earnings (in the four weeks before the first day of incapacity)
Long term	From day 36 i.e. week six onwards	ACC (or the accredited employer)	80% of the employee's weekly earnings (in the 12 months before the first day of incapacity)

Weekly compensation – case studies

The following studies show how weekly compensation payments work. They are a guide only - calculations will vary according to the employee's circumstances.

For a short term recovery (2-5 weeks)

Jane is a permanent employee who injured her right wrist at work while operating machinery. She has been certified unfit to work for 14 days. In the four weeks before her injury Jane earned:

Week 1 \$703.00

Week 2 \$651.00

Week 3 \$643.00

Week 4 \$613.00

Her total earnings of \$2,610.00 are divided by the number of weeks over which they were earned (four). Her weekly compensation is 80% of this amount.

So: $\$2,610.00 \div 4 = \652.50

$\$652.50 \times 80\% = \522.00

Jane is entitled to \$522.00 in weekly compensation. Note that if she had worked three weeks and two days before her injury, her earnings divisor would be rounded up to four weeks.

For a long term recovery over 5 weeks

In calculating long-term weekly compensation, the earnings in the 52 weeks before the incapacity are used.

Shane is a permanent employee who worked for a full year (52 weeks) before his incapacity. He earned \$31,852.00 in this time.

His total earnings of \$31,852.00 are divided by the number of weeks over which they were earned. His weekly compensation is 80% of this amount.

So: $\$31,852.00 \div 52 = \612.54

$\$612.54 \times 80\% = \490.03

Shane is entitled to \$490.03 in weekly compensation. If he had worked only 46 weeks in the year before his incapacity, his earnings would have been divided by 46.

What if the employee has more than one job?

If they have more than one job and/or are also self-employed when incapacitated for work, weekly compensation is based on the earnings from all the jobs.

What can you do?

As a union delegate or H&S rep, you're in an excellent position to help people understand and manage the help they get from ACC.

You can help by:

- Discussing what they can expect from ACC
- Encouraging them to think about what other help they might need from ACC
- Arranging for them to get brochures and facts sheets available from ACC (call 0800 101 996 or visit www.acc.co.nz).

Helping employees in their recovery

If an employee needs to take time off work to recover from their injury, you can be their advocate and adviser on ACC matters. This means staying in touch with them, ACC, their employer, manager and workmates, their health professional(s) and members of their family.

Where injuries are more serious, ACC may assign the employee a case manager to help them through their rehabilitation. The case manager will develop an Individual Rehabilitation Plan with the employee. This outlines the steps – agreed by ACC and the employee – in the rehabilitation process.

The Individual Rehabilitation Plan (IRP) sets out:

- The employee's needs
- How those needs will be met (e.g. medical treatment or home help assessment)
- Their recovery expectations and goals
- A timeframe for achieving their goals
- Any medical restrictions
- How the recovery progress will be tracked
- A date for reviewing and updating the plan
- Who will be involved throughout the process.

When the employee signs their IRP they are agreeing to follow it and to:

- Undergo any assessments that are needed to monitor their recovery progress
- Have medical treatment or surgery that will help them recover
- Comply with any legal requirements to do with their claim.

They also need to keep ACC up-to-date on changes in their circumstances, such as if their address changes, they go back to work or they change their employer, doctor or other health professional.

Who's involved in developing an IRP?

Development of the IRP involves:

- The employee – it is their plan for their recovery
- You as the employee's representative and workplace advocate
- The ACC case manager, who will need to agree on the plan with the employee. They advise on what must go into the plan and why, and make suggestions on other issues
- The employee's health professional(s), who can help with suggestions
- The employer, who can help build a realistic and useful plan for getting back to work.

The final plan is signed off by the employee, their manager, you and the ACC case manager. It is reviewed regularly – ideally every week, or more often if necessary.

What happens if the employee disagrees with some aspect of their IRP?

If the employee has concerns with the proposed plan, encourage them to contact their case manager (or do this on their behalf). Their case manager will explain the contents of the proposed plan and consider changes.

If the employee does not agree with any aspect of the rehabilitation plan ACC will negotiate with the employee to try and reach agreement.

If an agreement cannot be reached, ACC or the employee may request the involvement of an independent mediator.

If one of the parties does not agree to mediation, or mediation does not resolve the problem, ACC may deem the plan to be agreed despite the employee's objections. The employee has the right to ask for an independent review of this decision.

ACC can suspend weekly compensation payments if a claimant unreasonably refuses to comply with their IRP. Payments resume once the employee complies with the plan. If ACC intend to suspend payments they will provide a full written explanation.

What if the employee can't go back to their old job?

If they can't go back to their old job the case manager will discuss their options which include:

- Working in a different job with the same employer
- Finding the same type of work with a different employer
- Finding a different job with a different employer using the skills they already have
- Preparing for work using as many of their existing skills as possible.

What help is there to get the employee back to work?

ACC encourage employees to return to work as soon as practical – preferably to the job they had before being injured. ACC help the employee do this, including working with employers to look at options such as a shorter working day and a gradual increase in working hours. They can also arrange for special equipment the employee needs to do their job.

The employee's case manager will work with them and their employer to plan their return to work. The case manager may request an assessment of the workplace to see what the employee needs to get back to work.

ACC cover the cost of the individual rehabilitation plan and the cost of any ACC assessments that are part of the employee's recovery.

After four to six weeks (from the date of the injury) it is usually known how soon the employee can return to work. If it's not clear, ACC can organise an occupational assessment to identify the employee's skills and work options. This is followed by a medical assessment, to find out what work options are medically suitable.

If the employee can't continue in their normal job without help, ACC can offer a range of services under the name "vocational rehabilitation". These include:

- Buying or modifying equipment for their workplace
- Help to get them to and from work while they recover
- Help to prepare them for job seeking and re-entering the job market
- Identifying appropriate alternative jobs for the employee
- Training to build on their existing skills and prepare them for a new job.

ACC may include training, such as a short computer course, in an IRP, to help the employee get back to work.

If the employee has not returned to work once their vocational rehabilitation is complete, ACC will arrange for further occupational and medical assessments. These assessments will find out if the employee is fit for work in any identified job.

If the assessments find that the employee is able to work for 35 hours or more a week the employee is considered to be vocationally independent, and after three months weekly compensation payments will end.

Usually, to qualify for vocational rehabilitation, the employee must be receiving weekly compensation and

- Need help to keep their job or get back to work, or
- Be on parental leave.

You'll find a list of ACC-contracted assessors (who are independent, appropriately qualified and approved to undertake this work) at www.acc.co.nz or call 0800 101 996.

How can you help?

As a union delegate or H&S rep, you can help an employee during their recovery by:

- Attending all meetings relating to their rehabilitation (with their permission)
- Using your understanding of the workplace and the employee to help identify alternative work that is both meaningful and safe (according to informed medical advice)
- Being an objective, independent conduit between all the negotiating parties
- Considering other employees who may be affected by the IRP
- Ensuring that the IRP is suitable and agreed upon
- Encouraging the employee to stay positive.

Resolving issues

If an injured employee has any concerns about services they receive from ACC, they should seek to resolve them as soon as possible. You can help by offering your experience and advice, as well as information on ACC's complaints and review processes. The employee may ask you to help them when dealing with ACC. This can help where tensions in the relationship are preventing a resolution.

What should an employee do if they're unhappy with the service they get from ACC?

Firstly, they should talk the matter over with the ACC person they've been dealing with. They may be able to resolve the matter quickly and easily.

If the employee isn't comfortable doing this, suggest that they talk to the manager of their current ACC contact. If the issue still cannot be resolved it may be possible to arrange mediation as the next step.

At mediation a neutral third party will help look for solutions that everyone can live with. The mediator doesn't make a decision on the dispute – they help the parties to work through the issues, and solve problems.

If, after talking things over, the issue is not resolved, the employee can:

- Make a **complaint** if they are still unhappy with ACC's service or think their rights as an ACC claimant have been breached
- Apply for a **review** if they are unhappy with a decision ACC has made about their claim, their cover, or the ACC help they're entitled to.

Want to help?

Offer to attend mediation sessions as an advocate for the employee.

How do they make a complaint?

The employee can complain to the Office of the Complaints Investigator – an independent service set up to help resolve complaints fairly, confidentially and impartially. They can phone the office on 0800 650 222 (weekdays between 8am and 5pm) or send an email to complaints@acc.co.nz.

How do they apply for a review?

Employees can apply for a review within three months of the date they receive ACC's decision. They do this by either:

- Filling in an 'application for review' form (ACC33), which is available from ACC or at www.acc.co.nz/claimscare/resolve-issues/ask-for-a-review

or

- Writing to ACC saying they want to apply for a review and providing details about the decision they want looked at again.

The reviewer's office will contact them with more information on what happens at a review and what they need to do.

ACC Partnership Programme employees

If the employee works for an accredited employer, they must deal directly with them, not ACC. Review applications involving accredited employers should be sent to the accredited employer, not to ACC.

What happens in a review?

Review hearings take place within three months of the application being made.

In a review, an independent person (the reviewer) takes a fresh look at all the facts relating to the decision. They then rule on whether that decision was correct or not.

Reviews are relatively informal, with each party having the opportunity to have their say and ask questions. Hearings are taped to provide a record in case there are any later hearings.

Anyone giving evidence must take an oath or affirmation. The employee can give evidence or bring a witness to give evidence relevant to the review. The reviewer will sometimes allow cross-examination of a witness.

After the hearing and within 28 days, the reviewer will write to the employee with their decision. The decision is binding on all parties involved, but can be appealed.

ACC (or the accredited employer) also receive the reviewer's decision and implement any of the reviewer's requirements.

If the employee is not happy with the review decision they can lodge an appeal through the District Court.

Who pays for a review?

ACC (or the accredited employer) pay the reviewer's costs. The reviewer has the discretion to award costs in relation to expenses incurred in preparing for a review but is not obliged to do so.

How can you help?

You can help employees to resolve issues with ACC by:

- Encouraging them to talk first with the ACC person involved. The employee needs to know why the decision was made and that the decision-maker understands why they disagree with it. There may be an opportunity to resolve the issue without proceeding to a review
- Encouraging them to consider facilitation or mediation before going to a formal review. Dispute Resolution Services can provide these services

and if ACC or the employer agrees to mediation or facilitation they will pay for the service. You can help the employee to decide whether this would be helpful

- Going with them to meetings and helping them through the resolution process
- Advising and representing the employee if they decide to go ahead with a review
- Seeking advice from someone experienced in the law surrounding reviews, such as a Union organiser.

If the employee decides to apply for a review, it's important that you:

- Agree to a date for the hearing only when you're fully prepared
- Try to get all the information as soon as possible so you can prepare your case
- Let the reviewer and other parties know well before the hearing if you will have a witness giving evidence. You must indicate what the witness's evidence will be
- Present any new evidence to the reviewer and other parties well before the hearing
- Write down the main reasons you're disputing ACC's decision, to refer to during the hearing. This way nothing will be overlooked
- Encourage the employee to attend the hearing. They don't have to but it's a good idea if they do.

Employees are entitled to have a union delegate, H&S rep and family support with them at a review.

Glossary

ACC legislation

The Injury Prevention, Rehabilitation, and Compensation Act 2001.

ACC Partnership Programme

Partnership Programme companies 'step into the shoes' of ACC and are responsible for managing injuries and claims directly.

Partnership Programme companies are expected to meet minimum standards in terms of their safety management practices and claims management and rehabilitation.

Some of the key requirements at a primary accreditation level are:

- an agreed process to select employee representatives for health and safety
- a regular ongoing and joint forum to discuss occupational health and safety issues
- health and safety induction includes H&S representation and employee/management consultation processes
- injured employees being informed about and understanding the rehabilitation process
- rehabilitation plans developed in consultation with, and signed off by, unions (on request) and medical and para-medical interests (where appropriate) within 13 weeks of incapacity
- a process to undertake an annual self-assessment audit together with employee representatives.

Companies can also have secondary and tertiary level accreditation under the programme. To achieve secondary or tertiary status a company must

practice a higher level of injury management and employee participation in the management of health and safety.

You can find out if a company is part of the ACC Partnership Programme by asking your union organiser or contacting the New Zealand Council of Trade Unions.

Cover

Access to ACC entitlements because the injury is within the range of things covered by ACC legislation.

Employee maintenance programme

The employment maintenance programme (EMP) is an early intervention programme designed for:

- workers who could return to work if their employer had light duties available, but because of the nature of the worker's job there are no suitable alternative duties
- workers who are on abatement and the return to full duties date is uncertain.

The EMP aims to have the worker return to work either during the programme or at the end of the programme.

Entitlements

What the ACC legislation allows the case manager to authorise to help a worker recover from his or her injury.

Gradual process claims

ACC covers injuries that are caused by work-related gradual process, disease or infection. A gradual process injury is an injury which develops slowly and progressively over time and that is caused by work activities.

Gradual process claims are very technical and advice should be taken through your union as early as possible.

As a general guideline, the effects of ageing are not covered and diseases are not covered unless they are contracted through work.

Health Professional

Doctor, physiotherapist, chiropractor, dentist, specialist etc.

Not in permanent employment

Employment is not permanent if the worker would not have continued to receive earnings from their job for a full 12 months after their date of incapacity.

Third party administrator

An organisation that an accredited employer who is part of the ACC Partnership Programme subcontracts to help manage its workers' ACC claims.

Vocational independence

A worker has vocational independence if they are assessed as being able to work in selected jobs for 35 hours a week.

Weekly compensation

The term used in ACC legislation to describe the weekly payments available to compensate for loss of earnings caused by injury.

Authorisation to obtain information

Employee's name and address:

Employer's name:

Employee's ACC case manager (if applicable):

Employee's doctor:

Union name and address:

ACC claim number:

This is to confirm that I have authorised the Union to represent me in matters concerning my ACC claim number.

The union is authorised to obtain from you personal information that otherwise would be protected under the Privacy Act 1993. Please provide the union with the information requested. This authorisation remains valid until withdrawn in writing by myself.

Employee's signature:

Date:

Helping ACC claimants – a checklist

This checklist is designed for union delegates and health and safety representatives who are helping ACC claimants from their workplaces.

Some questions to ask:

- What does the employee want to achieve? What help do they need to get there?
- Has the employee given you written permission to represent them? (see the page 35 for a form you can use)
- Will the claim be managed by ACC, an accredited employer or a third party providing injury management for the employer under the ACC Partnership Programme? If it will be managed by a third party, who are they?

Paperwork – do you have copies of:

- The injury/accident report?
- The ACC claim form (ACC45)?
- The employee's individual rehabilitation plan? If not, does anyone else in your workplace?
- The employee's file relating to the accident, the injury and their rehabilitation? (you would get this from the ACC case manager or the employer)

Do you have information on:

- The date and place of accident?
- The date the employee first sought treatment for their injury?
- The treatment professional they first saw for their injury and any others they have seen since?

- Their usual GP?
- The injury?
- How it happened?
- Any witnesses?
- Whether the injury was recorded and reported (where and by whom)?
- the name and number of the worker's union organiser, delegate or H&S representative
- The treatment provider's current diagnosis and assessment of the employee's ability to work?
- Whether the employee has taken any time off?
- Whether they are on alternative duties?
- Whether the employee was consulted on (and contributed to) their individual rehabilitation plan?
- Whether the employee agrees with the rehabilitation plan (and if not, whether there are any issues of concern and who needs to be involved in addressing them)?
- The ACC case manager's name and contact details?
- Whether there is any correspondence from the case manager?

For more information

The following brochures and fact sheets are available from ACC

Brochures

ACC – how we can help you

Resolving problems

Travelling Overseas

Visitors to New Zealand

Dental injuries

Surgery options

Injury caused by treatment

Accidental Death

Sexual Abuse

Fact Sheets

Travel to treatment

Reimbursement of pharmaceuticals

Supporting your independence – equipment

Home modifications

Home-based rehabilitation

Transport options

Lump sum compensation

Weekly compensation: general information

Weekly compensation: employee

Weekly compensation: earning while
on weekly compensation

Making a rehabilitation plan

For copies of these or for more information call 0800 101 996 or visit www.acc.co.nz

