

1. Incident reporting and protecting employers

Q1. How can employers protect themselves if employees do not report an incident during the same shift or the next day and later claim for an injury that may have occurred at home or socially?

A. Employers should implement a clear, simple process for:

- Prompt reporting of all incidents, and
- Formal incident investigation to establish causality, as part of their health and safety management system. This is aligned with standard requirements under both the Mine Health and Safety Act and the Occupational Health and Safety Act.

RMA also has an investigations team that assesses claims where there is a suspicion that the incident may not be work-related. All available evidence is reviewed to determine whether the accident occurred while the employee was in fact performing their duties.

2. Travel to and from work – conveyance

Q2. Is there COIDA cover for employees who travel to and from work in their own private or personal vehicles?

A. No. Section 22(5) provides for cover where employees are transported **by or on behalf of the employer**, for example where the employer provides or arranges transport to convey employees to and from work. Travel in an employee's own vehicle, in the ordinary course of commuting, generally does not fall within the ambit of section 22(5). Each case, however, is evaluated on its own facts.

Q3. If an employee uses their own vehicle but is paid for kilometres travelled to and from a site, is this covered?

A. Section 22(5) addresses situations where the employer is transporting employees or has arranged transport on their behalf. Simply reimbursing an employee for kilometres travelled in their own vehicle does not automatically bring that travel within section 22(5).

COIDA is primarily intended to cover employees injured while executing their duties. In most cases, employment is considered to commence when the employee arrives at work or on site. However, if driving is part of the employee's core duties (for example, a sales representative or messenger), an accident en route may fall within the scope of COIDA if it can be shown that the accident arose out of and in the course of

employment. Each case is assessed on its own merits, with particular attention to the link between the travel and the employee's work.

Q4. We pay public transport providers directly for our teams to get to and from work. Is that covered?

A. Yes, this can fall under section 22(5), which covers conveyance **by or on behalf of the employer**. For example, if the employer contracts a transport provider to convey employees to and from work, this is typically considered transport provided on behalf of the employer. In such cases, it is important to be clear whether payments are made directly to the transport provider and what arrangements exist between the employer and the provider.

Q5. If an employee declines medical assistance at the time of an incident, but later seeks treatment at their own cost, is the employer responsible for reimbursement?

A. Every accident or incident should be reported, regardless of how minor it appears, precisely because symptoms can develop later. If RMA has accepted liability for the claim and the employee can demonstrate that they personally incurred medical costs, they may be eligible for reimbursement, subject to the maximum amounts payable under COIDA and in line with RMA's rules.

3. Incidents during breaks (e.g. lunch)

Q6. If an employee is injured during lunch time, can this be considered an injury on duty (IOD)?

A. The key test is whether the accident **arose out of and in the course of** the employee's employment. Both elements must be satisfied. An incident may be considered to have occurred "in the course of employment" when the employee is on duty and engaged in their usual duties or responsibilities. However, the "out of" element requires a causal connection between the employee's work and the accident.

There is no rigid, one-size-fits-all rule. Courts have emphasised that each case must be assessed on its own merits, taking into account the circumstances, the nature of the break, and the link between the activity and the employee's work.

4. Rehabilitation and return to work

Q7. Who decides what is a reasonable return-to-work option for an injured employee – is it determined jointly by the injured employee, the occupational medical practitioner (OMP) and the employer?

A. Return-to-work decisions should be collaborative. Under the amended COIDA framework, rehabilitation and return to work involve:

- The RMA rehabilitation case manager, who coordinates the injured worker's rehabilitation journey.
- Occupational health practitioners and/or treating healthcare professionals.
- The employer's HR, wellness and health and safety stakeholders.

In some cases, an occupational therapist may assess the workplace and the employee's functional capacity to design appropriate vocational rehabilitation and reasonable accommodation measures. Return-to-work outcomes should not be decided by a single party in isolation. Instead, they are determined once the medical, safety and functional aspects have been considered jointly.

Q8. With the COIDA amendments, should Ill Health and Incapacity Management Codes of Practice (e.g. DMPP Codes) be reviewed?

A. The COIDA Act is administered by the Department of Employment and Labour, and different frameworks may originate from different departments. However, the rehabilitation outcomes required under the COIDA amendments complement broader ill-health and incapacity management objectives.

Where an injured worker returns to work, or is supported through reskilling and dignified reintegration elsewhere, the approach and documentation can support both COIDA and internal Codes of Practice. Employers are encouraged to review their Codes and policies to align with the new rehabilitation and return-to-work obligations and to ensure that processes are clearly documented.

Q9. What happens if an employee chooses to be medically boarded instead of participating in rehabilitation?

A. Under the amended regime, employees have a duty to participate in reasonable rehabilitation programmes. Rehabilitation is not a discretionary option; it is a mandatory part of the process.

Choosing to be medically boarded does not automatically result in a higher permanent disability benefit. Employers and RMA share a responsibility to create awareness that

“rehabilitation before compensation” is the guiding principle, and that early, active rehabilitation and return-to-work efforts are integral to the system.

Q10. How will the compensation system fund the additional costs associated with social reintegration and rehabilitation without significant levy increases?

A. RMA has piloted rehabilitation programmes to better understand the cost implications. This is a complex area, and work is ongoing to identify sustainable pricing and funding solutions that balance compliance requirements with affordability for employers.

The regulations make rehabilitation and reintegration mandatory, so all stakeholders—RMA, employers and other partners—will need to collaborate to implement and fund solutions that meet these obligations in a practical and sustainable way.

Q11. If, after extensive rehabilitation, an employee is declared incapacitated, does the employee qualify for funding or skills development? Who must initiate this with RMA – the employer or the injured employee?

A. The COID levy is intended to support rehabilitation, including reskilling where appropriate. RMA and the employer can jointly explore suitable reskilling options and, where feasible, plan for job incubation or alternative placement post-reskilling. This is fully aligned with the intent of the Act to restore function, dignity and economic participation as far as possible.

Engagement can be initiated by either the employer or the injured employee, but in practice it is most effective when the employer and RMA collaborate proactively.