Work health and safety policy

Workplace rehabilitation and return to work procedure

1. Purpose
This procedure describes the processes for:

- management of workplace rehabilitation for both work and non-work related injury / illnesses
- arrangements to ensure appropriate workers’ compensation insurance and prompt premium payment
- remuneration of Queensland Health employees who are eligible to receive worker’s compensation payments or other income for example income protection entitlements, whilst absent from work due to injury / illness
- employer-lodged reviews and appeals of workers’ compensation decisions.

2. Scope
This procedure applies to all workers, contractors and consultants within the Department of Health divisions and agencies, and Hospital and Health Services (HHS) that are not prescribed services, in relation to the provision of rehabilitation and return to work support; and to all eligible workers regarding workers’ compensation and income protection benefit entitlements.

3. Procedure for workplace rehabilitation and return to work

3.1 Workplace rehabilitation system

3.1.1 The four stages for managing work related and non-work related injury / illness absences are:
- Stage 1–immediate support and administrative processes
- Stage 2–planning for return to work
- Stage 3–implementing and managing the return to work plan
- Stage 4–evaluating and reviewing return to work outcomes.

3.1.2 Upon notification of an injury or illness affecting a worker’s capacity to perform their duties, the Department of Health occupational health and safety (OHS) personnel / rehabilitation and return to work coordinator (RRTWC), in conjunction with the injured worker and the worker’s line manager, shall ensure the workplace rehabilitation system processes and procedures and associated documents shall be followed.
3.2 **Stage 1–immediate support**

3.2.1 All injured workers shall be offered immediate first aid in the event of injury / illness in the workplace. Provision for accessing first aid in the event of injury / illness, shall also be identified for those workers working away from their usual workplace at the direction of the employer.

3.2.2 Line managers shall encourage injured workers to access medical treatment as required.

3.2.3 Line managers shall ensure that injured workers are returned home safely after a workplace incident which has led to an injury / illness.

3.2.4 Both the worker and the line manager shall report the workplace incident via completion of the relevant sections of a workplace incident report form.

3.2.5 Line managers shall ensure that injured workers are made aware of the workplace rehabilitation and return to work procedures available to them in the workplace.

3.3 **Stage 1–administrative processes**

3.3.1 When a coordinated rehabilitation process is required for work or non-work related injuries / illnesses, the line manager shall notify the local OHS personnel / RRTWC as soon as practicable after the injury is sustained or is reported.

3.3.2 The local RRTWC shall coordinate the rehabilitation and return to work process.

3.3.3 The line manager / RRTWC shall ensure that an injured / ill worker who requires rehabilitation shall be contacted about rehabilitation and return to work as soon as practicable after notification of the injury / illness.

3.3.4 The RRTWC shall invite the worker to complete a worker authorisation form, which shall enable the RRTWC to communicate with the worker’s treating medical practitioner and other rehabilitation providers for the purposes of planning rehabilitation and return to work. Contact with the treating medical practitioner shall only be initiated by the RRTWC once the worker’s signed authority has been obtained.

3.3.5 Where an authority is not provided by the worker, return to work planning shall still be initiated through communication with the insurer in compensable cases, and through further communication with the worker in all cases.

3.3.6 The line manager, or delegate, shall maintain communication with the injured worker throughout the rehabilitation process.

3.3.7 The injured worker shall ensure their medical certification remains current during participation in workplace rehabilitation, and provide current copies to the nominated workplace contact, to forward to Queensland Health’s Payroll Injury and Rehabilitation Claims team (PIARCT).

3.3.8 The line manager, or delegate, shall be responsible for providing PIARCT with accurate information pertaining to the injured worker’s hours of work.
during the rehabilitation process. This is undertaken via submission of attendance variation and allowance claim (AVAC) and / or leave application forms for the period of time the injured worker is off work or has returned to work on reduced / altered hours.

### 3.3.9 Application for compensation

3.3.9.1 When a worker is applying for compensation, the RRTWC shall:

- assist the injured worker, or support the line manager to assist the injured worker, to complete the Workers’ Compensation or Income Protection Benefit Claim form, as required.
- assist the line manager to complete the Workers’ Compensation Claim Employer Response section, or Income Protection Benefit Claim Employer Certification section, as required.
- forward relevant documentation to WorkCover Queensland or QSuper on the worker's or line manager’s behalf, as required.

3.3.9.2 An injured worker can choose to lodge a claim for workers’ compensation directly with WorkCover Queensland – online or by phone / facsimile, or via their treating medical practitioner at the time of their medical consultation. In such instances the injured employee shall also notify their employer of their workers’ compensation claim application and submit a copy of the workers’ compensation medical certificate to the line manager / RRTWC. WorkCover Queensland will also contact the employer to advise of receipt of application and to request submission of the ‘employer response’.

3.3.9.3 It is the role of the workers’ compensation insurer to determine liability for workers’ compensation claims. If the employer has concerns of fact, these concerns can be outlined to WorkCover Queensland in the ‘employer response’ section of the WorkCover claim form.

3.3.9.4 As the Department of Health does not differentiate between compensable and non-compensable cases in the provision of workplace rehabilitation, the focus of the RRTWC shall be solely on rehabilitation and return to work, regardless of the circumstances of the worker’s injury / illness.

3.3.9.5 A rehabilitation file shall be created and maintained for each incident resulting in an employee undertaking rehabilitation and shall contain copies of all relevant documentation as per the Workers’ Compensation and Rehabilitation Regulation 2003. All legislative requirements regarding confidentiality, documentation and use of workers’ compensation information shall be complied with, as further outlined in section four of this procedure.
3.4 Stage 2–planning for return to work

3.4.1 The purpose of planning for return to work (RTW) is to ensure a co-ordinated, safe and sustainable return to work for injured / ill workers.

3.4.2 When planning return to work the RRTWC shall communicate with key parties, including the injured worker, to co-ordinate the return to work and shall document the suitable duties program on a workplace rehabilitation suitable duties program form.

3.4.3 The agreed return to work plan shall identify a specific return to work goal that matches the worker’s capabilities and should be meaningful and relevant to the worker's underlying skills and abilities.

3.4.4 Rehabilitation and return to work goals shall be prioritised according to the return to work hierarchy (wherever feasible), whereby the RTW goal is identified with a preference to:

1) Return the worker to their usual job, in their usual workplace.
2) Return the worker to a different job, in their usual workplace.
3) Return the worker to their usual job, in a different workplace.
4) Return the worker to a different job, in a different workplace.
5) Seek a return to work option through temporary host employment, deployment or redeployment.
6) Seek a return to work option through the insurer with a different employer.

3.4.5 The suitable duties program shall incorporate the following elements:

3.4.5.1 The suitable duties program shall be developed incorporating restrictions and adhering to work capacity outlined in the medical certificate.

3.4.5.2 The suitable duties program shall be agreed to by the treating medical practitioner, the injured worker, the line manager and the RRTWC.

3.4.5.3 The suitable duties program shall be implemented when the treating medical practitioner provides endorsement of the suitable duties program in writing—either through signing off on the suitable duties program form submitted by the RRTWC, or by outlining the worker’s current work capacity and all restrictions to be incorporated into the suitable duties program, when completing the workers’ compensation medical certificate.

3.4.5.4 The RRTWC shall confirm with all parties the commencement date of the suitable duties program, confirmed duties and any relevant restrictions.

3.4.5.5 The line manager shall implement an orientation process for their workers returning to the workplace following injury / illness, particularly in instances where the worker has had a prolonged absence from the workplace as a result of their injury / illness.
The orientation process shall encompass workplace familiarity, duties and risk mitigation strategies to prevent re-injury.

3.4.5.6 The line manager shall be responsible for ensuring meaningful suitable duties are available, wherever practicable. If not practicable, the line manager shall liaise with other managers/supervisors, in consultation with the RRTWC, to identify a suitable option in another work unit within the employer’s business or a host employment option outside the business.

3.4.5.7 The line manager has a duty to maintain a safe work environment, including monitoring implementation of the suitable duties program, to ensure the duties provided to the worker comply with current medical restrictions.

3.4.6 If further clarification of the medical restrictions is required, communication with the treating medical practitioner should occur and may include requesting completion of a Workplace Rehabilitation Physical Capability form and / or workplace rehabilitation psychological capability form.

3.4.7 Reasonable adjustment to the workplace (such as temporary or permanent modifications to the work environment, work practices or roles) may be considered by the employer during the rehabilitation process, where it is reasonably practicable to do so and where it does not cause unjustifiable hardship, in order to support ongoing participation. Such requirements may be considered and implemented where required prior to, or during, the return to work plan.

3.4.8 Reasonable adjustment in a rehabilitation context shall involve, where necessary and reasonable to do so, temporary modifications and adjustments to the workplace, supernumerary arrangements, training or changes in work practices and roles to support ongoing participation, in accordance with *Queensland Health Human Resources Reasonable Adjustment Policy G3: QH-POL-210:2014*.

3.5 Stage 3—implementing and managing the return to work plan

3.5.1 Whilst the RRTWC is primarily responsible for planning the return to work, the injured worker’s line manager is responsible for maintaining a safe work environment, including monitoring implementation of the suitable duties program, which is undertaken with the support and advice of the RRTWC.

3.5.2 The line manager shall also monitor the worker’s progress during the suitable duties program and ensure the worker is coping with, and complying with, the approved duties.

3.5.3 Any concerns about the worker’s progress shall be immediately reported by the line manager and / or worker to the RRTWC, who shall oversee the process and notify the treating medical practitioner, with a view to reviewing the program.
3.5.4 As suitable duties programs are time limited, in accordance with medical certification, a cycle of planning, implementing and reviewing programs shall regularly occur until the agreed return to work goal is achieved.

3.5.5 Where agreed outcomes are not being achieved, the program shall be reviewed in consultation with all parties and alternate options considered in accordance with medical advice and the prioritisation outlined in the return to work hierarchy. Options may include consideration of reasonable adjustment, host employment, deployment, redeployment and further specialist medical opinion.

3.5.6 Host employment placements

3.5.6.1 Host employment with a different department, different HHS, an external government department or a private sector employer, may be considered where barriers exist to resuming the pre-injury role in the worker’s usual work unit.

3.5.6.2 The focus of a host employment placement should be on continuing rehabilitation in an alternate employment environment of equivalent status, remuneration and conditions, wherever possible, in accordance with the employee’s documented medical restrictions.

3.5.6.3 Where a host employment placement has been identified as being required, the RRTWC shall liaise with the line manager to discuss available options, including potential host work units in other departments / HHSs.

3.5.6.4 In workers’ compensation cases, host employment outside of Queensland Health shall be arranged through the workers’ compensation insurer to ensure that all parties are indemnified under the insurer’s process. The insurer pays the worker’s wages during this period and indemnifies the host employer (external to Queensland Health) from any liability associated with an injury which may result during the host employment period.

3.5.6.5 Where a host employment placement is identified, the worker’s capability to undertake the tasks of a host employment suitable duties program shall be approved by their treating medical practitioner.

3.5.6.6 For the duration of the host employment placement, a host employment program agreement and an agreed workplace rehabilitation suitable duties program shall be documented.

3.5.6.7 Workers shall return to their pre-injury work unit and position when the host employment program is complete. Should this not be attainable a reasonable adjustment outcome may be sought through rehabilitation or Human Resource (HR) processes.
3.5.7 Rehabilitation case closure shall be considered in such instances as:

- all rehabilitation goals have been achieved—i.e. a full and safe return to pre-injury duties
- mutually agreed return to work goal has been achieved—for example hours / duties permanently modified through agreement by all parties
- where the suitable duties program is not progressing—for example hours / duties not increasing towards pre-injury role
- where a safe and durable return to work cannot be achieved e.g. significant concerns exist regarding the worker’s safety and / or ill health prevents an outcome for return to work. HR processes may need to be considered in these instances.

3.5.8 Where work incapacity arising from injury/illness persists but no further rehabilitation involvement is indicated, the matter becomes an employment issue and shall be referred to HR in consultation with the responsible line manager, for management under the relevant Queensland Health Human Resources policies—such as the Reasonable Adjustment Policy G3: QH-POL-210:2014, and / or Mental or Physical Incapacity of Employees Policy E11: QH-POL-170:2014.

3.5.9 Where a former rehabilitation case is being transferred from RRTWC to personnel with HR responsibilities, the RRTWC shall provide a handover to the relevant personnel with HR responsibilities, in accordance with confidentiality requirements, as defined in the Workers’ Compensation and Rehabilitation Regulation 2003, and as outlined at section 4.12 of this procedure.

3.6 Stage 4—evaluating and reviewing return to work outcomes

3.6.1 The workplace rehabilitation system shall be subject to an ongoing evaluation and review process.

3.6.2 The RRTWC shall initiate a case closure interview/Workplace Rehabilitation Evaluation survey / other feedback request with relevant parties, including the injured worker and their line manager, at rehabilitation case closure.

3.6.3 The RRTWC shall summarise and document feedback derived from the case closure interview, or other feedback methods, and include a copy in the rehabilitation file.

3.6.4 A review of return to work outcomes and feedback received from key parties regarding their involvement in workplace rehabilitation program/s, should form the basis of a continuous improvement process for reviewing and improving the effectiveness of the workplace rehabilitation system.

3.7 Managing non-work related injuries / illnesses

3.7.1 The Department of Health shall offer workplace rehabilitation to workers with non-work related injuries / illnesses, where reasonably practicable. Attachment A provides an overview of the process and decision points
3.7.2 Assistance shall also be offered to workers with a non-work related injury/illness where compulsory participation in a structured rehabilitation and return to work process has been identified through:

- a process managed under the QSuper income protection benefit scheme
- a process managed by HR under the Public Service Act 2008.

3.7.3 When a line manager becomes aware that a worker is unfit to attend work due to a non-work related injury/illness, the line manager should contact the worker to ascertain their willingness to participate in a structured rehabilitation and return to work process.

3.7.4 Participation in the workplace rehabilitation process is voluntary for employees who have sustained a non-work related injury/illness (except for those employees identified for compulsory participation in a structured rehabilitation and return to work process, as outlined at section 3.7.2). Line managers shall ensure workers are aware that their participation and consent is given on a voluntary basis at the time of their initial contact with the worker.

3.7.5 Where a worker with a non-work related injury/illness agrees to participate in a structured return to work process, the line manager shall advise their local OHS personnel/RRTWC as a matter of priority.

3.7.6 The RRTWC shall follow normal rehabilitation and return to work processes.

3.7.7 Rehabilitation assistance shall be provided to workers with non-work related injuries/illnesses where:

- the worker has indicated their willingness to participate in a structured rehabilitation and return to work process
- the worker provides a current medical certificate supporting a capacity to safely participate in a structured rehabilitation and return to work process
- the worker provides a signed worker authorisation form permitting the RRTWC to speak with their treating medical practitioner for the purposes of coordinating rehabilitation and return to work
- the worker agrees to and complies with the elements of a suitable duties program as developed by the RRTWC in conjunction with the worker’s treating medical practitioner.

3.7.8 The Department of Health shall pay employees with non-work related injuries/illnesses for all hours worked during their participation in a rehabilitation and return to work process. Employees may also access their available personal leave entitlements for supplementation purposes, if applicable, throughout this process.
3.7.9 Where workers with a non-work related injury/illness decline to participate in a structured rehabilitation and return to work process, established leave provisions as outlined in HR policies relevant to their position / role will apply.

3.7.10 Should the worker agree to participate in rehabilitation and return to work at a later time, the line manager shall follow the process outlined above.

4 **Confidentiality and use of worker’ compensation information**

4.1 RRTWCs are required, in accordance with the Workers’ Compensation and Rehabilitation Regulation 2003 and the *Code of Conduct for the Queensland Public Service*, to ensure that information in the rehabilitation file is appropriately handled, stored, discussed and exchanged.

4.2 A file must be kept for each worker participating in a return to work program and must contain copies of all relevant documentation. The file shall be stored in a secure location and managed in accordance with *Queensland Health Information Security Standards*.

4.3 Information obtained during rehabilitation must be treated with sensitivity and confidentiality by all parties.

4.4 Accurate and objective case notes shall be kept that contain details of all communications with the worker, insurer, employer, RRTWC, treating medical practitioners, allied health professionals and rehabilitation providers.

4.5 Rehabilitation file case notes shall also include details of and the reasons for any actions and decisions made in relation to the employee’s rehabilitation and return to work.

4.6 If it is necessary to obtain or release information associated with an injured worker’s rehabilitation, the worker’s authority to obtain or release the information must be obtained.

4.7 The worker’s signed authority shall be kept on the employee’s workplace rehabilitation file.

4.8 A copy of the worker’s signed authority shall be provided to a third party (such as the worker’s treating medical practitioner and rehabilitation and allied health providers) prior to discussing or exchanging confidential information regarding the employee’s injury and rehabilitation program.

4.9 The worker’s authority is not required for the release of information to the Workers’ Compensation Regulator or the insurer (WorkCover).

4.10 The worker’s authority is valid until such a time that the return to work program is complete or the employee revokes the authority in writing.

4.11 An injured / ill worker may request a copy of their workplace rehabilitation file in writing and / or authorise the release of information through written consent to a third party at their discretion.

4.12 Workers’ compensation documents, obtained for the purposes of a workers’ compensation claim, must not be used or obtained for a purpose relating to the employment of the worker, such as deciding whether the employment of
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a person is to continue or for any process for selecting a person for employment. This legislative restriction does not apply to a workers’ compensation document relating to the worker’s capacity to work, if the document is necessary to secure the worker’s rehabilitation or early return to work.

5 Workers’ compensation insurance arrangements

5.1 The Department of Health shall ensure that workers are insured, and remained insured, with WorkCover Queensland, for all work related injuries and illnesses:

- WorkCover Queensland has allocated individual workers’ compensation insurance policies for the Department of Health and for each HHS. Department of Health employees who work in a HHS are covered by the workers’ compensation insurance policy/s held by the Department of Health.
- The WorkCover Queensland insurance policy/s for each HHS covers HHS workers, as defined by the *Workers’ Compensation and Rehabilitation Act 2003 s11(1)* (as amended 2013), as well as HHS board employed executives.
- Those not considered to be workers under the *Workers’ Compensation and Rehabilitation Act 2003 s11(1)* (as amended 2013), may be covered by other insurance arrangements. For example:
  - HHS Board members and agency-registered volunteers are covered for personal accident and injury insurance under the Queensland Government Insurance Fund (QGIF), where compensation is equivalent to the benefits that would be paid were the insured entitled to compensation under the *Workers’ Compensation and Rehabilitation Act 2003*, excluding damages entitlements. QGIF does not provide rehabilitation case management services under this arrangement.
  - Hospital Foundation-registered volunteers require local insurance arrangements to be undertaken, such as a Contract of Insurance with WorkCover Queensland or other commercial insurer.
  - Contractors who are not deemed to be workers under the *Workers’ Compensation and Rehabilitation Act 2003 s11(1)* (as amended 2013), require their own personal injury and illness insurance coverage.
- Queensland Health holds 21 WorkCover policies statewide (refer to Attachment B).

5.2 All Department of Health employees (permanent, temporary and casual), are eligible to apply for workers’ compensation benefits in the event of a work caused injury or illness, whilst:
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- at the worker’s place of employment
- away from the place of employment in the course of the worker’s employment duties
- temporarily absent from the place of employment during an ordinary recess
- journeying to / from the place of employment.

Eligibility requirements are defined in the *Workers’ Compensation and Rehabilitation Act 2003* (as amended 2013).

5.3 Certain categories of staff are excluded—for example, those not considered employees for the purpose of assessment for PAYG withholding under the *Taxation Administration Act 1953*, are not considered ‘workers’ under the *Workers’ Compensation and Rehabilitation Act 2003* (as amended 2013), and are not covered by existing workers’ compensation insurance policies held with WorkCover Queensland.

5.4 In accordance with the *Workers’ Compensation and Rehabilitation Regulation 2003*, s 9(2), on or before the 31 August each year, each employer (and / or policy holding entity) must:

- declare to WorkCover their actual gross wages for the preceding financial year
- provide an estimate of the gross wages they expect to pay in the next financial year (with reference to WorkCover’s Declaration of Wages guidance material).

5.5 WorkCover Queensland uses the figure of gross wages obtained from the Declaration of Wages form to calculate an annual premium for each employer (policyholder). A premium notice shall then be forwarded to the policyholder for payment.

5.6 An annual premium discount is available to the policyholder only in instances where:

- prompt workers’ compensation premium payment occurs by 16 September
- the Declaration of Wages form is lodged on or before 31 August.

5.7 Preparing and submitting declaration of wages to WorkCover Queensland

5.7.1 Queensland Health has 21 WorkCover policies / policy holding entities statewide (refer to Attachment B).

5.7.2 The relevant finance unit for the policy holding entity shall prepare a report at the conclusion of each financial year that outlines the gross wages arising from their allocated cost centres. The report shall contain, but is not limited to:
5.7.3 The report shall be provided to the policy holding entity’s delegated authority, per HR Delegations, to authorise figures reported and subsequently lodge the Declaration of Wages with WorkCover Queensland prior to 31 August each year.

5.7.4 The Department of Health’s Organisational Health unit will oversee the annual workers’ compensation premium renewal process.

6 Workplace rehabilitation employee entitlements

6.1 Remuneration

6.1.1 Remuneration of workers on workers’ compensation or income protection insurance benefits is a payroll function, which shall be managed in close consultation with the worker’s line manager.

6.1.2 Queensland Health’s PIARCT shall continue to pay temporary and permanent workers directly while they are receiving workers’ compensation benefits, thereby avoiding the requirement for such employees to cease or suspend any salary sacrificing arrangements during this period.

6.1.3 The workers’ compensation insurer shall reimburse Queensland Health the equivalent of the worker’s benefit, as per legislative entitlements.

6.1.4 For casual workers, the only workers’ compensation entitlement the Department of Health shall pay directly is the claims excess amount, as well as the actual hours worked when a casual worker participates in a return to work process. The remainder of compensation entitlements shall be paid by WorkCover Queensland directly to the casual employee.

6.1.5 Workers may access their available leave entitlements prior to claims determination.

6.1.6 The Department of Health shall pay employees with non-work related injuries/illnesses for all hours worked during their participation in a rehabilitation and return to work process. Employees may also access their available leave entitlements throughout this process.

6.1.7 In the event of a QSuper claim, QSuper shall commence paying entitlements directly to the worker, for up to two years from when an income protection insurance claim has been accepted. The Department of Health shall pay QSuper beneficiaries for all hours worked upon commencement of a graduated return to work program, and QSuper will pay 75 per cent of the difference between the previous superannuable salary and the worker’s
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reduced pay, until the worker is able to return to their normal duties and usual working hours.

6.2 Leave entitlements

6.2.1 While on workers’ compensation entitlements or extended sick leave without pay, leave entitlements shall be managed in accordance with Public Service Commission Directive 7/08: Leave without Salary Credited as Service.

6.2.2 For workers’ compensation claims of total incapacity, all leave accruals shall continue for the first three months with only long service leave continuing past this point, in accordance with Public Service Commission Directive 7/08: Leave without Salary Credited as Service.

6.2.3 For extended sick leave without pay, all leave accruals shall continue for the first three months only, in accordance with Public Service Commission Directive 7/08: Leave without Salary Credited as Service.

6.2.4 A worker with entitlements to a rostered day off (RDO) / accrued day off (ADO) will be granted leave for the number of hours which would have been worked and paid for a standard day. The appropriate credit will accrue towards the accumulated day off. The accruing of hours towards an accrued day off shall not continue in excess of three months.

7 Reviews and appeals of workers’ compensation decisions

Sections 7.1 to 7.4 of this procedure outline the processes for employer-lodged reviews and appeals of workers’ compensation decisions. Employees wishing to lodge a review or appeal against a workers’ compensation decision are to refer to the guidelines available from the Workers’ Compensation Regulator.

A worker’s right to request a review or appeal of a QSuper insurance claim decision is also recognised and supported with a commitment to continuing an employee’s rehabilitation program during and after such a review process. Employees wishing to lodge an appeal, or to request a QSuper income protection claims decision be reviewed internally by QSuper, are to refer to the review and appeal process outlined in the QSuper Income Protection Benefit Guide.

The Department of Health is committed to providing rehabilitation for injured / ill workers, irrespective of the worker’s entitlement to compensation. Throughout the review and appeal process, and irrespective of the outcome, the relevant RRTWC will continue to support and manage the worker’s rehabilitation process.

7.1 Request for review by the workers’ compensation regulator

7.1.1 An insurer, employer, injured worker or claimant on behalf of the injured worker may apply to the Workers’ Compensation Regulator for a review of some decisions of insurers. The Workers’ Compensation Regulator regulates Queensland’s workers’ compensation scheme.

7.1.2 A review of a WorkCover decision may relate to:

- decision to reject or accept a claim for compensation
7.1.3 Reviews are to be lodged in accordance with the requirements set out by the Workers’ Compensation Regulator.

7.1.4 If the employer is aggrieved by a WorkCover decision, the relevant personnel may elect to provide a written submission to the delegated authority, as per the HR Delegations Manual, outlining the rationale for applying for a review with the Workers’ Compensation Regulator.

7.1.5 The delegated authority shall determine, based on the individual facts of the case, whether to proceed to a review of the WorkCover decision, noting there are no legal costs involved in undertaking an application for review, and the RRTWC shall continue to support the workers’ rehabilitation and return to work program throughout the process.

7.1.6 The Workers’ Compensation Regulator must give the applicant and the decision-maker written notice of the review decision within 10 business days after making a review decision.

7.2 Appeal to the Industrial Commission

7.2.1 An insurer, employer, injured worker or claimant on behalf of the injured worker may appeal to the Industrial Commission for a review of the Workers’ Compensation Regulator’s decision.

7.2.2 In instances where the employer is aggrieved by the Workers’ Compensation Regulator review decision, the relevant personnel may elect to provide a written submission to the employer’s delegated authority, outlining rationale to proceed to appeal.

7.2.3 The delegated authority, as per HR Delegations Manual, determines whether to pursue the appeal, noting potential costs involved.

7.2.4 If the decision of the delegated authority is not to pursue appeal, the matter is finalised.

7.2.5 If decided by the delegated authority that an appeal will be pursued, the appeal is to be lodged with the appeal body within 20 business days after receipt of the written notice of the Workers’ Compensation Regulator’s review decision.

7.2.6 Appeals are to be lodged in accordance with the requirements set out in legislation.

7.2.7 The cost of pursuing an appeal shall be the responsibility of the party lodging the appeal.

7.2.8 Costs of the hearing are in the appeal body’s discretion. The industrial commission may order a party to pay costs incurred by another party.
7.3 **Acquiring appeal representation**

7.3.1 Where approval has been granted to proceed to appeal, the employer’s legal representation is to be contacted.

7.4 **Appeal to Industrial Court**

7.4.1 A party aggrieved by the industrial commission’s decision may appeal further to the Industrial Court.

7.4.2 The appeal is by way of rehearing on the evidence and proceedings before the industrial commission, unless the court orders additional evidence be heard.

7.4.3 The employer’s delegated authority, as per HR Delegations Manual, determines whether to pursue a further appeal, noting the further potential legal costs involved.

7.4.3 Appeals are to be lodged in accordance with the requirements set out in legislation.

7.4.4 The cost of pursuing an appeal shall be the responsibility of the party lodging the appeal.

7.4.5 The court may order a party to pay costs incurred by another party.

7.4.6 The Industrial Court’s decision is final.

7.5 **Reviews and appeals data**

7.5.1 The Department of Health’s Organisational Health Unit shall monitor and review types, numbers of applications and outcomes of workers’ compensation reviews and appeals, to identify trends and opportunities for improvement in rehabilitation processes.

8. **Supporting documents**

Authorising Policy and Standard:

- QH-POL-401:2014 Work health and safety policy
- QH-IMP-401-5:2014 Workplace rehabilitation and return to work implementation standard

Procedures, Guidelines and Protocols:

- Nil

Forms and templates:

- Worker authorisation form
- Workplace rehabilitation brochure
- Workplace rehabilitation physical capability form
- Workplace rehabilitation psychological capability form
- Workplace rehabilitation suitable duties plan
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- Workplace rehabilitation progress review form
- Host employment program agreement
- Workplace rehabilitation evaluation survey

9. Related documents

- Workers’ Compensation and Rehabilitation Act 2003.
- Workers’ Compensation and Rehabilitation Regulation 2003
- Work Health and Safety Act 2011 (QLD)
- Public Service Act 2008 (QLD)
- Anti-Discrimination Act 1991 (QLD)
- Human Resources Policy E11 (QH-POL-170) — Mental or physical incapacity of employees QH-POL-170:2014: Department of Health
- Guide for preventing and responding to workplace bullying: SafeWork Australia: November 2013
- Code of Conduct for the Queensland Public Service
- Queensland Health Information Security Standards — Standard # QH-IMP-066-1:2012
- Wages definition manual: Information for employers: WorkCover Queensland: 24 July 2013 | BK100 v12
- WorkCover Queensland Claim form
- QSuper Income Protection Benefit Claim

10. Review

This policy is due for review on 01 May 2017 or subject to changes in legislation, organisational activities, or OHS performance. Notwithstanding this policy remains in force until such time as it is revoked.

Date of Last Review: 30/04/2014
Supersedes:
- QH-PCD-276-2-1:2012 Procedure for Workplace Rehabilitation and Return To Work 2
- QH-IMP-277-1:2012 Implementation Standard for Workers’ Compensation Reviews and Appeals
- QH-PCD-276-2-2:2-12 Procedure for Workers’ Compensation Insurance and Employee Entitlements

11. Business area contact
Organisational Health Unit, Human Resource Services, System Support Services Division

12. Definitions of terms used in the policy and supporting documents

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<tr>
<th>Term</th>
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| ‘Appropriately qualified’ rehabilitation and return to work coordinator (RRTWC) | Criteria to be met by current and prospective RRTWCs, under the Workers’ Compensation and Rehabilitation Act 2003, in order to perform the functions of a RRTWC under the Act.  
(‘Appropriately qualified’ is defined in the Acts Interpretation Act 1954 as “…having the qualifications, experience or standing appropriate to perform the function…”)| Workers’ Compensation and Rehabilitation Act 2003 (s41) (as amended 2013) |
| Department of Health                                                | The Queensland Government’s Health Department, encompassing corporate divisions and the Health Services Support Agency (HSSA) Health Services Information Agency (HSIA) and QLD Ambulance Service. | Department of Health                                                   |
| Employer                                                            | The employer refers to an entity of Queensland Health, such as the Department of Health or a Hospital and Health Service and related HR delegations. When used in relation to financing rehabilitation costs, it means the local work unit of the injured worker. | Department Health                                                     |
| Event (in the context of workplace injury/illness)                 | An event is anything that results in injury or illness, including latent onset injury, to a worker. An event includes continuous or repeated exposure to substantially the same conditions that results in injury//ies to a worker, whether the injury//ies happen immediately or over a period.  
(The above definition is utilised by WorkCover Queensland when determining liability / eligibility for workers’ compensation entitlements). | Workers’ Compensation and Rehabilitation Act 2003 (s31) (as amended 2013) |
<p>| Host employment placement                                           | A temporary rehabilitation program (suitable duties program) conducted in an alternate suitable work environment, when the injured employee’s presenting medical capacity and / or availability of suitable duties in the pre-injury work environment precludes an early | Department of Health                                                   |</p>
<table>
<thead>
<tr>
<th><strong>Host employer HHS / other</strong></th>
<th>The HHS that the employee is being placed with outside of the employer HHS. This includes other government or non-government sector employers.</th>
<th>Department of Health</th>
</tr>
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| **Injury / illness (work related)** | A personal injury arising out of, or in the course of, employment if —  
  a) For an injury other than a psychiatric or psychological disorder – the employment is a significant contributing factor to the injury; or  
  For a psychiatric or psychological disorder – the employment is the major significant contributing factor to the injury.  
(The above definition is utilised by WorkCover Queensland when determining liability / eligibility for workers’ compensation entitlements). | Workers’ Compensation and Rehabilitation Act 2003 (s32 (1) (as amended 2013)) |
| **Injury/illness (non-work related)** | All other injuries or illnesses which do not meet the definition of work related injury/illness. | Department of Health |
| **Insurer** | WorkCover Queensland, Queensland Health’s workers’ compensation insurer. | Workers’ Compensation and Rehabilitation Act 2003 (s380) (as amended 2013) |
| **Income protection insurer** | QSuper, Queensland Health staff’s income protection insurer, or other insurer. | Department of Health |
| **Journey claim** | An injury, which is taken to have arisen out of, or in the course of the workers’ employment, if the event happens while the worker is on a journey between the boundary of the workers’ home and place of employment; or on a journey between the workers’ place of employment with 1 employer and the workers’ place of employment with another employer.  
(The above definition is utilised by WorkCover Queensland when determining eligibility for workers’ compensation entitlements). | Workers’ Compensation and Rehabilitation Act 2003 (s35) (as amended 2013) |
| **Line manager** | The manager or supervisor (or delegate) responsible for supervision of the worker in the workplace, and for certain administrative functions, including the provision of accurate information pertaining to the leave taken and hours worked during the injured worker’s return to work program. | Department of Health |
| **Reasonable adjustment** | Temporary or permanent modifications and adjustments to the workplace to meet the individual needs of people with disabilities, made by the employer where it is necessary and reasonable to do so. | Anti-Discrimination Act 1991 (s35, 36) |
### Recess claim
An injury which is taken to have arisen out of, or in the course of, the worker's employment, if the event happens while the worker is temporarily absent for the place of employment during an ordinary recess and if the event is not due to the worker voluntarily subjecting themselves to an abnormal risk of injury during the recess.
(The above definition is utilised by WorkCover Queensland when determining eligibility for workers' compensation entitlements).

### The Workers’ Compensation Regulator
The Worker’s Compensation Regulator is appointed under the Public Service Act, must act independently when making a decision under the Worker’s Compensation and Rehabilitation Act 2003. (Formerly known as QCOMP)

### Suitable duties plan / program
In relation to a worker, are work duties for which the worker is suited, having regard to the following matters:
- the nature of the worker’s incapacity and pre-injury employment
- relevant medical information
- the rehabilitation and return to work place for the worker
- the provisions of the employer’s workplace rehabilitation policy and procedures
- the worker’s age, education, skills and work experience
- if duties are available at a location (the other location) other than the location in which the worker was injured, whether it is reasonable to expect the workers to attend the other location, and
- any other relevant matters.

### Unjustifiable hardship
Relating to an employer, includes the nature of the special services or facilities, the cost of supplying the special services or facilities and the number of people who would benefit or be disadvantaged, the disruption that supplying the special services or facilities might cause and the nature of any benefit or detriment to all people concerned.

### Worker (in relation to workers’ compensation matters)
A person who works under a contract with Queensland Health, and in relation to the work, is an employee for the purpose of assessment for PAYG withholding under the Taxation Administration Act 1953; who has sustained a work related personal injury or illness.
(The above definition is utilised by WorkCover Queensland when determining liability / eligibility for workers’ compensation entitlements).

In the context of the Department of Health's Workplace Rehabilitation System and associated documents, ‘worker’ can also refer to any worker with an injury or illness who requires rehabilitation support to return to work.
13. Approval and implementation

Policy custodian:
Senior Director, HR Policy, Performance and Organisational Health

Responsible executive team member:
Deputy Director-General, System Support Services

Approving officer:
Deputy Director-General, System Support Services

Approval date: 01 June 2014
Effective from: 01 July 2014

Version control

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<th>Comments</th>
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<td>OHS</td>
<td>SMS review project 2013-14</td>
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Attachment A

Rehabilitation process for non-work related injuries / illnesses
(Voluntary participants)

Worker sustains non-work related injury leading to incapacity and time away from the workplace

Worker reports injury to line manager / supervisor as soon as practicable after the event

Manager invites worker to participate in a structured rehabilitation and return to work program

Manager assists worker with leave application forms / manager submits leave forms or AVACs to PIARCT

Manager advises OHS personnel / rehabilitation coordinator of the need for rehabilitation and return to work

Manager maintains contact – worker may be invited to participate at a later stage

Manager assists worker with leave application forms

Worker agrees

Manager advises OHS personnel / rehabilitation coordinator of the need for rehabilitation and return to work

Rehabilitation and return to work coordinator meets with worker and manager to commence planning for return to work

Rehabilitation process is managed through; workplace rehabilitation and return to work implementation standard

Ongoing participation until process finalised

Change of status—worker disagrees

Change of status—worker agrees
### Attachment B

**WorkCover policies held by Queensland Health**

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<tr>
<th>WorkCover employer / trading name</th>
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<tr>
<td>Cairns and Hinterland Hospital and Health Service</td>
<td>GAA0707777450</td>
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<td>Cape York Hospital and Health Service</td>
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