1. **Statement**

This standard identifies the minimum requirements that evidence the implementation of the work health and safety policy for managing work related and non-work related injuries and illnesses.

2. **Scope**

This standard applies to all workers within the Department of Health divisions and agencies, and non-prescribed Hospital and Health Services, in relation to the provision of workplace rehabilitation, and to all eligible workers regarding accessing workers’ compensation and income protection benefit entitlements.

3. **Requirements**

3.1 **Workplace rehabilitation responsibilities and insurance protections**

   3.1.1 The Department of Health (the department) is committed to providing workplace rehabilitation for injured/ill workers, irrespective of the worker’s entitlement to compensation.

   3.1.2 The department shall maintain an effective workplace rehabilitation system, in accordance with the *Workers’ Compensation and Rehabilitation Act 2003* (the Act), which meets the Guidelines for standard for rehabilitation, as prescribed in section 116 of the *Workers’ Compensation and Rehabilitation Regulation 2014*.

**Insurance Protections**

   3.1.3 The department shall ensure that workers are insured, and remain insured, with WorkCover Queensland for all work related injuries and illnesses.

   3.1.4 WorkCover Queensland has allocated individual workers’ compensation insurance policies for the department and for each Hospital and Health Service (HHS). Policy details are outlined in Attachment A.

   - The WorkCover Queensland insurance policy for the department covers all workers of the divisions and agencies (excluding Queensland Ambulance Service) as defined by section 11(1) of the Act. Department employees who are geographically located in HHSs are covered by the department’s WorkCover insurance policy.

   - The WorkCover Queensland insurance policy for each HHS covers HHS workers, as defined by section 11(1) of the Act, as well as HHS Board employed executives.

   - Those persons not considered to be workers under the Act may be covered by other insurance arrangements:

     - 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 Act, excluding damages entitlements. QGIF does not provide rehabilitation case management services under this arrangement.
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 Act, require their own personal injury and illness insurance coverage.

Work experience program and placement students are not covered by any personal injury and illness insurance applicable to the department or HHS employees. It is the responsibility of their school/university, training provider or themselves to provide any insurance necessary.

- In accordance with the Workers’ Compensation and Rehabilitation Regulation 2014, section 8 (2), each employer (or policy holding entity) must on or before 31 August each year:
  - 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).
  - The Declaration of Wages report shall be provided to the policy holding entity’s delegated authority, per Human Resource (HR) Delegations, to authorise figures reported and subsequently lodge the Declaration of Wages with WorkCover Queensland on or prior to 31 August each year.

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

3.1.5 All Queensland Health employees are also individually insured through the government superannuation fund, QSuper, with personalised insurance entitlements available for death cover and/or total and permanent disability (TPD) cover as well as income protection cover for injury and illness. QSuper will pay a prescribed percentage of the worker's insured salary, for injured/ill workers who meet eligibility criteria for income protection benefit entitlements.

Roles and Responsibilities

3.1.6 The employing entity/person/s responsible for workers covered under each workers’ compensation insurance policy shall ensure:

- implementation of the work health and safety policy and associated workplace rehabilitation standard and supporting documents.
- appropriately qualified rehabilitation and return to work coordinators (RRTWC) are available to support injured/ill workers through provision of workplace rehabilitation.
- implementation and responsibility of financial costs for suitable duties and reasonable adjustment solutions, where reasonably practicable, in accordance with the Reasonable Adjustment Policy G3 (QH-POL-210). This may include costs associated with temporary adjustments to MOHRI and supernumerary arrangements to support a rehabilitation and return to work process, temporary modifications to the workplace, training, or temporary changes to work practices or roles, in a rehabilitation context. This may also include the employer funding an appropriately qualified person to undertake an assessment and make recommendations for workplace rehabilitation, as required.

3.1.7 The line manager, or delegate, shall:

- report the occurrence of a work related injury/illness via completion of a
workplace incident report, in conjunction with (or on behalf of) the injured/ill worker.

- ensure an investigation is carried out by the appropriate person/s following notification of a work related injury/illness by a worker.
  - The Health and safety incident investigation guidance note contains further information on conducting incident investigations and the level of investigation required, according to the severity of the incident.
- notify the worker’s designated RRTWC of the requirement for workplace rehabilitation and return to work/stay at work rehabilitation support, for either a work or non-work related injury/illness.

Reasons for workplace rehabilitation support may include:

- A WorkCover claim or QSuper claim has been submitted by the worker.
- Injury or illness (work or non-work related) is impacting or may be impacting the worker’s capacity to perform their role (irrespective of entitlement to compensation).
- Concerns with a worker’s health and wellbeing have been identified by the line manager, or delegate.

- ensure they contact the injured/ill worker who requires workplace rehabilitation for either a work or non-work related injury/illness and explain rehabilitation and return to work/stay at work support as soon as practicable after notification of the injury/illness. Early contact with an injured/ill worker is one of the key principles of successful rehabilitation.
- maintain transparent and timely communication with the injured/ill worker throughout the rehabilitation process, whether at work or off work, about both progress on return to work and notification of any workplace changes.
  - Ongoing communication at agreed intervals between the injured/ill worker and key stakeholders is a key principle underlying successful rehabilitation.
- support the rehabilitation and return to work of the injured/ill worker by ensuring this Workplace Rehabilitation Standard and local workplace rehabilitation processes are followed.
- where alternate duties are required for an injured/ill worker’s rehabilitation, identify and actively seek, with support from the RRTWC, meaningful suitable duties, and ensure suitable duties are made available wherever practicable.
- monitor implementation of the suitable duties program, to ensure duties provided comply with the injured/ill worker’s current medical capacity, in order to ensure the health and safety of the worker and others in the workplace.
- provide the Payroll Injury and Rehabilitation Claims Team (PIARCT) with accurate information pertaining to the injured/ill worker’s hours of work during the rehabilitation process, via the approved form/s.
- inform the worker of the appropriate dispute resolution process to follow in such cases where the worker does not agree with elements of a proposed workplace rehabilitation plan or suitable duties program.

3.1.8 The Rehabilitation and Return to Work Coordinator (RRTWC) shall:

- ensure that an injured/ill worker who requires workplace rehabilitation for either a work or non-work related injury/illness, is contacted about rehabilitation and return to work/stay at work support as soon as practicable after notification of the injury/illness. Early contact with an injured/ill worker is one of the key principles of successful rehabilitation.
- request the injured/ill worker’s signed authorisation to communicate with and obtain information from the worker’s treating medical practitioner and other health
practitioners involved in the worker’s rehabilitation, for the purposes of planning and implementing workplace rehabilitation.

− This authority shall remain in place until the worker’s rehabilitation and return to work program has finalised or the worker advises their employer in writing of their decision to revoke the authority.

• provide the overall coordination of an injured/ill worker’s workplace rehabilitation and return to work.

• support the rehabilitation and return to work of the injured/ill worker by ensuring the Workplace Rehabilitation Standard and local workplace rehabilitation processes are followed.

• communicate with and inform the treating medical practitioner of the role of the worker and the availability of suitable duties, to enable the medical practitioner to consider what roles the injured/ill worker can safely undertake at the workplace.

• advise and support the line manager to identify meaningful suitable duties that comply with the injured/ill worker’s current medical capacity, and support the line manager to implement and monitor the suitable duties program.

• inform the worker of the appropriate dispute resolution process to follow in such cases where the worker does not agree with elements of a proposed workplace rehabilitation plan or suitable duties program.

• ensure factual and timely case file notes are recorded for each workplace rehabilitation case.

• ensure legislative compliance is maintained with respect to privacy, confidentiality and use of worker information and worker’s compensation information.

• ensure legislative compliance is maintained with respect to rehabilitation file records, storage and retention.

3.1.9 The injured/ill worker shall:

• report the occurrence of a work related injury/illness by completing a workplace incident report by end of rostered shift (or authorise another person to complete the workplace incident report on their behalf, noting line managers are authorised to complete an incident report on a worker’s behalf if the worker is unable to do so).

• notify their line manager of a workers’ compensation claim application or an income protection benefits claim application and submit a copy of the insurer-approved medical certificate, ensuring medical certification remains current during participation in workplace rehabilitation, and provide current copies to their line manager or agreed workplace contact.

− Should a medical certificate outlining commencement of work capacity not be provided sufficiently in advance, the work unit, in consultation with the RRTWC will need to determine whether/what suitable duties can be provided based on the medical certificate, and further liaison with the medical practitioner may be required before a return to work program can be agreed/commence.

• ensure duties performed on a suitable duties program comply with medical restrictions.

• actively communicate with the RRTWC and line manager/other nominated workplace contact at agreed intervals via the agreed method.

3.1.10 The Payroll Injury and Claims Rehabilitation Team (PIARCT) shall:

• complete WorkCover Queensland’s Wages and Excess form for any worker submitting a workers’ compensation claim.

• pay workers on WorkCover claims directly whilst they are receiving WorkCover benefits, excepting casual employees (see section 3.9.1.5).
• complete Part B of the QSuper form in consultation with the line manager of any worker submitting an income protection benefits claim.
• pay workers on QSuper benefits for all hours worked upon commencement of a graduated return to work program.
• QSuper will pay a prescribed percentage of the difference between the insured salary and the worker’s reduced pay, whilst a worker is on income protection benefit entitlements. (To be read in conjunction with section 3.9.1.8).
• pay injured/ill workers (who are not accessing compensable entitlements i.e. health management cases) for hours worked, with leave entitlements able to be accessed for the balance of hours not worked.
• process accurate information pertaining to the injured/ill worker’s hours of work during the workplace rehabilitation process, via the line manager’s submission of the approved form/s.

Rights of key parties

3.1.11 The rights of all parties to request a review or appeal of a workers’ compensation claim decision shall be supported with a commitment to continuing a worker’s rehabilitation program during and after any review or appeal process.

3.1.12 A worker’s right to request a review or appeal of a QSuper insurance claim decision is recognised and supported with a commitment to continuing an employee’s rehabilitation program during and after a review process.

3.1.13 A worker’s right to disagree with elements of a proposed workplace rehabilitation plan is recognised, and the line manager/RRTWC shall inform the worker of the appropriate dispute resolution process to follow in such cases where the worker does not agree with elements of a proposed workplace rehabilitation plan or suitable duties program. For department employees, the appropriate dispute resolution/grievance process is outlined in the Employee Complaints HR Policy E12 (QH-POL-140).

3.2 Workplace rehabilitation system (to be read in conjunction with section 3.3)

3.2.1 The four stages for managing the rehabilitation of workers with a work related or non-work related injury/illness are:
   - Stage 1 — immediate support and administrative processes
   - Stage 2 — planning for return to work/stay at work
   - Stage 3 — implementing and managing the return to work plan
   - Stage 4 — evaluating and reviewing return to work outcomes.

3.2.2 Suitable duties and/or reasonable adjustment to the workplace (such as temporary or permanent modifications to 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. (To be read in conjunction with section 3.2.5.9).

3.2.3 Rehabilitation and return to work goals shall be prioritised according to the return to work (RTW) hierarchy wherever feasible, whereby the RTW goal is identified with a preference to the following hierarchy:
   1) Return the worker to their usual job, in their usual work area
   2) Return the worker to a different job, in their usual work area
   3) Return the worker to their usual job, in a different work area
   4) Return the worker to a different job, in a different work area
   5) Seek a return to work option through temporary host employment, deployment or redeployment for the purpose of building work capacities toward pre injury duties
   6) Seek a return to work option with a different employer, through the relevant workers’ compensation or compulsory third party insurer, for cases where compensable entitlements exist.
3.2.4 Stage 1 – Immediate support and administrative processes

3.2.4.1 All injured/ill workers shall be offered immediate first aid in the event of injury/illness occurring 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.

3.2.4.2 Line managers shall also encourage injured/ill workers to access same day medical treatment as required following a work-related incident, and where appropriate, provide the worker with information about suitable duties to be provided to the treating practitioner.

3.2.4.3 Line managers shall offer real time support for injured/ill workers who report they are able to stay at work. When a work-related incident leads to injury/illness which precludes a worker from remaining at work, line managers shall ensure that injured/ill workers can return home safely.

3.2.4.4 Both the worker and the line manager shall report a work-related incident via completion of the relevant sections of a workplace incident report. Where a worker is unable to complete an incident report due to injury/illness, the worker may authorise incident reporting on their behalf. The worker’s line manager is also authorised to complete incident reporting on the worker’s behalf when a worker is unable to do so.

3.2.4.5 Line managers shall ensure that injured/ill workers are made aware of the workplace rehabilitation and return to work processes and support available to them in the workplace, including provision of suitable duties where medical certification has been obtained for a worker to return to work and/or stay at work following the worker’s notification of the injury/illness.

3.2.4.6 When a coordinated rehabilitation process is required for work or non-work related injury/illness, the line manager shall notify the designated RRTWC as soon as practicable after the injury is sustained or is reported.

3.2.4.7 The RRTWC shall coordinate the workplace rehabilitation process where required, and support the injured/ill worker and their line manager to fully participate in the process.

3.2.4.8 The RRTWC shall request the worker’s signed authorisation to communicate with and obtain information from the worker’s treating doctor and other treating health practitioners involved in the worker’s rehabilitation, for the purposes of planning and implementing workplace rehabilitation. Where authority is not provided by the worker, the RRTWC shall:

- request relevant information for the purposes of planning and implementing workplace rehabilitation from the workers’ compensation insurer in instances of WorkCover claims; and/or
- communicate with the treating practitioner/s via the injured/ill worker.

3.2.5 Stage 2 – Planning for return to work/stay at work

3.2.5.1 The purpose of planning for return to work is to ensure a co-ordinated, safe and sustainable return to work, particularly for those workers experiencing a period of total incapacitation for work following injury/illness. However the principles and purpose of rehabilitation and return to work also apply to workers who stay at work without a period of total incapacitation following injury/illness, but still require structured and goal-oriented rehabilitation to be coordinated for them in order to return to pre-injury duties (usual job in usual work area).

3.2.5.2 When coordinating workplace rehabilitation, the RRTWC shall communicate with key parties to plan the return to work, and shall document the rehabilitation and return to work plan and any suitable duties program/s in consultation with the worker, line manager, treating medical practitioner (where authority is given), insurer (where relevant) and any other parties engaged by the insurer or the employer to assist in the worker’s rehabilitation.
3.2.5.3 Planning for return to work/stay at work includes establishing an agreed rehabilitation goal with key stakeholders at commencement of workplace rehabilitation, to manage expectations and to ensure the workplace rehabilitation efforts of all stakeholders are aligned.

3.2.5.4 The agreed rehabilitation and 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.

3.2.5.5 Rehabilitation and return to work goals shall be prioritised according to the return to work hierarchy wherever feasible (see section 3.2.3) and an anticipated timeframe for achievement should be agreed by key stakeholders. The return to work goal and timeframe for achievement shall be intermittently reviewed as part of the cycle of planning, implementing and reviewing of a workplace rehabilitation program, particularly where the agreed goal and outcomes are not being achieved, as alternate options may need to be considered. (To be read in conjunction with section 3.2.6.5).

3.2.5.6 If a worker cannot immediately undertake their pre-injury work duties, consideration shall be given to the development of a suitable duties program. Suitable duties are meaningful job tasks selected from the injured/ill worker's usual job or another role. (For definition of suitable duties for workers' compensation claims, see section 7 — Definitions).

3.2.5.7 The suitable duties program shall incorporate the following elements:

- The suitable duties program shall be developed incorporating restrictions and timeframes adhering to work capacity outlined in the medical certificate. (To be read in conjunction with section 3.2.5.8).

- The suitable duties program shall be agreed to by the treating medical practitioner, the injured/ill worker, the line manager, the RRTWC and the insurer (where relevant).

- 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 on the medical certificate (noting a suitable duties program form must also be signed where the medical practitioner has indicated ‘requires a suitable duties program to be provided to me for approval’ on the workers’ compensation work capacity certificate).

- 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, for example of several months, 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, and the appropriate dispute resolution process to follow where the worker does not agree with elements of a proposed workplace rehabilitation plan or suitable duties program.

- 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 organisation. In insurance cases, where the injury/illness and subsequent rehabilitation and return to work plan is the subject of a workers' compensation or compulsory third party (CTP) insurance claim, the RRTWC may liaise with either WorkCover Queensland or the CTP insurer to identify a temporary host employment option outside the organisation.

- The line manager has a duty to ensure the health and safety of workers, including monitoring implementation of the suitable duties program, to ensure the duties
provided to the worker comply with current medical restrictions, and the duties do not pose a risk to the worker or others in the workplace. If any concerns arise, the line manager shall report concerns to the RRTWC, who shall oversee the process and notify the worker’s treating medical practitioner and the local OHS unit (where required), with a view to reviewing the program and/or taking other steps to safeguard the health and safety of the worker or others.

3.2.5.8 If further clarification of any medical restrictions is required, the RRTWC shall communicate with the treating health practitioner/s, where authority has been given. This can include requesting completion of a Workplace rehabilitation physical capability form, and/or Workplace rehabilitation psychological capability assessment form, and/or requesting a medical report, in order to clarify work capacity and restrictions. A request for further information on work capacity and restrictions may be made when planning an injured/ill worker’s return to work, or at any stage during workplace rehabilitation.

3.2.5.9 Reasonable adjustment in a rehabilitation context may include, where necessary and reasonably practicable, temporary modifications to the workplace, supernumerary arrangements, training or changes in work practices and roles, and may include the employer funding an appropriately qualified person to undertake an assessment and make recommendations for workplace rehabilitation, in accordance with the Reasonable Adjustment HR Policy G3 (QH-POL-210).

3.2.6 Stage 3 – Implementing and managing the return to work plan

3.2.6.1 Whilst the RRTWC is primarily responsible for planning the return to work, the injured/ill worker’s line manager is responsible for implementing and monitoring the suitable duties program and maintaining a safe work environment, with the support and advice of the RRTWC and maintaining communication with the injured/ill worker.

3.2.6.2 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.

3.2.6.3 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.

3.2.6.4 As suitable duties programs are temporary and 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.

3.2.6.5 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, temporary host employment, deployment, redeployment and further medical opinion, which may be treating or independent medical opinion/s.

3.2.6.6 Where temporary host employment is identified as a requirement due to barriers existing to resuming the pre-injury role in the worker’s usual work unit:

- The RRTWC shall liaise with the line manager and worker to discuss available options, including potential host work units in other HHSs/department divisions/agencies.
- The focus of temporary host employment placement shall be the continuation of rehabilitation in an alternate work environment, in accordance with the worker’s documented medical capacity, with an expectation that the worker will return to the pre-injury role in the worker’s usual work unit on completion of the host placement.
- In workers’ compensation cases, host employment outside Queensland Health shall be arranged through the workers’ compensation insurer, WorkCover Queensland, to ensure that all parties are indemnified under the insurer’s
process. WorkCover Queensland will pay the host worker’s wages for external host employment placements.
• The Workplace rehabilitation host employment placement guideline (QH-GDL-401-5-1) contains further supporting information on best practice implementation of host employment placement programs for injured/ill workers.

### 3.2.6.7 Rehabilitation case closure shall be considered in such instances as:

- a) the rehabilitation goal has been achieved and a clearance medical certificate has been received e.g. full return to pre-injury or other agreed role.
- b) a mutually agreed return to work goal has been achieved e.g. hours/duties of pre-injury role permanently modified through agreement by all parties.
- c) where the suitable duties program is not progressing e.g. hours/duties not increasing towards pre-injury or other agreed role.
- d) where a safe and sustainable return to work cannot be achieved e.g. significant concerns exist regarding the worker’s safety or their injury/ill health prevents an outcome for return to work.
- e) where work incapacity arising from injury/illness persists but no further workplace rehabilitation involvement is indicated.

### 3.2.6.8 In situations b) — e) outlined above, consultation with the relevant HR unit and the responsible line manager should occur, and the relevant department HR policies, such as Reasonable Adjustment HR Policy G3 (QH-POL-210), and/or Mental or Physical Incapacity of Employees HR Policy E11 (QH-POL-170) should be considered for application by the HR unit.

### 3.2.7 Stage 4 – Evaluating and reviewing return to work outcomes

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

#### 3.2.7.2 The RRTWC/other nominated workplace representative shall initiate a case closure interview/Workplace rehabilitation evaluation survey/other feedback mechanism with relevant parties, including the injured/ill worker and their line manager, at rehabilitation case closure.

#### 3.2.7.3 The RRTWC shall summarise and document feedback derived from the case closure interview, or other feedback methods, and include a copy of the feedback in the worker’s rehabilitation file.

#### 3.2.7.4 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.

### 3.3 Managing non-work related injuries and illnesses

#### 3.3.1 The Department of Health is committed to the wellbeing of all employees and shall offer workplace rehabilitation to workers with non-work related injuries/illnesses, where reasonably practicable. Attachment B provides an overview of the process and decision points associated with workplace rehabilitation of non-work related injury/illness.

#### 3.3.2 Participation in the workplace rehabilitation process is voluntary for workers who have sustained a non-work related injury/illness, with the exception of some compulsory processes outlined at section 3.3.3.

#### 3.3.3 Assistance shall 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 arising from
concerns that an employee’s absence or unsatisfactory performance is caused by mental or physical illness or disability.

3.3.4 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 shall contact the worker to ascertain their medical capacity and advise of the workplace rehabilitation process.

3.3.5 Where a worker with a non-work related injury/illness agrees to participate in a structured return to work process, the line manager shall notify the RRTWC and the RRTWC shall follow the standard workplace rehabilitation system as outlined above in Section 3.2.

3.3.6 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 practitioner/s for the purposes of coordinating rehabilitation and return to work (or advises the RRTWC to communicate with the treating practitioner/s via the injured/ill worker)
- 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 and the line manager.

3.3.7 The department shall pay its 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.

3.3.8 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 relevant HR policies will apply. Those workers who decline to participate must provide current medical certificates whilst accessing sick leave entitlements per the department Sick Leave HR Policy C64 (QH-POL-230), and maintain communication with their line manager/work unit during the period of absence from work.

3.3.9 Should a worker with a non-work related injury/illness agree to participate in a rehabilitation and return to work process at a later time, the line manager shall follow the process outlined at sections 3.3.5 to 3.3.7 and at Attachment B.

3.4 Worker’s compensation entitlements (to be read in conjunction with section 3.1.4)

3.4.1 All department workers (permanent, temporary and casual), are eligible to apply for workers’ compensation benefits in the event of a work caused injury or illness, whilst:

- 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*.

3.4.2 Certain categories of employees 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* and are not covered by existing workers’
compensation insurance policies held with WorkCover Queensland.

3.5 Application for workers’ compensation or income protection benefits

3.5.1 When a worker is applying for workers’ compensation, the RRTWC shall:
- assist the injured/ill worker, and/or support the line manager to assist the injured/ill worker, to complete the Workers’ compensation or Income protection benefit claim form, as required.
- support the line manager and PIARCT to complete the employer sections of a WorkCover Queensland Claim form or a QSuper Income protection benefit claim employer certification (section B: claim form), as required.
- forward relevant documentation to WorkCover Queensland or QSuper, PIARCT and the work unit, on the worker’s or line manager’s behalf, as required.

3.5.2 An injured/ill 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/ill worker shall also notify their line manager of their workers’ compensation claim application and submit a copy of the workers’ compensation medical certificate (the Work capacity certificate) to the line manager/RRTWC.
- WorkCover Queensland will also contact the employer representative (relevant OHS team) to advise of receipt of the application and to request an employer response.
- An incident report must be completed for all work-related injuries/illnesses and, where not already reported, the responsible line manager can complete an incident report for a worker who is absent from work on behalf of the injured/ill worker.

3.5.3 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 an employer response via the WorkCover Queensland Claim form or by phone.

As the department 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.

3.6 Request for review of a workers’ compensation claims decision

3.6.1 An injured/ill worker or an employer acting on behalf of the injured/ill worker may apply to the Workers’ Compensation Regulator for review of a decision made by WorkCover Queensland.

3.6.2 A review of a WorkCover Queensland decision may relate to:
- a decision to reject or accept a claim for compensation
- failure of the insurer to make a decision
- termination, suspension or changes to compensation entitlements.

3.6.3 Reviews are to be lodged in accordance with the requirements set out by the Workers’ Compensation and Rehabilitation Act 2003 and the Workers’ Compensation Regulator.

3.6.4 Reviews are to be lodged with the Workers’ Compensation Regulator within three months from the date of receipt of the insurer’s written notice of the decision and reasons for the decision. The Regulator also has discretionary power to allow application for review of an insurer’s decision to be lodged outside the timeframes prescribed by the Act.

3.6.5 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.

3.6.6 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 noting the RRTWC shall continue to support the workers’ rehabilitation and return to work program throughout the process.

3.7 Request for appeal of a workers’ compensation claims decision
3.7.1 An insurer, employer, injured/ill worker or claimant on behalf of the injured/ill worker may appeal to the Industrial Commission, for a review of the Workers’ Compensation Regulator’s decision.

3.7.2 Appeals are to be lodged in accordance with the requirements set out in the Workers’ Compensation and Rehabilitation Act 2003, and costs can be associated with pursuing an appeal. Appeals must be lodged within 20 business days of receiving the review decision. The Regulator also has discretionary power to allow an appeal to the industrial magistrate or industrial commission to be lodged outside the timeframes prescribed by the Act.

3.7.3 In instances where the employer is aggrieved by the Workers’ Compensation Regulator review decision, the relevant personnel (in consultation with the relevant OHS team) may elect to provide a written submission to the employer’s delegated authority, outlining the rationale to proceed to appeal.

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

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

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

3.7.7 A party aggrieved by the Industrial Commission’s decision may then appeal further to the Industrial Court. Appeals are to be lodged in accordance with the requirements set out in legislation and costs can be associated with pursuing an appeal. The Industrial Court’s decision is final.

3.8 Request for review or appeal of an income protection claims decision
3.8.1 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. Workers wishing to lodge an appeal, or to request a QSuper income protection claim decision be reviewed internally by QSuper, are to refer to the review and appeal process outlined in the QSuper Income Protection Benefit Guide.

3.9 Workplace rehabilitation employee entitlements
3.9.1 Remuneration
3.9.1.1 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.

3.9.1.2 Whilst participating in a rehabilitation and return to work program, the payroll function for the injured/ill worker is temporarily transferred to PIARCT.

3.9.1.3 The line manager shall provide PIARCT with accurate information pertaining to the worker’s hours of work during the rehabilitation and return to work process to ensure correct payment of wages.

- If the injured/ill worker is totally incapacitated, a leave form must be submitted for the duration of the medical certificate. If rosters are used, the worker should
remain on the roster with a notation as to the reason for their absence from duty – WorkCover, QSuper, health management.

- If the worker is working reduced hours, an Attendance Variation and Allowance Claim form (AVAC) must be submitted for the duration of the return to work plan.
- If the worker is working their normal (pre-injury) hours, but remains on a return to work plan due to restricted work duties, they may be placed on the roster as usual, with an AVAC still required to be sent to PIARCT unless otherwise notified.

3.9.1.4 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.

- WorkCover Queensland reimburses Queensland Health the equivalent of the worker’s benefit, as per legislative entitlements under the Workers’ Compensation and Rehabilitation Act 2003.

3.9.1.5 The only workers’ compensation entitlement that the Department of Health shall pay casual workers directly is the claims excess amount, as well as the actual hours worked when the 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.

3.9.1.6 Workers may access their available leave entitlements without loading prior to claims determination, with leave forms to be sent to PIARCT. Once a claim is accepted, any leave entitlements used may be reimbursed.

3.9.1.7 The department shall pay workers 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, for balance of hours not worked.

3.9.1.8 In the event of a QSuper claim, QSuper shall commence paying entitlements directly to the worker from when an income protection insurance claim has been accepted.

- QSuper benefit period is up to three years for accumulation account members, with a default waiting period of accrued sick leave plus 14 days (during which time recreation leave entitlements may be accessed by the worker) — or as determined by the individual’s tailored insurance arrangements or standard contribution status.
- QSuper benefits cover 87.75% of the insured salary, which includes a 12.75% contribution replacement benefit of insured salary.
  - 75% of superannuable salary will be received from QSuper directly to the worker while on income protection entitlements, with QSuper also paying the 12.75% superannuation contribution into a government employee’s accumulation account whilst they are on an income protection claim.

- Defined Benefits members are eligible for other entitlements as determined by insurance arrangements held with QSuper.

3.9.1.9 The department shall pay QSuper beneficiaries for all hours worked upon commencement of a graduated return to work program, and QSuper will pay 87.75 per cent of the difference between the worker’s annual salary and the worker’s reduced pay, until the worker is able to return to their normal duties and usual working hours.

3.9.2 Leave entitlements

3.9.2.1 While on workers’ compensation entitlements or extended sick leave without pay, leave entitlements shall be managed in accordance with Public Service Commission Directive 07/08: Leave without Salary Credited as Service.

3.9.2.2 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 07/08: Leave without Salary
Credited as Service.

3.9.2.3 For extended sick leave without pay (which includes QSuper claims), all leave accruals shall continue for the first three months only, in accordance with Public Service Commission Directive 07/08: Leave without Salary Credited as Service.

3.9.2.4 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 ADO shall not continue in excess of three months. PIARCT will not adjust an employee’s terms of employment. This occurs via an Employee Movement Form being raised by the line manager, and sent to the worker’s usual payroll hub for processing, with a copy sent to PIARCT.

3.9.2.5 Workers are able to access their available recreation leave entitlements throughout the workplace rehabilitation process, in line with the department Annual/Recreation Leave HR Policy C51 (QH-POL-100) i.e. it must be operationally convenient.
   - For those workers on WorkCover or QSuper claims, the relevant insurer will assess each individual circumstance, and the claim may be suspended or closed for the duration of the leave.

3.9.2.6 Workers requiring treatment for the injury/illness that is the subject of the workplace rehabilitation and RTW process, shall be encouraged to obtain treatment outside of their (reduced or usual) working hours, where circumstances allow.
   - In circumstances where treatment can only be accessed during the worker’s (reduced or usual) working hours, the following applies:
     - Accepted workers’ compensation claims: the worker is to negotiate arrangements directly with WorkCover, the insurer.
     - Non-work related/non-compensable cases: the worker is to access available leave provisions if unable to obtain treatment outside their (reduced or usual) work hours.

3.10 Confidentiality, use, storage and retention of workplace rehabilitation and worker’s compensation information

3.10.1 RRTWCs are required, in accordance with legislation and the Code of Conduct for the Queensland Public Service, to ensure that information on the rehabilitation file is appropriately obtained, used and stored.

3.10.2 A separate rehabilitation file shall be created and maintained for each worker undertaking workplace rehabilitation and should contain copies of all relevant documentation, including medical and allied health reports, correspondence, return to work plans, suitable duties programs, case notes and related documents.

3.10.3 The rehabilitation file for each individual worker shall be stored in a secure environment and managed in accordance with the Information Privacy Act 2009, the department Information Security Policy (QH-POL-066), the Workers’ Compensation and Rehabilitation Act 2003 and section 116 of the Workers’ Compensation and Rehabilitation Regulation 2014 – Guidelines for standard for rehabilitation.

3.10.4 Information obtained during rehabilitation must be treated with sensitivity and confidentiality by all parties and in accordance with the Information Privacy Act 2009 and the Code of Conduct for the Queensland Public Service.

3.10.5 If it is necessary to obtain or release information associated with an injured/ill worker’s rehabilitation, the worker’s signed authority to obtain or release the information must be obtained. (To be read in conjunction with section 3.1.7)

3.10.6 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.
3.10.7 An injured/ill worker may request a copy of their workplace rehabilitation file and/or authorise the release of information through written consent to a third party at their discretion.

- Should an injured/ill worker request a copy of their workplace rehabilitation file, it must be done so in writing, either:
  - via direct request to the relevant OHS/HR personnel managing their case, under section 14 of the Public Service Regulation 2008, or
  - via a formal Right to Information and Information Privacy Access Application under section 43 of the Information Privacy Act 2009.

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

3.10.9 Workers’ compensation documents must not be used or obtained for the purpose relating to the employment of the worker, such as deciding whether the employment of a person is to continue or for any process for selecting a person for employment, in accordance with section 572A of the Workers’ Compensation and Rehabilitation Act 2003.

- 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.

3.10.10 Retention and disposal of all administrative records pertaining to workplace rehabilitation shall be in accordance with the Queensland Government’s Queensland State Archives — General Retention and Disposal Schedule (Administrative Records):GRDS8 which includes:

- Workplace rehabilitation case file records to be retained for 55 years after business action completed.
- Records submitted or received, relating to workers’ compensation and all other compensation and/or insurance claims, to be retained for seven years after settlement of a claim.
- Records relating to Information Privacy access applications to be retained for seven years after business action completed.
- Employee complaints/records/decisions to be retained for seven years after business action completed.
- Employee Service History (including medical reports) to be retained for 80 years from the employee’s date of birth or seven years from date of separation, whichever is later.

4. Legislation

Legislation:
1. Anti-Discrimination Act 1991
3. Information Privacy Act 2009
4. Public Service Act 2008
5. Public Service Regulation 2008
7. Workers’ Compensation and Rehabilitation Act 2003
8. Workers’ Compensation and Rehabilitation Regulation 2014
Policy:
9. Code of Conduct for the Queensland Public Service
10. Work experience programs and placements HR Policy B3 (QH-POL-262): Department of Health
11. Employees requiring placement HR Policy B36 (QH-POL-237): Department of Health
12. Annual/Recreation leave HR Policy C51 (QH-POL-100): Department of Health
13. Sick leave HR Policy C64 (QH-POL-230): Department of Health
15. Mental or physical incapacity of employees HR Policy E11 (QH-POL-170): Department of Health
17. Reasonable adjustment HR Policy G3 (QH-POL-210): Department of Health
23. Queensland State Archives — General Retention and Disposal Schedule (Administrative Records) QDRS8 1 September 2016: Department of Science, Information Technology and Innovation

Guides and Manuals:
25. Health and safety incident investigation guidance note: Department of Health: June 2014
28. WorkCover Queensland Claim form FM106-v10
30. QSuper Income Protection Claim form 2016
31. Queensland Government Right to Information and Information Privacy Access Application: V07 June 2013 / Form 1 RTI-IP

5. Supporting documents

Policy
1. Work health and safety policy (QH-POL-401)

Guidelines and protocols:
2. Workplace rehabilitation host employment placement guideline (QH-GDL-401-5-1)

Forms and templates:
3. Worker authorisation form
4. Workplace rehabilitation – your return to work brochure
5. Workplace rehabilitation physical capability form
6. Workplace rehabilitation psychological capability assessment form
7. Workplace rehabilitation suitable duties program
8. Workplace rehabilitation progress review form
9. Workplace rehabilitation host employment placement agreement
10. Workplace rehabilitation evaluation survey
### 6. Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agencies</strong></td>
<td>Health Support Queensland (HSQ) and eHealth Queensland, operating as separate business entities from the Department of Health’s Divisions, but comprising the Department of Health.</td>
</tr>
<tr>
<td>‘Appropriately qualified’ Rehabilitation and Return to Work Coordinator (RRTWC)</td>
<td>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.</td>
</tr>
<tr>
<td>Appropriately qualified</td>
<td>‘Appropriately qualified’ is defined in the Acts Interpretation Act 1954 as “…having the qualifications, experience or standing appropriate to perform the function…”</td>
</tr>
<tr>
<td><strong>Damages</strong></td>
<td>Damages is damages for injury sustained by a worker in circumstances creating, independently of this Act, a legal liability in the worker’s employer to pay damages to—</td>
</tr>
<tr>
<td></td>
<td>(a) the worker; or</td>
</tr>
<tr>
<td></td>
<td>(b) if the injury results in the worker’s death—a dependant of the deceased worker.</td>
</tr>
<tr>
<td><strong>Delegate / Delegated authority</strong></td>
<td>The ‘delegate’ is as listed in the Queensland Health Human Resource Delegations Manual as amended from time to time.</td>
</tr>
<tr>
<td><strong>Department of Health</strong></td>
<td>The Queensland Government’s Health Department, encompassing the Office of the Director-General and all corporate divisions and Health Support Queensland (HSQ) and eHealth Queensland. Queensland Ambulance Service is not included for purposes of the intended scope of this document. Non-prescribed Hospital and Health Services (HHSs) are included for purposes of the intended scope of this document.</td>
</tr>
<tr>
<td><strong>Deployment</strong></td>
<td>When an employee is provided with a transfer at level or temporary appointment</td>
</tr>
<tr>
<td><strong>Employer</strong></td>
<td>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/ill worker.</td>
</tr>
<tr>
<td><strong>Event (in the context of workplace injury / illness)</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>(The above definition is utilised by WorkCover Queensland when determining liability / eligibility for workers’ compensation entitlements).</td>
</tr>
<tr>
<td><strong>Host employment placement</strong></td>
<td>A temporary rehabilitation program (suitable duties program) conducted in an alternate suitable work environment, when the injured/ill worker’s presenting medical capacity and/or availability of suitable duties in the pre-injury work environment precludes an early return to work in the pre-injury work environment. A Host Employment Placement may be arranged, for a time limited period, with a different work unit within the Department of Health or a</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>HHS within Queensland Health, or with a different (external) employer, with the aim of returning the injured/ill worker to their pre-injury work unit/position when the host employment rehabilitation program is complete.</td>
<td></td>
</tr>
<tr>
<td>Injury/illness (work related)</td>
<td>A personal injury arising out of, or in the course of, employment if: 1) For an injury other than a psychiatric or psychological disorder – the employment is a significant contributing factor to the injury, or 2) For a psychiatric or psychological disorder – the employment is the major significant contributing factor to the injury. Despite subsection 2), injury does not include a psychiatric or psychological disorder arising out of, or in the course of, any of the following circumstances— (a) reasonable management action taken in a reasonable way by the employer in connection with the worker’s employment; (b) the worker’s expectation or perception of reasonable management action being taken against the worker; (c) action by the Regulator or an insurer in connection with the worker’s application for compensation. (The above definition is utilised by WorkCover Queensland when determining liability / eligibility for workers’ compensation entitlements).</td>
</tr>
<tr>
<td>Injury/illness (non-work related)</td>
<td>All other injuries or illnesses which do not meet the definition of work related injury / illness.</td>
</tr>
<tr>
<td>Insurer</td>
<td>WorkCover Queensland, Queensland Health’s workers’ compensation insurer.</td>
</tr>
<tr>
<td>Income protection insurer</td>
<td>QSuper, Queensland Health staff’s income protection insurer, or other commercial insurer.</td>
</tr>
<tr>
<td>Line manager</td>
<td>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/ill worker’s return to work program.</td>
</tr>
<tr>
<td>Reasonable adjustment</td>
<td>Reasonable adjustment is where an employer takes account of a person’s impairment and makes appropriate temporary or permanent modifications and adjustments to the workplace (including the employee’s role) to lessen the impact of the impairment or enable the employee to commence employment or return to work. Examples of Reasonable adjustment in respective circumstances may include: • Recruitment and Selection (of potential and existing employees): Providing assistance to facilitate the interviewing process, e.g. wheelchair access, sign language interpreter • Training and Career Advancement: Providing training information in alternative formats, and making adjustments to allow opportunities to act in other positions • Workplace Design: Providing access to the workplace, and the provision of specialist equipment where required and reasonable to do so, to allow the person to undertake the duties of the position, e.g. larger screens/font for visual impairment • Temporary Disability: Providing a return to work or workplace</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>rehabilitation program e.g. provision of equipment for the elevation of an injured ankle - refer to the Occupational Health and Workplace Implementation Standards and Guidelines</td>
<td>• Deployment/Redeployment: Relocating an employee from one work environment to another. Each situation should be assessed on a case by case basis. During a reasonable adjustment process, employees should be treated with respect and allocated duties which are commensurate with their classification, experience and abilities.</td>
</tr>
<tr>
<td>Suitable duties plan/program</td>
<td>In relation to a worker, are work duties for which the worker is suited, having regard to the following matters:</td>
</tr>
<tr>
<td></td>
<td>a. the nature of the worker’s incapacity and pre-injury employment</td>
</tr>
<tr>
<td></td>
<td>b. relevant medical information</td>
</tr>
<tr>
<td></td>
<td>c. the rehabilitation and return to work place for the worker</td>
</tr>
<tr>
<td></td>
<td>d. the provisions of the employer’s workplace rehabilitation policy and procedures</td>
</tr>
<tr>
<td></td>
<td>e. the worker’s age, education, skills and work experience</td>
</tr>
<tr>
<td></td>
<td>f. if duties are available at a location (the other location) other than the location in which the worker was injured/made ill, whether it is reasonable to expect the workers to attend the other location, and</td>
</tr>
<tr>
<td></td>
<td>g. any other relevant matters.</td>
</tr>
<tr>
<td>Redeployment</td>
<td>Permanent appointment of an employee, with their consent, to a lower classification level than the employee’s substantive classification level.</td>
</tr>
<tr>
<td>Unjustifiable hardship</td>
<td>The <em>Anti-Discrimination Act 1991</em> indicates the issue of whether the supply of special services or facilities would impose “unjustifiable hardship” on an employer depends on all the relevant circumstances of the case, including the:</td>
</tr>
<tr>
<td></td>
<td>• nature of the special services or facilities</td>
</tr>
<tr>
<td></td>
<td>• cost of supplying the special services or facilities and the number of people who would benefit or be disadvantaged</td>
</tr>
<tr>
<td></td>
<td>• financial circumstances of the employer;</td>
</tr>
<tr>
<td></td>
<td>• disruption that supplying the special services or facilities might cause</td>
</tr>
<tr>
<td></td>
<td>• nature of any benefit or detriment to all people concerned. If the Commission believes reasonable adjustment solutions were warranted and overturns an employer’s claim of unjustifiable hardship, they may impose a variety of remedies including reinstatement where applicable, or monetary compensation for the complainant.</td>
</tr>
<tr>
<td>Worker (for workers' compensation matters)</td>
<td>A person who works under a contract, and in relation to the work, is an employee for the purpose of assessment for PAYG withholding under the <em>Taxation Administration Act 1953</em> (Cwlth), schedule 1, part 2-5; and is a person who has sustained a work related personal injury or illness.</td>
</tr>
<tr>
<td></td>
<td>(The above definition is utilised by WorkCover Queensland when</td>
</tr>
</tbody>
</table>
### Term | Definition
--- | ---
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, which may include those workers with a non-work related injury / illness who are not entitled to / are not applying for compensation under the **Workers’ Compensation and Rehabilitation Act 2003** or under QSuper Income Protection Insurance benefits.

**Workers’ compensation** | Compensation for work related injury or illness, that is, amounts for a worker’s injury payable by an insurer to a worker, a dependent of a deceased worker or anyone else.

**Workers’ Compensation Regulator** | The office of the Worker’s Compensation Regulator, appointed under the **Public Service Act 2008**, must act independently when making a decision under the **Worker’s Compensation and Rehabilitation Act 2003**.

**Workplace rehabilitation** | Rehabilitation, of a worker, is a process designed to—
(a) ensure the worker’s earliest possible return to work; or
(b) maximise the worker’s independent functioning.

Rehabilitation includes—
(a) necessary and reasonable—
   (i) suitable duties programs; or
   (ii) services provided by a registered person; or
   (iii) services approved by an insurer; or
(b) the provision of necessary and reasonable aids or equipment to the worker.

**Workplace rehabilitation system** | A system of rehabilitation that is initiated or managed by an employer and complies with relevant legislation.

### Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.0</td>
<td>January 2017</td>
<td>2015 and 2016 legislative amendments Alignment with Department of Health Policy Framework</td>
</tr>
<tr>
<td>1.0</td>
<td>30 April 2014</td>
<td>Workplace rehabilitation and return to work Implementation Standard - SMS Review project 2013-14</td>
</tr>
</tbody>
</table>
### Attachment A: WorkCover policies held by Queensland Health

<table>
<thead>
<tr>
<th>WorkCover employer/trading name</th>
<th>WorkCover policy number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Queensland Health Corporate Office</td>
<td>GAA950724480</td>
</tr>
<tr>
<td>Cairns and Hinterland Hospital and Health Service</td>
<td>GAA070777450</td>
</tr>
<tr>
<td>Central Queensland Hospital and Health Service</td>
<td>GAA070777459</td>
</tr>
<tr>
<td>Central West Hospital and Health Service</td>
<td>WGA850695531</td>
</tr>
<tr>
<td>Children's Health Queensland Hospital and Health Service</td>
<td>WAA820771314</td>
</tr>
<tr>
<td>Darling Downs Hospital and Health Service</td>
<td>GAA070777484</td>
</tr>
<tr>
<td>Gold Coast Hospital and Health Service</td>
<td>WNA850695251</td>
</tr>
<tr>
<td>Mackay Hospital and Health Service</td>
<td>GAA070777457</td>
</tr>
<tr>
<td>Metro North Hospital and Health Service</td>
<td>GCA140851644</td>
</tr>
<tr>
<td>Metro South Hospital and Health Service</td>
<td>GCA140851050</td>
</tr>
<tr>
<td>North West Hospital and Health Service</td>
<td>WHA850683938</td>
</tr>
<tr>
<td>South West Hospital and Health Service</td>
<td>GAA070777486</td>
</tr>
<tr>
<td>Sunshine Coast Hospital and Health Service</td>
<td>GAA070777469</td>
</tr>
<tr>
<td>Torres and Cape Hospital and Health Service</td>
<td>GCA140745868</td>
</tr>
<tr>
<td>Townsville Hospital and Health Service</td>
<td>GAA070777453</td>
</tr>
<tr>
<td>West Moreton Hospital and Health Service</td>
<td>GAA070777480</td>
</tr>
<tr>
<td>Wide Bay Hospital and Health Service</td>
<td>GCA140851174</td>
</tr>
</tbody>
</table>
Attachment B: Managing non-work related injuries / illnesses in the workplace

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

Worker agrees

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

Manager advises rehabilitation and return to work 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 as outlined in the Workplace rehabilitation standard

Ongoing participation until process finalised

Change of status—worker disagrees

Change of status—worker agrees

Worker disagrees

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

Manager assists worker with leave application forms

Standard - Workplace Rehabilitation
Human Resources Branch
Chief Human Resources Officer
January 2017

PRINTED COPIES ARE UNCONTROLLED