

Support for injured and ill employees

The Queensland Health Workplace Rehabilitation Policy commits to consistent support of workplace rehabilitation and return to work programs for all employees in the event of injury or illness, including non-work related conditions, where reasonably practicable. (Attachment 1: Workplace Rehabilitation and Return to Work Policy QH-POL-276:2012).

Support provided by Queensland Health to assist with return to work for injured and ill employees is also detailed in Attachment 2, QH-IMP-276-2:2012 - Implementation Standard for Workplace Rehabilitation and Return to Work and Attachment 3, QH-PCD-276-2-1:2012 Procedure for Workplace Rehabilitation and Return to Work.

WorkCover claims

Psychological or psychiatric injuries may include work related stress, anxiety or depression. To receive compensation for these types of injuries, the injury must have occurred at work and resulted from a single event or over a period of time. Examples of causes may include workplace bullying, harassment, unfair action taken by management or an excessive workload.

When making a decision on a psychological or psychiatric injury, WorkCover will apply criteria and exclusions as outlined in the [Workers' Compensation and Rehabilitation Act 2003](#). The Act states that 'an injury does not include a psychiatric or psychological disorder arising out of, or in the course of, any of the following circumstances':

- reasonable management action taken in a reasonable way by the employer in connection with a worker's employment
- a worker's expectation or perception of reasonable management action being taken against a worker
- action by the authority or an insurer in connection with a worker's application for compensation.

For the period 1/1/2010-30/6/2013 -

387 WorkCover claims lodged with injury nature of Depression or Anxiety/Depression during this period. 111 of the claims that were lodged were accepted by WorkCover Queensland. (Source – WorkCover Queensland claims data – current as at 30 June 2013).

If a worker has an accepted claim with WorkCover, they may access a range of entitlements including:

- Weekly Compensation for lost wages
- Medical, surgical and hospital expenses
- Medication
- Rehabilitation treatment, equipment and services.

Employee Assistance Program

Queensland Health provides professional short term counselling for up to six sessions per calendar year for employees and their immediate family. This confidential service can be accessed through a self-referral program available 24 hours a day, seven days a week, and 365 days a year, at no cost to the employee.

Counselling is provided by Employee Assistance professionals within a short-term, solution-focused model that incorporates flexibility to accommodate the specific requirements of all Queensland Health districts and divisions, including referral for ongoing support, as Employee Assistance recognises that this service does not include long-term therapy.

This program is voluntary through a self-referral system. However, managers and colleagues are encouraged to refer staff where appropriate as an additional resource for employees. The decision to attend remains solely with the employee requiring assistance.

Counselling covers a wide variety of personal and work-related issues that may adversely affect an employee's work performance, such as:

- interpersonal conflicts
- relationships and family problems
- emotional stress and depression
- grief, bereavement, loss
- financial and legal issues
- drug and alcohol problems
- gambling problems
- life-threatening/serious illness
- career concerns
- work environment problems.

Information in relation to the Employee Assistance program can be found in Attachment 4 http://qheps.health.qld.gov.au/eap/docs/EA_Brochure.pdf

For the period 1/1/2010-30/6/2013

Year	Employees identifying Depression as the primary reason for seeking EAP.	Employees identifying Depression as an impact of other issues being experienced
2010	155	No data available
2011	135	208
2012	117	188
2013	51*	69*

*Data available up until 31 May 2013.



EMPLOYEE SUPPORT - **The new year** brings with it a number of opportunities, challenges and potential change for all employees. The ongoing implementation of National Health and Hospitals Reform will continue in 2013 and the resulting restructures and potential change can create uncertainty at times. The Queensland Health Employee Assistance services will provide support through this process to individual employees, their families and managers.

Queensland Health provides professional short term counselling for up to six sessions per calendar year for employees and their immediate family. To help you to decide what support services are most appropriate for you please view the [locate your service page](#). This confidential service can be accessed through a self-referral program available 24 hours a day, seven days a week, and 365 days a year, at no cost to you.

You can contact support on 1300 361 008 (24/7). Any enquiries can be emailed to EAP@health.qld.gov.au

NATURAL DISASTERS - With storm season approaching it is important to be as prepared as possible. If you find that you have been affected remember counselling is available for you and your immediate family by calling **1300 361 008 (24/7)**

PAY ISSUES - If you experience **issues with your pay** please advise your direct line manager immediately. You can also contact the **Statewide Hotline on 1800 239 074** (8am-6pm, Monday to Friday).

Welcome to the Employee Assistance home page

Our purpose is our people. Our focus is you.

Queensland Health is committed to protecting and improving the health and wellbeing of all Queensland Health employees and their immediate family by providing employee assistance.

Queensland Health Employee Assistance offers the following free and confidential support services and programs:

counselling	manager assist	crisis response services
<ul style="list-style-type: none"> Professional short-term counselling Up to six (6) sessions per calendar year for employees and the immediate family members Confidential Self-referral 24 hours a day, 7 days a week, 365 days a year – at no cost to you Covers a wide range of personal and work related issues 	<ul style="list-style-type: none"> Specialist advisory service for QH managers and supervisors at any time Specifically designed to proactively support people management Assists you to develop strategies to complement existing strengths Provides a range of techniques to assist in problem-solving Develops skills through supportive language, holding successful but difficult conversations and how best to support your staff 	<ul style="list-style-type: none"> Provides immediate services to any sudden or traumatic event that impact on a person's physical and emotional state Delivered by professionals to minimise individual and organisational risk Based on current best practice models (Australian Centre for Post Traumatic Mental Health) Available 24 hours a day, 7 days a week, 365 days a year

To assist us with quality assurance and continuous improvement, we encourage all employees who have accessed Employee Assistance services and programs to complete our **fully confidential** [feedback survey](#).

Quick links

- counselling
- manager assist
- crisis response services
- locate your support
- disaster management
- feedback

Important updates

New [Manager Assist](#) and [Crisis Response Service](#) Information sheets

[Employee Assistance resources](#) are now available under the [Resources](#) tab.

counselling

our purpose is our people,
our focus is you



Counselling: Employee Assistance

Queensland Health provides professional short term counselling for up to six sessions per calendar year for employees and their immediate family. This confidential service can be accessed through a self-referral program available 24 hours a day, seven days a week, and 365 days a year, at no cost to you.

Counselling is provided by Employee Assistance professionals within a short-term, solution-focused model that incorporates flexibility to accommodate the specific requirements of all Queensland Health districts and divisions, including referral for ongoing support, as EA recognises that this service does not include long-term therapy.

This program is voluntary through a self-referral system. However, managers and colleagues are encouraged to refer staff where appropriate as an additional resource for employees. The decision to attend is solely yours.

Counselling covers a wide variety of personal and work-related issues that may adversely affect an employee's work performance, such as:

- interpersonal conflicts
- relationships and family problems
- emotional stress and depression
- grief, bereavement, loss
- financial and legal issues
- drug and alcohol problems
- gambling problems
- life-threatening/serious illness
- career concerns
- work environment problems.

You can feel safe in the knowledge that when you contact any one of our providers listed under [Locate Your Support](#) that these services are confidential.

For more information on counselling, please read the [Frequently Asked Questions](#).

Feedback on counselling can be provided through our fully confidential [feedback survey](#).

Quick links

- [counselling](#)
- [manager assist](#)
- [crisis response services](#)
- [locate your support](#)
- [disaster management](#)
- [feedback](#)



[Employee Assistance Brochure](#)
(590KB)

Review Date: 14 November, 2013.



Queensland Government

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For information contact: EAP
EAP@health.qld.gov.au

Workplace Rehabilitation and Return to Work Policy

Policy Statement

As an accredited employer for workplace rehabilitation the department supports employees to return to work in the event of an injury or illness which interferes with the performance of their usual duties.

Intent of this policy

The intent of this policy is to ensure:

- a culture of early intervention and workplace rehabilitation in the event of injury or illness, including non-work related conditions
- rehabilitation process supports all ill or injured employees' timely, safe and sustainable return to work
- employees participating in the rehabilitation process are treated with confidentiality, respect and equity.

Scope

This policy applies to all Queensland Health employees (permanent, temporary and casual).

Principles

This Workplace Rehabilitation Policy:

REHABILITATION: Commits to consistent support of workplace rehabilitation and return to work programs for all employees in the event of injury or illness, including non-work related conditions, where reasonably practicable.

RIGHTS: Commits Queensland Health to comply with legislative obligations associated with workers' compensation rehabilitation cases, in conjunction with the workers' compensation insurer.

INFORMATION: Commits to informing Queensland Health staff and management of their responsibilities associated with the rehabilitation and return to work process.

FAIRNESS: Commits to providing injured or ill employees with agreed duties that are consistent with the employee's capabilities.



CONSISTENCY: Commits to following the return to work hierarchy where, subject to medical advice, a return to the same (pre-injury) job with the same employer is the primary goal.

SUPPORT: Commits all parties to work together to achieve durable return to work outcomes for injured or ill employees.

CONFIDENTIALITY: Commits to maintaining confidentiality of rehabilitation information relating to employees.

Legislative or other Authority

- 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)
- Information Privacy Act 2009

Related policy or documents

- Code of Conduct for the Queensland Public Service
- Queensland Health Workers' Compensation Review and Appeals Policy
- Queensland Health Workers' Compensation Review and Appeals Implementation Standard
- Queensland Health Human Resources Policy G3 – Reasonable Adjustment
- Queensland Health Human Resources Policy E11 – Medical Examination of Employee
- Queensland Health Information Security Standards

Supporting documents

- Implementation Standard for Workplace Rehabilitation and Return to Work
- Procedure for Workplace Rehabilitation and Return to Work
- Procedure for Workers' Compensation Insurance and Employee Entitlements
- Your Return to Work brochure

Review

This policy is due for review on: 01 September 2014 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 June 2012

Supersedes: QH-POL-276-2012 Workplace Rehabilitation and Return to Work Policy V1.0

Approval and Implementation

Policy Custodian

Adam Williams, Senior Director Organisational Health, System Support Services Division

Responsible Executive Team Member:

Lyn Rowland, Chief Human Resources Officer, System Support Services Division

Approving Officer:

Lyn Rowland, Chief Human Resources Officer, System Support Services Division

Approval date: 01 December 2012

Effective from: 01 December 2012

Definitions of terms used in this policy and supporting documents

Term	Definition / Explanation / Details	Source
Employee / Worker	An employee of Queensland Health (permanent, temporary or casual), who has sustained a personal injury or illness, either work-related or non work-related.	Queensland Health
Employer	An employer means Queensland Health. The employing District at the time of the injury/illness, remains responsible for the compensation and rehabilitation of the injured/ill worker.	Queensland Health
Work Related Injury/Illness	A personal injury or illness arising out of, or in the course of, employment if the employment is a significant contributing factor to the injury.	Workers' Compensation and Rehabilitation Act 2003 (s 32 (1))

Non-Work Related Injury/Illness	All other injuries or illnesses which do not meet the definition of work related injury/illness.	Queensland Health
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 and Rehabilitation Act 2003 (s 9)

Queensland Health is an accredited employer for workplace rehabilitation and will support employees to return to work in the event of an injury or illness which interferes with the performance of their usual duties.

Standard # QH-IMP-276-2:2012

Workplace Rehabilitation and Return to Work Policy

Implementation Standard for Workplace Rehabilitation and Return to Work

1. Purpose

This Implementation Standard identifies the minimum requirements that evidence the implementation of the Workplace Rehabilitation and Return to Work policy.

It also identifies the responsibilities (and audit criteria) of individual positions in relation to these requirements.

2. Scope

This Standard applies to all Queensland Health employees, (permanent, temporary and casual).

3. Supporting documents

Authorising Policy:

- Workplace Rehabilitation and Return to Work Policy

Protocols, Procedures, Guidelines

- Procedure for Workplace Rehabilitation and Return to Work
- Procedure for Workers' Compensation Insurance and Employee Entitlements.

Forms and templates

- Worker Authorisation Form (Guides and More)
- Workplace Rehabilitation Work Capability Form (Guides and More)
- Workplace Rehabilitation Suitable Duties Plan (Guides and More)
- Workplace Rehabilitation Progress Review Form (Guides and More)



- Process Flow for Non-Work Related Injuries/Illnesses (Attachment A, Procedure for Workplace Rehabilitation and Return to Work)
- Host Employment Program Agreement (Guides and More)
- Workplace Rehabilitation Evaluation Survey (Guides and More)

4. 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)*
- Queensland Health Human Resources Policy – Reasonable Adjustment QH-POL-210:2008
- Queensland Health Human Resources Policy – Medical Examination of Employee QH-POL-170:2009
- Code of Conduct for the Queensland Public Service
- Queensland Health Worker's Compensation Review and Appeals Policy and associated Implementation Standard
- Queensland Health Information Security Standards

5. Requirements

5.1 Overview

- 5.1.1 The Director of Safety and Wellbeing shall ensure that Queensland Health maintains an accredited Workplace Rehabilitation System.
- 5.1.2 The Director of Safety and Wellbeing shall ensure that Queensland Health is insured, and remains insured, for all work related injuries and illnesses.
- WorkCover Queensland has allocated individual Workers' Compensation Insurance Policies for Corporate Office and each Hospital and Health Service (HHS).
 - WorkCover Queensland has allowed the Insurance Policy for each HHS to include the employees of the Hospital and Health Boards.
- 5.1.3 The person responsible for staff covered under each Insurance Policy shall ensure:
- implementation of the Workplace Rehabilitation and Return to Work Policy and associated documents

- accredited Rehabilitation and Return to Work Coordinators are available to support implementation of the Workplace Rehabilitation and Return to Work Policy and associated documents.

5.1.4 Return to work goals shall be prioritised according to the return to work hierarchy as follows:

- 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 host employment/deployment
- 6) seek a return to work option through the insurer with a different employer.

5.2 Workplace Rehabilitation System

5.2.1 The four stages for managing work related and non-work related injury/illness absences are:

Stage 1 – Immediate Support and Administrative Processes

Stage 3 – Planning for Return to Work

Stage 4 – Implementing and Managing the Return to Work Plan

Stage 5 – Evaluating and Reviewing Return to Work Outcomes.

5.2.2 Upon notification of an injury or illness affecting an employee's capacity to perform their duties, the Occupational Health and Safety Manager via the Rehabilitation and Return to Work Co-ordinator (RRTWC) shall ensure the Workplace Rehabilitation System processes and procedures and associated documents shall be followed.

5.3 Stage 1 - Immediate Support

5.3.1 All injured employees shall be offered immediate first aid in the event of injury/illness in the workplace.

5.3.2 Line Managers/Supervisors shall encourage injured employees to access medical treatment as required.

5.3.3. Line Managers/Supervisors shall ensure that injured employees are returned home safely after a workplace incident which has led to an injury/illness.

5.3.4 Both the employee and the Line Manager/Supervisor shall report the workplace incident via completing the Workplace Incident Report Form.

5.4 Stage 1 – Administrative Processes

5.4.1 When a co-ordinated rehabilitation process is required for work or non-work related injuries/illnesses, the Line Manager/Supervisor shall immediately notify the local OHS Unit.

5.4.2 The local OHS Manager shall allocate a Rehabilitation and Return to Work Coordinator to co-ordinate the rehabilitation process.

- 5.4.3 The RRTWC shall contact the injured/ill employee as soon as notified of the need for a managed RRTW process.
- 5.4.4 The Line Manager/Supervisor, or delegate, shall maintain communication with the injured employee throughout the rehabilitation process.
- 5.4.5 A rehabilitation file shall be created and maintained for each employee undertaking rehabilitation and shall contain copies of all relevant documentation as per the Workers' Compensation and Rehabilitation Regulation 2003.
- 5.4.6 The RRTWC shall invite the employee to complete the 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 to return to work.
- 5.4.7 Where an authority is not provided, return to work planning shall still be initiated through communication with the insurer in compensable cases and through further communication with the employee in all cases.

5.5 Stage 2 - Planning for Return to Work

- 5.5.1 The purpose of planning for return to work is to ensure a co-ordinated, safe and sustainable return to work for injured/ill workers.
- 5.5.2 The agreed return to work plan shall identify a specific return to work goal that matches the employee's capabilities and shall be meaningful and relevant to the employee's underlying skills and abilities.
- 5.5.3 When planning return to work the RRTWC shall communicate with key parties, including the injured employee, to co-ordinate the return to work and shall document the suitable duties program on the Workplace Rehabilitation Suitable Duties Program Form, mandated as part of the Workplace Rehabilitation System accredited by Q-COMP..
- 5.5.4 The suitable duties program shall incorporate the following elements:
 - 5.5.4.1 The suitable duties program shall be developed incorporating restrictions outlined in the medical certificate.
 - 5.5.4.2 The suitable duties program shall be agreed to by the treating medical practitioner, the injured employee, the line manager/supervisor, and the RRTWC.
 - 5.5.4.3 The RTW plan shall be implemented when the Treating Medical Practitioner provide endorsement of the suitable duties program.
 - 5.5.4.4 The RRTWC shall confirm with all parties the commencement date of the suitable duties program, confirmed duties and any relevant restrictions.
 - 5.5.4.5 The line manager/supervisor shall implement an induction process for all employees returning to the workplace following injury/illness. The induction shall ensure that the employee is

familiar with the workplace, any duties that comprise the suitable duties program and shall discuss risk management controls implemented to prevent re-injury.

5.5.4.6 The line manager/supervisor shall be responsible for ensuring meaningful suitable duties are available, wherever practicable. If not practicable, the line manager/supervisor shall liaise with other managers/supervisors to identify a suitable host option, in consultation with the RRTWC.

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

5.5.5 If further clarification of the medical restrictions are required, further communication with the treating medical practitioner should occur and may include requesting completion of the Workplace Rehabilitation Work Capability Form.

5.5.6 The primary rehabilitation goal, subject to medical advice, shall be to return the injured employee to their usual (pre-injury) role in their usual workplace, in accordance with the return to work hierarchy.

5.5.7 As part of return to work planning, key parties shall meet to resolve issues, identify any barriers to returning to work and discuss potential strategies to address the barriers. Special requirements such as modified equipment, training, supernumerary arrangements and temporary reasonable adjustment may be considered and implemented where required prior to, or during, the return to work plan.

5.6 Stage 3 – Implementing and Managing the Return to Work (RTW) Plan

5.6.1 The RRTWC is primarily responsible for planning return to work.

5.6.2 The line manager/supervisor shall also monitor the employee's progress and ensure the employee is coping with the approved duties.

5.6.3 Any concerns about the employee's progress shall be immediately reported by the line manager/supervisor and/or employee to the RRTWC, who shall oversee the process and notify the Treating Medical Practitioner, with a view to reviewing the program.

5.6.4 As suitable duties programs are time limited (generally no longer than four weeks) a cycle of planning, implementing and reviewing programs shall regularly occur until the agreed return to work goal is achieved.

5.6.5 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, host employment, deployment and redeployment.

- 5.6.6 Reasonable adjustment in a rehabilitation context shall involve, where necessary and reasonable to do so, temporary modifications and adjustments to the workplace, or changes in work practices and roles to support ongoing participation, in accordance with Queensland Health Human Resources Policy – Reasonable Adjustment QH-POL-210:2008
- 5.6.7 Host employment with a different department, different Hospital and Health Service (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. 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 this process.
- 5.6.8 For the duration of the host employment placement, a Host Employment Program Agreement shall be documented.
- 5.6.9 For the duration of the host employment placement, an agreed Workplace Rehabilitation Suitable Duties Program shall also be documented.
- 5.6.10 Employees 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 HR processes.
- 5.6.11 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 – e.g. hours/duties permanently modified through consultation with all parties
 - where the suitable duties program is not progressing – e.g. hours/duties not increasing towards pre-injury role
 - where a safe and sustainable return to work cannot be achieved e.g. significant concerns exist regarding the worker's safety
 - no further rehabilitation goals identified e.g. ill health prevents an outcome for return to work.
- 5.6.12 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/Supervisor, for management under the Queensland Health Human Resources Policies– Reasonable Adjustment QH-POL-210:2008 and/or Medical Examination of Employee QH-POL-170:2009.
- 5.6.13 The RRTWC shall provide handover information to the relevant HR Unit, in accordance with confidentiality requirements, as defined in the Workers' Compensation and Rehabilitation Regulation.

5.7 Stage 4 – Evaluating and Reviewing Return to Work Outcomes



- 5.7.1 The rehabilitation and return to work process and activities across Queensland Health shall be subject to an ongoing evaluation and review process.
- 5.7.2 The RRTWC shall initiate a case closure interview with all relevant parties, preferably in the workplace, to ensure all matters are resolved to the satisfaction of the key parties prior to closing the rehabilitation case file.
- 5.7.3 The Workplace Rehabilitation Evaluation Survey or another outcome survey shall be provided to the injured worker and their Line Manager/Supervisor for completion.
- 5.7.4 The RRTWC shall summarise and document data derived from the case closure interview and other methods and include in the rehabilitation file and provide general feedback to all relevant parties.

5.8 Managing Non-Work Related Injuries/Illnesses

- 5.8.1 Queensland Health shall offer workplace rehabilitation to employees with non-work related injuries/illnesses, where reasonably practicable. (Refer to Attachment A in Procedure for Workplace Rehabilitation and Return To Work, for Process Flow for Non-Work Related Injuries/Illnesses).
- 5.8.2 Participation in the workplace rehabilitation process is voluntary for workers who have sustained a non-work related injury/illness.

5.9 Confidentiality and Use of Worker's Compensation Information

- 5.9.1 The RRTWC shall access employee information in accordance with legislation and the Code of Conduct for the Queensland Public Service.
- 5.9.2 Workplace Rehabilitation files shall be stored in a non-portable secure location in the local OHS Unit. Information stored electronically shall be password protected and managed in accordance with the Queensland Health Information Security Standards.

5.10 Worker's Compensation Entitlements

- 5.10.1 All Queensland Health employees (permanent, temporary and casual), can apply for workers' compensation benefits in the event of injury or illness. Eligibility requirements are defined in the Workers' Compensation and Rehabilitation Act 2003.
- 5.10.2 Certain categories of staff, e.g. private Medical Practitioners paid as a company/incorporated bodies, are not considered 'workers' under the Workers' Compensation and Rehabilitation Act 2003, and are not covered by Queensland Health's Workers' Compensation Insurance.
- 5.10.3 Queensland Health is committed to providing rehabilitation for injured/ill employees irrespective of the employee's entitlement to compensation.

5.11 Remuneration

- 5.11.1 The injured employee shall ensure their medical certificate remains current during participation in workplace rehabilitation.



- 5.11.2 The line manager/supervisor shall provide the appropriate payroll hub with accurate information pertaining to the employee's hours of work during the RRTW process to ensure correct payment of wages.
- 5.11.3 Queensland Health shall continue to pay an employee directly whilst they are receiving Workers' Compensation benefits. Employees may access their leave entitlements prior to claims determination.
- 5.11.4 Queensland Health shall pay employees with non-work related injuries/illnesses for all hours worked during the voluntary participation phase of their rehabilitation and return to work process.
- 5.11.5 In the event of a QSuper claim, QSuper shall commence paying entitlements where an income protection insurance claim has been accepted.

6. Review

This Implementation Standard is due for review on: 01 September 2014 or subject to changes in legislation, organisational activities, or OHS performance. Notwithstanding this Implementation Standard remains in force until such time as it is revoked.

Date of Last Review: 09 January 2013

Supersedes:

- QH-IMP-276-2:2012 Workplace Rehabilitation and Return to Work Implementation Standard Version 1.1

7. Business Area Contact

Safety and Wellbeing, System Support Services Division

8. Responsibilities

Position	Responsibility	Audit criteria
Director-General and Health Service Chief Executive.	<ul style="list-style-type: none"> • Implementation of Workplace Rehabilitation and Return to Work Policy and associated documents. • Accredited RRTWCs are available to support implementation of the Workplace Rehabilitation and Return to Work Policy and associated documents. 	<ul style="list-style-type: none"> • Internal Audit Program • Q-COMP Rehabilitation and Return to Work Accreditation
Director, Safety and Wellbeing	<ul style="list-style-type: none"> • Ensure policies and procedures for Workplace Rehabilitation are provided to Q-COMP and are maintained and reaccredited 	<ul style="list-style-type: none"> • Q-COMP Certificate of Accreditation for Queensland Health

	<p>every three years to ensure continued compliance with the <i>Workers' Compensation and Rehabilitation Act</i> (2003).</p> <ul style="list-style-type: none"> • Ensure that Queensland Health is insured, and remains insured for all work related injuries and illnesses, with WorkCover Queensland, the personal accident insurer for workers' compensation. • Ensure that all wages and amounts of remuneration paid to workers be declared annually to WorkCover for the purposes of an annual calculation of premium. 	<p>(Workplace Rehabilitation Accreditation # 16443).</p> <ul style="list-style-type: none"> • Certificate of currency (available through workers' compensation insurer website portal: employer On-Line) • Records of wages declarations submitted to WorkCover Queensland
Injured Worker	<ul style="list-style-type: none"> • Ensure that their medical certificates remain current during participation in workplace rehabilitation, and communicate with the Employer on renewal of medical certificates. • Participate in the rehabilitation process. • Ensure duties performed on a return to work plan comply with medical restrictions. 	<ul style="list-style-type: none"> • Currency of medical certification recorded in Workplace rehabilitation file. • Records of Suitable Duties Programs on Workplace rehabilitation file.
Line Manager	<ul style="list-style-type: none"> • Make available and support Suitable Duties Programs, and ensure duties performed by worker comply with medical restrictions • Provide the appropriate payroll hub with accurate information pertaining to the worker's hours of work during the RRTW process to ensure correct payment of wages 	<ul style="list-style-type: none"> • Records of Suitable Duties Programs on Workplace rehabilitation files. • Records of Attendance Variation and Allowance Claim forms submitted to Payroll
Queensland Health Payroll	<ul style="list-style-type: none"> • Pay employees directly whilst they are receiving WorkCover benefits. 	<ul style="list-style-type: none"> • Queensland Health Payroll Report
Rehabilitation and Return To Work Coordinator	<ul style="list-style-type: none"> • Ensure the Workplace Rehabilitation System processes and procedures and associated documents are followed. • Ensure legislative compliance is maintained with respect to confidentiality and use of worker's compensation information 	<ul style="list-style-type: none"> • Records of Workplace rehabilitation files. • Audit of Workplace rehabilitation files to verify storage, use, access compliance with the Workers' Compensation and Rehabilitation Act and Regulation 2003.

9. Definitions of terms used in this policy and supporting documents

Term	Definition / Explanation / Details	Source
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Employee / Worker	An employee of Queensland Health (permanent, temporary or casual), who has sustained a personal injury or illness, either work-related or non work-related.	Queensland Health
Employer	The employer means Queensland Health. When used in relation to financing rehabilitation costs, it means the local work unit such as Hospital and Health Service.	Queensland Health
Work Related Injury/Illness	A personal injury or illness arising out of, or in the course of, employment if the employment is a significant contributing factor to the injury.	Workers' Compensation and Rehabilitation Act 2003 (s 32 (1))
Non-Work Related Injury/Illness	All other injuries or illnesses which do not meet the definition of work related injury/illness.	Queensland Health
Event (Workplace Rehabilitation)	An event is anything that results in injury or illness, including latent onset injury, to a worker.	Workers' Compensation and Rehabilitation Act 2003 (s 31(1))
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 return to work. A Host Employment Placement may be arranged, for a time limited period, with a different work unit and/or HHS within Queensland Health, or with a different (external) employer, with the aim of returning the injured employee to their pre-injury work unit and position when the host employment rehabilitation program is complete.	Queensland 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 (s 35, 36)
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.	Anti-Discrimination Act 1991 (s 35, 36)
Independent Medical Examination (IME)	An HR process involving the employer's referral of the worker, under the <i>Public Service Act</i> to a medical practitioner or specialist for an independent review of their capabilities relative to safe and sustainable employment.	Public Service Act 2008 (Part 7, s 175)
Insurer	WorkCover Queensland, Queensland Health's workers' compensation insurer.	Workers' Compensation and Rehabilitation Act 2003 (s 380)
Income Protection Insurer	QSuper, Queensland Health staff's income protection	Queensland Health

	insurer, or other insurer.	
Regulator	Q-COMP, the Queensland workers' compensation industry regulatory authority. (Q-COMP is an independent statutory authority, established on 1 July 2003 under the <i>Workers' Compensation and Rehabilitation Act 2003</i> to oversee Queensland's workers' compensation scheme).	Workers' Compensation and Rehabilitation Act 2003 (s 326)
Suitable Duties Plan	In relation to a worker, are work duties for which the worker is suited, having regard to the following matters: <ul style="list-style-type: none"> a. the nature of the worker's incapacity and pre-injury employment b. relevant medical information c. the rehabilitation and return to work place for the worker d. the provisions of the employer's workplace rehabilitation policy and procedures e. the worker's age, education, skills and work experience f. 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 g. any other relevant matters. 	Workers' Compensation and Rehabilitation Act 2003
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 and Rehabilitation Act 2003 (s 9)

10. Approval and Implementation

Policy Custodian

A. Williams, Senior Director, Organisational Health, System Support Services Division

Responsible Executive Team Member:

Lyn Rowland, Chief Human Resources Officer, System Support Services Division

Approving Officer:

Lyn Rowland, Chief Human Resources Officer, System Support Services Division

Approval date: 01 February 2013

Effective from: 01 February 2013



Workplace Rehabilitation and Return to Work Policy

Procedure for Workplace Rehabilitation and Return to Work State-wide Distribution

Custodian/Review Officer: Senior Director, Organisational Health

Version no: 1.2

Applicable To: All Queensland Health employees (permanent, temporary and casual).

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Authority: Lyn Rowland, Chief Human Resources Officer, System Support Services Division

Approving Officer

Name

Lyn Rowland, Chief Human Resource Officer, System Support Services Division

Supersedes: V1.1

Key Words: Rehabilitation, Early Treatment, Return to Work, Reasonable Adjustment, WorkCover

Accreditation References:

QCOMP Workplace Rehabilitation Accreditation # 16443

1. Purpose

This Procedure describes the processes for the management of workplace rehabilitation for both work and non-related injury/illnesses.

2. Scope

This Procedure applies to all Queensland Health employees (permanent, temporary and casual).

This Procedure also applies to all employees of the Hospital and Health Boards.

3. Supporting documents

Authorising Policy and Standard/s:

- Workplace Rehabilitation and Return to Work Policy
- Implementation Standard for Workplace Rehabilitation and Return to Work

Procedures, Guidelines, Protocols

- Procedure for Workers' Compensation Insurance and Employee Entitlements.

Forms and templates

- Process Flow for Non-Work Related Injuries/Illnesses (Attachment A)
- Host Employment Program Agreement (Guides and More)
- Worker Authorisation Form (Guides and More)
- Workplace Rehab Progress Review Form (Guides and More)



- Workplace Rehab Evaluation Survey (Guides and More)
- Workplace Rehab Suitable Duties Plan (Guides and More)
- Workplace Rehab Work Capability Form (Guides and More)

4. 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)*
- Queensland Health Corporate Human Resources Policy – Reasonable Adjustment QH-POL-210:2008.
- Queensland Health Human Resources Policy – Medical Examination of Employee QH-POL-170:2009.
- Code of Conduct for the Queensland Public Service
- Queensland Health Workers' Compensation Review and Appeals Policy and associated Implementation Standard
- Queensland Health Information Security Standards
- Q-COMP Application for Compensation Claim Form
- QSuper Income Protection Benefit Claim Form
- Information Privacy Act 2009

5. Procedure for Workplace Rehabilitation and Return To Work

The four phases of the Workplace Rehabilitation System collectively fulfil the mandatory Q-COMP accreditation requirements for Workplace Rehabilitation Policy and Procedures (Workplace Rehabilitation Accreditation # 16443).

5.1 Stage One – Immediate Support and Initial Administrative Processes

5.1.1 Immediate Assistance

- 5.1.1.1 Injured/ill employees shall be offered immediate medical assistance in the event of injury/illness in the workplace. Assistance may be provided by way of first aid at the accident scene or local work area, attendance at an accident and emergency facility or local private medical practice.
- 5.1.1.2 Employees are entitled to seek ongoing medical treatment from the treating medical practitioner of their choice. If the employee is unable to see their preferred Doctor on the day of injury/illness, a consultation

may be arranged with an alternative Medical practitioner to ensure immediate treatment and preservation of compensation entitlements.

- 5.1.1.3 Further information relating to first aid arrangements may be obtained through the Implementation Standard for Additional Risk Categories.

5.1.2 Duty of Care - Safe Return Home After Injury

- 5.1.2.1 Line managers/Supervisors shall ensure that injured/ill employees are returned home safely after a workplace incident which has led to an injury/illness.
- 5.1.2.2 Transport arrangements shall be made on the employee's behalf by their Line Manager/Supervisor where the employee's capacity to travel safely cannot be established.

5.1.3 Reporting Injuries/Illnesses

- 5.1.3.1 Injured/ill employees shall report all incidents on the Queensland Health Workplace Incident Report Form.
- 5.1.3.2 Line Managers/Supervisors shall:
- support injured/ill employees in completing and submitting the Queensland Health Workplace Incident Report Form
 - investigate, or ensure investigations occur for all incidents reported by employees and determine appropriate corrective actions within 48 hours of receiving notification.
- 5.1.3.3 The local Occupational Health and Safety (OHS) Unit shall:
- provide support to all key parties throughout the incident reporting process
 - review and record all reported Workplace Incidents within the Incident Management System (IMS.Net)
 - liaise with Line Managers/Supervisors and injured/ill employees, as necessary, including during any investigation and the formulation of appropriate control measures to ensure the future risk is eliminated.
- 5.1.3.4 Further information relating to incident reporting may be obtained through the Implementation Standard for Incident Management.

5.1.4 Effective Early Communication

- 5.1.4.1 All parties shall promote timely and effective communication throughout all stages of the rehabilitation and return to work process.
- 5.1.4.2 The employee's Line Manager/Supervisor, or nominated delegate, shall initiate and maintain communication with the injured employee throughout the rehabilitation and return to work process.
- 5.1.4.3 The employee shall communicate with their employer throughout the rehabilitation and return to work process, and specifically at the time of:



- submission of an application for worker's compensation
- renewal of medical certificates.

5.1.4.4 The employee's immediate Line Manager/Supervisor shall also make contact with their local OHS Unit by telephone or email to advise of the employee's injury/illness and to discuss potential arrangements for rehabilitation and return to work.

5.1.4.5 At the beginning of the rehabilitation and return to work process, the RRTWC shall contact the injured/ill employee to:

- acknowledge receipt of the incident report
- request authority to communicate with the worker's treating medical practitioner
- advise of Queensland Health's commitment to early return to work
- engage the employee in the return to work planning process
- evaluate the employee's individual limitations and requirements for effective participation in the return to work process.

5.1.5 Establishment of the Workplace Rehabilitation File

5.1.5.1 The RRTWC shall create a confidential workplace rehabilitation file as soon as the RRTWC becomes aware of the need for a managed process for rehabilitation and return to work of an injured/ill employee.

5.1.5.2 At this stage, the workplace rehabilitation file shall include:

- a copy of the Workplace Incident Report Form
- case file data page
- case notes
- workers' compensation medical certificate/s
- rehabilitation file summary
- a copy of the Q-COMP Application for Compensation (including Employer's response), or QSuper Income Protection Benefit Claim (including Employer Certification Section)
- a signed Worker Authorisation Form
- any medical and allied health reports pertaining to the case.

5.1.6 Application for Compensation

5.1.6.1 The RRTWC shall:

- assist the employee to complete the approved Workers' Compensation or Income Protection Benefit claim form

- assist the line manager to complete the Workers' Compensation Claim Employer Response section, or Income Protection Benefit Claim Employer Certification section
- forward relevant documentation to the Workers' Compensation Insurer (WorkCover Queensland) or Income Protection Insurer (QSuper) on the employee's or Line Manager/Supervisor's behalf.

5.1.6.2 The injured employee can choose to lodge a claim for worker's compensation directly with the Insurer - either by phone, facsimile, on-line, and/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 lodgement.

5.1.6.3 The workers' compensation Insurer will contact the relevant Queensland Health OHS Unit to advise receipt of the application and to request the Employer Response.

5.1.7 Authority to Obtain Medical Information

5.1.7.1 The RRTWC shall highlight the importance of being able to speak with the employee's treating medical practitioner throughout the rehabilitation and return to work process.

5.1.7.2 The employee shall be invited to complete the Worker Authorisation Form.

5.1.7.3 The signed authority provides the RRTWC with the ability to communicate with the employee's treating medical practitioner and other rehabilitation providers for the purposes of planning for return to work.

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

5.1.8 Medical Certification

5.1.8.1 In the worker's compensation and income protection insurance setting, medical certificates are utilised to legitimise access to compensation benefits, by providing information about the nature of injury sustained, likely period of incapacity, and relevant work capabilities.

5.1.8.2 The injured/ill employee shall ensure that their medical certificates remain current during participation in workplace rehabilitation and shall communicate with the Employer at the time of renewal of medical certificates.

5.1.8.3 Utilising the authority of the employee, the RRTWC shall ask the treating medical practitioner to state what the injured/ill employee can do (rather than what they cannot do) to facilitate an early, safe and meaningful return to work.

- 5.1.8.4 The RRTWC shall provide the treating Medical practitioner with a diverse list of available duties in the injured/ill employees' workplace in conjunction with the Work Capability Form.

5.1.9 Payroll Arrangements for Work Related and Non-Work Related Injuries/Illnesses

- 5.1.9.1 The Line Manager/Supervisor shall provide the payroll hub with accurate information pertaining to the injured employee's hours of work during the rehabilitation process, via submission of Attendance Variation and Allowance Claim (AVAC) forms for the period of time the injured employee is off work and/or has returned to work on reduced or altered hours.
- 5.1.9.2 The Line Manager/Supervisor shall discuss payment options and available entitlements directly with the injured employee prior to providing advice to the payroll hub.
- 5.1.9.3 The payroll hub shall direct all relevant documentation to the injured employee's Line Manager/Supervisor.

5.1.10 Liability Concerns

- 5.1.10.1 As Queensland Health shall 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 employee's absence from the workplace.
- 5.1.10.2 It is the role of the worker's compensation insurer to determine liability for worker's compensation claims. If the Employer has concerns of fact these concerns can be outlined by the Employer to the insurer in the Employer Response section of the WorkCover Claim Form.
- 5.1.10.3 If the employees' compensation claim has already been determined and it is considered that the insurer decision did not have regard to the facts of the case, a review of that decision may be sought by following the mandatory process outlined in the Implementation Standard for Worker's Compensation Review and Appeals.

5.2 Stage Two – Planning for Return to Work

5.2.2 Objectives in Planning for Return to Work

- 5.2.2.1 The purpose of the planning phase of the return to work program is to ensure a coordinated, safe and sustainable return to work for injured/ill employees.
- 5.2.2.2 The role of the RRTWC is to coordinate activities and act as the main point of contact within the workplace for all rehabilitation and return to work matters.
- 5.2.2.3 Effective return to work strategies that can form a suitable duties program may include, though are not limited to:

- modifying the employee's normal duties
- providing alternate duties
- designing a program that features reduced hours
- graduating the program over a number of weeks
- temporarily adjusting pre-injury duties to avoid re-injury.

5.2.3 Treating Medical Practitioner Involvement

- 5.2.3.1 Contact with the treating medical practitioner may be initiated by the RRTWC once the signed Worker Authorisation Form has been obtained.
- 5.2.3.2 The RRTWC should advise the treating medical practitioner of Queensland Health's commitment to workplace rehabilitation and of the availability of suitable duties to support injury recovery in the workplace.
- 5.2.3.3 In the initial contact with the employee's treating Medical practitioner, the RRTWC shall provide:
- the RRTWC's contact details;
 - a copy of the employee's signed authority;
 - the Workplace Rehabilitation Work Capability Form;
 - a list of available suitable duties;
 - the employee's pre-injury duties statement.
- 5.2.3.4 The response received from the treating medical practitioner regarding the employee's capacity to return to work shall enable the RRTWC to develop a Suitable Duties Program for all parties to agree on.
- 5.2.3.5 In instances where further clarification is required from the treating medical practitioner regarding work capacity, the RRTWC shall initiate further verbal or written communication to progress the rehabilitation plan, including consideration of case conferencing with the treating medical practitioner (and other key parties as relevant).
- 5.2.3.6 Should the employee withhold their authority to allow the RRTWC to speak with their treating medical practitioner, planning for suitable duties shall be achieved through the following alternatives:
- Provide a relevant letter and Workplace Rehabilitation Work Capability Form to injured/ill employee to provide to their treating medical practitioner at their next medical consultation.
 - Where a workers' compensation claim is in progress, the RRTWC can make contact with the Insurer to seek their assistance with planning for suitable duties.

5.2.4 Determining Whether the Employee Can Participate in Workplace Rehabilitation

- 5.2.4.1 Early involvement in return to work shall be discussed directly with the treating medical practitioner, who will clarify the employee's work capabilities and confirm appropriate duties given their physical and/or psychological diagnosis.
- 5.2.4.2 Examples of questions for the treating medical practitioner to address:
- What is the nature of the employee's injury?
 - What is the employee's current capacity for work?
 - Can the employee perform any of their usual duties?
 - If the employee is unable to perform any of their usual duties, can they perform any of the activities detailed on the work capability form?
 - What are the relevant physical limitations associated with the employee's injury?
 - Are there any other factors associated with the employee's case which may be likely to impact upon return to work?
- 5.2.4.3 Some variables which have the potential to impact upon the employee's ability to return to work are:
- the employee's residual physical capacity after injury
 - the employee's perception of available support in the workplace
 - the availability and flexibility of suitable duties
 - the treating medical practitioner's awareness of available duties in the workplace
 - the Line Manager/Supervisor's willingness to accommodate the employee given their limitations and supporting their capabilities after injury/illness
 - the support of the work team towards the needs of the employee
 - the priority placed upon return to work in the workplace and the effectiveness of action taken post injury to ensure an early and safe return to work.

5.2.5 Psychological Injuries/Illnesses

- 5.2.5.1 Managing psychological injuries/illnesses within the workplace can be a challenging task for all parties due to the varying complexities of individual cases and due to the complex nature of psychological injuries.
- 5.2.5.2 Planning for return to work when an employee has experienced a psychological injury can involve significant consultation and time. Open, honest and regular communication between key parties is essential to ensure that the employee feels supported.

5.2.5.3 Employees with psychological injuries may take longer to return to work. Whilst there is some complexity in managing psychological injuries, it is important to acknowledge that the process of planning for return to work is the same for both physical and psychological injuries.

5.2.5.4 As workplace conflict can often be a factor in psychological injury presentation, the RRTWC should proceed with sensitivity and discretion throughout the return to work process, having regard for the individual circumstances of each case.

5.2.6 Psychosocial Barriers and Return to work

5.2.6.1 Employees social and community connections as well as events both inside and outside the workplace may effect their motivation and ability to return to return to work.

5.2.6.2 Recognising and addressing the influence of psychosocial factors on individuals is critical in effectively managing workplace injury and ensuring durable return to work outcomes.

5.2.6.3 When planning for return to work, key parties such as the RRTWC, Line Manager/Supervisor (or nominated delegate) and injured/ill employee may meet to discuss potential barriers associated with returning to work – these may include psychosocial factors. The focus of this meeting should be to identify potential barriers and discuss realistic strategies and interventions.

5.2.6.4 Some examples of psychosocial factors which have the potential to impact upon planning for return to work include:

- the injured/ill employees' level of ability to cope with the responsibilities and demands of their work role leading to physical, emotional and psychological stress;
- interpersonal working relationships and the presence of workplace conflict;
- the injured/ill employees' level of engagement and level of motivation towards returning to work;
- perceived level of support from Line Manager/Supervisor and peers;
- personal factors not related to employment such as physical or psychological co-morbidities;
- environmental and cultural factors that influence motivation to return to return to work, including family support and/or competing family priorities during the return to work process;
- the employees' available transferable skills and subsequent availability of meaningful suitable duties.

5.2.7 The following initiatives can assist in addressing and managing the impact of psychosocial factors during the planning for return to work:

- Be aware of indicators for potential psychosocial factors and engage in early discussion with the employee, treating medical practitioner and/or insurer where appropriate.
- Acknowledge the employee's level of stress and/or discomfort, ask about any relevant factors and direct the employee to appropriate support, including employee assistance services (EAS).
- Reassure the employee that Queensland Health is committed to assisting their return to work whether the injury is work-related or not.
- Consider coordinating a return to work planning meeting with the employee and line manager present, to discuss and implement strategies to manage potential psychosocial factors.
- Consider engaging an external rehabilitation provider to assist in identifying and managing any potential concerns.
- Maintain and encourage the employee's social relationship to the workplace.
- Maintain empathy and support in the knowledge that some employees may be experiencing feelings of helplessness and anger during the return to work process.

5.2.8 Negotiating Suitable Duties

- 5.2.8.1 Suitable duties shall accommodate what the injured/ill employee is physically capable of achieving and what they are appropriately skilled to do.
- 5.2.8.2 Effective planning for suitable duties shall encompass discussions between the injured/ill employee and their Line Manager/Supervisor and incorporate modified, selected or alternate duties.
- 5.2.8.3 The following questions will assist in negotiating suitable duties:
- What pre-injury tasks is the employee capable of performing?
 - What restrictions has the treating medical practitioner placed upon the injured/ill employee?
 - Can the pre-injury tasks be modified to accommodate the employee's current limitations?
 - Has the injury impacted upon the employee's ability to travel to/from work and does the employee require travel assistance to return to work?
 - What special considerations will need to be made in relation to the employee's age, education, skills and work experience?
 - Are there any other duties available in the workplace aside from the employee's usual duties?

- Is there any suitable work available in the employee's usual workplace?
 - If there are no available duties in the employee's usual workplace, what other workplaces within the organisation are likely to provide the necessary opportunities for an early return to work?
- 5.2.8.4 Suitable duties shall be meaningful and relevant to the employee's underlying skills and abilities. To assist with identification of suitable duties, a Workplace Rehabilitation Work Capability Form shall be forwarded to the treating medical practitioner, along with a duties statement for their consideration.
- 5.2.8.5 When advice about work capabilities has been received from the treating medical practitioner, the RRTWC shall develop a Workplace Rehabilitation Suitable Duties Program (SDP).
- 5.2.8.6 The RRTWC shall:
- consult with key parties,
 - clarify roles and responsibilities
 - obtain agreement on the proposed SDP.
- 5.2.8.7 The SDP shall be returned to the treating Medical practitioner for final comment and approval.
- 5.2.8.8 Where an SDP is unable to be developed due to the complex nature of the employees' injuries and/or individual circumstances, other avenues to identify the injured/ill employees' capacity could include:
- engaging an external provider such as an occupational therapist to establish the employee's physical/functional capacity
 - engaging a psychologist to establish the employee's cognitive/psychological capacity
 - where insurance funding is available (e.g. Workers' Compensation or Income Protection), the RRTWC may consider requesting funding support for these services.
- 5.2.8.9 The Line Manager/Supervisor shall be responsible for ensuring meaningful suitable duties are available, wherever practicable. If not practicable, the Line Manager/Supervisor shall liaise with other Managers/Supervisors to identify a suitable host option, in consultation with the RRTWC.
- 5.2.8.10 If suitable duties are not supported by the employee's Line Manager/Supervisor, the following actions may be considered:
- inform the Line Manager/Supervisor of their obligation to provide suitable duties for all work and non-work related injuries
 - seek advice from OHS practitioners

- arrange for a case conference involving the employee and their Line Manager/Supervisor and any of the following parties as relevant - OHS manager, HR officer, insurer, treating medical practitioner and/or relevant allied health professional.

5.2.8.11 If the above actions do not result in appropriate commitment, seek assistance and support from senior management.

5.2.9 Work Capability Assessment

5.2.9.1 The work capability assessment can be conducted by the treating medical practitioner or an external provider such as an occupational therapist or physiotherapist.

5.2.9.2 The work capability assessment evaluates the employee's functional and physical ability to meet the demands of their normal work. The work capability assessment assists by:

- determining the employee's physical or psychological ability to perform meaningful work
- guiding the program by matching the employee's functional capacity with available duties in the workplace
- providing an objective measure of progress throughout the program
- providing a permanent record of progress and relevant achievements throughout the duration of the program.

5.2.9.3 Once objective data has been obtained relating to the employee's capabilities, a tailored list of tasks suitable for the employee can be formulated. Some or all of these duties can be combined to formulate a suitable duties program, where the employee's treating medical practitioner is in agreement.

5.2.9.4 The optimal outcome for return to work is to return the injured/ill employee to their pre-injury duties. If injury incapacity temporarily prevents a return to pre-injury duties, the RRTWC shall seek an alternative option to allow the employee to participate.

5.2.9.5 Return to work goals are detailed below in order of priority:

1. Return the employee to their usual (pre-injury) job, in their usual workplace
2. Return the employee to a different job, in their usual workplace
3. Return the employee to their usual job, in a different workplace
4. Return the employee to a different job, in a different workplace
5. Seek a return to work option through host employment/deployment
6. Seek a return to work option through the insurer with a different employer.

- 5.2.9.6 Workplace rehabilitation is focussed upon returning the injured/ill employee to their pre-injury duties and it is not intended as an opportunity for career change. However, if it is medically identified that the employee is permanently incapacitated for their substantive role, host employment and/or deployment should be explored as soon as possible.

5.2.10 Identify any Special Requirements

- 5.2.10.1 Special requirements such as modified equipment, training, supernumerary arrangements and temporary reasonable adjustment may be considered and implemented where required prior to or during the return to work plan.
- 5.2.10.2 Where an employee is presenting with complex physical or psychological injuries it may be beneficial to engage the services of an external rehabilitation provider to case manage the return to work process.
- 5.2.10.3 Some examples of appropriate arrangements relating to special requirements are:
- orienting the employee to a new work place in the event of suitable duties taking place in a different work area
 - providing additional training to the employee where new and unfamiliar tasks have been incorporated into the return to work program
 - conducting an ergonomic assessment of a work area where a employee is returning to employment after an injury
 - supernumerary staffing arrangements in a work setting involving manual handling tasks, where the injured/ill employee has medically certified physical restrictions
 - reasonably adjusting work procedures and communicating to all staff in order to ensure adequate support requirements are met
 - pairing the employee up with a work peer or buddy so that assistance and support is readily available.

5.3 Stage Three – Implementing and Managing the Return to Work Plan

- 5.3.1 The implementation of the RTW plan shall only occur when the Treating Medical practitioner has provided endorsement of the suitable duties program.
- 5.3.2 The RRTWC shall confirm with all parties the commencement date of the suitable duties program, confirmed duties and any relevant restrictions.
- 5.3.3 Employees should be aware that the initial stages of the program may be challenging, however with perseverance, effective participation and open communication, a safe and graduated return to pre-injury duties should be achieved.



- 5.3.4 As suitable duties programs are time limited (usually not longer than 4 weeks), a cycle of planning, implementing and reviewing programs shall regularly occur until the agreed return to work goal is achieved.

5.3.5 Communicating the Return to Work Plan

- 5.3.5.1 Discuss the SDP objectives openly and ensure that key parties are aware of their roles and responsibilities.
- 5.3.5.2 Ensure that objectives are specific, measurable, achievable.

5.3.6 Confirm Duties, Restrictions, and Monitor SDP Progress

- 5.3.6.1 The SDP will outline approved duties and restrictions - the RRTWC shall ensure that all parties are aware of these.

5.3.7 Administer the Rehabilitation File and IMS.Net

- 5.3.7.1 The workplace rehabilitation file shall identify the key parties involved in the return to work process, what each person's role will be and what specific arrangements have been made to support the employee.
- 5.3.7.2 It shall provide specific information on any special arrangements that have been made such as special equipment requirements or the use of allied health providers.
- 5.3.7.3 Hard copies of documents shall be maintained on the workplace rehabilitation file to ensure that there is a permanent record associated with each case.

5.3.8 Remuneration During Return to Work Plan

- 5.3.8.1 The employee shall ensure that their medical certificates remain current during participation in workplace rehabilitation.
- 5.3.8.2 The Line Manager/Supervisor shall provide the appropriate payroll hub with accurate information pertaining to the employee's hours of work during the rehabilitation and return to work process to ensure correct payment of wages.
- 5.3.8.3 The information provided should confirm the date of SDP commencement, including hours worked. The Line Manager/Supervisor shall communicate this and any updated information via completion of AVAC forms.
- 5.3.8.4 Queensland Health shall continue to pay an employee directly whilst they are receiving Workers' Compensation benefits. Employees may access their leave entitlements prior to claims determination.
- 5.3.8.5 Queensland Health shall pay employees with non-work related injuries/illnesses for all hours worked during the voluntary participation phase of their rehabilitation and return to work process.
- 5.3.8.6 In the event of a QSuper claim, QSuper will commence paying entitlements where an income protection insurance claim has been accepted.



5.3.9 Implement Program

- 5.3.9.1 The return to work plan shall commence as soon as practicable after receiving advice from the employee's treating medical practitioner.
- 5.3.9.2 The line manager/supervisor shall maintain a safe work environment, including monitoring implementation of the SDP to:
- ensure the duties comply with current medical restrictions;
 - monitor the employee's progress and ensure the employee is coping with the assigned duties;
 - report any concerns regarding the employees progress to the RRTWC.
- 5.3.9.3 The line manager/supervisor shall implement an induction process for all employees returning to work following injury.
- A employee returning to their previous workplace will not require as formal an induction due to their prior knowledge of the work area. It may be essential, however to orient the employee to any new duties and equipment associated with the return to work program and work location.
 - Employees who are unfamiliar with the workplace they are returning to shall receive an induction to inform them of the work practices, procedures, equipment and risks associated with working in that workplace. Training shall be provided for the correct use of equipment and in work procedures and documented accordingly.
 - The terms of the workplace rehabilitation program shall be discussed at the induction and demonstrated to the employee to ensure safe participation.
 - Workplace inductions will normally be conducted by the line manager/supervisor and may be attended by an allied health practitioner such as an occupational therapist or physiotherapist if required.
- 5.3.9.4 The RRTWC shall maintain contact with the employee and Line Manager/Supervisor and make regular visits to the workplace, where possible, to ensure that the program is progressing according to plan.
- 5.3.9.5 Encourage key parties to participate in program goal setting and reviews, to clarify any concerns and to provide feedback.
- 5.3.9.6 Hold regular meetings with key parties in order to maximise participation, review progress and update the SDP where indicated.

- 5.3.9.7 The return to work program will be deemed to be progressing satisfactorily when agreed goals are being met. Examples of effective progress are provided in the following scenarios:
- the employee achieves the goal hours and duties inherent within the return to work program;
 - the employee exceeds the goal hours and duties inherent within the return to work program;
 - the employee's progress is significant and the treating medical practitioner decides to upgrade duties;
 - the employee's injury resolves, they are certified as fit to return to normal employment and/or the treating medical practitioner provides a final clearance.
- 5.3.9.8 Where goals are not being reached, the RRTWC shall seek further direction from the treating medical practitioner.
- 5.3.9.9 The treating medical practitioner may advise of any of the following options:
- continue the program with no change;
 - change the SDP duties and/or hours;
 - cease the program until the employee is fit to resume;
 - any other medical or treatment advice, as specified.
- 5.3.9.10 Any amendments to the program shall be signed and approved by the treating medical practitioner.
- 5.3.9.11 It may be necessary to cease the program prior to making contact with the treating medical practitioner if the RRTWC, Line Manager/Supervisor and/or injured employee have identified significant concerns which pose risk to the employee's safety.
- 5.3.9.12 Case notes shall be added to the workplace rehabilitation file to reflect any actions and progress associated with the program.
- 5.3.9.13 Regular progress review will ensure continued communication of program goal achievement and awareness of any program modifications required.
- 5.3.9.14 Line Managers/Supervisors shall document progress using the Workplace Rehabilitation Progress Review Form, which provides a structured way to review progress of the program. Completed forms shall be retained on the rehabilitation case file.

5.3.10 Rehabilitation Case Closure

- 5.3.10.1 Rehabilitation case closure may be considered where:
- all rehabilitation goals have been achieved (i.e. full and safe return to work)

- mutually agreed return to work goal has been achieved – e.g. hours/duties permanently modified through consultation with all parties
- where the suitable duties program is not progressing – e.g. hours/duties not increasing towards pre-injury role
- where a safe and sustainable return to work cannot be achieved e.g. significant concerns exist regarding the employee's safety
- no further rehabilitation goals identified e.g. ill health prevents an outcome for return to work.

5.3.10.2 When a full return to pre-injury duties is achieved the employee shall obtain a full medical clearance from their treating medical practitioner. Once the medical clearance has been obtained, the RRTWC shall advise all key parties that the rehabilitation and return to work program has concluded.

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

5.3.11 Reasonable Adjustment

5.3.11.1 Temporary Reasonable Adjustment

5.3.11.1.1 Reasonable adjustment in the context of rehabilitation shall involve, where necessary and reasonable to do so, temporary modifications and adjustments to the workplace, or changes in work practices and roles to support ongoing participation, in accordance with Queensland Health Human Resources Policy – Reasonable Adjustment QH-POL-210:2008.

5.3.11.1.2 For the purposes of workplace rehabilitation, an appropriately skilled health practitioner (e.g. OHS practitioner, Occupational Therapist, Physiotherapist), may be engaged to conduct the temporary reasonable adjustment assessment.

5.3.11.1.3 The RRTWC shall discuss outcomes of the assessment and formulation and implementation of reasonable adjustment solutions with the employee and where applicable incorporated into the employee's SDP.

5.3.11.1.4 Records shall be kept of any adjustments made within the rehabilitation context on the rehabilitation case file, including agreed reasonable adjustment duration and review timeframes.

5.3.12 Permanent Reasonable Adjustment



- 5.3.12.1 Where it is identified through a workplace rehabilitation process that there is a need for a permanent reasonable adjustment (i.e. work incapacity arising from injury/illness persists and medical evidence suggests the rehabilitation goal of return to pre-injury duties is unable to be achieved), the matter becomes an employment issue and shall be referred to Human Resources in consultation with the responsible Line Manager/Supervisor.
- 5.3.12.2 In such instances the local HR Unit shall manage the process in conjunction with the Line Manager/Supervisor, under the Queensland Health Human Resources Policies -- Reasonable Adjustment QH- POL-210:2008 and/or Medical Examination of Employee QH-POL-170:2009 .
- 5.3.12.3 The RRTWC shall provide handover information to the relevant HR unit, in accordance with confidentiality requirements, as defined in the Workers' Compensation and Rehabilitation Regulation 2003.

5.3.13 Host Employment Placements

- 5.3.13.1 Host employment with a different department, different Hospital and Health Service (HHS), an external government department or a private sector employer, may be considered when barriers exist to resuming the pre-injury role in the worker's usual work unit.
- 5.3.13.2 The focus of a host employment placement shall be on continuing rehabilitation in alternate employment of equivalent status, remuneration, conditions and opportunities, wherever possible, in accordance with the employee's documented medical restrictions.
- 5.3.13.3 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 this process. For the duration of the Host Employment placement, a Host Employment Program Agreement and an agreed suitable duties program shall be documented.
- 5.3.13.4 Employees 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 HR processes.

5.3.14 Arranging a Host Employment Placement within Queensland Health

- 5.3.14.1 When an injured/ill employee is unable to be placed in their own work area or in a different area within the same HHS, the RRTWC shall liaise with the employee's Line Manager/Supervisor to discuss the variety of return to work options available, including possible host employment placement(s) with host work units and/or HHS.
- 5.3.14.2 When selecting a host employment location, the employee's commuting distance should be taken into account.

- 5.3.14.3 A Host Employment Program Agreement shall be completed and the program agreement shall be approved/signed off by all parties to the program.
- 5.3.14.3.1 A Workplace Rehabilitation System Suitable Duties Program form shall also be completed, primarily by the RRTWC to provide specific details of capabilities and expected tasks during the host employment placement.
- 5.3.14.4 The employee's capability to undertake the tasks of a Host Employment Suitable Duties Program shall be approved by their treating medical practitioner.
- 5.3.14.5 A Work Capability Assessment may be required to identify which duties the injured employee is able to safely perform before being placed in host employment.
- 5.3.14.6 The HHS who employs the injured employee (Employer HHS) is responsible for any costs associated with the host employment placement.
- 5.3.14.7 The employee may be placed in a supernumerary capacity in the Host HHS except where the host employment program has been arranged to occupy an existing vacancy. Should the vacancy become available as a permanent position, the employee may wish to apply for the position following usual HR processes.
- 5.3.14.8 The Host HHS is not liable for the existing Workers' Compensation injury for any period the employee is undertaking the program.
- 5.3.14.9 Host employment for non-work related cases may also be considered on a case-by-case basis.

5.3.15 Responsibilities of Host HHS for Host Placements within Queensland Health

- 5.3.15.1 The Host HHS shall:
- provide induction and any necessary work area specific training to the employee
 - meet relevant OHS obligations
 - involve the Employer HHS Human Resources to manage any performance issues including employee absences and to inform the Employer HHS OHS Unit of any issues or absences relevant to the performance of the program
 - inform the Employer HHS of progress of the host placement as appropriate
 - ensure that the work undertaken is within the agreed Host Employment Suitable Duties Program at all times. Changes to the duties and/or hours can be negotiated to suit the workplace, in consultation with key parties.

5.3.16 Time Frame for Host Employment Placements within Queensland Health

- 5.3.16.1 The length of the host employment program shall be determined on a case by case basis considering the progress of the employee's work capability and the operational requirements of the host employer.
- 5.3.16.2 A host period of three to six weeks should allow a reasonable time for the injured/ill employee to outline progress through the rehabilitation and return to work program. This period could be extended for a period of up to three months where necessary depending on the type of injury sustained.
- 5.3.16.3 Timeframes shall be clearly communicated to all parties prior to commencement and the program should be reviewed and modified over the course of the host employment period to ensure the employee is meeting the objectives of the program.
- 5.3.16.4 If progress has not been made on the rehabilitation and return to work plan within the prescribed timeframe, the objectives and any barriers preventing achievement shall be reviewed in consultation with the treating medical practitioner. A new program may be developed at this point if a return to work outcome is still considered possible.
- 5.3.16.5 The host period may be terminated by written notice by either the Employer HHS or Host HHS following consultation between the RRTWC, Employer HHS and Host HHS management.
- 5.3.16.6 The Host HHS is not obliged to employ a person after a host employment program has ended.

5.3.17 Funding Arrangements for Host Employment Placements

- 5.3.17.1 Any backfilling of the employee's position while they undertake host employment shall be the responsibility of the Employer HHS.
- 5.3.17.2 The Employer HHS shall also be responsible for the payment of the employee's wages during any period of host employment within Queensland Health.
- 5.3.17.3 In Workers' Compensation cases, where it has been found to be impractical to progress a return to work program within Queensland Health, arrangements may be made with the Insurer to organise host employment with an external employer.
- 5.3.17.4 The Insurer's Host Employment Program also usually runs for three to six weeks with the Insurer paying the employee's wages during this period. The Insurer indemnifies the host employer (external to Queensland Health) from any liability associated with an injury which may result during the host employment period.

5.4 Stage Four – Evaluating and Reviewing Return to Work Outcomes

5.4.1 Evaluate Return to Work Outcomes



- 5.4.1.1 The rehabilitation and return to work process and activities across Queensland Health shall be subject to an ongoing evaluation and review process.
- 5.4.1.2 The RRTWC shall initiate a case closure interview with all relevant parties, preferably in the workplace, to ensure all matters are resolved to the satisfaction of the key parties prior to closing the rehabilitation case file.
- 5.4.1.3 The case closure review meeting shall involve the employee, the line manager/supervisor and the RRTWC as a minimum and may also include relevant treating practitioners who have been involved in the rehabilitation case, such as occupational therapists, physiotherapists or psychologists.
- 5.4.1.4 The RRTWC shall facilitate the meeting and case notes filed on the outcome.
- 5.4.1.5 The employee and the line manager/supervisor shall be invited to comment independently of the process on the Workplace Rehabilitation Evaluation Survey form. This form shall be completed as soon as possible after the rehabilitation and return to work process has concluded.
- 5.4.1.6 The Workplace Rehabilitation Evaluation Survey form provides the employee with an opportunity to comment on their experience throughout the return to work process.

5.4.2 Review and Report on Case Data

- 5.4.2.1 Data derived from the case closure interview and Workplace Rehabilitation Evaluation Survey shall be summarised by the RRTWC.
- 5.4.2.2 The main points shall then be classified according to actions which have a high satisfaction rating and those which provide suggestions for improvement.
- 5.4.2.3 Copies of the results shall be retained on the workplace rehabilitation file to ensure that there is a permanent record detailing these outcomes.
- 5.4.2.4 General feedback (excluding information provided by the employee in confidence), shall be provided to the work area for the purposes of continuous improvement.

5.4.3 WorkCover Monthly Reports

- 5.4.3.1 The Insurer supplies Queensland Health with access to claims data reports through the “Employer On-Line” portal on the WorkCover Queensland web site. These reports shall be used by RRTWCs as a tool to:
- track, monitor and review progress of workplace rehabilitation cases

- analyse trends in OHS incidents, workplace injuries/illnesses as well as Workers' Compensation and Common Law claims
- monitor and review the effectiveness of OHS and rehabilitation management system interventions and strategies
- measure effectiveness of existing controls designed to prevent and minimise risks to health, safety and wellbeing
- identify continuous improvement needs and opportunities to improve OHS and rehabilitation management systems to enhance rehabilitation and return to work performance/outcomes.

5.4.3.2 The data reports contain employee information and should be treated confidentially and only released to key parties to assist in ensuring improved OHS and rehabilitation and return to work outcomes for the employee and Queensland Health.

5.5 Managing Non-Work Related Injuries/Illnesses

- 5.5.1 Queensland Health shall offer workplace rehabilitation to employees with non-work related injuries/illnesses.
- 5.5.2 Participation in the workplace rehabilitation process is voluntary for employees who have sustained a non-work related injury/illness.
- 5.5.3 Line Managers/Supervisors shall ensure employees are aware that their participation and consent is given on a voluntary basis at the time of their initial contact with the employee.
- 5.5.4 Rehabilitation assistance shall be provided to employees with non-work related injuries/illnesses where:
- the employee has indicated their willingness to participate in a structured rehabilitation and return to work process
 - the employee provides a current medical certificate supporting a capacity to safely participate in a structured rehabilitation and return to work process
 - the employee provides a signed Worker Authorisation Form permitting their local RRTWC to speak with their treating medical practitioner for the purposes of coordinating rehabilitation and return to work
 - the employee agrees to and complies with the elements of a suitable duties program as developed by the RRTWC in conjunction with the employee's treating medical practitioner.
- 5.5.5 Attachment A provides an overview of the process and decision points associated with non-work related injury/illness.
- 5.5.6 Assistance shall also be offered to employees 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.

5.5.7 Offering Rehabilitation Assistance for Non-Work Related Injuries/Illnesses

- 5.5.7.1 Employees shall report absences from the workplace due to non-work related injuries to their Line Manager/Supervisor as soon as practicable after having been medically certified as unfit to attend work.
- 5.5.7.2 When a Line Manager/Supervisor becomes aware that a employee is unfit to attend work due to a non-work related injury/illness, the Line Manager/Supervisor should contact the employee to ascertain their willingness to participate in a structured rehabilitation and return to work process.
- 5.5.7.3 Where an employee with a non-work related injury/illness agrees to participate in a structured return to work process, the Line Manager/Supervisor shall advise their local OHS Unit as a matter of priority.
- 5.5.7.4 The OHS unit will appoint a RRTWC who shall follow normal rehabilitation and return to work processes.
- 5.5.7.5 Where employees with non-work related injuries/illnesses decline to participate in a structured rehabilitation and return to work process, established leave provisions as outlined in Human Resource policies relevant to their position/role will apply.
- 5.5.7.6 Should the employee agree to participate in rehabilitation and return to work at a later time, the Line Manager/Supervisor shall follow the process outlined above.

5.6 Confidentiality and Use of Workers' Compensation Information

- 5.6.1 Occupational Health and Safety practitioners who are accredited and appointed as RRTWCs are required to access employee information as part of their duties when planning and facilitating workplace rehabilitation.
- 5.6.2 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.

5.6.3 Key Party Access

- 5.6.3.1 The following key parties may also have privileged access to employees' compensation information contained within a Workplace Rehabilitation file:
- HHS OHS Manager
 - Line Manager/Supervisor
 - State-wide Injury/Disease Management Team



- Director, Safety and Wellbeing Unit
- HHS Human Resource Manager (or equivalent)
- HHS Executive Director, People and Culture (or equivalent)
- Health Service Chief Executive
- approved external rehabilitation provider
- authorised persons under the Health Services Act undertaking an investigation
- any other designation or key party relevant to planning for rehabilitation and return to work.

5.6.3.2 The RRTWC may grant access to the rehabilitation file, on a case by case basis, to key parties who are directly engaged in the process of planning, managing and reviewing the injured/ill employee's rehabilitation and return to work.

5.6.4 Limitation to Access & Use of Information

- 5.6.4.1 Information obtained and compiled as a part of an employee's rehabilitation and return to work program can only be used for the purposes of rehabilitation and return to work.
- 5.6.4.2 At no time is information held on an employees' rehabilitation file to be used for any other management action or employment relations issue (such as disciplinary or performance management process). Section 572A of the Workers' Compensation and Rehabilitation Act outlines the relevant limitations for access to particular documents obtained for the purpose of rehabilitation.
- 5.6.4.3 An injured/ill employee may request a copy of their Workplace Rehabilitation file in writing and/or authorise release of information through written consent to a third party at their discretion.

5.6.5 Authorisation and Release of Information

- 5.6.5.1 Section 110 of Workers' Compensation and Rehabilitation Regulation outlines that:
1. Information obtained during rehabilitation shall be treated with sensitivity and confidentiality by all parties
 2. If it is necessary to obtain or release information associated with the employee's rehabilitation, the employee's authority to obtain or release the information shall be obtained
 3. The employee's authority is not required for the release of information to the Authority (Q-COMP) or the insurer (WorkCover).

- 5.6.5.2 The signed authority shall be kept on the employee's Workplace Rehabilitation file.
- 5.6.5.3 A copy of the signed authorisation shall be provided to a third party (such as the employee'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.
- 5.6.5.4 The employee's signed authority is valid until such a time that the return to work program is complete or the employee revokes the authority in writing.

5.6.6 Storage and Exchange of Confidential Information

- 5.6.6.1 In accordance with Section 105 of the Workers' Compensation and Rehabilitation Regulation - a file shall be kept for each employee undertaking rehabilitation and shall contain copies of all relevant documentation, correspondence and accounts.
- 5.6.6.2 Accurate and objective case notes shall be kept that contain details of all communications with the employee, insurer, employer, RRTWC, treating medical practitioners, allied health professionals and rehabilitation providers.
- 5.6.6.3 Case notes shall also include details of and the reasons for any actions and decisions made in relation to the employees rehabilitation and return to work.
- 5.6.6.4 To preserve the privacy of personal information, Workplace Rehabilitation files shall be stored in a non-portable secure location in the local OHS unit. Information stored electronically shall be password protected and managed in accordance with the Queensland Health Information Security Standards.
- 5.6.6.5 When exchanging information by email, mail or fax, correspondence shall be clearly labelled as "Private and Confidential".
- 5.6.6.6 The verbal exchange of sensitive and confidential information shall be undertaken in an appropriate location.

6. Definition of Terms

Term	Definition / Explanation / Details	Source
Employee / Worker	An employee of Queensland Health (permanent, temporary or casual), who has sustained a personal injury or illness, either work-related or non work-related.	Queensland Health
Employer	An employer means Queensland Health. The employing HHS at the time of the injury/illness, remains responsible for the compensation and rehabilitation of the injured/ill employee	Queensland Health

Work Injury/Illness	Related	A personal injury or illness arising out of, or in the course of, employment if the employment is a significant contributing factor to the injury.	Workers' Compensation and Rehabilitation Act 2003 (s 32 (1))
Non-Work Injury/Illness	Related	All other injuries or illnesses which do not meet the definition of work related injury/illness.	Queensland Health
Event (Workplace Rehabilitation)		An event is anything that results in injury or illness, including latent onset injury, to a worker.	Workers' Compensation and Rehabilitation Act 2003 (s 31(1))
Host Employment Placement		<p>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 return to work.</p> <p>A Host Employment Placement may be arranged, for a time limited period, with a different work unit and/or HHS within Queensland Health, or with a different (external) employer, with the aim of returning the injured employee to their pre-injury work unit and position when the host employment rehabilitation program is complete.</p>	Queensland Health
Employer HHS		The employing HHS within Queensland Health at the time of the injury/illness; remains responsible for the compensation and rehabilitation of the injured/ill employee.	Queensland Health
Host HHS		The HHS that the employee is being placed with outside of the Employer HHS. This includes other Government or non-Government sector employers.	Queensland 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 (s 35, 36)
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.	Anti-Discrimination Act 1991 (s 35, 36)
Independent Medical Examination (IME)		An HR process involving the employer's referral of the worker, under the <i>Public Service Act</i> to a medical practitioner or specialist for an independent review of their capabilities relative to safe and sustainable employment.	Public Service Act 2008 (Part 7, s 175)
Regulator		Q-COMP, the Queensland workers' compensation industry regulatory authority. (Q-COMP is an independent statutory authority, established on 1 July 2003 under the <i>Workers' Compensation and</i>	Workers' Compensation and Rehabilitation Act 2003 (s 326)

	<i>Rehabilitation Act 2003</i> to oversee Queensland's workers' compensation scheme).	
Insurer	WorkCover Queensland, Queensland Health's workers' compensation insurer.	Workers' Compensation and Rehabilitation Act 2003 (s 380)
Income Protection Insurer	QSuper, Queensland Health staff's income protection insurer, or other insurer.	Queensland Health

9. Consultation

Key stakeholders (position and business area) who reviewed this version are:

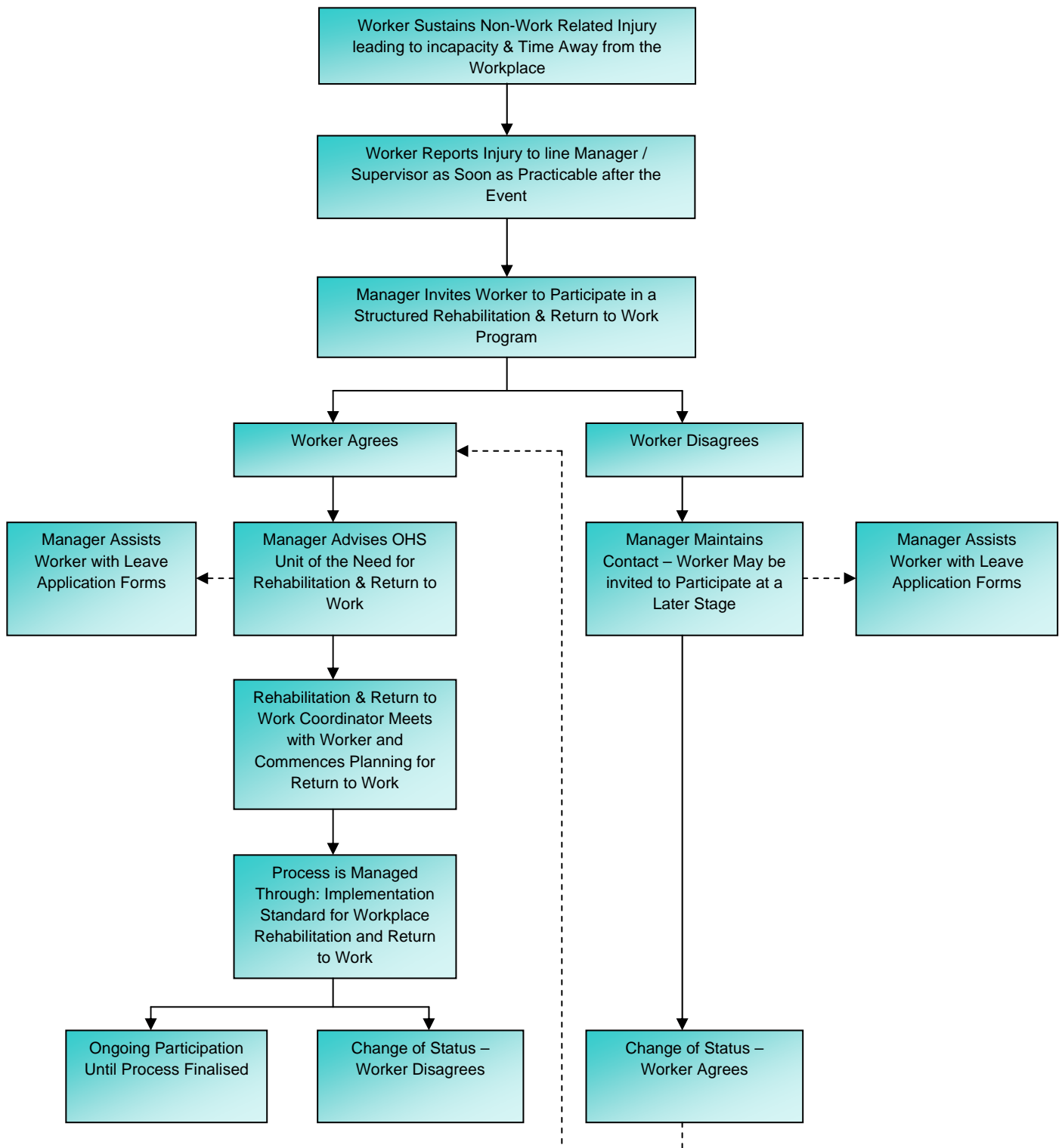
- Injury Disease Management Team, Safety and Wellbeing
- Principal Officer, Policy and Performance

10. Procedure Revision and Approval History

Version No.	Modified by	Amendments authorised by	Approved by
1.0	L Griffiths, Principal OHS Consultant, Injury Disease Management Team L O'Neill, Principal OHS Officer, Safety and Wellbeing	G Easterby, a/Director, Safety and Wellbeing, System Support Services Division	L Rowland, Chief Human Resources Officer, System Support Services Division
1.0	K Fogarty, Policy Planning and Communications Adviser, Organisational Health	A Williams, Senior Director Organisational Health, System Support Services Division	L Rowland, Chief Human Resources Officer, System Support Services Division
1.2	S Luttrell, Principal Adviser, Organisational Health	A Williams, Senior Director Organisational Health, System Support Services Division	L Rowland, Chief Human Resources Officer, System Support Services Division



Process Flow for Non-Work Related Injuries/Illnesses



our purpose is our people,
our focus is you



Visit qheps.health.qld.gov.au/eap
or email EAP@health.qld.gov.au



Employee assistance services provided by



Ph: 1300 361 008

Queensland Health

**employee
assistance**



Our employees are the most important part of Queensland Health (QH) and we recognise the importance of a work-life balance.

Overview of Employee Assistance

Employee Assistance provides professional short term counselling for up to six (6) sessions per calendar year, offering employees assistance with managing personal and/or work related issues which may affect work performance or personal life.

Statewide Employee Assistance programs and services

Employee Assistance Services (EAS) is an in-house service which has been provided for the past 20 years to support QH employees in the South East corner of Queensland.

Queensland Health now provides a mixed model of services to ensure that your needs are best met.

Employee Assistance Services (EAS) is your in-house provider within your District or Division.

Employee Assistance Program (EAP) is the externally contracted company – PPC Worldwide.

What services does Employee Assistance provide?

counselling

Professional short term, for up to six (6) sessions per calendar year. This is a confidential service that is available 24 hours a day, 7 days a week and 365 days a year at no cost to you.

manager assist

Provided for managers and supervisors of QH employees specifically designed to help manage and proactively address people management issues at an early stage.

crisis response services

Provides immediate services to any sudden and traumatic event that impacts on a person's physical and emotional state to minimise the organisational and individual risk.

What types of issues may be addressed through Employee Assistance?

Assistance can be provided for a variety of personal and/or work related issues which may affect your work performance, including:

- interpersonal conflicts
- relationships and family problems
- emotional stress and depression
- grief, bereavement, loss
- financial and legal issues
- drug and alcohol problems
- gambling problems
- life threatening/serious illness
- career concerns
- work environment problems
- individual follow up of crisis response.

Who can access Employee Assistance?

Employee Assistance can be accessed by all Queensland Health employees, managers/supervisors and the immediate family members of employees. These services are confidential and based on self-referral, however a manager or colleague may wish to support you by referring you to Employee Assistance. Referrals to other services outside of Employee Assistance are often provided to support employees beyond short-term counselling and may not be free.

How can Employee Assistance be accessed?

Employee Assistance is voluntary at all times, is self-referral and is free-of-charge for up to six (6) counselling sessions per calendar year.

Mixed model services are provided throughout the South East corner Health Service Districts (HSD). Employees who are attached to *Gold Coast HSD* or *Metro South HSD* have the choice of contacting the in-house EAS Consultants within these districts or our external EAP provider. For all other Districts/Divisions you can contact our external EAP provider.

Employee Assistance on QHEPS

More information on Employee Assistance can be found on QHEPS at: <http://qheps.health.qld.gov.au/eap/>

The Employee Assistance site contains more detailed information on our core services as well as:

- Disaster Management information;
- specifically designed Locate Your Support page;
- Frequently Asked Questions;
- a confidential Feedback form which can be completed on-line; and
- downloadable resources such as A3 posters.