



# AFP National Guideline on Occupational Rehabilitation and Return to Work

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## 1. Disclosure and compliance

This document is classified **UNCLASSIFIED** and is intended for internal AFP use.

Disclosing any content must comply with Commonwealth law and the [AFP National Guideline on disclosure of information](#).

## Compliance

This instrument is part of the AFP's professional standards framework. The [AFP Commissioner's Order on Professional Standards \(CO2\)](#) outlines the expectations for appointees to adhere to the requirements of the framework. Inappropriate departures from the provisions of this instrument may constitute a breach of AFP professional standards and be dealt with under Part V of the [Australian Federal Police Act 1979](#) (Cth).

## 2. Acronyms

<b>AFP</b>	Australian Federal Police
<b>AFPCA</b>	<a href="#">Australian Federal Police Collective Agreement 2007-2011</a>
<b>EAP</b>	Employee Assistance Program
<b>PDA</b>	Performance Development Agreement
<b>RTWP</b>	Return to Work Plan
<b>SRC</b>	Safety, Rehabilitation and Compensation

## 3. Definitions

<b>Accepted claim</b>	An injury or disease for which liability to pay workers' compensation has been accepted by Comcare Australia.
<b>Approved Rehabilitation Provider</b>	Person or organisation external to the AFP who provides rehabilitation services to assist employees with work related injuries or diseases to return to work. They must be approved in accordance with s. 34 of the <a href="#">Safety, Rehabilitation and Compensation Act 1988</a> (SRC Act).
<b>(Approved) Preferred Rehabilitation Providers</b>	AFP selected providers who are recognised for delivering and achieving results, providing a high standard of quality service and are outcome driven. Such providers will be required to meet AFP internal service standards and guidelines. These providers must be approved in accordance with s. 34 of the SRC Act.
<b>Case manager</b>	A Workplace-based employee appointed and trained by the AFP to undertake case management activities. The case manager is responsible for assessing the need for and managing the Rehabilitation/Return to Work of injured/ill employees. This may involve appointing external providers, liaising with treating health professionals and communicating with managers and the Coordinator/Team Leader to ensure that suitable duties are identified and provided where appropriate. The case manager is involved in the management of the individuals return to work.
<b>Case management</b>	Pro-active project-management of injured/ill employees' Rehabilitation/Return to Work Plans, involving initiating, co-ordinating, and monitoring the rehabilitation (return to work) process.
	Any claim for workers' compensation, eg, the initial injury claim, claim for

<b>Claim</b>	payment or medical expenses, claim for incapacity benefits or permanent impairment.
<b>Claims management</b>	The management of an injured person's workers' compensation claim, including (claim lodgement) registration of a claim, decision making eg liability issues, benefit payment and return to work planning.
<b>Claims manager</b>	Nominated officer of Comcare Australia responsible for managing workers' compensation claims.
<b>Comcare Australia</b>	The organisation that is charged with Administration and Regulation of the <a href="#">Occupational Health and Safety Act 1991</a> and the SRC Act.
<b>Compensable injury</b>	An injury (see 'injury' for definition) determined by Comcare to arise out of or in the course of employment; but does not include any such disease, injury or aggravation suffered by an employee as a result of reasonable disciplinary action taken against the employee or failure by the employee to obtain a promotion, transfer or benefit in connection with his or her employment.
<b>Compensation Clerk</b>	Workplace-based employee appointed and trained by the employer to undertake the effective and timely delivery of all aspects associated with processing compensation claims for AFP employees.
<b>Determination</b>	A decision accepting or rejecting liability for the employees claim, made by Comcare in accordance with specific sections of the SRC Act.
<b>Employee</b>	<p>Employees covered by the SRC Act are:</p> <ul style="list-style-type: none"> <li>• temporary and permanent employees</li> <li>• those employed under a contract of service (but not independent contractors engaged under a contract for service)</li> </ul>
<b>Early Intervention</b>	Early intervention should start as soon as the injury occurs. Early intervention is multi faceted. The very first aspect involves timely and appropriate medical treatment; documentation completion and submission; Return to Work assessment and planning; provider appointment; and finally flexibility within the work environment to effect Graduated Return to Work and/or modified/suitable duties.
<b>Graduated Return To Work</b>	When an employee returns to specified duties on reduced hours/duties, and increases those hours/duties gradually.
<b>Injury</b>	Refers to either an injury or disease. An injury can be a physical or psychological injury and generally includes aggravation of a pre-existing ailment. (Refer to Part 1 s. 4 of the SRC Act)
<b>Non-Compensable injury</b>	An injury (see injury' for definition) not arising out of or in the course of employment.
	The combined and coordinated use of medical, psychological, social, educational and vocational measures to restore function or achieve the

<b>Occupational Rehabilitation</b>	highest possible level of function of persons at work following injury or illness. Effective occupational rehabilitation is a managed process combining early intervention with appropriate, adequate and timely services based on assessed needs.
<b>Redeployment</b>	Placement of an injured employee into an alternate position, either with the same or a new job with a new employer.
<b>Rehabilitation Program</b>	A structured series of planned activities offered to injured or ill employees to assist them to return to their pre-injury employment status, or as close as possible to that status.
<b>Return to Work Plan</b>	A document detailing an employee's rehabilitation program including return to work objectives, final goal, time frames, proposed services and costs.
<b>S. 41 guidelines</b>	<p>Guidelines issued by Comcare to assist employers to meet their responsibilities under the SRC Act, and contained in a booklet entitled Rehabilitation Policy Guidelines for Employers. (9 March 1999). "The S41 guidelines set out three core requirements for achieving the durable return to work of injured employees in a quick, safe and cost effective way." Essentially they are:</p> <ol style="list-style-type: none"> <li>1. a rehabilitation policy</li> <li>2. managed rehabilitation programs</li> <li>3. early intervention and Return to Work strategies (refer "Comcare Rehabilitation Policy Guidelines for Employers").</li> </ol>
<b>Total Claims Management</b>	Comcare's practice whereby one Claims Manager assumes responsibility for all aspects of a claim, from the date of lodgement until the claimant returns to work or the claim is otherwise finalised. This model aims to integrate prevention, rehabilitation and claims management in one service to customers.

## 4. Authority to Create the Guideline

This guideline was created by the Manager People Strategies using power under s. 37(1) of the [Australian Federal Police Act 1979](#) as delegated by the Commissioner under s. 69C of the Act.

## 5. Introduction

The Australian Federal Police (AFP) recognises its responsibility as an employer to provide a safe and healthy workplace and working environment. This involves strategies for prevention of injury or illness through education, principles and guidelines, as well as managing the occupational rehabilitation and return to work of all injured employees.

### 5.1 Commitment

The AFP is committed to providing a workplace based occupational rehabilitation service to all its employees.

Occupational rehabilitation is the restoration of injured/ill employees to the fullest physical, psychological, social, vocational and economic usefulness of which they are capable, consistent with pre-injury/illness status. It involves early intervention and adequate timely services, based on assessment of the injured/ill employee's needs.

## 5.2 Objectives

The AFP is committed to:

- ensuring that employees have access to appropriate occupational rehabilitation services and expertise in order to achieve early and safe return to the workplace following injury or illness;
- ensuring that the AFP has clear and practical procedures for occupational rehabilitation;
- maximising compliance with occupational rehabilitation procedures in the workplace; and
- maximising compliance with statutory obligations.

## 5.3 Rehabilitation Program

The strategies that underpin the AFP's rehabilitation program are based on:

- preventing injury and illness through provision of a safe and healthy working environment;
- commencing occupational rehabilitation as soon as possible after illness/injury;
- promoting early return to work as a normal expectation;
- providing suitable duties, within the pre-injury/illness work area where practicable, as an integral part of the rehabilitation process;
- providing a return to work hierarchy that is focussed on a return to pre-injury or pre-illness duties and hours;
- providing consistent and continuing support until the best possible outcome is achieved;
- participation in a rehabilitation program that will not, in itself, prejudice an injured/ill worker;
- consultation with employees and other stakeholders so that the rehabilitation process operates effectively;
- providing information, education and training in support of the rehabilitation program; and
- promotion of the rehabilitation service.

Appropriate workplace-based rehabilitation services will also be offered to those AFP employees who have an injury/illness which is not work related.

Detailed information on the essential components of rehabilitation programs, including management and employee responsibilities and roles in the rehabilitation process, as well as the rights and obligations of all persons involved, are covered in the sections below.

## 6. Consultive process

This guideline has been developed in consultation with the AFP National Occupational Health and Safety Committee, Australian Federal Police Association and employees. Stakeholders will continue to be involved in the implementation and review of this guideline.

### 6.1 AFP staff covered by the Guidelines

This guideline applies to all AFP employees who are covered by the [Safety, Rehabilitation and Compensation Act 1988](#). The application of this guideline may not apply where an employee is attached or seconded to an Agency other than the AFP. Reference should be made to the relevant Memorandum of Understanding concerning operational and administrative arrangements.

## 7. Scope of the guideline

### 7.1 Compensable Injury or Illness

The AFP is committed to early intervention in the management of illness and injury. As such the AFP will provide the opportunity for a Return to Work Plan for all employees who suffer an injury and/or reduced working capacity as a result of a compensable injury or illness, where the employee is expected to be absent from work for 10 days or more and she/he has submitted or intends to submit a claim for compensation. This may be extended to employees who sustain a compensable injury which results in an inability to perform **normal duties** for a period of less than 10 days and where preventative action is considered appropriate to avoid a recurrence or exacerbation of the injury.

### 7.2 Non-compensable Injury or Illness

The AFP accepts that there may be cases of non-compensable and non-work related injury or illness, where the employee would benefit from the development of a return to work program. Where appropriate, such a program will be developed. If it is identified that expert skills are required a preferred approved rehabilitation provider should be retained. The costs incurred for services provided by an external provider will become the responsibility of the area to which the employee is attached. The decision to appoint a preferred approved rehabilitation provider should be made in a consultative manner and at all times include the Coordinator/Team Leader/Manager or other as required. Prior to entering into a rehabilitation plan, the case manager may negotiate the costs associated for the specific services required with the preferred approved rehabilitation provider. Any non-compensable injury or illness cases that attract approved rehabilitation provider services should be maintained on a formal rehabilitation file and a "Non-Compensable Injury or Illness Form" should be completed at all times. It is also imperative that a medical clearance certificate is produced by the treating medical practitioner/specialist clearing the employee to Return to Work either gradually or to pre-injury status.

Some of the advantages of providing rehabilitation for non-compensable injuries & illnesses include:

- demonstrated commitment to our employees;
- reduction in sick leave duration and costs;
- reduced interruption to operational and non operational duties and employee levels;
- assurance that duties provided will not cause further injury or illness

### 7.3 Work Performance

Incapacity following an injury or illness should not be confused with poor work performance. Problems of poor work performance, other than those resulting primarily and directly from a

medical condition, should be dealt with in accordance with normal management practices.

## 8. Roles and responsibilities

### 8.1 AFP

The AFP as a corporate entity is responsible for the maintenance of its occupational health and safety program consistent with the relevant legislative requirements and for the provision of adequate resources and training in the context of overall resource priorities.

### 8.2 National Managers (including Chief Police Officer Australian Capital Territory) and Managers

National Managers/Managers shall institute systems, which will ensure that:

- procedures are established for the implementation of these guidelines;
- resources necessary for the implementation of the guidelines are allocated and prioritised within the constraints of overall resource priorities;
- appropriate funds have been allocated for early intervention activities;
- appropriate funds have been allocated for the purchase of aids and appliances where necessary; and
- implementation is achieved through established mechanisms and workplace consultation.

### 8.3 Coordinator/Team Leader

Coordinator/Team Leader is responsible for:

- providing a safe workplace under their area of control;
- implementing the guidelines within the workplace under their control;
- notifying the Area Occupational Health and Safety Advisor and Case Manager in any instance where an injured employee is unable to report an injury;
- completing an incident report form (AFP680), with the assistance of the injured employee, in relation to the injury and forward it to the Area Occupational Health and Safety Advisor;
- advising the Case Manager of an employee's absence from work if the employee is likely to be absent from work for 10 days or more;
- advising the Case Manager if the injury sustained meets one of the following injury/illness types, back/neck injury, occupational overuse, occupational stress, repetition or recurrence of injury;
- assist in determining, locating & providing suitable return to work duties (within the medical restrictions) for employees;
- participate in the design and operation of Return to Work Programs, including the re-arrangement of duties, re-deployment and advice to team members;
- monitor the day-to-day progress of an employee on a rehabilitation program and co-operate with the Case Manager and Rehabilitation Provider to ensure that the program is adhered to at the workplace. This includes documentation of the duties and the performance level of the injured employee, and the provision of on-going support;
- facilitate staff consultation and participation at all stages of the process;
- ensure that employees, returning to work following a work injury, are able to perform

- assigned tasks effectively and without aggravation of the injury; and
- identify staff training needs and arrange for the provision of appropriate training.

## 8.4 Area Occupational Health and Safety Advisors

The Area Occupational Health and Safety Advisor is responsible for providing advice on:

- Occupational Health and Safety legislative requirements, and relevant codes of practice;
- appropriate remedial measures to reduce workplace hazards following workplace risk assessments, accident investigations and safety audits;
- monitoring outcomes of Return to Work Plans with the assistance of the Case Manager; and
- report to the National and Area Occupational Health and Safety Committee on a regular basis in relation to all aspects of occupational rehabilitation performance.

## 8.5 Team Leader Injury Management

The Team Leader, Injury Management has a responsibility, to:

- assist, monitor and evaluate the implementation of this guideline.
- provide advice to all parties involved in implementation of this guideline.
- provide advice to the National Occupational Health and Safety Committee.
- undertake ongoing regular review of this guideline in consultation with all interested parties.

## 8.6 Case Manager

The role of the Case Manager is central to the effective and successful return to work. The Case Manager will facilitate the workplace input needed for a rehabilitation program to be successful and will manage the costs of the program. This role emphasises active and sensible management. The Case Manager should possess strong management, administrative and people skills. The AFP recognises the value of experience that includes relevant professional qualifications and skilling. The AFP supports and encourages all Case Managers to attend and complete Comcare Case Management Training , Levels 1, 2, and 3.

The Commissioner of Police of the Australian Federal Police, being a person prescribed as the rehabilitation authority pursuant to s. 41A of the [Safety, Rehabilitation and Compensation Act 1988](#) (the SRC Act) has delegated the powers and functions vested in him which are set out under s. 36, 37, 38 and 40 of the SRC Act to the person holding, directed to act in, or otherwise performing the duties of a Case Manager.

There are two major components of the role of Case Manager:

- providing one-to-one assistance to injured employees to return to work in a safe and durable manner; and
- managing the broader issues of rehabilitation and return to work in the AFP to ensure adherence to the SRC Act.

The first component involves:

coordinating all aspects of early advice / compensation lodgement of injury and encouraging early intervention strategies with all key stakeholders;

- assessing the need for rehabilitation;
- contracting and liaising with an approved rehabilitation provider (if applicable);
- consulting with the injured worker, their treating health professionals and the coordinator/team leader;
- securing resources;
- negotiating with line managers on suitable duties for the employee's Return to Work program;
- monitoring return to work programs;
- consulting with Comcare claims managers on all return to work issues relating to liability determination;
- organising support for the employee both during and after their return to work; and
- co-ordinating closure of the return to work program.

The second component involves policy and procedural responsibilities including:

- assisting with implementation and review of the National Guideline on Occupational Rehabilitation & Return to Work in the AFP;
- maintaining immediate injury notification and early intervention systems; and
- monitoring claims costs, incidence and their effect on the workers compensation premium;
- Report to the Team Leader, Injury Management and Area Occupational Health and Safety Committee on all aspects of occupational rehabilitation performance as required.

## 8.7 Compensation Clerk

The principal duties are:

- process claims for compensation in accordance with the requirements of the [Safety, Rehabilitation and Compensation Act 1988](#) (SRC Act) and AFP Guidelines;
- forward claims for compensation to Comcare within 48 hours of receipt;
- provide payment related advice to employees on entitlements under the SRC Act;
- process compensation payments to employees and maintain personnel records;
- review, verify and adjust, as required, employees entitlements under the SRC Act;
- develop and maintain effective process for processing compensation claims.

The secondary duties are:

- provide salary and related personal data to Solicitors and Comcare in accordance with statutory requirements;
- monitor and report on the period of absence of employees on compensation in accordance with the requirements of the SRC Act and provide status reports.

## 8.8 Employees who sustain a Work Related Injury or Illness

AFP employees play an integral role in ensuring that injuries/illnesses are reported in a timely and efficient manner and are responsible for:

- co-operating with management and other employees in the application of the AFP's procedures and guidelines relating to health, safety and rehabilitation at work; and
- notifying Coordinator/Team Leader of all potential and known hazards.

Employees who have sustained a work related injury or illness must undertake a return to work program where the Case Manager recommends this.

The employee's responsibilities and obligations include:

- taking an active role in the rehabilitation process;
- informing the Coordinator/Team Leader, Area Occupational Health and Safety Advisor or Case Manager within one (1) working day or sooner if possible of the injury, or have an appropriate person inform one of the aforementioned within this time period;
- lodging their claim with their Coordinator/Team Leader as soon as possible after the injury but no later than three (3) working days post injury. Where the employee is unable to complete the claim form within this time frame due to the severity of their injury they should do so as soon as practicable.
- facilitating contact between the Case Manager, Approved Rehabilitation Provider and the medical or health practitioner(s);
- participating fully in the formulation of the Return to Work Plan (RTWP) and monitor progress, with the assistance of the Coordinator/Team Leader and Case Manager and a rehabilitation provider (if appropriate);
- undertaking the agreed RTWP within medical or health professional guidelines (if an employee refuses to undergo or continue with a RTWP without reasonable excuse, their right to claim compensation may be suspended);
- advising the Coordinator/Team Leader and Case Manager of changes in circumstances that may affect the progress of the RTWP, prior to the changes arising;
- wherever possible, undertake treatment outside working hours when participating in a graduated return to work program; and
- ensuring that the information provided as part of a claim for compensation is true and correct. Failure to do so may result in prosecution under the [Crimes Act 1914](#).

The employee has the right to:

- request an assessment for a return to work program where one is required;
- participate in the development of the RTWP;
- receive copies of all assessments and RTWP forms;
- help choose the rehabilitation provider to manage the RTWP (final responsibility for the choice rests with the Case Manager);
- access suitable duties on their return to work;
- request that Comcare Australia reconsider decisions with which they do not agree, including the RTWP; and
- request copies of any documents that are held on their compensation/rehabilitation file.

## 8.9 Employees who sustain a Non-Compensable Injury or Illness

Employees who have sustained a non work-related injury or illness may be given the opportunity to undertake a return to work program where this is recommended by the Case Manager and approved by the Coordinator/Team Leader/Manager. Participation of the employee in the Return to Work Plan is on a voluntary basis. The costs associated with such programs will be the responsibility of the area to which they are attached. Where formal rehabilitation and return to work planning is indicated the Case Manager is required to complete the "Non-Compensable Injury/Illness Form" (refer to Attachment B) and arrange for the Coordinator/ Team Leader/ Manager to complete Sections 10 or 11 and 12.

## 8.10 Team Members

Team members are responsible for:

- co-operating in reasonable workplace changes designed to assist in the return to work of fellow injured employee;
- supporting the injured person in the workplace; and
- recognising the limitations imposed by the injury and respect the modified duties/hours required.

## 8.11 Approved (Preferred) Rehabilitation Providers

Under the [Safety, Rehabilitation and Compensation Act 1988](#), where expert return to work services is required, Rehabilitation Providers approved by Comcare must be used.

Rehabilitation Providers who are approved by Comcare and engaged for provision of those services by Case Manager are required to:

- make contact with the injured employee within three (3) working days of the referral by the Case Manager;
- ensure that the initial assessment is complete and the Return to Work Plan (RTWP) is developed within (10) working days following receipt of the referral;
- provide occupational rehabilitation, supervision and/or other specialised services at the request of, and by arrangement with, the Case Manager; and
- involve the injured employee, treating doctor, Coordinator/Team Leader, Case Manager and Comcare in the development of the RTWP.

## 8.12 Comcare Australia

Comcare is essentially responsible for developing, reviewing and promulgating the Commonwealth's Return to Work policy based on accepted concepts, strategies and practices in the management of work-based compensable injuries. A primary function of Comcare is to administer the Act and promote the adoption of effective strategies and procedures for the rehabilitation of injured workers.

Comcare also has a role in ensuring the policy is effectively applied throughout its jurisdiction and this means offering guidance, advice and training to employers and involved stakeholders.

Comcare has a significant role in monitoring the acceptance and implementation of the RTW policy and evaluating its effectiveness. This includes providing advice and assistance to individual employers on means to monitor and appraise rehabilitation activities. S. 41 of the [Safety, Rehabilitation and Compensation Act 1988](#) (SRC Act) provides for "a framework within which employers should perform their functions, and exercise their powers, under Part III of the SRC Act. S. 41 requires an employer, which is a rehabilitation authority to use these guidelines to help the employer perform those functions and exercise those powers."

The workers' compensation premium system is one of the key elements in the Commonwealth strategy to reduce the number and duration of workers' compensation claims. Because the premium is partially responsive to customers' claims experience, there is a strong financial incentive to put effective health and safety and return to work programs in place to help

control workers' compensation costs. The philosophy underlying the premium system fits with the Government's commitment to making managers accountable for their resources.

## 9. AFP Chaplain services

Chaplaincy services to the AFP includes but is not necessarily limited to providing:

- support to employees in emergency situations & disasters;
- counselling for personal and professional problems;
- home & hospital attendance;
- assistance to family & friends in times of bereavement;
- general callouts.

More information is available by accessing the [AFP Chaplain Services](#)

## 10. Employee Assistance Program

The Employee Assistance Program (EAP) is a free, confidential counselling service for all staff. The service is available to all employees and their immediate families.

This service can be considered for use as a part of an early intervention strategy. The trained counsellors provide assistance by way of expert advice, support and referral services to assist employees to manage a large range of issues. These issues are not confined to matters arising from or at the workplace and could include topics such as:

- counselling and support services for issues such as work-related problems, career decisions, interpersonal conflicts and relationship and family problems;
- alcohol and other drugs support and management services;
- training services; and
- trauma services.

The EAP aims to tailor its services to meet the style and needs of the individual and work organisation. EAP staff are a multi-disciplinary team who are experts in workplace intervention.

Their objective is centred on developing successful approaches to help employees with personal and work related problems.

More information is contained in the brochure on the [Employee Assistance Programs](#), available throughout the AFP.

## 11. Documentation and confidentiality

### 11.1 Privacy Obligations

The [Privacy Act 1988](#) imposes a number of obligations on record-keepers concerning the collection, storage, use and disclosure of personal information.

Accordingly those involved in the rehabilitation process should ensure that information they receive is treated in the strictest confidence and in accordance with the Information Privacy Principles.

Generally, the disclosure of an injured employee's personal information to a third party is prohibited unless the employee has consented in writing to such disclosure."

The Case Manager must ensure that:

- all records are secure against loss, unauthorised access and use, modification or disclosure and misuse; and
- if it is necessary to give records to a third party, reasonable action is taken to prevent unauthorised use or disclosure permission from the employee.

The Case Manager is responsible for coordinating all aspects of early advice / compensation lodgement of injury and will inform the employee of his/her rights and obligations and the need for consultation with all stakeholders. In this regard, the Case Manager will request the employee to sign an authority to obtain and/or release information to assist in determining rehabilitation and compensation needs. The Case Manager will open a 'Staff-in-Confidence' file. This file will include compensation related documentation, which may include material such as copy of the claim form, medical reports/certificates, claims for time off work/period of reduced earnings and rehabilitation/Return to Work programs, general correspondence and applicable checklists and review sheets.

The Case Manager must ensure that all information received in the process of rehabilitation of injured employees, is treated in the strictest confidence and in accordance with the principles of the [Privacy Act 1988](#). Storage of files must be in a locked cabinet or compactus.

## 11.2 Access to Personal Information

AFP employees should not apply to view their own compensation / rehabilitation file under the [Freedom of Information Act 1982](#) in the first instance, rather they should write to the Case Manager and request access to their compensation / rehabilitation file.

In the event that an AFP employee is unsuccessful with this approach he/she may make an application in accordance with the Act for the information that they are seeking.

Any requests for access to personal information received from a third party i.e. the Australian Federal Police Association, their solicitor etc should be accompanied by an authority to release' signed by the employee and noting the relevant documentation required.

## 11.3 Disclosure of Information

At no time should an officer disclose any official information to another person unless they are acting:

- in the course of their official duty; or
- with the express authorisation of the Manager/National Manager or other authorised person; or
- for other lawful purposes, eg, under Freedom of Information, subpoenas and other like processes.

## 12. Reporting of work-related and non work-related injury or illness

## 12.1 Work Related Injury or Illness

Where an incident has caused injury and that injury requires medical attention and/or time off work a "**Claim for Rehabilitation and Compensation Form**" should be completed and lodged with the Coordinator/Team Leader immediately where possible and no later than (3) three working days post incident. The Coordinator/Team Leader is then required to complete their relevant sections and forward the completed documentation to the case manager within (1) one working day from the time of receipt. If the employee is unable to access the relevant forms, the Coordinator/Team Leader is responsible for coordinating the completion in a timely manner. Once the relevant sections have been completed, the Coordinator/Team Leader must forward the relevant documentation to the designated case manager. The Case Manager is available and responsible to assist with the coordination and early completion of the appropriate forms. This may involve the case manager attending the hospital or the employees home (refer to Attachment A, "AFP Compensation / Claim Flow Chart").

Where an employee is expected to be absent from work for an extended period of time (10 days or more) because of either an injury or illness, the Coordinator/Team Leader should post, as soon as possible, an **e-mail** to advise their HR Advisory Teams, Area Occupational Health and Safety Advisor and Case Manager of the employee's absence.

After the initial claim is submitted, for any additional absence from duty (other than that approved as part of a Graduated Return to Work Program), related to a compensable condition, an Application for Leave, a Claim For Time Off Work/Period of Reduced Earnings form and any accompanying medical evidence should be submitted to the Case Manager as soon as possible. Normally, after a short absence, this would be on the day that duty is resumed. However, for extended absences (10 days or more), it is expected that the submission should be forwarded on the day that the medical evidence is obtained to support the absence from duty.

During a Graduated Return to Work Program a statement of the hours worked and details of the normal work pattern and a Comcare Claim For Time Off Work/Period of Reduced Earnings form should be submitted, for the week ending Wednesday by close of business Friday to the Case Manager.

Documentation that must be completed and submitted at the time of a claim for compensation and rehabilitation include:

- Claim for Rehabilitation and Compensation
- Authority to Obtain and/or Release Information
- Medical Services Claim & Relevant Medical Accounts or receipts
- An Original Medical Certificate completed by a Legally Qualified Medical Practitioner/Specialist in Accordance with the Form Approved by Comcare
- Claim for Time Off Work/Period of Reduced Earnings form (for lost time injuries only).

It is imperative that points 1 & 4 are satisfied prior to the submission of the claim for compensation and rehabilitation. Comcare **will not** consider a claim until these documents have been provided in a complete manner.

The documentation listed above is available from the following areas;

- Case Manager;
- National Health & Safety Team;
- HR Advisory Teams; and

- Comcare Australia.

## 12.2 Non-Compensable Injury or Illness

Employees must advise their Coordinator/Team Leader as soon as possible of their absence or their intention to be absent.

The employee must complete an application for sick leave to cover any absence from work due injury or illness. This should be processed by the Coordinator/Team Leader and submitted to their HR Advisory Teams as soon as possible.

Where an employee is expected to be absent from work for an extended period of time (10 days or more) because of injury or illness the Coordinator/Team Leader should issue an e-mail to advise their HR Advisory Teams, Area Occupational Health and Safety Advisor and Case Manager as soon as possible. The Case Manager is required to complete the "Non-Compensable Injury/Illness Form" (refer to Attachment B) and arrange for the Coordinator/Team Leader / Manager to complete Sections 10 or 11 and 12.

An employee on sick leave for a continuous period of 13 weeks will be required to submit to an examination by the Principal Medical Officer or a Medical Advisor employed or contracted to Health Services Australia.

If the medical examination is not to be conducted by the Principal Medical Officer, the referring officer should ensure that the medical practitioner who is responsible to conduct the examination is either an Occupational Physician or a medical specialist in the field of the employee's medical condition.

The purpose of such an examination is to report on:

- The employees' fitness to resume duty;
- The employees' fitness for redeployment; or
- The amount of additional leave, which should be granted to the member.

## 12.3 Occupational Health and Safety Considerations

The [AFP National Guideline to AFP health and safety management arrangements 2007 - 2012](#) sets out processes and procedures for managing Occupational Health and Safety.

## 13. Worker's Compensation benefits

The [Safety, Rehabilitation and Compensation Act 1988](#) provides a range of benefits for employees who sustain a compensable injury or illness. These may include, but are not limited to:

- incapacity payments at full normal weekly earnings during time off work for the first 45 weeks;
- after 45 weeks - payments between 75% and 100% of normal weekly earnings;
- household services;
- rehabilitation costs;
- medical expenses;

- travel costs;
- modifications, aids and appliances
- attendant care; and
- additional benefits if permanently impaired.

More information is available from the Case Manager, National Health & Safety Team, HR Advisory Teams or Comcare Australia. Refer to Attachment A: "Workplace Claim Reporting Process Flow Chart".

## 14. Referral to an approved rehabilitation provider

### 14.1 Early Referral

The single most important factor affecting rehabilitation outcomes is the length of time between the date of injury and the referral for a rehabilitation assessment. The longer referral is delayed, the lower the chances are of successful rehabilitation.

In most cases early referral will result in shorter and less complicated programmes, which will lead to lower costs. This can ultimately affect the overall claims costs, particularly where early return to work results.

## 15. Aims of rehabilitation

### 15.1 Hierarchy of Return to Work

The aim of rehabilitation is to return injured or ill employees to employment. Comcare support the following hierarchy of return to work.

Hierarchy of Return to Work:

- same job/same workplace
- modified job but same workplace
- different job/same workplace
- same or modified job/different workplace
- different job/different workplace.

Hierarchy of Hours of Work:

- full time or pre-injury hours (which includes shift work)
- graduated Return to Work
- permanent part-time work.

### 15.2 Rehabilitation Goal

Rehabilitation goals need to be specific, i.e.:

- Return to work in pre-injury position and preinjury hours as an Operational Police Officer within ACT Policing.
- Return to work in a new position and pre-injury hours as a Investigator within Sydney

Office.

- Return to work as a clerical officer with a new employer in the Information Technology industry.

A rehabilitation goal such as "to assist the worker with job seeking to find new employment" is not acceptable as this is an objective rather than a goal.

## 15.3 Finding Suitable Duties appropriate to the Injured Employee

The AFP is committed to finding and making suitable employment available to injured employees. This is an integral part of the employee's return to work.

The initial emphasis in all Return to Work Plans (RTWPs) is to maintain the employee in, or return the employee to, their pre-injury duties. This may involve a graduated return to work for those employees who are not immediately able to perform a full day's duties. Modified duties need to be identified for a specified time since the preferred goal of all RTW plans is to return the employee to pre-injury duties as soon as possible.

If it is not possible to return to pre-injury duties, or appropriate given the medical restrictions, the Case Manager will negotiate a return to other suitable employment or duties. Where practicable, these negotiations should involve the employee, previous and proposed Coordinator/Team Leader, the rehabilitation provider (if applicable) and representatives from the employee's association if requested.

Where the RTWP sets duties other than pre-injury as an outcome, the employment options will be considered in the following order:

1. same Coordinator/Team Leader - modify job
2. same Coordinator/Team Leader - new job
3. new Coordinator/Team Leader - modify job
4. new Coordinator/Team Leader - new job.

The following issues will also need to be considered:

- consideration must be given to the employee's physical and psychological capacity and relevant medical evidence when selecting suitable duties;
- to avoid the aggravation of the injury the duties selected must be negotiated with the rehabilitation provider and/or the treating doctor;
- appropriate training must be given if the alternative duties are new to the employee;
- any planned training, conducted as part of a rehabilitation plan, must be undertaken *only* after all other avenues of rehabilitation have been exhausted.

Note: The work should be commensurate with the work level and experience of the employee giving consideration to the capacity of the employee to perform particular work tasks.

## 15.4 Consultation with Team Members

All team members should be consulted in the placement of an injured worker, particularly

where it has an impact on the workloads of the area, or where the initiation of changed practices designed to accommodate any disability of the injured employee affects co-workers in the area.

The Case Manager will work with the Coordinator/Team Leader to inform the team members of the impact and requirement for any changes. This process will include a workplace delegate of the AFPA, where appropriate, and will aim to achieve the commitment of all team members to the success of the injured employee's Return to Work Plan.

## 15.5 Redeployment

The permanent redeployment of an injured employee will not be considered until all work options have been exhausted within the original work area.

Where the Case Manager considers that redeployment action is appropriate, any action must:

- be in consultation with the injured employee, the treating medical practitioner, rehabilitation provider involved in developing the Return to Work Plan and management within the AFP;
- include a job with suitable duties; and
- involve retraining, as necessary, to ensure that the injured employee can meet the requirements of the job. (In most cases only "short term" retraining will be considered).

Where the Case Manager has determined that redeployment is the best option, they should consult with the HR Advisory Teams to identify possible suitable vacancies.

## 15.6 Non-compliance with a Return to Work Plan in Compensable Cases

Where an injured employee does not co-operate in the agreed Return to Work Plan (RTWP), compensation entitlements may be ceased and the employee's incremental advancement may be jeopardised. The Case Manager must report any suspected non-compliance with the provisions of a RTWP to the Team Leader, Injury Management or directly to the Comcare claims manager.

## 15.7 Costs incurred through implementing a Return to Work Plan

In cases where compensation has been claimed but liability has not yet been determined, the Case Manager may consider that the early commitment of funds for rehabilitation is essential. If so, the Case Manager must consult with the relevant workplace manager and obtain approval for projected expenditure. The Case Manager and the workplace manager should have regard to the possibility that the claim may not be accepted. A notional limit of \$1500 has been set as a guideline. For further information refer to the section dealing with non-compensable rehabilitation and return to work.

In cases where compensation has been claimed and liability has been accepted, all reasonable return to work costs will be reimbursed by Comcare as part of the compensation process. Finance is responsible for ensuring that the relevant costs recovered are reimbursed to the appropriate Cost Centre.

## 16. Performance Development Agreements

Employees undertaking a Rehabilitation Program should have a current Performance Development Agreement (PDA). It is recommended that the PDA include reference to the Rehabilitation Program Return to Work Plan. In the event that a reference is included in the PDA consideration should be given to adding the Case Manager as an additional Team Leader.

A Rehabilitation Program is a means of building up an employee's capacity to work and in the context of work performance it is in the interest of both the AFP and an employee to achieve the goals defined in a Return to Work developed as part of the Rehabilitation Program. It is important for the Coordinator/Team Leader to have an input to the Rehabilitation Program by identifying suitable duties and ensuring that the suitable duties for the return to work are available in the work area.

The issues that are appropriate for inclusion in the PDA are:

- compliance with the hours of work defined in the return to work plan (a Coordinator/Team Leader must not agree to an employee working a bit of extra time to get something done; if an employee is able to do some extra time, the question must be asked - why can't the employee do the extra time all the time);
- compliance with any defined restrictions (if the employee's doctor defines 'no keyboard work', the employee must not be permitted to do keyboard work; if the employee is to do a task for no more than a specified time in any hour, the employee is limited to that work and that task only);
- compliance with any recommended interval activities (if an employee's doctor recommends a ten minute break each hour and/or task rotation, that break and/or task rotation must be taken as medically directed or if exercises are recommended, those exercises must be undertaken); and
- compliance with recommended workplace practices (if an employee is recommended to use an aid or appliance to assist with their work, the aid or appliance must be provided and must be used. If an occupational therapist recommends a particular workstation set-up for an activity, that workstation set-up must be used by the employee for the task at all times).

If there is any doubt as to the inclusion of tasks, outcomes and achievements in the return to work plan, it is recommended that you take the matter up with the PDA co-ordinator.

## 17. Redundancy

The circumstances under which an AFP employee may be made redundant are set out in clause 33 (Redeployment, Reduction or Redundancy) to the [Australian Federal Police Collective Agreement 2007-2011](#) (AFPCA). In general a redundancy situation exists where:

- (a) the AFP has a surplus of officers in a particular class of employee; or
- (b) an employee's position becomes redundant; or
- (c) the services of an employee cannot be effectively used because of technological or other changes in the methods, or changes in the nature, extent or organisation of the functions of the AFP; or

(d) the functions performed by an employee are relocated to a different locality and the employee is not able to relocate.

In the above circumstances an employee will be notified in writing that they are likely to become an excess employee and an offer of voluntary redundancy will be extended to them. Where such an offer is not accepted the employee's services may be terminated involuntarily under s. 28 of the AFP Act and in accordance with clause 33 of the AFPCA.

As Comcare Australia has two categories of redundancy (voluntary and involuntary) each of which attract different levels of Comcare compensation, Coordinator/Team Leaders should, prior to initiating any redundancy action, establish with the National Rehabilitation and Compensation Coordinator whether an employee has an accepted compensation claim and, if so, the compensation implications of any proposed redundancy action must be established and discussed with all relevant parties including the Comcare Australia Claim Manager prior to embarking on or finalising any redundancy action.

This will allow the benefits payable to an employee under either a voluntary or involuntary redundancy to be established and ongoing compensation and premium implications to the AFP to be identified.

## 18. Invalidation retirement

### 18.1 Background

Invalidation Retirement is not an element of the rehabilitation process. An employee's suitability for Invalidation Retirement is determined by ComSuper and not by Comcare Australia or the AFP. It only becomes an option when all the processes of rehabilitation have been attempted and exhausted and the employee has been assessed totally and permanently incapacitated for any work. An invalidation retirement pension is only available if the Trustees of the Commonwealth Superannuation Scheme agree to the retirement. The AFP Commissioner may only determine that an employee be retired on the grounds of ill health if the Trustees have agreed to pay an invalidation retirement pension. Although an employee may request that their case be forwarded to the Trustees for consideration at any stage, it is unlikely that the Trustees would agree to an invalidation retirement unless all other options have been explored and attempted. Before an application is forwarded to ComSuper, Comcare is asked to review the documents accompanying the invalidation application when the application relates to a compensable medical condition.

The AFP has a defined procedure for employees being referred for medical examination prior to invalidation retirement. These procedures must be followed, with the first reference being made to the Principal Medical Officer.

### 18.2 Procedures for Invalidation Retirement

To organise the retirement of an employee on invalidation grounds, the following factors and steps need to be followed:

- all appropriate rehabilitation and redeployment strategies have been exhausted;
- where continuous absence exceeds or is likely to exceed 13 weeks and/or the employee provides evidence from a treating medical practitioner that he/she is likely to be medically

unfit for duty, consideration should be given to arranging a medical examination with Health Services Australia;

- through the Principal Medical Officer and the HR Advisory Teams, have the employee referred to Health Services Australia for medical examination. Health Services Australia should be provided with some or all of the following documentation (ensure that the relevant authority to release information is obtained from the employee):
- details of the pre-injury duties;
- work performance history;
- sick leave history over the previous two years or since the onset of the injury/illness;
- medical reports relevant to the injury/illness as well as any other injuries/ illnesses that contribute to the invalidity of the employee;
- details of the rehabilitation program/assessment;
- advice to the employee to take to the medical examination any supporting material;
- advice as to which of the abovementioned information has been provided to the employee.
- advise Comcare Australia that the employee has been referred to Health Services Australia.

The advice to Comcare Australia (if applicable) should include:

- a signed authority by the injured/ill employee to release various personal/medical information;
- a case summary;
- doctor and specialist reports (Comcare Australia may well have them);
- details of rehabilitation that has been undertaken;
- current job description, including tasks within the job;
- details of efforts to find alternate suitable work within the AFP;
- details of efforts to find alternate suitable work outside the AFP.
- Comcare Australia has a responsibility to provide to Comsuper opinion as to whether:
- all possible rehabilitation options have been explored; and
- invalidity retirement is supported by Comcare Australia.

In dealing with the possibility of the invalidity retirement of an employee, the AFP must be careful not to create an expectation of retirement with the employee. Therefore, no commitments should be made and no provisional dates for a retirement should be discussed.

Additional information on the procedures relating to invalidity retirement is available from the HR Advisory Teams and/or:

- the [AFP National Guideline on Medical and Psychological Examinations of Employees](#); and
- <http://www.comsuper.gov.au/>.

## 19. Review of the policy

This policy and its implementation will be the subject of ongoing review. The policy will be reviewed annually. The appropriate mechanisms for review are the consultative forums established within the AFP.

## 20. Further Advice

Any queries relevant to the content of this guideline should be referred to the nominated contact point, Coordinator Health, Safety and Rehabilitation.

## 21. References

[\*Australian Federal Police Act 1979\*](#)

[Australian Federal Police Collective Agreement 2007-2011](#)

[AFP National Guideline on Medical and Psychological Examinations of Employees](#)

[AFP National Guideline to AFP health and safety management arrangements 2007 - 2012](#)

[\*Crimes Act 1914\*](#)

[\*Freedom of Information Act 1982\*](#)

[\*Occupational Health and Safety Act 1991\*](#)

[\*Privacy Act 1988\*](#)

[\*Safety, Rehabilitation and Compensation Act 1988\*](#)

## 22. Attachments

### Attachment A - Workplace claim reporting process flow chart

[Use this link to open the Workplace Claim - Reporting Process flow chart in MS Word.](#)

### Attachment B - Non-compensable injury/illness form

**This form is available in MSWord via the Forms Button in the General Section, or in the Forms window, press Search and type in 'illness' to locate it quickly.**