



# Procedure

## Workplace Rehabilitation

### Version Number

4.2

### Version effective

06/08/2013

### Scope

Department-wide

### Purpose

The Department of Education, Training and Employment provides workplace rehabilitation programs to assist each employee with a current accepted WorkCover claim as per Section 220 of the [Workers' Compensation and Rehabilitation Act 2003 \(Qld\)](#).

In addition, the Department may provide workplace rehabilitation programs to assist employees who do not have a current accepted WorkCover claim return to work, where operationally reasonable. When making decisions about what is or will be considered operationally reasonable the Department will consider, on the balance of the employee's and workplace's needs, the following:

- [Financial Accountability Act 2009 \(Qld\)](#)
- [Queensland Public Service Code of Conduct](#)
- [Education \(General Provisions\) Act 2006 \(Qld\)](#)
- An assessment of risks to the injured or ill employee, other employees, students and others in the workplace.

Examples of when the Department may not offer a rehabilitation program to an employee who does not have a current accepted WorkCover claim when the employee:

- does not want rehabilitation support
- does not provide the Department with a current medical authority form if this is required to facilitate rehabilitation
- does not comply with appropriate medical treatment

- does not actively participate in an agreed rehabilitation program
- does not provide enough medical information for the Department to be able to manage health and safety risks to the employee/or other people in the workplace.
- is employed casually.

Rehabilitation programs for departmental employees consist of appropriate and meaningful suitable duties that are negotiated with employees, their supervisors and their treating medical practitioners. Employees participating in a rehabilitation program will be treated with confidentiality, respect and equity as outlined in this procedure. This approach helps provide a timely, safe and lasting return to productive work, thus enabling employees to respond to the needs of students and communities.

This Workplace Rehabilitation Procedure provides details of how the Department of Education, Training and Employment assists injured and ill employees to return to work following an injury or an illness, including responsibilities of all parties in this process. It encompasses rehabilitation for both work related and non-work related injuries.

## Overview

The creation of a high performing health, safety and wellbeing culture in the Department of Education, Training and Employment is critical to improving the health, safety and wellbeing of our people and achieving our vision.

Our vision for staff and students is that they become 'healthy people achieving quality educational and training outcomes in a safe and supportive working and learning environment'.

Workplace rehabilitation programs contribute to this vision by facilitating safe, timely and sustainable return to work programs for employees recovering from injury or illness.

## Responsibilities

### Director-General of Department of Education, Training and Employment

- Ensures Department meets its obligations set out in the [Workers' Compensation and Rehabilitation Act 2003 \(Qld\)](#), including:
  - has a workplace rehabilitation policy and procedures that are reviewed every three years and are accredited with Q-COMP,
  - provision of rehabilitation to all employees with work related injury/illness for the period that employees are entitled to workers' compensation, and
  - training and accreditation of a network of Rehabilitation and Return to Work Coordinators attached to all workplaces.
- Fosters an organisational culture supportive of early intervention and rehabilitation practices in order to maximise the possibility of a successful return to work by employees participating in rehabilitation.



- Provides reasonable funding to support assessments by independent medical specialists, referral to rehabilitation providers and additional allocation support for employees participating in return to work and maintain at work programs.

#### **Organisational Health Unit – Central Office**

Please refer to full list of [responsibilities](#).

#### **Regional Directors/TAFE Institute Directors**

Please refer to full list of [responsibilities](#).

#### **Regional Human Resource Managers/TAFE Human Resource Managers**

Please refer to full list of [responsibilities](#).

#### **Regional Senior Injury Management Consultants**

Please refer to full list of [responsibilities](#).

#### **Managers/Principals**

Please refer to full list of [responsibilities](#).

#### **Rehabilitation and Return to Work Coordinators**

- Perform the functions identified in the [Workers' Compensation and Rehabilitation Act 2003 \(Qld\)](#).
- Please refer to full list of [responsibilities](#).

#### **Injured/III Employees**

Please refer to full list of [responsibilities](#).

#### **Corporate Services Officers (Claims Management)**

- Run a Crystal report every fortnight to identify employees on injury/illness related leave for more than 5 days. Advise Senior Injury Management Consultant of contents of this report.
- Complete the Part B of QSuper Income Protection claims and forward to QSuper.
- Notify relevant regional paying office (Injury Management Team for TAFE staff, Central Office staff and EQ Cleaners) upon receipt of leave advice from a Manager/Principal.
- Update Payroll records regarding periods of leave in accordance with medical certificates and Return to Work Plans/Timesheets.
- Complete payroll information on WorkCover Claim Form and review form to ensure it has been fully completed upon receipt of form.
- Forward completed WorkCover Claim Form, WorkCover medical certificate and other relevant documents to WorkCover within 2 days.



## Employee Advisors

- Provide short-term confidential counselling to employees in relation to organisational and personal distress.
- Coach and consult with principals, managers and supervisors to support positive and supportive working environments for all employees.

## All Employees

- Be aware of this procedure and their responsibilities
- Support rehabilitation of fellow workers by co-operating with reasonable changes within workplace
- Obtain union representation if so desired.

## Process

### Initial Contact by Rehabilitation and Return to Work Coordinator

#### *WorkCover claims*

The purpose of the initial contact is to introduce the Rehabilitation and Return to Work Coordinator and briefly discuss rehabilitation options that may be provided. This contact is also used to organise an appropriate time and place for the initial interview. Issues such as lodging WorkCover claims and leave are generally also discussed at this stage. See the [Special Leave](#) for further information in relation to leave for employees with WorkCover claims.

#### *Non WorkCover claims*

The purpose of the initial contact is to discuss the type of rehabilitation options that may be provided to the employee. This will be dependant on the current level of resources available to provide a rehabilitation service, organisational priorities, available medical information and whether the employee wishes to participate in a workplace rehabilitation program.

Issues such as leave balances and QSuper options are also discussed at this stage.

If the decision is made to provide rehabilitation services to the employee, then the initial contact is used to introduce the Rehabilitation and Return to Work Coordinator allocated to the employee. This contact is also used to organise an appropriate time and place for the initial interview.

### Initial Interview

During this interview the following should occur:

- Explain the role of the Rehabilitation and Return to Work Coordinator, treating Medical Practitioner, the employee's supervisor, relevant workplace personnel and other parties that may be involved in the employee's rehabilitation.
- Discuss the support that the department is able to provide to the employee, including details of the Employee Assistance Service.



- Outline the likely rehabilitation process along with the employee's role, rights, options and responsibilities in this process.
- Check that the appropriate paperwork has been completed and lodged and that the appropriate leave has been granted.
- Gather details of the injury/illness including the current diagnosis, the history, nature and severity of the injury/illness, how this affects the employee's functioning and the impact of the employee's injury/illness on work. If appropriate, return to work options may also be discussed including issues such as the current restrictions or limitations to work, time frames and the expected outcome.
- Complete a voluntary medical authority form, with the employee's consent.
- For school based non-teaching staff, collect copies of the injured employees ADO Agreement and Timesheet (that shows the date of injury) from the employee.
- Develop a high level rehabilitation plan in consultation with the employee, taking into consideration current medical advice and available rehabilitation options.

An employee may bring a support person (e.g. union representative) to the initial interview if they wish. The venue for the initial interview should be negotiated with the employee.

To assist with performing the initial interview, the Rehabilitation and Return to Work Coordinator may use [Form CM03 - 'Personal Details Summary'](#) to collect the personal details of the employee and [Form CM02\(b\) 'Initial Interview'](#) to gather information about the injury/illness and return to work details.

### **Medical Authority**

A medical authority allows the Rehabilitation and Return to Work Coordinator to contact the relevant medical and allied health practitioners (e.g. doctors, physiotherapists, psychologists, etc) and discuss the employee's case. It also enables the Coordinator to obtain copies of reports from QSuper and WorkCover that relate to the employee's injury/illness. [Form CM04 - 'Voluntary Medical Authority'](#) is used to obtain this authority from an employee.

Note that this is a voluntary authority which an employee may refuse to provide, however this may have an impact upon the rehabilitation services able to be offered to the employee by the Department. If an employee refuses to provide a medical authority, a Rehabilitation and Return to Work Coordinator is still able to contact a medical practitioner to provide information, however the medical practitioner is not able to provide confidential medical information.

A new medical authority should be obtained every 6 months, or when there is any major change of circumstance (e.g. the Rehabilitation and Return to Work Coordinator changes, the treating doctor changes).

### **Rehabilitation Plan**

When developing the Rehabilitation Plan, the Rehabilitation and Return to Work Coordinator needs to ensure that the plan is consistent with the available medical information and is developed in consultation with the employee and the employee's supervisor.



It is also important to take a risk management approach when developing the plan. This means that the plan does not place at risk the health and safety of the employee or other departmental employees or students. A risk management approach involves the following steps:

1. Identifying the hazard - this includes determining whether there are factors likely to impact on the health and safety of the employee or other persons and any duties which have been identified at the workplace for any permanent impairment/disability when returning an injured employee to work.
2. Assess the level of risk associated with the hazard - risk levels may be assessed by accessing more detailed medical advice or workplace information. This may include advice on the employee's diagnosis, prognosis, treatment plan, workplace duties, barriers to a return to work or conditions that could aggravate a physical or psychological condition, or appropriate alternative duties, temporary modifications to work processes or environments, etc.
3. Decide and implement control measures - this includes ensuring that the employee is obtaining appropriate treatment, that appropriate suitable duties are identified, that appropriate modifications are implemented in the workplace, medically approved plans for any maintain at work or return to work programs are developed and that regular workplace feedback is obtained on the employee's performance of duties.
4. Monitor and review the effectiveness of the control measures. The rehabilitation plan should be reviewed regularly throughout the employee's rehabilitation, in terms of medical indicators of recovery and the employee's performance of duties. As a result of this review it may be necessary to modify the plan to comply with additional information obtained.

[Form CM07 - 'Rehabilitation Plan'](#) is used to document the rehabilitation plan that is developed.

When developing a rehabilitation plan and setting the goal for an injured employee's rehabilitation, the first and main objective should be to return the employee to the same job in the same work location within the Department of Education, Training and Employment. However, if this is not possible then the goal should be to return the employee to an alternative job or alternative location within the Department. This may be through the medical deployment process, as detailed in the [Employees Requiring Placement Procedure](#).

### **Maintain at Work and Return to Work Programs**

Maintain at work and return to work programs are tools that a Rehabilitation and Return to Work Coordinator may utilise to enable an injured or ill employee to achieve their rehabilitation goal. These programs need to be goal directed and time limited, with regular reviews and updates. These programs form part of the overall rehabilitation plan.

The Department's health and safety obligations to employees, students and visitors to departmental workplaces need to be taken into consideration when developing maintain at work or return to work programs. Programs shouldn't place the injured or ill employee, other employees, students or other people at the workplace at risk of injury/illness.

All maintain at work and return to work programs are to be formulated in consultation with the injured employee, their treating medical practitioners, the Rehabilitation and Return to Work Coordinator and the employee's supervisor.



Reference should be made to the Department's [Reasonable Adjustment for People with Disabilities Procedure](#) and [Guidelines](#) for assistance with any adjustments needed to assist an employee with a permanent disability.

### ***Maintain at Work Programs***

A maintain at work program is used for people who have an injury/illness, but are able to continue working normal hours with some modifications to the employee's duties and/or responsibilities. A maintain at work program should preferably be undertaken at the employee's usual workplace, but upon medical advice may occur at another location.

Safely maintaining an injured/ill employee at work can be achieved through modifications to work, furniture, environment, processes or equipment, the provision of support devices, or services, protective equipment or special access, training in safe work practices and/or the modification of duties. Reasonable costs associated with implementing these strategies are paid for by the workplace where the employee is ordinarily employed. WorkCover Queensland may pay for some modifications should the employee have a current WorkCover Claim.

All maintain at work programs need to be approved by the treating medical practitioner.

### ***Return to Work Programs***

A return to work program is used to assist an employee with an injury/illness who has been absent from work, or is not able to perform their full substantive hours, to return to work. A return to work program may consist of alterations to the number of days worked per week, hours worked per day, and duties performed.

When the employee's substantive workplace is not suitable for a safe return to work, an alternative workplace should be organised through negotiation by the Rehabilitation and Return to Work Coordinator and Regional/Institute/Central Office Human Resource Consultants.

All return to work programs need to be approved by the treating medical practitioner.

### ***Suitable Duties***

Return to work programs and maintain at work programs should provide meaningful productive work for employees who would otherwise be unable to effectively perform their usual duties as a result of their injury/illness. Where staff are unable to perform all of their usual duties and 'suitable duties' are required, the choice of duties will have regard to:

- the nature of the employee's incapacity and pre-injury/illness employment
- relevant medical information
- the rehabilitation plan for the employee
- the provisions of the Department of Education, Training and Employment rehabilitation procedures
- the employee's education, skills, qualifications and work experience
- minimising the risk of aggravating the employee's injury/illness or placing any other person at risk of injury/illness
- if duties are available at a location other than the location in which the employee was injured - whether it is reasonable to expect the employee to attend the other location



- the inherent requirements of the employee's substantive position and the alternate duties.
- any other relevant matters.

Form CM08 - "Work Capabilities Checklist" ([Teachers](#), [Teacher Aides](#), [Administration Staff](#), [Schools Officer](#), [Cleaner](#)) may be sent to the employee's treating medical practitioner to help assess what duties the employee is capable of performing.

[Functional Job Requirement Reports](#) for School Based positions may also be provided to the employee's treating medical practitioner to help assess and identify duties the employee is capable or unable to perform.

### **Completing a Return to Work Plan**

[Form CM09 - "Graduated Return to Work Plan"](#) is used to record the details of maintain at work or return to work programs.

The following information needs to be included in all return to work plans:

- details of the employee undergoing rehabilitation, their supervisor, their medical practitioner and the Rehabilitation and Return to Work Coordinator
- the goal of the return to work plan and the employee's overall rehabilitation goal
- details of the hours the employee will be working each week
- details of the duties the employee will be performing each week, including details of any restrictions to the employee's duties and any additional support that will be supplied to the employee during the week.

Once the return to work plan has been completed, it is signed by all parties before the employee commences the return to work program.

An individual return to work plan should generally be developed to cover a 4 to 6 week period. It should be no longer than one term in duration. Should a maintain at work or return to work program extend beyond 4 to 6 weeks in duration it may be necessary to develop further return to work plans.

The employee should be monitored while undertaking the return to work plan to ensure that the duties and hours recorded in the plan are not aggravating their condition. Alterations should be made to the plan if this is the case. All alterations need to be signed by the employee's treating medical practitioner.

If the employee is claiming benefits from either WorkCover or QSuper then a copy of the return to work plan should be sent to the relevant authority.

### **Accumulated Days Off (ADO)**

An employee is required to demonstrate their ability to work their full weekly hours prior to accumulating ADO time while participating in a return to work program.





If a school based employee is required to accrue ADO time in order to utilise ADO during school holiday periods then this needs to be taken into consideration when developing a return to work program and should be documented in the return to work plan.

School based employees (other than Teachers) who have an accepted WorkCover claim who are totally or partially incapacitated, are deemed to have accrued any ADO that would have normally been accrued as per their ADO agreement.

Any ADO that is deemed to have been accrued whilst an employee is totally or partially incapacitated, is then deemed to have been used over the school vacation periods

Example: A full time Schools Officer sustains a work related injury in the 2nd week of Term 3.

At the time of injury the Schools Officer has a balance of 6 hours of ADO (this ADO balance is protected until the Schools Officer returns to full duties).

The Schools Officer is certified as totally incapacitated until the beginning of Term 4.

The Schools Officer requires 38 hours of ADO for the September school vacation.

The Schools Officer is deemed to have accrued 38 hours of ADO during the period they are totally incapacitated.

The Schools Officer is deemed to have used the 38 hours of ADO required for the September school vacation period and begins Term 4 with an ADO balance of the 6 hours that was protected whilst the Schools Officer was totally incapacitated.

### **Rehabilitation Additional Allocations - School Based Employees**

A Rehabilitation Additional Allocation is the provision of an additional staff member to a school to assist an employee safely return to work following an injury/illness, whilst ensuring the achievement of student learning outcomes in a safe and supportive work environment.

To assist with the rehabilitation of school based employees, the Department may provide reasonable Rehabilitation Additional Allocation funding to assist employees to undertake a graduated return to work under the following circumstances:

- Medical advice indicates that the employee is temporarily unable to return to their base school. A Rehabilitation Additional Allocation may therefore be used to commence the return to work at a host location. This enables employees to re-establish a work routine and apply their skills while issues at the base school are resolved and until the employee recovers sufficiently to return to their base school.
- The employee is able to return to their substantive duties at their base school, but medical advice indicates that the employee requires temporary additional staffing support to safely perform these duties.
- The employee is able to return to their base school, but medical advice indicates that the employee is temporarily unable to perform all their substantive duties. A Rehabilitation Additional Allocation may



therefore be used to allow the employee to commence the return to work performing alternative duties and then gradually pick up the duties of their substantive position.

Rehabilitation Additional Allocation funding is provided according to organisational priorities. The main priority is to facilitate the return to work of employees with accepted WorkCover claims.

Most injured employees who initially require some Rehabilitation Additional Allocation support are able to return to their full time working duties after one term. Therefore, the Department may support an employee participating in a graduated return to work with up to one term of Rehabilitation Additional Allocation support, with the potential to extend this for up to one further term based on the specific circumstances of each case. Employees with accepted WorkCover claims may be able to access further Rehabilitation Additional Allocation support beyond two terms, where supported by WorkCover Queensland.

All requests for Rehabilitation Additional Allocations are co-ordinated through Regional Office.

### **Rehabilitation Additional Allocations - Non-School Based Employees**

Regions may utilise Rehabilitation Additional Allocations to support non-school based employees to return to work.

#### **Timesheets**

All employees participating in a return to work plan complete a '[Graduated Return to Work Timesheet](#)' (Form [CM12](#)) weekly for the duration of the return to work plan, in addition to their normal fortnightly timesheet. A copy of each week's completed Graduated Return to Work Timesheet is sent to Regional Office who will forward this to the relevant payroll area for processing.

If the employee is claiming benefits from WorkCover then copies of completed timesheets should be provided each week, highlighting any discrepancies between the anticipated hours indicated in the return to work plan and the actual hours the employee worked.

#### **Host Work Placements**

Where specialist medical advice indicates that an injured or ill employee is unable to safely undertake a Return to Work Program in their substantive position or location a temporary Host Work Placement may be sourced, where the employee can safely undertake a Return to Work Program.

A risk assessment must be undertaken by the Regional/Institute/Central Office Human Resources and Injury Management staff before a host work placement commences. When undertaking the risk assessment, the following needs to be considered:

- Has the employee formally notified the employer of their substantive workplace issues?
- If yes, what was the outcome of the investigation/WorkCover process?
- Has a local resolution of issues been attempted? Did the employee participate in the resolution attempts? If not, was it reasonable (considering medical and other available information) for them not to participate?



- Has medical justification/support for a host location been received?
- If medical support has been received, it is detailed and sufficient to conclude that a host placement is warranted or is additional information required?
- If the specialist medical advice indicated that the employee is permanently unable to return to their substantive location, has the employee pursued a permanent change to their substantive location via the appropriate processes i.e. Transfer at level.

Host Work Placements are temporary and there is no expectation that the host work placement work unit/school will be required to permanently take on the injured employee.

The [Host Work Placement Fact Sheet](#) outlines the responsibilities of the Hosted Injured Employee, Host Supervisor and Substantive Workplace Supervisor

Where specialist medical advice indicates that an employee is permanently unable to return to their substantive location, the employee/Region/Institute/Central Office must pursue a permanent location change through the appropriate process e.g. transfer at level, reasonable adjustment.

### **Rehabilitation File**

Every rehabilitation case requires a confidential file to store all documents relating to the case.

The rehabilitation file consists of three parts:

1. A blue confidential illness and injury management folder, which contains:
  - personal details
  - case notes
  - doctors' reports
  - other confidential documentation and correspondence
2. A green claims management and sick leave management, which contains:
  - copies of WorkCover and QSuper claim forms
  - medical certificates
  - leave applications
  - return to work plans
  - rehabilitation timesheets
3. A yellow illness and injury management folder that holds the green and the blue folders together.

### **Use of Rehabilitation Providers**

Rehabilitation Providers may be used to assist with an employee's rehabilitation in various situations including:



- conducting an assessment of a worksite or work practice to determine whether adjustments or modifications are required to allow the employee to safely return to work, or continue to work following an injury/illness.
- assisting with determining an appropriate rehabilitation goal and return to work plan for a complex case.
- conducting an assessment to determine the impact that a permanent injury/illness may have on an employee's ability to perform the inherent requirements of their position.
- assisting with identifying appropriate options should an injury/illness render an employee permanently unable to perform their job.
- facilitating an Intensive Case Management process to address barriers to return to work in order to achieve a sustainable rehabilitation outcome.

All referrals made by the Department to rehabilitation providers are coordinated through the relevant Region/Institute/Central Office.

On a case by case basis, it may be useful to gain the treating doctor's endorsement of an external rehabilitation provider service.

WorkCover may fund the use of rehabilitation providers on a case-by-case basis. Rehabilitation and Return to Work Coordinators should liaise with WorkCover, where an injured employee has an open WorkCover claim, to gain appropriate approvals for services to be provided.

For injured employees not covered by WorkCover, funding may be obtained from the relevant Institute (for TAFE Institute staff) or the Organisational Health Unit (for Central Office staff). Approval to access this funding should be obtained prior to referring an employee to a Rehabilitation Provider, through a request from a Regional Senior Injury Management Consultant or the Organisational Health Unit.

[Form CM14 - 'Private Provider Confirmation'](#) may be used to confirm details of the referral with the private provider.

### **Independent Specialist Reviews**

The Department may request an employee to attend a medical examination under part 7 of the [Public Service Act 2008 \(Qld\)](#). Please refer to [Management of Staff Independent Medical Examinations Procedure](#) for full details.

Medical reports obtained under part 7 of the *Public Service Act 2008 (Qld)* may be used to provide guidance in relation to the ongoing rehabilitation of an employee. They may also be used for employment purposes, such as determining the impact an injury or illness may have on an employee's capacity to work and guiding decisions on issues such as transfers, reasonable adjustment, medical deployment and ill health retirement. WorkCover obtains separate medical reports under the [Workers' Compensation and Rehabilitation Act 2003 \(Qld\)](#) for making decisions about whether to accept or reject a WorkCover claim.

All referrals for an independent specialist review are co-ordinated through the Region/Institute/Central Office.



## Transfers and Placements

### ***School Based and Regional Staff***

If the Department receives satisfactory medical advice from a medical specialist stating that an employee is permanently unable to return to their substantive workplace due to the negative impact this would have on their health and/or the health and safety of others at the workplace, but the employee is able to work at another workplace within their Region, then the Region should identify a placement for the employee at another workplace within the Region. Reasonable travel should be considered in making this placement.

The Regional Office is not required to create new positions for employees, but should have a system in place where employees identified as being unable to return to their substantive location can be considered for temporary or permanent positions in other locations with the Region.

If considered necessary to inform decisions around possible placements, additional information, including an independent medical examination and report, can be requested to clarify and justify the reasons for the specialist medical advice provided.

If the specialist medical advice is that an employee is unable to return to any workplace within their substantive Region, then the employee should lodge a compassionate transfer application to request a transfer to a workplace outside their Region.

Please see the [Teacher Transfer Guidelines](#) (DETE employees only) or [Transfer at Level \(Non-Teaching Staff\) Procedure](#) for further information.

### ***Cleaners***

If a medical specialist states that a cleaner is permanently unable to return to their substantive workplace due to the negative impact this would have on their health and/or the health and safety of others at the workplace, but the cleaner is able to work at another workplace, then they may apply for a compassionate transfer. All transfer applications for Cleaners are lodged with the Asset Maintenance Unit.

If considered necessary to inform decisions around transfers, additional information, including an independent medical examination and report, can be requested to clarify and justify the reasons for the specialist medical advice provided.

### ***Central Office Staff***

If a medical specialist states that an employee is permanently unable to return to their substantive position within Central Office, due to the negative impact this would have on their health and/or the health and safety of others at the workplace, but the employee is able to perform the same role in another branch or at another workplace, then the employee should lodge a compassionate transfer application to request a transfer to an alternative branch or workplace.

If the same role does not exist in another branch or workplace then medical deployment should be considered.



If considered necessary to inform decisions around transfers and medical deployment, additional information, including an independent medical examination and report, can be requested to clarify and justify the reasons for the specialist medical advice provided.

Please see the [Transfer at Level \(Non-Teaching Staff\) Procedure](#) for further information.

### **Cessation of Rehabilitation or Non provision of Rehabilitation**

Rehabilitation and Return to Work Programs/Maintain at Work Programs for employees with a non-work related injury or illness may be ceased by either the employee or Department.

If the Department, after conducting a risk assessment determines that it can not offer or continue to provide rehabilitation for an employee, the employee must be advised of the reasons for the cessation of rehabilitation in writing. ([Cessation of Rehabilitation Letter](#)).

Where a rehabilitation or return to work program may present an unacceptable workplace health and safety risk, an employee may be directed to sick leave, under Section 19 of the *Work Health and Safety Act 2011 (Qld)*. This direction must be by the officer with the appropriate Human Resource Delegation. (Refer to [HR Delegations](#) (DETE employees only)). Where rehabilitation is ceased by the Department, employees should be provided with the details about QSuper Income Protection.

The Department can cease or not provide rehabilitation services to employees who:

- do not provide the Department with a current medical authority form or withdraw medical authority and medical authority is required to facilitate rehabilitation
- do not actively participate in the agreed Return to Work/Maintain at Work program.
- do not comply with appropriate medical treatment
- where there is a reasonable suspicion that there is a risk to the health, safety or wellbeing of the injured/ill employee or other employees or
- where the provision of rehabilitation is an unreasonable financial burden on the work unit/School/Institute.

### **Conclusion of Rehabilitation**

Rehabilitation concludes when the injured employee meets any of the following criteria:

- The employee resumes the full duties of their substantive position without any modifications. A clearance medical certificate needs to be obtained from all employees to confirm that their doctor supports that they are fully cleared to perform the duties of their substantive position.
- The employee returns to their substantive position but with permanent or long term modifications to their duties, work processes or alterations to the work environment, acceptable to the Department and the injured employee. Reference should be made to the Department's [Reasonable Adjustment for People with Disabilities Procedure](#).
- The employee returns to another permanent position through a medical deployment process. Reference should be made to the Department's [Framework for Medical Deployment and Redeployment](#)



- The employee ceases to be employed by the Department due to resignation, termination of their contract, retirement or ill health retirement.

If an employee has been returned to their substantive duties through a rehabilitation process, but a new permanent placement is required for the employee, then rehabilitation may be finalised and the employee referred to Human Resource staff for their ongoing management.

If an employee has an accepted WorkCover claim, rehabilitation should not be ceased until WorkCover have finalised the employee's claim, (this does not apply to journey claims or recess claims that are not impacting upon the WorkCover premium paid by the Department) unless the employee resigns from the Department.

On conclusion of each rehabilitation case, feedback from the employee should be sought to assist in evaluating the system and ensure its effectiveness by conducting a debriefing interview. [Form CM19 – 'Workplace Rehabilitation Survey'](#) should also be given to the employee to help determine the effectiveness of rehabilitation interventions. This survey should then be forwarded to the Organisational Health Unit in Central Office for analysis and improvement.

### **Clearance Certificate**

A clearance medical certificate is used to document that a medical practitioner believes that an employee is able to safely perform the duties of their position following recovery from an injury or illness.

If an employee has been absent from work due to an injury/illness the Rehabilitation and Return to Work Coordinator needs to determine whether they require the employee to provide a clearance certificate from their doctor (preferably from a specialist if possible) that medically clears the employee to perform all of the duties of their position.

The decision about whether a clearance certificate is required will be based on an assessment of the risk of the injury/illness being aggravated at work. This ensures that the Department is meeting its health and safety obligations to provide a safe working environment for the employee and others. Examples of when a clearance medical certificate may be required include:

- The employee's absence from work has been the subject of an accepted WorkCover claim
- The employee has participated in a return to work, or maintain at work program
- The employee has had an extended absence (3 months or more in the past 12 months) from work due to a medical condition
- The nature of the employee's injury/illness is such that there is a possibility that their work may aggravate the condition.

Regional Senior Injury Management Consultants/Human Resources staff in Institutes/Organisational Health staff in Central Office are able to assist in determining whether a clearance certificate is required from an employee.

If the Department has needed to make any reasonable adjustments for the employee, these should be detailed in the clearance. Written confirmation of these reasonable adjustments should also be provided to the employee and



their supervisor and placed on the employee's personnel file for future reference. The [Work Restrictions and Approved Reasonable Adjustments form](#) should be used to document reasonable adjustments.

A Q-COMP medical certificate is used to obtain a clearance for an employee with an accepted WorkCover claim. [Form CM17 - 'Medical Clearance Certificate'](#) may be used by the Rehabilitation and Return to Work Coordinator to obtain a clearance for employees not on WorkCover.

### **Unsatisfactory Performance, Discipline, Grievances and Investigations**

This applies to an employee who is on rehabilitation and is also the subject of an unsatisfactory performance or disciplinary process.

It is not appropriate for the officer dealing with an employee's unsatisfactory performance or disciplinary process to also be the Rehabilitation and Return to Work Coordinator.

#### ***Unsatisfactory Performance***

In most instances, to resolve the issues underlying the unsatisfactory performance process and to have a successful outcome to the rehabilitation program, formal unsatisfactory performance management processes must be deferred until the employee has successfully returned to work and their rehabilitation program has concluded. A finite time period for the deferment of the unsatisfactory performance process should be discussed and agreed to prior to the employee re-entering the workplace on a return to work program. To ensure success in the rehabilitation program it is important to ensure that the rehabilitation process is formally separated from the unsatisfactory performance process.

An employee should not commence a graduated return to work program without a clear understanding that they will be required to participate in the unsatisfactory performance process once the rehabilitation program has finished. The unsatisfactory performance process should recommence no later than 20 working days (or earlier with the agreement of the employee) from the date of the employee resuming full duties.

If, during the rehabilitation process, it is determined that the reason for the unsatisfactory performance was primarily due to a medical condition, the need for an unsatisfactory performance process should be reviewed and all options considered (e.g. reasonable adjustment).

In addition to the above requirements, all employees participating in rehabilitation should receive regular informal feedback regarding their performance during their program. This provides the employee with the opportunity to address any performance issues within the supportive environment of their rehabilitation program. Performance feedback should also be provided to the employee's treating medical practitioner, in order to identify whether performance issues may be linked to the employee's medical condition and therefore, to inform the employee's treatment and rehabilitation goals.

#### ***Disciplinary Processes, Employee Complaints and Mediations***

The processes used for disciplinary matters, employee complaints and mediations shall continue irrespective of any leave taken by an employee. However, if the employee is suffering from an injury/illness that may affect their ability to participate in the process, a medical practitioner should be consulted to ensure that proceeding with the





process is not detrimental to the employee's health or wellbeing. If the medical practitioner advises that the employee's participation in the process will be detrimental to their health or wellbeing the Workplace Review Unit should be contacted to determine whether the process should be suspended.

### ***Investigations***

All employees are expected to participate in an investigative process irrespective of any leave taken by the employee. However, if the employee is suffering from an injury/illness that may affect their ability to participate in the investigation, a medical practitioner should be consulted to ensure that proceeding with the investigation is not detrimental to the employee's health or wellbeing.

If the respondent (the person subject to investigation) or a witness is unable to participate in the investigation due to a medical condition, the investigation will continue up to the point that the employee would be interviewed. Once the employee has been cleared by their medical practitioner as being able to participate in the investigative process the investigation may continue. If the employee has been unable to participate in the investigative process for more than 2 weeks the Workforce Review Unit should be contacted to obtain further direction.

If the complainant (person who lodged the complaint) is unable to participate in the investigation due to a medical condition, the investigation will not commence until the employee is cleared by their medical practitioner to participate in the investigation.

### **Confidentiality and Rehabilitation**

#### ***Information collected***

Where the employee consents, the following information may be collected from third parties during the rehabilitation process:

- Medical information obtained from treating medical practitioners/allied health professionals, independent medical practitioners/allied health professionals and rehabilitation providers
- Documentation obtained by WorkCover Queensland
- Documentation obtained by QSuper.

During the rehabilitation process the following information may be collected:

- Information already held by the Department that relates to an employee. This may include an employee's address, phone number, date of birth, payroll information, employment history, documents relating to performance and information gathered during previous rehabilitation processes
- Information obtained from an employee during the rehabilitation process through communication or correspondence with the Department
- Information obtained by WorkCover Queensland
- Information obtained by QSuper
- Information obtained from a workplace that may relate to an employee's performance while at work and the impact an injury/illness may be having upon an employee's ability to perform the duties of their position



- Forms and documents created during the rehabilitation process.

### ***Use of the Information***

Information collected through the rehabilitation process will be used to provide rehabilitation services to an employee as described in this procedure.

Information relating to the impact that the injury/illness may have upon the employee's work, including the rehabilitation plan developed by the Rehabilitation and Return to Work Coordinator, may be discussed with the employee's supervisor, Regional/Institute and Central Office human resource staff. Copies of return to work programs may be provided to the employee's supervisor, Regional/Institute and Central Office human resource staff.

Regional/Institute and Central Office injury management staff may use the information collected through the rehabilitation process to monitor an employee's progress through rehabilitation, provide assistance to the Rehabilitation and Return to Work Coordinator and monitor the Rehabilitation and Return to Work Coordinator's performance in providing rehabilitation services.

If the information collected during the rehabilitation process indicates that an employee has a medical condition that prevents them from returning to their substantive duties in the foreseeable future, this information may be used to medically deploy the employee. If medical deployment is not possible this information may be used to ill health retire the employee.

### ***Storage of the Information***

All information collected by a Rehabilitation and Return to Work Coordinator will be stored on the rehabilitation file. The rehabilitation file will be kept in a secure location, e.g. a lockable filing cabinet or drawer that is locked at the end of each day. Due to the sensitivity of some information gathered during the rehabilitation process only rehabilitation staff will have access to rehabilitation files.

When the rehabilitation process has ended, the rehabilitation file will be sealed and placed on the employee's personnel file. The following information needs to be stated on the sealed envelope to ensure that it is correctly filed:

- confidential Rehabilitation Documents - Only to be opened by Rehabilitation Staff
- full name of employee
- payroll number
- date of birth
- date envelope was sealed and by whom
- WorkCover claim number (if applicable).



## Release of Rehabilitation Information

### ***Administrative Release***

Information collected through the rehabilitation process may be released administratively if the Department receives authorisation from the employee that they consent to the release of information on their rehabilitation file.

### ***Right to Information and Information Privacy Acts***

The [Right to Information Act 2009 \(Qld\)](#) and [Information Privacy Act 2009 \(Qld\)](#) enable people to apply for access to documents which related to themselves and are held by the Department.

All documentation relating to the Department's handling of employee rehabilitation can potentially fall within the scope of the [Right to Information Act 2009 \(Qld\)](#) and [Information Privacy Act 2009 \(Qld\)](#). Staff involved in the Department's rehabilitation program need to keep in mind the Department's policy on facilitating right to information. No guarantee can be made that the documents will not be released. Upon a Right to Information application, the decision maker will determine whether information is released or not.

For further information on release of information please refer to [Providing Access to Department Information](#).

### ***Release of Information Without Permission***

Information obtained through the rehabilitation process may be released without an employee's permission if this is required by court subpoena, search warrant or legislation.

The Department will also release information if it is necessary to prevent or lessen a serious and imminent threat to the life or health of an employee or another person.

### ***Detrimental Employee Record***

If a document is obtained as part of a rehabilitation program, such as a doctor's report, which could be considered to be detrimental to the employee's interests then sections 12, 13 and 14 of the [Public Service Regulation 2008 \(Qld\)](#) may apply. This means that at least 14 days before the Department takes action, the Department needs to ensure that the employee is given an opportunity to read the record, obtain a copy and respond to the record. Exceptions to this are medical reports that might be prejudicial to the employee's mental or physical health or wellbeing. In such cases documents may be released to the employee via a treating medical practitioner. Documents that would be likely to prejudice a relevant investigation or inquiry should also not be provided to the employee.

## Online Resources

### Forms

- [CM01 – WorkCover Checklist for Schools](#)
- [CM02\(a\) – Initial Interview Checklist](#)
- [CM02\(b\) – Initial Interview Form](#)



- [CM03 – Personal Details Summary](#)
- [CM04 – Voluntary Medical Authority](#)
- [CM05 – Case Note Form](#)
- [CM06 – Introduction to Doctor](#)
- [CM07 – Rehabilitation Plan](#)
- [CM08\(a\) – Work Capabilities Checklist – Teachers](#)
- [CM08\(b\) – Work Capabilities Checklist – Teacher Aides](#)
- [CM08\(c\) – Work Capabilities Checklist – Administration Staff](#)
- [CM08\(d\) – Work Capabilities Checklist – Janitor/ Groundsperson/ Facilities Officer/Schools Officer/Agricultural Assistant](#)
- [CM08\(e\) – Work Capabilities Checklist – Cleaner](#)
- [CM09 – Graduated Return to Work Plan](#)
- [CM10 – Return to Work Approval](#)
- [CM11 – Advice about new Return to Work Plan](#)
- [CM12 – Graduated Return to Work Timesheet](#)
- [CM13 – Rehabilitation Pension Approval](#)
- [CM14 – Private Provider Confirmation](#)
- [CM17 – Medical Clearance Certificate](#)
- [CM18 – Case Closure Report](#)
- [CM19 – Workplace Rehabilitation Survey](#)
- [Work Restrictions and Approved Reasonable Adjustments form](#)

### Supporting documents

- [Cessation of Rehabilitation Letter](#)
- [Host Work Placement Fact Sheet](#)
- [Template for Managers/Principals to record conversations with employees on Maintain at Work/Return to Work Programs who have Performance/Attendance issues](#)
- [Functional job requirement reports](#)
- [Responsibilities: Senior Injury Management Consultants](#)
- [Responsibilities: Rehabilitation and Return to Work Coordinators](#)
- [Responsibilities: Regional Human Resource Managers – TAFE Human Resource Managers](#)
- [Responsibilities: Regional Directors/ TAFE Institute Directors](#)
- [Responsibilities: Organisational Health Unit – Central Office](#)
- [Responsibilities: Managers/Principals](#)
- [Responsibilities: Injured Employees](#)
- [Priorities for Providing Rehabilitation](#)



**Review Date**

10/01/2014

**Definitions**

Not applicable

**Authority**

- [Workers' Compensation and Rehabilitation Act 2003 \(Qld\)](#) Chapter 1 part 4 divisions 2, 6 and 7, Chapter 3, Chapter 4, Chapter 13, Chapter 14 Part 1 and Schedule 6
- [Workers' Compensation and Rehabilitation Regulation 2003 \(Qld\)](#) Parts 5 and 6, and Schedule 2
- [Public Service Act 2008 \(Qld\)](#) Part 7, Sections 174 - 179
- [Public Service Regulation 2008 \(Qld\)](#) Part 3, Division 2.
- [Industrial Relations Act 1999 \(Qld\)](#) Chapter 2, Part 1, Section 10
- [Work Health and Safety Act 2011 \(Qld\)](#)
- [Anti-Discrimination Act 1991 \(Qld\)](#) Chapter 1 Section 5, Chapter 2 Part 4, Sections 35 and 36
- [Right to Information Act 2009 \(Qld\)](#)
- [Information Privacy Act 2009 \(Qld\)](#)

**Related Policy Instruments**

- [Health, Safety and Wellbeing Policy Statement](#)
- [Financial Accountability Act 2009 \(Qld\)](#)
- [Directive 08/10 - Managing Employee Complaints](#)
- [Directive 18/10 - Sick Leave](#)
- [Directive 18/09 – Special Leave](#)
- [Health and Safety Incident Recording, Notification and Management](#)
- [Reasonable Adjustment for People with Disabilities](#)
- [Providing Access to Departmental Information](#)
- [Employees Requiring Placement](#)

**Attachments**

- [Template - Cessation of Rehabilitation Letter](#)
- [CM01 – WorkCover Checklist for Schools](#)
- [CM02\(a\) – Initial Interview Checklist](#)



- [CM02\(b\) – Initial Interview Form](#)
- [CM03 – Personal Details Summary](#)
- [CM04 – Voluntary Medical Authority](#)
- [CM05 – Case Note Form](#)
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- [CM14 – Private Provider Confirmation](#)
- [CM17 – Medical Clearance Certificate](#)
- [CM18 – Case Closure Report](#)
- [CM19 – Workplace Rehabilitation Survey](#)
- [Host Work Placement Fact Sheet](#)
- [Priorities for Providing Rehabilitation](#)
- [Record of conversation with employee on a Maintain at Work or Return to Work Program](#)
- [Responsibilities - Regional Directors and TAFE Institute Directors](#)
- [Responsibilities - Injured Employees](#)
- [Principals/managers](#)
- [Responsibilities - Organisational Health Unit - Central Office](#)
- [Responsibilities - Senior Injury Management Consultants](#)
- [Responsibilities - Regional Human Resource Managers and TAFE Human Resource Managers](#)
- [Responsibilities - Rehabilitation and Return to Work Coordinators](#)
- [Work Restrictions and Reasonable Adjustments form](#)

## Contact

For further information, please contact:



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