



AFP National Guideline on occupational rehabilitation and return to work

1. Disclosure and compliance

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

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

ACT	Australian Capital Territory
AFP	Australian Federal Police
AMP	Approved medical practitioner
EAP	Employee Assistance Program
OHS	Occupational health and safety
PDA	Performance Development Agreement
RCM	Rehabilitation case manager
RTW	Return to work
RTWP	Return to work plan
WRP	Workplace rehabilitation provider

3. Definitions

Accepted claim – is an injury or disease for which liability to pay workers' compensation has been accepted by Comcare.

Case management – is the pro-active project management of injured/ill employees' rehabilitation/return to work plans, involving initiating, coordinating, and monitoring the rehabilitation (return to work) process.

Claim – is any claim for workers' compensation (e.g. the initial injury claim, claim for payment or medical expenses, claim for incapacity benefits or permanent impairment etc.).

Claims manager – is the nominated officer of Comcare responsible for managing workers' compensation claims.

Comcare – is the organisation charged with administration and regulation of the [Occupational Health and Safety Act 1991](#) (Cth) and the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth).

Compensable injury – is an injury or disease within the definition in s. 5 of the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth).

Determination – is a Comcare decision to accept or reject liability for an employee's claim in accordance with the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth).

Employee – means, under the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth):

- a person who is employed by the Commonwealth or by a Commonwealth authority, whether the person is so employed under a law of the Commonwealth or of a Territory or under a contract of service or apprenticeship; or
- a person who is employed by a licensed corporation.

Early intervention – is the initial response of managing an injury and includes:

- timely and appropriate medical treatment
- documentation completion and submission
- return to work assessment and planning
- provider appointment
- flexibility within the work environment to effect a graduated return to work and/or modified/suitable duties.

Graduated return to work – is an employee's return to specified duties on reduced hours/duties and the progressive, planned increase in those hours/duties.

Non-compensable injury – is an injury not arising from employment.

Occupational rehabilitation – is the combined and coordinated use of medical, psychological, social, educational and vocational measures to restore, as far as possible, a person's pre-injury work function. It is a managed process combining early intervention with appropriate, adequate and timely services based on assessed needs.

Redeployment – means placing an injured employee into an alternative position either within the AFP or with another employer.

Rehabilitation case manager – is a workplace-based employee delegated under s. 41A of the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth) to coordinate the rehabilitation program and return to work process on behalf of the AFP.

Rehabilitation program – is a structured series of planned activities offered to injured or ill employees to assist them to return, as far as possible, to their pre-injury employment status.

Return to work plan – means a document detailing an employee's rehabilitation program including return to work objectives/goals, time frames, proposed services and costs issued under s. 37 of the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth).

Workplace rehabilitation provider – is a person or organisation external to the AFP who is approved under Part III Division 2 of the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth) to provide rehabilitation services to assist employees with work related injuries or diseases to return to work. The provider's service performance may also warrant 'preferred' status within the AFP.

4. Guideline authority

This guideline was issued by the National Manager Human Resources using power under s. 37(1) of the [Australian Federal Police Act 1979](#) (Cth) as delegated by the Commissioner under s. 69C of the Act.

5. Introduction

This guideline sets out the policies, procedures and responsibilities to manage the return to work of injured AFP employees.

6. Policy

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

The AFP recognises its responsibility as an employer to provide a safe and healthy workplace and working environment. This involves strategies for the 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.

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.

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

7. Coverage

This guideline applies to all AFP employees covered by the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth). It may not apply to AFP employees attached or seconded to another agency if a relevant memorandum of understanding clearly states other arrangements.

8. Compensation for injuries and illness

8.1 Compensable injury or illness

The AFP will provide the opportunity for a return to work plan to any employee who suffers an injury and/or reduced working capacity as a result of a compensable injury or illness and where the employee is expected to be absent from work for 10 days or more and 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.

8.2 Non-compensable injury or illness

In cases of non-compensable and non-work related injury or illness, where the employee would benefit from the development of a return to work plan/program, the AFP will develop such a program. If expert skills are required, a preferred approved workplace rehabilitation provider (WRP) should be engaged.

Costs incurred for services provided by an external provider are the responsibility of the area to which the employee is attached.

The decision to appoint a preferred approved WRP should be made in a consultative manner, and always include the employee's coordinator/team leader/manager or other as required. Before entering into a rehabilitation plan, the rehabilitation case manager may negotiate the cost of the specific services, with the preferred provider.

Non-compensable injury or illness attracting approved WRP services should be maintained on a formal rehabilitation file.

A medical clearance certificate must be produced by the treating medical practitioner/specialist clearing the employee to return to work either gradually or to pre-injury status.

Advantages for providing rehabilitation for non-compensable injuries and illnesses include:

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

9. Early intervention

The AFP recognises that there are circumstances where work related injury or illness may occur, which will require no time off work and minimal treatment and associated costs.

The Occupational Health and Safety (OHS) team, in consultation with the Principal Medical Advisor will assess and provide relevant funding to assist the employee in receiving treatment and rehabilitation, where necessary.

10. Work performance

Incapacity following an injury or illness must 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 AFP management practices and performance assessment procedures.

11. Roles and responsibilities

11.1 AFP

The AFP as a corporate entity must maintain its occupational health and safety program consistent with the relevant legislative requirements and provide adequate resources and training in the context of overall resource priorities.

11.2 Senior executive managers

A senior executive manager responsible for a function or portfolio must institute systems to ensure that:

- procedures are established to implement this guideline
- resources necessary to implement guideline are allocated and prioritised within the resource priorities
- appropriate funds are allocated for early intervention activities
- appropriate funds are allocated to purchase necessary aids and appliances
- implementation is achieved through established mechanisms and workplace consultation
- suitable duties must be made available in the pre-injury work area, or funding must be provided in an alternate work area.

AFP managers are accountable for using health and safety and return to work plans to reduce Commonwealth workers' compensation costs and the premium payable by the AFP.

11.3 Coordinator/team leader

Coordinators/team leaders must:

- provide a safe workplace under their area of control
- implement this guideline within the workplace under their control
- notify the area occupational health and safety (OHS) advisor and rehabilitation case manager (RCM) if an injured employee cannot report an injury
- complete an online Workplace Incident Report (found in 'Forms' in Insight!) on the AFPHUB on behalf of another person due to either:
 - remote locality
 - lack of network access
 - absence from work.
- advise the RCM of an employee's absence from work if the employee is likely to be absent from work for 10 days or more
- advise the RCM if the injury sustained meets one of the following injury/illness types:

- back/neck injury
 - occupational overuse
 - occupational stress.
- assist to determine, locate and provide suitable return to work duties (within medical restrictions) for employees
 - participate in designing and operating return to work plans (RTWPs), including re-arranging duties, re-deployment and advice to team members
 - monitor the day-to-day progress of employees on rehabilitation programs and cooperate with the RCM and workplace rehabilitation providers (WRP) to ensure that programs are adhered to in the workplace (n.b. this includes documenting the duties and the performance level of the injured employee, and providing ongoing support)
 - facilitate staff consultation and participation at all stages of the process
 - ensure employees returning to work after an injury can perform assigned tasks effectively and without aggravating the injury
 - identify staff training needs and arrange to provide appropriate training.

11.4 Area occupational health & safety advisors

The area OHS advisor must:

- advise on OHS legislative requirements and relevant codes of practice
- advise on appropriate remedial measures to reduce workplace hazards following workplace risk assessments, accident investigations and safety audits
- report regularly to the National OHS Committee on all aspects of workplace health and safety and occupational rehabilitation performance.

11.5 Team Leader Injury Management

The Team Leader Injury Management must:

- assist, monitor and evaluate implementing this guideline
- advise all parties involved in implementing this guideline
- advise the National OHS Committee
- undertake ongoing regular review of this guideline in consultation with all interested parties.

11.6 Rehabilitation case manager (RCM)

The RCM must:

- assess the need for, and manage the rehabilitation/return to work (RTW) of injured/ill employees
- as needed, appoint external providers, liaise with treating health professionals and communicate with managers and coordinators/team leaders to identify and provide suitable duties
- be involved in managing the individual's RTW.

The RCM role is central to an effective and successful RTW. The RCM facilitates the workplace input for a successful rehabilitation program and manages the program costs. This role

emphasises active and sensible management. The RCM should have:

- experience/skills in rehabilitation case management or equivalent
- professional qualifications
- strong management, administrative and people skills

RCMs must attend and complete Comcare Case Management training and a Certificate IV and/or Diploma in injury management.

The AFP Commissioner has delegated powers and functions under ss. 36 and 37 of the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth) to a person holding or directed to act in the role of an RCM, or otherwise performing the duties of an RCM.

There are 2 major components of the role of RCM:

- providing one-to-one assistance to injured employees to RTW in a safe and durable manner
- managing the broader issues of rehabilitation and RTW in the AFP to ensure adherence to the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth).

One-to-one assistance involves:

- coordinating all aspects of injury advice/compensation lodgement and encouraging early intervention strategies with all key stakeholders
- assessing the need for rehabilitation
- contracting and liaising with an WRP (if applicable)
- consulting with injured workers, their treating health professionals and coordinators/team leaders
- securing resources
- negotiating with line managers on suitable duties for the employee's RTWP
- monitoring RTWP
- consulting with Comcare claims managers on all RTW issues relating to liability determination
- organising support for the employee both during and after their RTW
- coordinating closure of the RTWP.

Broader management responsibilities include:

- assisting to implement and review this guideline
- maintaining immediate injury notification and early intervention systems
- monitoring claims costs, incidence and their effect on the AFP's workers compensation premium
- reporting to the Team Leader Injury Management and area OHS Committee on all aspects of occupational rehabilitation performance as required.

11.7 Compensation pay team

The compensation pay team's principal duties are to:

- process claims for compensation payments as required by the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth) and AFP guidelines
- forward claims for compensation payments to Comcare within 48 hours of receipt

- provide payment related advice to employees on entitlements under the Act
- process compensation payments to employees and maintain personnel records
- review, verify and adjust, as required, employees entitlements under the Act
- develop and maintain effective processes for processing compensation payments.

The compensation pay team's secondary duties are to:

- provide salary and related personal data to solicitors and Comcare in accordance with statutory requirements
- monitor and provide status reports on periods of employee absence on compensation in accordance with the requirements of the Act.

11.8 Employees sustaining a work related injury or illness

AFP employees must:

- cooperate with management and other employees in applying AFP procedures and guidelines on health, safety and rehabilitation at work
- notify their coordinator/team leader of all potential and known hazards.

Employees who sustain a work related injury or illness must undertake a RTWP where the RCM recommends this.

The employee's responsibilities and obligations include:

- taking an active role in the rehabilitation process
- informing (or arranging for another to inform) the coordinator/team leader, area OHS Advisor or RCM within 1 working day, or sooner if possible, of the injury
- lodging claims with their coordinator/team leader as soon as possible but no later than 3 working days after being injured (unless the severity of the injury prevents this)
- facilitating contact between the RCM, WRP and medical/health practitioner(s)
- fully participating in forming the RTWP and monitoring progress with the assistance of the coordinator/team leader, RCM and WRP (as appropriate)
- undertaking the agreed RTWP within medical/health professional guidelines (n.b. 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 RCM of changes in circumstances that may affect the progress of the RTWP, prior to the changes arising
- wherever possible, undertaking treatment outside working hours when participating in a graduated RTWP
- ensuring 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](#) (Cth).

The employee has the right to:

- request an assessment for a RTWP where one is required
- participate in developing the RTWP
- receive copies of all assessments and RTWP forms
- access suitable duties on their RTW
- request Comcare to reconsider its decisions, including the RTWP
- request copies of any documents held on their compensation/rehabilitation file.

11.9 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 RTWP where this is recommended by the RCM and approved by the coordinator/team leader/manager. Participation of the employee in the RTWP is on a voluntary basis. The costs associated with such programs will be the responsibility of the cost centre/area to which they are attached.

11.10 Team members

Team members must:

- cooperate in reasonable workplace changes designed to assist in the RTW of injured employees
- support the injured person in the workplace
- recognise limitations imposed by the injury and respect the modified duties/hours required.

11.11 Workplace rehabilitation providers

Under the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth), where expert RTW services are required, WRPs approved by Comcare must be used.

WRPs approved by Comcare and engaged by a RCM to provide services should:

- contact the injured employee within 3 working days of the referral by the RCM
- ensure the initial assessment and the RTWP is developed within 10 working days of the referral
- provide occupational rehabilitation, supervision and/or other specialised services requested by, and arranged with the RCM
- involve the injured employee, treating doctor, coordinator/team leader, RCM and Comcare in developing of the RTWP
- ensure compliance with the AFP Standard of Service Delivery for WRPs, which is available from the Team Leader Injury Management upon request.

11.12 Comcare

The role of Comcare is to:

- develop, review and promulgate the Commonwealth's RTW policy based on accepted concepts, strategies and practices in the management of work-based compensable injuries
- administer the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth)
- promote adopting effective strategies and procedures to rehabilitate injured workers
- ensure the RTW policy is effectively applied throughout its jurisdiction by advising and training employers and involved stakeholders
- monitor acceptance and implementation of the RTW policy and evaluate its effectiveness (including, advising and assisting employers on how to monitor and appraise rehabilitation activities).

Section 41 of the [Safety, Rehabilitation and Compensation Act 1988](#) (Cth) provides that WRPs

must comply with Comcare guidelines issued to them on how they should perform their functions and exercise their powers under Part III of the Act.

11.13 AFP Association/Commonwealth Public Sector Union

The AFP Association and Commonwealth Public Sector Union are committed to the implementation and review of the procedures and accompanying guidelines to ensure that the rehabilitation process operates fairly and effectively.

Association representatives may also provide support and advocacy for individual employees involved in the rehabilitation process, where this is requested by the injured employee or Comcare.

12. AFP chaplain services

AFP chaplain services may be part of an injury treatment and/or return to work plan and include:

- supporting employees in emergency situations and disasters
- counselling for personal and professional problems
- home and hospital attendance
- assisting family and friends in times of bereavement
- general call outs.

More information is available by accessing [Chaplain services](#) on the AFPHUB.

13. Employee Assistance Program

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

This service may be part of an early intervention strategy. The trained counsellors provide expert advice, support and referral services to assist employees to manage a large range of issues, including:

- counselling and support 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
- trauma services.

The EAP aims to tailor its services for individuals and workplaces. EAP staff are a multi-disciplinary team with experts in workplace intervention and focussed on helping employees with personal and work related problems.

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

14. Documentation and confidentiality

14.1 Privacy obligations

The [Privacy Act 1988](#) (Cth) imposes obligations on record-keepers concerning collecting, storing, using and disclosing personal information.

Those involved in the rehabilitation process must treat any information they receive in strict confidence and in accordance with the Act's Information Privacy Principles.

Disclosing an injured employee's personal information to a third party is usually prohibited unless the employee has consented in writing to such disclosure.

The rehabilitation case manager (RCM) must ensure:

- all records are secure against loss, unauthorised access and use, modification or disclosure and misuse
- if it is necessary to give records to a third party, reasonable action is taken to prevent unauthorised use or disclosure without permission from the employee
- all aspects of early advice/compensation lodgement are coordinated
- the employee is informed of his/her rights and obligations and the need for consultation with all stakeholders
- the employee signs an authority to obtain and/or release information to assist in determining rehabilitation and compensation needs
- a 'Medical-in-Confidence' file is opened to file compensation related documentation such as:
 - copy of the claim form
 - medical reports/certificates
 - claims for time off work/period of reduced earnings
 - rehabilitation program/return to work plan
 - authority for the release of medical information/access to leave
 - general correspondence
 - applicable checklists and review sheets
- all rehabilitation information is treated in the strictest confidence and in accordance with the principles of the Act's Information Privacy Principles
- files are stored in a locked cabinet or compactus.

14.2 Access to personal information

AFP employees should first seek access to their compensation/rehabilitation files by writing to their RCM, rather than making a request under the [Freedom of Information Act 1982](#) (Cth). If this is unsatisfactory a request under the Act may be made.

Third party requests for access to personal information (e.g. from the AFP Association, solicitor, etc.) should be accompanied by that person's signed authority to release the particular document sought.

14.3 Information disclosure

Employees must never disclose official information to another person unless they are acting:

- in the course of their official duty, and
- with the express authorisation of the Manager/National Manager or other authorised person, or
- under lawful compulsion (e.g. under the [Freedom of Information Act 1982](#) (Cth), subpoenas and other like processes).

Employees must have regard to the:

- [AFP National Guideline on the disclosure of information](#)
- [AFP Practical Guide on disclosing information for private and professional purposes](#).

15. Reporting injury or illness

15.1 Work related injury or illness

Where an incident causes injury/illness and has been reported through Insight! and the injury requires medical attention and/or time off work a [Claim for Workers' Compensation](#) form (available on the Comcare website) should be completed and lodged with the coordinator/team leader immediately or (where possible) within 3 working days. The coordinator/team leader must then complete relevant sections and forward to the rehabilitation case manager (RCM) within 1 working day after receipt. If the employee cannot access the relevant forms, the coordinator/team leader must ensure forms are completed in a timely manner.

In accordance with the requirements of the [AFP National Guideline on leave management](#), the coordinator/team leader must submit a leave request directly through the pay team where an employee is expected to be absent from work for an extended period of time and email [Health-Safety&Rehabilitation](#).

After the initial claim is submitted and for any additional absence from duty relating to a compensable condition, a [Claim for Time off Work/Period of Reduced Earnings](#) form (available on the Comcare website) and any accompanying medical evidence should be submitted to the RCM through the team leader as soon as possible.

To ensure the correct calculation of compensation entitlements all attendances and absences must be recorded correctly through the time recording system. Employees must record their start and end times to the nearest minute of the actual start and end time.

Employees undertaking a return to work plan must have all planned leave requests approved by the RCM. Employees undertaking a graduated return to work plan as part of a rehabilitation program must record their work hours as 'ordinary hours' and additional hours as 'leave hours'. Employees must complete the relevant leave forms through Insight!.

Documents to be completed and submitted when claiming for compensation and rehabilitation include:

- [Claim for Workers' Compensation](#) (available on the Comcare website)
- [Authority and consent for the Collection and Release of Medical Information Pertaining to my Claim](#) (available on the Comcare website)
- [AFP Authority for the Release of Medical Information](#) (available in Microsoft Word through AFP Forms > Admin > OHS)
- [Access to leave and release of Comcare payments](#)

- [Medical Services Claim](#) form (available on the Comcare website) and relevant medical accounts or receipts
- an original medical certificate completed by a 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 (available on the Comcare website).

Comcare **will not** consider a claim until these documents are provided and complete.

The documentation listed above is available from:

- the RCM
- the National Occupational Health and Safety Team
- AFP forms
- Comcare.

15.2 Non-work related injury or illness

Employees undertaking a non-compensable graduated return to work plan must record their work hours as 'ordinary hours' and additional hours as 'leave hours'. Employees must complete the relevant leave forms through Insight!.

In accordance with the requirements of the [AFP National Guideline on leave management](#), where an employee is expected to be absent from work for an extended period of time (greater than 3 days) because of injury/illness, the coordinator/team leader must submit a leave request through Insight! to avoid overpayment and should email [Health-Safety&Rehabilitation](#).

The Australian Federal Police Enterprise Agreement 2012–2016 states that employees may be directed to be assessed by an independent medical practitioner if they take lengthy and regular personal leave for illness (cl. 43(11)).

The medical practitioner who conducts the examination must be an occupational physician or a medical specialist in the field of the employee's medical condition.

Such examinations are to report on the:

- employee's fitness to resume duty
- employee's fitness for redeployment
- amount of additional leave which should be granted to the member.

15.3 Occupational health and safety considerations

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

16. Worker's compensation benefits

The [Safety, Rehabilitation and Compensation Act 1988](#) (Cth) provides benefits for employees who sustain a compensable injury/illness. These may include:

- 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
- additional benefits if permanently impaired
- death benefits.

More information is available from the rehabilitation case manager, National Occupational Health and Safety Team, Human Resource Strategies Teams or Comcare.

17. Early referral outcome

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

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

18. Aims of rehabilitation

18.1 Hierarchy of return to work

The aim of rehabilitation is to return injured/ill employees to employment. Comcare supports the following hierarchies:

Hierarchy of return to work:

1. same job/same workplace
2. modified job but same workplace
3. different job/same workplace
4. same or modified job/different workplace
5. different job/different workplace.

Hierarchy of hours of work:

1. full time or pre-injury hours (which includes shift work)
2. graduated return to work
3. permanent part-time work.

18.2 Rehabilitation goal

Rehabilitation goals need to be specific, for example:

- return to work in pre-injury position and pre-injury hours as an operational police officer

within ACT Operations

- return to work in a new position at pre-injury hours within the AFP
- return to work as a clerical officer with a new employer in the IT industry.

18.3 Finding suitable duties appropriate to the injured employee

The AFP is committed to finding and making suitable employment available to injured/ill 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 (RTW) 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 RTWPs 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 rehabilitation case manager (RCM) will negotiate a return to other suitable employment or duties. Where practicable, these negotiations should involve the:

- employee
- previous and proposed coordinator/team leader
- treating medical practitioners
- workplace rehabilitation provider (WRP) (if applicable)
- representatives from the employee's association, if requested.

The liable cost centre must fund the employee's salary whilst they undertake suitable duties in an alternate position until they are fit to return to pre-injury duties or seek a permanent alternate position.

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
5. new employer – new job.

The following issues also need to be considered:

- the employee's physical and psychological capacity and relevant medical evidence when selecting suitable duties
- the duties selected must be negotiated with the treating doctor to avoid the aggravation of the injury
- 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
- 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.

18.4 Consultation with team members

All team members should be consulted in the placement of an injured/ill 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/ill employee affects co-workers in the area.

The RCM will work with the coordinator/team leader to inform the team members of the impact and requirement for any changes. This process may include a workplace delegate of the AFP Association or Commonwealth Public Sector Union, where appropriate, and will aim to achieve the commitment of all team members to the success of the injured/ill employee's RTWP.

18.5 Redeployment

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

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

- be in consultation with the injured/ill employee, the treating medical practitioner, WRP involved in developing the RTWP and AFP managers
- include a job with suitable duties
- 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 RCM has determined that redeployment is the best option, they should consult with the [HR Advisory Team](#) to identify possible suitable vacancies.

18.6 Non-compliance with a return to work plan in compensable cases

Where an injured employee does not cooperate with the agreed RTWP, compensation entitlements may be ceased and the employee's incremental advancement may be jeopardised. The RCM must report any suspected non-compliance with the provisions of a RTWP to the Team Leader Injury Management.

18.7 Costs incurred by a return to work plan

In cases where compensation has been claimed but liability has not yet been determined, the RCM may consider that the early commitment of funds for rehabilitation is essential. If so, the RCM must consult with the relevant workplace manager and obtain approval for projected expenditure. The RCM and the workplace manager should have regard to the possibility that the claim may not be accepted. A notional limit of \$3,000 has been set as a guideline. For further information refer to s. 14.2 on non-compensable rehabilitation and return to work.

In cases where compensation has been claimed and liability has been accepted, all reasonable RTW costs will be reimbursed by Comcare as part of the compensation process.

19. Performance Development Agreements

Employees undertaking a rehabilitation program should have a current Performance Development Agreement (PDA) which should refer to the return to work plan (RTWP). The

current coordinator/team leader should be noted as the principal team leader with the substantive team leader and the rehabilitation case manager (RCM) added as additional team leaders.

A rehabilitation program is a means of improving an employee's work capacity and the AFP and the employee should share an interest in achieving the program's defined return to work goals. The coordinator/team leader must have input into the rehabilitation program by identifying suitable duties and ensuring that those duties are available in the work area.

PDA's may appropriately include compliance with:

- hours of work defined in the RTWP (a coordinator/team leader must not agree to an employee working longer. If an employee can do some extra time, why can't the employee do so all the time?)
- defined restrictions (e.g. no keyboard work if an employee's doctor recommends it, time limit for tasks/activities etc.)
- recommended interval activities (e.g. providing and using a 10 minute break each hour, task rotation of exercise sessions if an employee's doctor recommends it)
- recommended workplace practices (e.g. providing and using an aid or appliance to assist with their work, and/or an occupational therapist recommended workstation set-up etc).

The PDA should be completed using the [online](#) system and all enquiries relating to PDA tasks, outcomes and achievements in the RTWP should be discussed with the PDA coordinator and RCM.

20. Redundancy

The circumstances under which an AFP employee may be made redundant are set out in cl. 58 (Redeployment and Redundancy) of the Australian Federal Police Enterprise Agreement 2012–2016.

Comcare has 2 categories of redundancy (voluntary and involuntary) which attract different levels of Comcare compensation. Coordinators/team leaders should, before initiating any redundancy action, establish with the Team Leader Injury Management whether an employee has an accepted compensation claim. If so, the compensation implications of any proposed redundancy action must be established and discussed with all relevant parties including the Comcare before progressing or finalising any redundancy action. This establishes what benefits are payable to an employee under either a voluntary or involuntary redundancy and identifies ongoing compensation and premium implications for the AFP.

21. Invalidity retirement

21.1 Determination and qualification

Invalidity retirement is not part of the rehabilitation process.

Only ComSuper can determine an employee's suitability for invalidity retirement after:

- all rehabilitation processes have been attempted and exhausted
- the employee is assessed as totally and permanently incapacitated for any work.

An invalidity 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 invalidity 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 invalidity 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 invalidity application when the application relates to a compensable medical condition.

AFP procedures for referring employees for medical examination prior to invalidity retirement must be followed. Refer to the [AFP National Guideline on Medical and Psychological Examinations of Employees](#).

21.2 Procedures for invalidity retirement

To organise retiring an employee on invalidity grounds, the following factors and steps must 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 the employee is likely to be medically unfit for duty, consideration should be given to arranging a medical examination with one of the following ComSuper approved medical practitioner groups:
 - Medibank Health Solutions
 - Australian Medico Legal Group
 - Australian Medico Legal Services.
- in consultation with the Principal Medical Advisor, and if applicable the HR Strategies Portfolio, have the employee referred to an approved medical practitioner (AMP) for medical examination. The AMP 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 2 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 that the employee has been referred to an AMP.

The advice to Comcare (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 may already 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 or outside the AFP.

Comcare has a responsibility to provide to ComSuper opinion as to whether:

- all possible rehabilitation options have been explored
- invalidity retirement is supported by Comcare.

Dealings with the possibility of the invalidity retirement must not create an expectation of retirement by the employee. 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 [ComSuper](#).

22. Further advice

Queries about the content of this guideline should be referred to the [Coordinator Health, Safety and Rehabilitation](#).

23. References

Legislation

- [Australian Federal Police Act 1979](#) (Cth)
- [Crimes Act 1914](#) (Cth)
- [Freedom of Information Act 1982](#) (Cth)
- [Occupational Health and Safety Act 1991](#) (Cth)
- [Privacy Act 1988](#) (Cth)
- [Safety, Rehabilitation and Compensation Act 1988](#) (Cth).

AFP governance

- [AFP National Guideline on Medical and Psychological Examinations of Employees](#)
- [AFP National Guideline on the disclosure of information](#)
- [AFP National Guideline on leave management](#)
- [AFP Practical Guide on disclosing information for private and professional purposes](#)
- Australian Federal Police Enterprise Agreement 2012-2016
- [National Guideline to AFP health and safety management arrangements 2007 – 2012](#).

AFP Forms

- [AFP Authority for the Release of Medical Information](#) (available in Microsoft Word through AFP Forms > Admin > OHS).

Other sources

- [Chaplain services](#) (AFPHUB)

Comcare

- [ComSuper](#).

24. Attachments

- [Rehabilitation case manager delegations \(PDF, 400KB\)](#).