

WORKPLACE REHABILITATION
GUIDELINES
FOR
NON-WORK RELATED INJURY & ILLNESS

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1.0 WORKPLACE REHABILITATION FOR STAFF MEMBERS WITH NON-WORK RELATED INJURY/ILLNESS

Griffith University is committed to providing a healthy and safe workplace to prevent staff members' exposure to health and safety risks arising from University activities in accordance with obligations under the [Work Health and Safety Act 2011](#).

These guidelines provide procedures for rehabilitation case management for non-work related injury/illness where injury/illness impacts on staff members' work.

1.1 Purpose of Workplace Rehabilitation

The University recognises the benefits of rehabilitation for injured/ill staff members, including faster recovery, reduced suffering, improved job and financial security and improved mental wellbeing as well as benefits to the University such as retention of skilled staff members, increased productivity and positive impact on staff morale.

Rehabilitation case management is provided in consultation with relevant parties according to the University's [Rehabilitation Policy](#).

Workplace rehabilitation may be offered at the discretion of the University to assist with recovery and/or to minimise risk of re-injury or aggravation of a pre-existing medical condition. This may include situations where the staff member has not had any absences from work but has disclosed that they are unable to undertake certain duties within their role.

2.0 APPLICATION

The following are examples where workplace rehabilitation may be relevant for non-work related injury/illness, including psychological or psychiatric illness:

- prolonged, frequent, recurrent or unexplained work absences;
- return to work after prolonged work absence;
- medical certificate diagnosis indicating concerns regarding staff member's health and safety as a result of a medical condition;
- possible cessation of superannuation temporary incapacity benefits; or
- WorkCover claim has been denied or finalised and the staff member has not yet returned to pre-injury duties.

Workplace rehabilitation offered by the University will be relevant to the business needs, operational requirements and the staff member's individual circumstances, and be consistent with best practice rehabilitation principles and practices:

- rehabilitation and suitable duties programs will be workplace-based, time limited and developed in consultation with key stakeholders using a multidisciplinary team approach;
- suitable duties programs will be approved by the treating doctor;
- consideration may be given to reasonable workplace adjustment; and
- confidentiality of medical and rehabilitation information will be maintained.

2.1 Goal of Workplace Rehabilitation

The goal of workplace rehabilitation will always be to enable the staff member to resume substantive duties. This may include a period of reduced work hours and/or suitable duties in accordance with medical recommendations. Other work options may

be considered only at the discretion of the University and where every effort has been made to return the staff member to substantive duties via modified or selected duties. It is anticipated that the rehabilitation will normally be short-term.

2.2 Responsibilities of the University

The University is not obligated to provide rehabilitation for non-work related injury/illness and will only do so if it is likely to benefit the staff member and does not create undue hardship for the work area. This type of rehabilitation case management is undertaken by a Senior Adviser, Injury Management (IM), within the Office of Human Resource Management (OHRM) under the guidance of the treating Doctor and in consultation with the Element and HR Adviser/Business Partner.

3.0 ROLES OF KEY STAKEHOLDERS

If it is agreed that workplace rehabilitation should be offered, key stakeholders in this process may include all, or some of the following persons to work collaboratively in the development, implementation and monitoring of workplace rehabilitation:

- the Senior Adviser (IM);
- the injured/ill staff member;
- supervisor/manager of the injured/ill staff member;
- treating Doctor;
- HR Adviser/ HR Business Partner;
- rehabilitation service provider (where approved by supervisor and senior managers) (Refer 6.0).

3.1 Senior Adviser, Injury Management

The Senior Adviser (IM) in the Office of Human Resource Management will:

- ensure the staff member and supervisor understand the purpose and goal of workplace rehabilitation;
- obtain signed Medical Authority from the staff member if medical information is to be requested from the treating Doctor;
- clarify medical recommendations with regard to rehabilitation and return to work with the treating Doctor;
- facilitate the development, implementation, and monitoring of rehabilitation and suitable duties programs where required in consultation with all stakeholders;
- maintain accurate, relevant, confidential case notes and documentation;
- request that the staff member enter appropriate leave in the Griffith Portal, or send email to ASKHR requesting that appropriate leave is entered on the staff member's behalf (ensuring staff member and supervisor prior approval has been obtained prior);
- prompt the staff member to provide medical certification to cover all periods of partial or total incapacity;
- manage referral to a rehabilitation service provider where required to progress rehabilitation (refer 6.0); and
- keep the HR Adviser/HR Business Partner informed of current status of rehabilitation.

3.2 Injured/Ill Staff Member

Staff member participation in workplace rehabilitation for non-work related injury/illness is voluntary. However, participation is expected where the staff member has signed a medically approved suitable duties program (SDP).

If:

- the staff member refuses to participate in rehabilitation despite a medical certificate specifying restrictions for work and/or a medically approved suitable duties program or rehabilitation; or
- the workplace is unable to provide suitable duties compliant with the medical restrictions,

The staff member:

- will be required to remain on leave until they provide medical evidence that they are fit to return to work;
- should stay in regular contact with their manager or supervisor regarding their progress.

The injured/ill staff member will:

- notify their supervisor of an injury/illness where it has an impact or is likely to have an impact on their ability to perform their usual hours and duties. If the staff member is uncomfortable reporting their injury/illness to their supervisor, they are able to contact a Senior Adviser (IM) directly. If the staff member is unable to report their illness/injury, their representative (proxy) should do so;
- provide a medical certificate from the treating Doctor for absences of more than 3 days and as provided in the respective [Enterprise Agreement](#) and for all periods of total or partial incapacity;
- maintain an accurate record of hours and ensure appropriate leave is entered in the Griffith Portal;
- participate in workplace rehabilitation programs developed in consultation with the key stakeholders and approved by the treating Doctor;
- promptly discuss concerns which may arise with the supervisor/manager, Senior Adviser (IM) or rehabilitation provider; and
- provide medical clearance certificate at the conclusion of workplace rehabilitation.

3.3 Supervisor/Manager:

The supervisor/manager will:

- advise the Senior Adviser (IM) if a staff member is likely to require some form of workplace rehabilitation (see 4.1);
- assist in the development of strategies to manage the staff member's work absence or incapacity which may include workplace rehabilitation; and
- maintain regular contact with the staff member during periods of work absence at intervals agreed with the staff member.

If workplace rehabilitation is offered, the supervisor/manager should:

- maintain regular contact with the staff member for support, encouragement and provision of safe suitable duties in accordance with medical recommendations;
- monitor the staff member's progress with rehabilitation and promptly discuss concerns which may arise with the Senior Adviser (IM);
- address requests for approval of leave;

- utilise a risk management approach to ensure safe work, a safe place of work and safe systems of work;
- continue performance review processes during rehabilitation taking into account reasonable workplace adjustment for the period of rehabilitation; and
- maintain the staff member's confidentiality at all times and advise work colleagues only of information that is necessary to ensure the safety of the injured/ill staff member.

3.4 Treating Doctor

In consultation with stakeholders the treating Doctor will be asked to:

- provide current medical certificates to the staff member for all periods of partial or total incapacity including relevant restrictions for work;
- provide greater detail regarding work capabilities and restrictions, where required, to assist with the development of suitable duties/return to work plans; and.
- approve suitable duties/return to work plans as required.

3.5 HR Adviser/HR Business Partner

HR Advisers/Business Partners will:

- provide advice to the Senior Adviser (IM) when required in matters relating to:
 - work performance;
 - work tasks if clarification required;
 - redeployment to an alternate position; and
 - any other employment related areas where the Senior Adviser (IM) requests assistance.
- support the return to work process including attendance at return to work meetings when requested by the Senior Adviser (IM).

4.0 PROCESSES

4.1 Senior Adviser (IM) is advised of staff member with non-work related injury/illness

It is imperative that the Senior Adviser (IM) is advised of any cases where it is suspected a staff member may be off work for an extended period of time or unable to perform their usual duties for a period of time. As a guide, the Senior Adviser (IM) should be contacted if a staff member:

- has surgery and is on leave for longer than 1 week;
- presents a medical certificate for greater than 4 weeks off work;
- presents a medical certificate advising restrictions for work, either on hours or duties for any length of time;
- presents a medical certificate for a psychological illness;
- raises any concerns about their ability to perform the inherent requirements of their substantive role; or
- is observed by their supervisor or manager to have difficulty with their usual duties.

4.2 Brief initial assessment

Initially the Senior Adviser (IM) will consult with the staff member's supervisor to determine what information is already available regarding the staff member's injury/illness. They will also ascertain any concerns the supervisor has regarding the person's ability to perform their normal duties and hours of work. The Senior Adviser (IM) will obtain the position description via the Portal and work allocation model (if appropriate).

The type of information the Senior Adviser (IM) may require:

- any medical certificate/s for partial or total incapacity;
- any workplace circumstances of concern;
- leave that has been taken by the staff member; and/or
- arrangements the Element may be able to reasonably accommodate (temporary or permanent reduction in hours, suitable duties, paid/unpaid leave, flexible work year, adjustments to workstation etc.).

4.3 Return to work discussions

It is recommended that an initial discussion be held with the staff member, supervisor and Senior Adviser (IM) to plan the staff member's return to work, or discuss other appropriate strategies. Meetings may be done in person or via telephone, particularly where the staff member is not at work.

In some cases the Senior Adviser (IM) may firstly meet with the staff member on their own. This may enable the staff member to share medical or personal information confidentially. If the Senior Adviser (IM) plans to contact the treating Doctor, they will need to obtain the staff member's approval via the Medical Authority Form. If the staff member elects not to sign the Medical Authority Form, they will be asked to consult with their Doctor for review and completion of the Fitness for Work Checklist and any other relevant paperwork to assist with the return to work process. This medical consultation will be at the staff member's expense.

If workplace rehabilitation is to proceed, return to work meetings are recommended at the beginning and during rehabilitation as required:

- initial return to work meeting to align expectations regarding suitable duties and medical restrictions, clarify uncertainties, and to prepare and/or sign the suitable duties program; and
- review meetings at regular intervals as determined by the length of the suitable duties program and complexity of the case.

4.4 Consultation with Treating Medical Practitioner

4.4.1 Current medical certificate

The recommendation of the treating Doctor with regard to the staff member's non-work related injury/illness should be sought prior to the commencement of any workplace rehabilitation program. The treating Doctor may have provided a medical certificate or letter which clearly indicates the staff member's work capacity and medical recommendations. If the medical certificate does not contain sufficient information to allow a rehabilitation program to commence, the Senior Adviser (IM) will need to obtain further information as discussed in 4.4.3.

4.4.2 Medical authority

The Medical Authority Form must be signed by the staff member and forwarded to the Senior Adviser (IM). The Senior Adviser (IM) must include a copy of the signed Medical Authority (if not previously provided) with any documentation provided to the treating Doctor, where a response from the Doctor to the University is required. However, if the staff member elects not to sign the Medical Authority Form, they will be asked to consult with their Doctor for review and completion of relevant paperwork to assist with the return to work process. This medical consultation will be at the staff member's expense.

4.4.3 Relevant medical information

If information on the medical certificate is insufficient, clarification of work capacity and relevant medical restrictions may be obtained from the treating Doctor using the Fitness for Work Checklist. If the Fitness for Work Checklist is not suitable or sufficient, the Senior Adviser (IM) may devise questions to submit to the treating Doctor.

The Fitness for Work Checklist is not appropriate for staff members suffering psychological injury/illness, and relevant questions should be forwarded to the treating Doctor. Where possible, correspondence to the treating Doctor regarding fitness for work should be accompanied by a Medical Authority (if not previously provided), Position Description and Physical Task Statement (if available) for the staff member's substantive duties. If the staff member elects not to sign the Medical Authority Form, they will be asked to consult with their Doctor for review and completion of relevant paperwork to assist with the return to work process. This medical consultation will be at the staff member's expense.

In complex situations, consultation with the treating Doctor via case conference may be required. In any communications with the treating Doctor, it should be made clear that the Senior Adviser (IM) is seeking information and guidance regarding only the injury/illness which is currently causing the incapacity for work.

4.5 Development of a Suitable Duties Program (SDP)

4.5.1 Goal of Return to Work

The primary goal of workplace rehabilitation is to return the staff member to pre-injury duties of their substantive position, which is achievable in most instances. Where the staff member is unable temporarily to resume substantive duties, a SDP may be developed to facilitate early return to work as a short-term arrangement.

4.5.2 Modified duties

Modified duties are those where the staff member performs all usual tasks of their substantive position but in a different way to comply with medical restrictions and to minimise risk to their health and safety. Such modifications usually have minimal impact on productivity and may be recommended to minimise health and safety risks with regard to the medical condition for the long term. For example, the staff member may be required to alternate between their normal tasks every hour.

4.5.3 Selected duties

Selected duties are those where the staff member performs a selection of usual duties to comply with medical restrictions but not those tasks which might place them at risk of injury or aggravation given their medical condition. Duties may be gradually upgraded to perform all duties in accordance with medical advice, or minor restrictions maintained if required, and agreed by the University.

4.5.4 Alternative duties

Sometimes a staff member has the capacity to resume only a small proportion of substantive duties, or none at all. Thus, alternative duties may be considered for all or part of the medically approved work hours. The SDP should include strategies to upgrade work capacity to enable a gradual return to substantive duties.

4.6 Monitoring of Suitable Duties Program

The Senior Adviser (IM) is responsible for monitoring and upgrading of the SDP as appropriate, however the supervisor should advise the Senior Adviser (IM) of any concerns with the SDP. The frequency of monitoring will depend on the type and severity of the injury/ illness and the staff member's progress.

4.7 Rehabilitation Closure

When the staff member has reached the goal of rehabilitation, usually a full return to substantive duties, a short period of monitoring is required to ensure the return to work is durable and that no further intervention is required.

When all key stakeholders are in agreement that rehabilitation goals have been achieved, workplace rehabilitation ceases. The staff member should provide medical certificate evidence of their fitness to return to work prior to resuming full duties, or provide detail of recommendations for ongoing medical restrictions, if any.

If difficulties are experienced during rehabilitation, either the University, staff member, treating Doctor or external rehabilitation service provider may consider it necessary to cease rehabilitation. This would only occur after consultation with all parties to determine whether the matter can be resolved.

5.0 LEAVE AND ENTITLEMENTS

For periods of partial or total incapacity, the staff member is able to access available sick leave. Other paid leave may be available to cover these absences when sick leave has been exhausted.

Where the staff member has no available leave and is unfit for work, sick leave without salary needs to be entered in the Portal to avoid an overpayment. The Senior Adviser (IM) will coordinate applications for leave but the staff member and supervisor have overall responsibility for ensuring leave is entered.

For long-term absences (usually longer than 3 months), the staff member may have an entitlement to partial or total incapacity payments through their superannuation fund. The staff member should be encouraged to contact ASKHR or their superannuation fund to enquire about their entitlement.

6.0 EXTERNAL REHABILITATION SERVICE PROVIDERS

Referral to an external rehabilitation service provider may be required for specialist case management in complex situations. This may occur with the agreement of the supervisor, senior manager and Element/Group (for approval of costs), the staff member and Senior Adviser (IM). In some cases, the HR Adviser/Business Partner may also need to be involved.

The treating Doctor should be advised of the referral to an external provider. The provider should also liaise with the treating Doctor on the University's behalf throughout rehabilitation.

6.1 Costs

If engagement of an external rehabilitation provided is deemed appropriate, the provider will be chosen by the Senior Adviser (IM). Fees should be negotiated with the provider and are usually charged in accordance with the WorkCover Qld Table of Costs which is indexed annually.

This is an Element/Group cost. The injured/ill staff member will not be required to cover any of the costs incurred by the use of an external rehabilitation service provider engaged by the University.

7.0 INDEPENDENT MEDICAL ASSESSMENTS

In accordance with the Enterprise Agreement, the Vice Chancellor may direct the staff member to undertake an independent medical assessment. Independent medical assessments may be required where the treating Doctor's recommendations are known and further information is required to clarify the staff member's medical condition with regard to work capacity. For example, where factors suggest that the staff member's health and safety might be at risk or there may be a risk to other staff/students.

Referral for an independent medical assessment must occur in accordance with the Managing Ill Health provisions of the respective [Enterprise Agreement](#).

7.1 Costs

Fees for independent assessment will vary and should be negotiated with the provider. This is an Element/Group expense. The injured/ill staff member is not required to cover any of the costs associated with the independent medical assessment, including lost time from work to attend the appointment.

8.0 LONG-TERM OR PERMANENT INCAPACITY

The University is not obligated to provide employment where a staff member's non-work related injury/illness prevents them from performing their substantive duties on a long term or permanent basis. As per section 5.0, the staff member may have an entitlement to temporary or permanent incapacity payments from their superannuation fund.

If medical information has been received either from the treating Doctor or independent medical assessment (see 7.0) to suggest a staff member requires a permanent change

in duties and the University is able to accommodate this, a permanent SDP should be prepared in consultation with stakeholders. The generic suitable duties template is suitable for this purpose, however, the SDP should be modified as required and approved by the Director, OHRM.

In some cases, the University may seek termination of employment on the grounds of ill-health in accordance with the provision of the respective [Enterprise Agreement](#). However, at the discretion of management other employment options within the University may be sought.

9.0 CONFIDENTIALITY

Personal or medical information obtained must be treated with strict confidentiality and must only be disclosed by the Senior Adviser (IM) to supervisors, managers or colleagues on a 'need to know basis' for the purpose of the staff member's rehabilitation and return to work. Records or case notes kept by the Senior Adviser (IM) and supervisors must be stored securely.

10.0 IMPORTANT CONTACTS

[Centrelink](#)

[Health, Safety and Wellbeing at Griffith University](#)

[Q-Super](#)

[Unisuper](#)

[Workers' compensation and a Rehabilitation Contacts at Griffith University](#)