

AFP National Guideline on work, health and safety management arrangements

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1. Disclosure and compliance

- This document is classified **OFFICIAL** and is intended for internal AFP use.
- Disclosing any content must comply with Commonwealth law and the AFP National Guideline on information management.
- This instrument forms part of the AFP Governance Instrument Framework (GIF) as defined in the AFP Commissioner's Order on governance (CO1). The AFP Commissioner's Order on professional standards (CO2) and AFP Commissioners Order on security (CO9) set the framework for the conduct expected of AFP appointees through obligations and best practice to help maintain the safety and security of AFP information, operations, assets and people. Inappropriate departures from the provisions outlined within AFP governance instruments may constitute a breach and be dealt with under Part V of the *Australian Federal Police Act 1979* (Cth).

2. Guideline authority

- This guideline was issued by the National Manager People Command using power under section 37(1) of the *Australian Federal Police Act 1979* (Cth), as delegated by the Commissioner under section 69C of the Act.

3. Introduction

- The AFP Work Health and Safety Management Arrangements (WHSMA) apply to all AFP Personnel. The WHSMA facilitates the continuous improvement of health and safety management systems and reduces the risk and incidence of workplace injury and illness.
- This guideline outlines the work health and safety obligations for all AFP Personnel.

4. Policy on work health and safety

- The AFP has a legal obligation to provide a safe and healthy work environment, and systems of work for all AFP Personnel and other persons within the workplace. This is achieved through the AFP's commitment to achieving high standards of health, safety and wellbeing throughout AFP workplaces. AFP Personnel must provide the same level of commitment for their own health and safety.
- The AFP must:
- provide AFP Personnel with a safe and healthy working environment
- continuously improve its health and safety performance and management systems with the aim of eliminating workplace injury and illness
- support and promote wellbeing

- comply with work health and safety legislation and regulations, national codes of practice and Australian/New Zealand standards
- consult with AFP Personnel and their representatives about work health, safety and wellbeing matters
- acknowledge and support the role of the health and safety representative (HSR) to represent AFP Personnel on health, safety and wellbeing matters within their work group
- regularly report and apply learnings from workplace incidents, hazards and near misses
- facilitate hazard identification and risk control processes across its operations to continuously improve health, safety and wellbeing performance
- allocate appropriate resources, including training and instruction, to ensure that everyone knows their WHS responsibilities.

5. Informing AFP Personnel

- The SHIELD Injury Prevention team must provide information on the WHSMA in accordance with the following principles:
- readily accessible and easily understood
- issued within a reasonable timeframe
- encourages consultation with all relevant AFP Personnel (see section 6 below).

6. Consultative arrangements

- The AFP has established a WHS consultative structure which includes:
- safety committees
- AFP Personnel representatives (e.g. AFPA and/or CPSU)
- designated work groups
- Health and Safety Representatives (HSRs)
- WHS Advisors
- Pursuant to section 48 of the *Work Health and Safety Act 2011* (Cth) (WHS Act), consultation should involve:
- relevant information being shared with AFP Personnel
- AFP Personnel being given the opportunity to express their views and contribute to the decision-making process
- consideration of any views that have been expressed
- AFP Personnel being advised of the outcome of the consultation in a timely manner.
- Section 49 of the WHS Act outlines when consultation is required, and includes matters including, but not limited to:
- the identification of hazards

- making decisions and proposing changes that affect the health and safety of AFP Personnel
- Supervisors must consult with AFP Personnel and their elected HSR, as per section 47 of the [WHS Act](#), when proposing changes that may affect the health or safety of AFP Personnel.

7. Roles and responsibilities

- All persons at an AFP workplace have duties and responsibilities under the [WHS Act](#).
- For additional information refer to the AFP National Guideline on health for AFP appointees and the WHSR Fact Sheet on Work Health and Safety Roles and Responsibilities.

8. Information, education and training

- The AFP must provide information, training, instruction and supervision necessary to protect all persons in the workplace from health and safety risks pursuant to section 19(3) (f) of the [WHS Act](#).
- Business area supervisors, in consultation with SHIELD Injury Prevention or the designated WHS Advisor, where appropriate, must provide WHS advice and information to AFP Personnel in relation to:
 - standard operating procedures
 - standard tactical plans
 - induction training
 - training in safe systems of work
 - selection, use and maintenance of safety equipment.
- WHS must advise AFP Personnel about the introduction or review of WHS national guidelines, better practice guides and other functional governance.
- AFP Personnel must complete the online WHS training through *iAspire!* within four weeks of completing an AFP staff induction program, and recertify every two years.
- Other persons at the workplace (i.e. contractors and volunteers) may require additional in-house training for the safe performance of various tasks undertaken at the workplace.

9. Risk management

- The [WHS Act](#) and Work Health and Safety Regulations 2011 (Cth) (WHS Regulations), require the AFP to eliminate health and safety risks arising from its work activities so far as is reasonably practicable, and if not possible, to minimise those risks so far as is reasonably practicable.
- Managing work health safety risks is an ongoing process that should be performed when any changes affect work activities. Health and safety risk assessments should be undertaken by business area supervisors in consultation with SHIELD Injury Prevention or the designated WHS Advisor and relevant HSR.
- For additional information refer to the WHSR Better Practice Guide on Managing Work Health and Safety Risks.

10. Radiation

- The AFP is licenced under the *Australian Radiation Protection and Nuclear Safety Act 1998* (Cth), by the Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) to use a certain range of controlled apparatus. These controlled apparatus include ionising and non-ionising radiation

equipment such as x-ray equipment, analytic equipment with controlled material in the form of sealed radioactive sources, and lasers. The AFP has an obligation to ensure the health and safety of all AFP Personnel who use this equipment and any members of the public who are in the vicinity of such equipment being used.

- The AFP National Guideline on working with radiation provides further information.

11. Workplace incident notification and reporting

- Proactive reporting and investigation of workplace incidents and hazards enables the AFP to identify trends, manage health and safety risks and provide early support to affected AFP Personnel.
- The AFP is required to keep a record of all work-related incidents and hazards. These must be reported by AFP Personnel or their supervisor as soon as practicable by completing an AFP online Workplace Incident or Hazard Report form (via Insight! > Employee Actions).
- In the case of motor vehicle accidents involving AFP vehicles, AFP Personnel must only complete a Workplace Incident Report (WIR) where the incident results in injury/illness or a Workplace Hazard Report (WHR) form where the nature/cause of the incident has the potential to result in injury/illness.
- **11.1 Comcare Notifications**
- The WHS Act requires that Comcare be notified of incidents that result in:
 - the death of a person *
 - a serious injury or illness of a person
 - a dangerous incident, and
 - unintentional discharge of firearm.
- How to notify Comcare
- For all categories contact SHIELD Injury Prevention immediately on s 47E(d) and submit a Workplace Incident Report (WIR) via Insight!.
 - The AFP online WIR automatically notifies Comcare within two hours where one of these categories is selected.
- If unable to contact the Injury Prevention Team for any of the above categories, contact Comcare immediately on 1300 366 979 and submit a WIR.
- If Insight! is not available, Comcare should be notified of the incident on 1300 366 979 and a WIR submitted as soon as practical.
- For further definitions on notifiable incident reporting, please refer to the Comcare Guide to Work Health and Safety Incident Notification and the Comcare Incident Notification flow chart.
- When Comcare have been notified, an internal WHS workplace investigation must be conducted.
- The Insight! reporting system has the option for the reviewer to appoint an investigator for all incidents notified to Comcare to: establish circumstances surrounding the incident; and provide recommendations for safety measures.
All data and information relating to a WIR or WHR must be obtained in accordance with legislative

requirements and in compliance with the National Privacy Principles contained in Schedule 3 of the *Privacy Act 1988* (Cth).

- The information is private and confidential and must not be seen or provided to individuals who are not authorised to receive incidents or reports without the express permission of the affected person to whom the report relates.
- The WHSR Better Practice Guide on Reporting Workplace Incidents and Hazards provides further information.
- **11.2 Requirement not to disturb the site**
- As the PCBU, the AFP must ensure, so far as is reasonably practicable, that the site where the notifiable incident occurred is not disturbed until a Comcare inspector arrives at the site or directs otherwise. This should not prevent any action:
 - to assist an injured person
 - to remove a deceased person
 - essential to making the site safe or to minimise the risk of a further notifiable incident
 - that is associated with a police investigation
 - for which an inspector or the regulator (usually Comcare) has given permission.

12. Investigations

- The AFP has a legal duty of care obligation to conduct thorough WHS workplace incident and hazard investigations to determine the root cause of an incident or the presence of a hazard.
- There are two types of work health safety investigations that the AFP is required to undertake:
 - compliance investigations – these are requested by Comcare as a result of a workplace incident notification in accordance with section 38 of the WHS Act
 - prevention investigations – these are requested by the relevant business area or by the AFP Work Health and Safety Team to correct actual or potential system failures that have caused or could cause injury.
- Supervisors responsible for reviewing a WIR must work with SHIELD Injury Prevention to coordinate an investigation and facilitate the assignment of an investigator/s. WHS Advisors are available to provide advice to supervisors to ensure the process is conducted in a timely manner and in accordance with legislation and governance requirements.
- See the Better Practice Guide on Conducting Workplace Incident and Hazard Investigations for further information.

13. Work groups

- Work groups are represented by one or more HSRs and must be established according to Part 5 of the WHS Act and Chapter 2, Part 2.1 of the WHS Regulations.
- Applications to establish, review or update a work group must be considered by the National Safety Committee.
- Please refer to the agreed AFP work groups (AFP Hub).

14. Health and safety representatives

- HSRs must ensure that AFP Personnel are represented in decisions that may affect their health and safety in the workplace.
- The AFP acknowledges the role of an HSR as a significant contribution and an integral component of maintaining healthy and safe workplaces. AFP Personnel should reflect this role in their PDAs.
- HSRs must:
 - represent AFP Personnel of their work group in a professional and timely manner
 - only use their powers in relation to WHS matters
 - not use their powers to cause intentional harm to the AFP.
- The powers and functions of HSRs are prescribed in section 68 of the WHS Act.
- Please refer to the elected AFP HSRs (AFP Hub) for information relating to the terms and arrangements for HSRs.

14.1 Election process

- HSRs must be elected according to section 61 of the WHS Act and Chapter 2, Part 2.1, Division 2 of the WHS Regulations.
- The designated WHS Advisor must conduct the election.

14.2 Term of office

- The term of office of the HSR is three (3) years with eligibility for further terms, unless disqualified under section 65 of the WHS Act.

14.3 Training

- Management of the work group must provide time off work for their HSR to attend an initial five day Comcare accredited HSR training course within three months of the appointment, in compliance with section 72 of the WHS Act. Management of the work group must also provide time off work for a refresher course if requested by the HSR. All HSR training costs are covered by Learning & Development Command.

15. Dispute avoidance and settlement procedure

- Where an HSR or AFP Personnel wishes to dispute a health and safety issue, they must commence the resolution procedure by notifying all parties that there is an issue to be resolved and the nature and scope of the issue.
- Parties involved must ensure a written record is made of matters discussed, decisions made, and the reason/s for such decision/action. If requested, a copy of the record must be available to all parties, for example:
 - the relevant HSR
 - the designated WHS Advisor
 - the Coordinator Injury Prevention
 - Regional Safety Committee and National Safety Committee (as required)

- Comcare.
- HSRs who have undertaken the relevant training may issue a provisional improvement notice (PIN) if, following consultation with the appropriate manager or relevant supervisor, they reasonably believe that the WHS Act and/or WHS Regulations have been contravened and it is likely that it will continue or be repeated.
- The PIN must only be issued after the dispute avoidance and settlement process above has failed to resolve the matter.
- The PIN should be issued to the most senior manager or supervisor in the area where the contravention is occurring or has occurred, who must then ensure that:
 - all affected AFP Personnel are aware of the PIN
 - the PIN is predominantly displayed within the relevant workplace.
 - The PIN must remain in force until:
 - the AFP complies with any stipulated action
 - it is withdrawn by the HSR
 - it is suspended while Comcare conducts an investigation and determines an outcome.
 - The person to whom the PIN has been issued may request Comcare to review the notice. The operation of the PIN remains in force until the Comcare inspector makes a decision on the review, per section 100 of the WHS Act.

16. Further advice

- Queries about the content of this guideline should be referred to: s 47E(d)

17. References

- **Legislation**
 - *Australian Federal Police Act 1979* (Cth)
 - *Australian Federal Police Regulations 1979* (Cth)
 - *Australian Radiation Protection and Nuclear Safety Act 1998* (Cth)
 - *Freedom of Information Act 1982* (Cth)
 - *Privacy Act 1988* (Cth)
 - *Work Health and Safety Act 2011* (Cth)
 - *Work Health and Safety Regulations 2011* (Cth)
 - *Work Health and Safety (How to Manage Work Health and Safety Risks) Code of Practice 2015* (Cth).
- **AFP governance instruments**
 - AFP National Guideline on information management

- AFP National Guideline on health for AFP appointees
- AFP National Guideline on procurement and contracting
- AFP National Guideline on risk management
- AFP National Guideline on working with radiation
- Australian Federal Police Enterprise Agreements
- Better Practice Guide for Conducting Workplace Incident and Hazard Investigations.
- Better Practice Guide for Reporting Workplace Incidents and Hazards
- Better Practice Guide on Managing Work Health and Safety Risks.
- **Other sources**
- Australia New Zealand Policing Advisory Agency (ANZPAA)
- Comcare
- Notifiable Workplace Incidents – Information Fact Sheet (AFP Hub)
- Psychosocial hazards – Information Fact Sheet (AFP Hub)
- Workplace Hazard or Incident Report Form (Insight via AFP Hub)
- Provisional improvement notice (PIN) form (Comcare).
- WHS training (iAspire!).

18. Shortened forms

▪ AFP	▪ Australian Federal Police
▪ AFP Act	▪ <i>Australian Federal Police Act 1979</i>
▪ HSR	▪ Health and safety representative
▪ PCBU	▪ Person conducting a business or und
▪ PIN	▪ Provisional improvement notice
▪ WHR	▪ Workplace Hazard Report
▪ WHS	▪ Work health and safety
▪ WHS Act	▪ <i>Work Health and Safety Act 2011 (Cth)</i>

<ul style="list-style-type: none"> ▪ WHSMA 	<ul style="list-style-type: none"> ▪ Work Health and Safety Management Arrangement
<ul style="list-style-type: none"> ▪ WHS Regulations 	<ul style="list-style-type: none"> ▪ Work Health and Safety Regulations 2011 (Cth)
<ul style="list-style-type: none"> ▪ WIR 	<ul style="list-style-type: none"> ▪ Workplace Incident Report

19. Definitions

- **AFP Personnel** means AFP appointees, contractors, volunteers and other persons who provide services to the AFP
 - (As per the AFP glossary.)
 - **Clause: Worker** which we have classified as **AFP Personnel** is defined in section 7 of the WHS Act. The definition is broad and includes any person who carries out work, in any capacity, for the AFP (e.g. the Commissioner, an AFP appointee, independent contractors, subcontractors, volunteers, trainees, etc.).
 - **Comcare** is the organisation charged with administration and regulation of the WHS Act.
- Commissioner** and **Deputy Commissioner** are defined in section 4 of the *Australian Federal Police Act 1979* (Cth).
- **Consultation** means the sharing of relevant information with AFP Personnel and their health and safety representatives (HSRs), and giving workers a reasonable opportunity to express their views and contribute to the decision-making process on the management of their WHS. Sufficient action must be taken to secure responses, take the AFP Personnel views into account and to advise AFP Personnel of relevant outcomes in a timely manner.
See: section 48 (and Part 5 more broadly) of the WHS Act.
 - **Hazard** is defined under section 1.2 of the Work Health and Safety (How to Manage Work Health and Safety Risks) Code of Practice 2015 (Cth) as any situation or thing that has the potential to harm a person. Hazards at work may include noisy machinery, a moving forklift, chemicals, electricity, working at heights, a repetitive job, bullying and violence.
 - **Health and Safety Representative (HSR)** means AFP Personnel elected or selected under Part 5 of the WHS Act by the members of a work group to represent their interests and ensure their views are considered when decisions are made about the management of WHS.
 - See: section 68 of the WHS Act for the powers and functions of HSRs.
 - **Incident** is an event which results in death, injury, illness or significant property damage.
 - **Officer** is defined in section. 4 of the WHS Act. It includes an officer of the Commonwealth within the meaning of section. 247 of the WHS Act. Within the AFP, an officer is considered to be the Commissioner, a Deputy Commissioner, or other senior executive who can make far reaching decisions that affect the whole of the organisation, or a substantial part of it, including its policies, planning and financial status. It does not apply to individuals at a middle management level, or to individuals who have supervisory duties.
 - **Risk** is defined under section 1.2 of the Work Health and Safety (How to Manage Work Health and Safety Risks) Code of Practice 2015 as the possibility that harm (death, injury or illness) might occur when exposed to a hazard.

- **SHIELD** - embeds health and wellbeing services into the day-to-day operations of AFP appointees, former and retired Members, Reservists and their families by focusing on early intervention and prevention, regional service provision and a risk-based approach. SHIELD encompasses services including health screening, psychological services, injury prevention and work place health and safety.
- **Work group** is defined in section 4 of the WHS Act. A work group facilitates the representation of AFP Personnel in the work group by one or more HSRs.
- See: Part 5 of the WHS Act and Chapter 2 of the *Work Health and Safety Regulations 2011*(Cth) for further information on how work groups are determined and established.
- **Work Health Safety (WHS) Advisor** is a person who provides professional advice, assessment and consultation in a range of work health and safety (WHS) best practice strategies to ensure compliance with the WHS Act and relevant legislation.
- They are also responsible for the implementation of the AFP WHS strategy, effective and review of preventative/risk management policy, practices and procedures across AFP business areas.
- **Workplace** is defined in section 8 of the WHS Act as a place where work is carried out for a business or undertaking and includes any place where AFP Personnel goes, or is likely to be, while at work.

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AFP National Guideline on workplace rehabilitation and return to work

[Close document details \(metadata\)](#)

Metadata	
Caption	Workplace rehabilitation and return to work
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2. Guideline authority

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

3. Introduction

- This guideline sets out the policies, procedures and responsibilities to manage the return to health and work of injured AFP appointees. This guideline allows the AFP to meet its obligations under the Work Health and Safety Act 2011 (Cth) and the Safety Rehabilitation and Compensation Act 1988 (Cth). As part of the Governance Instrument Framework, the AFP is also required to take a risk-based approach for appointees' health and safety across all organisational areas.

4. Policy

- Health and wellbeing are a priority for the AFP. The [AFP Health and Wellbeing Strategy 2018–2023](#) sets the strategic direction for health and wellbeing in the AFP. It demonstrates a commitment to our appointees by restoring and promoting health, and by preventing illness and injury, no matter the cause.
- Workplace rehabilitation is the process of providing guidance and support to an injured AFP appointee after an injury or illness to enable a safe and timely return to work, as guided by medical advice.

5. Coverage

- This guideline applies to all AFP appointees, except for AFP appointees attached or seconded to another agency where a relevant memorandum of understanding clearly states that other arrangements are to be followed.

6. Legislation and compliance

- In accordance with the [Work Health and Safety Act \(Cth\) 2011](#) (Cth), the [Safety, Rehabilitation and Compensation Act 1988](#)(Cth) (SRC Act), and [Australian Federal Police Act 1979](#) (Cth) (the Act), AFP duties include:
 - provision and maintenance of a work environment without risks to health and safety
 - prompt and effective early intervention support for injured or ill employees to remain at work
 - prompt and effective rehabilitation to injured or ill employees through adequate and timely support
 - assistance to injured or ill employees to obtain suitable duties/employment.
- Accordingly, this guideline is intended to support Managers and Supervisors in performing their critical role in prevention and early intervention. It also intends to support employees who are recovering at work and or undertaking a rehabilitation process. In accordance with the [Disability Discrimination Act 1992](#)(Cth), and the [SRC Act](#), the legal requirements for supporting employees with disability, injury, or illness include:
 - providing an accessible and inclusive work environment to enable people with disability, illness, or injury to participate fully in all aspects of employment
 - providing reasonable adjustments so a person with a temporary or permanent disability (physical, intellectual, sensory, neurological, learning, and psychosocial disabilities, diseases or illnesses, physical disfigurement, medical conditions, and work-related injuries) is able to perform the inherent requirements of the job, unless this would cause 'unjustifiable hardship'.

6.1 Rehabilitation Authority

- The AFP, as the rehabilitation authority (the employer), is responsible for managing the [rehabilitation and return to work](#) of an employee with a work-related injury or illness, under the [Safety, Rehabilitation and Compensation Act 1988](#). Rehabilitation authorities must also comply with the [Guidelines for Rehabilitation Authorities Instrument 2019](#). These requirements include:
 - effectively managing rehabilitation
 - consulting with key stakeholders
 - ensuring rehabilitation case managers are appropriately skilled and capable
 - monitoring workplace rehabilitation provider services
 - monitoring rehabilitation functions and performance.

6.2 Rehabilitation management system (RMS)

- Comcare recommends rehabilitation authorities (the employer) develop and maintain a rehabilitation management system (RMS) for continuous improvement, quality assurance and compliance. The RMS helps the AFP meet its obligations under legislation and provide better rehabilitation services to employees. As an employer, the AFP maintains a RMS as a quality framework of processes and procedures to:
 - achieve the safe and efficient recovery and return to work of employees with a work-related injury or illness
 - meet requirements of the [SRC Act](#)
 - comply with the [Guidelines for Rehabilitation Authorities Instrument 2019](#).
- The RMS supports:

- commitment and corporate governance
- planning and implementation
- measurement and evaluation
- review and improvement.
- SHIELD National Injury Management conduct and document risk assessments to determine the risk level within the AFP. SHIELD also conducts RMS audits on an annual basis (or as recommended) in conjunction with the [AFP Risk Framework](#), the SRC Act Guidelines, and / or any other Comcare guidance.

7. Rehabilitation and return to work plans, support and costs

- The AFP provides support through the development of a return to work plan (RTWP) for any appointee who has a workplace injury/illness that has impacted their ability to perform their nominal role. If additional support and expertise is required, a workplace rehabilitation provider (WRP) may be engaged.
- A RTWP must be based on medical certification, usually from the treating practitioner, and supports RTW either gradually or to pre-injury status. For a gradual return to work (GRTW), medical advice must include information on capability and restrictions.
- For cases where the injury/illness is compensable, costs are covered by the Insurer Comcare in accordance with the provisions of the [SRC Act](#).
- Costs incurred for services provided by an external provider in the case of non-compensable injuries/illnesses are the responsibility of the owning business area of the appointee.

8. Early intervention

- The AFP recognises early access to support as early as possible is critical to recovery and acknowledges the need for a tailored and flexible approach injury management.
- The Early Access (EA) program is part of a broader strategy to improve health and return to work outcomes through a focus on identifying and responding to early warning signs and providing early and easy access to medical treatment, coverage for limited periods of absence and rehabilitation assistance.
- 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 business area manager and obtain approval for projected expenditure. The RCM and the 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.
- 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.
- Further information is available within the [Better Practice Guide - Early Access Program](#) or from the SHIELD rehabilitation case manager

9. Work performance

- Incapacity following an injury or illness must not be confused with poor work performance. Problems of poor work performance, not resulting from a medical condition, must be dealt with in accordance with standard AFP management practices in accordance with the [Better Practice Guide on Effective Performance Management](#).

10. Roles and responsibilities

10.1. Senior Executives

- Senior Executives must ensure their Command or business area:
- follow this guideline
- assign adequate resources to implement rehabilitation and RTW arrangements consistent with this guideline
- provide appropriate funds to support early intervention activities
- provide appropriate funds to purchase necessary aids and appliances
- develop RTWP through established mechanisms and workplace consultation
- identify suitable duties within the pre-injury work area, or work to source suitable alternate duties within the AFP.

10.2. Supervisor

- Supervisors must:
- implement the rehabilitation program and promote the return to work of appointees under their supervision
- promote early intervention to reduce workers' compensation
- provide a safe workplace in their area of control
- ensure this guideline is adhered to within the workplace under their control
- ensure the appointee's time recording is maintained, including entering leave once the appropriate submissions have been made by the appointee
- manage personal and sensitive information in accordance with the privacy principles.
- assist to determine, locate and provide suitable return to work duties (within medical restrictions) for appointees whilst maintaining regular contact with the appointee during all stages of the rehabilitation journey.

10.3. Technical Team Leader Injury Management

- The Technical Team Leader Injury Management must:
 - ensure capability, compliance and quality assurance is supported in injury management best-practice
 - ensure adequate resourcing of injury management capacity in conjunction with the SHIELD Hub Leader
 - perform Delegation responsibilities for approval of treatment and leave approvals under the AFP Better Practice Guide on early access program
 - manage the employer relationship with Comcare, AFP Payroll Services and other stakeholders (as required)
 - maintain a rehabilitation management system (RMS) for continuous improvement and quality assurance

- undertake ongoing regular review of this guideline and all associated governance materials in consultation with all interested parties.

10.4. Rehabilitation case manager

- An RCM from SHIELD coordinates and manages the rehabilitation and RTW of appointees with an injury or illness, in collaboration with the supervisor and ill/injured appointee and other relevant stakeholders on behalf of the AFP.
- The RCM must:
 - assess the need for, and manage the rehabilitation/RTW of injured/ill appointees
 - appoint WRPs, liaise with treating health professionals and communicate with the injured appointee's supervisor(s) to identify and provide suitable duties as needed
 - be involved in the coordination and management of an appointee's RTW
 - use their [delegated powers](#) and functions under s. 36 and s. 37 of the [SRC Act](#) in accordance with the legislation.

10.5. Payroll Services

- The Payroll Services team must:
 - process claims for compensation payments paid to the AFP by Comcare as required by the [SRC Act](#) and AFP guidelines
 - provide relevant details to Comcare concerning any changes to an appointee's pay conditions
 - maintain personnel records
 - review, verify and adjust, as required, an appointee's entitlements under the [SRC Act](#)
 - develop and maintain effective processes for processing compensation payments.

10.6. Appointees sustaining a work-related injury or illness

- AFP appointees must:
 - report the incident via [Insight](#) as soon as practicable
 - cooperate with management and other appointees in applying AFP procedures and guidelines on work, health, safety and rehabilitation at work.
 - Appointees who sustain a work-related injury or illness must participate in an RTWP where it is medically recommended.
 - The appointee's responsibilities and obligations include, but are not limited to:
 - actively participating in the rehabilitation process including the development of relevant documentation and plans
 - reporting (or arranging for another appointee to report) their injury/illness to their supervisor, Work Health and Safety Advisor or RCM as soon as practicable.
 - Annexure 1 provides further elements of an appointee's responsibilities.

11. Workers' compensation claim

- Where a workplace incident causes injury/illness a claim for workers' compensation form may be completed and lodged. If the injury/illness only require short-term intervention and less than 15 business days of work, the appointee may wish to consider utilising the AFP Early Access Program.
- 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)
 - [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](#) form: only for injuries that have required the appointee to take time off work (available on the Comcare website).

11.1. Workplace rehabilitation providers

- Comcare-approved Workplace rehabilitation providers (WRP) may be engaged where expert RTW services are required to:
 - undertake an assessment within five (5) business days of referral being accepted
 - ensure the initial needs assessment and the RTWP is developed within 10 business days of the referral
 - provide occupational rehabilitation, supervision and/or other specialised services requested by the RCM
 - involve the injured appointee, treating doctor, RCM and Comcare in the development of the RTWP
 - ensure compliance in accordance with the Occupational Rehabilitation and Associated Medical Services (ORAMS 2.0) Panel.
 - Section 41 of the [SRC Act](#) 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.

11.2. Comcare

- Comcare is the national authority for work health and safety, and workers' compensation. Comcare plays a leading role in supporting safe and healthy workplaces by working with employers to adopt risk and evidence-based prevention and early intervention practices, with the ultimate aim of supporting employers and workers to create and maintain physically and mentally healthy workplaces.
- Comcare was established under the [SRC Act](#), its role as the government regulator, workers' compensation insurer, claims manager and scheme administrator includes but it is not limited to:
 - Working with employees and other workers, employers, service providers and other organisations to:
 - minimise the impact of harm in the workplace;
 - improve recovery at work and return to work; and
 - promote the health benefits of good work.

- Comcare collaborates and partners with other schemes and organisations on research and innovative projects that improve outcomes;
- Administer the [SRC Act](#). Including the determination of liability for a workers' compensation claim.

12. Appointees who sustain a non-compensable injury or illness

- Appointees who have sustained a non-work-related injury or illness may be given the opportunity to undertake rehabilitation programs recommended in accordance with the Better Practice Guide on Initial Needs Assessment or recommended as part of workplace modifications/adjustments in accordance with the [Better Practice Guide on Fitness for Continued Duty](#). The costs associated with such programs are the responsibility of the business area of the appointee.
- Appointees undertaking a non-compensable gradual return to work (GRTW) must record the work hours undertaken as part of the GRTW as 'ordinary time' and any additional hours up to their pre-injury weekly amount as 'leave hours'. Appointees must complete the relevant leave forms through [Insight!](#).
- For example, if a member worked a 40-hour week prior to sustaining an injury and their initial GRTW supports doing 20 hours, the other 20 hours are recorded as leave hours.
- In accordance with the requirements of the [Better Practice Guide on leave management](#), where an appointee is expected to be absent from work for an extended period of time (greater than 3 days) because of injury/illness, the supervisor (team leader / sergeant or above) must submit a leave request through [Insight!](#) to avoid overpayment and should email [s 47E\(d\)](#)

s 47E(d)

13. Benefits of reporting injury or illness

- Proactive reporting and investigation of workplace incidents and hazards enables the AFP to identify trends, manage health and safety risks and provide early support to affected appointees.
- Section 17 of the [Work Health and Safety Act 2011](#) (Cth) outlines the AFP's duty to manage risks in the workplace. All incidents and hazards must be reported as soon as practicable and records kept. This ensures that corrective and preventative actions are taken where necessary.
- Further information is available from the [Better Practice Guide for Reporting Workplace Incidents and Hazards](#)

14. Hierarchy of return to work

- The aim of rehabilitation is to return injured/ill appointees to employment. Comcare supports the following hierarchies.
- **Hierarchy of return to work:**
 - same job in the same workplace
 - modified job in the same workplace
 - different job in the same workplace
 - same or modified job in a different workplace
 - different job in a different workplace.
- **Hierarchy of hours of work:**
 - full time or pre-injury hours (includes shift work)

- gradual return to work
- permanent part-time work.
- The AFP must follow the hierarchies set by Comcare.

15. Rehabilitation goal

- When developing RTPs, the AFP is required to include **specific** rehabilitation goals, for example return to work:
 - in pre-injury position and pre-injury hours as an operational police officer within ACT Operations
 - in a new position at pre-injury hours within the AFP
 - as a clerical officer with a new employer in the IT industry.

16. Finding suitable duties appropriate to the injured appointee

- When sourcing suitable duties, the responsible business area in collaboration with the RCM must consider:
 - the appointee's physical and psychological medical capacity
 - the medical recommendations
 - any training that would be required to perform alternative duties
 - that the duties are appropriate for the work level and experience of the appointee.

17. Redeployment

- The permanent redeployment of an injured appointee should not be considered until all other work options have been exhausted.
- Where redeployment action is appropriate, any action must:
 - be led by the business area, in collaboration with SHIELD
 - be in consultation with the injured/ill appointee, the treating medical practitioner, WRP and the AFP
 - include clear suitable duties
 - involve reasonable training, as necessary, to ensure that the injured appointee can meet the requirements of the job. In most cases only 'short term' training will be considered.
- Where redeployment has been determined as the best option based on medical advice, the business area (or RCM where this is not appropriate) should consult with the [HR Advisory Team](#) to identify possible suitable vacancies.

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

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

19. Performance Development Agreements

- Appointees undertaking a return to work rehabilitation program must have a current Performance Development Agreement (PDA) which refers to the RTWP. The current supervisor must be noted as

the principal team leader with the substantive team leader (if different) and the RCM added as additional team leaders. A rehabilitation program is a means of improving an appointee's work capacity and the AFP and the appointee should share an interest in achieving the program's defined return to work goals. The supervisor must have input into the rehabilitation program by identifying suitable duties and ensuring that those duties are available in the work area. PDAs may include compliance with:

- hours of work defined in the RTWP (a supervisor must not agree to an appointee working longer)
- defined restrictions (e.g. no keyboard work if an appointee'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 appointee'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 is completed using the [online](#) system and all enquiries relating to PDA tasks, outcomes and achievements in the RTWP are to be discussed with the PDA supervisor and the RCM.

20. Redundancy

- The circumstances under which an AFP appointee may be made redundant are set out in cl. 56 (Workforce Adjustment) of the Australian Federal Police [Enterprise Agreement](#) 2017–2020.
- Before initiating any redundancy action, supervisors must establish whether an appointee 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 Comcare before progressing or finalising any redundancy action.

21. Invalidation retirement

- Only the Commonwealth Superannuation Corporation (CSC) can determine an appointee's suitability for invalidity retirement after:
 - all rehabilitation processes have been attempted and exhausted
 - the appointee is assessed as totally and permanently incapacitated for any work.
- AFP procedures for referring appointees for medical examination prior to invalidity retirement must be followed. Refer to the AFP National Guideline on health for AFP appointees .
- The process of invalidity retirement or income protection with an appointee's applicable superannuation fund is considered when:
 - all appropriate rehabilitation and redeployment strategies have been exhausted
 - continuous absence exceeds or is likely to exceed 13 weeks and/or
 - the appointee provides evidence from a treating medical practitioner that they are likely to be medically unfit for duty
- Additional information on the procedures relating to invalidity retirement is available from [CSC](#).

22. Documentation and confidentiality

22.1. Privacy obligations

- The [Privacy Act 1988](#) (Cth) imposes obligations relating to collecting, storing, using and disclosing personal information.
- AFP appointees involved in the rehabilitation process must treat any information they receive in strict confidence and in accordance with the Australian Privacy Principles.
- Disclosing an injured appointee's personal information to a third party is usually prohibited unless the appointee has consented to such disclosure.
- Inappropriate disclosures must be reported to the AFP Privacy Officer in accordance with the [National Guideline on privacy](#) and a security incident report submitted as a potential compromise of AFP information.

22.2. Access to personal information

- AFP appointees should first seek access to their compensation/rehabilitation files by writing to s 47E(d) rather than making a request under the [Freedom of Information Act 1982](#) (Cth).
- 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 information.

22.3. Information disclosure

- Appointees must never disclose official information to another person unless they are acting:
 - in the course of their official duty, or
 - under lawful compulsion (e.g. under the [Freedom of Information Act 1982](#) (Cth), subpoenas and other like processes).
- Appointees must have regard to the:
 - [AFP National Guideline on information management](#)
 - [AFP National Guideline on information security](#)

23. Further advice

- Queries about the content of this guideline should be referred to the s 47E(d)

24. References

- **Legislation**
 - [Australian Federal Police Act 1979](#) (Cth)
 - [Disability Discrimination Act 1992](#)(Cth)
 - [Freedom of Information Act 1982](#) (Cth)
 - [Work Health and Safety Act 2011](#) (Cth)
 - [Privacy Act 1988](#) (Cth)
 - [Safety, Rehabilitation and Compensation Act 1988](#) (Cth)
 - [Work Health and Safety Regulations 2011](#)(Cth)
- **AFP governance**

- [AFP National Guideline on health for AFP appointees](#)
- [AFP National Guideline on information management](#)
- [AFP National guideline on privacy](#)
- [Better Practice Guide on fitness for continued duty](#)
- Better Practice Guide on initial needs assessment
- [Better Practice Guide on leave management](#)
- [Better Practice Guide on reporting workplace incidents and hazards](#)
- [Better Practice Guide on the Early Access Program](#)
- [Enterprise Agreement 2017-2020.](#)
- **Other sources**
- [Comcare](#)
- [Commonwealth Superannuation Corporation.](#)

25. Shortened Forms

▪ AFP	▪ Australian Federal Police
▪ WHS	▪ work health and safety
▪ PDA	▪ performance development agreement
▪ RCM	▪ rehabilitation case manager
▪ RTW	▪ return to work
▪ SRC Act	▪ Safety, Rehabilitation and Compensation Act 1988 (Cth)
▪ WRP	▪ workplace rehabilitation provider
▪ RTWP	▪ Return to work program
▪ GRTW	▪ Gradual return to work
▪ CSC	▪ Commonwealth Superannuation Corporation

26. Definitions

- **Accepted compensation claim** is an injury or disease for which liability to pay workers' compensation has been accepted by Comcare.
- **AFP appointee** means a Deputy Commissioner, AFP employee, special member or special protective service officer and includes a person:
 - engaged under s. 35 of the AFP Act as a consultant or contractor to perform services for the AFP and determined under s. 35(2) of the AFP Act to be an AFP appointee
 - engaged overseas under s. 69A of the AFP Act or
 - seconded to the AFP under s. 69D of the AFP Act.
 - (See s. 4 of the AFP Act.)
- **Claim** is any claim for workers' compensation (e.g. the initial injury claim, claim for medical expenses, claim for incapacity benefits or permanent impairment etc.).
- **Comcare** is the national work health and safety and workers' compensation authority. Comcare is charged with the regulating of the [Work Health and Safety Act 2011](#) (Cth) and administering the [SRC Act](#).
- **Compensable injury** is an injury or disease within the definition in s. 5A or 5B of the [SRC Act](#).
- **Determination** is a decision made under the relevant sections of the [SRC Act](#).
- **Early intervention** is the initial response of managing an injury/illness as per the [Better Practice Guide on Early Access Program](#) and includes:
 - timely and appropriate medical treatment
 - minimising long-term absence from the workplace
 - return to work assessment and planning
 - flexibility within the work environment to affect a gradual return to work and/or modified/suitable duties.
- **Gradual return to work** is an appointee'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 related to employment, or where an appointee has elected not to submit a workers' compensation claim.
- **Workplace 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 usually commencing with early intervention and when required incorporating longer-term support through appropriate, adequate and timely services based on assessed needs.
- **Redeployment** is permanently placing an injured appointee into an alternative role and/or organisation.
- **SHIELD** is the delivery of health and wellbeing services such as prevention, early intervention and education to AFP appointees.
- **Rehabilitation case manager (RCM)** is a SHIELD appointee who facilitates and supports the timely recovery and safe, durable return to work of an injured appointee. The RCM is one of the

appointees delegated by the Commissioner to deliver the services detailed in sections 36 and 37 of the SRC Act.

- **Rehabilitation program** is a structured series of planned activities offered to injured or ill appointees to assist them to return, as far as possible, to their pre-injury employment status.
- **Suitable duties plan** is a document detailing an appointee's rehabilitation program including return to work objectives/goals, time frames, proposed services and costs.
- **Technical Team Leader** is the national injury management coordinator or senior team members responsible for leading and managing the AFP's Rehabilitation Management System and the technical advice to the SHIELD team and AFP more broadly.
- **Workplace rehabilitation provider** is a person or organisation external to the AFP who is approved under Part III Division 2 of the SRC Act to provide rehabilitation services to assist appointees with work-related injuries or diseases to return to health and work.

Annexure 1

Supervisor's responsibilities

- To support an appointee's rehabilitation and return to work, including the implementation of a rehabilitation program and promotion of early intervention, supervisors must:
- notify the WHS advisor and RCM if an injured appointee cannot report an injury
- complete an online Workplace Incident Report via Insight within 48 hours on behalf of another person due to either:
 - remote locality
 - lack of network access
 - absence from work
- advise the RCM of an appointee's absence from work if the appointee is likely to be absent from work for 10 days or more
- promptly review and approve leave requests and time recordings, including ensuring all absences from work are accounted for and correct leave type applied.
- in accordance with the requirements of the Better Practice Guide on leave management, submit a leave request directly through the payroll portal where an appointee is expected to be absent from work for an extended period and/or is unable to enter it themselves (an email advising leave has been submitted should also be sent to s 47E(d))
- participate in designing and implementing a return to work program, including adjusting duties, re-allocating work, redeployment and advice to team members
- monitor the day-to-day progress of appointees who have an RTWP and collaborate with the RCM and WRP to ensure the RTWP is adhered to in the workplace (this includes documenting the duties and the performance of the injured appointee, and provision of support)
- ensure appointees returning to work after an injury can perform assigned tasks effectively and without aggravating the injury
- identify training needs and support the provision of training as appropriate

- monitor appointee's behavior and performance with consideration to medical advice, relevant work level standards, critical objectives and performance measures
- following acceptance of a workers' compensation claim and for any absence from duty relating to a compensable condition, ensure the appointee submits a [Claim for time off work form](#) (available on the Comcare website) and provide accompanying medical evidence to the RCM.

Appointee's responsibilities

- Appointees who sustain a work-related injury or illness have responsibilities to support a timely recovery and RTW, including:
 - facilitating contact between the RCM, WRP and medical/health practitioner(s) and the workplace where applicable
 - fully participating in developing the RTWP and monitoring progress with the assistance of their supervisor, RCM and WRP (as appropriate)
 - undertaking the agreed RTWP within medical/health professional guidelines (Note: for compensable injuries/illnesses where an appointee refuses to undergo or continue with a RTW program without reasonable excuse, their right to claim compensation may be suspended.)
 - advising their supervisor and RCM of changes in circumstances that may affect the progress of their RTW, as soon as possible
 - wherever possible, undertaking treatment outside working hours
 - ensuring information provided as part of a claim for compensation is true and correct.
 - ensuring all attendances and absences are recorded correctly through the time recording system to enable correct calculation of compensation entitlements. Appointees must record their start and end times to the nearest minute of the actual start and end time.
 - consulting with the RCM on all planned leave requests when undertaking an RTWP.
 - if undertaking a GRTW, record their work hours as 'ordinary time' and remaining hours as 'leave hours'. Appointees must complete the relevant leave forms through [Insight!](#).
 - following submission of a workers' compensation claim and for any additional absence from duty relating to a compensable condition, a [Claim for time off work form](#) (available on the Comcare website) should be lodged and any accompanying medical evidence should be submitted to their supervisor as soon as possible.
- The appointee has the right to:
 - request an assessment
 - participate in developing the RTWP
 - receive copies of all assessments and RTWPs
 - access suitable duties on their RTW
 - request Comcare to reconsider its decisions
 - request copies of any documents held on their compensation/rehabilitation file.